Minutes of the meeting of non-operational sections
5 - 7 March, 1998
Lillehammer, Norway

Present: Ben Chapman (Denmark), Kurt Pelleman (Norway), Mariano Luigi (Italy), Joelle Tanguy (USA), Alain Guilloux (Hong Kong), Ulrike Von Pilar (Germany), Anneli Folkesson (Sweden), Be Meyer (Austria), Goran Svedin (co-ordinator of “partner sections” for MSF B), Timothy Pitt (Canada), Thanassis Papamichos (Greece) and Anne-Marie Huby (UK).

Unable to attend: Dominique Leguillier (Japan), Michel Clerc (Australia)

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Purpose and focus of the meeting

For the first time in several years, MSF non-operational offices, or “new sections”¹ decided to meet to take stock of the recent developments within MSF, review the Reform Document by Doris Schopper and Jean-Marie Kindermans and make practical proposals for improving and speeding up “internationalisation”.

There was a surprising degree of consensus among new sections, not only on issues of organisational charts and structures, but also on matters of principle (which operational and ethical principles should guide MSF’s work, financial independence, etc.).

We also agreed on one crucial point: structural and managerial solutions ARE NOT the only answer to MSF’s problems; a clear, common sense of direction and a principled operational strategy are far more important. However....

That said, there was also an overwhelming sense that MSF could no longer avoid tackling and solving its highly irrational and wasteful structure which is one of the main causes of MSF’s current loss of operational (and some even said ethical) direction. This is why some of our main conclusions inevitably focus on structural reform, and a more accountable and effective system of decision-making in operations and advocacy.

Our recommendations are not at all perfect or technically fool-proof. We simply hope that they will serve to highlight the profound malaise that is felt in all the offices at the “periphery” of MSF, and to contribute to real and meaningful change.

1. MAIN AREAS OF CONCERN

First, we conducted a “SWOT” analysis to highlight the problems and obstacles which in our view ought to be resolved by MSF as a matter of priority (see Annex 1).

¹ Note that Greece is the only exception to this definition, having been granted a hybrid status between operational and support office.
As a result, we decided to discuss, and make joint recommendations on, the following issues:

A. What is a “section”?  
B. The urgent need for a common operational policy. Which operations should MSF be involved in in the future and why?  
C. An adequate structure for operational decision-making and international involvement and accountability  
D. Human resources  
E. The so-called “loss of leading edge” in advocacy and campaigning

1.A. **What is a “section”?**

The traditional definition of an MSF section is a national entity governed along “associative” lines, i.e. run and controlled by a Board whose directors are elected by a membership of field workers. It was felt that this strict definition of a section was often at odds with the legal and cultural traditions of countries other than Belgium and France.

Some also pointed out the apparent contradiction between MSF’s supposedly universal values and the insistence on building MSF international governance on mini-“nation-states”. And, even if new sections wanted to develop substantial memberships as required by MSF Itl, they would still be largely unable to ensure that their nationals are sent to the field.

In view of the above constraints, we defined a section as follows:

**Criteria for membership of the International Council**

* Each section to have a majority of returned volunteers on its Board of directors. The Board should not be homogeneously national, so as to ensure the cohesion of the MSF international movement.

* The issue of whether Board directors are directly elected or not largely depends on the legal environment regulating charities in a given country. The minimum rule should be that memberships be put in place in all sections, with clear mechanisms for regular consultation and involvement in operational support (HR, FR, témoignage, and other forms of support, including medical, etc). Board directors should have a limited tenure, with new members emanating from the grassroots.

* Financial self-sufficiency. At the time of writing, most non-operational offices are not financially independent (i.e. able to send min 80% of its income to the field without the support of a “mother” section). Long-term efforts should be made to ensure that new sections become financial viable within a fixed period of time (see below).

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2 Japan and Hong Kong were the main examples, but some European countries also have different traditions. The UK, for instance, has a huge non-governmental charity sector, but no aid charity is run directly by a membership, for fear of “entryism” by hostile elements on political grounds.
* A provision should be made by the IC to allow the co-optation of some non-associative “sections” (as may be the case in parts of Asia) to ensure that some areas of key geo-political importance are not excluded from the IC.

