



Philanthropy IN ACTION

In this issue,
you will find our
2021 financial report
as well as a focus
on the emergencies
that mobilize our
teams in the field.



FOREWORD

Dear Sir, Madam,

It is with great pleasure that we are sending you this third Issue of our brochure “Philanthropy in Action”.

This time, in addition to keeping you updated on some of our priority projects and our operational news from the field, we share with you some highlights of the Annual Activity Report and Financial report 2021 of Médecins Sans Frontières Luxembourg. We take the opportunity to present our activities conducted last year, another difficult year for all of us, as well as for our patients and our teams across the globe.

This issue also presents the testimony of Marie Melikov, philanthropy specialist, Senior Estate Planner at Banque Degroof Petercam Luxembourg, with which MSF Luxembourg has a partnership. Ms. Marie Melikov is also member of the Board of the Degroof Petercam Foundation, and advises philanthropists, whether individuals or families, to define their goals and organise their charitable investments in the best possible way. She shares her experience with us.

Last but not least, we would like to underline the unbelievable work in the field of public health that Médecins Sans Frontières is performing in one of the most remote and isolated areas in Western Africa on behalf of the Health Authorities. We would also like to describe how, in some of our maternities where we have been operating for decades, an economic crisis has an immediate impact on our operations and on the type of patients that we take care of, or explain our role in refugee camps in a conflict zone such as in Cabo Delgado, Northern Mozambique.

None of this would be possible without the support of our donors and of charitable organisations. As MSF has opted to be privately funded, they allow us to maintain our operational independence, our neutrality and our freedom of speech and testimony.

Yours faithfully,



Esther Leick

Communication & Fundraising Director





*Community mobilisation for hepatitis E vaccination campaign
Debora Nyabol Gai is an MSF health promoter, helping to mobilise community members in Bentiu IDP camp to get vaccinated against hepatitis E.
«People have an idea about hepatitis E because we did mobilisation activities before the vaccination. So when the vaccines were brought here, everyone show up for vaccination», said Debora.*

Financial transparency

Balance sheet as at 31 December 2021

In return for your confidence, it is important for us to maintain transparency. The accounts and the balance sheet have been audited by PricewaterhouseCoopers (PwC) and approved by MSF's Board. Not content with that, we are taking a whole range of additional measures to improve the way in which the use of our funds is scrutinised.

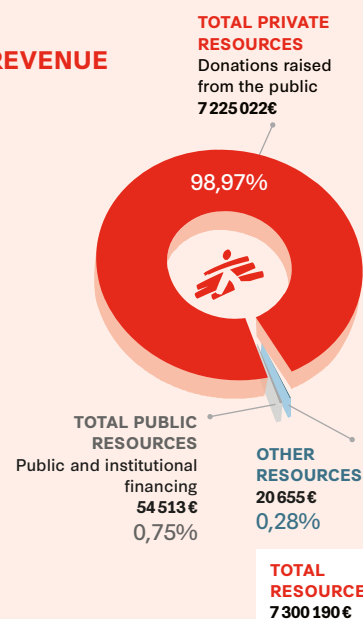
ASSETS IN EUROS

NON-CURRENT ASSETS	
Intangible non-current assets	0
Tangible non-current assets@	50 560
TOTAL NON-CURRENT ASSETS	50 560
CURRENT ASSETS	
Receivable from other sections of MSF	59 979
Funding receivable	36 575
Other accounts receivable	694 766
Cash in hand and bank deposits	2 051 470
Adjustment accounts	306
TOTAL CURRENT ASSETS	2 842 790
GRAND TOTAL ASSETS	2 893 656

LIABILITIES IN EUROS

CAPITAL	
Surplus carried over	2 344 332
Surplus for the year	234 956
TOTAL CAPITAL	2 109 376
DEBTS	
Debts to other sections of MSF	547 006
Debts to lenders	11 785
Other debts	225 489
TOTAL LIABILITIES	2 893 656

