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Welcome and Introduction

Albertien van der Veen welcomes everybody and introduces the chair of the day; Anita Janssen. Anita Janssen starts with some household matters. The minutes of the May 2006 GA will not be discussed today but during the next regular GA in May 2007. A voting committee is installed: Board Treasurer Jaap Gelderloos will be the chair and members Wijbrand Boon and Pieter van de Hoop join the committee.

Statute changes and Voting

**GA May 2006 statute changes concerning membership**
During the GA in May 2006 members voted for some changes related to membership (article 3). These changes are not yet deposited at notary. That is why these changes do not appear in the ruling statutes that were sent to you. These changes are not on the agenda for today.

**Board proposal for changes in the statutes**
Most of the changes are necessary because the Board wants to comply with new rules in the Netherlands for good governance of NGOs. These rules are set by two charity commissions; CBF (Centraal Bureau Fondsenwerving) and VFI (Vereniging Fondsenwervende Instellingen). They represent an ongoing drive towards more transparency and accountability and we as MSF-Holland want to support this drive. The introduction of the so-called Code Wijffels in 2005 was an important next step in this process. Today we present part of the changes but we will continue to work on adjustments and during the GA 2007 we will again propose new adjustments. We like to implement the now proposed changes immediately because we want to show we are taking it very serious.

What is proposed today actually needs to be implemented before the end of 2006. Strictly speaking, we are not able to formalize the decisions taken today (depositing at a notary) in time, but the deviation is small and the direction is clear, so that will not create a major problem.

**What was sent to the members in preparation of this GA**
Published in the Association News, which was sent to all members, where:
- the current statutes in Dutch (not including the changes as decided during the May 2006 GA)
- an overview of the changes as proposed by the board in Dutch.

Published on the Association Intranet were:
- an official translation in English of the ruling statutes
- an official translation in English of the proposed changes

**Statute requirements for valid vote**
Today we can only vote about the proposed changes as published in the mailing/invitation you received for this general assembly some weeks ago. According to our statutes we need a minimum of 10% of the members taking part in the voting to make the vote valid. We also need a majority of at least 2/3 of the votes cast. At this very moment we have 730 members so we need at least 73 members taking part in the voting. This demand may not be met today; at the start of the General Assembly we have only 37 members (including proxies) taking part in the voting. In case we don’t have 10 % the statutes prescribe the announcement of another general assembly to take place within six weeks for which again all members should be invited again. For such a general assembly the 10% rule does not count anymore (but the 2/3 majority does).

**Presentation of proposed changes**
Pim de Graaf starts his presentation by introducing Jaap Gelderloos (new Treasurer of the Board) and Thijs van Buuren (OCA Controller) who were involved in the development of these proposals.
Article 7
The in Article 7 (2, 3, 4 and 5) proposed changes are about conflicts of interest.
There are no questions or remarks from the members.

Article 9
The in Article 9 (9 and 10) proposed changes are about reimbursement of members of the board.
Jonathan Fisher: about the related subject of compensation: the members of the Board are volunteers. The position of President takes a lot of time and it is impossible to earn a normal salary through a professional job, therefore he/she gets compensated. The Board will come up with definite proposals at the next GA.
Malou Nozeman: this is in conflict with the statute text.
Pim de Graaf: no it is not, we talk about compensation here, for work done for the Association, not about salary.
Malou Nozeman: does this only apply for the President or for all members of the board?
Pim de Graaf: according to the proposed statutes, this applies to all board members, but it should be ‘reasonable’. MSF has to motivate the decisions to provide for a reimbursement to board members to the VFI and it decides whether or not such a compensation is in line with the spirit of the Code Wijffels. Also, the Annual Report of the organisation has to mention explicitly what amount was paid to which member of the Board and why.
Anita Janssen: and of course, the members must decide.
Jonathan Fisher: please mind the wording: compensation is something else as reimbursement of costs.
Thijs van Buuren; we talk about incidental cases here, we can make rules for this in the Bye-Laws and we will come up with a proposal for adjustments of the Bye-laws during the GA in May 2007.

Article 10
The in Article 10 (1, 2, 3 and 4) proposed changes are about conflict of interests. No remarks or questions are made.

Article 11
The in Article 11.1 proposed changes are about approval of financial report and annual account. No remarks or questions are put forward.

Article 12
The in Article 12 (6, 7 and 8) proposed changes are about voting procedures. No remarks, no questions are put forward.

Article 13
The in Article 13 (1 and 2) proposed changes are about the audit committee and the setting up of committees in general.
Pim de Graaf: anticipating on this adjustment, the board has already installed an audit committee. Its terms of reference and functioning will be worked out in the coming half year and this will be on the agenda of the next GA. There is a difference between board committees and working groups. Board committees are installed by and report back to the Board. Working groups are installed and report back to the GA.
Gunilla Kuperus: what about transparency; the committee is already installed but the rules how to install them are not even clear yet?
Pim de Graaf: we wanted to start implementation as quickly as possible. As said, during the next GA we will come up with proposals for the internal rules.

Article 14
The in Article 14 (5, 6, 7 and 8) proposed changes are about the auditor charged with the inspection of the annual reports and accounts of the Association and the accountability of the board. No remarks or questions.
Article 15
The in Article 15.1 proposed changes are about new Bye-Laws, which will be proposed to the members during the GA in June 2007. No remarks or questions.

Article 16
Article 16.5 is added and is about the legal protecting of the mission of MSF and its financial means in case of split up. No remarks or questions.

Article 17
The old article 17, concerning the transition period during the merger of the old association and foundation, is deleted. No remarks and questions are put forward.