**Area of concern: financial self-sufficiency**

* As already stated above, it is interesting to note that MSF has not improved its main indicators of financial independence and self-sufficiency over the past few years, despite the creation of many “delegate offices” in countries with great financial potential. We felt that the reliance on ECHO for 25% of MSF’s income was a major cause for concern.

* New sections have no authority of their own to improve MSF ratios (diversification of institutional funds, private funding), as all the decisions to either approach a particular institutional donor or invest in private fund-raising in any given country are mainly taken by operational sections. This is a major obstacle to new sections achieving the financial self-sufficiency that would be required in principle to become a fully-fledged member of the IC.

* We would urge the Common Operations Direction (see below under 1.C.) to work out a long-term plan to maximise financial resources within the international MSF network in order to make marked improvements in standard ratios of financial independence and self-sufficiency for the whole movement (and not just for the non-operational sections).

* All sections, and not just the “non-operational” ones, ought to invest as much as possible in unearmarked, private, funding in a concerted manner, as a matter of priority. The existing “functional groups” ought to devise joint private fund-raising plans to foster MSF’s international self-sufficiency.

1. B. **Long-term operational vision**

We conducted an (admittedly very general) assessment of what we, as “non-operational” offices, considered were the most likely “targets” of MSF’s attention in years to come. Most importantly, we attempted to define certain minimum conditions for MSF’s operations.

**New/future challenges:**
- decreasing number of fully-fledged “refugees”; increasing number of IDPs in areas of chronic instability/insecurity
- re-emerging pandemics, like TB, etc.
- urban healthcare
- introduction of family planning component, gender issues (rape, violence against women) in our existing practice
- unequal access to HC (minorities, collapsed/dysfunctional states, economic migrants etc.)
- environmental disasters
- and in parallel to the above, affordability of, and access to, quality drugs
**Principles:**
- MSF ought to resist becoming another NGO sub-contractor to governments and UN institutions. Should primarily get involved in challenging, “controversial” programmes, where innovation and risk (not only to our physical security) are important features.
- Focus on the most vulnerable populations (not blanket, indiscriminate coverage)
- Fashionable but worthy of attention: how to be more “accountable” to the beneficiaries, to reduce the risk of being perceived as a “fat-cat organisation”.

**Means:**
- Crucial: improve dramatically our current institutional vs private funds. To honour the above principles, MSF would need a greater proportion of private funds to maintain its independence.
- Get in quick - but have a credible exit strategy (“Let’s not be in the same hospital 10 years from now- when one starts a programme, one needs to know when and how to leave”)
- Get and keep challenge-minded volunteers and staff. Resist creeping bureaucratisation of human resources.

1. C. **A new structure for MSF**

“You are afraid of UN-like bureaucracy for MSF?... Too bad, for it has already happened.”

To the question of “what is wrong with MSF?”, our short answer was: there is a clear confusion between national and international (i.e. operational) interests in the organisation. Inter-sectional politics now hamper what were once MSF’s strengths: the room for individual initiative in the field and at HQs, the speed of operational response (in the field and in advocacy/campaigning) and the ability to take risks and innovate.

Too much time is being spent on consultation (a polite word for war) between sections, both in Europe and in the field. Here is just one example of the many serious consequences: more and more field workers return to our offices seriously disillusioned by poor coaching and management. They had joined the organisation for its lack of bureaucracy, responsiveness and respect for field work - they are leaving because it is starting to look like the UN, only without the money.

MSF’s operational policy (or policies) has been influenced for too long by domestic public relations, fund-raising and other imperatives. This has led to a gross under-utilisation of MSF’s international potential. The fact that, despite the creation of many “non-operational” sections in new countries, the ratio between institutional and private funding has not improved, is a case in point.

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3 The delays in the GLIDO’s appointment, and the subsequent appointment of the only two available candidates were often referred to as the prime example of muddled priorities between national loyalties and the need for consistent leadership in the field.
How can MSF forge a common operational policy if operations continue to be accountable to a myriad of national entities (i.e. national boards of directors), each of which is subject to various, essentially domestic, pressures?

