TACKLING MSF OCG'S ENVIRONMENTAL FOOTPRINT

PROGRESS REPORT - JULY 2025

South Sudan, 2023 ©Isaac Buay/MSF

MEDECINS SANS FRONTIERES
ÄRZTE OHNE GRENZEN

SUMMARY

INTRODUCTION

The year 2024 has once again broken global heat records, marking the tenth consecutive year of unprecedented temperature highs. This relentless trend of rising temperatures underscores the urgent need for comprehensive climate action. Médecins Sans Frontières (MSF) continued to witness the profound impacts of climate change in the regions where it operates. In 2024, we responded to many extreme weather events, such as the exceptionally widespread flooding in Western Africa. MSF teams are also responding to a high burden of climate-sensitive disease in many locations and, in some instances, teams are observing that disease patterns appear to be changing. Climate change and environmental degradation disproportionately impact the health of the most vulnerable people. The communities served by MSF are among the first and hardest hit by climate-induced disasters.

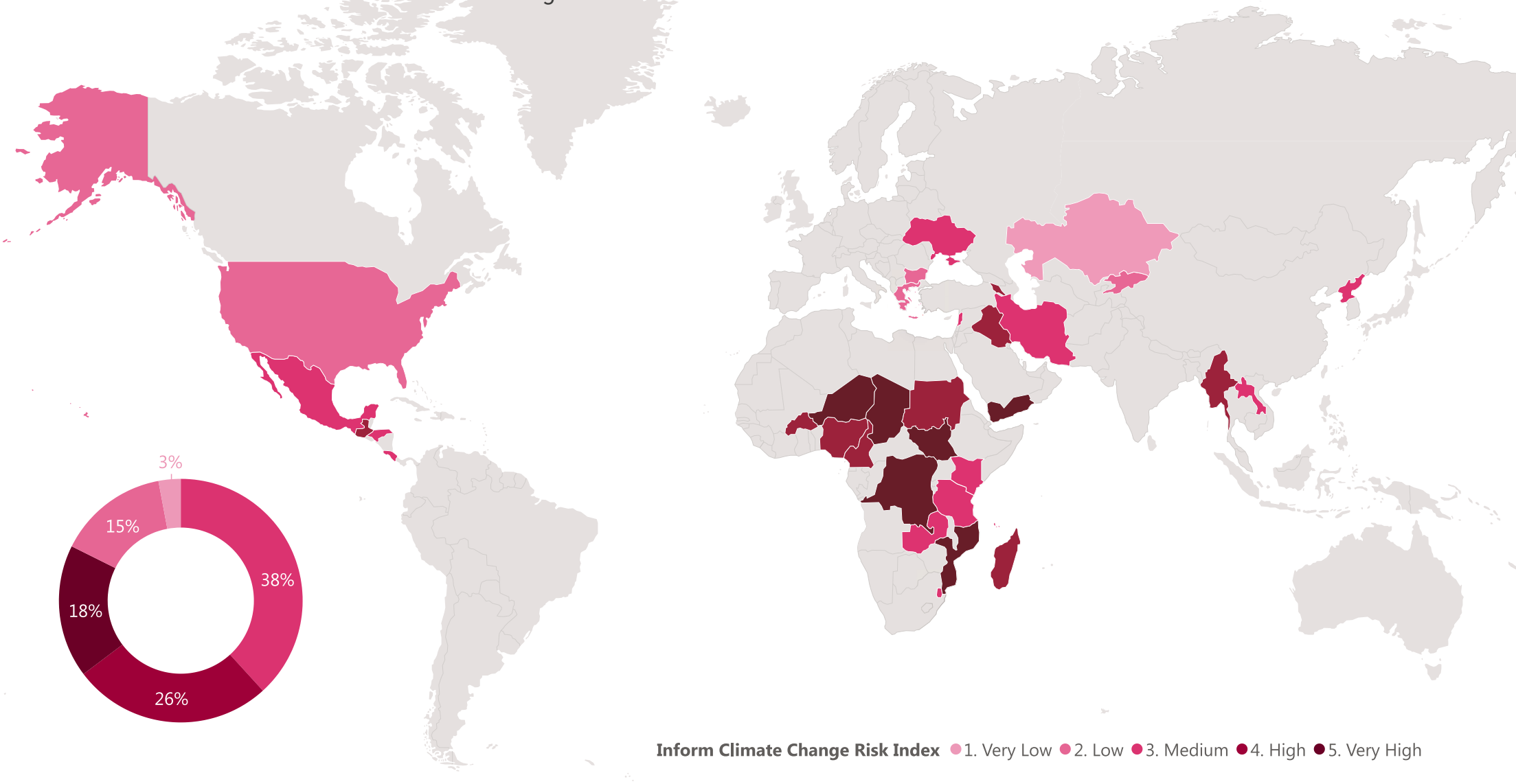
These impacts will grow as the climate crisis deepens and MSF will adapt its response, while making sure to reduce its own environmental impact. The organization continues to implement its Climate and Environmental Roadmap, launched in 2022, which guides MSF's journey towards halving its carbon emissions by 2030 while safeguarding medical continuity of care. While our overall carbon footprint remains higher than in 2019, we are also seeing a significant reduction in fuel consumption and related carbon emissions, as a result of equipping our health projects with solar panel installations and insulating medical warehouses.

This report aims to provide a comprehensive overview of where the organization stands in the implementation of the roadmap and how it is responding to the impacts of the climate crisis. It aims to offer a transparent account of the successes achieved as well as the challenges faced to meet the targets. We want to identify areas for continuous improvement, as we strive to enhance our efforts in combating the adverse effects of the climate crisis on the communities we serve.

Massive flooding in eastern Chad has decimated the town of Koukou, thousands are now stranded with inadequate food, shelter or drinking water.

