MEETING OF THE INTERNATIONAL COUNCIL
Amsterdam, 19/20/21 March 1998

Apologies: C.Faber.

Friday, 19 March

1) Campaign

The drug campaign project was presented. Its theme is “access to drugs of quality”, including topics such as the decline of research, the use of drugs of inadequate quality, their price and rational use. It will combine communication, technical research and political pressure. The proposed structure would entail a steering committee for defining the overall objectives and strategy, and an executive team constituted with a general co-ordinator, a technical co-ordinator and a campaigner. This team should be viewed as a “field team”. More details can be found in the preparatory document. This proposal for the campaign, intended to last from 3 to 5 years, was unanimously approved.

2) Update on Great Lakes co-ordination

The whole history of the management of the Great Lakes crisis inside MSF was exposed. It has lead to the nomination of two persons for the GLIDO position. The IC globally expressed its disappointment regarding this decision, for several reasons:
- this position should not have been proposed if it was clear beforehand that it would create such a situation.
- the Restricted Committee could have intervened, if its help had been requested by the General Directors.
- it reveals a big lack of trust between the operational centers, which is of great concern.
- this kind of decision creates a dangerous precedent.

The Executive Group explained that this decision was the “least bad” solution, and had to be seen as a way to build up confidence in this difficult and sensitive region, where MSF will certainly have to face new challenges.

The IC agreed that it was anyway not a good option to change the decision, and agreed upon it despite its discontent. It explicitly asked Lex to coach the two persons and to provide the means and support to make this construction work. However, it stressed that this should not stay a long term solution, and the IC wanted to be regularly informed of the process monitoring, which includes the perception of this mechanism by headquarters and field teams.
3) Update on Korea

Philippe Biberson informed on his recent visit to Korea and the questions it raises:
- the objectives and geographical coverage of the MSF intervention are very wide (4 provinces).
- there is no direct contact with the population, visits are guided, few patients are directly taken care of by MSF staff.
- the activities, made of costly distribution of drugs and medical material give a feeling of frustration to the teams, when combined with the difficult life conditions. Even the training component or the collect of data are very superficial.

As a conclusion, he observes that we were pioneers in this country. We are committed to implementing the present programme up to July, and the teams make the best of what they can. But we have to think what we will do next: it is no longer a matter of emergency, the nutritional programme will not be adequate, and as a consequence we should be more specific and medical in our approach. E.Goemaere, agreed that if needs are still present, there was a necessity to reduce the area of MSF responsibility, and to increase its access in periphery in order to reach the villages.

A debate must now take place and people are encouraged to go and see how is the situation there.

4) Further work on témoignage

It was decided and recalled during the Restricted Committee meeting that there is a need for a complementary text to the Chantilly paper and to the recently revised code of conduct for témoignage. P.Biberson was in charge of presenting a framework accordingly, but he could not do it. He added that unfortunately there was no summary of the témoignage workshop organised in Brussels.

There was an agreement in the meeting in reaffirming the necessity to build up a live memory by writing on our experience. This could be done by describing some typical situations for MSF, show how MSF reacted in terms of assistance and témoignage, and give our perception of what happened. This would be useful for the field teams and in the training sessions.

J.Tanguy took the responsibility to have this process starting, and make sure it reach some achievements.

5) Humanitarian research centres

The co-ordination of the humanitarian affairs departments/foundations is difficult, especially because they have different positions in the sections, and if some are more research-oriented, others are more oriented towards providing support to field operations.

The agreed objectives for these departments presently focus on creating a network, establishing common decision making mechanisms, and working more together on areas of mutual interest. In addition, these departments should be more transparent, and inform on ongoing and planned projects. For instance this year, 3 objectives were commonly agreed upon: writing a international humanitarian law manual, enforcing the International Criminal Court, and increasing the access to quality drugs.
6) International internal newsletter

In order to debate internationally and not at a sectional level, an international internal newsletter has been considered for long. However, if the people in the field were enthusiastic, the teams in charge of national newsletters were not. Actually, there is a tension between increasing the “associative” life in a section with a national newsletter, and having an international debate between the sections by replacing these national newsletters;

It now appears that people agree that keeping existing national newsletters is important and that new ones are emerging in the new sections. A solution could be to distribute widely all the national newsletters. But this would hardly allow us to reach our initial objective, as there will be language difficulties and an overload of reading material.

