MSF IC Meeting Minutes
June 10-11 2000: Paris, France

IC Members Present: Clemens Vlasich (President MSF Austria); Pascal Meeus (President MSF Belgium); Jens Hillingsoe (President MSF Denmark); Gundula Graack (President MSF Germany); Bart Meijman (President MSF Holland); Romain Poos (President MSF Luxembourg); Morten Rostrup (President MSF Norway); Miguel-Angel Perez Gomez (President MSF Spain); Ann Lindstrand (President MSF Sweden); Olivier Dechevrens (President MSF Switzerland); Eric Vrede (Board Member, MSF UK); Fiona Terry (President MSF Australia); Michael Schull (President MSF Canada); Stefania Dente (President MSF Italy); Saeko Terada (President MSF Japan); Anamaria Bulatovic (President MSF USA); Philippe Biberson (President MSF France); James Orbinski (President, MSF IC). IC Member Regrets: Joe Pianpiano (President MSF Hong-Kong). Executive Committee Members Present: Jean-Marie Kindermans (MSF International Secretariat); Austen Davis (General Director, MSF Holland), Karim Laouahdia (General Director, MSF France). Guests: Robert Muller (MSF UN Liaison Office, Geneva); Bernard Pecoul (Coordination Team, Access to Essential Medicines Campaign); For the International Finance Commission presentation, Bruce Mahin (Finance Director, MSF France), Grant Leighty, Cowan Coventry and Mark Vogt (International Finance Consolidator) were present. Translator: Tim Fox.

Minutes: Delphine Prinselaar.

Opening Remarks

James Orbinski welcomed new IC members and Delphine Prinsilaar. James then made the following general remarks regarding our activities over the last year.

Jean Marie will review operations more systematically, but there is about a 10% increase in scale. As well, the Access to Essential Medicines Campaign was officially launched in November 1999. The daily humanitarian actions and operational risks that volunteers face are again highlighted this year in Sierra Leone, Kosovo, East Timor, Chechnya, Burundi, Sri Lanka, Ethiopia, Sudan and elsewhere. In the last year, kidnappings in Sierra Leone and Liberia and the killing of an MSF driver in Ethiopia and the permanent injury of an MSF expatriate in Ethiopia again highlight the risks and dangers of our work.

In the last year for the movement as a whole there were several key events. The Greek section of MSF was excluded from the movement. This was a painful process, one that none of us are proud of. But it was a necessary moment that forced the movement to take a clear firm position on our relation with home societies and the risk of nationalist sentiments permeating humanitarian principles and practice, and on the internal governance of the movement. This consumed a great deal of time and energy for the movement, and it will continue to do so as necessary legal issues and challenges continue.

Our view of the role of NGOs and our relationship with other NGOs was both challenged and more clearly defined by the SPHERE process, by our withdrawal from the Disaster Response Committee of INTERACTION in the US, and by our response to the CARE-OSCE issue. Independence from military or political agendas is for MSF, central to our identity, role and actions.

The awarding of the Nobel peace prize was an opportunity to see how the world sees us. While the prize recognized who we are, we are mindful of the risk of becoming institutionalized by becoming “noble”. Nonetheless, it was a strong moment of unity and pride within the movement. The Nobel speech was an opportunity to articulate our view of humanitarian action, and to strengthen our coherence. The Field volunteers made enormous contributions and submissions on the basic ideas of the speech, as well as Austen Davis, Alex Parisel, Françoise Saulnier, Jean Marie Kindermans, Rony Brauman and especially Philippe Biberson who also had strong input into the speech, and it now stands on its own as a moment in time in the life of the movement.
In the last year, it was also clear that a structural approach to internationalization failed. It is clear that a simple structural approach to internationalization is inadequate and is dead. And yet, there is more coherence across the movement now that at any time in our history. There is in my view, now a more effective culture of problem solving in the field, at the level of the meetings of all 18 general directors, at the departmental levels (i.e.: communications, fundraising), at the executive committee level and at the IC. This is not yet strong enough though, and will have to improve. The mission statement exercise is ongoing, and while far from perfect, it is gives a strategic direction to operations, it emphasizes core principles and values, and our relationship to civil society. The Mini AG's are actually working at the field level more this year than ever before with better organization, nearly full participation of all sections in-country, with better focus, and reporting. The IC will now have to consider a way of dealing with motions both from the Mini-AG’s and the AG’s. The Associative aspect of the movement is stronger too, with MSF USA holding its first general assembly, and other partner sections getting better at their own general assemblies. While both are making some progress, MSF HK and the UK still need to function as associations. The International Finance Commission has made major headway in redefining the financial relationships across sections. It seeks to develop a framework for a reserves policy, for common financial reporting and planning, for emergency fundraising, and for forward planning across the movement. More than anything else, it will codify a functional interdependence across the movement. The brand name for the movement has been a contentious and difficult issue for very practical reasons, but headway is being made, and we will be able to implement a new policy within a year. Although by no means perfect, the IC itself is also beginning to function reasonably.

Externally, we have made formal representations to the UNHCR questioning their independence from NATO member states, to the WHO questioning their independence vis a vis the private sector, to the World Bank questioning its role in increasing access to medicines, and to the UN Security Council questioning its approach to protection of civilians in conflict. In each case we have asserted the necessity for political responsibility and the clarity of roles, interests and responsibilities of the private sector, governments and their institutions, and NGOs. We have also continued our annual meeting with the ICRC, and continued our participation in the SCHR -advocating for example, a clear position regarding the shortsightedness of the SPHERE standards.

