General Item: Purpose of the IC

This MSF International Council (IC) meeting was opened and chaired by James Orbinski. The opening presentation and discussion emphasised that the IC is to distance itself from day to day executive and operational issues, see the MSF movement in relation to the larger human context, and focus on how MSF can best serve populations in danger. While sectional views will certainly be represented, this is done in the context of the larger MSF movement. Our primary responsibility as members of the IC is to promote and protect the principles and values of the MSF movement, while taking into consideration individual sectional views.

The purpose of the IC is to serve as a legislative counter-balance to the executive functions and operations of the MSF movement, and to preserve and encourage cohesion and initiative within the MSF movement. It is also expected and essential that decisions made in the IC will be decisions honoured. The role of the IC as described in the January 1997 IC meeting was referred to and re-endorsed. The opening discussion also emphasised the responsibility of section Presidents to bring the debate and resolutions of the IC to their home sections. The discussion also emphasised the importance of ensuring follow-up on commitments given in the IC to its various positions, resolutions and commissions.

It is expected that in the IC members will engage and debate freely, respect each other intellectually, and see beyond self-interest and do what best serves populations in danger through the vehicle of MSF. To accomplish this we must be disciplined and respectful in our willingness to be open and to engage debate. Openness to debate is seen as central to informed decision making, and
only in a climate of openness can the idealism that drives the MSF movement find its reality through both humanitarian medical action and temoignage.

**Item 1: Drug Campaign**

Bernard Pecoul presented an overview of the planned MSF Drug Campaign (see the prepared document). The three-year campaign is to focus on a pragmatic approach to improving access to essential drugs with a view to bridging the growing health gap for populations in danger. This gap is now exacerbated by globalised market forces and trade agreements. These threaten to reduce further the availability and economic viability of old, new and orphan drugs deemed essential for public health, particularly in developing countries.

The campaign will use an active temoignage strategy around at least 20 MSF field-based demonstration projects for a selection of priority diseases. The primary goals of the campaign are to 1) restart research and development for tropical diseases and related areas; 2) make new drugs and vaccines affordable for disadvantaged populations; 3) ensure the production and commercialisation of targeted existing orphan drugs; and 4) to humanise the WTO and TRIPS agreements. The Campaign will target the world-wide general public, international health, trade and funding institutions, governments, the private sector and the medical and scientific community.

Given a) MSF’s independence from governments and institutions, b) the fact that it has over 400 projects in the field with over 1000 permanent field volunteers working with populations in danger, and c) its ability to speak out using its world-wide network, the campaign was seen by the IC as an ideal expression of the principles, values and purpose of the MSF movement. The potential benefits of the campaign, its eventual political and temoignage implications as well as the risks for MSF as a whole were discussed.

The IC endorsed the campaign fully. It noted that as a campaign it represents a new approach for MSF; that for MSF the strength and the fragility of the campaign lies in the fact that it is rooted in field-based projects, and that as long as culturally specific approaches to ethical questions are used, most of the potential risks of the campaign itself and to MSF can be minimised and managed. The IC gave a full and strong endorsement to the campaign, and noted further that it is an example of the kind of project the MSF movement should develop and implement in the future.

**Item 2: Temoignage**

James Orbinski briefly reviewed the importance of Temoignage for the MSF movement and highlighted the importance on following through on previous IC commitments to this issue. A discussion and clearer formulation of objectives followed.

The IC strongly reaffirms that temoignage for populations in danger is central to the identity, principles, values and purpose of the MSF movement. It also recognises that each context varies too much to create strict guidelines for temoignage, and that MSF’s approach to temoignage cannot be
defined in purely instrumental terms. The exact nature of temoignage action in a particular circumstance is often contentious. The broader debate on temoignage needs to be taken out of “the heat of current temoignage issues” so that we can learn from past temoignage experiences, and develop better institutional memory on this core MSF activity.

