

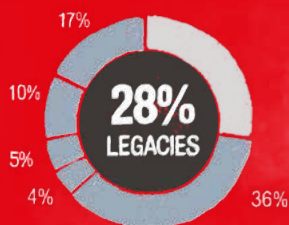
**THE
LIVES
WE
SAVE
START
WITH THE
GIFTS
YOU
LEAVE**



**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**

Where our money comes from

Last year
28% of MSF
UK's funding
came from
gifts in wills



36%
Regular giving

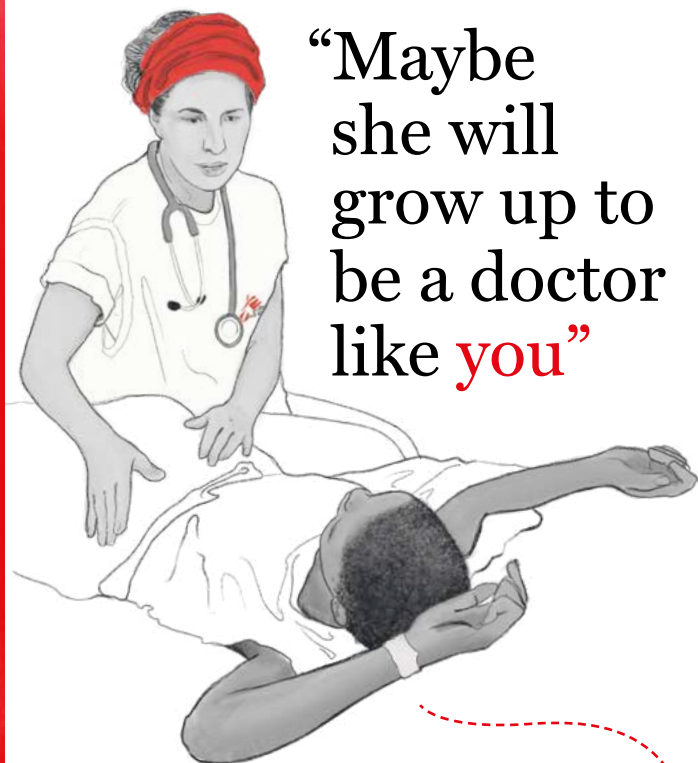
28%
Legacies

17%
Appeals

10%
Trusts

5%
Other (events)

4%
Corporates



“Maybe
she will
grow up to
be a doctor
like **you**”

Dr Veronica Ades MSF obstetrician South Sudan

“It’s Friday night and I’m on call for any maternity complications. At 11.30 pm, one of the midwives calls to say he has a patient he is concerned about. ‘Dr Veronica, I have a patient who has had three previous stillbirths and is complaining of vomiting. She is worried about the baby. The foetal heart rate is 170.’

With three previous stillbirths, I wonder whether they were related, or if this patient has just had incredibly bad luck in a place with extremely poor access to obstetric care. I have to do everything I can to ensure that this child survives. When I arrive on the labour ward, we evaluate the woman.

She looks weak and tired. She is having some contractions but doesn’t seem to be in real labour. I bring the ultrasound over to evaluate the foetus. It has good fluid and is measuring at full term.

Back at base, I mull over this woman’s case. What could have caused her stillbirths? How can I prevent another one? A caesarean section isn’t the greatest option – most women here live several hours’ walk from the nearest health centre, and having one caesarean would make her next pregnancy much more complicated and potentially endanger her. I must consider the woman herself, not just the foetus.

At the same time, I am very sympathetic to how devastating three prior stillbirths must be, especially here in South Sudan where for many women it is

extremely important to produce six, eight or ten children. Here, a pregnancy after multiple poor outcomes is referred to as a 'precious baby'. I know all babies are precious, but I can certainly understand the term.

I decide that the woman should be induced – I know that she will be relieved to give birth.

When I arrive on the ward the next day, another midwife, Roisin, relays to me that the woman is asking for a caesarean. I have no doubt this is the only way she can imagine that her baby is going to get out safely. I find an interpreter and go to see her. I sit down next

not necessarily occur again. If we induce her labour, she will, in all likelihood, have a healthy normal baby via vaginal delivery.

“I have to do everything I can to save this child’s life”

I explain to the woman my theory of what happened in her previous pregnancies. I say that I know she very much wants this baby to survive, and I do too. I tell her that there is a medicine I can give her

I dissolve the induction agent in a bottle of water and tell the nursing staff to give her 60cc of the liquid every two hours.

Twelve hours later, Roisin tells me the woman is starting to feel some cramping, which is fine. They are continuing to monitor her and she is doing well. By the next day, she has delivered. I visit the mother and ask if the baby is okay. She nods but doesn't smile. I ask if she is feeling well, and she says she is, but doesn't smile. I ask if she is happy or sad. The interpreter repeats the question and she breaks into a large grin.

‘She is very happy.’



to her on her bed and ask her more about her prior losses.