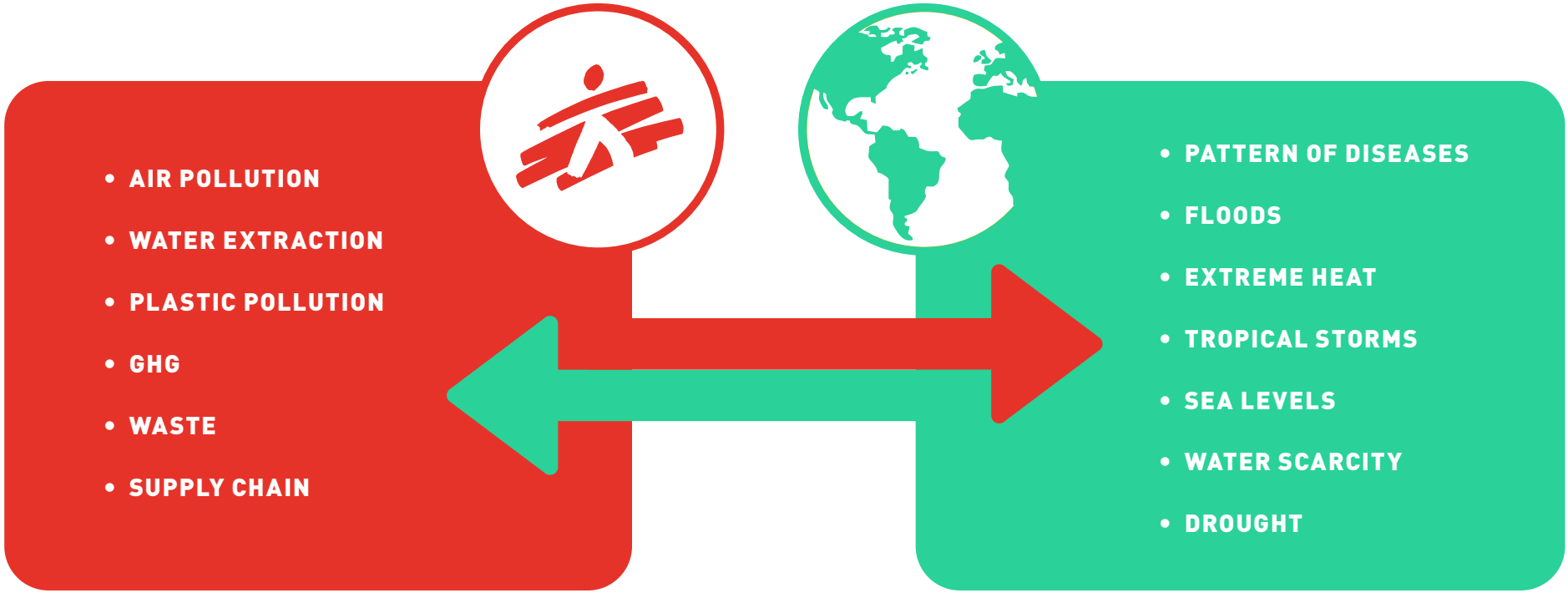
KEY IMPACTS - MATERIALITY ASSESSMENT

MSF - Operational Centre Geneva (OCG) operates in the countries most at risk of the effects of climate change



In these contexts, MSF teams both witness and respond to the humanitarian and health consequences of climate change and environmental degradation. However, MSF's activities also contribute to the environmental crisis. To address this paradox, and to ensure we abide by a "do no harm" approach, it is crucial to identify the key issues and priority actions at stake. The following "materiality assessment" aims to provide this overview:

- MSF MATERIALITY ASSESSMENT



HUMANITARIAN CONSEQUENCES OF CLIMATE CHANGE AND ENVIRONMENTAL DEGRADATION

In 2024, MSF-OCG teams observed the following humanitarian consequences related to climate change :

FLOODS

An increasing number of extreme flooding events, like the 2024 floods in Western and Eastern Africa, have severe humanitarian consequences. Thousands of people were displaced, while much essential infrastructure and many homes were destroyed. Floods cause increased health hazards, including the spread of waterborne and vector-borne diseases. They also disrupt access to health facilities, and destroy crops and livestock, severely impacting food security.

EXTREME HEAT

Periods of extreme heat are becoming more frequent, such as the unprecedented extreme heat events in the Sahel in 2024. This exposes vulnerable people to severe health issues such as heatstroke, dehydration and worsening of pre-existing health conditions. Extreme heat can also disrupt food security by damaging crops and livestock, leading to food shortages and increased prices.

TROPICAL STORMS

Extreme weather events such as cyclones have devastating humanitarian impacts, particularly in vulnerable countries like Madagascar. They cause widespread destruction of homes and infrastructure and can lead to displacement. The intense winds and heavy rains can result in flooding, which increases the risk of waterborne and vector-borne diseases. Extreme weather events also impact food security by destroying crops, severely impacting communities' livelihoods and food supplies.

CHANGES IN DISEASE PATTERNS

Changes in temperature and rainfall patterns can affect water quality and availability, leading to the spread of waterborne diseases such as cholera and typhoid fever. Changing ecosystem conditions can also alter the range and behaviours of disease-carrying insects such as mosquitoes, thus increasing transmission of malaria and arboviruses like dengue fever. In South Sudan, a recent study by MSF shows a trend of seemingly more cases of malaria during the low malaria season.

RISING SEA LEVELS

In Kiribati, extreme weather conditions and rising sea levels threaten agricultural production and livelihoods. Saltwater intrusion impacts food systems and exacerbates malnutrition risks, which can increase the risk of non-communicable disease, like hypertension. This is in part due to lack of arable land as a result of erosion and high salinity of soil and water. Frequent droughts further disrupt the ability to grow food.

WATER SCARCITY

Increasing demand for water in water-scarce countries can put resources under pressure and cause serious health risks, such as waterborne diseases like diarrhoea, cholera and dysentery. In 2024, MSF responded to multiple cholera outbreaks in different locations. Water scarcity also impacts agricultural yields and food security.

DROUGHT AND MALNUTRITION

Drought, combined with other factors like conflict and displacement, exacerbate malnutrition crises, often affecting already vulnerable families. The Horn of Africa has been locked in a spiral of recurring droughts and floods, increasing the vulnerability of communities heavily affected by armed conflict.

• ENVIRONMENTAL IMPACT OF THE ORGANIZATION AND ITS ACTIVITIES

In 2024, MSF activities contributed to the following environmental impacts

AIR POLLUTION

The burning of fossil fuels to run our cars and generators, and the incineration of waste generated by our activities, contribute to air pollution. This has various negative impacts on human health, such as increasing the risks of respiratory, cardiovascular, reproductive and neurological conditions, and multiple types of cancer. The health impacts of air pollution are disproportionately felt by young children and those with chronic conditions. 89% of global deaths related to air pollution occur in Low- and Middle-Income Countries. In many cases, the communities served by MSF are in areas highly exposed to air pollution, as are many MSF projects and coordination offices.

WATER EXTRACTION

The increase in displaced people, such as in Eastern Chad, has caused a rise in demand for water, yet water provision by other humanitarian organizations has decreased. To address this situation, we have increased the amount of water distributed, including in water-scarce countries, fourteen-fold since 2018. This shows that responding to humanitarian needs can also contribute to exacerbating pressure on water resources.

SUPPLY CHAIN

MSF purchases and transports goods needed to conduct its medical activities around the world. Those goods require raw material extraction, transformation and transportation. These actions are carried out by our suppliers and can have various negative environmental and social impacts.

WASTE

MSF medical activities generate a wide range of waste, ranging from medical hazardous waste to waste from electrical and electronic equipment. If such waste is not treated properly, it can contaminate soil and water resources, release harmful gases, and contribute to air pollution. This in turn has negative impacts on the health of both humans and the environment.

