OCB Board 8-9 January 2009
Decisions and main remarks

Present:
Kristina Bolme, Rachel Cohen, Evelyn Depoortere, André di Prospero, Anneli Eriksson, Ning Fan, Michalis Fotiadis, Stéphane Goriely, Nina Handal, Jean-Marie Kindermans, Mauro Lucardi, Raffaella Ravinetto.

Excused:
Rachel Cohen

Operations Overview 2009 and Prospects 2010
Documents: Prospects OCB Board January 2010.ppt

Decision:
The OCB Board approved the 2010 action plan.

Main remarks and discussion points:
Conflicts:
- As to the progresses made to meet the IC request to have an intersectional representation system for Iraq by March 2010, meetings are foreseen to have this aim achieved by the foreseen deadline

HIV:
- phasing out was raised as a concern in a few mission only
- we should push the CAME to lobby for better prices for Tenofovir, as its high price is one of the factors impeding us from giving the right treatment everywhere (this is now decided on a case by case basis where government support and take-over possibilities exist, as eg.: this doubled the cost of our Zimbabwe mission). Greater efforts should still be made in MSF projects to improve first-line regimens in line with accepted international standards.

Migrants:
- We should have a reflection on what is the minimum level of medical component we need to ensure meaningful medical needs are being meant and to ensure legitimacy to our advocacy. Egypt: copro foreseen next week with a project identified (after a long identification period due to administrative issues, difficulties to find the right medical angle, ...) 
- Johannesburg: some think the the migrant project in Jo'burg illustrates that the role of MSF in urban settings is not clear, and that further defining of our role, if we have one, would be needed.
- Europe: coherent approaches between projects in Europe on the same problematics are needed for lobby purposes. Progresses are made with the new position of coordinator for the migrants projects for Europe (super HoM), collaborations for lobby, common press releases and actions for the migrants day, use of each others data, proposal for a common position paper on detention, ...

By Choice projects
- Brazil closure: the lessons learnt out of this project in a violent slum setting should not be forgotten. The confusion on responsibilities for the office/mission had an impact on the project, but is not the reason for the closure
Generally, the leverage, monitoring and documentation aspects of By Choice projects have to be worked at, together with the AAU and medical department. For 2010, new thematics and/or places where we best answer the existing needs have to be identified in a strategic way to replace the projects which will have come to an end.

**Answers to recommendations October 2009 of the OCBB**

- **Number of Field visits:** raises the question of the autonomy and level of responsibility left to the field and the kind of support we want from HQ to the field (linked to the amount of resources needed for this support); of how we plan visits (some countries have too much, others not enough), of how visits could be done with a broader view than an expert one covering other aspects than the expert own expertise; of the nature of the technical advises (minimum package implementation everywhere leads to big unfocused missions). And the same applies to the capital visits to the field.

**Intentions 2010**

- **Natural disasters** in countries which seem to have the means and the resources to manage them: criteria’s and nature of intervention to be further discussed at a next OCBB (with reference to the Abruzzi intervention in Italy, Taiwan floods, USA floods).

**Challenges on operational growth (RIOD paper)**

- **HQ support to insecure contexts** (cell 4): in relation with the question of the HQ support to the field and how resource demanding and complex are those contexts in terms of support, shouldn’t we aim at locating the support capacity more at field level rather than at HQ? This is already the case with the flying positions and the HoM in Afghanistan also acting as a type of desk (could be replicated for other missions)

- **Diversity between OC operations**: difficult to have a coherent and complementary approach, to rationalise. Dirops feel this would be facilitated with a common associative dimension providing a space where to arbitrate for the sake of the social mission, detached from institutional interests. On the other side, having different sections in the same context with different approaches can be rich, provoke change and exchange of new ideas.

**Feedback on motions**

Responses from the executive were important first steps in explaining how the executive take these motions into account, and will be used for feedback to the gathering.

- **On Neglected diseases**: see the feedback of the operations in “1_Motion Neglected diseases.doc”.