From our talk, it sounds as if, in all of the woman's previous pregnancies, her waters broke three to five days before the onset of labour, which can often happen in a normal pregnancy. Labour didn't start, but she couldn't easily get to a health centre. Infection set in. By the time she did seek care and go into labour, the baby was already dead. This is a terribly sad story, but it is also good news for her now. From what I can tell, it is a non-recurring cause of stillbirth – meaning that it will

that will make her labour start now, before her waters break, and that it should cause her to give birth within the next day. I tell her that I think she will be good at pushing.

The interpreter relays this to her. The woman looks unfazed. The interpreter says: ‘She says this is okay. Pushing will not be a problem.’

I smile and offer my hand and she takes it, and we share the mutual, warm South Sudanese handshake, so deep it feels like a hug.

She shows me the baby and now she is all smiles. It is a girl. ‘You need to make sure she is strong so she can grow up to be the President of South Sudan.’

The interpreter repeats this and she and the mother both laugh and agree. The mother says something and the interpreter relays it. ‘She says maybe she will even grow up to be a doctor like you.’

We laugh and I thank her. I hold out my hand to the patient and we shake hands, like a hug.”



When the call comes, **we're ready**

During the civil war in South Sudan, I went to Jonglei state as a 'flying doctor' for MSF. We were running mobile clinics in remote places: flying in, staying for a few days and then moving on to the next stop.

When you do a three-day clinic in a place that hasn't had any medical care for two years, everyone comes. Each day long queues formed, and each day we worked into the night. People were happy just to be able to talk to a doctor.

MSF is one of the few organisations going into these places. After years of conflict, everyone is suspicious, but they can see that we are only interested in providing medical care. People see this and start to trust us – which means we can operate safely, without interference.

It's the way we are funded that makes this possible. Your donations mean we can remain uninfluenced by any government, faction or religious group.

As the chair of MSF UK, I want to make sure that we can always deliver emergency medical care. I don't know if the next emergency will be in a warzone, in the aftermath of a natural disaster or responding to an outbreak of disease. I just know that MSF will be ready.

Internationally, gifts in wills fund a sixth of our lifesaving work. If you can, please support MSF in this special way.

Thank you,

Dr Javid Abdelmoneim
Chair of MSF UK



Where your money goes

85%

On our
humanitarian work

13%

On fundraising

2%

On management
and administration

In 2018,
for every
£1 MSF UK
spent on
fundraising
we raised
£7.57

How to donate to MSF

We strongly advise that you contact a solicitor to make your will. If you decide you would like to make a gift to MSF, the solicitor will ask if you want to leave a fixed sum of money (a 'pecuniary gift') to MSF, or a percentage of your estate once all specific gifts have been made and all debts and costs paid (a 'residuary gift'). The solicitor will need the details of our UK charity registration number and address below.

MSF UK, Lower Ground Floor, Chancery Exchange,
10 Fumival Street, London EC4A 1AB.
Registered Charity No: 1026588

Wills are becoming
increasingly important
to MSF. Gifts left to us in wills
play a vital role in making sure
we have the funds we need
to deliver emergency medical
care to wherever in the
world it is needed.

Making the most of your gift

While every gift to MSF is gratefully received, the best way to help us respond in an emergency is with a residuary gift – a percentage of your estate after your loved ones have been considered and provided for. Residuary gifts have the advantage over a specific sum of money as inflation will not reduce their value over time.

If you have made a will

It's sensible to review your will every few years or when your circumstances change. In either event, we advise you to contact a solicitor to make any changes. If you want to leave a fixed sum (a pecuniary gift) to MSF, you can make a simple addition to your will called a codicil. More substantial changes might make it necessary to make a new will. Your solicitor will be able to advise what is best for you.

For more information about remembering MSF with a gift in your will, please call Elisabeth Stodel on 020 7404 6600 or email elisabeth.stodel@london.msf.org

Why
making
a will
is so
important
to you
and to
MSF's
life-
saving
work

Wills are not always easy to talk about, but they are important. By making a will, you can be certain that your wishes are known and will be acted on.

MSF midwife Camille cares for a woman in labour as they travel by speedboat to hospital in Old Fangak, South Sudan. Photo © Frederic Noy

If you
choose to
remember
MSF in
your will
we promise
that...



We will endeavour to spend your money in an area of the world that is close to your heart, if that is what you wish. However, please understand that we are an emergency organisation and that we may no longer be needed in the particular country or project you have in mind.

Health workers embrace before heading into the high-risk zone of an Ebola treatment centre in Bunia, Democratic Republic of Congo, 2019. Photo © John Wessels



We will respect your right to privacy. You don't have to tell us how much you have decided to leave to MSF.

We will use your gift wisely and effectively.



A woman with an injured leg is treated in MSF's inflatable hospital in the Kathmandu Valley, Nepal, in the wake of the 2015 earthquake. Photo © Emily Lynch