Board Report 2019

Vereniging Artsen zonder Grenzen

Introduction

In 2019, MSF-Holland made great efforts to build a financially sound, accountable, operationally strong and diverse organisation and operational partnership[1]. It was a challenging year in which we consolidated and further strengthened our medical humanitarian operations, launched initiatives to improve the way we develop our staff and transitioned our IT infrastructure.
This Board Report and Accountability Statement considers the most important matters that occurred in 2019 in relation to:

- the way we implemented our social mission;
- changes in the way we manage our staff;
- the way we supported our operations;
- governance (i.e. the supervision, management, and implementation of policy).

The report should be read as an integral part of the full Annual Report of the Board and Management Team, published on www.artsenzondergrenzen.nl and with the Financial Statements of the MSF-Holland Association.

▲ Measles treatment center in DR Congo, May 2019..

[1] All project activities referred to in this Annual Report are coordinated by the Operational Centre Amsterdam (MSF OCA) group under the responsibility of the Board of the MSF-Holland Association. The partnership of the Operational Centre Amsterdam (OCA) consisting of MSF-Holland, MSF Germany and MSF UK, MSF SARA, MSF Canada and MSF Sweden, cooperate to realise our humanitarian medical mission. See also chapter 6, partnerships, of the Financial Statements

Our Medical Work

Our projects in 2019:

- 111 projects were implemented in total;
- 91 projects were running at the start of 2019;
- 20 new projects were opened;
- 11 projects were closed;
- Seven projects were opened and closed within the year 2019;
- We managed operations[2] in 31 countries, 18 of which as a response to acute emergencies.

Climate change generates more extreme weather patterns and populations in flood-prone areas are increasing. We responded to a number of these events including floods in Somalia and Mozambique. We evaluated the Mozambique intervention, as we may have to do more climate change disaster interventions in the future. We need to further improve coordination and foster further accountability within the MSF international network in fast onset crises.

Climate change is also a driver of antimicrobial resistance (AMR) and we believe that outbreaks will become more frequent, as changes in temperatures and rainfall patterns affect pathogens' growth, survival and virulence[3]. We continued to prioritise our learning to improve effective responses in 2019. We also started to work on our medical support model. Our health advisors and coordinators will be more responsible (and accountable) for the quality of our medical work. This means that they will have more say in the design of our medical activities.

In 2019, we continued the major multi-drug resistant Tuberculosis trial, aiming to alleviate the suffering of thousands of people now depending on inadequate medicines and to advocate authorities including the World Health Organisation (WHO) and local governments to adjust their response models.

Looking back at our 2015-2019 Strategic Plan, we reviewed our medical support and care models and began to work on defining our model of Person-Centred Care across our portfolio. Access to people in need remained one of our most pressing challenges in 2019. We sought, but not always found, solutions for man-made, administrative, security and other obstacles. In 2019, in Syria, we continued our efforts to access vulnerable people in all of Syria. In Somalia, we made some progress and expanded into new areas. In Venezuela, we continued to support the country's health system increasingly under pressure and of course, we responded to the Ebola crisis in the Democratic Republic of Congo (DRC). We selected a number of our operations to learn and highlight how to implement the new components of our strategic plan.

▲ Emergency measles campaign in DR Congo, September 2019..

[2] An operation consists of medical operations for beneficiaries. We also have a presence in other countries for logistics or other support reasons.

[3] https://www.who.int/antimicrobial-resistance/interagency-coordination-group/AMR_in_the_environment_implications_for_SDGs_SYEssack_UKZN.pdf

Syria
Our work in the Al Hol camp for displaced people in North-Eastern Syria highlights our focus on the globally most vulnerable people, excluded from health care. The camp provides modest levels of shelter and protection to a considerable number of mostly women, children and other family members of disarmed alleged ISIS operatives. We provide basic health services and medical care in clinics to those most in need, regardless of religion, ethnic background or political affiliation, refusing to give in to populist hostility, and ensuring that humanity prevails.

After the US decision to withdraw from Syria and the launch of Turkish military operations, early October 2019, we took the difficult decision to suspend most of our activities and evacuate all our international staff. We continued to support our Syrian colleagues remotely whilst exploring all possible options to deliver assistance to people in Northeast Syria. After we called on all parties within the conflict to ensure the protection of civilians and give humanitarian organisations safe, unhindered access to the civilian population, we are now in the process of re-establishing our presence in the Northeast of Syria and in Al Hol camp.

Search and Rescue (SAR)
As refugees, migrants and asylum seekers continue to die in the Mediterranean Sea, we and our partner SOS Méditerranée, were forced to terminate search and rescue operations on 31 December 2018. This came after a sustained campaign, spearheaded by the Italian government and backed by other European states, to de-legitimise, criminalise, and obstruct aid organisations assisting vulnerable people. Obstructing aid to people in distress is a violation of international law and humanitarian principles.

Since people continued to seek safety, risking perilous journeys across the Mediterranean, and almost 1,000 people died in the nine months of 2019 , we needed to go back to sea. Finding a new vessel proved difficult and it took until August 2019 for us to recommence our search and rescue work. As soon as we were installed on the new ship, the Ocean Viking left port and rescued 1,373 people in the last three months of 2019, and took them to Italian ports safely. We rescued a further 718 people in the first two months of 2020.

Somalia
Expansion of our work in Somalia is badly needed given the overwhelming health needs of people directly or indirectly affected by violence in the country. We extended our work into a new area (Beled Weyn), where we provided support to people in the aftermath of severe floods. Beled Weyn is an area to which we have been seeking access for a while.

Nigeria
Our Nigeria mission is going through a process of change. Our focus in Nigeria on the impact of lead poisoning and environmental degradation on vulnerable people is shifting towards addressing the needs of people fleeing violence, as they face severe restrictions to access general health care. This highlights our focus on the health consequences of deliberate exclusion.

The internal audit of the Nigeria mission highlighted a number of significant risks identified in the mission. This includes several medical challenges requiring attention. However, the Nigeria programme is also leading our new strategic focus on Person-Centred Care, inspiring other country programmes to consider this approach. Further consolidation of these changes in other parts of the portfolio will come from our Person-Centred Care approach as laid out in the new Medical-Operational strategy.

Ebola, Democratic Republic of Congo
Because of security concerns related to an earlier Ebola emergency aid project in DRC, we did not engage in direct Ebola treatment. Our strategy was to provide non-Ebola care in virus transmission locations. Community acceptance proved a challenge, as our outreach models are still developing. In order to address this we integrated Ebola care in broader primary health care, facilitating community engagement and early access to treatment. We designed, together with the community, the transit centres and a system that identified new Ebola cases. This approach provided a continuum of care and increased the trust of the population, which is needed to face the outbreak. Since there is a growing risk that Ebola will become endemic in DRC, we trained staff at the Ministry of Health in the use of an integrated Viral Haemorrhage Fever ward at the provincial hospital.

Rohingya crisis
For decades, MSF has assisted the Rohingya population, who are faced with violence and deliberate exclusion of health care and other human rights. In 2019, we continued to respond to the medical humanitarian needs of one million Rohingya refugees having fled extreme violence in Myanmar in 2018.

In Malaysia we provided healthcare (including mental health education, psychosocial support and counselling),

[4] https://data2.unhcr.org/en/situations/mediterranean

in community-based mobile clinics (1690 consultations) in partnership with ACTS and a fixed clinic (8492 consultations) in Penang. Our teams also offered basic healthcare, psychosocial support and counselling in five government shelters for the protection of survivors of human trafficking (TIP shelters, 487 consultations). These are located in Kuala Lumpur, Negeri Sembilan and Johor Bahru. After working for more than 18 months in the shelters, we ended these activities in late 2019. Asylum seekers from Myanmar, are almost 90 per cent of the asylum-seeker population in Malaysia. They are still barred from claiming asylum directly at UNHCR and we continued to advocate for this, as part of a strategy to overcome barriers to healthcare. This is also the case for the stateless Rohingya population. MSF is one of the few NGOs that can refer asylum claims to UNHCR based on a set of additional vulnerability criteria. In 2019, we made 467 such referrals.

In the large and overcrowded camps Bangladesh, we responded to outbreaks of water-borne and preventable diseases such as measles, acute watery diarrhoea and diphtheria, with innovative water and sanitation, vaccination and health promotion activities.

By the end of 2019, we were operating three hospitals, three primary health care centres, one health post, two specialised clinics and four outbreak response facilities. Throughout 2019, our teams focussed on improving quality and coverage, working closely with refugee communities to improve our understanding of their needs and to build trust in our health support. This resulted in significant increases in the numbers of people attending our facilities, especially women giving birth in our maternity units.

We also began adjusting our activities to ensure longer-term sustainability, and handed over a number of facilities to local organisations, including an extensive water network using solar energy to power clean drinking water, an example of carbon footprint control. We expanded our mental health services in response to fast-evolving needs, and growing numbers of people accessed our individual and group counselling sessions. In Cox's Bazar in Bangladesh, MSF remains the largest provider of specialised psychiatric care for Rohingya refugees and local Bangladeshis suffering from psychosis, anxiety disorders and epilepsy. Finally, we continued to lobby for access to Rakhine State in Myanmar, and for the remaining Rohingya population's access to health care.

Mozambique
We worked together with MSF-Switzerland (OCG) and MSF-Belgium (OCB) in Mozambique after cyclone Idai inundated a large part of the country. Collectively as MSF, we treated 3,800 cholera patients and delivered 12,000 consultations, whilst supplying 6,000 m3 of water and distributing non-food items to 23,000 families.

