Friday 22/09/06
1. Operational orientations for 2007

Saturday 23/09/06
2. Finance: key financial indicators, budget follow-up and Funding policy
3. New entities: China, Brasil, South Africa, Lebanon
4. OCB functioning:
   a. OCB members replacement
   b. OCB Working groups functioning
   c. How to share common debates between OCB section’s Boards

Present:
Aneli Ericsson, Mauro Lucardi, Konrad Putz, Carlo Belloni, André di Prospero, Jean-Marie Kindermans, Torben Bruhn, Alex Parisel, Stéphane Goriely, Murielle Deguerry.

Invited
Raphaëlla Ravinetto, Hani Kalifa, Gianfranco De Maio, Dick van der Tack, Patrice Vastel, Dan Serman, Simone Rocha, Meinie Nicolai, Christopher Stokes, Pierre Boulet Desbureau, Jan Boeynaems, Francis de Beir, Evelyn Depoortere,
Friday 22/09/06

1. OPERATIONS

**Presentation:** Meinie and Christopher
**Documents:** Prospects; slides

The operational review and prospects are presented in the Draft Operational Prospects document, with some adjustments following the Roma Extended Codir discussions mirrored in the PPT presentation.

Based on these presentations, the main discussions at OCB Board level were around:

**CONFLICTS:** (20-25% of our operations)
- **Mapping**: There seem to be conflicts where we are not present although we would like to be there. Why and where?
  - What we did:
  - An effort was made this year to screen conflicts where OCB was not working, leading to explo in Northern Thailand, Palestine (explo foreseen end of the year), Nepal, India and CAR. We opened Galgaduud in Somalia, RCA and Lebanon and are drafting ways of going back to Iraq. Possible intervention in central India. Continued action in, Ivory Coast, Congo, Haiti, short intervention in N'Djamena (surgical assistance to direct victims of the conflict – during the attack on the capital by rebel forces).
  - Constraining factors:
    - Necessity to map our presence with regard to other sections’ presence in conflicts.
    - Ratios of our presence in conflicts becoming a rationale for interventions would be damaging to our operations! Eg. sections fighting together for humanitarian space in Sri Lanka, every section wishing to be present in conflicts.
    - Difficulty to find the appropriate experienced Human Resources (see below), what is needed for quality programs.
    - Security issues prevent us to be in some contexts.

- Cc. the international pressure for us to be more present in conflicts, it is true our presence in stable settings is strong, also because of AIDS. But there is no complex to have: the OCB has built operations in risky conflicts we can be proud of as they mean a lot in terms of impact, quality and know-how, and we are looking at opening others (see above). There should be no problem as long as our identity is safeguarded. Let us also be careful with caricatures between sections.

- **Security Analysis:** there is an international pressure to go for more conflicts with at the same time a point of tension remaining between OC’s on the risks we are ready to take (some having the impression the OCB takes sometimes too much risks). The debate must go on.

Internally, someone is in charge of the review of our security guidelines and training modules.

- **HR**
  Need for experienced HR in those contexts and difficulty to have them:
  with rising family charges and age, people tend to grow and consolidate their experience in stable or AIDS settings (leading to a striking contrast between difficult contexts with many 1st missions, and stable or Aids contexts with very highly experienced people).
  -> how to import this valuable experience and keep experienced people for conflict contexts?

Between others by stressing the importance and promoting a mixed and diversified experience...
• **Management methods**
  Need for flexibility, lightness in our way to manage operations (as the Lebanon and Haiti experiences learned us):
  - guidelines are no absolute rules if they prevent us from working efficiently,
  - need to explore further how to maintain our capacity to go beyond standards when necessary (not to become too formatted), how to empower experimented HR to bring the coordination capacity closer to the field when possible (ad-hoc with more or less experienced staff)
  - Need however to maintain the Copro’s as requested after the Pakistan crisis, what was respected since then.

• **Networking**
  AIDS settings forced and taught us to network better. This experience should be imported in conflict settings, where multiple contacts, cooperation with locals and better visibility are needed for a better knowledge of the situation, increased security, quality advocacy and operations.

• **Other actors**
  Did we go further on the analysis and possible lobby needs concerning the absence of other actors in major conflicts, their instrumentalisation and lack of independence? (cf. September 05 B&O).

