I) METHODOLOGY

Our mission was conducted in a good atmosphere with trust and transparency among us. Two contact persons of the former Greek section of MSF’s Administrative Council (AC) were appointed to facilitate our work and be our main interlocutors: Antonis Mihas (surgeon, vice-president of the AC) and Elias Pavlopoulos (responsible for IT and web). We travelled twice in Athens and met almost all responsible from the organisation, plus some AC members: 8 interviews in addition to various discussions with Kostas Papaioannou (President) and our two AC members interlocutors. Our mandate included four points:

- Finding out how the former the former Greek section operates today
- Look at the former MSF Greece’s analysis of its past
- Find out the way they communicate inside Greece and outside Greece (press releases, fundraising material, website)
- Gather information on their independence in terms of funds and decision making processes

Within these points, “The analysis of the past” is a document approved by the former MSF Greece’s AC. We have tried to answer the other points below. The former MSF section in Greece provided a lot of documents, which are available at the international office (some of them only in Greek).

II) PICTURE OF MSF GREECE TODAY

In addition to Greece, the former Greek section of MSF is present in six countries with 8 projects. With a budget equivalent to 3.9 million € in 2001 and planned to remain stable this year, the organisation had 64 departures of expatriates in 2001 for 45 positions in the field.

Operations

Missions:

In Greece, the former MSF section is working in two polyclinics, of which one is in Athens (operating since 1996) and the other in Thessalonica (since 1997):
programme is addressed to illegal immigrants and refugees by providing them free consultations and treatment. The programme also has social support component. In 2001-2002, they started to participate in the European Programme for Groups of Social Exclusion, by taking part in the EC initiative EQUAL. In addition and after an assessment done in 1999 in Thessalonica, the former Greek section of MSF started a project for street children (traffic lights children). They also opened two legal information centres, of which one in Athens and the other in Thessalonica. In 2001, the organisation launched a programme to inform and make awareness on health issues for both prison’s employees and inmates. They also started a “public health programme” approaching the immigrants in the place where they live in Greece and promoting prevention and fighting the spread of infectious diseases. Greek projects “within borders” are usually the first organisation’s contact and “training” for new volunteers, before going to a mission abroad. There are about 1.000.000 illegal immigrants in Greece, coming from 75 countries. Total budget (2001): 350.000 €. The total cost of drugs is about 235.000 € and it’s completely covered by donations in kind.

Outside Greece, the former Greek section is working in 3 African countries (Malawi, Zambia and Ethiopia), in Palestine, in Armenia and in Serbia.

In Malawi, the former MSF section intervenes in Dowa with a project for prevention and reduction of mortality and morbidity due to STIs and HIV/AIDS. Budget (2001): 428.000 €.

The programme is quite similar in Zambia (Kapiri Mposhi district), but more focusing on pregnant women and children. Budget (2001): 325.000 €.

In Ethiopia, the programme conducted in the province of Amhara aims to reduce the morbidity/mortality due to malaria and on malaria prevention. Budget (2001): 165.000 €.

In 1996, two programmes of Community Based Rehabilitation were implemented in Gaza strip in cooperation with the Palestinian Organisation UPMRC (Union of Palestinian Medical Relief Committee). In addition, in 2001, the former MSF Greece set up a Mobile Unit programme for the provision of healthcare to isolated populations, due to the ongoing conflict. Up to the end of 2001, the Community based rehabilitation programme has served 7.078 beneficiaries; budget (2001): 288.000 €.

In Armenia, the organisation is implementing an STIs programme, aiming on reducing the morbidity/mortality due to STI’s and the implementation of the WHO treatment protocols, in the region of Shirak. This programme also has a social component, which through an information centre, tries to contact STIs patients and provides relevant information on the problematic of STIs and their prevention. The population of Shirak is 310.000 persons; the budget of the project (2001) was 280.000 €.