GREEN-HOUSE GASSES

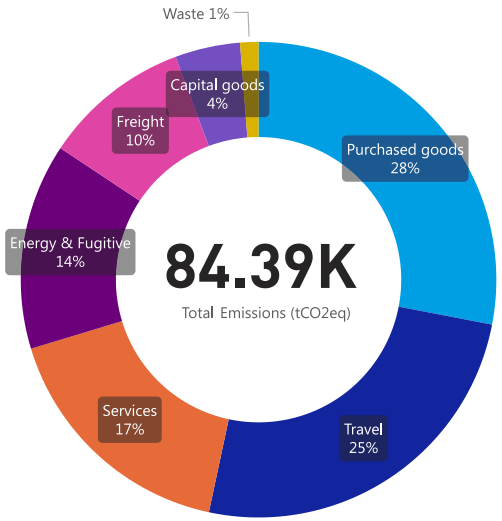
The organization's high reliance on fossil fuels to run its activities contributes to climate change. In 2024, it was estimated that MSF-OCG contributed directly and indirectly to the generation of 84,391 tCO2eq. (See more information in the carbon measurement chapter.)

PLASTIC POLLUTION

Today MSF relies on a large variety of materials and equipment to run its medical activities and humanitarian programmes around the world. Many of these include plastics, or material made of plastics, such as tents, plastic sheeting and single-use medical items. In many contexts where we operate, it is particularly challenging to recycle such material, or even treat or dispose of it properly. As highlighted by WWF (commissioned report), the true cost of plastic on the environment, health and economies can be as much as 10 times higher for low-income countries. 20% of the volume of material shipped to MSF projects consists of single-use medical items, which represents approximately 15,000 m3 of plastic, or six full Olympic swimming pools.

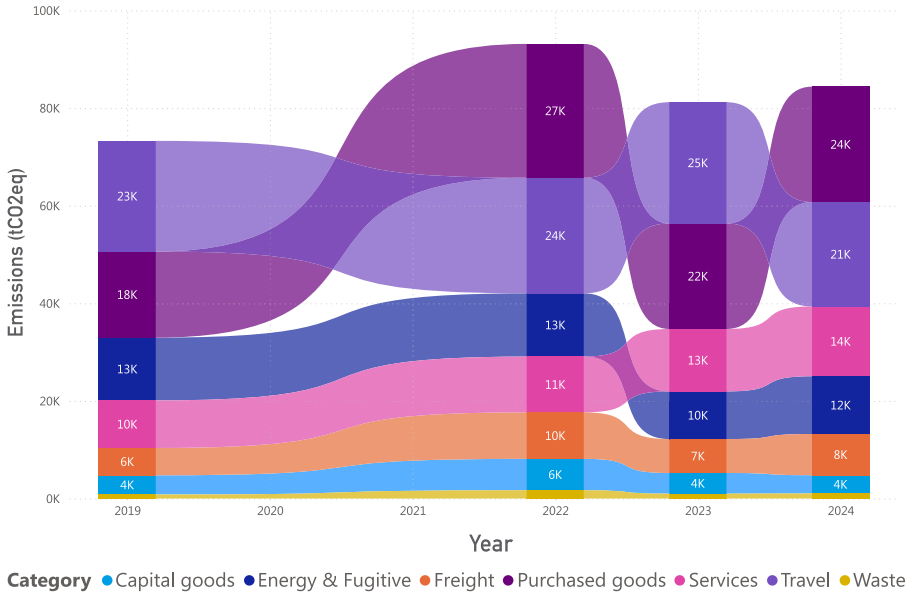
As a result, MSF activities contribute to plastic pollution in communities that are particularly vulnerable to that kind of pollution.

OCG Emissions (tCO2eq) in 2024



After peaking in 2022, OCG's carbon footprint has started to decrease, although the carbon footprint in 2024 is still 15% higher than it was in 2019. The main source of CO2 emissions growth is related to our supply chain, namely the purchase and transport of goods and services. The increase in CO2 emissions is partially explained by the fact that the organization considerably expanded its operations with a budget increase of 28%. If we factor this growth in to our carbon measurement, we obtain the carbon intensity, which is measured in terms of carbon emissions per Swiss Franc spent. On this basis, we see an overall reduction of 10% in the carbon intensity between 2019 and 2024. In other words, despite our operational growth, relatively we are becoming more efficient in the use of resources and energy. This trend can be observed in all categories of emissions, except those related to the supply chain, which is following an opposite trend.

Evolution of OCG Emissions (tCO2eq)



	2019	2024	2019-2024
Operational budget [CHF]	258M CHF	331M CHF	+28%↗
Carbon emissions [tCO2eq]	73,281	84,391	+15%↗
Carbon intensity	0.28 kgCO2/CHF	0.25 kgCO2/CHF	-10% ↘

REDUCING OUR ENVIRONMENTAL IMPACT

To address the environmental impact of its activities identified in the previous chapter, MSF-OCG has implemented the following measures that are in line with its Climate and Environmental Roadmap:

• ENERGY

Energy is OCG's fourth largest source of CO2 emissions, which contribute to climate change and air pollution. The organization has put in place various measures to reduce our energy consumption, while also increasing the share of renewable energy:

OBJECTIVE	2019-2030 TARGETS	PROGRESS BETWEEN 2019-2024
 **Reducing energy consumption**	Energy consumption has decreased by 40%	**10% reduction** in energy consumption
 **Increase the share of renewable energy**	30% of the energy mix relies on solar energy	**7%** of energy used comes from OCG solar panels

- KEY ACHIEVEMENTS

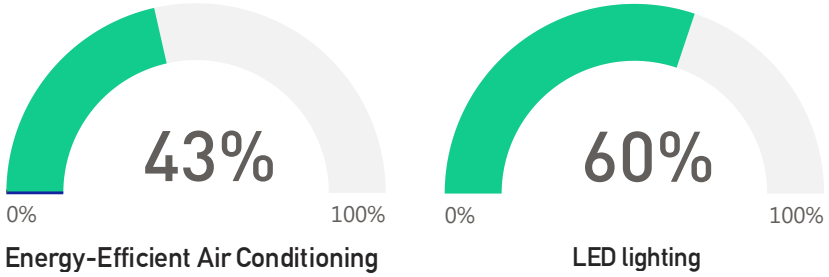
> 70000 kWh

PRODUCED EACH MONTH BY OCG INSTALLED SOLAR PANELS

INVESTING IN SOLAR ENERGY

In 2024, a total of 61 solar panel systems were installed in our projects. Those systems generate more than 70,000 kWh each month, which allows us to reduce our emissions by around 881tCO2/year and save more than $500,000/year of fuel. About 7% of total energy consumed is generated from our solar power systems.