An independent evaluation was held in August 2019 with the objective to draw lessons. It offered several recommendations:

- Reinforce our needs assessment capacity;
- Improve the MSF inter-sectional coordination;
- Question the role of MSF in natural disasters;
- Provide more clarity on roles and responsibilities.

Learning from this and past evaluations calling to strengthen MSF intersectional coordination and optimization during emergency responses, emergency departments are now following up on the recommendations.

Venezuela
The political and economic crisis in Venezuela worsened in 2019, affecting the functioning of already strained health services. Many hospitals across the country did not have supplies, operating equipment or even access to basic services such as water.

We expanded our operations including treatment, distribution of medical supplies to patients and health facilities, rehabilitation of hospitals and health posts, and the reconstruction of water and sanitation systems. We also provided training to the Ministry of Health and our own nationally recruited staff so that they can take over when we leave.

The Netherlands
New and interesting challenging management issues occurred when we opened the Emergency Support Unit (ESU) project in our own home society. Médècins du Monde (MdM) approached the MSF- Holland Association, requesting our support for a group of Eritrean migrants denied protection and access to the Dutch health care system. The ESU project was an ad hoc project, in which MSF supported the Code Rood Network with shelter and nutrition for a group of 50 mostly Eritrean undocumented individuals until June 2019.

The debate about operations in home societies in the Netherlands dates back to the 2013 MSF-Holland General Assembly, which also included a presentation from MdM. The 2019 project triggered an interesting and yet to be resolved debate on how home society action is started and managed.

Medical Support Model and Primary Health Care
Looking across our entire portfolio in 2019 through the lens of the Strategic Plan 2015-2019, we reviewed our current medical support approach to ensure it remains fit for purpose. Further collaboration with others in and outside of MSF, including health authorities' hospitals and universities, is expected to improve our internal support capacity. We started discussions with other MSF sections to reduce duplication of specialists and develop a medical support model vision during 2020. We will adapt the design of our Primary Health Care models based on Person-Centred Care principles and improved access to health care. This includes guidance to connect with more remote populations and safely task shift service delivery to improve health care access.

Medical data
Please find the main medical results of 2019, expressed in numbers, in table 1.

Environmental Health
As our awareness of the health consequences of climate change and environmental degradation grew, so did our contribution to environmental health. In 2019, we clarified our approach and developed guidance on laboratory waste disposal standards, in collaboration with the International Institute for Hydraulic and Environmental Engineering at Delft University. We began a review of the large-scale wastewater treatment plant in Bangladesh with a view to apply lessons learnt to other hospitals. In collaboration with Wageningen University, we assessed the development of insecticide resistance in high burden malaria countries.

Climate change may also play a role in deteriorating chemical water quality and we continued to study the impact of chlorinated water quality on malnourished children, e.g. in prepared food. This work will continue in 2020 with several publications but also with potential further research to determine specific upper limits for this group of patients.

Table 1: Main medical results

Indicators	2019
Total number of out-patient department consultations (new and follow-up) (all ages)	2,438,446
Total number of in-patient department admissions (excludes in-patient therapeutic feeding centre and neonatology)	138,961
Total number of patients treated for malaria (all ages)	1,240,359
Total number of patients treated for cholera/acute watery diarrhoea	6,998
Total number of major surgeries performed	10,554
Total number of deliveries performed	79,045
Total number of patients treated for malnutrition	55,282
Total number of patients that received psychosocial care	34,777
Total number of measles doses delivered in routine Expanded Programme on Immunisation activities and outbreak response	52,307
Total number of patients treated for Multi-Drug Resistant Tuberculosis	562
Total number of people saved on the Mediterranean sea	1,232

Igniting Change and Enabling Action

Igniting change by witnessing and reporting the predicament of excluded populations is firmly integrated in our social mission and all our operations. To address sets of broader underlying issues we also rolled out a number of change initiatives in 2019, both in the Netherlands and internationally. Where we believe this would leverage our impact, we collaborated with other sections or in alliance with other actors.

Migration
Building on our medical action as part of SAR, Libya and with people displaced by violence in Syria and Greece, our advocacy approach contributed to the adoption of the agreement on relocations of people disembarked in Malta and/or Italy by 7 EU countries, and the adoption and acceptance of 12 EU states and Norway.

Criminalisation of humanitarian assistance
Netherlands counter-terrorism legislation became an important focus of our advocacy agenda. If adopted by the Senate in its current form, the legislation would be a major threat to principled humanitarian action. The draft legislation introduced legal obstructions to Netherlands-based actors (including humanitarian organisations) to access areas under the control of actors that the Netherlands Government designate as 'terrorists'. Many of these areas (such as in our operational areas in Syria, Afghanistan and Somalia) are the homes of hundreds of thousands of people without access to life-saving health care other than our facilities.

▲ Search and Rescue operation at the Mediterranean Sea, February 2020.

In coordination with the Dutch Relief Alliance (DRA) we developed an advocacy strategy and a position paper. This served as the basis for parliamentary hearings and briefing members of Parliament and the Senate about the consequences for principled humanitarian action. Unfortunately, our efforts as acknowledged by the 2020 Report of the Senate to the Minister, could not prevent the law from being adopted in Parliament. We will continue to influence the Senate in order to prevent the law from being passed or at least not in its current form.

Tuberculosis
Tuberculosis (TB) kills 4,300 people every day. Most of these people live in poor countries with little access to health care. In addition, effective treatment of multi drug-resistant TB (MDR-TB) requires not just one (new) drug, but a combination of several (new and old) drugs.

Made possible by the Netherlands Postcode Lottery funding, we are fighting these dynamics with one of the most ambitious medical trials we have ever implemented. Its purpose is to develop effective treatment protocols and to get these adopted by the WHO and national health services across the globe. The trial is part of a process that will ensure that treatment will only take

6 months, involves no painful, toxic injections, requires only 5 pills a day, has fewer and more tolerable side effects and cures significantly more than the 50% cured under the current regimen.

In 2019, 313 MDR-TB patients in Uzbekistan, Belarus and South Africa were treated by the TB-PRACTECAL team. Towards the end of 2019, the clinical trial included enough patients to determine that six-month, all-oral regimens had significant potential. Two final trial sites in South Africa were activated as well. Ensuring sufficient numbers of patients in the trial remained a significant challenge. Patient-reported outcomes and economic evaluation sub-studies of the trial will also be implemented across all sites in 2020.

Neglected Tropical Diseases (NTDs)
During 2019, we led the development of intersectional NTD strategies, advocacy, and research agendas culminating in the "Fighting Neglect" report, which will be published in 2020, followed by an ambitious advocacy campaign.

In particular, we led the MSF Movement on leishmaniasis by treating large numbers of patients. Operational research, often in partnership (DNDi, ITM-Antwerp), focussed on improving the way we treat patients. Snakebite is also a neglected medical issue with high mortality and we are working towards improving availability and access to safe and effective anti-venoms. In 2020, we will evaluate the efficacy of new drugs in Ethiopia (1,431 patients in 2019). Finally, we continued patient care for Noma[5] patients in the special hospital in Sokoto, Nigeria, and preventive outreach efforts (documentary)[6], to increase awareness and advocacy with a view for Noma to be included in the WHO list of NTDs.

Antimicrobial Resistance (AMR)
AMR strategies developed in selected field project sites focussed on the three clinical pillars of antibiotic stewardship, infection prevention and control (IPC) and diagnostics and surveillance. Through the pilot sites, we continued to develop basic and comprehensive antibiotic stewardship packages and roll out Stepwise Infection Prevention Control Approach (SIPCA) in all OCA projects.

Challenges included a lack of identified stewardship focal points and activities, accessible laboratory facilities, and gaps in senior medical and IPC leadership field positions. In 2020, priorities will include ensuring local staff capacity for the support to stewardship focal points and IPC leadership, and microbiology services and analysis. We will strengthen AMR committees and link them to our Patient Safety Committee as part of our clinical governance initiative.

Clinical Governance
In 2019, we launched a Clinical Governance Framework including a Patient Safety Committee. This committee takes an interdisciplinary and inter-departmental approach to patient safety oversight, quality assurance, and clinical risk management.

We registered 36 medical incidents in 2019, down from 61 reports in 2018, which is below expectations. To address underreporting, we developed an online reporting portal, piloted and launched in all our field sites. We also revised the incident reporting policy, and developed a medical incident management skills-building and communications plan for 2020.

42% of the reported incidents resulted from insufficient patient monitoring and / or escalation of care and 32% from delays in receiving testing or treatment. We identified three solutions to improve this situation:

- develop minimum standards for inpatient facilities surgical services with monitoring tools;
- validate nursing documentation charts and 'track and trigger' vital signs monitoring sheets;
- enforce the Stepwise Infection Prevention Control Approach (SIPCA) and hand hygiene observation practices.

We found that only 9 out of 26 hospitals used the medical Service Facility Assessment tool in 2019 and 4 out of 7 hospitals offering surgical services used the Surgical Essential Requirements checklist; 67% of hospitals used SIPCA.

The Patient Safety Committee prioritized monitoring and escalation as a key area of focus for 2020. Increasing awareness and use of medical incident reporting is also a priority, with a briefing initiative for clinical staff, e-learning module development, and Patient Safety Bulletins as examples of those efforts..