Being active in Serbia ever since 1999, the former MSF Greece completed in May 2001 the programme of drugs and medical material/equipment distribution, in Central and Southern Serbia. In February 2001, they started a programme for the support of
the insulin-dependent patients. According to the Serbian MoH, 6% of the population suffers from diabetes; budget (2001): 168.000 €.

The former Greek section withdrew from Georgia end 2000 and turned the “MSF Centre” which was working in reproductive health into a local NGO called “Tanadgoma centre”. The organisation still provides technical support especially in the fund raising area.

Russia mission was mainly a personal choice of Odysseas. It started with an assessment in July 2000 and after an intervention in the Children’s Institute of Kransopolyanski in 2001, it was closed in April 2002.

The former Greek section’s experience in the emergency interventions in Mozambique in 2000 and in India in 2001 was not that positive. In both cases they faced problems of bad communication or simply limits of their capacities. They concluded that emergency interventions were possible in countries where they are already present or close to, or inside Greece. The mechanism in place in case of an emergency is the following: the operations department gathers information, data, budget and limits, and they discuss with the AC. Regarding the financial capacity for emergencies: The former Greek section can intervene once or twice a year with a budget of about 100.000 USD, 4 to 5 expatriates, and for a period of time to two to three months.

Before 1999, the former Greek section was operations wise at a minimum. Their independence from the rest of the movement due to the exclusion allowed them to open projects in different countries. Their aim for the future is to define a new approach towards its operations. The conference that will take place in February 2003 will have as main topic the issue of quality in operations. No increase in projects is previewed.

Two exploratory missions are evocated for next year: one in Romania towards 5000 children under 4 years, who are HIV positive; the other, more in question and so likely to happen, in Latin America.

Medical support:

There are currently 8 doctors outside Greece and 3 nurses. The medical department really started 2 years ago. The head of the medical department (Marianna Theodora) has set a network of specialists who are supporting (gratis) her and the field on technical issues. She is always referring to WHO and MSF guidelines. Regarding local purchases of drugs, Marianna is in charge of checking quantities of medicines and their accordance to protocols used. Most of drugs are coming from IDA, but purchases are done locally as well; this is the case in countries were importing drugs is difficult or impossible, or in case of urgent need and not enough time available to import from Europe. Apart from emergencies, the main areas of intervention for the medical department are: primary health care, reproductive health, STIs and HIV/AIDS.
Logistic support:

The logistic department is consisted of one person, who reports to the director of operations. There are currently 5 logisticians in the field. The former MSF section in Greece can also count on 10 experienced logisticians and a pool of volunteers. The majority of the logisticians in general are civil or mechanical engineers with one to two years’ construction (mainly) experience. There is a warehouse of 150 m2 in Athens, but not for the only use of the logistic department (shared with the communication department). It contains a small emergency stock. In addition, the organisation has a mobile unit and a task force with people from polyclinic. This allows them to react very quickly in Greece in case of an emergency (mainly arrival of illegal immigrants, up to 1000 refugees for the first reaction). The goal for 2003 is to have a prepaid emergency stock within IDA to be sent to the field within in 24h.

All quotations and international orders are done in Athens. This represents 60% of the total purchases. IDA is the main provider for drugs, but some are bought in South Africa, for African missions. In that case the HOM/MedCo on the basis of WHO specifications, time delivery and price validates them. Local purchases are done by the mission (40% of total purchases); for all purchases more than 1000 USD, approval from the Headquarters is needed. In India 100% of purchases were local and even manufactured locally. Cars are bought locally and in Europe.

Advocacy and communication:

Main areas of advocacy for the former Greek section are: AIDS/HIV, Palestine, illegal immigrants in Greece, Afghanistan and Iraq. In general there is no collaboration with other NGOs on advocacy matters except for “Stop the bombings” statement in Afghanistan. Youth programmes (targeting schools) are fully sponsored by private companies and well developed as making awareness regarding the humanitarian world towards future volunteers and donors.