J.M. Kindermans proposed to insert international pages, expression of the international debate, in each national newsletter. The international office would receive before their editing the articles from different newsletters, and would make a selection according to a theme, to different opinions expressed,... It would then translate this selection and transmit it to each national newsletter for inclusion in its international pages. This is a somehow lighter work, which would not require any additional staff in the International office, nor lead to any editing cost.

This proposal was accepted, and this new attempt at creating an international space in all national newsletters will be implemented progressively.

7) Revised statutes of MSF International

Revising statutes was a necessity to adapt them to the changes decided in the January 1997 IC meeting, and to the agreement of all sections to enter into a license contract with MSF International which would have the unique ownership of Médecins Sans Frontières brand name. The new proposed statutes were circulated, and it was asked to all participants to inform quickly the International Office in case of disagreements.

8) Renewal of the mandate of J.M. Kindermans

Jean-Marie’s current mandate ends in August 1998. He presented a written evaluation of what has been achieved during his mandate. The IC unanimously renewed his mandate of three years, and calls on him to give six months notice in case of prior leave. He was also asked to present a yearly written evaluation to the IC, and to redefine his job description according to the changes since January 1997.

Friday 20 March

Common operational policy and plan for 1998
Presentation of general figures (see the tables transmitted to all sections)

Major comments on these figures by J.M. Kindermans were:
- The overall MSF income and expenses are expected to increase in 1998, but not significantly.
- There has been a wide range for several years in the proportion of private funds raised by the different sections, which still continues (from 30% in Belgium to 65% in Holland).
- The increase in the expenses in 1998 is mostly expected in Switzerland and in the new sections.
- The proportion of funds allocated to operations has been around 80% for several years, but has to be watched carefully in some sections.
- The number of field posts for expatriates has been stable for several years, and is not intended to increase in the near future: an increase has occurred last year in Holland due to the cancellation of distribution programmes and the reorientation towards small scale programmes, meanwhile a growth is planned for 1998 in Switzerland.
- The number of posts in headquarters is planned to increase in 1998: 45 new posts should be created, out of which 16 in Switzerland and 24 in new sections.
- In all operational centers the ratio field posts/headquarters posts is decreasing meaning more people working at headquarter level, but taking care of the same level of field activities than fewer people before. This is of great concern and should be monitored closely, especially in Amsterdam and Barcelona.
- The perspective of private income for the year 2000 are around 150 000 000 $, which represents a 15% annual growth. The proportion of private funds coming from the new sections should then be around 35% of our overall private income.

**Presentation of the operational plan for 1998 by project:**

For the first time in the history of MSF, a survey was carried out about the operations MSF is planning to carry out in the current year, that is 1998. Jean-Michel Piedagnel with some help from Bernard Pecoul has gathered information on almost 400 field projects, including the content of the projects, their budget and human resources involved.

Explanations and comments were given by J.M.Piedagnel and B.Pecoul:

The limits of this survey are mainly that emergencies are presently underestimated, as it is a 1998 projection, and it cannot show any trend, as we have very few data available from the past.

In 1998, MSF plans to develop more than 400 projects.
There is a large diversity of projects:
- 60 projects will be dedicated to war victims (which is still a high figure), and most likely 20 to natural disasters and 20 to epidemics. This means that 25% of our projects will be crisis oriented, which fits our current image.
- however, 56% of the projects will take place in a stable environment.
- half of our projects are dedicated to populations who need an improved general access to health care (this includes countries like Burundi, Somalia, ...).
- 15% of our projects are dedicated to excluded populations, or to assist victims of endemic or epidemics: we have not developed enough a know how, guidelines, training or image accordingly.

Fortunately, the majority of MSF projects are very medically oriented (one third in hospitals, around half in health centres). Distribution programmes (mainly drug
distributions) seldom occur. Nevertheless, the rehabilitation component and the watsan activities are each of them present in 20% of the projects. Training is part of 30% of the projects. AIDS is a key component of 68 programmes, and TB of 30: these are unexpectedly high figures. We should question the relevance of starting additional projects in these specific fields, and should definitely improve our policies (based on past experience) and capacities accordingly.