To this end, the IC mandates a Commission to oversee the preparation of a CaseBook of Temoignage over the next year. The Temoignage Case Book will be primarily for internal use. It will emphasise temoignage as a core activity of the MSF movement, will focus on lessons learned, and will serve as a source of institutional memory for the movement. Both internal and external sources will be used to chronicle temoignage milestones in the MSF movement. These can include for example MSF temoignage actions in Cambodia, Kurdistan, Somalia, Rwanda, Zaire, Afghanistan and North Korea. The challenge of 1) temoignage in non-emergency situations, and the new challenges of addressing our independence 2) relative to field-based co-ordination with other actors and 3) to NGO coalitions around issues of common concern will also be addressed in the Temoignage Case Book.

The Temoignage Case Book will be managed by a single co-ordinator under the supervision of the Executive Committee, which will be overseen by the IC Commission composed of four IC members who will monitor the progress of work. Those IC members who volunteered and were accepted are James Orbinski, Fiona Terry, Jens Shillingsoe and Phillipe Biberson. The commission will have the responsibility of ensuring that the CaseBook reflects appropriate representation and input from across the MSF Movement, including particularly from the operational centres. Joelle Tanguet, who has made a commitment in the past to the Case Book, reaffirmed this commitment and will also contribute. The Temoignage Case Book will be prepared for final presentation at the November 99 IC meeting, with progress reports to the interval IC meetings.

**Item 3: Sudan**

Marie Christine Ferir and Mihiel Hoffman were unable to give a planned presentation on the Sudan to the IC because of flight delays. Instead, Lex Winkler and Jean Herve Bradol gave an overview of MSF’s operations in Sudan over the last six months. Both presentations were followed by a discussion that emphasised the work of MSF field workers, value-added accomplishments, and constraints faced in the field by MSF. The following points were reviewed in detail, but not necessarily agreed upon:

* The lateness in recognising the enormity of the famine, and the consequences of this slow recognition;

* The co-ordination problems and internal and external operational and logistical challenges in the early phases of implementing our response;

* That ET was not used where it may have worked;

* That political analysis of the situation in Sudan relative to our current position was not pursued in enough detail or nuance;

* The scale of MSF field operations: should we try to work in as many locations as possible or limit this to a few and increase the quality of our operations in food, medical supply and temoignage?

* That OLS’s now 10-year-old mandate to prevent famine and intervene early should famine occur has clearly failed, and OLS’s dependence on SPLA for humanitarian
needs assessment and distribution of aid should call into question MSF’s relationship to OLS;

*That MSF at present is limited concerning independent data collection for needs assessment, and that monitoring of food distribution has been extremely difficult or impossible;

*That we may be simply bridging a ‘hunger gap’ without criticism of the institutional failure of OLS, or of the relationship of OLS to the SRRA and SPLA and Northern Sudan;

*That MSF may be unknowingly participating in the prolongation of a humanitarian disaster where government is disconnected from its people and advocates that “the war is our problem, the people yours”.

After a thorough discussion, the IC issued the following statement: In relation to the current crisis in Sudan, the IC reasserts the centrality of MSF’s independent humanitarian action that is both medical action and testimony for populations in danger. To achieve this we depend critically on independence, proximity and access to populations in danger. As an organisation, we are both self-critical and critical of other actors with a view to both improving humanitarian action and ensuring humanitarian space. These principles for MSF are at risk in the Sudan, and particularly the independence of our medical humanitarian action and testimony for populations in danger. With this in mind, an evaluation of MSF’s actions in Sudan will be completed by year’s end. The evaluator will be appointed through common agreement by the Executive Committee. The evaluation will address the following:

1) A thorough analysis of the humanitarian context of Sudan today and its evolution over the last 10 years;

2) With MSF’s principles and values as a reference, what has been MSF’s role in that context? A special emphasis on MSF’s relation to different actors, and particularly OLS should be undertaken;

3) Given the analysis in 1 and 2, and particularly the independence of our medical humanitarian action and testimony for populations in danger, what should be MSF’s position in the current context? How should MSF proceed to ensure that other actors assume their legitimate responsibilities?

The IC also noted that in a large-scale crisis like that in Sudan, the seeming lack of willingness for a joint operational approach is unacceptable. This issue is to be taken up by the general directors and addressed.