In each of these areas, both internally and externally, the same set of issues has emerged. These can be oversimplified as:

- The increasingly neo-liberal political environment,
- NGO’s role in relation to the state, to the private sector and to other NGOs,
- The way MSF interacts with these different entities, through for example, public private partnerships, in the field with other NGOs, and in relation to the politicization and militarization of humanitarian action.
- The nature of MSF as a movement

Underlying these is the question of MSF’s role as an independent association committed to medical humanitarian action. This is not a new issue, but more urgent and pressing today because of the rapidly changing political environment for humanitarian action. These issues therefore need to be apart of open debate within the movement. They are affecting, and will increasingly affect why and how we work. In this context, a key question emerges: “How to address humanitarian need with a nation-state system that is apparently increasingly disinterested in humanitarian concerns?”. The same can be asked in relation to the access to medicines campaign, where a highly interested private sector seems to be using governments to advance its own private interests. Who does the nation state system represent? The citizen or the self-interested private actor? What is the role of NGOs in this representation? Is it to become the official opposition in this political process – as in Seattle, Washington and now, this weekend, in Brussels? This is a dangerous risk. In the field, is our role to push governments to assume these responsibilities or to replace them as service providers? For the Access Campaign, for example, what is the role and responsibility of so called “public private partnerships”? How can we achieve increased access to medicines or to humanitarian assistance when governments seem either unable or unwilling to address these issues?
We need to begin to clearly articulate our relationship to other NGOs, civil society itself, the private sector and the state and its intergovernmental organizations like the WHO and the UNHCR. It is clear that each exist in relation to the other, and not in isolation. It is also clear that the public from which we are drawn, in which we exist, and with which we interact is today both consumer and citizen. It is also clear that the private sector, governments and civil society are not each entirely homogeneous, and not entirely “good” or entirely “bad”. It is also clear that if we look at the history of social movements – movements of people committed to principled ideas like the abolition of the slave trade, the women’s rights movement, the environmental movement - that each began in a confrontation with sources of power in the private sector, civil society and government, then moved to interaction, then to dialogue, then to partnership and then to cooptation. If MSF is a movement, then I think a similar approach is needed on the issues and ideas we care about. To oversimplify, how we define and articulate the kind of relationships we want will have dramatic implications for the kind of approach we take to our field operations, to the Access Campaign, to other NGOs, the private sector, and to governments in their roles and responsibilities. And it will also have dramatic implications for the kind of people that join and stay with the MSF movement, for its culture, and its approach to practical problem solving.

The agenda is full for the coming two days. I hope we can approach the issues in the best interests of the movement as a whole, and not simply from an individual sectional perspective. I hope we can have open discussion and debate, not necessarily to solve all of the issues – for some issues this is impossible - but to contribute to the formulation of issues and the movement’s approach to them.

James noted that this would be Philippe Biberson's Jens Shillingsoe and Eric Vreede’s last IC meeting. James thanked them on behalf of MSF for their work throughout the years.

James noted that in his view, MSF’s key challenge in the coming year is to clearly articulate MSF’s position as an independent humanitarian actor in relationship with other NGOs, to civil society, to states and their intergovernmental institutions and to the for-profit sector. He concluded by noting that MSF’s greatest challenge as always, is to maintain and grow the vitality of the movement in seeking to relieve suffering, to reveal injustice, to provoke change and to locate political responsibility for the respect of human dignity. A wide ranging discussion followed, and the following items were then addressed in detail.

**Item 1: CARE-OSCE Contract**

The 1998-1999 *CARE-OSCE contract in Kosovo* was discussed, as were the subsequent actions of MSF Australia, MSF Canada, MSF France and the MSF International Council’s actions around this. Background documents to this issue were reviewed individually prior to the meeting. In brief, at the end of 1998, OSCE set up a verification mission in Kosovo. The Canadian government – an OSCE member -was to provide monitors for this mission and this task was given to CIDA (Canadian government agency that funds humanitarian aid). CIDA then approached CARE Canada and sub-contracted this recruitment task, as well as a training task, to CARE Canada. CARE was not to be identified with the work of the OSCE Kosovo Verification Mission’s monitoring work on the ground in Kosovo. After the NATO bombing started, the Serbs on the grounds of spying arrested two CARE workers. This is when the story of CARE’s involvement with OSCE broke out on Australian television. Fiona Terry of MSF Australia was asked to comment on the issue in the public media. James Orbinski met with CARE Internationals’ Board vice president to express MSF’s concern over these issues. MSF France and MSF Canada also pursued jointly a response to Canada’s CIDA, with MSF Canada meeting with CIDA representatives. A meeting was held between James Orbinski, Jean Marie Kindermans, and CARE’s president Guy Tusignoit to express MSF’s concern. An official letter requesting explanation of this situation was sent by James Orbinski to the board of Care International.