Nursing
Our nursing staff is often the first to be in contact with patients and their caretakers and remain in contact with them most frequently.

[5] https://en.wikipedia.org/wiki/Noma_(disease)
[6] https://noma.msf.org/noma-documentary/

In 2019, we actively chaired in the MSF intersectional Nursing Care Contact Group, published MSF's first Nursing Care Framework, establishing a nursing policy for guiding our staff, and developing standards for nursing care.

The WHO declared 2020 the Year of the Nurse and Midwife. We will take this as an opportunity to increase visibility of the nursing workforce and role of nurses (and midwives). The Nursing Care Contact Group will also further develop as a Working Group, with intersectional projects such as the Nursing Manual of Procedures. The revision of these will be based on the full understanding that our nursing staff is crucial in realising our Person-Centred Care objectives.

Safe Abortion

After four years, The Safe Abortion Care Task Force will transition to its conclusion at the end of 2020. In light of that transition, OCA will commit to ensuring access to safe abortion care (SAC) and contraception as a part of our institutional priorities. Capitalising on the knowledge, methodology, and tools the task force created; OCA will continue to facilitate medical action for SAC as well as encouraging awareness raising, communication and advocacy for the topic. This will include an ongoing support to the existing systems that enable this care as well as a commitment to improve the knowledge and willingness to address SAC. OCA will also continue to explore methods to support the implementation of SAC and using innovative models
of care.

Logistics

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Supply
Without well-organised and resourced supply lines we cannot implement our programmes. The best possible logistics supply partner (LSP) is therefore absolutely crucial and we believe we found it in 2019, after a competitive tendering process. This also meant we had to say good-bye to our outgoing LSP, after 23 years of intensive collaboration.

We successfully passed the Netherlands Ministry of Health (VWS) Good Distribution Practise inspection in 2019. This was the first time we were subjected to such an inspection and we now comply with EU regulations for moving drugs and other items required to support the work in our programmes.

Logistics was one of the departments that started to use the new enterprise resource planning (ERP) system in July 2019. Unfortunately, the long awaited transition turned out to be more disruptive than anticipated. This caused a backlog in our supply, freezing supplies for five weeks. We planned to allow a gradual transition into the new system, but unforeseen software issues exacerbated the situation. It took too long for us to realise the extent of the problem, to combine this with the upcoming, planned annual stock take and the complexity of the situation.

Mitigation measures included close monitoring and prioritising supply to programme needs, as well as adding staff and shifts in warehousing and forwarding. Attempts to remedy the situation included stepping up local purchase and increased supply management capacity. An internal audit review will be conducted in early 2020 to evaluate the root causes of the supply problems that were encountered.

We kept our programme staff informed about their orders, but it was an extremely challenging time for them.

Programme support
Logistics programme support highlights in 2019 include the development of alternative Supply Access Routes to Afghanistan (together with other sections) and to Yemen (via Jordan), to ensure supply continuity. We also updated various guidance documents and field tools and reviewed the release. We piloted the new Biomed Policy. We also piloted Community of Practice, designed to mobilise our collective wisdom, which also reduced the need for technical advisors. We updated the Logistics Management Course and redesigned Logistics E-onboarding (Fleet management, Power supply, Supply Chain Management), and piloted our field ERP support by regular webinars for our staff in projects.

▲ MSF boat on its way to a distribution of NFI kits, Southern Sudan, November 2019.

We developed and introduced a new Security Portal, the Standard Guard patrol and Movement Tools (Fleet Tracking). All our fleet managers now have vehicle panic alarm response, and car and satellite phone tracking device guidelines. We improved fire safety in our health facilities as part of our push for increasing patient and staff safety. For the same reasons we introduced and piloted ICRC Health facilities Security & Safety Survey-Checklist and developed the Premises Site Assessment & Selection Tool, the Protection Against Chemical Exposure (PeACE) kit as well as guidance on how to act during a 'terrorist attack'. In total, we distributed 437,711,228 litres of clean water and 76,896 Non Food Items in 2019.

Staff

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In 2019, we employed 10,466 staff in our head office and our field operations. We embarked on a major multi-year drive towards further development of our staffing model, ensuring that the best person is matched to the position, and removing obstacles for equity and inclusion. The 2019 objectives for the Human Resource and Learning and Development (HR&L&D) department were:

- Getting the basics right: strengthen our systems, processes and data management;
- Develop a Staff Vision as basis for a new Staff Strategy in light of the new Strategic Plan 2020-2023;
- Reinforce performance management both at head office and field level with a focus on talent;
- Strengthen collaboration between HR, L&D, Operations and the Public Health Department by improving staffing models and providing data.

Audit follow up

In 2019, we focussed on the six red flags raised by our internal and external auditors, and made progress in several areas. We implemented an intermediate, web-based solution to managing leave days, in November and December 2019. All departments in Amsterdam head office now use this system. The system is compliant with Dutch labour regulations with regard to leave days. Additionally, starting from July 2019, we defined and rolled out a compliance monitoring framework in order to monitor payroll taxes, in which the HR department performs regular compliance checks for each programme country, all of which provided their framework by the end of 2019.

Lastly, we made progress on setting up payroll controls and segregation of duties. To ensure compliance, we reviewed payroll checks and edit/view rights in the systems of record.

Priorities Human Resources

In addition to the audit compliance action plans, the team also delivered on priorities.

The team made progress on ensuring support to our field operations by deploying an increased number of international staff in the field and supporting national staff. In line with getting the basics right and improving HR positioning, we developed a proposal for a review of the HR and L&D department structure. The proposal will be finalized in early 2020 and the implementation plan will be executed before the end of 2020.

Furthermore, we developed, through an extended consultation process, a new Staff Vision as a starting point for addressing challenges in our workforce such as turnover in field management positions, inclusion and equal opportunities. In addition to this, we developed a Staff Strategy as part of the new Strategic Plan, which included aligning HR and L&D strategies, to support integration and provide more value to the two functions. Once completed, we started engaging with key stakeholders to create a planning and monitoring tool, for Staff objectives of the Strategic Plan implementation.

▲ Medical activity manager Annie Kashung, Sudan, October 2019.

We also developed a "HR systems and processes HR improvement plan", which included the following elements:

- *Policy and procedure*: this is part of a larger programme to address policies and procedures, some of which had not been updated for some years while the organisation focussed on managing rapid growth. We already updated the working from home, overtime, payroll policies;
- *Data and Processes*: we completed flowcharts for field and head office focusing on Hiring- Change- Leaving employees. We also completed five full sets of standard operation procedures for Career Management, Cross Admin, HR office, labour affairs specialists (field and office) and updated key Service Level Agreements for the HR office;
- *Compliance*: we increased the compliance with GDPR in all our processes and systems;
- We started the review of our head office salary grid and function grid.

Further priorities we delivered on were those on performance management, international staffing, and learning and development.

Performance management
Concerning performance management, we renewed our focus on performance management in head office in the last quarter of 2019 to ensure clarity on expected results, performance standards and accountability for all staff. We further rolled-out a new performance management tool and approach in Malaysia and Ethiopia. Other countries will follow.

International staffing
National staff in management positions was at 686 in 2019. Departures increased from 1304 in 2018 to 1306 in 2019. The new ERP allows us to register early returns (15% in 2019). We further introduced a system to reduce gaps in challenging missions.

Learning and development
Staff development continued to have high priority in 2019 and we updated and delivered a total of 42 field courses for 788 participants. At the end of 2019, 10 missions had an L&D Manager, 6 missions an L&D Implementer and 4 missions an L&D Officer. Most of our managers and leaders have participated in our Leadership & People Management training program. We focussed on developing capabilities of our field managers, national and international staff at all levels, by rolling out management and leadership trainings and workshops with an increased participation of our national staff colleagues.

Overall, 2019 was a year of a large team effort in consolidating the foundation of Human Resources, updating policies and guidelines and starting strategic initiatives in the support of the new Strategic Plan.

Responsible behaviour
We continued to increase our capacity to boost responsible behaviour in 2019. Our Coordinator of the Responsible Behaviour Unit is now working with three colleagues, with 'confidants', and a diverse pool of ten independent investigators, focussing on prevention and response to any kind of unethical behaviour by staff in the office and the field.

The Responsible Behaviour Unit (RBU) designed and developed an integrity management framework, which included departure briefings, record keeping, monthly webinars and a comprehensive set of modules integrated in our regular training programme, with a view to mainstream responsible behaviour in our management and communication. We piloted this package in Nigeria in 2019, with plans to roll out our approach in Bangladesh, Sierra Leone, Uzbekistan and DRC (Congo) in 2020.

We further improved responsible behaviour capacity by active collaboration in the MSF Intersectional Platform on Behaviours, which ensures inter-sectional consistency in case management, definitions and typology. A case investigation and investigative interviewing training for MSF-worldwide, took place in Amsterdam in October 2019.

In 2019 new reports of irresponsible behaviour cases reduced, indicating that work remains to be done to make staff aware of the issues, and use the reporting system. Access and use of the complaint mechanism by our locally recruited staff in field projects needs further work. In 2019 we had 17 cases, 8 open, 9 finalised. Compared to 2018: 69 cases, 68 finalised, 1 open, including a backlog of cases from 2018, at which time the reporting system was not yet in place. The three most frequently mentioned issues were psychological harassment, abuse of power, (sexual) intimidation. Encouragingly, requests for advice on how to address irresponsible behaviour more generally, increased.