In three countries MSF’s budget exceeds 10M $ (Angola, RD Congo, Sudan); The two first have teams of around 100 expatriates. 29 projects are over 1 M$ (mainly managed by Brussels and Amsterdam). On the other end, there are about 70 projects that will cost less than 100’000 $ in 1998.

How do we fund our projects? Although these are projections almost 20% of the projects are entirely funded by institutional donors. These are mainly the very expensive projects.

Looking at human resources, it is surprising to find that in half of our projects, there are no more than 2 expatriates. In addition, there are also about 30 projects which are solely run by national staff. This explains partially the difficulty we face to send “first missions” to the field. Among expatriates, medical staff is largely represented at field level (around two thirds). It thus seems that we are keeping our strong medical specificity. Unfortunately it has been impossible for Jean-Michel to get coherent data on national staff.

Half of our projects are initially planned for more than two years, and only 8% for six months or less. The mean duration of projects varies between 26 months (Amsterdam) and 39 months (Paris).

Of course, the results of the analysis show some important variations between the operational centres. This comes as no big surprise as it reflects operational policy decisions that were made explicitly or implicitly over the past ten years.

During the debate which followed, some of the main comments made by the IC members are summarized below. These comments are by essence multi-faceted and at times divergent or outrightly contradictory.

a) On the survey itself
- this is a very good initiative. This must continue and become an ongoing process.
- in order to have an idea of trends, we should compare the results of this survey with the only available study, which is the MacKinsey’s in 1993.
- the analysis is not qualitative enough. It would be interesting for instance to have more in-depth study of the extremes (i.e. very big or very small projects).
- the people in charge of the survey would like to receive further questions that the members of the IC would like to be addressed.

b) On a common operational policy

The content
- the question is: do we want to reach as many populations in danger as possible, or be smaller but perhaps more innovative, attractive, associative.
- diversity is a good thing, except if it leads to non coherence.
- there is a natural internal pressure within MSF to increase the long term and stable activities (like general access to health care), which is currently a small part of the MSF identity.
- the real challenge is to be more innovative, or “challenge driven”, not to replicate activities or grow indifferently.
- the question of the number of beneficiaries is important, as we want to have a significant impact. The definition of the kind of populations at risk (which risks) we want to help is also at stake.

Which policy and how we define it?
- this is just a picture, and we have to decide whether we like it, and in the case we don’t define the major changes we wish. What drives us and where do we want to go?
- it has been very difficult to stay coherent nationally, and then discuss internationally. Reflection has now to be done centrally together.
- there is a danger that a common operational policy leads to a vague compromise. What needs to be defined is just the core of the policy. A mandate should be given to the Executive Group to make choices.
- how to maintain initiative if people are stuck in a policy and structure but at the same time avoid too much shopping around?
- how to guarantee that the Executive Group will not go schizophrenic, having two masters when running sections (national boards) and a common operational policy (IC)?
- because this was already the case before, there is a need for a strong political will. It is therefore important that national boards support this decision.
- a contribution to give priority to the international cohesion could be to have an international consultation before the nomination of any General director of an operational centre.

c) The growth
- instead on focusing only on ratios, the dangers of indiscriminate financial growth should be studied.
- the preferential relationship with a donor is a kind of trap it is difficult to get out of.
- bureaucracy is our main problem, as there are more people working at HQ level dealing with the same level of operational activities than fewer people before.
- how to adapt this policy on financial independence, without closing projects which should have priority?

d) Human resources
- it is urgent to have a debate on how to send people on first missions, as there is a big pressure to send mainly experienced staff.
- inefficiency in our operations and duplication of our efforts in the field leads to disillusion among volunteers.
- People working in MSF seem to be less aware about the importance of advocacy and their role in it.
- the question of local/national staff should be studied more in depth.