**Item 4: Mini-General Assemblies**

Bart Meijman presented the major findings of the mini General Assemblies (mAG’s) for 1996, 1997 and 1998 (see the prepared reference report). An overview of their organisation, the subjects discussed, and resolutions was then presented, as were a series of recommendations for future mAG’s.

The IC agreed that mAGs should continue as they are an invaluable forum for input from the field to the General Assemblies. The recommendations for future mAG’s were all accepted (see below for a summary, and the prepared reference report for full details). These focus on 1) the objectives of the mAGs, 2) that in order to minimise cost and maximise national staff input, mAGs
are to occur at the country level and not at the regional level, 3) that the agenda for mAG’s is to be determined largely by the field, with some items determined by the IC, and 4) that timely participation and feedback from the section boards is vital to their success. Proposed themes for the mAGs included: a) a mission statement for the MSF Movement; b) the role of national staff in the associatif, and c) MSF’s medical focus in the coming years.

**Recommendations regarding Mini AG’s accepted by the IC:**

1. The aim of the mini AG’s is to gather all the MSF people working in the same country to give them an opportunity to broaden the views and build some common reflection on the role, the principles and the identity of MSF and the problems from this particular mission’s perspective (e.g. how does our mission in this particular country reflect the MSF charter, principle of medical focus, témoignage, independence, “voluntariat”, etc.). In other words: a) participation and international interchange of ideas in the field on translation of MSF mission in general to stimulate the associative movement; b) opportunity to formulate motions to be discussed during the General Assemblies.

2. Mini AG’s must be international, must be held every year and must be held per country instead of per region, and should take 1 ½ days maximum.

3. The programme should mainly come from the field. Apart from that, a limited number of subjects directed from the IC for an opinion forming could be useful.

4. The IC should prepare a document - under responsibility of the President - including:
   - what the aim of the mini AG’s is;
   - what the expectations are (these should be realistic: recommendations should only be strong messages for the AG’s and Boards);
   - feedback on what happened with the resolutions of the previous year;
   - possible subjects that the IC would like to be discussed during the coming mini AG’s;

5. Co-ordination of organisation should come from International office in co-operation with Boards of the sections.

6. Participants should represent the whole range of staff in the projects, i.e. a good mix of 1st mission, experienced and national staff. Participation of national staff is very important. The total group should not become too big (max. of 30 participants).

7. The Board member that attends should be well prepared, especially on subjects that the field would be interested in from HQ. The Board member should also combine the mini AG with a field visit, preferably to be organised just before the mini AG, so that he/she gets a feel for the projects. If no Board members can attend a certain mini AG, this mini AG should still take place.

8. Recommendations should be formulated that could give direction to and initiate useful discussions at the General Assemblies.

9. After all the mini AG’s the IC members will make a selection and decide which resolutions will be discussed at all the General Assemblies.

10. The President of the IC is responsible for writing a summary report that will include the resolutions to be discussed at the GA’s.

**Mini AG Time frame:**

Decide on possible international subjects for the next mini AG’s during the IC meeting in November 98.

1. Communicate the document mentioned under 4. of the proposal to the Co-ordinators before the end of the year

2. Mini AG’s should be held between March and half April

3. Reports of each mini AG to be handed in to International Office immediately after the mini AG (responsibility of attending Board member and co-ordinator in the field)
4. Discussion on selection of resolutions (via e-mail?) last week of April
5. Summary report and resolutions to be ready at least two weeks before the first General Assembly.

Item 5: Executive Committee Report

Lex Winkler gave the Executive Committee report on behalf of the General Directors. The report focused on GLIDO, the Emergency Team (ET), and the Common Operational Policy (COP), and was followed by a frank and sometimes heated discussion.

