TACKLING MSF OCG'S ENVIRONMENTAL FOOTPRINT

PROGRESS REPORT - APRIL 2024

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SUMMARY

INTRODUCTION

The year 2023 broke all climate records and stunned scientists across the globe, with the planet seemingly heating faster than expected. The world is about to cross the 1.5 C degree threshold of what is considered a "safe operating space for humanity." MSF operates in many of the most climate vulnerable countries, where people and health systems struggle to cope with climate shocks and the related health consequences, such as more frequent and intense extreme weather events, changing disease patterns and worsened food insecurity. In 2023, MSF responded to severe floodings in Kenya, to record-breaking cyclone Freddy, and to relentless heat and drought that have driven millions to the edge ofstarvation in the Horn of Africa. MSF also responded to concurrent cholera outbreaks in several countries, and alarmingly high rates of dengue across the Americas.

MSF acknowledges the medical and humanitarian implications of climate change and environmental degradation, as well as its own role in contributing to these challenges. In 2022, the organisation committed to reducing its carbon emissions by 50% by 2030, using a 2019 baseline as reference. In 2022, MSF's operational centre in Geneva, Switzerland - which is one of MSF's six operational centres and oversees medical humanitarian projects in more than 30 countries -- unveiled a Climate and Environmental roadmap outlining the essential actions to take to reduce carbon emissions. The solutions focus on the key emitting domains of medical practices, staff mobility, freight logistics, energy consumption, supply chain and waste management.

This report aims to present where the organisation stands in the implementation of this roadmap. The intention is not to portray the organisation as environmentally friendly, but to give a transparent account of the successes achieved and challenges encountered on the path towards meeting the target. The objective is to be accountable and to identify areas for continuous improvement.

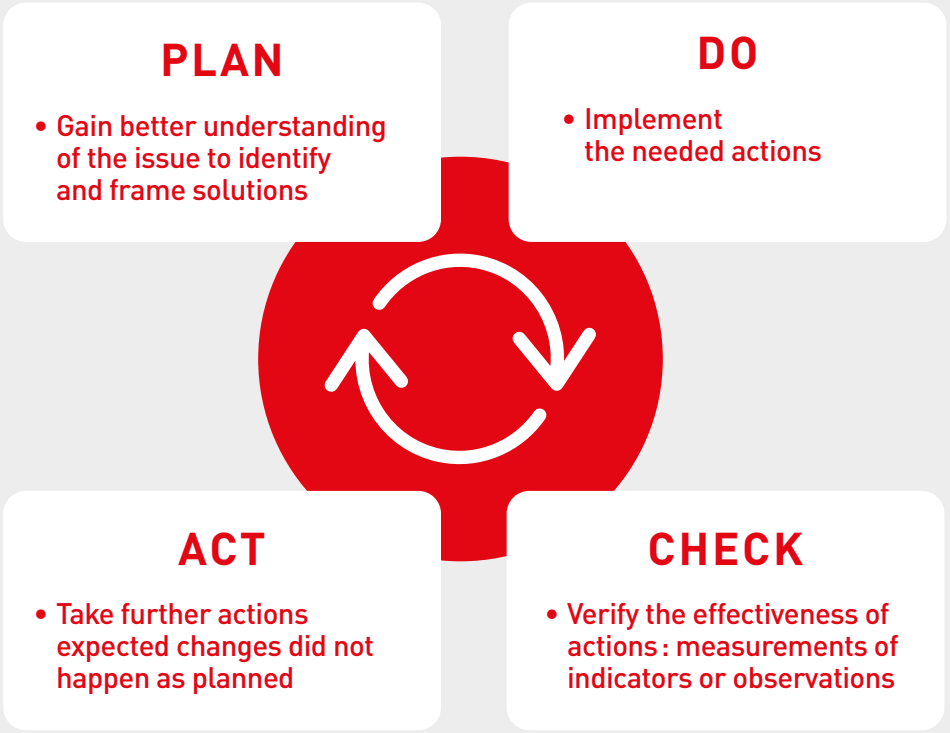
IMPLEMENTATION

• CONTINUOUS IMPROVEMENT

The release of the MSF OCG Climate & Environmental roadmap in 2022 helped the organisation to develop and share a common vison of what needed to be done collectively to reduce the environmental impact and halve CO2 emissions by 2030. Designing the roadmap therefore constituted an achievement and an important first step in the process to decarbonate the organisation.

Nevertheless, considerable effort went into deciding how to implement it. Knowing that it would take time to carry out the roadmap activities, and that many mistakes would probably be made along the way, it was decided to adopt an iterative approach of continuous improvement, to learn from the experience and drive future decisions on data and evidence. The continuous improvement approach can be summarised in the following 4 stages:

Since the roadmap was released, significant efforts have been made to try to implement this approach within in the different roadmap domains.



• TRANSPARENCY AND ACCOUNTABILITY

Ensuring transparency and accountability in the pursuit of the C&E roadmap objectives remains a central commitment of the MSF-OCG Directorate. To provide a comprehensive account of MSF OCG's journey— highlighting the efforts, successes, challenges, and contributions— several important components are considered: **inputs, activities, outputs, outcomes, and impact.**

Currently, there are difficulties in measuring the outcomes and impact of activities at a satisfactory level. In other words, it is still a major challenge to define if the activities in place have achieved the desired goals and if they contribute to reducing the environmental impacts at the pace needed. For instance, significant investments have been made in renewable energy, which have increased the number of MSF projects equipped with solar panels. Nevertheless, it is challenging to accurately measure the solar energy produced by these panels, the subsequent decrease in fuel consumption, and ultimately the reduction of carbon emissions. MSF OCG is in a process of continuous improvement and the goal is to enhance the situation by 2025 with the deployment of new measuring tools and evaluation processes.

• FINANCE

Since 2022, more than CHF 5M.- has been invested in energy, waste and construction activities, which should contribute to reduce MSF OCG's carbon emissions and environmental footprint. This includes solar energy installations, waste treatment facilities and insulation of pharmacies.