Questions & Answers
- Malou Nozeman: The Code Wijffels demands a volunteer policy, are we going to get that?
  - Albertien van der Veen: yes, is work in progress, we are working on a Strategic Plan for the Dutch homesociety and a volunteer policy. We want to remain a volunteer organisation and should stimulate the involvement of volunteers in the organisation.
- Paula Frankema: the status of the Code Wijffels is unclear to me. If you are not a member of the VFI (Vereniging Fondsenwervende Instellingen in Holland, association of fundraising organisations) you do not have to work with volunteers?
  - Pim de Graaf: For us it is important that we are member of the VFI and in general support the objectives and strategies the VFI has decided upon. The implementation of the Code Wijffels is compulsory: apply or explain why you don’t apply. The obligation to have a volunteer policy for example is something very positive and puts pressure upon us – to be much more active in this respect than we were.

Voting
A total of 51 members (44 A and 7 B) voted. All votes were in favor of the board's proposal for the proposed packet of statute changes: 100%.

However, as mentioned above, since our statutes demand that at least 10% of the members take part in the voting to validate statute changes the present vote is not valid.

The statutes prescribe how to proceed; within 3 weeks the board has to invite all members for a special general assembly, which has to be held within 6 weeks. On the agenda of this Special GA only the current proposal is under discussion. Decisions can then be taken through a normal majority; there is no threshold of 10%.

A discussion ensues.

Wouter van E.: I think we have to ask ourselves “What is meaningful membership?”. Also we need to think about how we can encourage participation of members.

Albertien: There are some reasons why many members possibly did not show up today. The statutes is not a sexy subject. Also December 16th, right before the holidays, is a bad date. But the Board is doing things (and will be doing more) to encourage participation of the membership. We have worked on a strategic plan for the home society, working groups have been formed and we are trying to reinvigorate the debate culture within MFS. We want to have more open communication and for example have more use of the internet as a communication tool for the association.

Tankred: This is a continuing process. We have to keep asking ourselves these questions. At La Mancha we said “All the power to the associations”. We should wonder if the associations want all this power. Many people want to become a member, but is it fair to make them take all this responsibility?
Wouter van E.: Another reason why members are not here today is that there are no interesting topics on the agenda. But there are interesting things to discuss. Like the new statutes of the I.C. That should be on the agenda and discussed.

Albertien: I agree that the new I.C. statutes are interesting for debate. These statues, however, have only been ready for one week, so we couldn't include them in today's meeting.

**OCA Update & Questions and Answers**

Operational Center Amsterdam (OCA)
Progress Overview: July to December 2006

After a short introduction, Max Glaser gives an update what has been done since the members have approved the OCA at the last General assembly. The agenda will be:

1. OCA accomplished structure
2. OCA Guiding Principles
3. OCA Council performance indicators
4. Strategic Plan 2007-2010
5. Pending issues

The following timeframe was planned in June and accomplished by end November 2006:
- July: Establishment of the OCA Council
- August: Establishment of the OCA MT and Establish OCA Operational Platform
- October: Formulation of the OCA Strategic Plan 2007-2010, approved December 12th
- November: Formulation of the OCA Annual Plan 2007 (done per section)
- December: XGA on progress
- GA 2007: Proposals for Follow Up

The OCA structure required structural adaptations:
- On associative level: the OCA Council
- On executive level: the OCA MT
- On operational level: Operational Platform

**1. OCA accomplished structure**

1.1 The OCA-Council:
The OCA participating sections remain accountable to their own boards according to have their associative structure. The Board of MSF-H remains legally accountable for all operations. The OCA chair is accountable to the MSF-H Board as well as to the OCA-council. Members of the OCA Council are:
- Albertien van der Veen (President, MSF-H)
- Max Glaser (MSF H)
- Valerie Istreich (MSF UK)
- Christa Hook (MSF UK)
- Joanna Liu (MSF Can)
- Douglas Kittle (MSF Can)
- Stefan Krieger (MSF G)
- Tankred Stoebe (MSF-G)
The council may co-opt additional members when necessary, for example a treasurer (no voting status).

1.2. The OCA MT
The OCA MT has been in function since the 1\textsuperscript{st} of October. The OCA MT holds executive responsibility for all OCA operations, and comprises of:

- Geoff Prescott (General Director MSF-H and Chair)
- Adrio Bacchetta (General Director MSF G)
- Jean-Michel Piedagniel (General Director MSF UK)
- Marylin Mcharg (General Director MSF Can)
- Claire Mills (Medical Doctor)
- Michel Farkas (Director Resources)
- Arjen Hehenkamp (Director Operations Portfolio)

The OCA-MT is accountable to the OCA-Council through the OCA-MT chair.

1.3. Operational Platform
The Operational Platform has been operational since mid October 2006 and consists of:
- Director Operations Portfolio (DoP)
- 6 Operational Managers (OM’s)
- Head of Emergency Department
- Head of Public Health department

HoDs can be invited to join MT meetings on ad-hoc basis as per required per topic. The Operational Platform implements the OCA social mission according to the Strategic Plan and Annual Plan. The Operational Platform reports to the OCA MT chair through the DoP.

2. OCA Guiding Principles
To clarify and stipulate its function the OCA council has adopted “Guiding Principles” (GP). These GP consist of three paragraphs:

- Organizational Principles
- Authority and Structure
- Accountability

2.1. Organizational Principles
The Organizational Principles are based on the Barcelona Agreement of April 2006. It underlines the maximum focus on operations and support to the field. The integration of all participating sections is required to ensure quality response and best use of resources. It is a commitment to maximize ownership on all levels and at the same time a commitment of all participating sections to ensure sufficient and appropriate resources. It also includes the commitment to manage growth in an effective manner and avoidance of additional layers of bureaucracy.