We are also acutely aware of the need to develop a systematic approach, which includes the safety of our patients, their communities and other stakeholders we interact with. The Responsible Behaviour Unit, and the Operations and Public Health Departments will start working on this from July 2020.

Staff Health
As of 2018, our staff health unit consisted of two medical doctors and three psychologists. The staff health unit started Arabic speaking support in Amman with six consultants covering the Middle East, a local psychologist in Yemen and collaboration in Afghanistan to increase access for locally recruited staff.

In 2019, the staff health unit visited 20 programme countries, briefing 923 staff, debriefing 1,076 staff and providing counselling to 783 staff. The team also started to offer pre-departure health checks to staff who travel to the field regularly and frequently (e.g. health advisors), in 2019. A three-year research project, now in its final stages, studied coping mechanisms of 84% of our international staff when under stress and studied how we can strengthen these mechanisms.

Diversity, Equity & Inclusion
An equally ambitious initiative aims for a more diverse and globally representative workforce. OCA established a Diversity, Equity and Inclusion working group, which developed an action plan to ensure that all of our 10,466 staff members are fully enabled to contribute to our social mission. We took the lead in a coalition of 9 MSF-sections working on a diverse and inclusive MSF with equal opportunities to all.

We want all our staff to feel safe, respected and valued, but research performed stipulated areas of concern, which we began to address in 2019. We recruited the initiative's Program Director and a kick-off workshop ended with an agreement to pilot new integrity instruments, services, training and different forms of risk-analysis. This initiative will have the special attention of the General Director, who will oversee the day-to-day development over the next three years.

In 2019, two staff networks in the Amsterdam office were particularly active in promoting diversity in MSF. The Kaleidoscope network, initiated late 2019, contributes to an open, inclusive organisational culture, that celebrates diversity and seeks to create an environment in which all staff in head office and in the field feel welcomed, included and valued.

The Rainbow Network (lesbian, gay, bisexual, trans (LGBT)) listed among its activity highlights in 2019, the participation in the Pride Walk Amsterdam with the General Director, representing the whole of MSF. It also worked hard behind the scenes and lobbied actively to include the terms 'gender and sexual orientation' in motions presented at the International General Assembly. The network also ensured the inclusion of issues related to gender and sexual orientation in staff debriefings at the end of their mission, to improve operation management's understanding of the issues.

The *Green Elephant* was born in 2018 and recognized by management in that year. In 2019, during the annual general assembly, the Green Elephant presented a motion calling for an Environmentally Responsible Organisation and reducing our carbon footprint, as far as our social mission allows us to. The Green Elephant network also promoted broader awareness of the importance of sustainability measures, connecting with likeminded initiatives in the global MSF network.

Office renovation
A major 2019 achievement we would particularly like to highlight was the move back to the renovated, open and airy office that allows for a more flexible and dynamic approach to work. The layout and facilities are modern, comfortable, yet modest and encourage staff to be in physical contact with colleagues working on other projects, building new networks and more flexibility for how we work, by creating more space.

Overseeing and winding up renovations, departing the temporary office, preparing the new office (including the IT set up) and the actual move all made for a mammoth task for many of our staff and the project team. Given the long lists of requirements ranging from carbon-neutral lightning, to fire and other safety regulations, insurances, negotiations with the removal company and many other issues, it was a great achievement to accomplish the move without a glitch and within the revised (2018) budget.

Security

We recorded 203 security incidents in 2019, representing an 11% drop from 2018. Severe incidents reduced by more than 50% and the number and severity of other incidents also decreased.

Tragically, one of our staff members died as a result of what appeared to be an act of domestic violence. Unfortunately, we also experienced one critical incident in DRC (Congo) (30-hour kidnap of staff). Robberies remain a major source of (traumatizing) incidents, even though they reduced substantially in numbers and in intensity of violence in 2019. We noted that an overall increase of arrests and detentions throughout 2019 is an emerging trend; manifesting in e.g. Syria, involving mainly national staff, which prompted us to look closely at our duty of care after our (temporary) withdrawal from the Northeast of the country. We have yet to analyse the reasons for this, but it could be linked to evolving criminalisation of humanitarian action.

Car accidents remained a point of attention with a small increase in the number of accidents in which fifteen staff sustained injuries and a further ten people external to MSF were involved. Injuries were minor to moderate. A large car fleet in combination with intense car usage in a high-risk (traffic) environment continues to challenge our Ethiopia mission, resulting in a relatively high number of incidents. Twenty-four staff were injured in 2019, including three seriously.

In 2019, we remained committed to improve staff security and safety. We recruited an applied security officer, which allowed us to integrate technical innovations of security hardware, such as car trackers. We strengthened critical incident response and preparedness in collaboration with the other MSF operational centres, cemented in a Memorandum of Understanding. This already improved regular security information exchange and collective analysis.

We continued to strengthen our security management approach, tools and systems in 2019. Our central security data and management tool underwent further improvements to allow for further alignment. We are confident that some of the overall reduction of incidents can be attributed to the strength of our accumulated knowledge, reflected in our approach and management tools, even if stabilisation of security contexts in Central African Republic, DRC and South Sudan also played a part. Our security advisor observed increased security awareness in our operations as a further indicator of the success of our approach in 2019.

▲ A car on it's way to a measles campaign got stuck in the mud, DR Congo, February 2019.

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Information Technology and Data Security

Information Technology developments during the year were dominated by the transition of our Enterprise Resource Planning (ERP) software. After two years of preparation, the new system went live in July 2019 and we now have an integrated system for Operations, Logistics, Finance and Human Resources.

The introduction of General Data Protection Regulation (GDPR), the EU legal framework and guidelines for the collection and processing of personal information, generated momentum for updating our internal data security policies. We commissioned an IT security evaluation and, based on its findings, implemented and planned further technical IT security measures. With others in the MSF International network, and with the help of Allen & Overy (NL) and the French data protection authority, we drafted Binding Corporate Rules (BCR). These are procedures that govern the exchange of personal data between all MSF entities and the programme offices.

User support in our missions remains a major part of the IT department's services, with changes in multiple systems, processes, upgrading, and new tools and technology. One major new development in 2019 is the introduction of Cyberkits in our missions. Cyberkits contain hard and software, tailored to the basic IT infrastructure in the field. The IT department developed a box with secure IT devices, and solutions for problems with power grid, temperature, and insecure Wifi connections. The 2018 pilot of 13 kits deployed, allowed for testing and finalising the kits in 2019. The result is that we now have better hardware, stable and secure software and faster internet connections than ever before. This improved financial management and cost monitoring, reduced the need for field support visits and enabled performance monitoring at the Amsterdam office. In the coming years, this development will continue with kits in more missions and focus on embedding tools and improving users' experience.

▲ MSF teams prepare to set up emergency activities in Buzi, Mozambique, March 2019.

Fundraising, Communications, and Awareness-raising (in The Netherlands)

Our 2019 income, awareness and image targets indicate successful engagement with the general Dutch public and our supporters (individuals, organisations, foundations, etc.). Our strategy remained to increase sustainable income by strengthening loyalty and broadening our support base by improving our understanding and knowledge of existing and potential donors.

Income
Income from Dutch support was more than 2% above 2019 projections. This was mainly due to an overachievement of €3,5 million in legacies. We also raised an additional €1.8 million and reactivated over 2,500 supporters whose last gift was two to seven years ago, after a special mailing request to our donors for our response to cyclone Idai in Mozambique, Zimbabwe and Malawi.

With the support of the Netherlands' National Postcode Lottery, we participated in national tv-shows Miljoenenjacht (Rohingya in Bangladesh), 1 Tegen 100 (Ebola and Yemen) and Koffietijd (on 3D printing in Jordan), reaching large audiences. Next to our regular donation of EUR 13.5M, we submitted a proposal for additional funding for TB-PRACTECAL. Although unsuccessful in 2019, we were able to resubmit it in 2020. The longstanding relationship with the National Postcode Lottery is very valuable to us, both financially and in drawing attention to the dedication of the staff working in our programmes.

Awareness
MSF remains the third most recognised humanitarian organisation in the Netherlands. When asked to name three charities, 21% of those interviewed in the Netherlands mention MSF. This is 2% below our 23% target. It is thought that this is partly due to the fact that there were few major crises that required our response and that we did not launch a big campaign in 2019.

Please note that our awareness percentage was higher in 2018 due to negative publicity caused by responsible behaviour media reports and the negative portrayal of our search and rescue activities.

Image
Measuring image is measuring how people view the organisation. Our brand image was 23% in 2019. In 2018, we had the lowest image (20%), likely due to the negative publicity mentioned earlier. Our score in 2017 was 22.8%.

The percentage of 23 entails that we are in the top three of humanitarian organisations in the Netherlands regarding our image.

Advocacy and communication efforts
Our domestic communications and advocacy agenda focussed on the Dutch 'anti-terrorism law', which, if it were to pass in the Senate, would obstruct MSF helping those in need in certain areas.

We also informed our supporters and the wider public in the Netherlands about topics such as Syria, Ocean Viking, cyclone Idai and Ebola and pitched activities in DRC on Ebola and highlighted the importance of our field staff in DRC, Yemen and Bangladesh.

▲ Donor event at the Amsterdam office, July 2019.