  The majority of others actors seem to be convinced of the relevance of an enhanced UN coordination, also for financial reasons. We become more and more isolated.

• **Darfur**
  Discussion around the impasse we are in:
  The recent evolution of the situation (with b.o. aggressive government campaign against MSF; increasing insecurity with aid workers being directly targeted; ...) entails a drastic reduction of the humanitarian space, with us and other NGO’s not able any more to access populations, neither to have a clear view of what is going on.

  Agreement at Extended Codir level on the need to check if it is acceptable for us to go on working symbolically (while ensuring we have explored every possibility to work) or if it is better to leave with an advocacy component (ensuring we would not be complicit to a situation by staying with extremely reduced room for manoeuvre). This will be done with experimented people (GD, Dirops, Rowan) from different sections (commitment to have an intersectional approach) going soon (October) on the spot to make the analysis and get a clearer view on recent development.

• **Afghanistan**
  Gorik shared the recent evolution of the trial in Kaboul, with the main suspect behind the murder having just been released, before the outcome of the process, while he was in preventive detention. Amongst the possible reasons: afghan law prevents detention for more than one year without condemnation; the public prosecutor judged there was not enough evidence. A press release is foreseen for next week to put pressure on the government.

**POST-CONFLICT**

• **Limiting our involvement in time, linked to mission closure criteria**
  Regarding the proposed policy responding to the need to define the duration and objectives of our action in those settings (after 2-3 years, reassessment of the added value of staying, with possible decision to maintain assistance through exclusion projects or endemic/epidemic projects, on a case-by-case basis according to the needs, the groups vulnerability):

  o **the notion of vulnerability** according to which we decide to stay or not (“post-post conflict”) seems to be more and more linked to vulnerability to specific diseases (medical criteria) and less to the concept of vulnerable group of population (orphans, ...). These groups should remain into our objectives!

  o **closure criteria**: need to clarify them:
What are they and are they applied in the same way to all the contexts?
Some of the specific questions linked to a particular context were:
- Wouldn’t a mortality survey in Angola have pushed us to stay as for DRC?;
- why do we leave Angola and stay in Burkina for eg. where the situation seems to be better?;
- Isn’t there a paradox between, on one hand, realizing the necessity of being closer to the population in order to know them better and build a network, and on the other hand, closing PHC interventions like in Equateur, DRC or Angola in order to focus more on hospitals (where we are further from the people we work with than in health centers)? Meinie explained Lubutu was opened as it showed high mortality rates. The project will find its base in the hospital to guarantee safe referrals from the periphery. The aim is to increase the quality, access, vaccination coverage etc with other actors in a number of health zones. Mobile outreach can also be considered.

Indeed, there is a difficult trade off to make on what mission to close in order to leave room for emergencies, openings and healthy turnover. All closures are painful and every mission has good reasons to defend for not closing
- need to have “cheval de bataille” to stay:
  ▪ withdrawal cannot be conditioned by equivalent levels of service being taken up in a sustainable way by national authorities (otherwise we could stay everywhere indefinitely until the systems are perfect and in a way, staying too long could make us complicit to the low level of care whereas leaving and showing the impact on care while it is not our responsibility could be a better strategy).
  ▪ advocacy alone cannot be an alibi for staying. But on the other hand, there is a need for stronger advocacy in “post-post conflict” phases (fight for a minimum level of care, free care, for other actors not changing the emergency mode of functioning too early for structural support, ...), what we failed to do in Angola.

This discussion deserves more time for further debate

- **The way we leave** is also very important:
  - post-conflict settings need evaluation as we do for emergencies, on transversal issues, to see the way we leave and the quality of the hand-over.
  - If we have the in-house capacity to do the evaluations, we must pay attention that these are carried out by people who were not involved in the interventions and context (cf. MSF-F evaluation of Darfur). The objectives for the evaluation should be clearly defined beforehand, making clear what exactly is expected from it.

- **Link with public system**
  Need to make it clear in the prospect document that our policy is not to avoid any link with public structure in post-conflicts and go for private. It is rather - on a case by case basis - to try and limit it to 1-2 year, and remain flexible and open to other approaches like mobile clinics etc. Long term structural supports through the MoH have indeed often proven not to be able to guarantee quality in our programmes (agreements not respected, ...).