REVENUE



EXPENDITURE

SOCIAL MISSION



OTHER EXPENDITURE



Exceptional expenses **882€**

SURPLUS/DEFICIT FOR THE YEAR -234 826€

TOTAL EXPENDITURE

7 300 190€

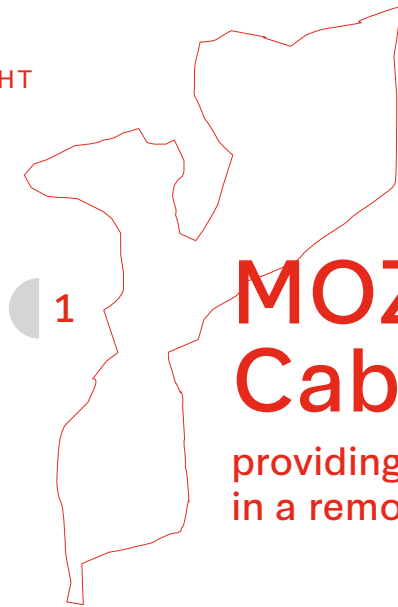


Each euro invested in fundraising yields a ninefold return!

"2021 has been an exceptional year for MSF Luxembourg, with almost 99% of our resources coming from private funding. The generosity of our donors has also been exceptional, and the return on Investment rate of our Fundraising effort is extremely satisfactory. 87,4% of our total expenses have been devoted to our social mission.

Our projects are obviously pluri-annual and the support of our donors in the long run but also on a regular basis is very important for ensuring their sustainability and scale. The long-term commitment of donors and philanthropists allow us to manage finances efficiently. Thanks to you, our donors, and to the efforts of everyone, MSF Luxembourg is demonstrating a very good financial situation, and is able to contribute significantly to both the Operational Research Unit activities in Luxembourg, and to the general mission of Médecins Sans Frontières."

Dave Hudson, Finance Director, Deputy Director general, MSF Luxembourg



MOZAMBIQUE

Cabo Delgado

providing primary and secondary health care in a remote conflict zone

Targeted population: entire population of Pemba, Metuge and surrounding, including host population & Internally Displaced Persons (IDP). The current total number of displaced persons is estimated to be 700,000. The figures for Pemba vary from 100,000 to 145,000 and the estimation of IDPs number in Mutege district is 114,000 people.

Human Resources: 22 international staff work alongside 105 locally recruited staff

Cabo Delgado is a province of Mozambique situated in the north of the country, bordering Tanzania. It counts a population of 2.3 million inhabitants, and historically has been a quite neglected province, one of the poorest, showing the worst health indicators although the region, with cholera and malaria being endemic, for example.

Since the first attack on Mocimboa da Praia in October 2017, Cabo Delgado has been ravaged by fighting between the Mozambican army and a non-State armed group called Al Shabaab. The opposition insurgency is based on Islamic radicalism, without explicit claims besides the demand of Sharia law implementation. Since 2017, the conflict in Cabo Delgado province in northern Mozambique has continuously expanded both geographically and in intensity.

Throughout 2021, the conflict in Delgado continued and the consequences of escalating fighting have worsened the humanitarian crisis faced by the population living in the province. The conflict led to large scale destruction of many more villages and the mass displacement of an already vulnerable population. More than 700,000 people are estimated to have been displaced since the outbreak of the conflict, five years ago, and many displaced people have been forced to flee several times and have been unable to return to their homes since. Most of the people of leave are women and children. Many of them walk for over 200 kilometers after sometimes hiding for days in the bush. During those journeys, families are often separated, and many people continued to experience extremely traumatic events, such as sexual violence, while escaping. Sexual violence, including rape, sexual assault, harassment and domestic violence remains a life-threatening health issue in Cabo Delgado, faced by many displaced people, particularly women and girls, but also by boys and men.

The level of insecurity has been so high that is jeopardizing access of aid organizations, including MSF, to some area where the needs are huge. Indeed, in area such as Macomia, Nangade and Muidumbe, the level of humanitarian assistance reaching the population does not match the basic needs of the population. Thousands of people are stranded in makeshift camps. The situation in many of those camps remains extremely concerning with overcrowding and a lack of access to basic services such as safe drinking water and food, presenting a constant challenge for people seeking shelter. The provision of primary and secondary healthcare remains a core priority for MSF's emergency response in Cabo Delgado, especially in places where the health care system has collapsed.