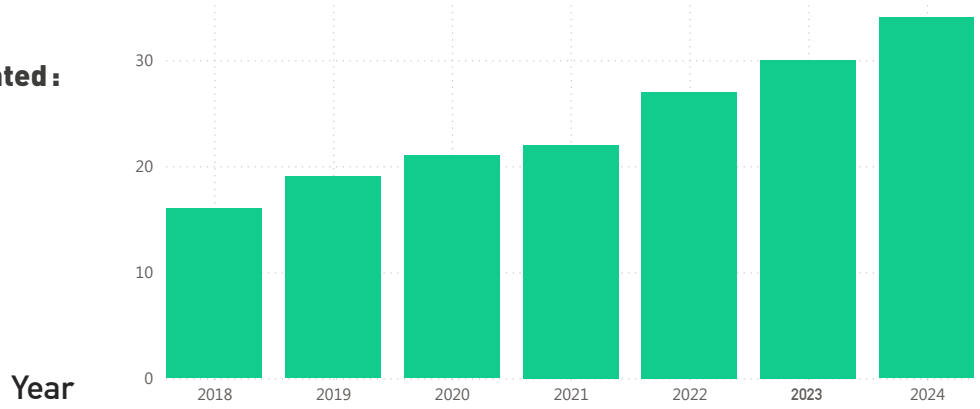
Percentage of projects using:



USING MORE ENERGY-EFFICIENT EQUIPMENT

OCG projects are increasingly using energy-efficient lighting and AC systems. The former saves up to 80% energy, while the latter up to 65%.

Total Warehouses Isolated :



INSULATING MEDICAL WAREHOUSES

The number of medical warehouses being insulated is increasing. As of 2024, 34 warehouses have been insulated over the last 10 years. Insulation improvements drastically cut emissions. For instance, in Yangon, up to 70% CO2 emissions have been avoided since the warehouse was insulated.

HARNESSING SOLAR POWER IN NIGERIA HELPS ADDRESS HEALTH CHALLENGES WHILE REDUCING CARBON EMISSIONS

At Kaffin Madaki paediatric hospital in Bauchi State, Nigeria, we designed and installed a solar power system for the hospital. The system has 96 panels, some made from recycled materials.

This transition to solar power has dramatically reduced the hospital's reliance on generators, which previously consumed more than 50 gallons of fuel daily. It has also improved the care delivered to patients, as the unstable electricity grid supply often caused unpredictable power outages. That was problematic as the treatment of many of the sickest patients relies on sensitive medical devices such as oxygen concentrators. The MSF team had previously been alternating between two diesel generators for 18 hours a day, since we started working at the hospital in 2022. With the new solar energy system, the generator is now only used minimally as backup, as the solar panel system covers all the hospital's electricity needs.

MSF solar installation at the Kaffin Madaki Pediatric Hospital in Bauchi State, Nigeria

• FLEET

The fuel used by our cars and generators is the main source of direct CO2 emissions (also referred to as Scope 1). These emissions contribute to both climate change and air pollution. To address this, measures have been put in place to reduce fuel consumption by driving less and better, and by switching to more fuel-efficient cars.

OBJECTIVE	2019-2030 TARGET	PROGRESS BETWEEN 2019-2024
Driving less and better	Reducing fleet fuel consumption by 40%	↘ 17% reduction in the quantity of fuel used by cars and generators

- KEY ACHIEVEMENTS

FLEET RENEWALS

Over the past five years, there has been a significant shift in vehicle procurement. In 2019, 85% of fleet renewals involved replacing Land Cruisers with similar models. By 2024, this proportion had dropped dramatically to 33%, with 46% of renewals now consisting of smaller, more efficient city cars.

ECO-DRIVING

Eco-driving is the energy-efficient use of vehicles, making the best use of modern engine technologies. It aims to reduce fuel consumption, lower greenhouse gas emissions, and enhance safety and comfort. It can lead to a reduction of up to 20% of fuel consumption.

Hybrid cars in Eswatini

40% FLEET STAFF TRAINED IN ECO-DRIVING OVER THE LAST 3 YEARS

• AIR TRAVEL

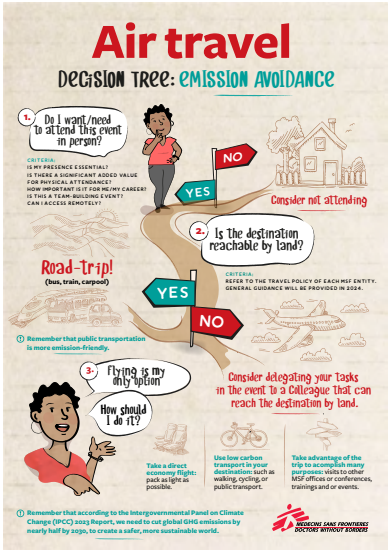
Air travel accounts for up to 15% of our total CO2 emissions. Our emissions related to air travel dropped significantly during COVID, but then rose again after the pandemic. Emission levels are now only slightly below the pre-pandemic levels.

OBJECTIVE	2019-2030 TARGET	PROGRESS BETWEEN 2019-2024
Flying less	Reduce staff air travel emissions by 35%	↘ 4% reduction

- KEY ACHIEVEMENTS

"TRAVEL LESS, TRAVEL BETTER" CAMPAIGN

A "Travel less, travel better" campaign was carried out across the MSF movement to promote responsible travel practices. The goal of the campaign was to encourage staff to reconsider travel habits and make choices to reduce their carbon footprint. In addition, an MSF Carbon Travel App has been released to help minimize MSF flight travel emissions by providing a tool that can find the best location to host the many meetings and trainings that the movement organizes.



Poster used during the "Travel less, Travel better" campaign

• PROCUREMENT

Procurement of goods and services accounts for up to 45% of MSF-OCG's carbon footprint. Moreover, various negative environmental and social impacts can occur through the activities of our suppliers. To minimize those impacts, OCG endeavours to work increasingly with responsible suppliers.

OBJECTIVE	2019-2030 TARGET	PROGRESS BETWEEN 2019-2024
Greener procurement	100% of main suppliers (>CHF100k) contracted via HQ or regional platforms are assessed according to sustainability criteria	**56% of main HQ suppliers assessed**

- KEY ACHIEVEMENTS

TOOLS AND GUIDELINES

In 2023, the MSF movement developed tools and guidelines to assess the sustainability of its main suppliers. This responsible sourcing approach is increasingly adopted by MSF-OCG, which aims to have all its main suppliers (with contracts over CHF 100,000), contracted through headquarters or regional platforms, assessed according to these sustainability criteria by 2028. These assessments will be considered in the supplier selection and renewal processes.

37%

Percentage of the financial volume spent at HQ through suppliers assessed under sustainability criteria.