**EPIDEMICS - ENDEMICS**

- **Nutrition**
  Regarding the new strategy, which is to
  - Learn from other sections, (mainly MSFF in Niger, and other nutritional actors (UK)) using one nutritional protocol for both severe and moderate malnutrition (plumpy-nut <80% W/H)
  - Explore integration of nutritional care in PHC-services
  - Look at child mortality under 5 year where nutrition is an important factor with a free care, nutrition, vaccination, quality malaria care package,

the main points raised were around:
- OCB sections wish to put more focus on advocacy and communication not to come to a development dilemma like for AIDS
- how long would this new strategy imply us to stay (Marie-Christine to make an assessment in Niger in October), taking into account the fact that diminishing the Plumpy Nuts price alone will not solve the problem
- the new approach could help us making up our mind in post-post conflict assistance (see above)
- this new approach represents interesting challenges for us to invent new strategies

• TB
  - Too many programs are still forced to rely on national TB programs strategies (the majority)
  - Shift from DOT to SAT approach (internationally approved):
    - how to go for SAT in such programs whilst WHO still sticks to DOT?
    - Through asking exceptions to do SAT in e.g. pilot projects
    - where SAT is applied, need to collect good data from the start to monitor the effectiveness and adherence, to capitalise, to document our approach, to establish its credibility, and to possibly lobby.
  - MDR TB: if we ask other actors to take their responsibility in this field we should also be active (with all the barriers to overcome cc. testing, drugs, ...), all the more if needs are high.
    Indeed, screening Asia (India?) and eastern Europe for developing a vertical MDR-TB project should be foreseen.

• AIDS
  - Integrated approach in all PHC programmes:
    - Even if complex, integrating AIDs into PHC is a natural evolution with the rising knowledge and diminishing costs but,
    - Ethical public health versus person to person approach dilemma to be further discussed: what happens to AIDs patients when we decide to leave PHC prgms? Are we strong enough to take such a decision?
      On the other hand is it acceptable not to treat them while we have the means to do so?
      But then we should have the same position for all the chronic diseases (and if the argument not to treat TB in PHC was the 6 months long treatment, one can imagine how difficult the question is with the Aids 5 years commitment)
    
    Again, choices need to be made: the trade off does not only concerns the place were we are (see above) but also the diseases we treat!
    
    International discussion and decision (IC) are needed on this aspect (inter-sectional conference foreseen end of the year) as if media would lay hold of this problematic this would impact on all sections (eg. one section closing a PHC leaving Aids patients)
    - Ethical committee to be involved in those questions
    - If we go for integrated approach, strong need to prove the adherence is maintained as good adherence is our cornerstone to prove feasibility and to avoid new resistances!
  
  • Handover: need to evaluate situation after hand-over.
  • Scaling-up:
    - goes on in a limited way whilst handing-over.
    - Need to follow-up the number of people under HAART
    - Costs not proportional to scaling up as a lot of drugs are provided by the GF (GF risk has been assessed).
    - Aids represents 1/3 of the operational budget.

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1 The Objectives of this meeting are outlined in the following document: invitation inter-section workshop
EXCLUSION-MIGRANTS

- **Exclusion**
  The number of «exclusion» projects like street children, sex-workers, prison programmes seem to diminish in aid of much more medicalised projects. However, it is felt that the concept of populations in need - with access to care, dignity and humanitarian values to defend, beyond mortality figures - must remain part of our objectives. There is a need for further debate on this issue.

  Also, keeping room for opening some projects more spontaneously, beyond standards and foreseen frameworks seems important (like we opened Moscow).

- **Migrants**
  Cross fertilisation between sections having migrant projects only happens in a limited way as such projects are rooted in local politics and therefore differ significantly from countries to countries.

NATURAL CATASTROPHIES

- Trend to capitalise on people to build specific experience
- Need for clearer policies?
  Are very dependent on particular contexts and situations -> need to remain flexible in our reactivity.