MSF RESPONSE TO THE CRISIS IN CABO DELGADO, MOZAMBIQUE

April 2022

-  MSF coordination office
-  MSF activities





MSF IN NUMBERS Jan-Dec 2021

- 195 451** primary healthcare consultations
- 52 410** people treated for malaria
- 1 189** treated for malnutrition
- 2 649** people treated for diarrhea
- 43 275** people treated for respiratory infections
- 5 052** medical referrals
- 3 499** mental health consultations
- 64 475** group activity attendants
- 17 789** NFI distribution
- 371 531** Health promotion activity attendants
- 9 564** SRH Consultations
- 43** new sources of water installed
- 94** latrines constructed

MSF supports the displaced populations staying in Metuge camps with primary health care as well as mental health care through mobile clinics, as well as water and sanitation services with the construction of showers latrines and the provision of clean water, drilling boreholes and rehabilitating pumps. In February, MSF responded to a cholera outbreak affecting in Metuge and Montepuez and provided support to local health authorities.

In the southern part of the province, we scaled up our response and set up a base in Mueda, while in the northern part of the province, MSF was able to go to the town of Palma in February 2021, where access is extremely volatile and the dynamic of the conflict very active and unpredictable. As expected, the team found immense needs. One of the striking needs is that the public hospital is barely functioning, with almost no staff and no means.

Besides, MSF distributed household kits to more than 5,600 families on the move, as well as clothes and shoes for people who had walked for so long, and had hide, sometimes for months, in the bush. They arrived in a deplorable state, having eaten only what they could find on the way: plants, vegetables, some animals they hunted. There were elderly people, and a large majority of women and children – many suffering from with malnutrition and anaemia - with their clothes practically destroyed. People with chronic diseases such as tuberculosis or HIV, which are highly prevalent in Mozambique, were in bad shape because their treatment has been interrupted. We also saw a lot of respiratory problems and hypertension.



**2022 Budget:
4 394 385€**

“Our activities in Cabo Delgado are emergency driven; we aim to tackle immediate public health problems to reduce preventable deaths and return dignity to people affected by conflict, who have survived many months with very little.”
Sylvie Kaczmarczyk, MSF Emergency Coordinator.



MSF HANGHA HOSPITAL, Kenema, Sierra Leone

Hospital Construction - Primary and Secondary pediatric and maternal Healthcare

992 locally recruited staff and 61 international staff
Target population: 107,947 children under five, and at a later stage 131,122 women of reproductive age

Health context and humanitarian needs

By the official end of the Ebola outbreak in Sierra Leone, declared on 17 March 2016, there were approximately 8,700 cases and more than 4,000 deaths reported. Hundreds of Sierra Leonean health workers were infected while caring for patients, and a total of 257 health workers died from the disease. Kenema district was particularly badly hit, with 71 confirmed Ebola cases and 49 deaths reported among health staff (CFR: 69%).

The current under five mortality rates is estimated at 109.2/1,000 live births and maternal mortality rate is at 1,120/100,000 live births (2017 UN estimates). It is estimated that 13% of maternal deaths occur in the community. The main causes of deaths are ante and post-partum haemorrhage, eclampsia and obstructed labour. **The neonatal mortality rate is 31/1,000 births.**

Prior to the Ebola outbreak, access to health care was challenging. During and immediately after the outbreak it deteriorated even further. In the coming years, training health workers is a key priority for the Ministry of Health and Sanitation (MoHS).

More than 60 percent of Sierra Leoneans live on less than \$1.25 a day.

In Kenema region, among children aged under five admitted to hospital, the main causes of death are malaria, diarrhoea and respiratory infections. In reality, the free healthcare package, supposedly implemented for children under five and pregnant and lactating women, does not work. Healthcare workers often charge patients for care, representing another barrier for people who need healthcare but cannot afford to pay for it.

Based on MSF's experience in Bo Hospital in Sierra Leone between 2010 and 2013 – admitting each month an average of 140 severely malnourished children to the inpatient therapeutic feeding centre (ITFC), with a paediatric mortality rate of 8-9 per cent – and considering that Kenema Government Hospital (KGH) remains with only 15 ITFC beds, MSF decided to start operations with an ITFC, and add other services sequentially.

After evaluating the feasibility of directly supporting KGH, it was decided to set up an independent MSF facility, to be able to guarantee quality secondary care and health security for MSF medical staff. The MSF Hanga Hospital operates in close collabo-





ration with the public sector and will be fully integrated within the district's health structure.

