

A/ MORAL REPORT 2022 OCB / MSF B PRESIDENT

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Dear association Members, dear friends,

After almost two years of COVID-19, 2022 seemed to come with a new promise of hope. The severity of the disease seemed to ebb mainly thanks to improved vaccination rates, increased rates of natural immunity and decreased lethality of the virus. With such positive indicators the world and MSF were ready to restart activities suspended or slowed down due to the outbreak.

The excitement of a fresh start dimmed quickly, due to the start of the war in Ukraine, causing massive displacement and misery for the civilian population. With a wider impact on global financial system, energy crisis, grain supply and further disruption in manufacturing and supplies of goods, all negatively affected most countries we work in; provoking an increase in food insecurity and shortages leading to malnutrition

I. OPERATIONS AND RESOURCES

As we look back over these past months, one thing is certain: thanks to a higher-than-expected income and despite serious HR gaps, our teams have brought the level of response to new heights, with a diverse operational portfolio, a continuous focus on quality and sustained engagement for emergencies, in ever more complex contexts.

A/ War & Violence in Ukraine, Haiti, Ethiopia, Afghanistan, Gaza, Sudan, RDC, Mozambique etc...

In contexts of war and violence, our teams continue to witness shrinking humanitarian space and reduced acceptance by warring parties and strong states, while the “aid system” remains too slow and risk averse. The importance of our role in such contexts remains vital; so is our ability to continuously strive to adapt to our changing environment.

Ukraine

In Middle-income countries, finding the right space is often complicated. Yet in Ukraine, OCB managed to launch innovative projects, including the now famous MSF medical train that transported 3,300 patients including 275 ICU patients. Across a 1,000km frontline we run a large ambulance service that has to date evacuated 6,200 patients including 519 ICU. OCB has become an international medical actor working near frontline areas where only Ukrainian activist organizations go even closer to dangerous areas to help civilians. OCB has led on témoignage in Ukraine with two strong pieces denouncing the destruction of health structures and the impact of shelling on civilians evacuated by MSF train.

Ethiopia

Our presence in the forefront is a permanently delicate exercise. We recall with sadness the June 2021 murders of our colleagues María, Yohannes and Tedros in Ethiopia. We have tried relentlessly to understand the full circumstances and obtain an acknowledgment of responsibility for the events leading to their murders, but the lack of progress in obtaining satisfactory answers led OCBA to pull out. OCA and OCB decided to remain with lifesaving operations in the country, where access to care remains an issue, and nutritional crises and droughts loom. In Afar Dupiti hospital, we run an ITFC now upgraded to 100 beds. We also responded to cutaneous leishmaniasis outbreak affecting the southern Ethiopia Mursi, population. The Mursi population is marginalised and on the verge of extinction. Humanitarian needs remain high across the country, where ethnic conflicts could explode into violent civil war.

Afghanistan

In Afghanistan, women are banned from high schools and universities, not allowed to work or to travel alone. Recently the Taliban government banned women from working with the UN. This is not imposed on MSF yet, but our dilemma now is how to continue working when half of the country’s population is excluded from employment and some social activities. While MSF criticised this policy and will continue to do so, we decided to maintain our presence as one of the main health care providers. In the wake of dwindling UN & ICRC budgets, our medical provision becomes even more important.

Haiti

In Haiti, a highly volatile political, economic and security situation deteriorated even further, leaving the country on the verge of collapse and the population facing ever-increasing needs. With little to almost no state control on security, negotiating access and security for our facilities and patients with group leaders requires tireless efforts. Despite tremendous security pressure, and access difficulties, our teams managed to respond to the cholera outbreak. To date, all MSF sections treated 28.839 patients, nearly half treated by OCB. MSF is one of the very few medical actors left in the country where most facilities are closed or non-functional.