In the roadmap, the investments required by 2025 were projected to fall within the range of CHF 10.6M to 12.8M. To ensure that the resource mobilisation for implementing the roadmap does not compromise medical activities, a project has been initiated in 2024 to explore viable alternative funding sources to support this endeavour.

• SCOPE OF FOOTPRINT

To calculate MSF OCG's GreenHouse Gas (GHG) emissions for year 2022, MSF activity data (expenditures, km travelled, etc.) was collected and multiplied by an emission factor to calculate their equivalence in terms of the quantity of CO2 emitted. As different gases have a different global warming potential (GWP), they are converted to CO2 equivalents to allow for streamlined reporting in line with Greenhouse Gas (GHG) Protocol standards.

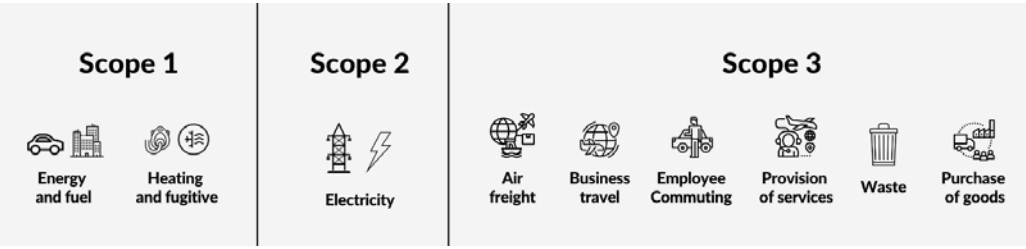
Emissions factors are mostly similar to the ones used in the Humanitarian Carbon Calculator which is increasingly used in the humanitarian sector. Activity data was gathered from multiple sources:

- 69% emissions were calculated based on MSF Switzerland accounting data
- 20% from MSF Logistique's supply database
- 5% from air solution payments
- the remaining came from miscellaneous sources (HR data, inventory etc.)

In the context of this report, the collection of physical data— such as Litres of fuel and electricity consumption in kWh— was significantly limited, both in reliability and scale. Consequently, it was not feasible to use this data directly. To address this challenge, various ratios were derived by combining available financial data with external sources (such as energy prices). While these extrapolations provide a comprehensive overview, they inherently remain imprecise. As such, the uncertainty of the 2022 carbon footprint is estimated to be about 35%

OPERATIONAL SCOPE

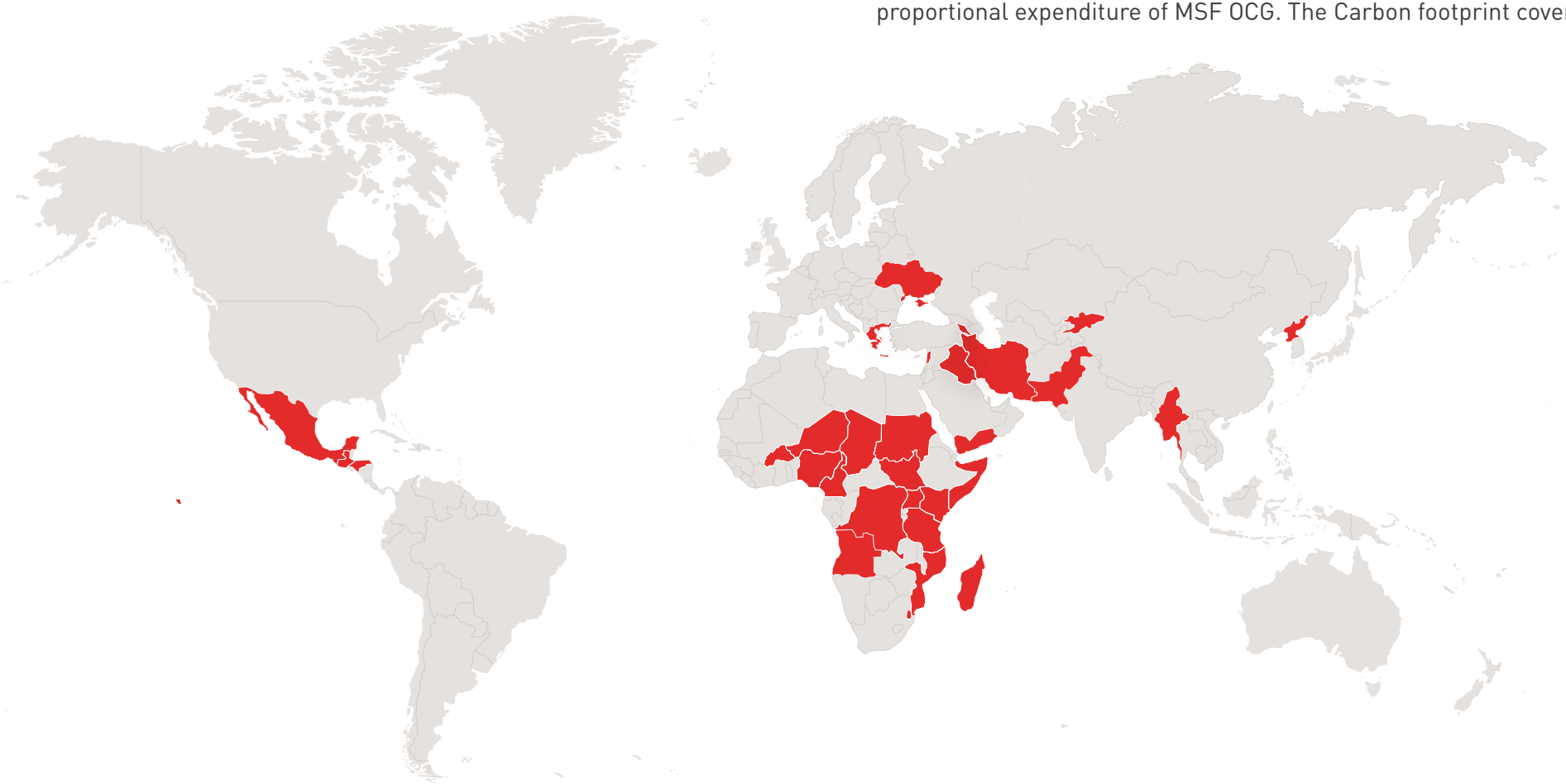
MSF OCG's carbon footprint includes the three scopes of emissions as defined by the Green House Gas (GHG) protocol and the categories considered are summarised hereunder. Some categories of GHG protocols were excluded from the MSF OCG carbon footprint because of a lack of data (use & end-of-life of distributed products, HQ capital goods) or because they were considered to not be relevant (investments, downstream & upstream leased assets).