• MEDICAL ACTIVITIES

The consumption of single-use medical items has a significant impact on MSF-OCG's carbon footprint and is the main source of waste generated by the organization. In order to address this issue, in 2023 OCG launched a project called Rethinking Single Use.

OBJECTIVE	2019-2030 TARGET	PROGRESS BETWEEN 2019-2024
Rethinking the use of single-use medical items	Reduce the volume of imported single-use medical items in projects by 15%	**1,637 m3 volume of imported single-use medical items in projects in 2024**

- KEY ACHIEVEMENTS

RETHINKING SINGLE USE PROJECT

The first stage of the project was completed in 2024. A specific framework has been developed to identify the most impactful items based on three criteria: climate change; human health; plastic pollution. For the 20 most impactful items, some mitigation measures have been identified. The second phase of the project, launched at the beginning of 2025, aims to provide MSF teams with tools and guidance to integrate sustainability criteria into the selection process of single-use items as well as developing a handbook and training packages on sustainable medical practices.

A poster used to raise awareness of medical staff about glove use in Lebanon

• WASTE MANAGEMENT

OBJECTIVE	2019-2030 TARGET	PROGRESS BETWEEN 2019-2024
Sustainable waste management	Waste management plans are defined and implemented in all projects	**20% of projects have defined and implemented a waste management plan**

- KEY ACHIEVEMENTS

WASTE MANAGEMENT PLAN

MSF's activities generate various types of waste, each requiring different methods and solutions based on the specific context. There is no single solution for all types of waste. Therefore, a waste management plan must be defined for each project.

The waste management plan consolidates the tools needed to optimize waste management for each project. It includes forms for assessing the current situation, guidelines on taxonomy, quantification and characterization sheets, sample waste flow diagrams, and information on legal aspects and existing waste streams. The plan provides guidance on how to execute the different stages of waste management and select the best possible environmental options (BPEO).

19 COUNTRIES

have designed a comprehensive waste management plan for their projects. In total, this represent almost half of all projects (47.6%), although less than half have fully implemented the waste management measures identified in those plans.

POOP FACTORY

At Aboutengue refugee camp, in eastern Chad, home to nearly 46,000 people who have fled Sudan, we have installed a faecal sludge treatment centre. It treats waste from the more than 1,000 latrines we have installed in the camp. It prevents the spread of diseases and helps protect the environment, limiting pollution by turning waste into a resource. The so-called Poop Factory separates liquids and solids without using chemicals. It uses lime to treat the bacteria and employs patience to let nature do its work. The water is filtered and passed through trenches filled with stones, and is then used to water banana trees. The sludge is dried and incinerated to eliminate any remaining pathogens. It is rich in nutrients such as nitrates and phosphates, and will eventually be used as fertilizer.

View of the "poop factory" of Aboutengue camp: A sustainable solution for community health.

RESPONDING TO THE CONSEQUENCES OF CLIMATE CHANGE

We are responding to climate-related health situations at the majority of our project locations. These health problems will increase as the climate and environmental crises deepen, and we are therefore reviewing how we carry out our medical and humanitarian activities in order to better serve communities' health needs. This includes adapting our operational strategies to the new realities of climate change by planning activities differently according to evolving needs, undertaking more preventive actions, strengthening emergency preparedness and working closer with communities to ensure that services meet their needs.

Madagascar, for instance, regularly experiences extreme weather events, which cut communities off from healthcare, increase the presence of diseases such as malaria and reinforce food insecurity. In recent years, Madagascar has faced a series of destructive cyclones that followed a period of severe drought. To address these repeated emergencies, MSF teams are providing medical care and nutrition support to the most affected communities. We have also rehabilitated damaged health facilities and are currently working in partnership with communities to design and implement activities together. This project aims to provide essential health care, while preserving the natural environment and the livelihoods of people in the area.

The Ikongo district in Madagscar, is often hit by extreme weather conditions and cyclones, further limiting people's already restricted access to health care.


Madagascar, 2024 ©Miora Rabearisoa

In Honduras, dengue fever is endemic, with more than 10,000 cases reported each year. The effectiveness of traditional vector-control methods using chemical products is declining due to increasing resistance in mosquito populations. Since 2010, MSF has intervened seven different times in response to dengue outbreaks in Honduras. With the aim of identifying better and more sustainable solutions, MSF and the Honduran Ministry of Health are undertaking new vector-control studies in the country. One such study, the Wolbachia pilot, is a mosquito population replacement method that involves replacing the wild mosquito population of the El Manchén district of Tegucigalpa with native mosquitoes inoculated with the Wolbachia bacteria, which prevents dengue transmission. The study is not yet finalized, but has so far shown very promising results, with eight out of 10 mosquitoes caught in El Manchén carrying Wolbachia.

MSF health promotion supervisor, participate in the release of Wolbachia-carrying mosquitoes in the community of Canaan.


Honduras, 2024 ©Martín Cálix/MSF

Kiribati, an island nation in the central Pacific Ocean, suffers from a high disease burden and worsening impacts of climate change. The country's healthcare system is under immense strain. MSF teams are therefore providing essential healthcare, helping to tackle issues like malnutrition, non-communicable diseases and pregnancy complications – all of which are linked to, or made worse by, climate change. MSF is working with communities to screen people for hypertension and diabetes, and has put in place a system to monitor groundwater wells for salinity and bacteria.

MSF midwife Esther Karume screening women of child-bearing age for diabetes in Abaiang in Kiribati.


Kiribati, 2025 ©Victor Caringal/MSF

ALERTING TO THE CONSEQUENCES OF CLIMATE CHANGE

As health care providers in the world's most climate-vulnerable settings, we increasingly witness how climate change exacerbates risks to people's health and wellbeing. Through témoignage – bearing witness, we aim to:

- Alert to the health and humanitarian consequences of the climate emergency and share the realities we see in our operations.
- Highlight the overwhelming impact on the most vulnerable people and call for action to help safeguard the most at-risk communities.

The impacts of the climate emergency will become increasingly severe across the world, and concrete action to help the most vulnerable people must be decided upon now.

The climate crisis is a health crisis, hitting hardest in places that are the least prepared to deal with the impacts. The most vulnerable countries are not receiving the support they need to deal with the consequences of climate change. They need financial and technical support, both to adapt to the changes and to cope with the losses and damages caused by climate change.

Families heading to dry land in Bentiu. Across Unity state people's homes and livelihoods, are completely submerged by floodwaters.

- FROM FIELD REALITIES TO GLOBAL ADVOCACY

From the flooded plains of South Sudan to the cyclone-hit coast of Madagascar and the drought-stricken Sahel, our teams work at the frontline of health and climate emergencies.