DRC, Emergency response (*Pool d'urgence (PUC)*)

2022 was an intense year, 26 Explos and evaluations done, 13 interventions (9 for measles, incl. multiAg campaigns, 2 for cholera, 1 for Ebola Haemorrhagic Fever (EHF) and 1 for intercommunity tensions. In total, more than half a million direct beneficiaries were reached, of which 480 000 children were vaccinated for measles and other diseases; over 15 000 children were treated for measles. Besides the usual service delivery for over 1,6M IDP fleeing the violence in Northern Kivu, at Kanyaruchinya IDP site, our teams had responded to epidemics of cholera and measles, while witnessing unprecedented numbers of victims of violence.

Mozambique

The five years old conflict in Cabo Delgado, Northern Mozambique has resulted to over one million displaced populations, who have witnessed horrible violence. Most people are in urgent need of medical and psychological assistance particularly pregnant women, elderly people, people with disabilities, etc. OCB remained the sole humanitarian actor to maintain the Macomia hospital and running mobile clinics in its surroundings, has provided 124 000 OPD consultations in a area which had not seen medical services since more than 2 years.

Palestine

We follow with sadness the situation in Palestine, that escalates on a regular basis. Gaza, West bank, and Jerusalem remain in a very difficult situation, and recently we opened a project in the hard-hit city of Jenin.

Yemen

On the brighter side, with the 2022 UN-mediated cease-fire, humanitarian conditions in the eight-year-old conflict improved slightly, but the combatants failed to renew the deal after six months. OCB is present in South Mocha hospital and Ataq paediatric hospital in Al Qaeda controlled south Yemen.

Earthquake in Türkiye and Syria

On February 6, 2023, a 7.8 magnitude earthquake rocked southeast Turkey near the Syrian border and killed over 50,000 people in Türkiye and injured a further 100,000. MSF responded through local partners, mainly with non-food Item distributions and deployment of the MUST II, in North-East Syria.

After 7 years of negotiation to access affected populations from the Damascus side, now due to the earthquake we managed to bring in a donation through SARC – a full cargo of tents, baby milk and surgical material. Perhaps a new opportunity to work on both sides of the conflict and obtain better security for the staff in North-East Syria.

Sudan

The recent conflict in Sudan has caused the death of thousands, injured more than 5,000 people and displaced hundreds of thousands within Sudan and to neighbouring countries. The conflict has left 27 million Sudanese needing humanitarian assistance, this could extend into a major humanitarian crisis. MSF managed jointly to evacuate it's teams to safety and bring in emergency response teams. OCB was one of the first organisations in action with a 70-ton of supply to Port Sudan in two rotations, then dispatched to Wad Madani. OCB runs a surgical intervention at Bashair teaching Hospital in South Khartoum, with the Sudanese medical team, so far, we treated over 500 war trauma cases. The unfolding crisis, along with security management for movement of goods and people and administrative restrictions are putting an extra burden on the team. Latest information is that we have obtained visas for a fresh team to go in and continue surgical activities.

Across these contexts

Safeguarding the capacity and the impact of our témoignage is as vital as ever and in many of these contexts, OCB has contributed with strong stands.

B/ Medical

Malnutrition

In 2022, food insecurity has worsened globally due to several factors, such as climate change, natural disasters, and the consequences of the war in Ukraine. OCB's admissions to both Inpatient and Ambulatory Therapeutic Feeding Centers has grown by more than 300% – the largest increase in 10 years. The Board is happy to see our increased capacity to respond to growing malnutrition. Looking at the worrying future, we need to ensure well-trained human resources to continue our action.

Vaccination

Routine vaccination suffered a lot during the pandemic, resulting in outbreaks in many countries. OCB ran a record number of 28 reactive vaccination campaigns in 8 countries and 16 measles outbreak responses in 5 countries (11 in DRC, 2, in Ethiopia, 1 in Kenya, South Sudan and Zimbabwe).

A new approach to catch up on the pandemic gap, has emerged with the addition of multi-antigen catch up campaigns during reactive campaigns responding to outbreaks of diseases like cholera and measles.

Mental Health

Various conflicts - Ukraine, Ethiopia, Yemen, Sudan, Syria - along with the pandemic and devastating natural disasters strongly affected mental health across all age groups. Mental health support was integrated into most of OCB's regular projects, such as pediatric care, migration health, and sexual and reproductive health (SRH).