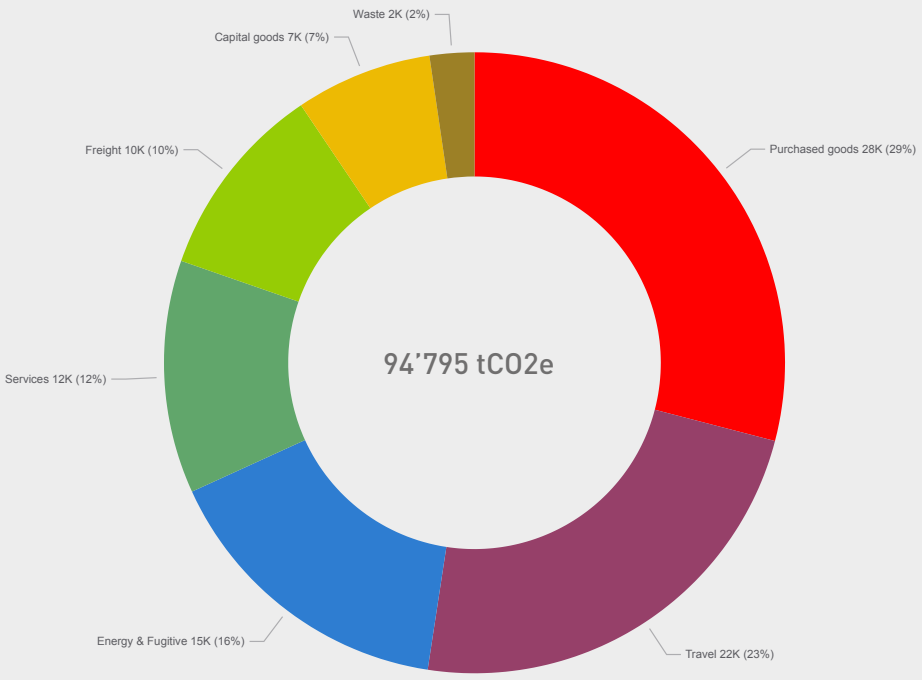
31 countries
111 projects
6500 staff
CHF 329 Millions.-

ORGANISATIONAL SCOPE

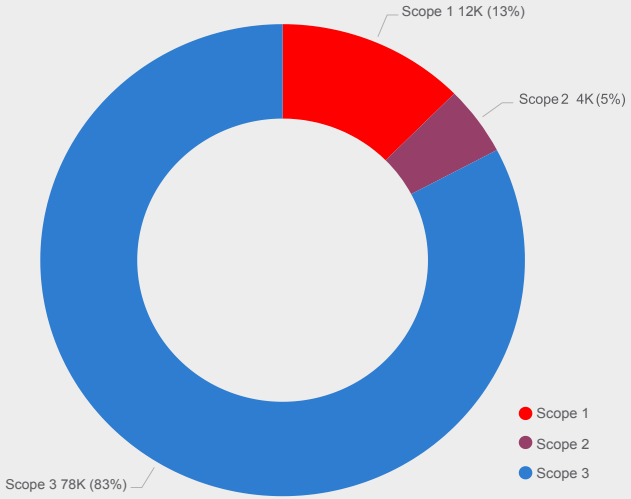
The carbon measurement is applied to all entities that are financially dependent on MSF OCG. This includes the Geneva headquarters (excluding the International Office), the Zurich headquarters, the operational cell in Dakar as well as all countries where OCG has made expenditures. The Austrian section, 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. In the case where several MSF sections occupy the same space (Dakar, Uganda, ...), the emissions considered are those due to the proportional expenditure of MSF OCG. The Carbon footprint covers:



2022 Emissions (tCO2e) by category :



Using GHG protocol scopes, MSF-CH emissions would be broken down as followed :