Programme Finance

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Our Finance Department was one of the departments that started to work with the new ERP system in July 2019, in conjunction with Logistics. Simultaneously, the department integrated the Office 365 platform and SharePoint. These two new systems allow for improved financial information sharing (programmes and head office budget, expenditure reports) between Operations, Logistics, Human Resources and Finance, allowing for improved data visibility and budget control. The new software meant that financial advisors gave priority to the integration and implementation of new systems, such as supplier selection compliance and internal reporting and budget control. Additionally, we focussed on monitoring compliance with regulations in the programme countries (taxation, financial reporting, anti-money laundering) and organised an online training for finance staff in the field covering these subjects.

Another major achievement in November 2019, was the new MSF international Resource Sharing Agreement 2020-2023 that will regulate the distribution of overall income within the MSF international network. In 2019, we contributed €19.7 million to MSF-France and MSF-Spain.

Every year our programme finance staff meets face to face for strategy and policy discussions. For the first time ever, the annual Financial Coordinator days were fully digital in 2019. This raised the bar for other departments, saving over €20,000 in flights and hotels costs, and the carbon footprint of at least 30 inter-continental return flights, without having to compromise on the process and content. The use of a mix of state of the art technology (video-conferencing, yammer, SharePoint, mentimeter), allowed for all the usual dynamics with full engagement of all 30 Financial Coordinators and head office-based staff. Topics included the core business, legal compliance and field technical tools for assessing accounting, budget monitoring, and local compliance.

▲ Distribution of essential relief items in northern Idlib, Syria, February 2019.

Safeguarding systems

Risk

Our biggest risks include those associated with contexts characterised by quick onset and unpredictable security deterioration. We are also exposed to operational risks associated with needing to comply with programme country legislation. The future development and impact on our activities are extremely difficult to predict and may change frequently.

In 2019, we reviewed our risk appetite and concluded that we need a more disaggregated approach to risk management, meaning that our approach was not specific enough. We manage risk with an emphasis to ensure minimal risks to staff, patients and the populations we assist, to safeguard their well-being, our reputation, and to ensure our solvency.

The design of our organisation and support infrastructure is tailored to quickly respond to changing circumstances, emerging risks, and opportunities, to which risk mitigation in our organisation is central. We continue working on creating an open culture in which risks can be discussed. In our approach to risk, both management at head office and mission levels play an important role. In our work, security, health and safety, and behavioural risk management require and receive specific attention. See table 2 for more information.

▲ Distribution of soap and chlorine solution in Buzi, Mozambique, April 2019.

Table 2: Risk appetite

Risk category		Risk acceptance level					Description
		Averse	Minimal	Cautious	Open	Hungry	
Strategy							OCA strives to achieve its objectives, to fulfil its ambition to play a leading role in delivering medical-humanitarian aid and to invest in the capacities to support that ambition. A fair part of our operations are unpredictable and require a dynamic approach. In order to respond to significant emergencies, we might accept to take strategic risks including possibly stretching available resources if it benefits the population in danger.
Program Implementation	Medical humanitarian action						First and foremost, our purpose is to start up and/or continue emergency aid operations. Populations in situations that are life threatening or of dire needs would drive us to accept more risks in our interventions and in our strive for meaningful access.
	Supply chain						We ensure employing a responsive and adaptable supply chain, maintain product quality standards and continuity of supply services and of operations. We therefore maintain comprehensive supply policies and procedures.
	Safety and security						Although we accept the need to work in contexts of acute crisis or conflict, we will nevertheless do everything reasonably practicable to reduce significant risks to our employees, our patients and the populations we assist. We apply strict rules and regulations in order to minimise safety and security risks for our staff and beneficiaries. We take minimal risks in regard to safety and have cautious approach towards security risks if we assess there is a high benefit for our patients.
Medical care							We minimize risk (especially clinical risk) and maintain high standards of medical care. We realise that in acute emergency response operations we may accept a higher level of risk. We emphasize the importance of creating a culture of learning from error and disclosing incidents.
Reputation							We maintain a solid reputation for living up to our core principles (neutrality, independence and impartiality), for transparency and for accountability towards our donors and beneficiaries. This translates in an open model of associative governance and an insistence on modest levels of compensation for all employees. Our communications are accurate and based on our own observations and experience while we maintain a relatively open approach towards communication risks and the potential reputational impact if it concerns the plight of the people we assist
Finance	Income						Our emergency aid operations are principally funded by private donations. While we are cautious to accept funding that can be perceived to be at tension with our independence, we will maximise diversification of funding sources.
	Financial position and solvency						We maintain a solid financial position in order to guarantee our emergency response capacity and ensure independent access to populations in distress and the achievement of our objectives. We are risk-averse in our financial and investment policies.
	Foreign exchange						Working worldwide in unstable environments and having a diverse but predictable flow of income, we incur minimal foreign exchange risk, in spite of the unstable environments in which we work, as we have an inbuilt hedge resulting from the diversity of currencies in which we receive income and make expenditures.
Legal and compliance	In countries of operation						We comply as much as possible with applicable laws and regulations. In our programmes, we accept a cautious level of risk towards local (tax) laws and regulations. We may accept to be non-compliant, as we place greater priority on our patients and staff. This is particularly the case when compliance may restrict our ability to assist population in distress.
	In countries of management						In countries where we have our head offices we comply to the regulatory frameworks. As in OCA we have our head offices in various countries, we align our compliance policies. We are risk averse in respect to financial compliance; we follow rules and regulations adhering to governance codes, charity regulations, Good Distribution Practices and when preparing our financial statements and management reports.
Integrity	Behaviour						We are strongly committed to prevent, detect, manage and follow-up on all aspect inappropriate behaviour in the workplace, towards patients and vulnerable populations whilst managing the cultural change to achieve it.
	Fraud and corruption						We have an averse tolerance for internal fraud and corruption as we do not accept our staff engaging in any form of corruption in relation to their work and our operations. Due to the context of our operations, we acknowledge that circumstances may arise taking precedence over other considerations and justify greater flexibility in our position. Whilst we do not support it, we have operations in environments with a reasonable acceptance of external corruption.
	Data security						We are vigilant to the protection and security of data and with a specific emphasisi on the personal data of patients, donors and staff.
Organisation and work culture							We strive for a diverse and inclusive organisation and work culture, in part by ensuring an international workforce, while realizing that difference can be challenging. Diversity means openness to people with different perspectives and differing expectations. Becoming a truly global organisation is key to our development and growth.

Specifically, (financial) risk exposure may arise from tax and regulatory legislations that, in the instable environments in which we work, are subject to varying interpretations, and frequently occurring changes. This is captured in our risk appetite towards legislation and compliance in the countries where we work. In our programmes, we accept a minimal up to cautious level of risk toward local (tax) law and regulations. Where management has assessed it as probable that a position on the interpretation of relevant legislation cannot be upheld, an appropriate provision has been included in the financial statements.

During the year, we made significant progress in our internal control and continuous assessment regarding compliance with laws and regulations in our programmes, and the mitigation of associated risks. In 2019, we appointed a Compliance and Risk Management Officer. We developed a comprehensive framework for capturing and monitoring laws and regulations that apply specifically to our field staff. We also enforced supplier identification and payment procedures.

We maintain risk inventories throughout the organisation with active involvement of staff at every level. During 2019, management reviewed the central risk inventory. Identification of risks with potential consequences for achieving our goals, are mainly those directly linked to implementing our social mission, their occurrence likelihood and calculations of financial consequences.

The Board also paid special attention to reputational risks (e.g. related to our image as described in the fundraising, communication and awareness section of this report), and calculated the financial buffer required to absorb these risks and integrated this into our reserves policy. This has enabled us to efficiently redesign our risk management policy to be able to respond to these risks more adequately.

The impact of COVID-19 on our work and the organisation

From February 2020, the COVID-19 pandemic brought the global world economy to a standstill, as we anticipate the impact on the fragile health care systems in MSF's operational areas. Global medical shortages amplify discrepancies in access to scarce medical resources, as well as the discrepancies in quality of health systems and in possibilities to protect oneself from infection. As an emergency organisation, we have capacity to respond to sudden emerging crises, but we have never been confronted with a worldwide crisis causing disruptions to travel and supply systems in all our programmes, countries of operation and in our head offices. We experience complications in sending (international) staff to operational areas, obstacles in export, import and transportation of supplies, difficulties with procurement of protective equipment and medicines and additional risks present for patients in our regular programming with co-morbidities (e.g. in our TB projects), occasionally delaying implementation of interventions.

Staff health, the continuity of patient care and the supply chain are the three central priorities of our mitigation strategy for operational risks associated with the pandemic. To date we approved COVID-19-related activities in approximately 60 existing project locations. We also established new COVID-19 activities in Venezuela (Tachira), Sierra Leone (Freetown, previously only coordination), South Sudan (Juba, previously only coordination), The Netherlands, Germany and the United Kingdom. We also adapted ongoing projects. All project teams incorporated COVID-19-related in-patient care, surveillance and health promotion and community engagement in their activities. We increased technical support and training for Ministries of Health; assisted in contact tracing and follow-up; strengthened referral mechanisms; provided mental health services for health workers, patients and caretakers; improved outbreak monitoring and surveillance; made donations of protective equipment and of course made changes in health facility set-up and patient flow (including added isolation beds) to prepare for an increase of COVID-19 patients in all our programmes.