We propose\(^4\) (see Annex 2) to make a clear separation between national responsibilities and activities (human resources, fund-raising, communications and other support services) and international duties (open/close/control projects, define operational policy, initiate advocacy), and to make each set of activities answerable to separate entities: national boards would scrutinise and control national activities, while a Common Operational Direction (COD), itself ultimately accountable to the IC, would manage field operations. In recognition that the existing operational centres cannot be fundamentally changed overnight, the COD would delegate the day-to-day operational management to “desks”, or their equivalents, in existing sections.

The crucial task of evaluating programmes - the lesson-learning element that is so cruelly missing within MSF today - would also be a primary responsibility of the COD. The COD would be responsible for operational policy, opening/closing missions, including the possible merger of parallel field offices in countries where such duplication is not necessary.

With regard to staffing, we consider that the expertise and talent currently located in national operational centres would be better utilised in a truly international structure.

It is important to note that this model is not inspired by any form of nationalism on the part of the former “DOs”. Because it does take into account the existence of several operational centres, it allows for decentralised functioning, but it does establish clearer lines of responsibility and accountability, which the current system has so far failed to deliver. Above all, this arrangement would provide a structural safeguard against a breakdown of co-ordination and information-sharing in the field at times of tension between European sections.

**Timeline**

- **Immediate priorities (1998):**
  - One country policy - One head of mission
  - Establishment of one Common Operations Direction, no longer accountable to national directors and Boards, but to the IC.

- **Medium-term priorities:**
  - Formally “de-nationalise” operational centres (from legal point of view)
  - Clarify functional lines between sections, the COD, operational centres and the field
  - Review location of operational centres

- **Long-term priorities**

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\(^4\) During the meeting, MSF Greece supported the idea of one common operational policy, with decentralisation of day-to-day field management functions. The meeting did not conclude on the issue of location of “desks” or management functions.
Achievement of MSF international ratios (on independence/diversification of funds and self-sufficiency for former “delegate offices”, i.e. min 80% of total income spent in the field for all members of IC)

1.D. Human Resources

Main concerns
- Low morale (even, in certain quarters, brain-drain). Reasons most frequently mentioned: MSF in-fighting, internal competition, duplication of efforts and waste of human and financial resources
- No consistent staff policy, particularly with regard to training (no system to groom future generation of desks/dirops f.i.)
- Shortage of medical co-ordinators (one reason among many being low status within MSF system)
- Continued “domination” of Belgian, Dutch and French nationals (i.e. under-utilisation of available international talent and commitment)
- Poor briefings/debriefings: returning field staff feel that their comments/critique of field operations are not fed back into operations planning (“no lessons learnt”)

Proposed solutions
* MSF needs a credible staff development policy to:
  - provide/encourage adequate training for field staff with potential to become desks/heads of departments etc.
  - establish common international standards for training courses, including common entry criteria (Note: the current B/F/H domination is caused by double standards in the selection of course participants). The key criterion for recruitment of volunteers must be the quality of applicants, not their nationality.
  - Improve quality of briefing and debriefings, and feed results back into operations evaluation and “lesson learning”.
  - Minimum number of first missions in most projects + identify low-risk missions with “training potential”.

* Good practice in general employment:
  - In principle, everyone at MSF should be accountable, and thus have their work assessed (and not be automatically rewarded with further positions and promotions despite poor performance)
  - MSF needs a common pay and benefits policy, so that everyone is paid pro rata roughly the same for equivalent work, regardless of the location of an office/mission (to avoid internal competition for staff and/or lack of mobility)
  - A credible policy on local staff. It has been discussed for years, and never acted upon: there is talent in the field, so let’s use it.

1.E. Loss of leading edge

There was never such a thing as a “golden age” of advocacy at MSF. We were always chaotic and reactive, but there was a time when we were pretty much alone in the business of humanitarian advocacy and campaigning. Over the past five years, we
have lost the “edge” in this area (as journalists, academics and even governments now repeatedly indicate, we no longer embarrass, let alone scare, anyone, at least outside our traditional fiefdoms in western Europe). The reasons for this are no doubt complex, but we would like to list a few possible reasons:

* The world has moved on: first, new political challenges post Cold War; second, other agencies have got better at “témoignage” while we have stood still.