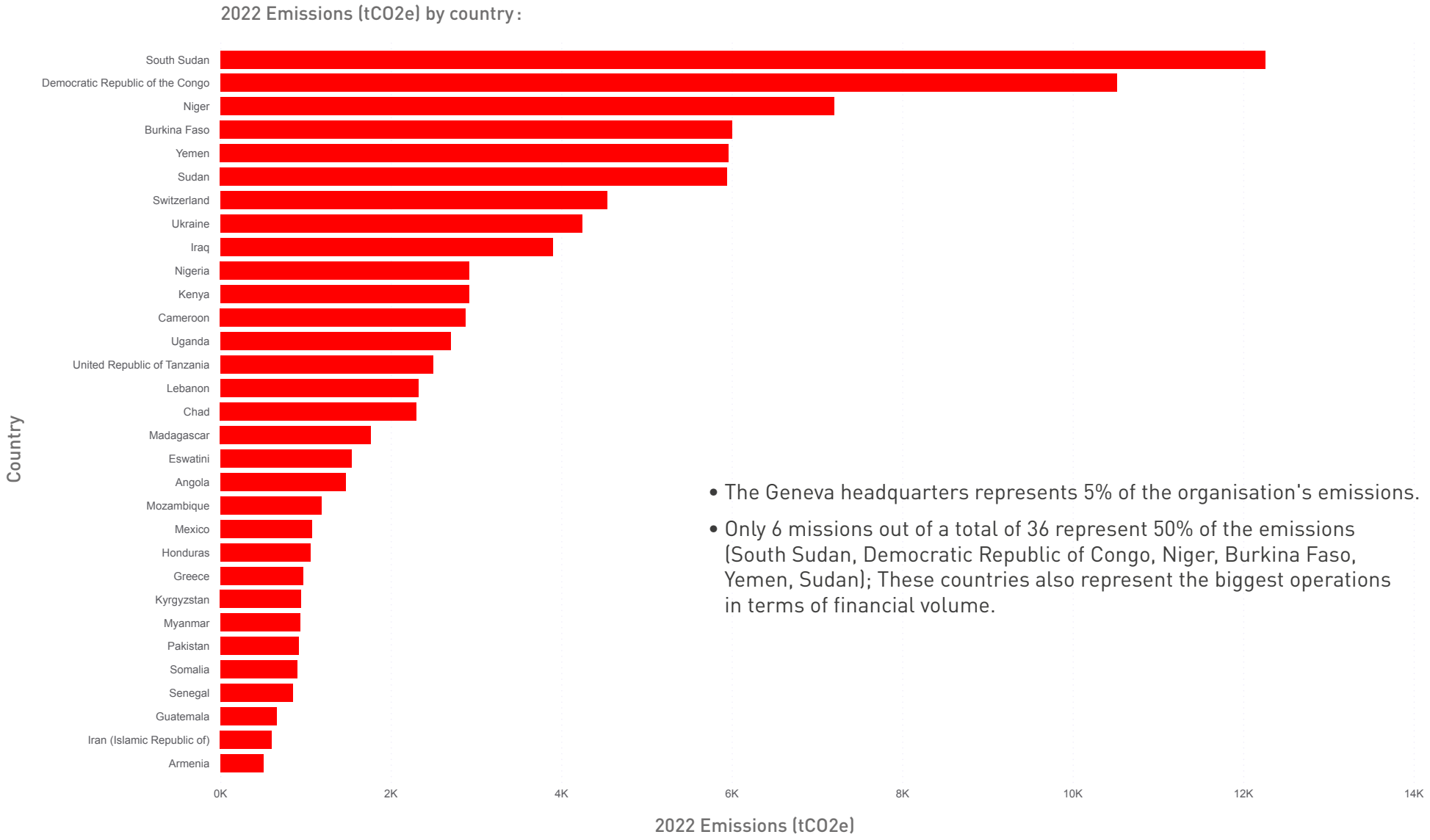
• OVERVIEW

In 2022, it is estimated that MSF-OCG activities generated 94'795 tCO2e. The main sources of emissions for MSF OCG are as follows:

- **Purchase of goods**: Approximately one-third (29%) of the emissions result from goods purchased by MSF-OCG. These goods serve either as support for operations (such as office supplies, logistics, and construction materials) or are directly used for patient care (including medicine, drugs, therapeutic and non-therapeutic food, and medical supplies).
- **Travel**: Staff travel contributes to 23% of emissions. This category encompasses all travel-related emissions, including flights, car fuel, vehicle rentals, hotels, and other forms of transportation (such as buses, taxis, and ferries).
- **Energy & Fugitive Emissions**: A portion of emissions (15%) is attributed to the energy directly consumed or produced by the organisation. This includes fuel for generators, electricity, and combustibles used for cooking and heating. Additionally, it accounts for the release of greenhouse gas compounds into the atmosphere from various equipment and processes (such as AC systems and anaesthetic gases).
- **Purchase of services**: Approximately 12% of emissions are related to the wide range of services procured by MSF, including rentals of buildings and facilities.
- **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 7% 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 2% of the total footprint, it remains a significant environmental concern.

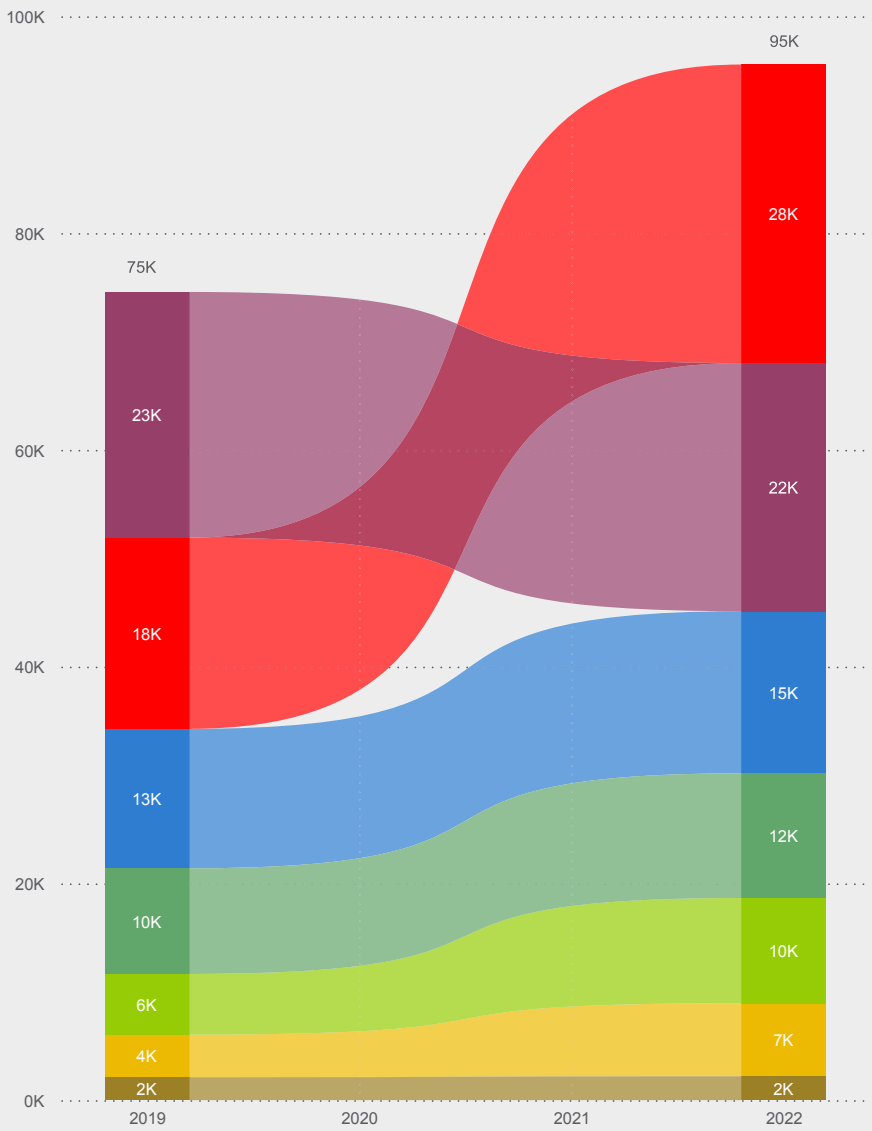
• EMISSIONS PER COUNTRY

Carbon footprint per country:



- The Geneva headquarters represents 5% of the organisation's emissions.
- Only 6 missions out of a total of 36 represent 50% of the emissions (South Sudan, Democratic Republic of Congo, Niger, Burkina Faso, Yemen, Sudan); These countries also represent the biggest operations in terms of financial volume.