Our measures allowed for the adapted continuation of all pre-outbreak existing projects. However, as a possible contingency and in line with our staff health priority, we may have to consider the (temporary) closure of activities that cannot operate under the COVID-19 conditions such as Kandahar TB activities (following the

COVID-19 infection of several MSF staff and the escalation of the infections in Afghanistan). Our Search and Rescue activities are on hold due to the closure of safe ports. The implementation of our South Sudan programme is affected by the inability to bring in staff reinforcements and our TB/HIV activities in Myanmar are experiencing imminent ruptures in antiretroviral drug supplies. These types of challenges are subject to increased and COVID-19 focussed coordination between MSF sections, based on primary responsibilities for countries, with OCA taking a lead role in South Sudan, Bangladesh, Venezuela, Afghanistan, CAR and Chad.

Duty of Care

In order to protect our staff and our patients from infection, we produced COVID-19-specific guidelines on clinical management, infection prevention and control, protective equipment, laboratory diagnostics, nutrition, water and sanitation, waste management, facility design, health promotion and community engagement, mental health and staff health. This is updated weekly to keep pace with the rapid evolution of scientific evidence. We also follow the WHO guidelines for Personal Protective Equipment (PPE). Support is available to ensure the physical and mental well-being of our staff.

From early March onwards, MSF OCA facilitated the return of those international staff at significant risk of COVID-19-related complications. We paid specific attention to our medical evacuation arrangements with SOS. For remaining staff, any evacuation will be inevitably slower and more complex than under regular circumstances, but for now all regular arrangements are still in place. Every mission identified in-country possibilities to safeguard staff health and negotiated access to higher-level care for our staff. We ensured capacity in our psychosocial support team and communicated the availability of the team to colleagues in the field and in head office. We updated our risk matrix with COVID-19 specific risk and mitigation measures and shared this with all missions. Specific guidance on the protection of valuable stocks (e.g. PPE) was disseminated. The Operations and Medical departments are organizing peer support sessions for all our field coordination staff to exchange experiences with our guidance and our measures. Management continuously monitors and adapts the impact of our measures on our staff and the people we assist. We monitor misinformation, rumours and threats to staff closely and we take specific mitigation measures as necessary.

We comply with all government regulations and advice in each of the countries we work. We adapted to new ways of working. Most of our staff is working from home and travel restrictions are in place. We already had essential communications infrastructure, policies and procedures in place for this, as even in normal times we are used to working globally and providing support to our teams remotely. In the recent past, we invested in IT infrastructure, allowing for mobile internet communications and all files and SharePoint sites in the Cloud. These investments are now paying off, contributing to our ability to maintain our support to our missions, regular internal control mechanisms and decision-making.

Organisational set-up and finances

We adapted existing decision making procedures and added new management structures in the head office. Movement-wide COVID-19 taskforces ensured continued staffing and supplies to our programmes, using regular and new channels, collaborating with major airlines; charter companies, other NGOs, ICRC, WPF, ECHO, etc. An MSF- International Procurement Taskforce explored every available lead to obtain protective equipment – masks in particular, addressing acute shortages of surgical masks in April 2020. Higher-grade respiratory masks were more difficult to source, but we are working with Dutch, German and British suppliers to increase our stocks.

We have been able to absorb additional costs for programme adaptation and specific COVID-19 activities in our budget and emergency provisions. Anticipating that this may have to change in the (near) future as of 2021, we are preparing an international MSF emergency fundraising campaign for an additional € 150 million for COVID-19 related activities. We will design the campaign in ways that comply with government regulations (e.g. more online and TV advertisement instead of face-to-face and canvassing). A major part (over 50%) of our fundraising income is from direct debits, regular giving and legacies and inheritances, which we expect to continue. We are acutely aware of the gravity of the situation and future economic prospects, but do not foresee challenges to continuity of the organisation and our ability to operate in 2021 and beyond. We are confident that we, in collaboration with the other members of MSF International, are in a strong position to develop our collective income, and manage our solvency and liquidity position, in line with our ability to scale our Emergency Aid expenditure in accordance with available funding.

Financial Strength
We have performed a stress test on the sensitivity of our organisation to reductions in income to assess the degree of uncertainty on the financial strength of the organisation. For the stress test we looked at different scenarios including 'as is' with income and expenses levels developing according to the initial Annual Plan and budget, a reduction of income with 10%, 35% and 50% respectively. Based on this stress test, a reduction of income by 10% would not lead to large adjustments to the budget. Any further reduction in income up to 35%, followed by an equally large reduction in expenses within 5 months, will not lead to a liquidity shortage. A reduction of income by more than 35% requires a proportionally higher reduction of expenses within 5 months on order to prevent liquidity shortages.

In the opinion of the management, developments taking into account more than 20% reduction in income are highly unlikely scenarios. Evaluating the current development of our income we expect that the 'as is' scenario is the most likely scenario. In our planning, we take the scenario of a 10% reduction of income with no reduction of expenses as the worst-case scenario

Conclusion
While uncertainty will continue for the foreseeable future, possibly into 2021 and perhaps beyond, our primary focus remains firmly on redesigning and adapting our programmes to cope with the constantly evolving COVID-19 realities. This will most certainly mean that in the remaining part of the year 2020 we will further develop and adjust our operational (support) models and how we train and prepare staff for their work. We will continue to monitor changes in income and expenditure even more closely than usual, and will adapt our expenses in an agile manner, in line with needs and income developments, even if we do not expect a material change in income and expenditure related to the COVID-19 pandemic and other developments.

The development of income and expenditure since the emergence of the COVID pandemic further serves to underline our ability to respond to major emergencies, within the framework of our existing budgets. We have not seen any significant financial impact on the income and expenditure patterns in 2020 year to date. We also do not anticipate any consequences for personnel or investments based on the income and expenditure patterns seen in 2020 up to the date of signing these financial statements.

Evaluations
The PHD commissioned three evaluations in 2019, within the Bangladesh Diphtheria Emergency, and in Ethiopia and the Somalia Region, all of which are awaiting publication at the time of writing this report.

Operational evaluation in 2019 includes the Nutrition programme of 2018 and a review of errors in the Bangladesh Retrospective Mortality Survey of 2017. The emergency support desk has evaluated the OCA Bangladesh WASH evaluation, the OCA Ebola Goma review, and the Qamishli pre-incident evaluation with OCG, which have all been completed. We also evaluated the OCA and international response to the floods in Mozambique. Findings are integrated in the relevant sections of this report. The Critical Incident Management Team (CIMT) Syria Qamishli post-incident evaluation is still ongoing.

Internal audit
In 2019, we conducted four internal audits and reviews, covering activities in Bangladesh (Rohingya refugee response) and Yemen, the Bossango project in Central African Republic and our activities in northern Nigeria. We also implemented a review of 2014-2019 head office FTE development and reporting. Internal auditors also focussed on fraud and integrity within incident reporting.

The General Director and Audit Committee have discussed all reports and followed-up on findings and recommendations. Patterns for reoccurring findings are incorporated in the planning and control cycle and discussed at different management levels. The Board and the Audit Committee are regularly informed on progress made, with regard to regularly occurring findings. The internal audit reports are shared with the external auditor. It will remain a high priority to safeguard awareness of the importance of compliance and supporting processes in difficult operational situations.

External audit
In their audit reporting in previous years, our independent external auditor, PricewaterhouseCoopers Accountants N.V. (PwC), observed that the development of the internal control of the organisation has not kept pace with the growth of the organisation. PwC advised management to address several requirements to determine the ambition level for the internal control environment that fits the size and the complexity of the organisation and its operational environment. The requirements and the degree to which our organisation meets these requirements range from having adequate knowledge

and capabilities within the Audit Committee, which is rated as good, to having an appropriate ambition level for the maturity of the internal control environment based on the size and complexity of the organisation, for which PwC notes that there is room for improvement. PwC stresses the importance of ensuring adequate knowledge at directors level on internal control topics. Specific components of the ambition level included the assessment of (non)compliance with local laws and regulations, the IT-environment, the control of corruption risks and the logistics inventory processes. The awareness of the benefits of a more mature control environment needs to increase across various parts of the organisation. In recent years, IT-systems have been upgraded and implemented. However PwC notes that these may provide a basis but are only part of the solution to move towards a more mature control environment. Though PwC has recommended us to define the ambition level on the maturity of the internal control, this has not yet been addressed. The current COVID-19 response puts extra pressure on our ability to act upon this recommendation. Nevertheless, management is committed to address the definition of the ambition levels as well as follow-up on the interim management letter findings and deliver an improvement plan on short notice.

Protecting our brand

It is important to ensure the integrity of the Artsen zonder Grenzen name and brand in order to reduce the risk of dilution of our trademarks (name and logo). There is also a risk of confusion in fundraising and operational activities and reputational risk. In 2019, we reached an agreement on name change or cancellation of registration in all 6 cases we pursued (2018: 8 cases). The Board engaged Simmons&Simmons LLP on a pro bono basis to follow-up on new and existing trademark infringements.

Tax control

Our fiscal relationship with the Dutch Tax Administration is regulated in a covenant that includes agreements on supervision, specific procedures and the open exchange of relevant information. The covenant principally refers to the Dutch tax regulations concerning our ANBI status, payroll tax, VAT and inheritance tax. Overall, the tax exposure in the countries in which we operate is much wider. Considering that in the instable environments in which we work tax and regulatory legislation is subject to varying interpretations and frequent changes, we established a structured approach to monitor national staff employment tax and regulatory compliance.

Association and governance

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MSF-Holland Board

On 31 December 2019, the Board of the MSF-Holland Association consisted of nine members. The members of the MSF-Holland association elect the Board from among their members. The 2019 Board elections were held during the statutory General Assembly of June 14th. In addition, the Board may appoint three members who have specific expertise or experience to support the Board in its duties. Table 3 on the following page reflects the composition of the Board on 31 December 2019.