Finally, several decisions were unanimously taken by the International Council:

1) There is a need for a common operational policy.
The Executive Committee is responsible to propose to the IC a common operational policy and is accountable for its implementation to the IC. In this capacity the Executive Committee embodies the common operational direction of MSF.
In order to prepare a common operational plan, the following steps will be undertaken:
- establish a permanent monitoring system similar to the one used in the survey (which requests full internal and external transparency).
- systematise internal or external evaluation of the quality of our projects, starting with countries with a large number of projects and specific themes transversally, and learn lessons to reorientate operations.
- define global and general guidelines for projects, keeping in mind that freedom and creativity are key elements of the operational policy.
- this should be accompanied at the field level, with the establishment of an HOM being point international point of reference, who would enforce the definition of a common policy in each country.
- the Executive Group will define the means to reach these objectives (setting up the appropriate steering group and mechanisms with Operational Directors), and will propose a common operational plan for 1999.
- enforcement of these decisions will be ensured by the IC and the Restricted Committee.

2) Give priority to the improvement of the quality of our projects rather than the quantity.

3) Increase our financial independence
- take advantage of MSF international development to increase the share of MSF private funds (objective 150M $ in 2000).
- accelerate the diversification of institutional funding in order to decrease the amount received from the European Union to less than 20% of institutional funds.
- control the overall financial growth of MSF (around 10% within the next three years), except in the case of a major emergency. Institutional funds should not grow at the same pace than private funds.
- this 10% growth should be devoted to the projects and not to overhead costs. Special attention should be paid to control the structural growth (overheads, teams in capitals, and staff in headquarters).

4) Human resources
- Improve the quality of our supervising staff,
- maintain continuous influx of “fresh blood” in the projects, and identify better ways to include/train first missions.
- increase the proportion of a variety of nationalities among volunteers (currently 60-70% of expats are french, belgian, or dutch).

5) Adapt our technical support to the current projects by developing know how, training, guidelines and an image that corresponds to the fact that the majority of our projects are dealing either with access to health care in post conflict or stable areas, excluded populations or endemics/epidemics.
Saturday 21 March

How to define a section?

A report of the discussion on this subject at the Lillehammer meeting (Executive Directors of new sections) was given. The main conclusions were: returned volunteers should constitute the majority of the members of the boards of Directors; a board should not be homogeneously national, so as to ensure the cohesion of the international movement; the issue of whether board members are directly elected or not largely depends on the legal environment; membership should be put in place in each section; members of the board should have a limited tenure.

M.Boelaert then presented criteria of a section: recognise the MSF charter; be composed of members; organise an annual general assembly of its members; implement testimonial activities; ensure that a limited proportion of voting members are salaried headquarters staff; delegate authority to the IC in its fields of responsibility.

The debate highlighted the following issues:
the difficulty for some sections to reach these objectives, due mainly to legal constraints;
the diversity of the content of the “associative” notion: commitment of members, counterpower, rooting in the society,....;
the will of not starting a process that would/could lead to the exclusion of present sections;
the unanswered question of what is the meaning of operationality of a section, and can a section be “non-operational”?
the necessity to clarify what are actually the fears and risks inherent in the criteria concerning the associative character of MSF: infiltration by political activists, use of the association for personal interests of some members,....

Finally it was decided that D.Schopper should propose a minimum set of criteria for all sections to follow. including that exceptions to the rules can be explicitly agreed upon by the IC. This proposal should be circulated to IC members by mail for comments and then final approval on a revised version.

Then a discussion on self sufficiency took place. It was agreed that it is impossible to have rigid, common norms for all sections. For instance with regard to the proportion of project costs within the overall budget (usually at least 80% of expenses must go to operations), the global ratio cannot be indiscriminately applied to everybody as this would be counterproductive in some situations. However, it is the responsibility of each section to contribute to its best capacity to the overall objective of MSF as recalled above: increase of private funds and an overall expenditure of 80% of expenses in operations.

Regarding the responsibility of national boards of operational centres for their operations, it is recalled that within the functional partnership, there is a need to be accountable to all sections participating. Some participants suggested that this responsibility should be partially or fully transferred from national boards to the IC or an international body. As no concrete proposal was brought forward at the IC
meeting, all members, and especially new sections, were asked to come forward with more specific ideas as soon as possible.

The Greek section

Philippe Biberson presented a proposal to the IC on a possible framework for a contractual agreement between the Greek section and an existing operational centre. Since the merging of MSFB and MSFL operational capacities, we have currently 5 operational centres and we decided not to exceed this number. After having denied the status of autonomous operational section in 1994, the Greek section of MSF is awaiting a solution. As a consequence, we have to accommodate MSF Greece into an operational centre. His proposal is made to integrate the operational capacity of MSF Greece into an operational centre. After discussion and amendments, the IC agreed on the following framework.