2022 emissions (tCO2e) by year and category :



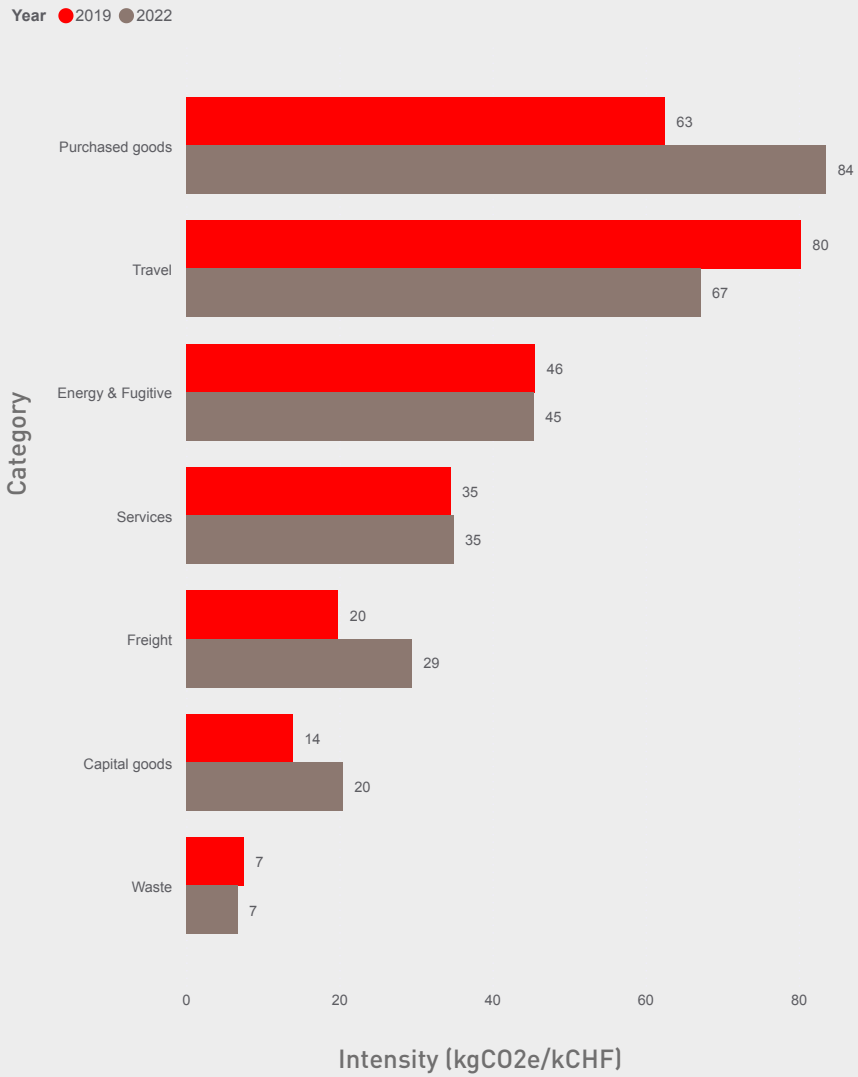
• EVOLUTION 2019-2022

While comparing the carbon footprint of 2022 to the one of 2019, a 27% increase in total carbon emissions and be observed. This increase can be partially attributed to an increase in MSF OCG operational activities during the period from 2019 to 2022, with more projects and a larger geographical scope. Notably, significant financial growth occurred during this time, with a 17% increase in financial resources.

Category

- Capital goods
- Energy & Fugitive
- Freight
- Purchased goods
- Services
- Travel
- Waste

Intensity (kgCO2e/kCHF) by category and year :



To gain a more nuanced understanding of the evolution of carbon emissions, the carbon intensity —measured in terms of carbon emissions per CHF – is considered. Factoring in these parameters, a relative carbon increase of 9% between 2019 and 2022 can be observed. Analysing the carbon intensity provides valuable insights into the evolution of MSF OCG's carbon impact.

Although all categories have increased their emissions in absolute numbers, various significant changes in terms of carbon intensity can be noted. Carbon intensity have decreased in the staff travel and energy categories, reflecting an improvement in practises. Conversely, the other domains and supply chain activities have seen an increase in carbon intensity, which reflects more carbon impactful activities.

	2019	2022	2019 - 2022
Carbon Volume	75k tCO2e	95k tCO2e	25% ↗
Carbon Intensity	264 kgCO2/kCHF	288 kgCO2/kCHF	+9% ↗

The purchasing of goods (Purchased goods and capital goods) at MSF is highly dependent on the profile of missions and on the financing cycle. For example, while Nutrition represents a large part of emissions in 2022 because of an exceptional food distribution in South Sudan as well as large purchases for emergency stock in Uganda, it wasn't the case in 2019 and represented a much smaller part of the footprint. Capital goods suffer from the same variability, with 2022 being an important turnover year for our equipment, with large investments allowed by relatively important financial resources.

The increase in the intensity in freight is related to the increase of purchase of goods. It can also partially be explained by a methodological change. Indeed, the emissions of local freight in 2019 didn't include any service part and only the emissions from fuel were accounted, and the fuel had a lower emission factor. For the 2022 footprint it was deemed that this was an incorrect assumption since MSF Switzerland doesn't operate the planes themselves but rather charters them through another MSF entity.

Solar Energy in Lebanon

During 2023, important investment in renewable energy was done in Lebanon, where the projects in the Beeka valley have been equipped with solar energy kits. The MSF office and warehouse in Baalbak are now entirely powered by solar energy and the generator is no longer being used at all. The primary health care clinics located in Arsal and Hermal have also been equipped with solar panels, and this has allowed the clinics to run on solar power during nights and on weekends.