TRANSVERSAL INTERVENTION FIELDS

- **Women’s health: abortion**
  Where are we?
  The HoM asked a position paper be developed. An abortion working group is working on it (1st draft has been discussed and will soon be turned into a position paper). A protocol for abortion care has been distributed on the field. The main line is to improve access to abortion care, consider humanitarian needs on abortion, analyse the situation and what is possible to do context per context, and raise awareness of the field.

- **User fees**
  o Where are we?
    Interesting impact: explosion of the number of consultation where we introduced free care. These figures will help for lobby as we have to keep on convincing other actors to put money into health. But most donors, NGO’s, WB are reluctant to have a policy on free care because of the sustainability question.

  o Need to monitor what happens after we leave free care settings.

TYPOLOGY

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<th>IPD</th>
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Comments:
- **OPD**: consultations diminish with 1 million (DRC Equator, conflict settings).
- **Malaria**: the presented figures are the number of new cases
- **IPD**: are stable
- **TFC's**: doubled (with Plumpy Nuts, shift from SFC to TFC)
- **ANC**: anti-natal care: increasing number of new users
- **Cc. Women's health**: diminishing maternal mortality thanks to a better access to emergency obstetric care, SGBV and fistula care.
- Increasing number of **assisted deliveries**
- **SGBV**: is stable. Some projects are very successful (Burundi: vertical, private clinic, with women staff and a lot of awareness raising), other less (Darfur)
- **Surgery**: doubled
- **War trauma**: stable
- **ART**: more than doubled and still increasing
- **NFI**: Pakistan: lessons learnt from Tsunami
- **Mental Health**: better support in HIV and TB. Preventive care in JogJakarta (Tsunami trauma)

**SATURDAY 23-09-06**

2. **FINANCE**

*Presentation*: Jan Boeynaems  
*Document*: PPT; indicators

a) **Financial indicators**

The Key financial indicators are presented in the .PPT

**Main points:**
- Slight deficit of 2 millions is foreseen (without “TV Aksjonen”). This might still change with the evolution of emergencies and their coverage with IF or not, and especially with the evolution of private income (end-year fundraising campaigns).
- Need to closely follow-up the **new emergencies and copro envelopes** (p3-4) as it increased a lot the 2 last years (and as we even increased the initial 2006 envelopes by 5.7 million). This year the Pakistan emergency is responsible for a good part of the new emergency increase.
- Evolution of the **base budget** should be noticed. It increased by 6 millions compared to the initial budget 2006 for several reasons:
  - higher salary costs for national staff
  - higher free-care expenses
  - mission closure costs (Angola)

The impact of the remuneration project is also to be foreseen (3 millions ~ 20% increase!)

Even if the base projects expenditures has been increased by 6 millions, we decided to maintain the “décotte” at 5%.

- Regarding incomes,
  - the general income tendency in all OC’s is a still increasing one.
  - NCPS (p10) funding are in practice treated like Institutional Funds: through grant fundings, projects by projects.
  - There was no proactive fundraising for the Lebanon crisis. Only an awareness raising add in newspapers, and a general appeal for our emergency fund on the website (permanent) in order not to collect earmarked funds.

- Regarding expenses:
  - Regarding the presentation:
    We work with different financial presentations at PS level, OCB level, international combined accounts level (in this meeting we present and follow-up the OCB figures). However we could all use the same standards and in particular communicate
according to the international MSF standards (social mission, other – functioning & raising awareness - expenditures, and institutional and private income).

- HQ expenses seem to vary a lot among the various OC’s (F invested a lot in private Fundraising; H has an expensive HQ, ...). This was however not discussed between sections (accountability).

b) Funding policy

Document:

Seen the level of resources in the movement, the OCB agrees that:

- OCB sections will keep on increasing Private funds
- No dogmatic IF ratio will be adopted any more but preservation of a critical mass of IF (with a minimum critical number of institutional donors),
- we will preserve our capacity to re-increase the IF level when needed - in line with the evolution of the OCB financial situation and our willingness to remain able to answer to needs -, and to keep the know-how and contacts with IF donors
- The level of this critical mass will be managed by the executive in line with the budget rules.

Vote:
For: 9
Abstention: 1
Against: 0

Regarding the contact with institutional donors, the experience has proven that for some donors, having funding relationships helps for lobby purposes, for others it is the absence of such a relationship that has proven to help. This data will be taken into account in our IF donors portfolio.