The Board reiterates its demand towards the executive to remain vigilant and go on ensuring that MSF as a whole at least maintains, and possibly develops, its overall efforts toward ND including reinforced links with DNDI.

It is added the expertise build in specific OC’s on ND should benefit the rest of the movement, for integrated care for instance.

- **On handover**: see the feedback of the operations in “1_Motion handover 2009.doc”

This motion will need further discussions at next Board meetings in order to be able to give the Gathering a more coherent answer, as there are still different views within the Board on the specific follow-up to give to this motion:

- There was however a global agreement to acknowledge that the aim of this motion is first and foremost to improve handover, and that it should not be a way of getting MSF back in the country.
- The situation (and potential follow up of a project) should be seen differently whether we are still within a country or have left it.
- Some think that focusing on improving the handover processes and on specific evaluations whilst the operations do not see a role for MSF to lobby when we are no
longer operational on the specific problematic/area, is kind of a re-interpretation of the motion:
If we are still in the country or around, we should have the moral obligation to monitor the evolution of the project and if need be, take some actions, that can be minor, such as contacting those that took over, and put some pressure. Lobby measures towards were only mentioned as examples in the motion. The field concern is natural, relates to the fate of the beneficiaries after we close a project while we ask our staff to improve their proximity to the populations. Even if this motion is difficult to implement, some think we should lend it a stronger concern. Other think this could lead to never ending commitment as the quality is always decreasing when we leave.
- The Board agreed in no way the reflection on the associative life in a country after the closure of a mission should be linked to the idea of having MSF back in the country one day
- On Nutrition: see the feedback of the operations in “1_Motion nut 2009.doc”
  This motion definitely needs attention. Several preventive actions are already implemented. Nutrition is high on the agenda in the whole movement and prevention is discussed at IWG level.

Our role in prevention and research will be developed further accordingly over the coming months and be feedbacked to the Board.

- The implementation of the 2008 motion on medicines’ loss has been postponed to the Board meeting of March 2010

2010 Budget
Document: OCB BUDGET 2010.ppt

The budget that was presented was not approved:
The Board raised again strong concern regarding the ratio OCB HQ costs vs. total cost for 2010 (including SA and BR), equaling now 30,24% (an increase of 6,6% compared to the initial 2009, while the operational growth is only 0,6%).

The OCBB members
- committed to get back to their partner section and find with their executive (including BR and South Africa) ways to reach a smaller threshold for 2010
  Vote: 1 abstention 11 in favour
- agreed that this threshold should be below 30% for 2010
  Vote: 8 in favour of HQ Operating Costs to be brought down to a maximum of 30% – 4 were in favour of a threshold equal to the one of last year, i.e. 29%

This consultation will be coordinated by Jean-Marie and Christopher and a new budget will be presented in March.

- asked to have indicators and information developed at OCB group level for the March 2010 Board meeting, allowing to substantiate, control, analyze and judge in a more objective way what ratio is acceptable
- recommended a longer term perspective than a yearly one be taken as a better base for analysis, discussion and decisions.
- recommend to look at other ways to raise funds than the existing ones (explore and invest in new markets)
Main remarks and discussion points:

- Fundraising costs amount for a good part in the increase (related to aggressive FDR scenario chosen for the OCB), on the other hand it seems we reach a ceiling as to the level of private income we are able to raise within the OCB group. Is this conjectural (crisis) or structural, our fundraising markets may have come to saturation. In any case, we should analyse were to best invest over the OCB in order to have better returns on investment, explore new fundraising settings and develop a long term collective vision. Let's note however that investing in FDR elsewhere will require to decrease HQ costs somewhere else.

- IF should not be forgotten neither but we will not be able to increase them much any more.

- The income issue should not occult the need to check how to decrease costs in other fields than the new 2009 costs that were presented to justify the increase for 2009. But for the moment we have no elements nor vision to do this.