▲ The OCA cafe held in Amsterdam, September 2019.

Table 3: Board composition

(Re) Appointed	Name (term of membership) Positions/other memberships	Term runs until	Activities
2019 (1 Jan)	**Marit van Lenthe** (first term) President Member of the OCA Council Member of the International Board	2021	Deputy Director training institute Global Health and Tropical Medicine Chair ABG Chamber Orchestra
2018	**Annemarie Duijnstee** (first term) Vice-President Chair of the Remuneration Committee	2021	Head of HR Department, Leiden University
2018	**Unni Karunakara** (second term) Member of the MSF SARA Board	2021	Assistant Clinical Professor, School of Public Health, Yale University; Member, Selection Committee, MSF Transformational Investment Capacity (TIC); Member, Steering Committee, MSF Access Campaign; Member, Advisory Board, Prasanna School of Public Health, Manipal University
2018	**Michel Farkas** (first term) Treasurer Member of the OCA Council Chair of the Audit and Risk Committee OCA Member of the Remuneration Committee	2021	Chief Operations Officer (COO), Hivos
2017	**Tessa Thiadens** (first term) Chair of the Association Committee IGA Representative	2020	Resident for the specialization General Practice / Family Medicine, SBOH Stichting Beroepsopleiding Huisartsen; ALSO Instructor, MSF-Holland (2-3 weeks/ year)
2017	**Peter Draaisma** (first term, co-opted member) Member of the Audit and Risk Committee	2020	External Member, Audit Committee of the Ministry of Economic Affairs and Climate Policy of The Netherlands; Chairman of the Supervisory Board, Rotterdam-Rijndam Child Protection Agency; Member of the Board, Rotterdam Foundation Supporting Child Protection; Chairman of the Board, Foundation 'Preservation of the Monument Holy Family Church'; Honorary Ambassador, Mind Management System Organisation; Member, Sourcing Committee of the Audit Institution Rotterdam (till 27.11.2018); Board member, Stichting Pathan (Until end of July 2019); Chairman of the committee Topcure and Research of the Ministry of Health, Welfare and Sport of the Netherlands
2019	**Leonoor Cornelissen** (first term) IGA Representative Member of the OCA Association Committee	2022	Migration and Development Policy Advisor, Ministry of Foreign Affairs; Language Buddy, Stichting Nieuw Thuis Rotterdam; Advisor, United World College
2019	**Hans Stolk** (first term) Member of the Remuneration Committee	2022	Manager Polikliniek Amersfoort, Sinai Centre
2019	**Riekje Elema** (first term) Member of the OCA Council Member of the Medical Committee	2022	Projectmanager/coach Verpleegkundige Topzorg, Universitair Medisch Centrum Groningen, Cater for Health (ZZP); Onderzoeker Ondervoeding Ouderen, Universitair Medisch Centrum Groningen, Cater for Health (ZZP)

Marit van Lenthe became President of the Board with effect of 1 January 2019, taking over the presidency from Unni Karunakara. In 2019, the GA elected Leonoor Cornelissen, Hans Stolk and Riekje Elema as Board members for a term of three years. Joost van der Meer did not stand for re-election after completing his second full three-year term as Board member. The Board would like to express its gratitude to Joost for his hard work as the Vice president and his work on important medical issues as well as representing the association on the OCA Council.

All Board members provided full disclosure of their professional activities, their ancillary activities and other interests in accordance with Article 5 of the By-laws. The Board has determined that no direct or indirect conflict of interest exists.

Board self-evaluation

During a retreat in November 2019, the Board evaluated its own strengths and weaknesses by conducting a SWOT-analysis that covered the following key topics:

- The Board's relationship with the Management Team. The Board clarified its views on the roles of the MSF OCA General Director, the MSF-Holland Delegate Director and the Director's office;
- The delegation of tasks between MSF-Holland and MSF OCA, the positioning of MSF-Holland within the OCA partnership and the relationship between the MSF OCA Council with the Management Team;
- The functioning of the Board as a team and the roles within the Board. The Board found that discussions have been honest and direct and that there is space to voice a dissenting opinion. It also found that it could benefit from more diversity in the composition of the group;
- The role and visibility of MSF-Holland and the MSF-Holland Board and Association in the 'home society' of the Netherlands. The Board concluded that we need a vision for the Association and more priority to our position and advocacy in the Netherlands.

Board remuneration and expenses

With the exception of the President, Board members are not remunerated for their work as Board members. However, they are eligible for costs reimbursements for travel, printing, telephone calls, etc. Additionally, board members may receive a volunteer payment of a maximum of €1,000 per year. During 2019, all nine Board members exercised this option.

The MSF-Holland by-laws, in conjunction with the Remuneration Policy, specify the framework for remuneration of the President. The President may receive partial remuneration exclusively for time spent on Board responsibilities and the international MSF network. The President's remuneration can be found in the 'Policy on the Remuneration of the MSF-Holland Board' and is in accordance with the principles approved by the GA. The policy was updated in 2018 with regard to application of the salary grid applicable to the Management Team, and makes specific reference to ensuring compliance with the relevant governance and regulatory standards. Its key stipulations are as follows:

- The President may be compensated for lost income if Board tasks take up substantial amounts of time that he/she could otherwise have used to earn income;
- The President can claim remuneration for a maximum of 20 hours per week;
- The President's hourly fee is based on the salary grid that applies to the Management Team.

In 2019, MSF-Holland compensated the President, Marit van Lenthe, to the sum of € 63,778. The President received this remuneration for her combined efforts as President of the MSF-Holland Board, Chair of the OCA Council and member of the International Board of MSF International. This amount was in accordance with the policy and was approved by decision of the Board in its meeting of 27 September 2019. In 2019, volunteer payments to Board members amounted to € 7,000 (2018: € 7,100). This amount was paid to all Board members. No volunteer allowances were made following the end of term. No loans or guarantees and no advance payments were provided to any Board member.

Board meetings

The Board met eight times in 2019 and held one teleconference, as shown in table 4.

Table 4: Board meetings

Meeting date	Attendance record
11 January	5/7
15 February	5/7
1 March	6/7
12-13 April	7/7
15 May	7/7
5 June (TC)	7/7
11 July	9/9
27 September	9/9
29-30 November	9/9

It is estimated that, in 2019, Board members spent an average of one day a week on their Board responsibilities. However, there are large differences in the time spent by the various members on their Board responsibilities, depending on their membership of Board committees and the MSF OCA Council.
In 2019, the following agenda items recurred at the Board meeting:

- Updates from the Board committees, to facilitate well-informed decision-making on issues related to finance and risk, remuneration and the Association;
- Updates on the MSF South Asia Regional Association (SARA). In 2016, MSF-Holland signed a Letter of Comfort with MSF SARA. The development of a new letter was prepared in 2019. It includes a commitment on financial support, coaching and governance strengthening on the road to section hood for MSF SARA. The updates helped to ensure that MSF-Holland continued to fulfil this commitment;
- Discussion of forthcoming MSF OCA Council meetings and the MSF International General Assembly (IGA), to prepare the MSF OCA Council representatives and IGA representatives for the meetings and mandate them to discuss, decide and vote on behalf of the MSF-Holland Board;
- Sessions to prepare for well-informed decisions on, amongst other things, the approval of annual plans, the 2018 mid-term review, reports, risk and finance.

In addition, in 2019 the Board focussed in particular on the following issues:

- A new Memorandum of Understanding to guide the MSF OCA Partnership with effect from 2019;
- The controller updated the Board on RSA 4, the MSF resource sharing agreement, negotiations, working groups and consequences for MSF-H and MSF OCA;
- Operational Managers updated the Board on the Emergency Shelter Unit (ESU) project, an ad hoc project, in which MSF supported the "Code Rood Netwerk" with shelter and nutrition for a group of 50 mostly Eritrean undocumented until the end of June 2019;
- The Executive updated the Board throughout the year on the timeline and budget of the Connected 2.0 project.

Consultation with the Management Team
Regular bilateral meetings took place between the President and either the Delegate Director or the General Director. These meetings concerned ongoing organisational matters that did not require the involvement of the full Board, the progress concerning matters previously discussed, and the preparations for plenary Board meetings.

Consultations with the Works Council
The Board and the Works Council (WoC) met on 1 March 2019 to discuss staff well-being, office culture and employee satisfaction, and the WoC's advisory role to the Executive. The Board also discussed what topics the WoC would like the Board to address in its meetings of the coming year such as Magnum and the relationship between MSF-Holland and OCA.

Supervision
Sound governance is key to the values and culture of MSF-Holland. The principles of governance that apply to the MSF-Holland Association are detailed in three main documents: the Articles of Association, the By-laws, and the Management Statute. The Association plays a governance role in the wider movement, by means of its direct participation in the IGA in accordance with the MSF International Statutes. In addition, the Memorandum of Understanding with MSF OCA describes the operational management functions and oversight responsibilities that MSF-Holland effectively shares with its partners within MSF OCA and with the MSF OCA Council. The principles agreed upon and set out in these documents reflect the principles of good governance to which the organisation subscribes. The Board is responsible for ensuring that these principles are relevant and that they are applied in practice. The Board has monitored these questions throughout the year with the help of the committees that it has established and in regular consultations with the General Director, the Delegate Director and the Controller appointed by the Board. Via the MSF OCA Council Chair, MSF-Holland and the other MSF OCA partners are represented on the International Board of MSF in accordance with the MSF International Statutes.