This decision was also motivated by the following factors:

- > MSF would manage the hospital for a minimum of 10 years.
- > MSF would facilitate a quality training centre for MoHS medical and nursing students within the hospital.
- > MSF would avoid “brain-drain” by not hiring current staff from Kenema Government Hospital (KGH).
- > MSF has the expertise/capacity to build its own facility using high quality, long-lasting prefabricated materials and renewable energy.

After a progressive opening of the various departments during the years 2019 to 2021, in 2022, the CEmONC (Comprehensive Emergency Obstetric and Neonatal care) has been opened. Services of the hospital now include: a paediatric Inpatient Department, an increased Intensive Care Unit capacity, a radiology department, a Delivery Room, an Operation Theatre (OT), a Maternity Inpatient Department and neonatal wards. The total number of beds in the CEmONC is 67, bringing the total Hangha hospital capacity up to more than 160 beds.

The project has been designed with a minimum duration of 10 years. What will happen to the hospital and its equipment after the departure of MSF has yet to be decided and will be addressed in due time.

2022 Budget
(including
construction costs):
9 502 432€



A GLIMPSE OF SOME OTHER OPERATIONAL NEWS

A vaccination campaign in response to an outbreak of hepatitis E has been carried out by MSF for the first time ever in the world, in South Sudan



In a global first, health workers in South Sudan have carried out a vaccination campaign in response to an outbreak of Hepatitis E, raising hopes in the fight against a disease that is especially fatal for pregnant women.

Hepatitis E is the most common cause of acute viral hepatitis, causing **approximately 20 million infections and 44,000 deaths per year**. It is transmitted through faecal contamination of food and water. Large-scale outbreaks typically occur when water and sanitation are inadequate, such as in mass displacement camps. There is no specific treatment for hepatitis E, which has a fatality rate of up to 25 percent among pregnant women. It also increases the risk of spontaneous abortions and stillbirths.

In March and April 2022, MSF and South Sudan's Ministry of Health jointly carried out the first two rounds of the hepatitis E vaccination campaign in Bentiu internally displaced persons camp in South Sudan's Unity state. Around 25,000 people, including pregnant wo-

men, have received the vaccine. A third and final round will be conducted in October 2022.

"Given the successful implementation and the community's enthusiastic response in the first two rounds, this innovative vaccination campaign can serve as an example and be replicated in similar settings managing hepatitis E outbreaks", said Dr John Rumunu, Director General for Preventive Health Services, South Sudan Ministry of Health, *"I hope the vaccine will help reduce infections and deaths from hepatitis E in Bentiu and beyond."*

Bentiu is the largest displaced persons camp in South Sudan, created in 2014 at the height of the war. Today, approximately 112,000 people reside there, many having fled recent violence and flooding. MSF has been present in Bentiu since its inception and has seen hepatitis E outbreaks since 2015. The outbreaks are the consequence of appalling living conditions, including a lack of access to adequate water, sanitation and hygiene.



Some news of our MSF Maternities across the globe:

Birth Center at the Rafik Hariri University Hospital, Beirut, Lebanon:



MSF currently offers free antenatal and post-natal care, and family planning services in South Beirut. Women have free access all of the services related to sexual and reproductive health care, with staff who can follow their pregnancy from beginning to end. We witness every day trusting relationships being developed between the patients and the midwives throughout our project.

Since 2018, MSF is engaged in a partnership with the Rafik Hariri University Hospital (RHUH) in Beirut, where we pilot our midwife-led model within the hospital. RHUH is the first Lebanese public hospital embracing this rather different approach. At our MSF birth centre, midwives manage non-complicated (low risk) vaginal deliveries and neonatal care, while any maternal and/or neonatal emergencies are transferred to the hospital's specialist wards for further management by the hospital's medical teams. The good collaboration between the hospital and MSF illustrates how obstetricians and midwives can actually work together to guarantee safe and healthy deliveries.

**Our deep thanks go
to the Martine & Bertram Pohl Foundation
Luxembourg which is supporting
this project since 2017, as well as our MSF
Maternity in Khost, Afghanistan.**



MSF Khost Maternity, Afghanistan:

Babies continue to be born in Afghanistan, against the backdrop of political upheaval and its consequences on healthcare and the economy. In MSF's Khost maternity hospital, women remain at the fore, providing much-needed care to new mothers and their babies.