Sexual reproductive Health

OCB's Sexual reproductive Health programs declined during COVID-19 but are now back in full swing. OCB conducted some 250,000 antenatal visits and 300,000 Family planning visits. After the pandemic, we recorded a 23% increase in safe abortions. We also noted a large increase in inpatient and outpatient pediatric care.

An innovative new model of integrated Community Case Management (iCCM) was rolled out in three countries and seven sites to extend care beyond outpatient clinics and will expand in the future.

SGBV

OCB projects for Survivors of Violence respond to sexual violence, intimate partner violence and torture. Almost 30,000 survivors were treated in 32 projects including 6,100 sexual violence survivors.

Non-communicable Diseases (NCDs)

OCB phased out our vertical NCD projects while looking for innovative approaches to integrate NCDs into primary care projects. A carefully designed and tested approach could be the way forward, with a patient- focused strategy such initiative will be supported by the OCB board.

Migrant health

Migrant health has been a priority for OCB in the past years. Needs continue to grow due to ongoing and new conflicts, climate change and economic pressure. OCB board has kept migration on its agenda, debating regularly how OCB can respond and position itself. This year, the number of displaced persons passed a 100 million mark. Refugees, and migrants continue to face hostility, exclusion, and violence. OCB managed 13 longer term- and six short term emergency projects stretching from Bangladesh to Brussels.

Hospitals

In the past few years, OCB moved into building and operating full scale hospitals that are fully MSF run, in Iraq, Afghanistan, Sierra Leone, Haiti, Yemen and now Syria. These are resource intensive; we need to deeply reflect on how to manage highly complex medical structures.

In 2022, there were over 280,000 visits to 25 OCB Emergency Department (ED), in 13 countries. Of those, 25% were for trauma. A total of 8,500 cases were managed in ICU of which 13% involved trauma, and 64% involved children under 15 years.

Surgery continued in 14 projects in 10 countries with obstetrical interventions (4,600 Caesarean Sections) representing about 36% of all cases. Violent trauma was seen in 14% of cases and accidental trauma in 22%.

HIV

HIV continued to be among OCB's priorities, especially focusing on advanced cases, suffering high mortality despite treatment. HIV care is now integrated into regular inpatient and outpatient projects like SRH.

Malaria

Malaria remains the main morbidity we tackle, with OCB treating almost a million cases. A newly-WHO-approved vaccine is on the horizon, but largely unavailable. MSF wants to play a role in testing its effectiveness in the field. OCB expanded its community outreach malaria program to give vulnerable populations better access to treatment.

Tuberculosis,

TB increased during COVID-19 as regular treatment programs suffered setbacks. OCB increased its caseload to over 4,000 patients, but more work is needed. Innovative shorter treatment for drug sensitive and drug resistant TB are being introduced and tested. MSF contributed to an important randomized controlled trial on a promising new six-month treatment with Pretomanid that was subsequently approved by WHO.

Operational research

Operational research continues to evolve with prospective, qualitative, and mixed methods studies. Over the past years, a research framework has been developed and progressed, and will be widely introduced in 2023. Over 50 studies were published during the year.

Infection, Prevention and Control (IPC),

Antibiotic resistance continues to be a strong focus in OCB; with nine projects having a full ABR package. 92% of projects completed an audit to monitor their IPC efforts. Antibiotic stewardship was an important feature as well as improved access to microbiology testing.

Climate change.

Climate change manifests itself throughout our daily lives but is felt even more heavily by the most vulnerable communities where we work. Drought in the Sahel is causing large-scale population displacement and violent conflict over resources, including clashes between herders (Fulani) and farmers for water and grazing land. In the Horn of Africa, especially Ethiopia, Somalia and Kenya, millions of livestock have perished and while the population is again displaced from their natural environment.

Floods are also reported across many African nations, Pakistan, and Europe this year, while other areas suffer from heatwaves, landslides and typhoons. OCB is challenged to adapt our humanitarian response as climate change impacts our target populations.