MSF-Holland has three statutory committees: the Medical Committee (which is an MSF OCA Council Committee), the Audit and Risk Committee and the Remuneration Committee. In addition, the Board has an Association Committee to ensure a vital and active MSF-Holland Association.

Medical Committee
The Medical Committee advises the Board on medical policy and approves the accountability framework for the implementation of the scheduled medical programmes. The Medical Committee consists of six representatives from MSF in the Netherlands, Germany, the UK, Canada, Sweden, and India, chaired by an independent Chair, Andre Griekspoor, who is a non-voting member of the MSF OCA Council.

The Chair of the MSF OCA Council and the Medical Director have a standing invitation to the meetings. The Medical Committee met three times in 2019 (by videoconference): on 24 May, 3 July and 4 December. At the end of 2018, the seat for MSF-Holland was vacant and filled by Riekje Elema as the MSF-Holland Board's representative on the Medical Committee at the end of 2019.

Audit and Risk Committee
On 31 December 2019, the MSF-Holland & OCA Audit and Risk Committee (ARC) consisted of five members: the treasurers of MSF-Holland, MSF Germany, MSF UK and MSF Canada and one MSF-H board member, Peter Draaisma. The treasurer of MSF-Holland, Michel Farkas, is the chair of the OCA Audit Committee and in this capacity has a seat on the OCA Council. The General Director, the Controller and the Chair of the OCA Council have a standing invite to the meetings.

In 2019, the Audit Committees met 9 times (including teleconferences) on 1 February, 27 February, 8 March, 28 March, 5 April, 7 May, 5 July, 22 October and 11 December.

The MSF-Holland Audit Committee and the MSF-Holland treasurer, based on MSF OCA Audit Committee meetings, advised the Board on matters of finance, risk management, governance and internal control. In 2019, the committee advised the Board primarily on the 2018 Financial Statements and the Auditors' Report, the 2019 and 2020 budget, the interim financial reports, the renovation of the office building in Amsterdam, supply chain issues, risk management, and the findings of internal audits that were carried out by the Control Unit both in the field and at the head office.

Remuneration Committee
On 31 December 2019, the Remuneration Committee consisted of three members: Annemarie Duijnstee, Michel Farkas and Hans Stolk. The Director Staff and the Controller have a standing invitation. The Remuneration Committee advises the Board on the remuneration and grading framework for MSF-Holland and the specific remuneration policy for the members of the Management Team and the Board. The Remuneration Committee met two times in 2019, on 18 March and on 13 May. The Committee advised the Board on the exit arrangements of MT members and the remuneration of the President.

Duty of Care and Responsible Behaviour Committee
In 2018, the Board and the MSF OCA Council decided to form a Duty of Care and Responsible Behaviour Committee (DoCC), which was formally established in January 2019. The Committee strengthens the oversight and monitoring by the Board and the MSF OCA partner Boards of MSF OCA's integrity framework and safety and security framework. The Committee monitors and investigates whether effective systems and methods of control, including risk analysis, risk management and reporting, are in place and covering behaviour, staff health, and safety and security. The Committee, furthermore, stimulates the organisation to comply with the relevant legal provisions and regulations as well as good practice. On 31 December 2019, the DoCC consisted of three members: Javid Abdelmomeim, Karin Fischer-Liddle and Dal Babu. The DoCC met four times in 2019, on 15 February, 17 April, 19 June and 3 December. The Committee accepted the review of our Integrity System by the independent organisation 'Governance & Integrity' as presented by management, and advised the OCA Council to do the same.

Association and governance
The Artsen zonder Grenzen - Médecins Sans Frontières Holland Association, grew further in 2019. We had 1,020 members as of December 2019, 46 more than the year before. The Association Committee consisting of Board members, the Association Coordinator and a delegation of members, is responsible for organising events in a way that members are encouraged to actively participate in the development of our social mission.

General Assembly
The most important of these events is the annual General Assembly, which took place on Friday 14 June 2019, and was attended by 148 participants, of whom 132 were association members, while 187 unique viewers followed the meeting online via live stream. The Board presented their 2018 report and financial statements, which were adopted by 103 votes. Out of 132, 115 members voted online and 17 members via paper ballot.

A member motion calling "MSF to become an environmentally responsible organisation", was adopted with 119 votes in favour. The MSF-Holland Board ensured that the executive implemented measures to reduce our carbon footprint by reducing flights (see Finance Finco conference) and signing up for greener energy and reducing waste in the Amsterdam office.

We celebrated our 35-year anniversary prior to the 2019 GA by showing a timeline and exhibition taking participants through our history and the Association's and OCA's evolution. Members were invited to the MSF OCA Strategic Plan workshop to help set goals and priorities for the new 2020-2023 era. Another workshop enabled participants to suggest initiatives in their communities and brainstorm with the MSF-Holland Association team about how to organise and support these initiatives.

In the afternoon we discussed how best to approach medical assistance and témoignage in times when crimes against humanity or violations of human rights of an exceptional scale and severity have become a global trend. The keynote speaker for this session was Liam Mahoney with a panel consisting of Resham Adatia and Sid Wong. One of the conclusions from the debate was that it is important to recognise that the decisions about how we tackle these issues have the potential to affect not only the people we work with today, but also those that may continue to be subject to violations ten years from now. It is a very complex situation and requires meticulous decision-making.

The second session of the day was dedicated to the role of the Association and new ways to hold the executive accountable for the way it implements our social mission. A concern was raised that there would be an 'information' gap between executive and associative, which makes it difficult to bring challenges. At the same time, there is also a responsibility on the part of the associative to be active and engaged.

Association meetings

The OCA Café on 7 September 2019, attracted 331 participants (17 more than in 2018), of which 83 were unique live stream viewers, and 1,190 live stream views (388 more than in 2018) in in 14 countries (Netherlands, India, US, Sweden, Pakistan, Myanmar, Uzbekistan, Canada, Afghanistan, UK, Nigeria, Australia, Switzerland, Bangladesh). From the Satellite groups, the following countries and projects participated in the Café: Myanmar (Maundaw project), Chad, Russia/Belarus, Tajikistan, Uzbekistan (Tashkent and Nukus projects), Nigeria (3 projects participated), Jordan, DRC (South-Kivu and Goma), Kenya, Ethiopia, and Syria. The OCA Council and MT presented current and future projects, partnerships, and institutional reports, followed by a membership Q&A. The cafe also debated Climate Change, Person-Centred Care and the Access Campaign[7].

The Association Team also organized four 'Night Shift' association debates and lunchtime gatherings, and welcome days for staff returned from the field. Debates included search and rescue operations, migration, climate change, témoignage and disinformation, as well as a film screening about Yemen, to which donors were also invited.

Other Association activities

Our Speakers pool, or MSF Ambassadors, has 267 members, including returning field employees, retired MSF'ers and office employees. In 2019, they presented 120 talks and lectures at universities, schools, offices, government institutions, NGOs, and the military, about how we implement our social mission. Apart from effective fundraising resulting from these presentations, especially around Christmas, the Association team received a lot of enthusiastic feedback about the content. Feedback was generally very positive and funds have been raised at some of the events, asking for repeated visits. In 2019, we also explored and facilitated talks in the MSF office for organisations that do not have a physical office.

The MSF-Holland Association team will continue and develop these activities further. A new link is with the long-running Peer Support Network to field staff returning home, with specialised volunteers complementing the peer support model.

[7] The Campaign for Access to Essential Medicines is an international campaign started by Médecins Sans Frontières (MSF) to increase the availability of essential medicines in developing countries. MSF often has difficulties treating patients because the medicines required are too expensive or are no longer produced.

Conclusions and account

In the opinion of the Board, the 2019 Annual Report provides a fair reflection of the programmes, activities, and results achieved in 2019 in relation to the agreed 2019 Annual Plan, the long-term strategic objectives, and to what was approved by the Board during the course of the year.

The Board is confident that the programmes, activities, and results achieved in 2019 have contributed to achieving the social mission goals of the Association as laid down in the statutes: 'to organize the provision of actual medical help to people in disaster areas and crisis anywhere in the world, in accordance with the principles expressed in the MSF Charter. Based on its medical work, the association endeavours to be an effective advocate for the population it assists'.

All members of the Board accept responsibility for the Financial Statements and the Annual Report. The Board accepts responsibility for the internal control system established and maintained by the Management Team, which is designed to provide reasonable assurance of the integrity and reliability of the organisation's financial reporting and to assist in the achievement of the organisation's objectives. MSF-Holland maintains an internal audit function that supports in the review of the internal control and risk management systems. Internal Audit reports are issued to the Audit Committee of the Board and contribute to the Board's opinion on the design and operational effectiveness of the internal control and risk management systems. The Board is of the opinion that the internal control and risk management systems provide reasonable assurance that the Financial Statements for year ending 31 December 2019 do not contain errors of material significance. Accordingly, the Board considers to the best of its knowledge, that the Financial Statements drawn up by the Management Team for the year ending on 31 December 2019 fairly reflect the financial position and transactions of the MSF-Holland Association.

On behalf of the Board and the OCA Council, we would like to thank every MSF employee and volunteer for their determined dedication in realising our humanitarian medical objectives all over the world in 2019.

Amsterdam, 8 June 2020
On behalf of the Board,

Marit van Lenthe, President

Colophon

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