2.2. Authority and Structure
- The OCA council has a delegated authority by the members of the associations of participating sections and their boards.
- The OCA council determines the overall strategy and approves the Strategic Plan, Annual Plans and Accounts
- The OCA Council appoints the OCA MT Chair who is accountable to the OCA Council.
- The OCA MT is responsible for the implementation of the OCA Mission within the set frameworks.

2.3. Accountability
- The OCA Council is accountable to the boards of all sections and through these also accountable to the national associations
- The OCA council sets performance indicators for the OCA, in close cooperation with the OCA MT, to be critically reviewed every 6 months.
- The GD’s of the participating sections are accountable to the OCA Council for their section’s contribution to the OCA but remain accountable to their own board with respect to obligations to other sections (non OCA) and their home society activities.
3. Performance indicators OCA
To monitor its own function the OCA Council has set Performance Indicators. The indicators will be utilized to evaluate the OCA council performance once a year. The list of performance indicators is still in draft form.

3.1. Performance indicators OCA are needed for:
- Commitment: attendance and involvement at OCA Council meetings and works.
- Effectiveness: Problem solving capabilities.
- Efficiency: Timely approval on 4m & 8m reporting, financial accounts and AP’s.
- Legitimacy: approved rapport morale by all associations of the OCA performance and the OCA Council.
- Annual evaluation of the OCA council and problems refers to the Council by OCA MT.

4. Strategic Plan 2007-2010
The Strategic Plan 2007-2010 was formulated by all OCA participating sections (OCA MT). It has been drawn up with the help of a guidance paper written by the OCA Council setting benchmarks, standards, indicators and principles. The Strategic Plan was accepted by all participating sections and endorsed by the OCA Council on December 12th.

The structure and culture of the OCA needs further elaboration during the first term of 2007 and 2008. A mid-term review is planned for 2008.

5. Pending Issues
- Membership criteria: dual/multiple memberships to different sections (need of statuary adaptations).
- Co-opted members: dual membership (own board and co-opted board). For now the OCA Council has accepted to leave this as it is and review in 2007.
- Long term; legal structure of the OCA (mid term review 2008). This will affect MSF-H structure as it may require splitting up Amsterdam in MSF-H home society and OCA.
- Name. There were suggestions to change from OCA. It was agreed by the OCA council to leave this for the time being as it now a common nomenclature throughout MSF. Only when a common vision is clearly formulated it may be applicable to change the name.

6. Questions
Malou wonders whether the SP and AP for Home Society will continue existing.

Max explains that the SP of the OCA applies to all participating sections. As for the AP – in the next years the intention is to split the AP to MSF-H (home society) as a separate document. The SP needs a section on Home Society issues, which is a pending issue for next year.

Lisette notes that a lot of focus was given to the (OCA) structure for operations. What will be the role of the Association when responsibilities have been handed over to the OCA? Albertien answers that it depends on how we can strengthen this role. We have to develop this in MSF-H. Every Home Society is different, so we will have to streamline this. Lisette counts on an alignment of the rapport morale.

Wouter answers that this has been implemented in October and asks whether someone of the Operational Platform is present to tell us more about their experiences.

(nobody present)

Max thanks Geoff, OCA MT and the staff of participating sections for the huge amount of work devoted to the AP and SP.
Chair Albertien van der Veen

General update
By Albertien

Albertien takes the opportunity to introduce and give a warm welcome to our new Association and Board team members. Yvonne Wisse replaced Valerie Wolf and Kim van Vloten is the new assistant to the Board. Also two volunteers recently joined the team; Thijs Broekman, who will assist the team with the new Association website and Mirla Meerschwam, who will help us out with administrative issues.

Update on IC Workgroup Governance
By Christophe Fournier

Christophe would like to take this opportunity to update everyone on the La Mancha process and where we are now.

The La Mancha process
In November 2004 the IC launched the La Mancha process. The main objectives of this process are:
- to re-evaluate our operational framework in view of challenges
- to focus on raison d’etre: to assist populations in danger
The La Mancha Agreement has been formulated and endorsed by the IC last year. This Agreement exist of two parts:

1) Action: this part builds on our past experiences, failures, successes and related contradictory discussions. Key issues:
   - To provide medical assistance in conflict situations remain at the core of our activities
   - MSF role in catastrophic situations (e.g. Niger, Aids)
   - That we have the primary responsibility to improve our own assistance
   - Central in our work will be our individual medical-humanitarian act
   - Willingness to pursue essential medical innovation
   - MSF responsibility to make results of its actions public
   - Distinction from HR (Human Rights) and justice seeking organisations (e.g. Uganda, DRC)
   - Medical choices together with those we assist