Discussion at the IC emphasized that MSF is not policing the NGO community. Lengthy discussion emphasized that it is not our mandate to do so and that our own track-record does not give us that legitimacy, and doing so therefore creates the possibility of a backlash against us. However, discussion
emphasized that we want to influence the NGO Community with our view of humanitarian action and its necessary independence. This is not to be done publicly in the press, but through other formal and informal means. This was the case with MSF’s withdrawal this year from the US based INTERACTION Disaster Response Committee, which jeopardizes the necessary political independence of humanitarian action. This has since prompted a reflection on the independence of NGOs among other NGOs who are a member of this committee. This is a very positive effect. The IC agreed that MSF has a responsibility to assert the necessary independence of humanitarian action vis a vis political or military actors, and must when necessary be prepared to stand apart. In this specific incident with the CARE-OSCE contract, MSF was confronted in the media, which sought our view on the issues. In such circumstances, we cannot avoid taking a public position, as we did in this case. The way in which this incident was handled by MSF was very precise and careful, and was viewed by the IC as correct, though each such incident and our response to it must be judged on a case-by-case basis, and approached with appropriate care (no pun intended!). It was further noted that at the SCHR most other NGOs agree that neutrality and impartiality are central to the humanitarian mission, but are not agreed on the importance of independence vis a vis governments and other actors. CARE understands and agrees that MSF has raised the independence issue, and would like the SCHR to reflect on it. It was agreed that MSF should take an active role in this process, and that we should continue to approach specific cases like this one on a case-by-case basis.

Item 2: Access to Essential Medicines Campaign

Bernard Pecoul made an update presentation on the Access to Essential Medicines Campaign, from its launch in 1998 to now, as well as an evaluation of where it stands today. The IC congratulated Bernard and the entire Campaign Team across the movement on a fantastic job to-date. Discussion emphasized that the campaign is largely a huge success, having established viable networks with other NGOs to put the issues firmly on the international political and public agenda. These issues include:

- Abandoned medications,
- The inaccessibility of some life saving medicines because of cost to the majority of the world’s population,
- That research for tropical and global priority diseases has stalled,
- That the way the pharmaceutical sector is regulated is a major contributing factor to inequity in access,
- That the neglect and political choices of states and IGOs has led to this situation, and that
- The WTO represents the political embodiment of these choices.
- That our goal is not to vilify the pharmaceutical industry, but to provoke political changes by governments and UN agencies that
- Support and allow generic production of essential medicines (such as anti-retrovirals for HIV),
- A cautious approach to public-private partnerships (PPPs) for research and development for new medications and vaccines (for i.e.: TB, AIDS, Malaria). This approach should insist that
- PPPs are not simply to be driven by philanthropic foundations or private business, but that
- PPPs have a strong public/political presence and responsibility, that
- PPPs serve the public interest by producing medications and vaccines that are “public goods” that
- Are affordable and accessible to those most in need.
- Here MSF is often seen as extremist, because it appears to be “against market forces”.
- Ultimately Research and Development for global priority diseases must return to the public sector,
- That public money must be invested,
- That responsibility for decision making must rest in the public domain,
- And that the public sector must intervene to secure the market, guaranteeing equitable access.

These issues require four concrete avenues of action. These are:

1. Concrete field actions to improve access to essential medicines,
2. Public and media awareness raising in north and south countries to create a movement of support for the campaign;
3. Lobbying of political decision makers;
4. Continue support for the MSF working group on how to stimulate R and D.

Discussion also emphasized the following issues:

1. That the access to essential drugs is also linked to the larger issue of access to health care in a neo-liberal environment. MSF has no formal position on this larger issue at the moment.
2. A strong emphasis needs to be on increasing options for high quality drugs that conform to GMP standards.
3. MSF is not anti-globalization, but focuses on the consequences for the excluded, and how to ensure political responsibility for their needs;
4. Some sections lacked information on what was happening with the Campaign. It was agreed that internal communication regarding the Campaign had not succeeded and that this problem required prompt attention. An internal electronic newsletter has recently been created, and a new person has been hired to work solely on communications internally. Furthermore, a Question & Answer paper on the Campaign is being prepared to be circulated in the field. Each section should designate a Campaign person in charge of informing the rest of the section on the evolution and activities of the Campaign. There are no plans to create a large centralized structure in Geneva. Each section, in co-operation with the Access Campaign leadership, is to build its own “Access Campaign” capacity.
5. Decision-making procedure within the Campaign (in regards to for example, the purchasing of TB drugs, relations with the WHO, etc.). As it stands, the Campaign team reports to a steering committee composed of the International Secretariat, 2 Directors General, 2 Operational Directors and a medical director chosen by the executive committee. All important decisions are always referred back to the steering committee. It was agreed that decision making within the Campaign must be more transparent, and that the Steering Committee must function more effectively to oversee the Campaign. Involving Section Boards was not agreed, as it would slow down the reactivity of the Campaign.
6. The broad issue of the Campaign’s relationship to other NGOs, governments and the pharmaceutical companies was discussed, and the following points emphasized:
   a. Issue-specific coalitions with other NGOs are a key ingredient to the success of the campaign and should continue.
   b. Pressure needs to be brought to bear on government to assume its responsibility in ensuring social goods, or to regulate the pharmaceutical market in favor of equitable access through for example, segmentation of the market.
   c. Regarding our relationship with pharmaceutical companies, several points were made: First, our aim is to responsibilize the State first and foremost - e.g. by pushing for public sector R&D - rather than the pharmaceutical companies whose only responsibility is toward their shareholders;
   d. Secondly, we sometimes have to enter commercial agreements with some pharmaceutical companies who are in a situation of monopoly in regards to the production or national registration of certain drugs.
   e. Thirdly- a text on donations form the pharmaceutical industry needs to be prepared by the Campaign team. We need to be clear in our approach and principles, but not dogmatic. It was agreed that as a rule, we do not accept donations, but there are exceptional scenarios that justify certain actions, but there needs to be a strong awareness of the fact that these are exceptions and not the rule.
   f. Fourthly, that in exceptional circumstances, MSF should be prepared to engage public civil disobedience when required, to ensure access to essential drugs. This decision would have to be made at the highest political levels of the movement, with full legal consultation, and with a clear strategy, including media.