C/ Human Resources

Even though the pandemic subsided, its impact remained noticeable through gaps in staffing, while we see an increase in staff needs due to several emergencies and due to regular missions aiming to re-establish pre-COVID activity levels. This increased demand together with less staff availability in our mobile staff pool, led to a relatively high gap ratio, especially between June and September. This was particularly noticeable in Ethiopia, Haiti, Bangladesh, Pakistan, and

Yemen. A special HR Ops plan has been developed to address these difficulties; an in-depth analysis of our staffing process is ongoing to identify potential structural change needed.

In 2022, several HR initiatives were developed including a new staff evaluation system promoting the feedback culture, a new people management model focusing on empowerment of staff and participative management, the full takeoff of TEMBO, deployment of a new staff induction system and a revised expatriation policy removing bilingual criteria.

At international level, the Rewards Review project was launched. A lot of challenges ahead but also many positive initiatives that will support the development of our workforce in the long run.

D/ Supply chain and MSF Supply

2022 was a busy year of emergencies with 4,140 tons of shipment, a 53% increase compared to 2021 with a constant need to 'innovate' and be 'agile' to answer to the needs.

The number of order lines further increased by 15% -to 92,000 lines from 30 countries - 17 of which have strong import constraints.

MSF-Supply having a new supply chain vision is transforming KSU into Supply Network East Africa (SNEA) a partnership with 4 OCs. MSF Supply is moving gradually from being a European Supply Centre to a Global Supply Organization, reinforcing mutualization and cutting on our carbon footprint We recognise the tremendous workload the MSF supply team has taken on to provide what is needed to all these emergencies on time and would like to thank them for their amazing work.

II. STRATEGIC ORIENTATIONS, INVESTMENTS AND FILES

Strategic Orientations

The OCB Strategic Orientations (2020-2023) lay out the ambition for MSF-OCB, describing WHAT we want to do and HOW we want to do it. In October 2022, we collectively decided to extend these Orientations/Plans and RSA4 until the end of 2025, mainly because of the impact of the Covid pandemic. This year, the executive will organize a collective check-in exercise on our progress in strategic areas and what our priorities should be for the remaining 2 years. Our discussions will centre around the key elements of the Strategic Orientations.

Field Recentralization (FrC)

With the field recentralization change process, OCB puts decision-making as close as possible to the medical-humanitarian act and its beneficiaries and our project teams. After the first 2 regions where we implemented these were Southern and Central Africa, we are now developing these same principles for projects in Europe and South America. Each setup is adapted to the context, all aimed towards participative leadership and increased autonomy based on informed decision-making at project level

An external evaluation was carried out in late 2022 to early 2023, as part of the learning process and informing the way forward. The results are encouraging, but also critical. The executive is reflecting on the feed-back to develop an FrC 2.0 integrating the networked OD strategy. We will work on our future milestones for a Field Recentralized OCB. The culture we aspire through FrC reflects the values that are important to us in OCB: transparency, respect, empowerment, trust, accountability, integrity.

MSF Academy

2022 was a busy and successful year for MSF Academy, maintaining its ambition to have positive impact on the quality of care in MSF projects through high quality learning programs for health care staff in the field, mostly taking place in their work environment alongside classroom learning and practice with intensive clinical mentoring at bedside. It has evolved from an OCB entity to serve the entire movement. Over 1,800 learners have taken courses and 499 have already graduated. Most are in South Sudan, CAR, Mali, Sierra Leone, and Nigeria.

Diversity, Equity, and Inclusion (DEI)

We remain committed to addressing all forms of racism and discrimination (including gender, race, class, disability, age) in our organization and we continue to promote diversity, equity, and inclusion. At all levels we are building our knowledge and shared understanding to transform our commitments into actions.

This year we strengthened the Anti-Racism component of our learning and development offer, integrated the subject into our onboarding trainings, created spaces for discussion and debate, collaborated with field projects to build tools and action plans, and build a community of practice.

We are finalizing a road map that translates high level strategic objectives into concrete steps and milestones identifying ways to measure our challenges and gaps as well as monitor our progress. We are collaborating with others in the movement, like the anti-racism TIC project and seeking expertise in academia and civil society to help us make steady, meaningful, and measurable progress. As a board we have kept a close eye on this work directly and or through the HR and DEI committees.