Press releases are only written in Greek and sent to all correspondents of international press in Athens. International media are mainly interested by programmes in Greece. The former Greek section is quite privileged by the media, which appreciate their work as a reliable NGO. They only have to face the general confusion between MSF and MDM in Greece. Generally speaking, press is positive from all political sides towards NGOs, despite a growing control on independence of NGOs.

The animated public debate that the AC of the former MSF section in Greece and its President had with Odysseas in May 2002 (see below in chapter IV for more details) did not bring confusion and problems with the media. The message issued by the former Greek section was, according to our interlocutors, well understood by the population.

Campaigns: in 2000, they launched a campaign on AIDS and one on the illegal immigrants in Greece (2001).
Website is used as an information tool for the Greek public, but is still very “basic” as far as the English part is concerned. There is a direct link to other MSF sites.

In the end of 2001, after the initiative of the former MSF Greece, the web site www.anthropos.gr was created. This web site is a common platform for almost 1,000 Greek NGOs. It provides information about the activities, human resources issues, etc. of these NGOs and includes links to the web sites of international NGOs and humanitarian agencies.

The former Greek section of MSF is supported by 25 Antennas which are composed of volunteers (usually one or two) returned from missions and living outside Athens. They are contact persons for the association and are trained yearly.

Human resources:

The former Greek section of MSF is composed of 23 salaried employees in their Headquarters, two of them being located in Thessalonica. The office is exclusively Greek except Christine Gayral, for whom operational meetings are held in English. It seems that the low level of salaries is not attractive for foreigners and even difficult for the Greek. The staff seems very committed.

In 2003, one new position will be open at the fund-raising and communication department in order to develop corporate fund-raising and partnership. Other positions are under discussion: one in support to the financial department, one for institutional fund-raising (depending on a market research), and one or two persons if they decide to open an office in Cyprus.

Regarding field human resources, there are today 15 volunteers in missions abroad (excluding the polyclinics) from which 7 are first mission. Thirty persons are working in the polyclinics. In 2001, there were 64 departures but also including departures from the HQs and consultancies.

The former MSF section is very famous in Greece and a lot of people apply as volunteers. There are monthly info sessions both in Athens and Thessalonica. To find doctors is quite easy. After their diploma, doctors have to do a rural service lasting 15 months as general practitioner, and then wait 2-5 years before starting their specialisation. At this stage, with their experience in rural areas, they join the organisation. Logisticians, and administrators are also easy to find. The profile of the formers is the one of an engineer, and the one of the later is more diversified: accountant, with business administration background, or working experience in administration. In fact, the real difficulty comes from the recruitment of nurses and lab technicians. There is a big demand for nurses in Greece, and they very easily find a job at the end of their studies in the public/private sector which is difficult to leave. In 1999, a law was issued authorizing to interrupt a career in the public sector, but it requires a lot of bureaucracy and time for agreement (signature of 3 ministries); the former MSF section in Greece used it for one doctor.

The motivations for volunteers are to help and travel abroad. One third of applicants are really aware of the organisation and job profiles. One applicant on 7 is recruited.

The indemnity for a first mission is 530 € not taxable, with fee for pension. This amount is not a problem for first missions.
The former Greek section counts on a pool of 20 persons, but not all of them are available at short notice or for long assignments. Among them, 5 to 7 have an MSF experience with other sections. Due to the low number of projects, The former Greek section cannot offer to a volunteer coming back from a first mission a position quite soon. The idea is to keep contact with him by participation to events, polyclinics, HQs activities etc. In order to get volunteers committed for longer periods, long-term contracts are also newly introduced. Two were issued for the HOMs in Gaza and Malawi offering a salaried contract close to the HQs ones (including social security and paid vacations). Training: in the period close to the general assembly, they try to organise one week of training; this year it was for PC software training. In addition one logistician will be sent in the UK (WEDC). Training opportunities are also included in the long term contracts. Management of national staff is under the desk responsibility.