The GLIDO evaluation will be ready in one weeks’ time. ET has not progressed. Though some non-political emergencies have been addressed through ET, emergencies occurring in regions of conflict have not. The challenge of working with ET in situations where field teams have already been present on the ground has also not been adequately addressed. A working paper on a Common Operational Policy is in the process of being prepared. It will pose common broad themes for operational policy, and a working draft will be ready by year’s end. The ensuing discussion confirmed that progress on internationalisation is stalled. While a high turnover of personnel was seen as a factor threatening continuity, the stall is seen as largely attributable to a lack of clarity as to what now constitutes an appropriate MSF’s mission. The recent July 1998 Common Operational Policy Final Report by Jean-Michel Piedagnel - which highlighted the broad range of some 400 divergent field projects - was cited as evidence of this lack of clarity. At this time each operational centre has started to evaluate all projects using the “MSF principles” as “quality indicators”. This process will come to an end in May 1999 for the General Assemblies, where they will be reviewed. While the MSF Charter is a reference text, it is a statement of principles that is open to widely varying interpretation for operational direction. The Chantilly Text on identity and guiding principles is also too general to give a clear operational direction to the MSF movement. The COP was seen to be stalling because of a lack of clarity around what it should seek to achieve, or in short, the lack of a clear mission statement for the MSF movement. This is highlighted by a perceived tension between MSF France and MSF Belgium, each of which some argue, take different approaches to operations.

In recent and regular meetings, the General Directors have achieved a starting consensus that MSF should represent a Third Way for humanitarianism between the UN and the ICRC. This was seen as a positive starting point, but insufficient to proceed with further internationalisation. The need for a mission statement to bridge the MSF Charter and the COP- giving the COP a clear direction - was clearly recognised and endorsed by the IC. The IC made the following resolutions;

ET: The EC will report to the RC in March 99 on the steps it has taken in the interim to address the deficiencies discussed here, or it will present an alternative mechanism for emergency interventions by the MSF movement.

COP: The working paper on Common Operational Policy will be presented for review and comments to the RC in March 99.

Mission Statement: A mission statement to bridge the gap between the MSF Charter and Chantilly Text and a COP is an urgent priority. A “working paper on MSF’s Mission Statement” will be prepared by year’s end by the president of the International Council in conjunction with the Executive Committee. The paper will be reviewed at the RC meeting in March 99, presented for discussion at the mini General Assemblies and General Assemblies, and a final proposal for an MSF Mission Statement presented to the IC in June 1999.
Item 6: Associative Criteria

Tine Dusauchoit gave an overview of the history of this issue in previous IC meetings, and an explanation of the meaning and importance of the ‘associative dimension’ for the MSF movement (see the prepared reference report). The need for international harmonisation regarding the associative dimension of the movement was highlighted. A final set of associative criteria were presented, and after debate, the IC made some minor modifications, and these were adopted as follows:

The IC unanimously adopted the following associative criteria:

1) Each MSF Section subscribes to the MSF Charter and each Section subscribes to the Chantilly Text on MSF’s identity and guiding principles.

2) Each Section delegates authority to the MSF International Council in its fields of responsibility.

3) Persons who accept the MSF Charter and have demonstrated their commitment to become, if they so wish, members of the MSF Section(s) of their choice.

4) Through an annual general assembly the members participate in decision making.

5) Board members are elected by members during the general assembly. Subsequently, the president is elected. So as to ensure the cohesion of the international movement, the board cannot be homogeneously national.

6) The section ensures its anchoring in society.

The IC acknowledges that legal or cultural constraints may make it difficult or even impossible for a section to fully abide by these associative criteria. If this is the case, the section concerned must explain its particular situation to the IC, including how it will ensure that the overall principles behind the associative concept are still guaranteed. The IC will then decide if this particular situation is acceptable or not.

Item 7: The Meaning and Challenge of Voluntariat

Phillipe Biberson made a presentation on the meaning and challenge of ‘voluntariat’, with a particular emphasis on the proximity of MSF volunteers with populations in danger in field-based projects, and on its implications for the MSF movement. A broad ranging discussion followed, and is summarised below.

