



333 Seventh Avenue, 2nd Floor
New York, NY 10001-5004

Tel: (212) 679-6800
Fax: (212) 679-7016

Web: www.doctorswithoutborders.org

Fact Sheet: Doctors Without Borders/Médecins Sans Frontières (MSF)

Quick MSF Facts

MSF Worldwide

- Founded in 1971
- Aid programs in more than 60 countries
- 2,000 international staff; 20,000 locally hired staff
- Awarded the Nobel Peace Prize in 1999
- Worldwide income in 2009: \$958.2 million
- 88% of income from private Sources; remainder from international agencies and governments

MSF-USA

- U.S. section opened in 1990
- Executive Director: Sophie Delaunay
- President, Board of Directors: Matthew Spitzer, MD
- \$135.4 million in private funds raised in 2009
- U.S. aid workers carried out nearly 300 field assignments in 2009

Doctors Without Borders/Médecins Sans Frontières (MSF) is an international independent medical humanitarian organization that delivers emergency aid to people whose survival is threatened by violence, negligence, or catastrophe, primarily due to armed conflict, epidemics, malnutrition, natural disasters, and exclusion from health care in more than 60 countries.

Independent Humanitarian Action: MSF's decision to intervene in any country or crisis is based solely on an independent assessment of a population's medical needs. MSF operates independently of any political, military, or religious agendas and does not take sides or intervene according to the demands of governments or warring parties.

Responding to Emergencies: MSF is often one of the first humanitarian organizations to arrive at the scene of an emergency. Its large-scale logistical capacity ensures that MSF emergency teams hit the ground with the specialized medical kits and equipment they need to start saving lives immediately.

Bearing Witness and Speaking Out: At times, MSF may speak out publicly in an effort to bring a forgotten crisis to public attention, to alert the public to abuses occurring beyond the headlines, to criticize the inadequacies of the aid system, or to challenge the diversion of humanitarian aid for political interests.

Financial Independence and Accountability: To maintain its operational independence and flexibility, MSF relies on the general public for 88 percent of its operating funds. The remaining funds come from international agencies and governments. More than 3.8 million individual donors and private funders worldwide make this possible. In 2009, MSF's worldwide income was \$958.2 million. In the United States in 2009, private donors contributed \$135.4 million. MSF-USA currently accepts no U.S. government funding.

MSF Field Teams: MSF teams are composed of doctors, nurses, logistics experts, administrators, epidemiologists, laboratory technicians, mental health professionals, and other skilled workers. The vast majority of MSF's aid workers are hired locally, from the communities where crises are occurring. International staff, including more than 200 U.S. aid workers in 2009, make up ten percent of teams. MSF aid workers make themselves available on short notice, usually dedicating six to twelve months to each assignment.

Organizational Structure: MSF is an international movement made up of 19 associative sections in Australia, Austria, Belgium, Canada, Denmark, France, Germany, Greece, Holland, Hong Kong, Italy, Japan, Luxembourg, Norway, Spain, Sweden, Switzerland, the United Kingdom, the United States, and an international office in Geneva, Switzerland.

Medical Research: In 1987, MSF created the research affiliate, Epicentre, to provide epidemiological support to MSF field teams. Its scientists and health professionals have conducted numerous mortality surveys in war zones and nutritional surveys during famines, and helped MSF respond to disease outbreaks in remote corners of the world. Today Epicentre also performs important clinical

research into better treatments and diagnostics for the diseases that MSF teams combat. MSF and Epicentre findings are published in medical journals such as *JAMA*, *The Lancet*, and *PLoS*. In 1996, Epicentre became a World Health Organization Collaborating Center for Research in Epidemiology and Response to Emerging Diseases. MSF also publishes special reports on devastating health issues, such as sexual violence and pediatric AIDS.

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

Drugs for Neglected Diseases Initiative (DNDi): In 1999, MSF co-founded the Drugs for Neglected Diseases initiative (DNDi) that brought together researchers, medical practitioners, and pharmaceutical companies to explore alternative ways of developing medicines for neglected diseases—basing research and development priorities on need rather than profit. In March 2007, DNDi launched its first product, ASAQ, a non-patented, effective, and easy-to-use treatment for malaria. More recently, MSF and DNDi worked to develop and implement the first viable new treatment for sleeping sickness in a quarter of a century, nifurtimox-eflornithine combination therapy (NECT), and they are now working to find and clinically test a new drug to treat Chagas disease. For more information visit <http://www.dndi.org>.

For more information visit: www.doctorswithoutborders.org

For media inquiries please contact:

Emily Linendoll
Press Officer
Direct: 212-763-5764
Cell: 646-206-9387
emily.linendoll@newyork.msf.org

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