In the discussion,
- Some felt arguments outlined in the paper cc. the reasons why we want to keep a critical mass of IF are not strongly enough put forward (need for an explicit reference to the preservation of the capacity to reconsider increasing IF if PF decrease)
- Some had strong questions cc. the fact this strategy is so different from the position we had last years and IF diminution was so quick (this last point is explained by ECHO and DFID strong decrease)

The ceilings became non sense because of the new environment (large availability of private funds) and because of other MSF groups pleading for “zero” IF.

The core debate is not relating any more to how much IF we want, but to “do we want to have access to IF in the future” and how do we manage our needs.

Everyone agreed the answer is positive and the above proposition is acceptable (as a principle for action to manage incomes, as a pragmatic tool), beyond the debate – we could not deepen - on the rationale to diminish IF (with some putting forward ideological reasons and other much more pragmatic ones).

- Some pointed
  - at the necessary trade off that will need to be made to keep the international reserve level stable following the IC decision (entailing a possible private funds decrease if there’s a minimum level of IF to be kept)
  - at the risk management needed as private funds are not so reliable as IF (what if a scandal, a crisis, ...). From there the need to remain connected to IF.
3. NEW ENTITIES

a) **CHINA**

*Presentation:* Dick  
*Documents:* doc ; ppt

Dick presented the state of affairs in HK and China; why China; the role of MSF-HK in China; what for; the challenges; what was done so far (see doc and PPT).

The main discussions were around:
- how this initiative fits in an OCB perspective (sharing the reflexion, ideas and support are welcome)
- the possibility to do advocacy in China. Dick reassured we can say a lot in China, provided words are well chosen
- the objectives:
  - the rationale behind: does this answer to a need, strategy or is it driven by something else?
  - time is left to fine tune the presented objectives as the process of registration will be very long. In the meantime, HK wanted to explain how they feel it is worth to start with the process (see presentations)
  - possibilities to do fundraising in China.
    - Limited now for legal reasons. Could be extended, but are not our priority for the moment
- Operationality
  - HK confirmed again there is no intention to become operational. Possible emergencies in China would be dealt with through the OCB mechanisms (furthermore some pointed if HK was to become operational it would be advisable not to be operational in China).
- the choice of the location: why not Beijing? Because:
  - more liberal environment
  - allows to frame the activities in a legal way (registration) more quickly
  - activities would not confine to the Canton region, would also reach Beijing
- the funding of the initiative (HK or needs OCB funding?).
  - So far, taking advantage of pro-bono, no large expenses due to cheap prices in China, so there is no need for a specific OCB funding.

b) **Brazil**

*Présentation:* Simone Rocha  
*Document:*  

Simone presented what has been achieved so far in Brazil, what are the unexplored resources and the “futuro” (see doc).

Main discussions were around:
the “institutional vocation” of the Rio office (so far registered as a representation of MSF-B in Brazil): towards a PS?
- Needs clarification for people in Rio
- If to be a PS, some steps would be needed, in particular: building an association. The pressure of HQ and expat staff will play its role (as for ex-delegate offices that became a PS) but this remains a process to be coached.

c) **RSA:**

Few time was left for a comprehensive presentation. The draft report of the feasibility study is available ( ).

RSA has different potentials than Brazil. They translate much more in terms of “de-westernalisation” including hearing the voice of people with various cultural background in our association, freedom of speech, activism, democracy, potential to speak and lobby towards the government, …
Discussions on new entities in general:
- Cc. the building an association, attracting people with various experience including externals
  seems important (not only HIV as could be the case in RSA).
- What are the consequences on international governance, knowing also that resistances exists
  at international level (some think we may better achieve internationalization through increased
  integration of national staff only) and that the IC is to take the final decision?

Are all the OCB sections ready to back the above presented projects at the international level?

- WG5 acknowledged the added value of the presented entities for the OCB, in line with La
  Mancha but had no discussion on the consequences for international governance
- Some would prefer these entities be seen as a tool for a pre-determined strategy
- Need to have a better vision of the institutional future we want for each of these initiatives
  and of the link with the OCB structure (participation in OCB Board, …).
- ask for more transparency at the international level

Lebanon
Questions are raised on our intentions on Lebanon, as steps for registration have been taken up.
Lebanon is not to put in the same basket as RSA. The main focus of a set-up in Lebanon, would
be communication with the Arab world and recruitment.