As a humanitarian organisation, but more importantly as MSF, we are not simply providing professional skills and services to meet identified needs. This is an instrumentalisation of our action that dilutes-out the essential and irreducible humanity of our action. We volunteer as human beings, responding to the categorical imperative to act to relieve the suffering of others, and as volunteers, we then bring professional skills to our humanitarian actions. To volunteer is to freely give of our own humanity in response to the humanity of the other, and it is also to link this act of solidarity with populations in danger with our own societies. So that this motivation of the volunteer is not reduced to a purely instrumental or rational action, as an organisation we need to be firstly mindful of this risk, and secondly to guard against the growing trend in humanitarian organisations of ‘careerism’
that puts professionalism before volunteerism. To do this we need to ensure that there is both
enough time and space within the movement for new volunteers so that their motivation can
be expressed. We also need to ensure that as a movement we remain sufficiently proximate, or
in direct relation or contact with the reality of the field and the sense of humanity and
humanitarian space we wish to both create and support.

The IC fully acknowledged that the concept of voluntariat is a central to the MSF
movement, and that it needs to be encouraged and protected as the basis of our humanitarian
actions. No particular statement beyond this full acknowledgement was issued after the
discussion. However, it was felt necessary to keep the issue well within our centre of
attention.

Item 8: MSF’s Financial Independence

Fiona Terry presented an argument for an overall examination of MSF’s financial
independence (see the prepared document). Operational and political independence, reactivity,
impartiality of our actions, a critically objective perspective for advocacy, and the need to remain
rooted in civil society where all identified as principles that are clearly linked to, or hinge on the
financial independence of the MSF movement as a whole. The discussion that followed was a frank,
open and sometimes heated exchange of ideas and principles that managed to reach a meaningful
conclusion.

The discussion was framed in the deeply held consensus that MSF’s operational and political
independence is linked to or hinges on financial independence. How this consensus around the
importance and nature of financial independence for MSF translates into funding formulas and ratios
among sections and operational centres was debated at length. Resolving these issues was
acknowledged as critical to our future, particularly as nation states are increasingly using
humanitarian assistance as an “alibi” for avoiding their political responsibilities, and as their funding
for humanitarian aid is becoming increasingly conditional on non-humanitarian political objectives.

If MSF as a whole or any one operational centre is too reliant on (nation state) institutional
funds, then the ability of the MSF movement as a whole to both ‘be’ and ‘act’ independent of other
interests is seriously at risk. The Brussels Operational Centre’s apparent disproportionate reliance on
institutional funds was discussed. The discussion presented differing views on how institutional
versus private funds impact on the MSF Movement’s ability to act independently. MSF Belgium
argued that the issue is perhaps overstated, and MSF France arguing that it in fact intends to decrease
institutional funding by 4 million USD per year over the next three years. The relationship between
the type of funding sources, growth and the independent actions of the MSF Movement was raised as
a key concern.

After discussion, it was agreed that these issues are of importance for, and a responsibility of,
the MSF movement as a whole. It was also agreed that as per the Chantilly Text, institutional funds
should be stabilised and reduced for the entire movement. The sharing of privately raised funds
among operational centres was also discussed, as was the need to diversify private fund-raising, and
pursue other non-institutional private funds in for example, the private sector. That this be done
according to an appropriate ethical framework was acknowledged. The possibility of creating an
international fund within MSF to fund emergency actions was also raised. A final issue discussed was
the appropriate management of privately raised funds so that these are generally used in preference
over institutional funds, which is not now always the case. Johan von Schreeb also submitted a
proposal to address the ethical problem inherent in the practice of a fixed and smaller than actual
percentage of institutional funds being allocated to administration costs. This inevitably means that a
larger percentage of privately raised funds must be allocated to cover actual administrative costs. After lengthy discussion, the IC agreed to create a Commission with the following mandate:

Given the need to maintain and protect MSF’s operational and political independence and the clear link between this need and financial independence, the IC mandates a Commission to examine in detail, and to make recommendations on the following tasks:

1. To examine and report on what are the best ways to define and understand financial independence. Are ratios (i.e.: 80/20, 50/50) the best way to do this, and if not what concrete alternatives are possible?

2. To examine and report on the possible means by which privately raised funds can be increased, shared, allocated and monitored within the MSF movement as a whole as a means of promoting and protecting its financial independence and reducing its dependence on institutional funds.

3. To examine and report on other private fund raising options for the MSF movement, particularly in the corporate or private sector.