ACHIEVEMENTS & CHALLENGES

The following sections describe the achievements and challenges in some of the key emission reduction domains of the roadmap.

• ENERGY

In many contexts where MSF OCG operates, access to electricity from the grid is neither available nor reliable. Consequently, the organisation often relies on diesel generators to power its projects, posing a serious environmental challenge in terms of CO2 emissions and air pollution.

The C&E roadmap aims to reduce these emissions by 40% by 2030. To address this issue, significant efforts have been made since 2021 to reduce energy consumption. These efforts include the installation of energy-efficient equipment such as air conditioning and lighting, as well as the insulation of medical warehouses. Additionally, solar energy installations have been increasingly deployed to increase the share of renewable energy.

Currently :

- **> 60% of MSF medical warehouses are insulated.**
- **~35% of OCG projects are equipped with solar panels.**

Between 2019 and 2022, energy related emissions have increased by 2000 TCO2, but considering the operational growth, it represents a decrease of the carbon intensity. For 2024-2025, substantial efforts remain to be done to accelerate the implementation of ongoing initiatives while also further promoting responsible energy use behaviour across projects.

Tapping into solar energy to power emergency response

In their quest to find a way to rapidly deploy energy in emergency settings, MSF logisticians have been trialing an innovative potential solution in the form of a container with extendable solar panels. These solar panels have a surface area of 150m² and can produceup to 60 kWh—enough electricity, in theory, to run an entire health center or vaccination facility. Tents can be set up underneath the solar panels, so that the structure functions as a portable health center.

You don't need to be an electrician to install this all-in-one setup, which eliminates another potential obstacle as it can be difficult to reach professionals in in remote locations.

The container is currently being tested in Ourang, eastern Chad, where MSF teams are providing health care to 50,000 refugees who fled violence in neighboring Sudan over the past 10 months. Alongside a traditional generator, the container provides the energy needed to run various medical activities in Ourang. So far, it has considerably reduced the fuel consumption of the traditional generator.

The goal is for the container to be entirely autonomous so that there is no need for generators. One challenge to overcome is that the container is heavy and you need a truck with a crane to transport it. It needs to be capable of being deployed and redeployed rapidly to be of use during emergencies.

"We need to continue testing it to see if it really suits our needs," said MSF logistics advisor Ivan Quentin. *"There is no magic wand. We are working on [finding] a real solution and it will take time."*

Mobile Solar Energy in Ourang refugee camp, Eastern Chad

Five MSF cars transport supplies and MSF teams on their way to a mobile clinic in Morobo County, Central Equatoria

• FLEET

In the humanitarian sector, fleet management plays a crucial role in ensuring efficient and timely aid delivery. It is often portrayed by an SUV going everywhere. However, fleet management also poses environmental challenges in terms of fuel consumption and waste generation.

The roadmap contains three key actions related to this challenge:

- Optimising fleet movements: This involves streamlining routes and schedules to minimise fuel usage and enhance efficiency.
- Training staff in eco-driving: Staff members are educated on adopting energy-efficient driving practices to reduce environmental impact.
- Using lower emission vehicles: Transitioning to vehicles more adapted to the context (e.g. compact cars instead of SUVs or AWD cars in urban contexts).

As of the end of 2023:

- Over 60% of missions have optimised their fleet movements.
- Around 20% of missions use compact cars instead of the usual AWD vehicle.
- Fewer than 25% of missions have delivered Eco-driving or Sustainable Fleet Management training sessions over the last two years. Further efforts are needed to train staff effectively across different project locations.

Between 2019 and 2022, there has been a significant increase in fuel consumption for cars. While uncertainties exist due to data quality, it remains clear that current efforts must be maintained to optimise fleet movement and composition, while additional efforts remain to be done to accelerate the training of staff.

MSF OCG Fleet manager awarded fleet manager of the year

George Rugeyyi Igga, MSF's fleet manager in the Democratic Republic of Congo, has been the motor of all activities aimed to reduce emissions of the MSF vehicle fleet in Congo. George and his team put in place many initiatives including training over 400 logisticians in sustanaible fleet management and eco-driving, greening the fleet by replacing 4x4 vehicles in locations where they were not needed, optimising and renewing 40% of the fleet of over 180 engines (vehichles, trucks, generators, motor pumps and motor bikes) and increased the preventive maintenance checks from 39% in 2021 to over 70% by end of 2023. The new maintenance programme saw the reduction of 4,460L of engine oil & over 400 oil filters and 12,000 litres of was saved due to the different trainings which led to reductions from average an 17litres/100km down to 15litres/100KM's. In addition, over 20 tonnes of fleet waste were reduced, repaired and re-reused through and 5 tonnes (3,600L & 100 Batteries) were recycled across the border in Uganda in a pilot cross boarder recycling project.

George motivated many colleagues to improve MSF's environmental footprint in the DRC, and he was awarded the Fleet Forum's yearly Fleet Manager award!

Fleet Manager George Rugeyyi Igga (in orange) and the MSF mechanics team carrying out a spare parts training in the workshop in Bunia.

MSF supports environmental led initiatives in Kyrgyzstan

"By engaging with communities and local organisations, we aim to explore innovative solutions to mitigate MSF's environmental impact and eventually capitalize on best practices," said Stephan Grosse Rueschkamp, MSF Head of Mission in the country. MSF and a local start-up, Tazar, started a joint project allowing residents of Jany-Jer to exchange recyclable waste for essential consumer goods made from recycled materials. MSF became involved in the program as the organization runs a clinic for early testing and treatment of breast and cervical cancer in the same village.