Duty of Care and Solidarity

As humanitarians, we work in complex environments, conflict and war zones, epidemics, and natural disasters - at times facing unfriendly responses, obstruction or even criminalization of our life-saving interventions. Under these exceptional and severe circumstances, individual staff members or groups of staff can understandably be at risk and might end up in need of assistance from MSF. In the last 5 years, we have consolidated our duty of care approach and have now concretized our solidarity approach with a committee and guiding principles to support the field when it comes to such massive humanitarian crises and non-work-related risks.

We work in close collaboration with our projects on contextualized duty of care frameworks, to put in place preventive, protective and supportive measures to respond to work-related exposures to risk. We also work in intersectional collaboration to mitigate and manage risk exposures and formulate common, cohesive, and consistent policies.

Garec

We continue to see an increase in behavior related complaints, from 51 cases in 2019 to 102 in 2022. The 3 main complains continue to be Sexual Harassment, Bullying and Abuse of Power.

The Board is in discussion with Garec and the executive to see if our current setup is adequate to address this increasing demand, with a view to reinforcing the three key pillars: (i) prevention, (ii) reporting mechanisms together with case management capacity and (iii) adequate support and care to all affected parties.

A consultant is helping us to review our responsible behavior systems to build towards an OCB safeguarding policy.

A collaborative forum has been established with the Diversity and Anti-Racism Advisory group, the Field Internal Control and Resources Risk Unit in the finance department and the Medical Department on Patient Safety.

With external support we are building an OCB transversal risk management approach.

Another collaborative platform bringing together the Behavior Units of the Operational Centers aims at coherence in managing behavior, initiating joint strategies and implementation in the field.

MSF international transformation agenda

There are several ongoing dossiers related to the evolution of MSF governance including:

- Becoming the MSF, We Want to Be: the 6 conversations concluded with recommendations that will be taken forward by the various OCs and IMS in the development of their next strategic orientation/plans. The 7th conversation on our identity will be conducted by the IB after the IGA.
- MSF Structures definition project is work in progress. The ExCom requested that the definition of all MSF entities be worked out together: what is an IM or a section, an Operational directorate, a branch office, a satellite and what is the role of the International Office? Hopefully by the 2024 IGA definitions and criteria will be clarified.

- Representation in IGA Governance: Two models were presented by the steering committee to the IB. However, the IB feels the two models do not address the fundamental problems and cannot be considered a solution. The IB encouraged the SC to present the two models to the IGA for discussion and possible decision.

III. OCB AS A GROUP

A partnership platform

This is our 43rd general assembly for MSF Belgium and the 15th Gathering as OCB. MSF Belgium long prioritized working in collaboration with others, encouraging and supporting newly emerging partner sections. This way of working and the vision of a collaborative, interlinked MSF were the driving force that led to the creation of OCB. OCB is a partnership platform with MSF Belgium delegating the running of operations to OCB.

OCB is a joint effort of 9 sections who are part and parcel of the OCB board along the elected board members. All the 9 sections plus the 4 branch offices are contributing directly to our social missions. Each partner section's contributions lead to the growth and strength of the overall group and MSF as movement. While some sections are still exploring their niches and potential, we see positive and innovative commitment. Such a well networked Operational Directorate contributes to our social missions and ensures our operations remain patient centered and foster strong engagement with communities, civil society, and other partners. Our collaboration goes beyond OCB, our medical department for instance developed an MOU with WACA.

Updates from some of the sections

While both MSF-Brazil and MSF-SnA already host respectively BRAMU and SAMU (both integrated in the medical department while serving other entities), both contributed actively to transformational changes, such as recentralization (hosting the RST1 and RST5) or in identifying and supporting operational activities (emergencies, engagement with communities, etc). Both sections also play a prominent role in helping MSF toward greater diversity and inclusion, developing surveys, anti-racism roadmaps and policies or recruiting an ombudsperson to investigate reports of racism.