4. To define an appropriate ethical framework for corporate or private sector fund-raising.

5. To examine and report on the appropriateness of existing tools for the preferential use of private funds relative to institutional funds within the organisation as a whole, and to formulate recommendations for potential new tools.

The Commission is to be made up of four IC members and an independent consultant who is expert in the issues to be addressed. These members are Tine Dusauchoit, Bart Meijman, Phillipe Biberson and Johan Von Schreeb. The Executive Committee will work with the Commission to ensure that these issues are addressed at the appropriate levels within the movement (i.e.: finance, fund-raising departments). The Commission has one year to complete its final report, and is to report quarterly to the RC and the IC over this one-year period.

The IC also accepted Johan von Schreeb’s proposal (see prepared document) that a joint lobbying effort be made to obtain a greater percentage for administrative costs from institutional funds so as to reduce the disproportionate use of private funds for these costs. This proposal is to be forwarded to the Executive Committee for appropriate action.

Item 9: Trademarks

As a guest of the IC, Anne Marie Huby (General Director MSF UK) initiated a discussion around the protection of the ‘Medecins Sans Frontières’ brand name nationally and internationally. The ensuing discussion identified that in recent months it has become increasingly common to see ‘MSF’ or ‘Medecins Sans Frontières’ solely identified as ‘DWB, or ‘Doctors Without Borders’ in the international cross-border media. This media is now de-facto dominated by the English language. While we are one movement with a particular history and identity, the risk of separate identities emerging in the mind of the international public is very real. The IC saw this as a threat not only to the name of the organisation, but more importantly to the identity of the organisation, which the name embodies. Both the name and identity of the organisation were seen as inextricably linked, and in fact, inseparable. The necessity of allowing for local translations of the name was acknowledged, but so too was the need to protect the brand name and identity internationally, and particularly in the international cross-border media. A clarification was made and accepted between the unique brand
name of Medecins Sans Frontières/MSF and translations that should clearly appear as translations. In
general, most sections have highlighted the name ‘Medecins Sans Frontières’ and ‘MSF’, and have
made local translations to address local linguistic needs, as for example in Belgium, Germany,
Holland and Sweden. However, even with these local adaptations, the name ‘Medecins Sans
Frontières’ or ‘MSF’ is dominant. The same is largely true in the field. After a thorough discussion,
the IC passed the following resolution;

The IC powerfully acknowledges and endorses that both the name and identity of the
organisation are inseparable, and seeks to promote and protect the identity of the organisation as
embodied in the name ‘MSF’ or ‘Medecins Sans Frontières’. It acknowledges that local translation is
required, but also that protection and promotion of the name ‘MSF’ and ‘Medecins Sans Frontières’
in the international media is mandatory. Under the direction of Jean Marie Kindermans at the MSF
International Office, an ad-hoc committee with appropriate representation and input from all sections
will be struck. The committee will examine and make recommendations to promote and protect the
name ‘MSF’ and ‘Medecins Sans Frontières’ in accordance with the explicit intent of this resolution.
This committee will begin a review of relevant issues immediately, and make a final recommendation
to the IC in June 1999. It will provide a progress report of its work to date to the RC meeting in March
of 1999.

**Item 10: Sphere Project**

An overview of the SPHERE project was presented to the IC by Jean Marie Kindermans. The review
included a brief history of the SPHERE project including MSF’s technical involvement over the last
two years. The SPHERE project was presented to the IC for consideration of its political implications
for humanitarianism in general, and for the MSF movement in particular. The presentation is
summarised below, and after discussion, the proposed position was adopted and endorsed by the IC.

**An overview and position for MSF toward the SPHERE Project**

Following Goma in 1994 and the poor quality of some of the aid to the populations, several
NGOs decided to request more accountability from the NGOs regarding their action, and the
obligation for them to reach some minimal standards when providing humanitarian aid. Among those
at the origin of this initiative was the Steering Committee for Humanitarian Response (SCHR). MSF
decided to be part of the SCHR in 1997, when the SPHERE project had already started. Other
consortia had then joined this initiative (Interaction, VOICE, etc.).

