Minutes Meeting of the Board of Trustees

5 October 2007

Edinburgh

Attendance
Christa Hook (Chair), Francis Stevenson, Mark Cresswell, Jerome Oberreit, Paul Foreman, Pim de Graaf, Rhonda Walker (Company Secretary), Manica Balasegram (Head of Manson Unit) for 2nd half of day 1

Apologies
Karen Hoffman, Robert Senior

OPEN SESSION

OCA Feedback

PF reported on the OCA Council meeting on September 28th/29th in Amsterdam. The majority of discussion at OCA C meeting was constructive although the level of detail sometimes unnecessary.

Vision
OCA do not seem to share ambitions for own sections, only for OCA. It is felt MSF H believe it is disloyal for partners to have a relationship with other operational centers, although other OCs do not consider this a problem.

Reserves
The issue of where the Reserves are held was discussed again with MSF H insisting that they should be held centrally; MSF H admitted it would not consider this an issue if funds were not short.

At today’s meeting PF suggested a solution to this recurring problem may be to have a different model in which to pool all money and agree together where it is spent.

MSF Funds
The current position of funds in the MSF movement was discussed but financial details unknown. International President Christophe Fournier is planning a mechanism to count the money available across the movement.

Recommendations from the OCA C to the OCA MT

- OCA Council will have ultimate approval of AP and that AP will be binding (cannot later be changed by Boards)
- MT being advised AP 2008 should take into account 2007 shortfalls; to keep the budget in check, and look for financial savings.
- Reserves must be left intact and preferably replenished
- Although it goes against the SP, the MT is advised to seek Institutional Funds rather than cut back on operations.

FS suggested the issue was the same as secondary partnerships and what IC is looking at, as sections are not accountable.

Consultants had been considered for the evaluation of the OCA MT and Council but they were later deemed inappropriate and the process has been stopped. This raised concern as the delay in the process and the departure of GDs means the opportunity may now be lost.

MC raised concern that things are agreed at the OCA C meetings and then reappear on future agenda’s presumably to obtain an alternative outcome.
Christa highlighted that the ambition MSF UK, where we carry responsibility of operations & accountability must be considered at all times.

Discussions on the vision for MSF UK and its place in the OCA will continue tomorrow.

**OCA response to the presentation on MSF Ireland.**

CH fed back the following:

1. Investment in HR – Ireland can produce good quality medical resource, with the advantage of Irish passports (neutral) and a much more open accreditation system for medical specialist training, but so far those recruited have not been placed. There is concern that if we do not place people, this will become known and future applications will be affected.
2. Investment for Fundraising – good prospects within 2 years to raise €6m (€2m - €3m in private funding, with the balance in institutional funding and possibly governmental funding (although Jane suggests the latter is unlikely)). After 5 years the return could be 6 M euro in private funds.
3. Current medical / humanitarian debate not well developed. Both recruitment and FR should benefit from emphasis on the quality and pioneering nature of MSF’s medical work.

Canada expressed reluctance to invest in Ireland in a situation where there is a shortage of funds. The IC decision on new entities is as yet unknown. Meanwhile the members of the OCA C will take the support question back to their respective Boards for approval.

RW stated that based on a 5 year model the cost was too much of a commitment for the UK to take alone.

As a pragmatic response the OCA Council recommends that MSF UK start the process of registering in Ireland but a decision will not actually be made until IC have reported on their review of new entities. Cost of registration €8-10 000 incl. legal costs, Irish board etc & translation of UK Memorandum and articles to Irish law. Harder to pull the plug later but stopping now is not responsible.

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<th>Action Points</th>
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<td>Resolution to go ahead and start registering process but conscious of IC looking into the position of new entities and may decide against it at and secondarily for the Boards of the partner sections to support funding.</td>
<td>MT</td>
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<td>MSF UK Board should be represented at future MSF H AGMs</td>
<td>Board</td>
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<td>PF to have informal conversations with his contacts in ops in the other sections to get their perspective on OCA.</td>
<td>PF</td>
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<td>Further discuss Board Structure and how represented by UK Board</td>
<td>Board</td>
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**Current status of the Africa Initiative**

PF identified scope of project, which is to help and guide presentation to IC on MSF Africa, not governance or investment but to get answer from IC first. The African side will need investment in legal structure and administration but this can come later. Everyone acknowledges the African initiative should be supported but only within the framework of MSF international. MSF UK can mentor them but not invest money so if it becomes unstuck at International level then we have to step back. A discussion regarding the most appropriate name for the Initiative ensued.