Difficulties to face: lack of MSF experience and training to be improved in order to keep good expatriates within the association.

Future: to have one person dealing with active recruitment and briefings.

Finance:

With an income equivalent to 3.9 million € in 2001, the former Greek section is characterised by its major and growing part of private funds (88% in 2001 compared to 75.4% in 2000). The former Greek section received funds from the Greek Government for Armenia, Palestine, Serbia and Ethiopia. They are actively trying to get funds from the European Union: ECHO, European Refugee Fund, co-financing etc., but until now were confronted to refusals due to “the negative lobbying from MSF International”. Local institutional fund-raising is under the responsibility of the HOM. They got some small financing from embassies in the field such as Germany and HCR. In the future, they will try to diversify institutional donors, but keeping the ratio of institutional funds around 20% of the total income. The former MSF Greece is very famous in Greece and actively supported by donors. Active donors (donors who gave once as minimum to the association during the year in question) were about 37,700 last year. This represents an increase of 15% compared to the previous year. 2000 was in fact a bad year in terms of private fund-raising. Donors are concentrated in the urban areas of Athens and Thessalonica. Return in fund-raising is quite high with 7.5 for one € spent. Website is not really developed as a tool for fund-raising and is not trusted enough by the population. The former Greek section has no collective fund-raising campaigns with other NGOs except once together with Amnesty International & WWF (the collective boxes for the local currency before the introduction of the €). They are not confronted to other “without borders” NGOs, problems coming more from MDM. In 2003, they will start to develop corporate fund-raising, explore merchandizing possibilities, approach donors from rural areas, increase the number of subscriptions to get monthly donors, try video-mailing with a small number of donors in order to upgrade the level of their donation, and to develop the English part of the website.
Regarding expenditure, operations represented 82% of the total expenditure (including the whole operations department, press officer, and advocacy part) in 2001, 6% for administration (financial department, general director, AC, general assemblies and reception), and 12% for fund-raising. The organisation launched a specific campaign in order to finance its new building estimated to 1.7 million €. At the end of 2001, they had received 0.8 million € for 0.9 expenses. The also received grants from municipalities, and donations in kind from companies.

The former Greek section has a one-year reserve.

Audits are done yearly. Up to now, Hellenic Aid never audited the organisation.

The associative life of the former MSF section in Greece:

The former Greek section is composed of 160 regular members, who can vote and be elected. The criteria to become a member is to have spent 6 months at least in a mission and/or one year in the office in close contacts with the organisation. Two-third members are medical.

Administrative Council (AC): after the general assembly of 15th June 2002, its composition is the following:
- Kostas Papaioannou, President
- Antonis Mihas, Vice President (new elected)
- Thanassis Papamichos, General Secretary
- Nikos Kemos, Member
- Stavros Boufidis, Member (new elected)
- Elias Pavlopoulos, member
- Marianna Theodora, member (new elected)
- Joanna Boulnoumi, Deputy member
- Panos Kokkeas, deputy member

The AC includes 5 medical doctors.

The General Assembly is organised with time for elections, presentations of the missions by the HOM, discussions and questions. Every member can represent until 3 persons. There are no mini-AGs, also because of the cost of such meetings. One should be organised in 2003 for Zambia and Malawi on STIs and Aids, about 6 weeks before the general assembly.

Topics of strategically importance are discussed in the “Thematic conferences”. The past years, the issues discussed were communication and fund-raising (2002), voluntarism and humanitarian (2001), and operation policy of missions (2000). The orientations of the thematic conference are validated by the AC and included in the President’s speech.