2) Governance: to improve our work a stronger governance structure, based on a social mission and our associative nature, is needed. Key issues in this discussion are mutual accountability, transparency, role of the Associative life, reinforce role of the IC, diversity, binding international decisions, MSF being a fair employer.
   - Mutual accountability and active transparency are essential to improve the relevance, effectiveness and efficiency in our work
   - Associative life: the Association will get a more central role in the movement in order to get a more active and informed association. Therefore the IC needs to get more responsibility (international platform)
   - Governance: the IO office managed to come forward with new statutes for the IC, which has been a lot of work. During the last IC meting (2/3 Dec06) these first set of internal rules has been endorsed. For the next IC meeting (23/24 June07) the 2nd set of internal rules will be prepared.
   - Reinforcement role IC: make binding international decisions (Chantilly, Charter, La Mancha Agreement, MSF trademark). Also MSF commitment to be a responsible employer (included abuse of power) and including rules on transparency and accountability (e.g. minority rights).
- Working Group (WG) Governance: the WG is working on roles, responsibilities and relationships. It is not clear yet, in which way the IC is accountable to national associations via their national Board and also how the link will be in between the OCA Council, national boards and the IC. This still has to be worked out. The overall role of the IO is to oversee our social mission of the movement. The Exdir (executive directors) are accountable to the IC. To assist the Exdir with their work committees, WG's were installed and dossiers were opened. Also a first set of rules and regulations for the Exdir and Excom has been made and endorsed by the IC meeting (2/3 Dec06). Also a second set will be prepared for the next IC meeting (23/24 June07).

- Accountability: the overall objective is to improve quality and efficiency of our operations. For example the report on typology has been of great help with analysing our operations. The coming years the Medical Directors, General Directors and the Operational Directors will work on a set of indicators in order to measure how effective we are. During the last years we achieved already a lot with combining our financial accounts. These combined accounts together with the typology will help us the coming years to have a better view on our reserves etc on international level.

- Finance/ growth: the discussion on growth is high on the priority list within the movement. Growth should be needs driven and we should prioritise our existing resources before opening new entities. Within the MSF movement the commitment has been made to share these existing resources. During the coming ICB/ Excom meeting (March07) each section will come up with the operational plan of their section in order to get a proper state of play.

National Staff (NS): MSF committed to be a responsible employer. MSF would like to get rid of the distinction between NS and International staff (expats). An unanimous resolution adopted by the MSF International Council (IC) and a request from the MSF International Office (IO) resulted in a report on MSF being a responsible employer towards our NS. Key issues in this executive overview of state of affairs were:

1) describing what is already in place and steps taken or planned by MSF operational centres (OC’s) to fill their responsibilities as an employer (contracts, coverage, training, career development etc.,

2) assessing access of national employees to position of responsibilities

3) identifying gaps and formulating recommendations if relevant,

4) and defining indicators for sections to report on / IC to follow on this issue to monitor implementation.

In the results of this report was mentioned that the Operational Centre in Brussels and France are much further in this process then MSF Swiss and the OCA. The IC expects all sections to make progress on this the coming year. By the end of 2007 the IC will review the state of play in all OC’s. Also the associative dimension is important. Associative avenues for NS should be explored.

Associative nature: A few key issues:

1) Harmonising; follow up on discrepancies between all associations

2) Involve National Staff in associative life

3) Reshape associative debate: FAD (Field Associative Debates), former Mini AGs (Mini General Assemblies). By using the name Mini AGs it stipulates that you can have a voice in the General Assembly. Therefore the name did change. The FAD will take two days in the field; the first day will be with all sections present in one country on one topic (chosen by the International Council) and the second day for each section on its own on a self-chosen topic.
Questions and answers:

Corien Swaan: she asked what our Board is going to do with the report on “MSF being a responsible employer towards our NS”.

Christophe: in this report (page 80) there are many indicators mentioned. These indicators will be / has been used by different Operational Centres (OC’s) (access to training, responsible positions etc). In this report improvements made are seen but there is still a lot of remaining work.

Albertien: this report will be shared within the movement (Association website, Tukul etc). MSFH is still a lot behind compared with the other OC’s. A new position is currently opened in Amsterdam (National Staff Officer) in order to give this process a big push. In our Strategic Plan and in our Annual Plan 2007 NS is mentioned as an absolute priority. The La Mancha process helped to get this topic well addressed.

Christophe: the International Office (IO) will use this report as a tool and not to force all sections. The IO asked everyone to come forward with all NS data so they can coordinate this in order to keep an overview.

Marcel: during the presentation words as accountability and efficiency are mentioned a lot and also on establishing different platforms. How do you involve responsiveness in here?

Albertien: we don’t want to get stuck in governance issues. Therefore a better overview (framework) is needed to make the overall picture clearer. In this way (based on this framework) we can improve our responsiveness and our transparency (resources).

Christophe: the IO is trying to analyse how effective and efficient we have been and at the same time assess our responsiveness. This is needed to have kind of guidance in order to improve the quality of our interventions.

Michel: we do share financial resources. Are we also willing to share HR resources?

Christophe: yes

Michel: I hope that sharing HR resources will become a priority in the IC (International Council).

Christophe: for example we can improve access to training and management positions for our NS. Also by opening new offices we can get more human resources and financial resources.

Michel: notes that due to our commitment to be mutual accountable it will take a lot of time, money etc (flights, meetings etc).

Christophe: believes that this is very important and by improving our technology (video meetings) I hope to reduce costs, time etc.

Albertien: during our IC meeting we discussed our binding rules and regulations, which is still work in progress.

Pim: adds that in the new set of rules of the IC the scope where the IC can make decisions on has been made more clear.