Since inception, the maternity has focused on providing healthcare to pregnant 'complicated cases' – women who are experiencing some form of birth complication. However, in August 2021, we decided to expand our admission criteria as there was widespread disruption and uncertainty in the country following the change in government.

“Very quickly in 2021, we saw that the capacity of the health system was deteriorating”, says Lou Cormack, MSF Khost project coordinator. “Public facilities had fewer and fewer drugs, as the supply chain was broken. Staff weren't getting paid. In the public system, we've heard of people pooling their money to buy medical items to keep their facilities open. If a woman needs a caesarean-section they all chip in to buy enough fuel so the generator can run during the procedure”, says Cormack.

“We also have been providing support to the delivery units in eight local healthcare facilities in rural districts in Khost. Recently we've been doing extra maintenance to make sure they keep running, adding a bit of fuel so that they can function at night, and we've also supplied kits for normal deliveries that include a few drugs, hygiene items and a hat to keep the baby warm.”

**In addition of the long-lasting support
of the Martine & Bertram Pohl Foundation,
MSF is proud to also count,
since this year 2022, on the financing the
MassVoll Stiftung, under the aegis of the
Fondation de Luxembourg.**

Maßvoll Stiftung
sous l'égide de la Fondation de Luxembourg

Philanthropy according to Degroof Petercam

Pascale Soares, MSF Luxembourg: Good morning, Marie, thank you for agreeing to this interview. Could I ask you to introduce yourself and to describe your role?

Marie Melikov: My name is Marie Melikov. I have been a Senior Estate Planner at Banque Degroof Petercam Luxembourg for eight years. I have also been a member of the Board of Directors of the Degroof Petercam Foundation for nearly two years.

P. Soares: Can you tell us a bit about the Degroof Petercam Foundation?

Marie Melikov: The Degroof Petercam Foundation was set up in 2008 as a non-profit foundation under Belgian law, at the initiative of the Bank's founding shareholders, who are themselves philanthropists in a personal capacity. The Degroof Petercam Foundation, which is now among the ten largest Belgian foundations, has the aim of supporting people who drive approaches to promoting employment and helping them to upscale their actions. We distinguish three types of assistance which can help them to take up the challenges involved in promoting employment: cultivating tomorrow's skills, encouraging entrepreneurship and facilitating access to employment for the most vulnerable sections of the population.

In order to do so, each year, the Degroof Petercam Foundation selects a project and awards it a grant of one million euros. In addition to the financial assistance, the Foundation monitors the project closely for five years and provides its promoters with additional financial support, in particular by affording them access to its expertise and its network. The Degroof Petercam Foundation advocates an innovative approach to charitable giving by means of the 'philanthropy venture'.

As a member of the Foundation's Board of Directors, for the past two years I have had the opportunity to accompany the other Directors when they undertake visits on the ground. The way in which we at the Degroof Petercam Foundation set about philanthropy has been extremely enriching for me as an estate planner, as it enables me to make my experience available to our private banking clients who wish to develop their philanthropic projects. We know what we are talking about, because we undertake similar projects ourselves. Our role also includes raising our clients' awareness of philanthropy and

thereby collectively enhancing the positive impact that we can have on society.

P. Soares: Do your clients have quite a precise idea how they want to engage in philanthropy from the outset, or do they also ask your advice in order to choose among offers, associations or projects? I imagine that they have general ideas, and that you help them to work things out in greater detail?

Marie Melikov: We have quite a range of different clients. For example, we have businesspeople who wish to 'give something back' to society, an idea that is quite common on the other side of the Atlantic, but we also have older people who have no heirs and who wish to do something useful with their estates, even if they do not have an exact idea what projects they wish to support. In that case we advise them, to help them ask the right questions and put together a plan of campaign with them.

P. Soares: There is also a moral issue here, because many of these people are intending to leave legacies – in some cases quite large ones – or wish to make large gifts while they are still alive. They must of course keep enough for themselves to be able to live out their lives without having to worry about how to make ends meet, and it is important that they should not do anything that could harm them.

P. Soares: Absolutely, and especially in cases where the sums involved constitute a very significant share of a person's total assets, because there are also legal aspects to be considered, particularly with regard to the concept of the reserved portion of an estate, which, by law, has to be left to close relatives. Someone who has children cannot leave whatever they wish to anybody they choose. And the law lays down principles making it possible to ascertain what portion they can freely assign. One cannot disinherit one's children in favour of a charitable cause in Luxembourg, not even if the heirs were to agree to it.