"We used to have a lot of garbage in our village before, but now it is not the case anymore because we started to collect waste and exchange it [for] something useful," said Manija Kasymova, a seventh-grader from Jany-Jer in northern Kyrgyzstan. After school, instead of hanging out with her friends, Manija rushes with her classmates to the eco-centre, which recently opened in her village. That afternoon, Manija received 10 pens and 10 notebooks for bringing 10 kilograms of plastic bottles, paper, and aluminium. The eco-center is managed by Tazar, whose employees organize the collection of recyclables and conduct workshops about recycling. Within three months of launching the eco-center, approximately 2,500 kilograms of recyclable waste were collected and recycled. Thus, it has already contributed to a reduction of approximately 1.5 metric tons of CO2 compared to dumping the waste in a random polygon. "*This waste-free village project showcases MSF's commitment to sustainability and sets a precedent for others to follow"* concludes Grosse Rueschkamp.

• WASTE

MSF operates in emergency contexts, often in resource-constrained areas. The substantial volume of medical waste generated through these activities places a burden on local waste management systems. Inadequate waste disposal can lead to soil, water, and air contamination, affecting both human health and the environment.

To address this issue, efforts are underway to reduce the generation of waste (as outlined in the medical practices chapter) and to ensure safe management of the various types of waste produced. Since 2022, waste management assessments have been conducted in 16 locations. These assessments aim to identify sustainable practices for managing the different types of waste generated by missions. Simultaneously, a field-deployed tool has been developed to enhance the monitoring of waste management practices and quantify waste production.

In the coming years, significant efforts will be needed to effectively implement the best identified practices.

Covid-19 treatment unit at Saint-Joseph Hospital in Kinshasa

• MEDICAL PRACTISES

The consumption of single-use medical items has a significant impact on MSF OCG's carbon footprint and generates a large amount of waste, especially plastic waste.

Several pilot schemes have recently been carried out to address these issues by adapting material and medical practises. In Mozambique and Kyrgyzstan, one initiative tested the feasibility of replacing single-use masks with washable face masks, which can be used up to 40 times. The results are promising and could lead to a shift towards reusable masks in other MSF contexts. In Lebanon, the #WearWithCare awareness campaign has was launched to reduce the over use of non-surgical gloves through behaviour change. In Uganda, a study to find an alternative to drug dispensing bags has been completed, while no suitable bags were retained, it has generated valuable insights regarding the current limitations on the use of bioplastic products in MSF settings.

In addition, other initiatives are also ongoing to rationalise drug prescription, improve the management of drugs stocks - and enhancing the management of medical equipment.

Between 2019 and 2022, the emissions related to single use items have almost doubled, it is a stark reminder of the importance to continue the endeavour to meet the carbon reduction target. In 2024, a comprehensive project, called "Rethinking Single-Use" items was launched to accelerate the exploration of opportunities to reduce the consumption of single-use items in 2024.

Disposing of the disposable

How to provide care for patients in a way that does not harm the environment? This is the question MSF is trying to solve as the devastating impacts of the climate emergency are increasingly felt across the world. With the health sector responsible for around 5 % of carbon emissions worldwide, health providers must rethink the way of doing.

This is why MSF launched an initiative to find alternatives to single-use surgical facemasks - one of the items most used by MSF medical staff across projects worldwide. Single-use medical items constitute an important share of emissions generated by the health sector in general. Within MSF, they account for nearly 25% of the emissions of the products purchased by MSF. They also create a lot of unnecessary waste, which must be disposed of.

MSF medical teams in Mozambique and Kyrgyzstan have started replacing single use surgical facemasks with washable face masks that can be used up to 40 times. These masks are quality assured and are equally protective as single use masks and have already been introduced in some health systems as alternatives. The objective for MSF was to compare the environmental impact of the single-use mask versus the washable one and to determine whether reusable masks can work logistically in different settings.

The experience in Kyrgyzstan and Mozambique showed that it is feasible to reduce single-use surgical masks and that this has a positive impact on carbon emissions, without compromising the quality of care or safety of patients and medical staff. The life cycle assessment of the masks showed the washable mask outperformed the single-use one in environmental standards, and staff generally preferred using the washable one. The long-term ambition of this project was to replace a significant proportion of single-use masks with more sustainable alternatives across MSF missions. The next step is to roll out the washable masks in other MSF medical projects.

an MSF nurse wearing a washable face mask carries out a medical examination in Kyrgyzstan

Gloves

In Lebanon, MSF launched a pilot initiative to reduce unnecessary use of non-sterile gloves, the single-use medical item that is the most used by MSF. Health workers often wear gloves because they think it is better to protect themselves and their patients, or by habit of doing so. However non-sterile gloves should only be used in certain situations, for example when staff may be in contact with body fluids. Clean hands are better in most situations for the safety of both patients and staff.

An internal campaign was therefore carried out among MSF medical staff in different health centres Lebanon to reduce the overuse of gloves, and understand the reasons why staff misuse and overuse gloves. With around 40% reduction in the usage of gloves during the campaign, this contributed to the quality of care, patient and staff safety, and the reduction of MSF's carbon emissions and waste. The result of the project shows that it is feasible to reduce unnecessary use of non-sterile gloves through a tailored communication campaign to change health workers' behavior. MSF now plans to rollout similar campaigns across different project locations around the world.

A poster used to sensitise medical staff about glove use in Lebanon

• AIR TRAVEL

With Air Travel representing around one fifth of the total carbon footprint of MSF OCG in 2019, it is a key sector for achieving the organisation's carbon goals. As such, the roadmap proposes a 35% reduction of air business travel mileage by 2030.

While some good practices adopted during the COVID-19 period have been more widely adopted after the pandemic, such as online briefings/debriefings and remote working, much more remains to be done to meet the targets of the C&E Roadmap. A recent analysis of MSF OCG air travel practices (see below) showed that after a sharp drop in flights during COVID-19, MSF OCG travel-related emissions exceeded the pre-pandemic level in 2023.