* Our internal crisis:
  - Top people at MSF are increasingly “bogged down” in management issues and in-fighting/MSF politics - little time to think.
  - As a result of the above, very difficult for MSF staff to take risks for fear of damaging the fragile MSF internal edifice of consensus
  - Poor institutional memory within the movement; too often témoignage is perceived as being dangerously new.
  - MSF itl network under-utilised; aid and foreign policies are no longer defined exclusively in France, Belgium or Holland - if they ever were.

* “Professionalisation” of advocacy/ témoignage:
Over the past five years, there has been a gradual divorce between operations departments on the one hand, and “humanitarian affairs” departments and assorted research centres on the other. We believe that as témoignage became a so-called “function” of the organisation, with expert departments attached to it, the operations departments were no longer encouraged to view analysis and témoignage as an essential part of the job. Témoignage is all too often a fashionable “extra”, and not part of our operational strategy.

Proposed solutions
* Make the Common Operations Direction responsible and accountable for major témoignage initiatives. (Very centralised - but at least someone would be held responsible for campaigning, rather than the current chaos where everyone sits on their hands for lack of guidance).
* A common briefing/introduction to MSF principles and values for all new recruits to the organisation. In the absence of simple, user-friendly (nothing written for instance) explanations of what MSF stands for, wildly differences of ethos are developing (plethora of shocking examples upon request!). MSF is simply too big to expect people to just “soak in” the moral rectitude that is oozing out of our offices....
* Management style: encourage a culture of delegation, by which desks and operations directors are less bogged down in finance and nitty-gritty, but are rewarded for “thinking”. Make this an integral part of job descriptions.
* One international internal newsletter (or at least pages in existing publications) to foster a common debate across sectional divides.

Annexes:
1. Strengths, Weaknesses, Opportunities and Threats
2. Proposed organisational chart
Annex 1

**Strengths, Weaknesses, Opportunities and Threats Analysis**
**of MSF’s current international structure**

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<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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<tr>
<td>More cohesive as an international movement as most other aid agencies</td>
<td>Not one cohesive organisation in the field (sometimes complete absence of inter-section communication in the field)</td>
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<td>Still more “needs-driven” than most other organisations</td>
<td>No systematic efforts to “learn lessons” (technical and other) from section to section - through lack of institutional memory</td>
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<td>Great room for individual initiative</td>
<td>Lack of “management discipline” - decisions (particularly intl ones) difficult to implement</td>
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<td>Flexibility</td>
<td>Lack of long-term vision</td>
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<td>High level of commitment to the MSF ethos on part of staff and volunteers</td>
<td>Crush of motivation/morale, and loss of volunteers and staff as direct result of in-fighting</td>
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<td>Considerable international reach across 5 continents</td>
<td>Lack of vision on the purpose of internationalisation; under-utilisation of resources in MSF network (HR, funding, etc)</td>
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<td>Considerable operational capacity</td>
<td>Proportionally limited impact of advocacy and campaigning activity</td>
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<td>Cost-effectiveness ethos (low salaries etc)</td>
<td>Poor field staff/office staff ratio; over-reliance on institutional funding</td>
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<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
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<td>Donor pressure for “professionalisation” of aid: untapped funding and lobbying opportunities internationally - i.e. opportunity to maximise MSF’s technical know-how and campaigning messages</td>
<td>Donor-inspired “privatisation” of aid, i.e. tendency to use NGOs as sub-contractors; increasing technocratic and administrative pressures for financial and political accountability; growing conditionality of humanitarian aid, etc</td>
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<td>Untapped local talent</td>
<td>New breed of “third world” political leaders, openly hostile to humanitarianism</td>
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<td>“Virgin territories” for MSF fund-raising and other resources (South America, India, etc)</td>
<td>Deteriorating security for field workers; growing “no-go” zones for aid.</td>
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<td>Globalisation of media: opportunity of delivery of MSF message globally</td>
<td>Global PR liabilities: when one MSF</td>
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<td>Untapped technical and other resources outside MSF F/B/H/S.: training, medical expertise, logistics, medical supply etc</td>
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<td>Information technology (Internet etc)</td>
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<td>MSF: truly international brandname: opportunity for international corporate fund-raising</td>
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