MSF-Luxembourg illustrates how the OCB model of governance advances good practices for the entire movement in strengthening the 3 different levels: national (with one of the highest returns on investment), the hosting of decentralized unit of Luxor and partaking several projects at international levels.

MSF Italy kept focus on assistance to people on the move, both through projects run by the program unit and the HOPE projects in different areas of the country, together with a good number of volunteers and local groups. Driven by these experiences, and by the unfortunate criminalization of humanitarian assistance and violence against migrants in Italy and Europe, MSF Italy remains one of the driving forces in this field.

MSF HK supervises MSF Taiwan and MSF Singapore while engaging with organizations and individuals in mainland China for humanitarian aid or global health governance; medical supplies and supports HR recruitment in the region.

Our Nordic sections continue to play a strong role within OCB group and the movement, on bench marking, coaching, and mentoring, psychosocial support, SV support, evaluation, in addition to fundraising and HR support.

OCB remains determined to provide humanitarian care through very difficult and challenging periods, and aims to remain thoughtful, innovative, and resourceful in its mission. Overall, 2022 was full of exciting opportunities as well as challenges to run operations in increasingly complex environments.

IV. LOOKING FORWARD

As we reach a milestone of change of executive leadership for our group, there are several key issues to keep on our radar to navigate our constantly evolving humanitarian environment.

Contextual challenges and dilemmas

Access remains an increasing challenge in a humanitarian sphere crippled by politization, funding constraints, anti-Westernism and above all, increasingly assertive states, and information warfare. Our independence is our first and foremost leverage and must be protected. Our core strength to debate must be a cherished reflex as we confront dilemmas and negotiate state red lines.

We also continue to strive to prevent and respond to the impact of climate change (floods in Pakistan, Nigeria, drought in the horn of Africa and Sahel, landslides, typhoons), both in our response and in our movement wide commitments. We commit to fulfill our promise to reduce our carbon footprint.

Operational priorities

One of our trademarks is the diversity of activities in our portfolio of responses, but our emergency response capacity remains our core business. Two other realities must also remain at the very center of our attention: 1) responding to malnutrition alarm bells ringing worryingly across the globe, and 2) finding meaningful responses in migration settings and identifying where and what are the highest vulnerabilities. Across our projects, we are committed to develop further patient-centered approaches, engage ever more with communities before, during and after our interventions, and continuously explore and build on partnerships.

Resources

2022 was a good financial year with quite a healthy fiscal end of year. However, after years of exceptionally high income that boosted our financial reserves, our fund-raising teams are now globally signalling we reach a reduced growth against higher inflation rates. Forecasting our possible income is a complicated and uncertain exercise, and we must preserve our operations from uncertainties by careful planning. Our most valuable resource is our human capital, and our ability to ensure adequate and lasting matching to support and deliver our field operations. Often less spoken about is our capacity to rapidly procure and supply for our activities – this capacity needs to be sustained in view of today's challenges and commitments while also aiming for better mutualization and a lower carbon footprint.

Our architecture and work culture

As a group, we value our diversity at the same time our collective work at movement level. MSF has engaged in a transformational agenda that we are co-constructing and will continue to build together with all entities across the movement. We will adapt the MSF structure by building forward a web of networked ODs while also bringing decision-making closer to the field. OCB plays an important and positive role in these movement wide exercises, and we will continue to innovate, as we did with our field recentralization initiative (and the shift from cells to Regional Support Teams), or with MSF-Kenya supply center (towards increased mutualization). Together, we will also maintain our efforts to be a truly inclusive organization and ensure our work in Diversity, Equity, and Inclusion (DEI) continues to bear fruit.

V. VOTE OF THANKS

I would like to take this opportunity to sincerely thank our front-line staff for such amazing work on behalf of the boards and myself. I cannot close without extending my sincere appreciation to the executive for their hard work throughout 2022 and tirelessly keeping up the momentum in our humanitarian work in an ever more complex environment. It has been “all hands-on deck” in every department as we responded to almost all emergencies to the degree humanly possible. While we are of course not perfect and there is always more to learn, and we are very definitely out there, working on it all, and it shows.