In 2003, the General Assembly will perhaps last 2 days with a first part on missions and a second part on policy of the organisation, structure and development they want to follow.
III) CHANGES AND MOTIVATIONS TO COME BACK WITHIN THE INTERNATIONAL MOVEMENT

The former MSF section’s staff has been almost renewed these last two years. The president, general director and the communications-medical-logistic-HR responsible are new. From the “old generation”, Odysseas became mini-minister of health and has no contact anymore with the organisation; his membership was even discussed during 2001 General Assembly after his appointment at the Ministry of Health without resigning from the former MSF Greece. Thanassis (the previous general director of the former Greek section) was appointed as director in a rural hospital and has no significant involvement anymore, although he remains part of the Administrative Council. Sotiris Papaspiropoulos is long ago out of the organisation, since he was candidate for the Parliament and a minister’s consultant.

Kostas Papaioannou is the main figure of the former MSF section in Greece in terms of experience. He would like to leave the organisation in the coming years, letting it to the guidance of the “new generation” (which has little experience of the international movement) but with the Greek section re-integrated to the movement.

The vast majority of the former MSF Greece HQ staff doesn’t have solid MSF experience. New staff has no experience and history with the other MSF sections, and it seems that the process would be more difficult with a new generation without the MSF history and knowledge. The willingness to re-enter the movement is clearly shared by the rest of the staff for various reasons: they feel they are really following MSF principles, the notoriety of the movement, getting support from the other MSF etc..

The issue of the possible dialogue between MSF International and Greece, was discussed in the GA of 2002 and according to our interlocutors, agreed upon by the GA members.

IV) THE FORMER MSF SECTION IN GREECE TOWARDS CIVIL SOCIETY, GOVERNMENT AND OPERATIONS

The former Greek section and the civil society:
The Greek society is highly sensitive and politicised. It is in a way comparable to the Italian situation, but in stronger terms. Some missions like in Africa are not very debated, but missions in the Balkans, Palestine are more sensitive. The issues of the illegal immigrants and Palestine are high in the agenda of the press. Although regarding the illegal immigrants problematic, the opinions, in the Greek press vary, according to the political standing of the it, concerning the Palestine conflict, there is an almost unanimous support of the Greek press-society to the Palestinians.

The former MSF section is different from other NGOs in Greece in terms of advocacy and financial structure. Very few Greek NGOs are operational abroad; they are mainly active in Greece and depending on institutional funding.

The former Greek section and the Government:

We found that relationship with the Greek Government are not so close, first in terms of funding and second in terms of advocacy.
In terms of funding, the part coming from the Ministry of Foreign Affairs represented 11.94% of the total income in 2001, compared to 24.57% in 2000. The former Greek section could receive much more from different Greek ministries if they wanted to finance programmes in the Balkans. We also questioned the involvement of Greek politicians in organisation’s lobbying to get funds from ECHO, which was done at the initiative of Odysseas, who had friends among the Greek European MPs.

In terms of advocacy the former Greek section is trying to follow the MSF line. Some events can illustrate their relationship with the Government:

- The public debate and exchange of accusations between Kostas (actual president) and Odysseas about Palestine. Odysseas has been appointed as peripheral Minister of Health for one of the 15 health provinces in Greece. Introducing himself as representative of both Ministry of Health and Ministry of Foreign Affairs, but referring his previous identity as president of the former MSF Greece, he travelled in Palestine last May in order to start an emergency project (a collaboration programme between a Greek and a Palestinian hospital, a pure MoH Greece initiative). All Greek media translated Odysseas presence as representative of MSF and Odysseas himself used in his statement the name of MSF. The former MSF Greece responded publicly refusing any collaboration and went one step further by denouncing the so-called humanitarian aid provided by governments, saying that states cannot use humanitarian assistance for their own political agenda and that they should let the humanitarian aid to the relevant agencies/NGOs. Odysseas replied offensively trying to turn the whole issue into a personal issue/problem with the actual president (Kostas P.) and also referring that the former Greek section is using institutional funds given by the Greek government. This lead to some rounds of public statements by both sides and resulted to the complete isolation of Odysseas from the organisation. In fact the relation between them, was already seriously damaged during the General Assembly of 2001, where Odysseas although was appointed mini-minister of Health (responsible for Peloponnese), insisted on keeping the presidency of the organisation.