- 5 OCB sections out of 7 have already approved their budget including HQ costs [while the issue was already addressed in January 2009]. This raises the question of the scope of the OCBB versus national Boards and timing of Board decisions (budget are under the responsibility of each Board – which controls a part of the budget and sees it through its reality - but there is also a collective responsibility). This topics is not addressed in any of the documents describing the functioning of the OCB, and it should be addressed in the “OBB regulations” session (see below).

- While the overall HQ cost should remain below 30%, some think we should still allow Brazil and South Africa to make the necessary initial investments to develop their potential. This should however be done with a strategic vision of their complementarity and added value for the OCB and movement (no duplications). This reflection is also valid for old entities, as was done with MSF-L and as encouraged by the IC and its 19 sections review, and did not lead to any agreed conclusions during this meeting.

- The freeze of headquarters’ position, decided at IC level in June 2008, has been reconducted for 2010 only. The OCB could however decide to extend it beyond.

- A critical supervision of the IO expenses should be performed (lot of money spent last year, without an evaluation of the results of the different studies that were performed). Some think that this critical supervision should also concern the CAME and the DNDi.

- Imposing a clear constraint/limit on growth is the role of the OCB Board.

- It is to be noted that MSF Italy 2010 budget does not include any provision for the third edition of the so-called "5 per 1000" (the tax measure that gives the taxpayer the possibility to re-direct part of the taxes to a charity, in casu MSF) paid into a direct donation to one NGO or another entity ). Even if, based on the previous two editions, we can estimate a range between 5 and 8 Mio euros, and even if there is no doubt that MSF Italy will get this money, it is very unlikely that this will happen or that MSF Italy will be able to book a claim by the end of 2010. From a legal point of view, at this stage this money cannot be included in the budget of MSF Italy (even if it could be further revised at the mid-term review). From an operational management standpoint, however, the following was agreed: to consider this amount in the budget of the OCB, expressing what we want to achieve (to avoid to allocate this money to specific operations, unless we get to know that we are in the condition to book this amount in Year 2010*). MSF Italy restated its commitment to fully transfer the 5 per 1000 income to OCB operations (as it was the case for previous editions), and to immediately inform OCB of any developments so to possibly adjust budgets as soon as possible.

OCB Board regulations

The OCB agreed on the version of OCBB regulation document as reworked during January’s OCB Board (see 100109_OCBREG_FINALforAPPROVAL.pdf). It will be circulated to OCB sections Boards for approval. A final vote is to be foreseen at the March OCB Board.
The OCB Board committed to work on updating the annexes (OCB Gathering and OCBB functioning), some parts of which are clearly outdated. Mauro will send them for comments and a revision process will be started in March.

Main discussion points:
- Regarding accountability and decision making, some think that the agreed text:
  "Decisions on major governance, organizational and structural processes within the OCB, need to be broadly supported by the PS, thus to be taken with the approval of all of the PS Board Representatives" should be revised in the future. The OCB Board could work in the future towards a proposition that is more in line with the IC type of functioning (4/5 majority).

OCB Vision
Document: 4_Vision Paper 1012.doc

With the support of the working group on governance (JM, Fan, Evelyn, Rachel, Anneli), a second draft including the Board input and comments at different levels will be send to the OCB Board by the end of January. This will prepare a new discussion at the OCBB in March with possible finalisation of the document.

Summary of the general comments from the Board and of the 2 working sessions:
General
- Some think that it should take into account the evolution of the associative life development on the field (regarding between others the potential increase of the number of members on the field, and their representation in the associative global structures)
- Some think that it should have a more equilibrated balance between humanitarian and medical aspects.
- Some think that it should include a vision for Brazil and South Africa