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<td>The steering group from MSF UK and Germany to mentor the African Initiative until an international decision is made on their future.</td>
<td>Steering group</td>
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**Finance Update**
RW presented a financial update, providing the Board with two potential scenario’s, see Cash Flow projection and total Income for 2005-2007 documents attached.

Most of the shortfall is attributed to being overly optimistic; we can manage with current position but only with absolute guarantee that next years targets are accurate. All FR campaigns since JK first highlighted issue have also been less successful than expected.

Ireland has had impact on Fundraising as it has had on HR; the diversion of time and effort being more important than the financial resource of approximately £300k plus resources.

The Board discussed what is more important; allowing MSF UK reserves to fall (should be 3 months / £2m) or meet OCA and OCB commitment. Legally we cannot fall below 2 months reserve, so we must advise OCA when our limit reached.

MSF UK contributes to OCB through institutional funds only, not private funds.

Partner section financial teleconference due to take place today. This would look at joint resources and whether projections could be met. Rhonda could not participate as at this Board meeting (very short notice given for TC).

JM has made MSF UK’s position quite clear at 8M enabling OCA to cover.

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<td>MSF UK must be realistic next year and rebuild reserves and change the way we measure the relationship of cost of Ireland (persons)</td>
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<td>Need to reduce expectations and commitment to partners.</td>
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**Manson Unit Update**

MB presented a proposal of new Epidemiological positions to support to MSF-OCA also see attached MU 2008 AP

**Overall objectives**

1. Improve medical surveillance and monitoring.
2. Provide epidemiological input to planning activities throughout the project cycle.
3. Provide epidemiological expertise for rapid response to outbreaks.
4. Strengthen operational research in key areas
5. Improve accessibility of MSF-OCA documentation.

2 additional FTE positions based in MU allocated to strengthening epidemiological capacity within MSF-OCA (and possibly other operational centres). MSF-OCA currently has 1 FTE allocated to epidemiological support, but the person also has other responsibilities in the medical department. This is inadequate to provide the level of support required across all programs and activities.

Field positions within missions are currently utilised within some projects, and the potential exists to expand such services. However, many of the objectives will require an overview of activities, and close links with operations and specialists at HQ level. This cannot be achieved through field positions alone.

MU is the appropriate focus for additional epidemiological capacity as the system of field support for MSF-OCA implementation activities has been in place and functioned well in areas including HIV, TB and malaria. A similar system can be applied to provision of epidemiological support.

MB highlighted that process can frequently take 4 years to realize and thus justifies constant feedback and advocacy of the matter, which is why it is not suitable for consultant or external epidemiologist reports.

In the last few years there have been a lot of changes, closures and growth. MB says some of the project closures or
openings have been in direct conflict to our strategy. This has been very frustrating for MU and others feel the same which means the strategy within OCA must be reevaluated.

The first step is having the right core people. The present one position in Amsterdam cannot work and people in field must be able to feed back.

Epicentre is limited in the capacity for epidemiological consulting services. There is no capacity to support longer term, ongoing input into surveillance and monitoring activities.

**Breakdown of personnel in the MU**

2 lab technicians Pam and Heather  
2-3 ops research and epidemiology (current 1 MSF B)  
1 Malaria (International position)  
Medical Editor (Sarah going on Maternity in Feb)  
Frauke left last month  
Vincienne leaving to join MSF B  
Manica Head of Manson Unit will be leaving towards end 2008 – ideally start looking for a replacement now with view to Mar/Apr start for Manica to handover before leaving after Scientific day.  
Not replacement for Frauke and Vincienne but person for Cat2 MDR and an Epidemiologist

FS asks if should the same apply to the relationship with Geneva but MB stated as such a new relationship – not yet.

The danger is this is seen as theoretical concept owned by MU and not OCA strategic plan.

Should be reviewed at 4M, 8M, 12M, OM, OD, One to one

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<td>Board offers Manica their full support for this challenging and important aspects of medical work that can really make a difference</td>
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**Update on Association**

Delayed until tomorrow.