**Item 3: IC Minutes**

Final revisions were made to the November 26-27 1999 IC minutes, and they were then unanimously accepted. It was then agreed that draft minutes should go out 3 weeks from the IC, and be finalized by cc-
mail within 6 weeks. Furthermore, the ICP should send out a summary of decisions taken during the IC three days from the end of the IC. It was agreed however that the final minutes for this particular IC would not conform to this decision as Delphine has just started and will need help with the minutes, and James’ time commitments are very heavy in the coming weeks.

<table>
<thead>
<tr>
<th>Motion: Approval of the November 26-27th 1999 IC Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed by: Michael, seconded by Eric Vreede</td>
</tr>
<tr>
<td>Outcome: Unanimously Accepted</td>
</tr>
</tbody>
</table>

**Item 4: The International Secretary Report**

The International Secretary report firstly focused on an evaluation of this past year and the operations that took place. He noted that the New Africanism is dead, and that forgotten conflicts, such as Afghanistan, the Congo and Angola, are still our priority. He noted that

1. MSF Operational activity has increased throughout the sections (by about 10%), and especially in Holland and France.
2. Operational sections seem to be converging in their analysis of certain events such as Burundi, where a common position was taken on the forced re-grouping camps issue; South Sudan where all sections will have left OLS by the end of the year and Ethiopia where all sections resisted the international alarmist pressure (media and otherwise) to declare a state of famine.
3. We lacked reactivity in the case of Sierra Leone, Kosovo and Timor - other issues also emerged as a result of these operations such as the importance to denounce the wide use of the humanitarian label and our position on relationships with militaries in non-conflict situations.
4. Security problems this year left one MSF national staff driver dead and one expatriate permanently wounded in Ethiopia.
6. IN relation to our relations with militaries, governments, NGOs and ethnic groups, we are having difficulty in influencing other actors in our definition of humanitarian action.
7. In Sierra Leone, MSF was silent on the issue of impunity in the Peace Accords, and on the role of UN humanitarian agencies in relation to the peace process and Peace Keepers; and on the Strategic Framework for coordination of humanitarian actors.
8. In Kosovo, we lacked reactivity initially, and did not adequately challenge the humanitarian rationale for the war, or the confusion between military and humanitarian actions. We did not adequately capitalize on the fact that we accepted no money from NATO member states during the conflict. And we need to confront our role in the future in Kosovo in relation to the UN and to the protection of ethnic minorities.
9. In Timor, we had a lack of reactivity in the West, and had to confront our relation with militaries in non-conflict situations.

The second part of the report focused on our Common Operational Policy (COP). Its aim is to create some transparency guidelines and to introduce a debate on certain issues that we face in our operational choices such as:

1. Humanitarian action in relation to human rights
2. Difference between humanitarian aid and development
3. Is MSF Anti war? What role vis a vis peace and democracy?
4. Our relationship with our own civil society and our role within it

A discussion on the role and meaning of a COP followed. The need for a COP was again highlighted after a report made by Piedagnel and Bernard Pecoul in the fall of 1998. The report analyzed all MSF projects, and highlighted the vast diversity in project type, and the failure of many of these to reflect basic MSF principles. The idea of a COP was to reintroduce some coherence and convergence amongst our projects by indicating some criteria to be used. In November 98 all members of the Executive Committee and all members of the IC endorsed the idea of both a common operational policy (and a mission statement) for MSF. Discussion at the June 2000 IC reflected two perspectives: some people argued that the COP needed
to be formalized i.e. that it should be validated by a recognized process whilst some others argued that, by its essence, the COP could never be set in stone and should therefore be used as a starting point for debates on issues where disagreements existed. They argued that this was an on-going process. By the end of the discussion, the importance of having a paper that highlighted the areas of convergence was stressed, therefore it was proposed that the present draft be debated amongst the General Directors and that the International Secretary present a final draft at the next IC. A motion was presented backing the present process:

<table>
<thead>
<tr>
<th>Motion:</th>
<th>Is there agreement on the process for a draft proposal described above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome:</td>
<td>15 in Favor</td>
</tr>
<tr>
<td></td>
<td>2 Abstentions</td>
</tr>
</tbody>
</table>

Furthermore, it was agreed that the scope of our projects be assessed on a yearly basis. The International Secretary will propose a system, by the next IC, that would allow us to have this annual operational overview. This will include emergency operations. All agreed.

**International Communications Policy**

Austen Davies, who reviewed the policy paper, presented this item. The Executive Committee decided to move forward on this and several points were made in regards to the present paper:

1. Communication is part of the operational arena and until recently, every section felt it was sole master of their own communication, further divergence was created with the expanding independence of the Partner Sections.
2. There is a need for more pro-active communication, for clearer processes and differentiation between discussion papers and position papers.
3. There is a need for a single communication point of contact at the section level and for an international communication facilitator (International Secretariat)
4. The areas of disagreement amongst the sections need to be debated (amongst the DGs)

The discussion stressed the importance of coherence in communication toward the outside world, and hence the importance of good internal communication and a competent communications policy for MSF.

**Update on the ET Process**

The conclusion of the report on ET’s failure was that although a standardized approach had failed, a new system has now appeared. Karim Laouabdia described this. There is now an Emergency Desk at all Operational Sections and these are working well together on an ad hoc basis under the direction of Operational Directors, who meet every 6 weeks in person and by teleconference when necessary.