- Iraq, again according to our interlocutors, it was an initiative of a women’s association, trying to rise awareness of the situation inside Iraq. It was not sponsored by political parties. A lot of different persons from the civil society, the arts/culture and some MPs as well, participated.

- Access to health care for illegal immigrants in Greece. The former Greek section denounced drafts of Greek laws. They received consequently letters from politicians taking notice from MSF remarks.

What is guiding their choice of operations?

The issue of which criteria is the former Greek section using to choose the countries intervention was also discussed. When addressing the question to the Greek section, we were quite direct asking if they were specifically interested in assisting orthodox populations in need. They refused the accusation country by country and seemed quite “tired” having to explain once again that their organisation has no hidden political agenda behind these choices; Armenia, Palestine, Malawi were common missions with other sections and existing by the time of the exclusion, the decision to start Georgia in 1994, was taken after discussion with MSF France and MSF Spain. Because of a Greek population’s presence, they were pushed to stay, but decided to leave considering the local capacities. In Serbia, they started by an emergency
interference; they are now working on a pilot project for diabetics. Regarding Russia, they all accepted that it was quite a failure. On Russia, Kostas P. expressed reserves on motivations to open a project there. The intervention in Ethiopia was launched after an appeal of the Ethiopian ambassador (200) in Athens and has nothing to do with Orthodox populations.

In general terms, they tried to keep existing missions, re-started in countries where they had a presence before (Zambia) and try to open where it was more feasible for them. They now accept that they don’t have the capacity to start mission like in Russia, India or even Afghanistan.

V) RELATIONS WITH THE INTERNATIONAL MOVEMENT

During our mission, we raised to the former MSF section in Greece the contradictory attitude they had in the past, on one hand criticizing the international movement publicly end of 1999 and beginning of 2000, and on the other hand wishing to re-enter the international movement.

The answer to this question can be found in the document of the Administrative Council “Analysis of the past”. As this issue is sensitive, it is better to avoid personal interpretations. However, Kostas P. emphasised that a lot of the problems and reactions during that period could have been avoided if the whole Kosovo crisis was not handled by a single person (Odysseas), without proper information/involvement of the rest of the AC and office. Since Odysseas’ departure from the AC, a more collective approach was drawn, all members of the AC being involved, and trying to approach all MSF operational centres.

Kostas P also said that people within the former Greek section are believing in MSF principles. This is the reason why in case of a negative evolution of this process, they will never give up the name because they believe in its meaning. As far as the name is concerned they changed their bylaws in 2000 aiming at protecting the name for the Greek section.

Today the former Greek section is explaining their exclusion to first mission’s expatriates. They also stressed good relationships with expatriates from MSF sections as an illustration of the improvement of their link with the rest of the movement.

Conclusion:

As a conclusion to our mission, we can assess that changes have been done by the former MSF section in Greece in terms of more opened attitude with new staff.

As a section they face the same problems as any other section and on the top of all that they have to find solutions to the problems due to their exclusion. During our discussions the issue they didn’t seem so keen on making critics on the quality of their operations; but after inciting them on the issue, they accepted that they have to try harder and this will be the topic of the next conference of February 2003.

Conditions are met to start a dialogue even if trust needs to be re-established and will take time. We cannot predict the outcome of such process and what the former Greek section would be ready to give up, as it was not in our mandate but as well as it was too touchy.
During our mission, we faced the problem of how far we could go in asking about the various issues while maintaining our mandate. The general feeling we had was that our interlocutors were ready to discuss the various issues, but of course regarding their view of how they see a possible re-integration in the movement was not discussed.

Laure Delcros and Kostas Moschochoritis appointed by the International Office for this mission.
30 October 2002.