The partnership between the Greek section and one operational centre must abide by the following rules:

1. The aim of this partnership is an integration of all operational programme activities of both sections under one single operational direction based in one existing operational centre.

2. The operational partnership is exclusive, implying that the Greek section cannot enter into this type of partnership with more than one operational centre, that most of its financial resources devoted to operations will be attributed to projects managed by this common operational centre, and that there should be a privileged relationship between the two partner sections. However, all international MSF standards apply to both partners, and human resources should be shared with all operational centres. A single operational direction is defined as:
   a) one director of operations;
   b) a common operational policy;
   c) a single operational annual plan and budget, combining the financial means of both partners;
   d) all operational support functions are unified, including human resources as related to operations, technical-medical support, logistics and supplies, and administrative and financial procedure.

This will be implemented after a transitional period as short as possible.

3. In addition, only one programme officer/desk will follow projects in a given country, regardless of his/her location. Generally speaking, there will be no national module, as this would weaken the move towards denationalisation of operations.

4. The exact way in which operations will be shared by both partners needs to be worked out in more detail. However, there should be no regional attribution of projects for each partner. In addition, the creation of this operational partnership
should lead to a lean and efficient structure, avoiding duplication of functions and closely watching the ratio of field posts to headquarters staff.

5. Accountability and delegation of power.
The boards of each section remain fully autonomous with regard to national issues such as public relations, communication, private fund-raising, recruitment, internal management issues of headquarters. But for issues related to the operational centre they have to share responsibility (to avoid having two different bodies in charge of deciding, it has to be further defined by both partners how an “OC board” can be constituted), in order to define and review:
- annual operational plan and budget.
- long-term operational policy and strategies, including human resources issues.
- policy on project funding, in particular the proportional attribution of private versus institutional funds and the origin of institutional funds.
- major political decisions, i.e. to leave a country/region for political and/or security reasons.

Both boards of both sections combine to nominate the General Director and the Operations Director of the operational centre and delegate authority on daily operational matters to them. As a member of the Executive Group, the General Director is accountable to the IC in addition to the board of the operational centre.

The partnership between the Greek section and any one operational centre will be globally evaluated after one year. Amendments to the rules described above can only be made with the agreement of the International Council or the Restricted Committee, after proposals by both sections. In case of failure of the partnership, it is the responsibility and right of the IC to decide about next steps within the overall framework of MSF operationality.

This proposal was approved by 13 votes, with 3 abstentions (out of which the President of the Greek section). Three members of the IC did not take part in the vote.

The case of Singapore

A. Guilloux explained his proposal (see attached paper): in order to diversify MSF funding resources and enhance its financial independence, it is proposed to open an office in Singapore. The purpose is neither to build up a media/awareness raising capacity, nor to develop one more MSF section. There is a big potential in private trans-national fund-raising, which is an opportunity for a significant diversification: Singapore is the second best hub for overseas Chinese and trans-national corporations in South East Asia.

Several amendments were made to the proposal.
- The purpose of the Singapore entity will be exclusively for fund-raising (the entity will be a branch office of the Hong Kong section, meaning no national entity with an independent board will be constituted).
- The wish that funds raised in Singapore will be accessible to all operational centres. This has to be achieved progressively by finding new ways.
- The IC can maintain the control to be sure it does not become another section.

After discussions, the proposal is accepted with 13 votes, 1 against and one abstention.
5 members of the IC did not take part in the vote.

**International Council Presidency**

Names of potential candidates were reviewed and the following decisions regarding the further process for selecting the successor of D.Schopper (ending her term at the end of June) were taken.
- it was reconfirmed that as decided during the IC meeting in September, candidates can come from within the IC, but also from other parts of MSF according to the established criteria;
- a revised job description of the international presidency in conjunction with a revised job description for the International Secretary will be circulated to all IC members for comments by beginning of April. The final agreed upon job description will be given to the candidates;
- candidates should manifest themselves before end of April by e-mail to D.Schopper; a special meeting of the IC will be organised on 24 May, during which candidates will present their program and a new President will be elected accordingly.