An MSF airplane has landed in Toch, in Fangak County, South Sudan

Key findings of MSF OCG travel analysis 2019-2023

- Over 20% of the total MSF OCG carbon footprint is due to air travel.
- MSF OCG flight emissions fell by at least 40% during COVID. However, travel emissions returned to pre-pandemic levels in 2023.
- Travel intensity, i.e. the number of miles compared by international staff, have decreased by 23% during 2019 and 2022
- CHF 3 million is the extra cost paid by MSF in 2022 due to ticket price inflation after COVID.
- Flight emissions related to staff travelling to missions in 2022 accounted for approximately 70% of all travel; the remainder was from travel for training, field visits, meetings and for personal reasons such as leave. Nevertheless, non-mission-related travel is the area that has increased the most since the pandemic.
- Approximately 30% of MSF OCG staff took an international flight in 2022.
- 5% of MSF OCG air travel emissions are related to flights within Europe.
- More than 50% of MSF OCG plane users travelled more than half-way around the world, with the biggest travellers flying the equivalent of 2.5 times around the globe.
- The target for reducing air business travel mileage by 2030 is 35%.
- Everyone is responsible for ensuring sustainable travel practices.

• SUPPLY CHAIN

Supply chain activities at MSF OCG, which include the procurement, transportation and storage of goods and services to various project locations, significantly contribute to the organisation's carbon footprint, accounting for nearly half of the organizations total CO2 emissions.

The first step to reduce emissions linked to the supply chain has been to carry out quantitative analysis of emissions, scrutinizing data since 2018 across different dimensions such as modes of transport, order priority, geographical distribution, and the nature of items. Partnerships with academic institutions have also been initiated to this end.

Based on this analysis, a comprehensive supply chain sustainability roadmap is being developed and will be implemented from September 2024 to December 2030. The roadmap aims to embed sustainable practises in the organisations' daily planning, procurement, and freight decisions.

In parallel, current efforts are underway to enhance MSF OCG's planning and reporting mechanisms. These initiatives are expected to yield significant environmental benefits. Specifically, this includes the planning and transportation methods used for international orders, targeting areas where immediate improvements can be made.

At MSF movement level, tools and guidelines have been developed to assess the sustainability of the main suppliers used by the different MSF entities. Sustainability assessments have been conducted for 53 out of 168 key international suppliers. These assessments are part of the broader goal to ensure that procurement practices meet sustainability standards and contribute to overall environmental objectives.

• NEW HQ

In 2022, MSF OCG moved to a new energy-efficient building which consumes 25% less electricity per square metre than the previous building (comparison between 2019 and 2023).

The new MSF headquarters in Geneva

NEXT STEPS 2024-2025

• IMPROVING THE MONITORING OF THE OUTCOMES OF ACTIVITIES

In order to enhance our accountability and improve the capacity to manage the implementation of the roadmap, Key Performance Indicators (KPIs) have been identified for different domains. Ongoing efforts are aimed at enhancing the quality and geographical coverage of the indicators. Various tools and processes are being used by different departments. By 2025, it is expected that the following indicators will be in place:

CATEGORIES	INDICATORS	CURRENT AVAILABILITY AND QUALITY
Air travel	Air Miles	😐
Fleet	Fuel consumption by cars in liters	☹ → à end 2025 ☺
Freight	Emissions in CO2 per transport mode	😐 → à end 2024 ☺
Procurement	Number of critical suppliers assessed against sustainability criteria and % of spend covered	😐 → à end 2024 ☺
Energy	Fuel consumption in liters for generators / Solar kWh produced / kWh produced from the grid	☹ → à end 2025 ☺
Waste	Quantity of waste produced / % waste recycled	😐 → à end 2025 ☺

☺ **Satisfactory** 😐 **available but need to be improved** ☹ **Not good enough to be used**

• REDUCING THE FOOTPRINT

In line with the priority areas identified in the roadmap, the focus for 2024-2025 will be on:

MEDICAL PRACTICES – PLASTIC POLLUTION

By beginning 2025, complete the first phase of the project " Rethinking Single Use Medical Items ". This initiative aims to mitigate the environmental impact due to the use of single-use items and their packaging in the context of MSF OCG medical operations by orienting procurement towards more sustainable alternative products and improving rational use when no viable alternative is available. To prioritise efforts, the project is developing a pragmatic framework with a clear list of criteria to apply when reviewing single use products, their packaging and related practices in terms of environmental impact.

MISSION FUNDAMENTALS

As part of the annual planning process, a list of minimum actions that are expected to be put in place by all MSF missions has been defined. These actions aim to:

- Reduce the energy consumption
- Increase the share of renewable energy
- Reduce vehicle fuel consumption
- Ensure safe waste management

During 2024-2025, the priority will be to continue efforts to deploy these actions in all project locations.

SUPPLY CHAIN

Finalize the supply chain sustainability strategy by the end of 2024 and start rolling it out, including implementing "quick win" actions which can be immediately implemented. The aim is to reach a 30% reduction of the carbon emissions from the MSF OCG supply chain by 2026.

TRAVEL

By 2025, it is expected to that some key measures, such as updating travel policies and guidance related to field visits and travelling for meetings have been implemented. Also, the promoting of responsible travel behaviour by staff. In parallel, it is expected to factor in environmental considerations in the coming review of OCG staffing and MedOps support models. It is the organisation's Modus Operandi and staffing model, which relies heavily on travel practices, which is the main lever to significantly reduce emissions linked to air travel.

BEHAVIOUR CHANGE

The design of online and face-to-face training for staff on implementing the roadmap is expected in 2024. It is also expected that guidance and material to promote behavior change in different MSF sites will be developed. The objective is to ensure that each staff member can contribute to the individual and organisational behavior change needed to meet the objectives of the roadmap.

ANNEX 1

• UPDATED CARBON FOOTPRINT 2019

During the carbon footprint calculation, it was determined that in order to accurately compare the evolution from 2019 baseline, some components needed to be recalculated. These recalculations were prompted by various reasons, which are highlighted in the table below. The overall change represents approximately 8494 metric tons of CO_2 equivalent. It's important to note that due to the complexity of obtaining source data, certain parts that were initially planned for recalculation were ultimately retained as is (notably the 'Waste' component)

DESCRIPTION	AT STAKE	EFFECT
Accounts not included in 2019 have been included	Non-therapeutic food & Construction and rehabilitation material	2019 baseline is underestimated
Emission factors for local expenses have changed	Locally purchased goods and services (not bought through the supply centres)	2019 baseline is underestimated
Emissions from the services provided by AirCell (Independent MSF entity that charters plane) not included in 2019	Local freight	2019 baseline is underestimated