Update IC Workgroup Chantilly
By Marc DuBois

Marc was hoping to use this opportunity to report on the progress made in the Workgroup Chantilly. Before the La Mancha process started we thought that the aim was to write a new Chantilly document. However, the conference progressed in a different direction, leaving Chantilly untouched for the time. Now there is a move to update it, led by a workgroup, consisting of 4 people included Marc. There are lots of reasons to review Chantilly. First of all, there is confusion within the movement on which Chantilly document we should use because 2 different versions are circulating in the movement. Secondly, the Chantilly document should be used as a reference document, to give our work guidance in the field (operational choices). Also it defines our identity as being a humanitarian medical organisation and it give us tools to achieve our objectives. Yet it needs updating. Since 1994, when the Chantilly was formulated, the global context and nature of humanitarian action have changed. For example the principle of independence has become more important then neutrality from an MSF standpoint. Also, there are gaps in Chantilly. For instance, the concept of humanity doesn’t exist in the Chantilly document. During the La Mancha Conference (March 2006) a lot of debate took place on the principle of humanity. Marc believes that the principle of humanity should be our first principle
because it implies solidarity with other human beings. Humanity should also apply internally in MSF. The Workgroup came with the following proposal for “La Mancha” (on principles of action):

1) Humanity at the heart of MSF’s action (new)
2) Impartiality: a fundamental principle
3) Independence: a necessary condition
4) Medical ethics: a framework of responsibilities
5) International law and legal responsibilities
6) A spirit of neutrality

On organisational values the Workgroup did the following proposal for “La Mancha”:

1) Innovation to overcome barriers (new)
2) A commitment to accountability
3) Responsible and committed staff
4) Safety and security of field staff (new)
5) Operating as an Association

Though not clear where the process will lead, the feedback at La Mancha already suggests changes to this organization of our principles and values.

It is also hoped that Chantilly can be educative as well as providing definitions. For example, the principle of impartiality is linked to that of independence, and the document should make these links clear (i.e., impartiality implies a high degree of autonomy and control over all phases of an intervention: independent assessment of needs, free access to victims, and verification of aid provided).

The La Mancha Agreement has been formulated based on issues what found missing, needed more clarification etc. in our Chantilly document. The International Council decided to continue the debate on the actual relevance and description of the Chantilly principles. This debate should focus on current operational challenges, and the position of MSF in the current humanitarian environment.

Questions and answers:

Christophe: I believe as Marc that before coming towards a new Chantilly document it should go to the IC and then the new format should go to all national Boards, which will take quit some time.

Albertien: I agree that the Chantilly document needs to be updated. The results of the La Mancha Conference were not as we hoped for but steps have been made. On this moment of time I agree with keeping the La Mancha Agreement as an annex of the Chantilly document.

Marc: there are still 2 important values that appear nowhere in the document, perhaps more; one is the principle of humanity and the other one is the diversity issue.

Malou: I’m very glad to see this principle of humanity but also the principle of looking to ourselves (internal) should be mentioned.

Expats (4 of them just returned from Nigeria): one of us has just been fired by the Operational Manager (the other three therefore resigned) and we ask you how serious is MSF with looking to this principle of humanity for ourselves?

Wouter v Emp: I agree that we don’t always implement this principle properly.

Albertien: this issue is an expat issue and should be raised in the Workers Council and discussed with Operations and not today at this extra General Assembly.

Wouter v Emp: I’m interested to see if there is any proposal on security in our charter.

Albertien: we can’t be present in all crisis but we will make a choice.

Christophe: we personal feel that we are not able to work in conflict zones (Iraq etc).

We should allow a small number of individuals to take risks. The environment we are working in has changed and therefore also the security. At the same time it opens the door to be present in conflict zones. Some sections are not willing to take risks anymore therefore a compromise was reached by allowing only a few people to take these risks.
Khaled: according what is written in the La Mancha document MSF intervenes by choice; why do we implement this?
Marc: morally we feel we should be there but it is a choice because we are not obliged to be there.
Khaled: for me this seems like an excuse for not being present in Afghanistan and Iraq for example.
Albertien: I hope that people don’t see it in this way but as a challenge to be present in these conflict zones in order to give these people in need medical assistance.
Christophe: you can see sections trying for example to work in Iraq and Afghanistan.

**Vote on the La Mancha Agreement**
The GA 2006 adopted the following two motions:

**Motion 1:**
*I agree in principle with the concepts and directions presented in the La Mancha Agreement as a whole*

**Motion 2:**
*The MSF-H GA mandates the President of MSF-H to debate and negotiate these comments at the IC in June with the intention to come to a final La Mancha document or not and to bring the outcome of the La Mancha process back to the GA*

Members were now asked to vote on the final La Mancha Agreement as it is mentioned in the second motion.

**Voting results**
Total votes in favour: 57 (correction: 53.82)
Total votes against: 10 (correction: 8.68)
Votes in total: 67 (correction: 62.50)

**From Strategic Plan to Annual Plan**

Geoff Prescot gives a brief overview of the main points in the SP. Writing the SP was a process of mutual adjustment. Several international working groups on HRM, fundraising etc. were formed to help write the SP. In the end the process was one of learning from each other and compromise.

The major external challenges facing MSF are increased pressure through political and security agendas on principled humanitarian action, a social fabric distorted by HIV/AIDS and the increased demands for accountability and transparency. Some of the main internal challenges are finding a balance between standardisation and creativity, and taking the opportunity of continuing to improve our quality while the organisation grows and becomes more complex.

New in the SP, among others, is the emphasis on the need for new operational strategies. Innovation is needed because we can't accept that we don't have access to the hart of conflicts. Also there is more focus on populations directly affected by conflict and ensuring a relevant medical response. Another aim is to increase our impartiality, independence and neutrality by reducing institutional funding and being a witness to what we see and leaving the analysis to others. Building a larger base of loyal donors and prioritising speaking out on the suffering of people in our communications will help to achieve this aim. We will also need to strengthen our logistical decisiveness and capacity with growing operations. In the coming years we have to adapt our staff policies in order to retain staff and integrate national staff in our overall policy.
Wijbrand: MSF Holland hasn't been in the Gaza strip for 10 years now. What are we going to do about that?