**Statutes**

A revision of the statutes was started as the present statutes are based on a ‘6 sections’ association. Furthermore, the association has evolved in regards to its objectives and the statutes need to reflect this in a clearer and more understandable way. The voting procedures also need to be addressed, as well as the expulsion procedure and a suspension option. These new statutes will be sent out to for review and discussion in order to finalize them for the next IC.

**International Office Budget**

Three points were agreed regarding the International Office (IO) budget:

1. The IS should present the IO budget to the IC, for approval every November for the following year. The IS should also present the IC with financial statements in regards to the present budget.
2. It was agreed that the year 2000 IO budget is provisionally approved pending the forthcoming revue at the next IC.
3. It was unanimously agreed that the Partner Sections should also contribute financially to the running of the International Office, and that the IS will prepare a proposal on this for the November 2000 IC meeting.

**Item 5: ICP Extension and election**

Discussions centered around the need to install a formal procedure for the election of the IC President and on the job description of the IC President.

**Motion 1:** The ICP is a full-time paid position. In addition to the TOR for this position, which remains unchanged, the President is encouraged to choose an additional relevant activity within the movement.

Proposed by Michael Schull, seconded by Eric Vreede

Outcome: Unanimously Accepted.

**Motion 2:** The President will be chosen from within the IC, if there is no suitable candidate within the IC, a search will be made outside the IC.

Proposed by Michael Schull, seconded by Eric Vreede

Outcome: 16 in Favor

1 Against (MSF-B)

1 Abstention (MSF-Italy)

**Motion 3:** The procedure for the election of the ICP will be set one year before the expiration of the mandate of the present ICP, by a committee established by the IC. The election for the new ICP will be held 6 months before the expiration of the current ICP’s mandate.

Proposed by Michael, seconded by Eric Vreede

Outcome: Unanimously accepted

It was also agreed that the vice-president should be nominated with a view to stand at the next ICP elections. A discussion also took place on whether the ICP position should be opened to the field as regulations applicable to the elections of national presidents (doctor and nationality) penalized a lot of potentially suitable candidates who did not fulfill these national conditions. This was rejected as premature at this time. The discussion then turned to the election of the new president. Morten Rostrup officially announced his candidature to the post and was asked to leave the room. A discussion followed in which James Orbinski gave his full support to the candidate, stressing the very active role he had taken over several issues and the support he gave to the present ICP over the last two years. James said he had no reservations at all as to Morten’s commitment and knowledge of the job, his only weakness being his limited French, and a problem that the candidate is aware of and is addressing through French language courses. At this stage an intervention was made stressing that it was important for the candidate to realise that he was not expected to follow exactly in the present ICP’s footsteps and that he use his colleagues and vice-president whenever he so wished.

**Motion 4:** Extension of James Orbinski’s mandate as ICP until December 10th, 2000.

Outcome: Unanimously Accepted.

**Motion 5:** Appointment of Morten Rostrup as the next ICP, as of December 11th, 2000.

Outcome: Unanimously elected (less Morten Rostrup).

Morten Rostrup returned and thanked the IC. He highlighted the importance of coherence within the movement, be it in terms of communication, medical identity or growing interdependence between the sections. He expressed his concern at the risk of bureaucratization, whilst stressing the importance of transparency and communication with the field.
**Item 6: Temoignage Case binder**

Fiona Terry made an update on the Temoignage Casebinder. The aim of the Temoignage Casebinder is to document missions where MSF engaged in Temoignage, as well as creating an institutional memory. It is to show dilemmas MSF faced throughout its history and highlight the results of Temoignage within each context. A list of criterias was elaborated to facilitate the task of the Editorial Committee when it came to choosing the missions to be used. It was agreed that all cases should show a dilemma faced by MSF, such as expulsion, staff security, a risk for the MSF image, etc. The cases should also show different contexts, be based in different locations and involve several sections.

Examples of missions/cases that will be analyzed in the Casebinder are:

- Famous cases such as Biafra (1972) will be included.
- Vietnam 1978: MSF split around the ‘Ile de Lumière’ case
- Ethiopia 1984-1985: Split between MSF-B and MSF-F
- Liberia 1993: Access denied, & temoignage reached the highest level of the UN
- Bosnia 1993: Example of the dilemma of denouncing v. operationality
- Rwanda 1994: MSF-B declared a situation of genocide
- North Korea 1998: Pullout

The process has now reached interview level throughout the different sections. The Temoignage Casebinder is scheduled for completion in November 2000. Finally, although the mandate is that this is to be an internal document, another version may be published for MSF’s 30th anniversary.

**Item 7: MAG Report and AG reports and motions to the IC**

1) **Motions from the General Assemblies** were reviewed, and the following accepted:

The MAG report was made by Morten Rostrup (please see report in Annex). Several issues came up throughout the different MAGs, such as:

a. The need to address the issue of National Staff (in terms of health insurance, etc.);

b. The need for training in regards to Temoignage activities;

c. The issue of long-term projects versus emergencies;

d. The need for a policy in regards to our relationship with local NGOs;

e. The issue of international cooperation.

The discussion highlighted the importance of incorporating these issues into Executive Decision making, and of giving feedback to the field.

Pascal Meeus introduced the second part of this Item, ie the AG motions presented to the IC. Discussion centered around three driving issues found in the motions that were presented, as well as on the role of the IC in regards to these motions. The first issue raised related to the concept of neutrality (raised by the French and Dutch AGs). The discussion was two-fold. On one hand, certain sections have decided to study the concept of neutrality (eg. France), on the other hand it was pointed out that at present there are several versions of the charter being used in different sections that describe neutrality differently. Revising the charter may risk losing this common text; the important point being that we are all able to live with the present charter. Two motions were therefore introduced:

2) **Other motions will be presented in November 2000.**

| Motion 1: | A Uniform Charter should be used across the Movement (with one official translation per language) |
| Outcome:  | Unanimously agreed |
The second issue raised related to the organization of an Extraordinary International General Assembly to be known as Chantilly III in order to define the orientation of the internationalization process of MSF (raised by the Belgian, Spanish and Luxembourg AGs). Several points were raised.