We aim to bring these frontline experiences into calls for action – by bringing the voices of vulnerable communities to decision-makers. In Old Fangak, South Sudan, following devastating floods in 2024, we supported displaced communities while urging national authorities and other stakeholders to invest in climate preparedness and response.

We also delivered messages at the last four Conferences of the Parties with the aim of bringing health and humanitarian issues more central to international climate negotiations. At the 77th World Health Assembly and in discussions with WHO platforms, OCG called for practical measures such as early warning systems, renewable energy in clinics, and the integration of climate risk into national health strategies. These engagements reflect a growing consensus: resilience is not a choice—it is a necessity for survival in fragile contexts.

We have contributed to a Lancet Countdown brief for the past five years, describing the health impacts of the climate crisis through a series of case studies in vulnerable countries. We have also published an article in PLOS Climate, reviewing the health research compiled by the IPCC, and calling for more research on health conditions in humanitarian settings.

MSF President at COP 28

NEXT STEPS

In 2026, OCG will embark on a new six-year strategic plan cycle. Responding to the humanitarian consequences of climate change and environmental degradation while decreasing our own environmental impact will remain a key concern for the organization. This new cycle presents an opportunity to continuously refine our approach, ensuring we respond more effectively and meaningfully to the challenges posed by climate change.

To mark this occasion, we will release an updated climate and environmental roadmap that reflects our past experiences and anticipates future challenges. This roadmap will spotlight the key initiatives prioritized by our organization. To enable these initiatives, we will focus on the following areas:

- **EVALUATION AND MONITORING**

  We will continue enhancing our tools and data to track progress, implementing mechanisms to review past actions and adjust efforts as needed.

- **MINDSET CHANGE**

  We will deploy further training sessions and internal communications to foster a shift in staff attitudes towards environmental issues. Our climate ambitions are a collective effort where everyone has a role to play.

- **EMPOWERED TEAMS**

  Our staff will be further engaged and equipped to act towards achieving our objectives. We want to make sure their efforts are recognized and incentivized within the organization.

- **FUNDING**

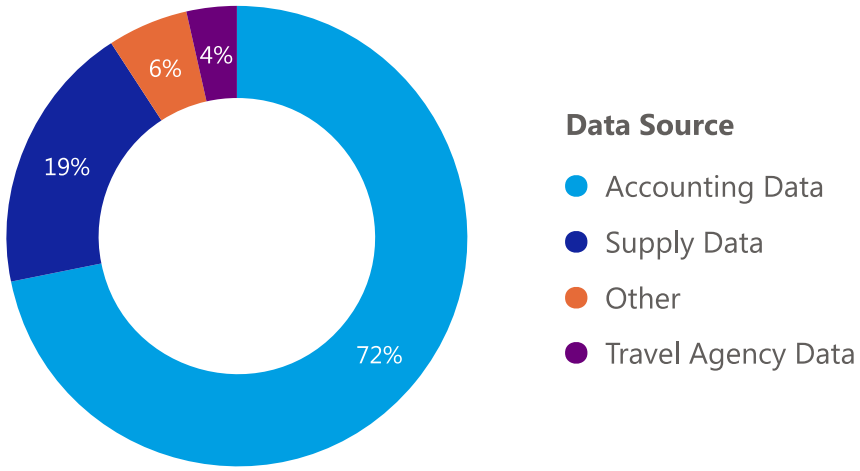
  We will explore new funding avenues to sustain continuous investment. Continuous investment and new sources of funding are essential for our initiatives.

- **PARTNERSHIPS**

  We will continue to build strategic partnerships within the MSF movement and with external organizations, governments and communities. These partnerships are crucial for enhancing resource sharing and strengthening collective impact.

ANNEX: CARBON FOOTPRINT 2024

This carbon footprint assessment was conducted in accordance with the Greenhouse Gas (GHG) Protocol, utilizing emission factors similar to those employed by the Humanitarian Carbon Calculator, which is increasingly adopted in the humanitarian sector. The data sources for carbon measurement are illustrated below.



In this report, the collection of physical data – such as fuel consumption in litres and electricity usage in kWh – was significantly limited in both reliability and scale. Consequently, it was not feasible to use this data directly. As a workaround, various ratios were derived by combining available accounting data with external sources (e.g. energy prices). While these extrapolations provide a comprehensive overview, they inherently remain imprecise. Therefore, the uncertainty of the 2024 carbon footprint is estimated to be approximately 30%. We are currently developing tools to better measure fuel consumption and electricity usage, which we expect to have in use by the end of 2025.

OPERATIONAL SCOPE

MSF-OCG's carbon footprint can be broken down into the three scopes of emissions defined by the Green House Gas (GHG) protocol; the categories considered are summarized in the diagram below. Some categories of GHG protocols were excluded from the MSF-OCG carbon footprint calculation due to a lack of data (use & end-of-life of distributed products, HQ capital goods) or because they were considered to not be relevant (investments, downstream & upstream leased assets).

ORGANIZATIONAL SCOPE

The carbon measurement is applied to all entities that are financially dependent on MSF-OCG.

2024 KEY FIGURES

34 countries • **116** projects • **8,198** Staff • CHF **361.5** million

OVERVIEW

In 2024, it is estimated that MSF-OCG activities generated 843,922 tCO2e. The main sources of emissions for MSF-OCG are as follows:

PURCHASE GOODS

Approximately a quarter (28%) of the emissions result from goods purchased by MSF-OCG. These goods serve either as support for operations (63%), such as office supplies, construction materials, etc., or are directly used for patient care (37%), including medicine, drugs, therapeutic and non-therapeutic food, and medical supplies.

TRAVEL

Staff travel accounts for 25% of emissions. This category encompasses all travel-related emissions, including flights (59%), car fuel (13%), vehicle rentals (24%), hotels and other forms of transportation.

ENERGY & FUGITIVE EMISSIONS

14% of total emissions are attributed to the energy directly consumed or produced by the organization. This includes fuel for generators (49%), purchased electricity (39%), fuel used for cooking and heating (8%), and the release of fugitive emissions from refrigeration and air-conditioning systems (12%).

PURCHASE SERVICES

Approximately 17% of emissions are related to the wide range of services procured by MSF, including rentals of buildings and facilities, and financial support provided to other entities.

FREIGHT

This category encompasses all emissions associated with transporting goods to and from MSF supply centres (both inbound and outbound). Freight emissions represent 10% of the total emissions.