Geoff: We have been revisiting those kinds of contexts. For the Gaza strip in particular, we did an assessment and an intervention from us was not needed.

Milou: I do a lot of work for MSF in the Netherlands. Wherever I go I get a lot of questions about Arjen Erkel. What is the state of affairs?

Geoff: The Swiss judge is due to come with a verdict anytime. As the employer of Arjen, MSF Switzerland is responsible for any future action, like an appeal in case we lose the court case. If this has a negative effect on us, too bad. It is the call of MSF Switzerland.

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**Parallel Debate 1: Home Society**

Present: Corien Swaan, Malou Nozeman, Hanna Nolan Wouter Kok, Marc Dubois, Yvonne Wisse, Jonathan Fischer, Frans Jurrema, Nienke Schaap, Wijbrand Boon, Rita van Santen.

Chair: Hanna Nolan

**Introduction:** Hanna reflects on what has been done the last few years on the subject ‘Home Society’. Home Society has been high on board’s agenda for a number of years. The association Working Group Home Society has written an open letter to the Board expressing concern about the apparent lack of connection to the Dutch Home Society. This WG observed a weakening link between MSF-H and its home society.

In response board member Max Glaser wrote a discussion paper analyzing MSF’s current initiatives and problems relating to the Dutch HS and the board subsequently wrote a position paper outlining why MSF wants to be connected to its home society. This paper states that our desire to be connected to our HS follows from the témoignage part of our mission. We want to express/make public in our home society the suffering we witness in our missions. The paper does not address all aspects of our links with the HS. There are still many unanswered questions. Issues still needing some further thinking/discussing are such as how, where and when we want to be connected to our HS. Are we willing to invest additional resources in our home society even if this will not have an immediate impact on our beneficiaries? The paper clearly states that our desire to be connected to our home society does not originate from our needs in the area of funds raising and recruitment.

In the new strategic plan for the OCA, home society is hardly mentioned, in the annual plans of departments there is some attention for the home society issues.

**Marc Dubois,** HAD:

Marc agrees that our wish to be connected to our HS flows from our witnessing role but in his opinion the focus has to be on advocacy most beneficial to our concerns in the field. In that light targeting the Dutch government, maybe by mobilizing the Dutch public, is often not very useful. HAD has targeted people in the Dutch government very rarely, although they have tried for Sudan. For this kind of lobbying you need a special kind of expertise.

As an organization we focus on medical advocacy. According to Marc mobilizing the home society should not be the role of HAD or the Communication Department but of the association. But both departments can be supportive by delivering the materials. It was agreed that we are not an opinion leader in the humanitarian debate in the Netherlands. A reason could be that there is too much of a focus on operations.
Question: How do other sections relate to their HS? Marc: It varies, for example the Norwegian Section is very active in lobbying their government, but you may wonder whether this work has an immediate impact on the beneficiaries.

About the asylum seekers issue, a hot political item in the Netherlands, teams often wonder why MSF does not speak out about asylum seekers who are sent back to their countries of origin, while these countries are not safe. Marc sees a role for MSF to speak out about the circumstances of all those suffering in these countries, but not only for that specific group of asylum seekers who are sent back. MSF-B and MSF-USA have a different opinion, they do spend a lot of time on asylum seeker issues in their HS. MSF-H does not work with AI or the Dutch Refugee Council (VVN) on asylum seeker issues but if there is a question about level of health care available in a country where we work then we give such information. These questions are asked sometimes by lawyers representing asylum seekers who are applying for asylum on medical grounds.

HAD experiences difficulty in finding Dutch field advisors. They had a vacancy recently but there was again not a strong Dutch candidate.

Question: Why MSF was not present at the Africa-day organized by the Evert Vermeer Stichting? There was a discussion with ex UN General Dallaire and UN General Cammaert about humanitarian intervention and working with NGOs who still want to be independent etc. HAD had not received an invitation.

Wouter: It is a trend we observe in Holland, not MSF but other NGOs are invited to comment on humanitarian issues. Another issue which hampers us in this respect is that we also miss a Dutch spokesman like Jacques De Milliano.

Corien addressed the issue that while expats can be speakers in meetings of Rotaries, schools etc. the more important public discussions should be attended by someone who is better informed which is more likely to be an office person.

Frans: Another important issue is how the strategic plan will be put into practice and by whom. Do we need additional resources, do we have the proper structures and positions in place in the organization to implement such a strategic plan for the HS? Concern was expressed that we lack a proper structure to address HS issues.

Question: Can we speak out about Afghanistan? We have the problem that we are not working there at the moment. Wouter: As an organization we would have an opinion about how humanitarian NGOs work with military. Marc mentioned that MSF is discussing this issue with Kofi Annan. It was pointed out however that the Dutch public is not aware of this.

Malou pointed out that the High School campaign in which she participated was very succesful. Several schools have asked us to come back next year. But there is no follow up. Again this is evidence of a lack of structure directed to our home society. In those schools you talk to young people, a lot of them are migrant children. We are working in the countries where they come from. It is important to have such discussions with young people in the Netherlands.

Question: Whom are we targeting in the HS and for what? The Communication Department is aiming for 200 presentations in its Annual Plan. Corien stated that this is a problem. The target should not be 200 presentations, the target should be who do we aim to reach. Frans points out that this is a strategic question.