1. The fact that this motion appeared at all seemed to indicate a lack of communication on the progress made on the internationalization front. It therefore appears necessary to not only consolidate the present mechanisms but also to improve the flow of information within the movement explaining what these mechanisms are and the progresses that are being made.

2. This appears to be a technical solution to a problem that is not well defined. Previous Chantilly meetings were in response to acute crises within the movement, and were organized accordingly.

3. The organization of such an event would require an enormous investment in terms of resources, work and finances.

4. The aim of such an event does not appear to be very clear at this point.

5. It is recognized that there is a demand for such an event (stemming from the AG that presented this motion) and that there needs to be an official response to this request.

6. The system of presenting motions to the IC was mentioned: motions should be ideas for consideration, and if agreed, to be passed to the Executive.

The following motion was presented:

**Motion:** The IC suggests that the virtual space be used for debate, and that where necessary the MAGs give their input on the internationalization process. Furthermore, if a future meeting is proposed, the proposal will be carefully reviewed.

**Outcome:**
- 16 in Favor
- 2 Abstentions (MSF-B & MSF-L)

It was also agreed that the ICP draft a two-three-page commentary on the recent progresses of internationalization within MSF, to be circulated amongst the members.

The third issue raised related to the National Staff and MSF’s role in terms of their social security, medical-care, long-term contracts and their role in meeting the proximity principle. The conclusion of the discussion was that the IC asks the executive to reflect on the position of national staff regarding social security, medical care, long term contracts and their role in meeting the principle of proximity to populations in danger.

An overall discussion took place on the role of these motions, on the way they originate and on the IC’s role in regards to them. It was agreed that a brief paper should be produced clarifying the selection procedure of motions that should be put to the IC. Pascal Meeus will be responsible for this. More motions will be presented in November.

**Item 8: Updates**

**Volunteerism**

Ann Lindstrand presented this for discussion. The November 1999 IC recognized that HR problems were a constraint for operations: people are leaving too fast, lack of experience as well as internal competition problems are some of the problems. This is why the commission was set up. Its mandate is to define the concept of volunteerism for MSF, to stop internal HR competition and to define whether we should play a role in the UN International Year of the Volunteer. The draft paper was reviewed. Discussion centered on

1. The IC does not have the executive competence of the HR Directors. However, its role is to define a set of guiding principles. In doing so, it must make the right diagnosis of the problem, and Ann’s paper is well done in this sense.

2. The issues discussed at the November 2000 IC remain the same key issues to be addressed.
3. As well, the issue of whether MSF has a responsibility to reinsert our volunteers into home societies after their time with MSF must also be addressed.

4. Finally, a rationale for the type of volunteer (their profile, the age-group, competencies, etc.) needs to be defined.

Further work is to be done on the draft, which will include consultations with HR directors in operational and partner sections, as well as with the different boards. This is to be done by the next RC, and a final draft is to be submitted to the next IC in November 2001.

The Former MSF-Greece Section

The International Secretary briefly summarized the stage we’ve reached regarding the legal proceedings on the exclusion of the former MSF Greece section from the MSF movement. The Greek Trademark Administrative Committee accepted that the MSF name had been registered by the former MSF-Greece section in bad faith and decided henceforth that they were not entitled to use the logo or the name ‘Médecins Sans Frontières’. The former Greek section of MSF can still however, according to the ruling of the Greek Trademark Administrative Committee, use only the Greek translation of the name “Médecins sans Frontières”. However, this decision cannot be applied until the time available for an appeal procedure has come to an end. The former MSF Greece section has not yet appealed, and appeal time is still running for the moment. It will expire at the end of July 2000. Regarding the case brought by the former Greek section of MSF against the MSF movement in Belgium: the Belgian court ruled March 30, 2000 against the Greek application for “provisional measures” to be applied against MSF while the case is pending. The original case is still active, and the court will likely take up to 2 years to rule. Since the case is brought against us, and the Belgian court has accepted it, we have no control over whether it will continue or not.

The former MSF-Greece section seeks to continue its funding participation in the Access to Essential Medicines Campaign. The IC unanimously rejected this because the former MSF-Greece section did not comply with the conditions that were submitted to them in regards to re-integrating the movement, and it is therefore no longer a member of the MSF Movement. In addition to full compliance with the June 99 IC resolution, it was agreed that the association leadership in Greece needs to be renewed, and that a formal apology for the false allegations it made in the press regarding the role and intent of the MSF Movement in Kosovo must be made before MSF can reconsider its relationship with the former Greek Section of MSF.

Brand Name

The working group will establish a plan of action for the implementation of the decision, for each section (looking at each one’s particular needs), over the next twelve months. Peter Paul DeGroot (GD, MSF UK) is responsible for this, and for maintaining a working relationship with Bill Marlow, the external consultant on international Brand Names. It was agreed that the composition of the working group should be revisited, especially in regards to Austria or Germany.