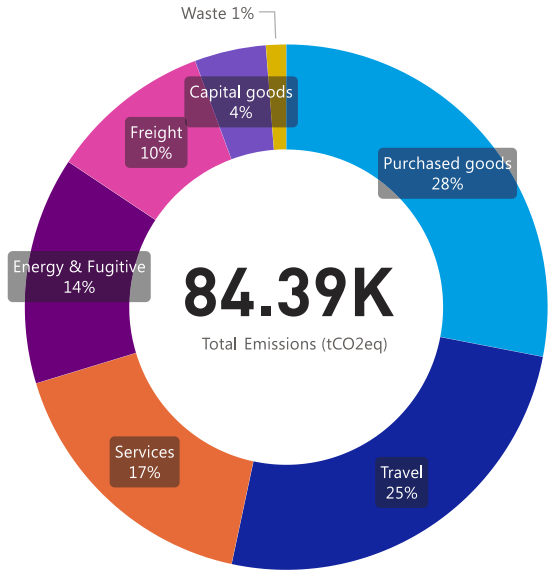
CAPITAL GOODS

Accounting for 4% of the total footprint, capital goods emissions result from the production of durable goods for MSF. These include medical and IT equipment, as well as vehicles.

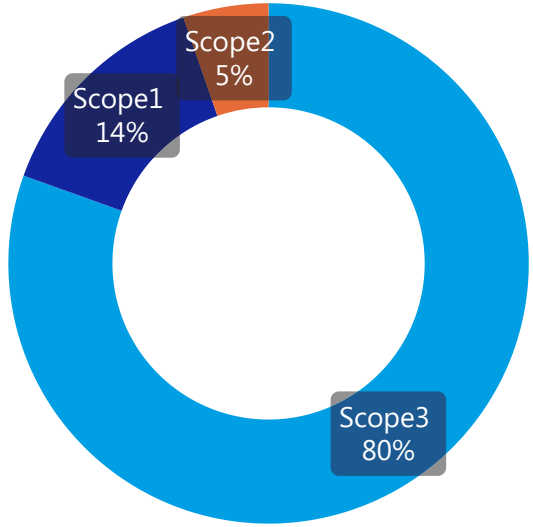
WASTE

Although waste generated by MSF constitutes only 1% of the total footprint, it remains a significant environmental concern.

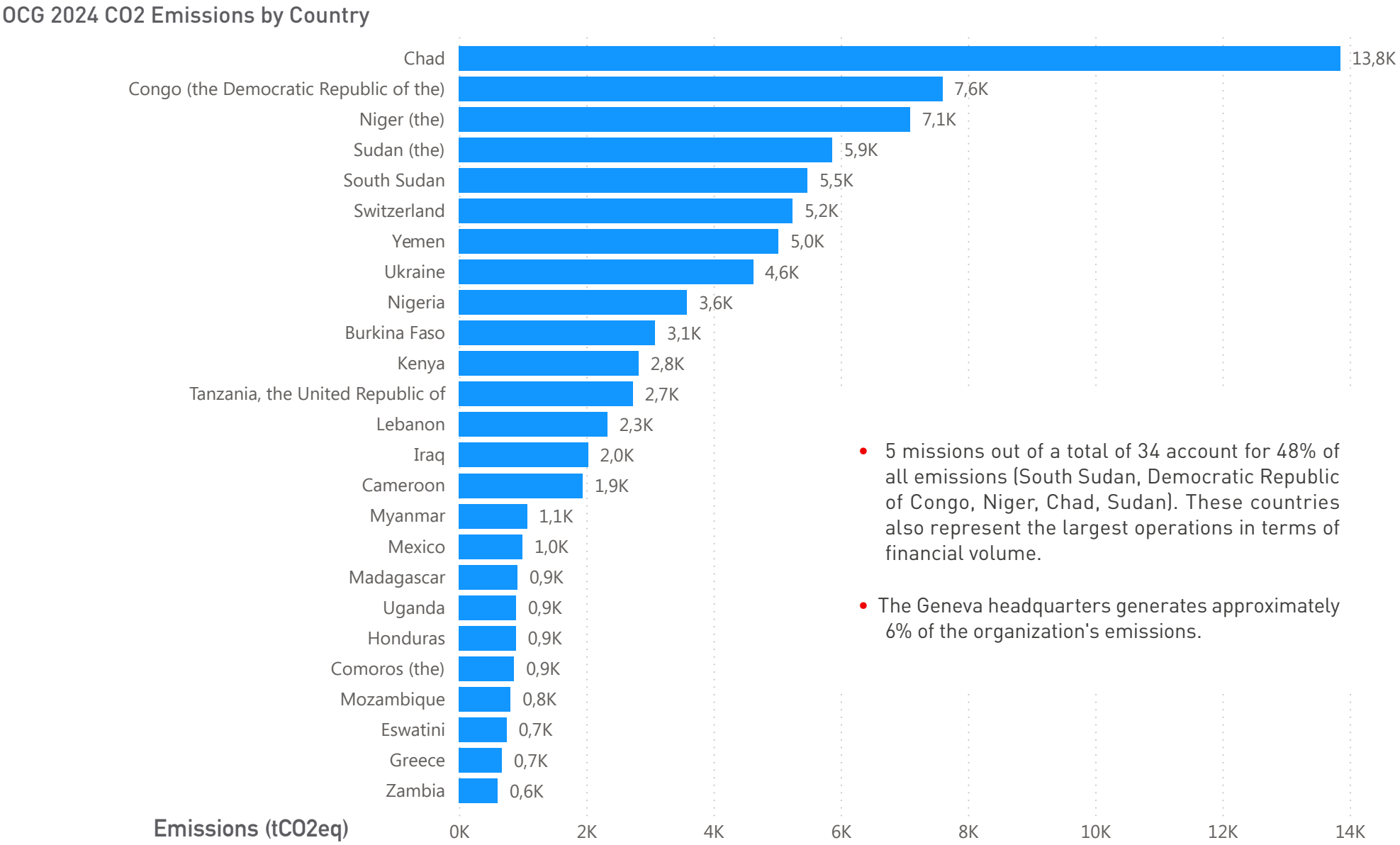
This includes the Geneva headquarters (excluding MSF International), the operational cells in Dakar and Amman, as well as all countries where OCG has carried out operations. The Austrian section, although institutionally attached to MSF-OCG, does not appear in the budgets and expenses of OCG, so this section is not included in our scope.