Jonathan says that the strategic plan formulation will allow us is to step back and ask ourselves what do we want. Whom do we want to reach? The campaign "Niet denken maar Doen", in this
regard was good a good campaign. However, it was just one campaign. It is not a part of a bigger strategy.

Wouter raised the question of our purpose. Do we want to connect to home society because we are angry or because we want to influence things?

Hanna: In summary, this group clearly agrees that we need a strategic plan for the HS, a structure and resources including enough Dutch people in the office to represent MSF at the humanitarian debates taking place in the Netherlands. There is also agreement that we want to be present in key humanitarian debates. We find this formulated as an overall objective in the position paper of the board. We want to achieve a proactive presence, contribution and visibility in the current public humanitarian/medical debate. The strategic plan HS will be drafted at the beginning of 2007. This will allow us to address many of the key questions also raised during this discussion.

### Parallel Debate 2: Operational Research in MSF (Kala Azar)

#### Introduction

Tankred welcomes everyone to the discussion and lines out the medical challenges new expats are being confronted with in the field by diagnosing and treating an increasing number of diseases (Tb, HIV/AIDS, tropical diseases) which they might have never seen before. Koert will start the discussion by presenting his findings of his field studies done on the disease Kala-Azar (KA), also called Visceral Leishmaniasis. After his presentation we will broaden the discussion more.

#### Presentation on Kala-Azar by Koert Ritmeijer

(Koert is currently Interim Head of the Medical Department, normally Health Advisor)

Koert started with explaining that by doing field studies the quality of our work will improve and also the impact of our medical action. Kala-Azar (KA) is parasite and transmitted by a sand fly, which is living in the acacia forest. It undermines our immune system and therefore the patient will get other complications (for example malnutrition, dysentery, tuberculosis etc.). If it is not treated it kills the patient. MSF is treating KA patients in South Sudan and Northwest Ethiopia, which having difficult field circumstances. Due to the fact that in S-Sudan the health structure is absent treatment and diagnosis of KA is difficult. Patients have to walk long distances and arrive late in our treatment centres, which make the mortality rate high. MSF-H treated between 1989 – 2005 in Sudan and Ethiopia almost 76.000 patients. KA can be diagnosed clinical, by microscope, Direct Agglutination Test (DAT), spleen aspirate and rapid strip test. The staff working in the laboratory should be well trained because the lab tests are difficult to read. Therefore MSF has been looking for more simple diagnostics so operational research was needed. The last years we use now dipstick tests to diagnose KA in the field, which is relative easy and doesn’t need high quality staff. KA is treated with SSG (sodium stibogluconate), which is still very effective and an easy, relatively cheap generic drug. Based on research this generic drug seems to be as effective and safe as the brand version. The disadvantage is that the treatment is 30 days of painful injections and especially on very sick patients and those with HIV infection SSG is toxic. This makes the mortality rate high. In Ethiopia we do a clinical trial on patients, which are HIV infected by giving them a new oral drug called Miltefosine. The outcome was clear; this oral drug was safer then using SSG (especially for HIV infected patients). We learned over the years that by managing complications we can reduce the mortality rate. We did this by decentralising our strategy by going to the areas patients coming from, especially when there are outbreaks. This was possible due to the more easy diagnostic tools. Currently we have more then 20 treatment centres where KA treatment is integrated in the basic health care system (no vertical approach is needed). For example in our project in Ethiopia we treated KA patients only in the hospital in 2002. After we decentralised access to treatment improved and therefore
the mortality rate went done (3 till 4 times less high then before the decentralisation took place). The work of the Access Campaign and DNDi (Campaign for Drugs for Neglected Diseases) has been very important by negotiating the price of Ambisone, which is a very effective but an expensive drug (3500 Euros per patient). The price went down with 90% for the NGO’s working in these areas. Koert believes that we should keep operational research linked with the work MSF is doing in the field. It should be integrated in our normal program activities and supported by the office staff. We don’t need a high quality approach, using simple technologies will normally do.

Questions and Answers
Chair: Tankred Stoebe (Board member)

Tankred expresses his admiration to the work done with the impressive reduction of the mortality rate. He opens the floor for discussion.
Hugo: congratulated Koert with the work done and asked if MSF has the capacity to this kind of research.
Koert: we have lots of people but we have to free them to do so because it requires capacity and space in the PHD (Public Health Department) for support. I could use 50% of my time last years for doing this research.
Tankred: MSF wants to integrate the management of all these complex diseases in all our program activities, which is a challenge for the medical people but also for logistics.
Koert: we have to develop our own tools because we are the only one in the field dealing with these diseases. MSF is working closely with the London Medical School where very committed people are willing to assist us for free. Like for example for tuberculoses; it is very difficult to diagnose this disease. This is also work in progress.
Wouter v. Emp.: to treat patients I believe is a medical discussion. In terms of research we should look more on a preventive instead of a treatment approach.
Koert: for example by using bed nets it is difficult to say if it contributes to prevent people from getting KA. It depends on so many factors; it should be properly used and on the right time for example and is therefore difficult to measure effectiveness. Also the area is huge where we are working and a part of the population is nomadic.
Ellen: asked if operational research is mentioned in our Strategic Plan (SP) for the coming years?
Koert: indeed it in mentioned in our SP as a priority and also in our Annual Plan (AP).
Ellen: but do we have resources for this?
Albertien: indeed our AP is quit ambitious. In this plan is mentioned that our witnessing indicators will be based on medical data. Off course operations will come always first but we should make choices and prepare a plan based on the decision made.
Ar: how does your research relates to research done by the DNDi and do we work with other institutions together on this? My own concern is that we are mostly inward looking).
Koert: the DNDi is replacing a lot of work MSF is doing, for example taking over trials. But at the same time I believe we could have done better on this.
Tankred: initiatives like DNHi and the Access Campaign are helpful to search for solutions for forgotten diseases, but at the same time we work in the frontline and therefore I believe that we should spent some energy in research and work on practical results.
Koert: I believe we should work together with the DNDi because we are complementare. They are involved in an early stage in the development of new drugs, which we can’t do ourselves.
Wouter v. Emp: does the Board of MSFH have a mechanism in place, which can have in impact in our home society (HS)?
Albertien: this debate on our HS is another discussion because our communication is very much resource driven. Currently MSFH is working on a special SP for our HS. I believe that we should be more pro-active and do much more in the medical area. For example we can link up with the Manson Unit (based in London) and explore possibilities and revisit our relation with them.
Tankred: when MSF pushed for change of the malaria treatment protocol, this had a huge impact on the societies in some of the countries were we work.
He thanked everyone for the interesting discussion and especially Koert for his presentation.
Plenair Feedback & Questions and Answers