Mission Statement

James Orbinski introduced this item. At the November 1998 IC meeting, the all members of the Executive Committee and the International Council agreed that a mission statement (MS) was necessary in order to provide a strategic direction in terms of operational choices. The Common Operational Policy had stalled at the time and it was agreed that a MS would give us the strategic direction needed, both in terms of the movement and in terms of elaborating a Common Operational Policy. The MS exercise has strived to be as inclusive as possible, with draft papers circulating early in 1999, with a draft going to the 1999 Mini AGs, with several presentations at a number of sections, with discussions and revisions at the RC in 1999 and 2000, and with a final draft being presented at all GA's held or to be held in 2000. As with all MSF documents, the translation into different languages has been a challenge, as it is nearly impossible to capture the full nuances and meaning of one language in another. So far the English version of the MS has been voted on and accepted by the GA of Austria, Belgium, Canada, Holland, Germany, Italy and Spain (7 of 9
AG’s held to date). Luxembourg voted against and France did not present the Mission Statement to a vote at their GA, but their GA asked their board to review it. Several comments were made in regards to the Mission Statement:

1. MSF-France said that its HOM's questioned the purpose of the exercise, and therefore did not present it at its AG;
2. MSF-B argued that the exercise has triggered a reflection process that is very useful in terms of who we are and what we are trying to achieve;
3. MSF-Luxembourg said that the MS was rejected because it focused on a “medical” rather than a “health” mission – “health” being a broader more inclusive concept.

At this stage, James noted that the idea of a MS originated from a clear decision made by the IC and Executive Committee - the goal was to create a text that would serve as an anchor to the movement and give it a clear strategic operational direction. MSF should stick to the process that was agreed on. Secondly, the content is not perfect and will never be. The aim of the MS must not be to determine a lowest common denominator or to be as broadly inclusive as possible, but rather to provoke a debate around the choice of projects taken on. In relation to MSF-Luxembourg’s objections, he said that the “medical” is meant to ensure that some element of direct patient medical care is included in all MSF field programs, and that the concept of “health” is too broad, without guaranteeing this essential element to proximity. He noted further that the MS was formulated in direct response to Jean-Michel Piedagnel’s report on MSF’s projects. It addresses certain fundamental questions raised in the report regarding our role: are we simply service providers, or do we seek to provoke change; are we an association or an organization, what is our relationship to civil society, and the state, etcetera (see accompanying paper). With such a wide range of issues it was unanimously agreed at the March 2000 RC that the Question “Can you live with this MS?” Was to be posed to each GA for a vote.

Further comments were made:
3. One of the problems with the mission statement seems to be stemming from the fact that it originated from the Executive level. It is felt that a process starting from grass-root level upwards may have had a stronger impetus.
4. It was noted that the same scenario had taken place with the Chantilly principles: nobody totally agreed with them yet they have managed to capture some essential principles that all sections now claim as their own.

It was agreed that the process go on - it was suggested that the ICP make a presentation to the boards of France and Luxembourg in regards to the Mission Statement.

**Item 9: The International Finance Commission**

The International Finance Commission presented their report. Their aim was to 1) present a financial picture of the situation today; 2) the key challenges that lie ahead of MSF, and 3) the different options that are available to MSF to face these challenges.

The problems as explained by the IFC are:

1) Lack of integrated management of MSF finances at the international level (hence very difficult to get an accurate picture as reporting systems vary from section to section);
2) Increase in income;
3) Increase in reserves;
4) Falling expenditures;
5) Lack of coordination in fund transfers from the Partner Sections;
6) Income is increasingly coming from the Partner Sections.

These problems raise questions:

1) We do not at present have the structural capacity to deal with the level of income we are receiving;
2) The level of reserves as a percentage of income is a figure that is vulnerable to public scrutiny;
3) The Nobel Peace Prize means that our finances are under closer scrutiny and should therefore reflect a more accurate picture, and therefore a more common picture at the international level.
The challenges are therefore to:
1) To create a common accounting reporting system;
2) To create a Financial Plan;
3) To manage our income growth;
4) To manage our reserves;

There are four ways to address these problems:
I. Maintain the Status Quo
II. Creation of a Centralized Accounting system
III. Minor Reforms
IV. Major Strategic Reforms

The IFC went on to describe the last two options as the only two possible options at this stage and in view of the scope of the problems to be addressed.

III. Minor Reforms
• Quality standards should be created in regards to financial information and accounting
• Protocols need to be established in regards to transfers
• Annual Financial Reporting should take place

These are essential steps but not deemed sufficient.

IV. Major Strategic Reforms
• International Emergency Fundraising mechanism
  All GDs as a group should take this responsibility and make the decisions, ground rules should be created in order to install decision-making criterias and there should be a strategy in regards to contingency funds for start-up emergencies.
• International Fundraising Framework
  This should include income targets per section (min. and max.), targets for income streams, and a common strategy in regards to institutional donors.
• Reserves
  We should agree on the levels we want to hold (using the sector as a benchmark), we should designate purposes for the reserves and we should decide on whether we want to invest these reserves.

There are limits to what financial reforms can do and a policy decision may be needed at some stage: for eg. To expand operationality within the sections.

This was a followed by a discussion on the need for transparency, the time it takes for a PS to peak in terms of income before it stabilizes, on the fact that Institutional Donations had decreased due to a conscious strategic policy of MSF, on the way to control income within partner sections and finally on the threats our present situation can create. Bruce Mahin summarized this last point. According to him the threats are as follows:
1) Public exposure in regards to our reserve levels
2) Operationality becomes driven by resources ie creating “mission-creep”, whereby missions are taken on simply because we need to spend the money, or “burn-out-money”, whereby all money becomes increasingly earmarked - thereby creating a situation where the mission itself becomes irrelevant.