According to the GHG protocol scopes, MSF-CH emissions would break down as follows:



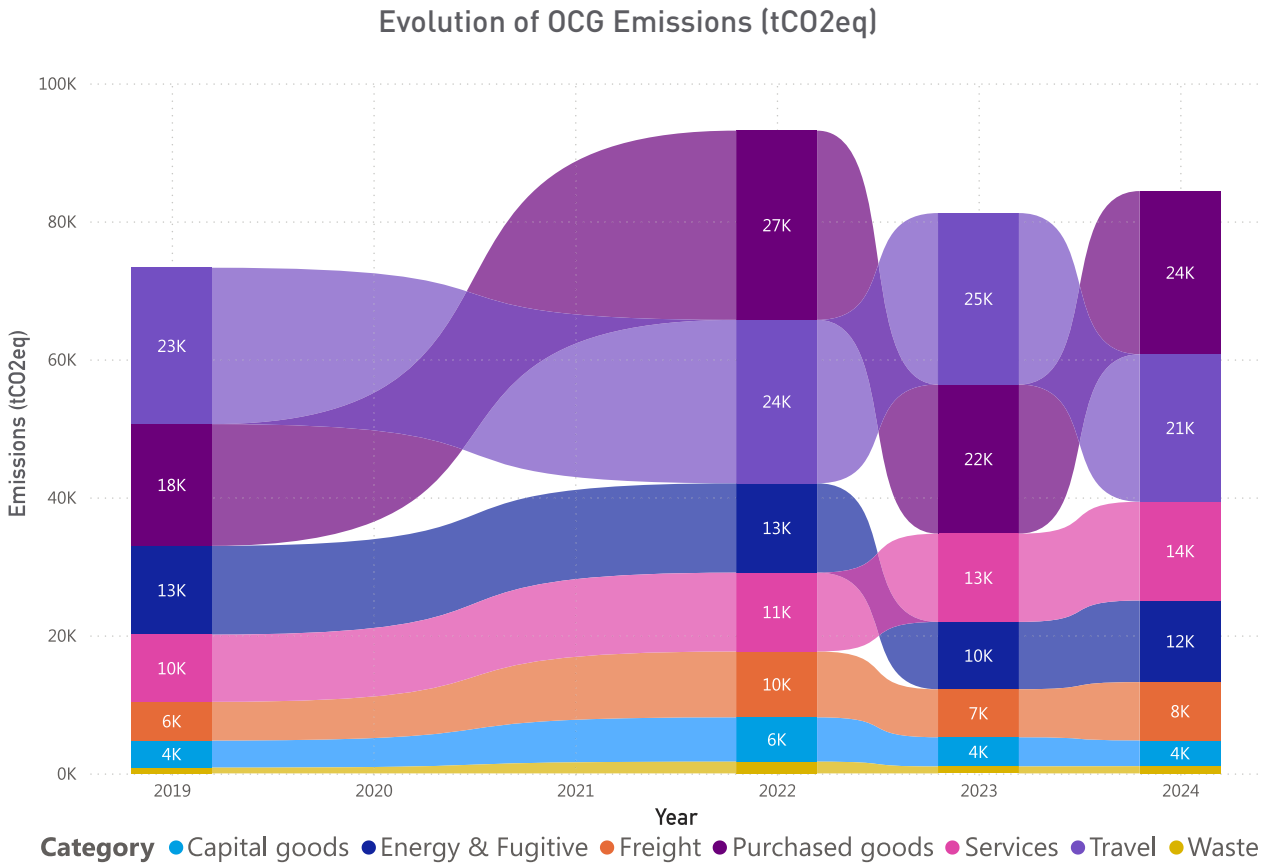
EMISSIONS BY COUNTRY



- 5 missions out of a total of 34 account for 48% of all emissions (South Sudan, Democratic Republic of Congo, Niger, Chad, Sudan). These countries also represent the largest operations in terms of financial volume.
- The Geneva headquarters generates approximately 6% of the organization's emissions.

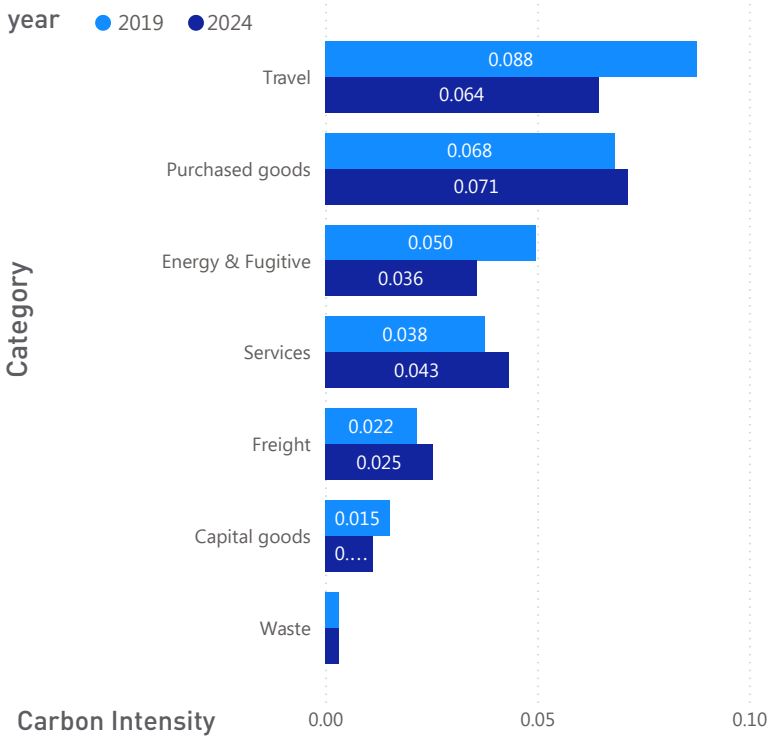
EVOLUTION 2019-2024

	2019	2024	2019-2024
Operational budget [CHF]	258M CHF	331M CHF	+28% ↗
Carbon emissions [tCO2eq]	73 281	84 391	+15% ↗
Carbon intensity	0.28 kgCO2/CHF	0.25 kgCO2/CHF	-10% ↘



CATEGORY	EVOLUTION 2019 - 2024
Capital goods	-5% ↘
Energy & Fugitive	-8% ↘
Freight	51% ↗
Purchased goods	34% ↗
Services	47% ↗
Travel	-6% ↘
Waste	26% ↗
TOTAL	**15%**

CARBON INTENSITY BY CATEGORY AND BY YEAR



After peaking in 2022, our carbon footprint has started to decrease. Our 2024 carbon footprint is still 15% higher than it was in 2019. The main source of CO2 emissions growth is related to our supply chain, namely the purchase and transport of goods and services.

During the period of 2019-2024, the organization considerably expanded its operations with a budget increase of 28%. If we factor this growth in to our carbon measurement, we obtain the carbon intensity, which is measured in terms of carbon emissions per Swiss Franc spent. On this basis, we see an overall reduction of 10% in the carbon intensity between 2019 and 2024. In other words, despite our growth, we are becoming more efficient in the use of resources and energy. This trend can be observed in all categories of emissions, except those related to the supply chain, which is following an opposite trend. This is explained by the increase of use of aeroplanes to ship goods and the significant increase in shelter and construction assistance in Chad in 2024.

EVOLUTION OF OCG BUDGET AND CARBON INTENSITY

Evolution between 2019 & 2024

Budget for social mission	Carbon Emission	Carbon Intensity
+28%↗	+15%↗	-10% ↘