Group A on social mission, identity, added value
- Agreement that we should present ourselves externally as “medical” organisation since this reflects better our identity in line with our very strong brand name ("Medecins Sans Frontieres") and since the principles of medical ethics are more universally accepted than the humanitarian principles. Yet, in our official documents and websites we should continue with the formal description of non governmental medical humanitarian organisation.
- Our added value as humanitarian medical organisation is based on our medical action in the field in proximity to the people in need, intervening in acute (emergencies) and chronic crises where other actors don’t go or do not offer enough assistance.
- Our medical action includes a variety of curative and preventive services and activities which impact positively on health at individual and community level (interventions of public health importance). Yet there is need to remain focused. Therefore, while we maintain the “suffering of people” as the wider criterion for intervention, our medical action should in first instance aim at improving SURVIVAL of the people we want to help.
- There is an overall recognition that OCB has contributed a lot to the capacity and diversity of MSF action and advocacy through operational initiatives and consistent commitment for people affected by crises which had evolved beyond the classical emergencies/crises (conflict, natural disasters, epidemics).
  Therefore it was felt that OCB should continue to invest in HIV/AIDS and other longer term crises by the “by choice” operational investment, yet with disciplined monitoring & evaluation of outcome/impact and documentation & dissemination of the lessons being learnt.
Yet we need to maintain a healthy balance between interventions in emergencies and longer-term consistent operational commitment in chronic or long-term crises.

- Much more attention should be paid to proximity with the communities through consultation and through operational communication about who we are and what we want to offer; especially in those contexts where we are not well perceived/accepted. Most of the crisis contexts of MSF involvement require a long term commitment; therefore we should question whether we should not evolve more as an “actor of these civil societies” through active inter-action with communities and other civil society actors.
- For sustainable and healthy growth, we need to continue to improve quality of our interventions and should still develop more synergies and complementarities with the other operational centers.

**Group B on governance, co-ownership, shared operationality**
- Consensus that we should better go for decentralisation of support positions to operations rather than of cells (no decentralisation of new cells is presently foreseen, and a general attitude against new decentralization of cells also appeared in the plenary discussion); that decentralisation should serve the operations and field needs first rather than sections interests; that it should not entail a further growth in HQ; that the shape the decentralised supports take is always influenced by its location, but leaving autonomy can be rich and is a source of innovation
- Co-ownership can be achieved through decentralised support but this is not the only way, and necessary sufficient (need for timely shared info and participative decisions process, ...)
- Agreement that we should avoid duplications between sections. How to do this is of course complex.

**South Africa as a delegate office**

Meaning of the status of delegate office in terms of participation to the OCB associative/executive discussions platforms

In order to better involve MSF South Africa in the OCB associative discussion platforms following the acquisition of delegate office status, and to enrich our debates, the OCB Board decided to

- Invite South Africa Board President to attend the OCB Board meetings as an observer (while striving to ensure there is an OCB Board presence at SA Boards)
- Consider the members of South Africa on the same footing as the members of OCB sections with regards to the voting rights at the OCB Gathering (including the 10 representatives).

Vote: abstention: 1

Considering the request to reduce the HQ costs compared to the operation’s costs below 30%, as well as the difficult financial times and the fact that fundraising is not considered a priority for the SA office, the Board assumed investing in fundraising in SA should not be a priority for 2010.

Evelyn and Fabienne will report back those decisions to SA

**Other remarks and discussion points**

- Cc. other questions raised by the Board of South Africa (see “Visit MSF in South Africa - ED 091213.doc”)
  o Building the SA association in coherence with the MSF identity requests a critical number of SA members have experience in various context thanks to a critical
number of 1\textsuperscript{st} mission on the field. This was recognized, but it is not realistic to give priority of one office over the others.

- The OCB should be clear on its vision for the strategic role and future of SA: this also implicates a clear decision-making process, with documents shared in advance and avoiding to take decisions that have not been announced in the agenda of the OCB Board meetings.

- We should remain vigilant SA develops its own added value, avoid duplications (not necessary the same set-up as any other office in the movement), focus on context that are in its region and develop its own medical expertise for the movement.

\textbf{Varia:}

Raffaella announced that she will be replaced in the OCB Board by the Christophe Perrin, member of the Board of MSF Italy, who will represent MSF Italy within the OCB Board since the next meeting. Christophe attended the whole Saturday session of this OCB Board meeting, as a part of his handover with Raffaella.