Feedback Debate I: Home Society

Wijbrand: We discussed various points in our debate. We think MFS should be more visible in debates in Dutch society, especially at universities. More initiatives should be taken in that direction. The campaigns in the last years have been nice, but they seem to lack vision. It is unclear why campaigns are mounted and there is little follow up. The choice for and the set up of campaigns should be more strategic. We also discussed the need for more Dutch people in senior positions within the office, so they can be spokespersons for the organisation and use their own networks within the country.

Milou: I agree that what is lacking in the campaigns is a long term vision. The campaigns are nice and important, but it is not enough. We need to make a connection to young people. Specifically migrant kids. MFS can do this if we try.

Wijbrand: A focus on young people is good, but is has to be a conscious choice. If we do it right it could work for us, we can get more supporters and donors this way, but we have to put serious thought into this. We can't just do it once, half-heartedly. That won't work. We will have to stick with it.

Wouter van E: MFS needs to formulate an approach to our home society. Where is it in the Strategic Plan?

Pim: The Board has been working on a plan for the past year. The board committee on this issue has written a paper on the questions “what is home society?” and “what do we do with it?” It is a complex topic. If the role of MFS is to “witness” and not to “analyse” (as we have reiterated in the Strategic Plan 2007-2010) then what is our message to our home society? We have to be absolutely clear on what we communicate. We have to tell Dutch society what we saw and what we did, that’s it.

Hannah: Home Society was one of the hot topics in the board discussions in the past year. We want to be present in the public humanitarian debate. Our task at this moment is to make concrete what we want to do and how. To find the best ways to reach our goals in this respect. The Strategic Plan for Home Society is the beginning of an answer.

Corinne: The antenna is having a meeting in January. We would be more than happy to receive input on this matter from the members.

Wouter van E: The way forward in my opinion is that MFS should have a more activist image and spirit in our approach to our home society.

Feedback Debate II: Operational Research in MFS (Kala Azar)

Tankred: the Kala Azar study, presented today by Koert, is a good example of the possibilities of operational research. It shows that simple tools can have a big impact, in terms of diagnostics, use and types of drugs and access. But horizontal programmes also present us with challenges. MFS has a special position in the frontline, we are confronted with reality on a daily basis. This also determines our role in the research and our link to DNDi and others. We can conclude from the Kala Azar study that research and treatment don't have to be a dichotomy, we can do both and do them well.

Closing
Additional Extra General Assembly, 12 January 2007

Venue: Achterwillenseweg 1c
2805 JW Gouda

Present:
- Mirjam van Bohemen
- Rita van Santen
- Wijbrand Boon
- Albertien van der Veen, president MSF-Holland
- Pim de Graaf, vice president MSF-Holland
- Nienke Schaap
- Gert Esselink
- Linda Molenkamp
- Mieke Knoppers
- Corien Swaan

PROGRAMME

Opening:
20.00. Welcome and opening of meeting by Albertien van der Veen, president MSF-Holland.

Statute change.
Pim de Graaf, vice president MSF Holland explains the proposed statute changes.

Article 7
The proposed changes in Articles 7.2, 7.3, 7.4 and 7.5 are about conflicts of interest. There are no questions or remarks from the members.

Article 9
The proposed changes in Article 9.9 and 9.10 are about remuneration of members of the board.

Article 10
The proposed changes in Article 10.1, 10.2, 10.3 and 10.4 are about conflict of interests.

Article 11
The proposed changes in Article 11.1 are about approval of financial report and annual account.

Article 12
The proposed changes in Article 12.6, 12.7 and 12.8 are about voting procedures.

Article 13
The proposed changes in Article 13 1 and 13.2 are about the audit committee and the setting up of committees in general.

Article 14
The proposed changes in Article 14.5, 14.6, 14.7 and 14.8 are about the auditor charged with the inspection of the annual reports and accounts of the Association and the accountability of the board.

Article 15
The proposed changes are about new Bye-Laws, which will be proposed to the members during the GA in June 2007.
Article 16
Article 16.5 is added and is about the legal protecting of the mission of MSF and its financial means in case of split up.

Article 17
The old article 17, concerning the transition period during the merger of the old association and foundation, is deleted. No remarks and questions are put forward.

Voting
The voting committee consisting of Wijbrand Boon collects the ballot papers and counts the votes witnessed by Linda Molenkamp. Results: 10 ballot papers, 10 valid votes all in favor of the statutes change.

Closing.
After receiving the ballot papers the president closes the meeting at 20.30 hrs.