We therefore need to decide how much private resources we need, whilst including the parameters of institutional money, reserves and expenses. Hence:

\[ x = f(\text{Expenses} - \text{Institutional Money}^*) \]

* There is a policy-driven decrease in Institutional Money year on year that needs to be compensated.
This presentation and discussion was followed by the vote of four motions:
All involved were thanked for their excellent work, and the following motion was passed:

- Establish a mechanism for international emergency fundraising according to the recommendations of the report, is to be created.
- Establish an International Financial Framework to facilitate close forward financial planning and coordination between sections. This will include an international Reserves Policy, and an international fundraising framework.

---

**Motion 1:** “The IC endorses the conclusions of the IFC. All Sections agree we have a shared financial future, based on the vision that our finances must be driven primarily by our mission and not by resources. All sections further will accept to implement, in accord with their Boards of Directors, any structural changes eventually recommended by the IC to ensure the long-term financial governance and transparency of the Movement as a whole”.

Outcome: Unanimous

**Motion 2:** “The IC approves the extension of the IFC for another two years according to the recommendations made in the IFC report, regarding a common system of cost classification and financial standards, and the establishment of an annual set of financial management accounts for the movement as a whole.”

Outcome: 17 in Favor
1 Abstention (Japan)

**Motion 3:** “The IC agrees to establish a mechanism for international emergency fundraising according to the recommendations in the report”.

Outcome: Unanimous

**Motion 4:** “The IC approves the setting up of an International financial framework to facilitate close forward financial planning and coordination between sections of the movement, according to the principles outlined in the report and with specific reference to reserves and income growth”.

Outcome: 17 in Favor
1 Abstention (Japan)

---

**Item 10: Moratorium on New Sections**

This had been extensively discussed at the March 2000 Restricted Committee meeting. Because of time constraints imposed by the Nobel Peace Prize, the ICP will be presenting a concept paper at the next IC meeting in November. A lot of issues are at stake in terms of our vision of the MSF movement, operationality in new sections, representation within the movement, etc. A discussion was held following MSF-Spain’s desire to open up a Recruitment Office in Lisboa/Portugal. There is a potential problem as they may have to register to fiscally benefit from the non-profit label - this is being clarified for the moment. This prompted a lot of reactions. It was reiterated that it is up to the IC to decide whether a new office may or may not be opened (a vote had been held at the IC level in regards to the Singapore office). It was reiterated that this is the kind of issue that the moratorium on new sections should help resolve. It was agreed that MSF-S should prepare a dossier on this new office for review at the next IC and that this office should not be opened in the meanwhile. It was also agreed that this procedure should apply to any new office opening whose purpose is not direct field operations.

**Item 11: Corporate Fundraising**
The brief for ethical guidelines for corporate fundraising has been given to the General Directors who created a working group of the fundraising directors. The working group recently met in Barcelona and their preliminary conclusions are presently being discussed by GDs. One of the key issues discussed refers to why, if and how we engage economic actors, or if we can engage economic actors whilst retaining our independence. The IS prepared a set of issues to be addressed in response to the fundraising directors preliminary conclusions. These were discussed, and a paper will be prepared for the November 2000 IC meeting under the direction of the IS.

**Item 12: Small Arms Convention**

MSF-Spain proposed that the MSF movement sign Nobel Peace Prize winning Oscar Arias’ *“International Code of Conduct on Arms Transfers”*. This initiative originated from Nobel Peace Prize Laureate Oscar Arias with the intention that all Nobel Peace Prize winners sign this document. The argument is that this could help create more transparency in regards to small arms deals and constructively question the Geneva Conventions. Since MSF-Spain is already involved in this debate in Spain it is deemed important that all sections should sign. MSF Spain argued that the consequences for MSF would be minimal - we would simply be showing our support to this initiative in the same way that we supported the creation of the Arusha International Tribunal. Belgium has already supported a campaign to this effect. MSF seems to be isolating itself from other NGOs and this may be an opportunity to share on an issue that is global and affects different NGOs in different ways, whilst staying within our mandate. We have legitimacy when it comes to discussing the wounded. Discussion that followed emphasized several points:

1. While MSF is not against small arms control itself, many of the points in the proposed Code of Conduct extend well beyond our competency and legitimacy.
2. In particular, they define very prescriptive and specific political solutions.
3. Further, as a Nobel Peace prize winner we are not bound to other NPP winners,
4. And we must be discriminating in the use of our energy and credibility.
5. It was argued that this raised identity problems within MSF as this is yet another moral issue to which we are asked to give our support - there is a risk that by supporting a wide variety of issues we start losing credibility.

<table>
<thead>
<tr>
<th>Motion:</th>
<th>“Should MSF sign this Code of Conduct?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome:</td>
<td>1 in favor (MSF-S)</td>
</tr>
<tr>
<td></td>
<td>12 Against</td>
</tr>
<tr>
<td></td>
<td>1 Abstention (MSF-B)</td>
</tr>
</tbody>
</table>

**Item 13: Next Meetings**

IC Meetings:
November 24, 25, 26, 2000 in Amsterdam.
The meeting begins at 7 PM on November 24, and ends at 5 PM November 26. Please make Flight bookings accordingly.

June 29, 30, July 1, 2001, Brussels

November 23, 24, 25, 2001 Paris

RC Meetings
September 16 and 17, 2000 in Barcelona,
The meeting begins at 9 AM on September 16, and ending at 5 pm on September 17. Please make flight bookings accordingly.

March 24, 25, 2001 Geneva

The meeting was adjourned.