4. OCB BOARD FUNCTIONNING

a) Replacement of OCB Board members
Christina, one of the 6 coopted members, announced recently she found a new job in Belgium
and as a result didn’t apply again for membership in the Swedish Board and would probably
step down from her role as an OCB Board member.

Sweden proposes she could possibly be coopted in the Swedish Board and remain in the OCB
Board as she could go on following OCB issues from Belgium, with unknowns regarding her
future availability for both Boards.

-> A rule need to be defined for the replacement of OCB Board members who are not re-
elected in their section’s Board.

Decision
The availability, stability and the capacity of the OCB Board members to give regular feedback
to their respective Boards are important criteria to which an exception cannot be made. Being
an elected Board member in an OCB section is also essential.
It was therefore decided the positions of OCB members who are not re-elected in their section’s
Board or who step down need to be reopened for a 2 years mandate.
This process will happen once a year around October (after the AGM’s). Sophie will organize
the process of cooptation for Christina’s replacement in October.
b) **How to keep a well informed, anchored in the reality, interacting with the executive OCB-Board? (OCB working groups functioning):**

From experience, it seems it is too ambitious to involve everybody at associative level as well as at executive level to make the 5 OCB working groups function properly. The same level of assoc-exec interaction is probably not needed for each issue.

The Codir proposes the following new functioning which should between others preserve the aim to keep the OCB Board well informed, and anchored in the reality:

- **the operations group** is integrated in the overview and forecasts process which is very interactive (with Board implication as usual)
- **the HR group** (with focus on long term planning) is transformed in a platform of discussion including HR responsible in PS with one OCB Board member informed regularly and welcome to attend the meetings.
- **The FIN group** is transformed in a platform including PS fundraisers with one OCB Board member informed regularly and welcome to attend the meetings.
- **The governance and architecture mixed group** goes on functioning as it is with the same members (with focus on the new OCB convention in the following months)
- **The support to operations mixed group** goes on functioning as it is with the same members

Furthermore,
- Gorik will put on paper what are the decisions awaited from the OCB-B on resources.
- More time will be allocated for regular presentations to OCB Board and discussions on resources (HR, FIN, ops support). Operations should however not be put aside as they are our backbone.
  ➔ In this line, everybody confirmed its availability to start January’s meeting Friday at noon and finish it later on Saturday (confirmed for 19-20 January, in Brussels).

A question Patrice also launched is what level of information do the members expect from their respective GD.

c) **On how to share common debates between OCB sections at Board level:**

Relating to the governance WG Patrice asked how far we feel we have achieved *co-ownership* at Board level with the present OCB set-up.

Board members felt co-ownership is a core question. It would be worth to assess it after 3 OCB-Boards meetings. Many regretted we could not share common debates, eg. on Pakistan or RSA.

The proposition to improve debate sharing between OCB sections is the following:
- AAU implication in the preparation of debates to be held in the OCB sections before discussions at OCB Board (+ Eric Stobbaert still available for debates on RSA)
- Cross information on the debates each section foresees
- Enhance the responsibility of each members to feedback in its section and promote common debate

**d) Working groups content**

(As few time was left, need to be completed with a thorough discussion in January; reactions by e-mail already welcome).

**Governance group**

Besides the question on co-ownership (see above) Patrice asked feedback on the OCB-Board expectations with regard to the DG 7 platform: 3 propositions that need further discussions:
- The GD7 platform is neither a recommendation-making nor a decision-making platform (only a sharing information platform)
- The GD7 is a recommendation-making platform (makes recommendations to the OCB board), not decision-making;
- The GD7 is recommendation-making AND decision-making platform (this platform may have to decide on some issue that do not need to be brought to OCB board level)

**HR group**
Dan asked feedback by e-mail on the documents he sent.

**Aids group**
Jean-Marie will try and prepare, before the Aids workshop foreseen at the end of the year (see above), a document outlining the main dilemma, for discussion amongst the OCB Aids group.