**International Developments**

FS presented

A new post in International Office of Associate co-ordinator has been filled. His initial problem is realizing how differently the Associations are managed, that there are no equivalent counterparts in the sections and different levels of willingness to coordinate.

Local level initiatives or events required to provide for national staff as they are currently not catered for and if IC does not provide this then the national staff will feel compelled to start their own groupings.

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<td>Re visit the recommendations of national staff to discuss with OCA</td>
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**Recruitment of MSF-UK General Director**

No end date specified, decided this should be 17/18 Oct and all concerned parties should be informed. Interviews originally scheduled for week beginning 22nd October and now deferred to end October and beginning of November.
20-30 enquiries and 2 formal applications received so far, with 2 more on the way.

The shortlist will be decided by the consultant in consultation with Christa, and it is hoped that between 3 and 5 candidates will be interviewed in the 1st round with the aim of having 1 or 2 to go through to the second round. Psychometric testing will be separate.

If up to 4 candidates are shortlisted then interviewing will take 2 days and interviews scheduled w/c 29th Oct (1 and 2 Nov)

Discussion on candidates for 2nd round to be made on 5th Nov

Pim can join by video conferencing for second round interviews 7th Nov

First round – two interview panels

Technical Competencies
Rhonda, Marilyn, Christopher Stokes (if he is only avail by VC then answer No) (finance, ops, international)

Half hour coffee break in between

Personal (not technical) attributes, management and motivation Christa, Albertein, & Francis

Second round
Christa, Pim, Paul

The composition of face to face interviews was discussed, how do we organize this and what competencies are we looking for. Processes and what are we looking for in this person, we must assess their potential not only their previous field activity.

JM put forward some competencies
1. Leadership & Vision (not management)
2. Commitment to MSF & social mission
3. Ability to lead MSF UK in strategic direction in OCA
4. Media-savvy person

The Board discussed how the interviews could work and whether an opportunity to get together informally with final candidates was practical.

If a suitable candidate found is not found, JM is willing to extend but must be allowed to leave within a reasonable period. MSF UK MT have stated they would be able to continue for up to six months.

In principle Board are going to assist JM with financial support to have a break after MSF in return to staying on and handing over to new GD. Payment would have to be taxed.

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<td>Jerome to confirm with Christopher Stokes regarding availability in London 1st &amp; 2nd Nov</td>
<td>JO</td>
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<td>Closing date to be confirmed as 17/18 Oct – advise HR, Harris Hill and within movement</td>
<td>CH</td>
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<td>Agreed GD position 3 year contract renewable for maximum of further 3 years (can resign at any time) and this is to be mention at interview. Check with Croner whether permanent contact invoked by someone there six years. Employment to include a 6 month probation period.</td>
<td>RW</td>
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<td>Physical support pre and post interview will be provided by Harris Hill.</td>
<td>HH</td>
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<td>Check whether HR person needs to be present during meeting to ensure fair and unbiased (safe guard the process) – check with Croner and Harris Hill</td>
<td>RW</td>
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<td>Book Board room and facilities for Interviews 1 &amp; 2 Nov and</td>
<td>KM</td>
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<td>Advise candidates process does not allow for anonymity.</td>
<td>CH</td>
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<td>References must be followed up – last employer, last MSF (in depth) or last Line Manager by telephone informally. And that referees have not volunteered references. Make sure not blacklisted</td>
<td>CH</td>
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Outstanding Action Points

Signed off minutes from Board Meeting 3 Aug
Signed off minutes from AGM 2007

| Action Points | | |
|----------------|----------------|
| Christa to forward closed session notes from 3 August Board meeting to Kate | CH |

Any other business

Set future meetings and dates
3 questions discussed
- Should Board meetings be held more frequently
- Should meetings be longer each time
- How feed into OCA meet/ before or after - agreed PRE approx 2 weeks before

Robert probably going to extend his stay in Singapore

Teleconference booked for Mon 26th Nov 1800 gmt to precede the OCA C meeting 29 Nov and IC meeting 2 Dec

MSF-UK Xmas party is on Friday 7th December (following the next Board meeting) and Board members are invited

MC stated he would be in the UK Friday 18 Jan 2008

2008 event dates confirmed
- Scientific Day 5th June
- AGM 6/7th June

| Action Points | | |
|----------------|----------------|
| Future meeting dates to be discussed further tomorrow. | Board |

Meeting closes