P. Soares: Do you have your own legal advisers here at the bank, or do you use external service providers (lawyers, notaries)?

Marie Melikov: As far as that is concerned, I have the advantage of wearing two different hats myself, as I am both an adviser

We have businesspeople who wish to ‘give something back’ to society, an idea but we also have older people who have no heirs and who wish to do something useful with their estates, even if they do not have an exact idea what projects they wish to support. **Marie Melikov**



on philanthropy and an estate planner. We also discuss with our clients all the problems involved in estate planning in an international context in order to establish what it is possible to do, as compared with what they would like to do. Afterwards, of course, the services of a lawyer or a notary, as appropriate, have to be enlisted, particularly when there are deeds to be executed. Where the case, or the subject, is relatively complex, we also seek the assistance of an expert, be that a lawyer, a notary or some other specialist. To assist our clients with their philanthropic projects, we have drawn up a roadmap to guide them.

The first question to be asked is this: I want to give some money away, but to which project? There are billions of causes that could be financed. There are also things that may be linked to a very personal situation. If one takes the time to discuss matters with the would-be donor, one gradually finds out what drives them. That is also accomplished by means of encounters with other people. The advantage is that, through the Foundation, the bank has a big network of philanthropists with whom contact can be organised. It is always very interesting to have the opportunity to talk things over with fellow philanthropists. That enables people to grasp their motives and to appreciate where the limits lie and what constitutes success.

The bank can supply more or less exhaustive guides dealing with a number of topics, mainly in Belgium but also in Luxembourg and France. However, outside those countries we are not sufficiently well-informed, so we call on outside experts. One may then quickly establish that there are NGOs which are already operating locally and doing excellent work, like Médecins Sans Frontières. In that case there is no need to reinvent the wheel.

P. Soares: Once the project has been identified, what other points might you discuss with your clients?

Marie Melikov: After the project has been selected, we ask the donor precisely what financial and other resources (network, expertise, etc.) they wish to invest in their project. A small local NGO will not, for example, be able to manage a complex legacy which includes real estate located abroad. Because the idea behind all this is that one should try to maximise the gift, which should on the one hand accord with the donor’s aims, while above all it should achieve the greatest possible impact on the ground.

It is only after the donor’s questions have been answered that the best vehicle for the project can be identified. It might be a non-profit foundation, a fund operating under the umbrella of the Fondation du Luxembourg or a vehicle in another country (a French endowment fund or a Belgian private foundation), or quite simply a legacy or gift to an existing organisation such as MSF.

P. Soares: Do you assist philanthropic projects in Luxembourg?

Marie Melikov: Some, but those do not constitute the majority for the time being. We are mainly active with our Belgian clients, which is due to the group’s history as an organisation based in Belgium.

P. Soares: How long does it take to get a philanthropic project off the ground?

Marie Melikov: From the time when I first go to meet someone until the point when support for the first project is finally in place, several months may elapse, or it may take a year or even several years (particularly in the case of family projects).

P. Soares: Would it be true to say that, in Luxembourg, there are fewer options than one might find elsewhere, when it comes to legal arrangements for philanthropy?

Marie Melikov: Yes. In Luxembourg, the main vehicles used are non-profit foundations (but the process involved is extremely cumbersome and time-consuming) and foundations operating under the aegis of the Fondation du Luxembourg, which is a more flexible alternative and ensures that the philanthropic aim will be pursued after the death of the founder. How can one be certain that, after the founder dies, his initial aims will be pursued? So long as there are external guarantors of the founder’s wishes and of the sound organisation of projects, that improves the prospects for lasting good governance. Afterwards, as we also advise clients in Belgium, there is the additional option of using private foundations in Belgium, a tool which does not currently exist in Luxembourg. In 2013, an attempt was made to introduce one when a draft law was tabled concerning the ‘fondation patrimoniale’ (a kind of private trust), but for various reasons, unfortunately, the proposed legislation was never adopted, and that is a pity, because it is clear that it would have been very useful to have an additional tool available.



Do you want to know more
about our missions?
Support a particular project?
Let's talk about it!



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