MSF has been an instigator of the establishment of guidelines, and we felt it was our
responsibility to transmit our experience (we have already done this kind of exercise with other
institutions). We also wished to be sure that the final draft of these standards would be in line with our
practices. Therefore, we participated in the elaboration of the draft of the four technical sectors, and
of the humanitarian charter.

The outcome is a catalogue of standards, which very often look like guidelines or references,
and are very minimal. They are sometimes very vague, due to the objective of being as universal as
possible. A lot is coming out of MSF experience and publications, especially in the health sector. The
humanitarian charter recalls the legal framework in which humanitarian action is carried out, and
especially the importance of international humanitarian law and of the 1951 refugee law: we were told
that this is a very useful reminder for a lot of NGO’s working in the humanitarian field. Despite the
fact that the promoters of these standards wish to see them available for all disasters, a lot of them
(and ours especially) are mostly focused on situations of regrouped populations.

We can say that globally MSF respects those standards, and has adapted them to the MSF
specific field of intervention and to the MSF way of intervening. We are obviously in a permanent
We have chosen as MSF, to be participate in this process in a critical way, which means to support it but to permanently express our concerns on possible perverse effects of this exercise, and especially the following:

1 - as already said, these standards mostly derive from experiences of regrouped populations, which is logical as we know that displacement of people is very often the effect of disaster situations; this means however that they are unlikely to address all disaster situations.

2- these standards should not be seen as a bible, to be respected at any cost, but adapted to every situation. They do not replace human experience, they are references, but we know from our own practice and use of our proper guidelines that we must adapt them to each situation. Sometimes we cannot follow them. As a summary, this exercise has its own limits. It is the responsibility of the NGO and of its staff to evaluate a situation and to do it in an independent way. Our recent experience in South Sudan when we decided to open the therapeutic feeding centres only to children under 60% at the beginning, which was a wise decision when looking at the huge number of children attending our feeding centres at that moment, is an illustration of this responsibility.

3- NGO’s accountability is a given. It is also extremely important to recall the responsibility of states (or military movements) with respect to victims’ rights, especially in the area of protection and security. This is one of the fundamental aspects of the humanitarian charter.

4- the presentation of this minimal technical standards presents the danger of reducing the humanitarian action to a technical performance. The accountability of NGOs goes much further, and especially include the principles recalled in the code of conduct for the Red Cross and NGO’s.

5-Reducing humanitarian action to a technical service is a notion that appeals to those who wish to privatise humanitarian assistance (to get a better quality as it is for any product, considering the victim just as a consumer of humanitarian assistance), or for certain funding agencies to subcontract humanitarian assistance. This is why it is of major importance to recall that the international humanitarian law insists on the fact that impartial and independent organisations must provide humanitarian assistance, which implies their free and independent assessment of needs, the right of free control over distribution, and the right of access to victims. The extension of these standards to other and more sensitive issues, like protection and security, will increase this risk.

6- another risk collateral is the one of “normalising” humanitarian assistance, especially with the introduction of best practices to get all agencies working the same way, respecting predefined framework, which will kill innovation and adaptation and goes against the diversity of objectives, field of competence and philosophical or political background the community of NGO’s is so proud of.
Having expressed these concerns while still supporting this process, we have obtained an agreement from our partners that:

A- the initially scheduled launch has been transformed into a debate on the meaning of standards, and the primary responsibility of states to respect ILL, hr and refugee law.
B- the present edition is a preliminary edition to be tested, acknowledging particularly that they derive from displaced people situations.

In conclusion, we can say that we cannot ignore our responsibility to transmit our experience to NGO’s which have not integrated these standards yet.
At the same time, we must stay vigilant to keep this project to a dissemination and training exercise, and not expand it to other field (security), as well as be very cautious about the potential compliance and control mechanisms, while still highlighting the limits of the exercise in the debates.

The IC endorsed this approach to continued participation in the SPHERE Project.

**Item 11: IC/RC Function and Procedural Issues**

Several issues were discussed under this item. These include a) membership in the IC, b) representation at the IC, c) decision making in the IC, d) open or closed IC meetings, e) IC Vice President nomination and approval, f) budget for the IC Presidency, g) restricted committee membership and function, and h) IC meeting dates.

**A) Membership in the IC**

Consistent with the intent of the January 1997 IC meeting and several subsequent discussions and resolutions, membership is restricted in principle to the President of the Board of each of the 19 MSF sections. A two-year grace period was allowed from January 1997 to allow for each section to become an association. In this interim grace period, membership at the IC could be by General Directors for those sections that were not yet associations. This grace period expires at the end of January 1999. While it is accepted that there is a “de-facto” extension for another six months (until June 99, when the next IC meeting will be held), this principle has not and will not be altered, except as defined by the resolution passed this meeting regarding ‘Associative Criteria’.

**B) Representation at the IC**

Previous IC resolutions and discussions have emphasised the importance of building a cohesive and committed International Council where trust, honesty and decision-making that is in the best interests of the MSF movement as a whole is paramount. The IC is also intended to be a counterbalance to the executive functions and operations of the MSF movement. With these assumptions in mind, representation at the IC is restricted to Presidents of sections only, and substitution is not allowed. In highly exceptional circumstances substitution at the board level only will be accepted. Non IC Members can be invited to attend the part of the open IC meeting when deemed important and essential for the purposes of making a presentation, or to participate in a particular discussion.

**C) Decision Making in the IC**

It was stressed that members of the IC attend not to represent their individual section views, but to represent and engage decision making for the purpose of promoting and protecting the MSF
movement as a whole. Therefore access to and participation in debate at the IC is considered vital to decision-making. All IC decisions are in principle by consensus, except in extraordinary and extremely rare circumstances where a 2/3 majority vote (13 of 19 IC members) of the full IC is required. Voting by email is not allowed, as this eliminates access to debate within the IC, which is central to decision making at the International level. Voting by proxy would only be allowed in the most extreme and exceptional circumstances, and is conditional on live telephone consultation with the absent IC member where the substance of debate can be imparted before a vote is cast. It was stressed that the IC meeting is to be considered a priority for all IC members. It was also stressed that a prepared and distributed agenda long in advance of the actual IC meeting will make it both possible and fruitful for all IC members to attend.

D) Open or Closed IC Meetings

In the interests of creating and supporting an atmosphere where difficult issues can be addressed and debated openly, frankly and in a spirit of trust, the IC meetings will be closed meetings. However it is recognised that some issues will benefit from open discussion beyond the IC itself. In this case, issues of this nature will be discussed at the beginning of the IC meeting and that part of the meeting will be open where invited guests may also be invited to contribute to discussion and debate.

E) IC Vice President Nomination and Approval

The IC recalls that Odysseus Boudouris (President MSF Greece) was approved in June 1998 as Vice President of the MSF IC. James Orbinski (President MSF IC) nominated Morton Rostrup (President MSF Norway) and the IC heartily endorsed and approved his nomination as a second Vice President of the MSF IC. Their job descriptions will be in accordance with past IC resolutions, and will be circulated for discussion, and then presented for formal passage at the RC in March of 1999.

F) Budget for ICP

An ad-hoc committee of three IC members was designated to approve a budget for the International Council Presidency. This budget will include office space, equipment and supplies, travel, an assistant and salary. This committee is composed of Olivier Dechevriens, Michael Schull and Bart Meijman. A draft budget will be presented to the ad-hoc committee with the coming weeks for revision and approval by year’s end.

G) Restricted Committee Membership and Function

The Restricted Committee (RC) will be composed of the President of the five operational centres, the two Vice Presidents and the president of the International Council. This construction was approved, but it was noted that it is not a fixed formula for the future membership in the RC. As a working branch of the IC, the RC will meet twice per year to monitor IC resolutions, ensure progress of work undertaken and pursue any other necessary function within the scope of IC responsibility.

H) IC Meeting Dates

Dates for upcoming IC meetings were decided, and are listed below. Locations will be determined at a later date, but it is noted that for reasons of expense and ease of travel, locations are best limited to Amsterdam, Brussels or Paris.

IC Meeting Dates:
June 11, 12, 13, 1999
November 26, 27, 28, 1999
June 9, 10, 11, 2000

END OF MINUTES