EMERGENCY TEAM

In 1988, MSF Belgium and MSF Holland created a common Rapid Response Unit [Unité d'Intervention Rapide/UIR] which was to be coordinated alternately by each section.

International Relations **Report** from MSF Belgium, 6 May 1988 (in French).

Extract:
2.2 MSF Holland
Feedback on collaboration with MSF Holland was extremely positive this year. Relations were strengthened at every level across the organisation. Both in Europe and on missions, new forms of collaboration were established and clearly demonstrated the willingness of most MSF members to bring an international dimension to our activities. Our first joint coordination programme was launched in Maputo. One coordination unit manages representation and programmes for the two sections. Later, a similar structure was set up in Ethiopia and there is a chance the same will happen in Conakry [Guinea], Sudan, and Central America. Several exploratory missions were carried out jointly, notably in Pakistan and Iran. The programmes ultimately chosen were selected after joint discussions. On the technical side, there has been a continual exchange of medical-technical and logistics information. The Rapid Response Team (RRT) is now shared by both sections. MSF Belgium and MSF Holland are taking turns coordinating this unit. Personnel services have also tightened relations and a permanent associate to supervise architectural [field medical structures] projects has been appointed. Also, this year joint medical-technical classes were organised, held in French, Dutch, and English. The class took place in Brussels but there are plans for a class to be held in Amsterdam. In early 1988, a meeting was held in Brussels attended by permanent staff and managers from both sections. The aim to extend and improve collaboration was clearly expressed. A preparatory meeting was held to formalise inter-section collaboration.

In December 1988, this Rapid Response Unit response unit was deployed to the Leninakan Earthquake in the then Soviet state of Armenia. MSF France participated in the unit's efforts by sending volunteers. Thus all the MSF teams in the country were operating under a common coordination which avoided the replication of projects.
The Armenia mission was considered as a success.

'**Minutes** from the MSF France Board Meeting,' 16 December 1988 (in French).

Extract:
Armenia update
Recap:
Wednesday 7 December, 11.45 an earthquake hit Soviet Armenia. Médecins Sans Frontières responded swiftly, but did not truly believe it would be allowed to enter the country.
Médecins du Monde headed in over 24 hours ahead of us, thanks to having obtained visas on the Friday, probably assisted by the government.
We didn't consult with French ministries that might have been able to lend support with the USSR embassy. They then reproached us for never consulting them or keeping them informed when we led this type of action. We could have departed earlier. We're so much in the habit of doing everything by ourselves that this time we rather shot ourselves in the foot. Nostra culpa. [...]

The first plane left from Brussels, on the 10th, with 7 French, 2 Dutch, and 2 Belgians including people who speak Armenian, to handle interpretation on the ground. Second plane on the 13th with 13 people: 8 French, 5 Dutch with haemodialysis apparatus. We sent the machines with the accompanying equipment and staff: 8 machines are now operational. Third plane on the 13th: 2 people, 13 tons of equipment. Fourth plane: 10 people, 30 tons of equipment. Fifth plane (chartered by Antenne 2) with an Antenne 2 team: 17 people and journalists. Sixth plane from Marseille with haemodialysis equipment: 44 people (26 French, 12 Belgians, 6 Dutch) [...] From today, we have authorisation to move around the villages surrounding the cities affected. This mission is jointly led by MSF Belgium and MSF Holland, under the general coordination of MSF Belgium. The main operational priorities are:

- To train medical staff on using haemodialysis equipment.
- To sort drugs sent from all over the world.
- To operate mobile and static clinics in Leninakan and environs.

We received 725,000 ECUs from the EEC. [...] Communication was effective between European sections.

Minutes from the MSF International Council Meeting, 20 December 1988 (in French).

Extract:
4. European Emergency Response Unit: It has been confirmed that this unit will only tackle emergency operations. For the benefit of each section's image, all emergency operations will be reported in the media as joint emergency operations, even if not all sections have been deployed. A meeting between the operational sectors of each office should formalise the channels to put in place in the event of a European response, given the complexity of the coordination and the decision-making and information channels. Henceforth, an 'operations' person will be identified in each section to act as go-between for information between offices and to resolve problems applying to the best practice code (Jacques Pinel has the job of identifying the person in each section).

Annual report from MSF Belgium, 1989 (in French)

Excerpt:
a) The efficiency and speed of assistance of the Rapid Response Unit (RRU). I would especially like to congratulate the operations, logistics and communications departments, which led these operations with enthusiasm, courage and professionalism. Furthermore, the collaboration of MSF's European sections in the RRU served to boost the energy of the action in this disaster-affected region.

The first international mission was to Armenia during the earthquake of December 1988. We didn't think we could intervene, because this was in the Soviet Union, but we did. The Dutch, the Belgians and the French sent missions, all at the same time. Very soon we realised that we were doubling up our activities. For instance, the media spoke a lot about the need for kidney dialysis machines, and so the Dutch, the French and the Belgians all sent their nephrology machines. We realised that this wasn't useful, and we quickly decided at Brussels' initiative to get together and harmonise our actions in Armenia. We decided to make this a joint mission. I had a few conversations with Rony Brauman, who wasn't keen and mentioned potential problems, although he wasn't strongly opposed. We decided to do it, we wanted to, and we'd learn lessons. It was quite simple: we did a geographic distribution of the missions, coordinated by a single Head of Mission, Marie-Christine Ferir, who played the international game very well. I considered the mission a success.

Dr Marc Gastellu-Etchegorry, MSF France Desk Manager 1987-1992 (in French)

In 1994, in the wake of the Rwandan Genocide, the lack of cooperation between sections during the cholera epidemic in Eastern Congo in which hundreds of thousands of people died led to a crisis within MSF. The International Council strengthened again the need for an international collaboration mechanism.

Minutes from the MSF International Council meeting, 9 September 1994 (translated from French)

Extract:
12. Rwanda [...]
b. International coordination
In August, coordination problems occurred in Goma. We should add that coordination went well in Kigali. How can we avoid coordination problems in the future?
Philippe [Biberson, President of MSF France)] thinks that given the scale of the crisis and the number of expats in the field, there was a greater risk of incomprehension and lack of coordination. He feels we shouldn't make a test case of it. He says that we need to admit the fact that, while MSF wants to be international, it behaves nationalistically.
Doris [Schopper, President of MSF Switzerland]: International collaboration during times of major crisis cannot function without the goodwill of everybody involved. The IC needs to find a mechanism that would allow for communication between the different operational sections.
Reginald [Moreels, President of MSF Belgium] was rather pessimistic on the issue: problems of entente have delayed international cooperation already for years.
Josep [Vargas, President of MSF Spain]: We are speaking about an international project, but our approach is always very national. We need to strengthen the practical guidelines for international coordination.
Bernard [Pécoul, General Director of MSF France] thinks an international operations meeting is indispensable. In the event of a major crisis, we have not been able to respond in an 'international' fashion.
Jacques [de Milliano, General Director of MSF Holland] thinks we need to carry out an in-depth analysis of the problems that occurred in August and draw lessons. This method might not be applicable in other situations, but it will enable us to gain a greater understanding of coordination problems in the initial emergency phase.
Philippe [Biberson]: The atmosphere is far less conflictive in situations which demand less leadership from the sections (e.g. Kigali).
Decision: MSF Spain will send out a letter to the operations directors and section desks in Goma calling for a meeting in the very near future so they can work together to iron out the problems encountered and explore future mechanisms for joint collaboration.

In July 1994, in the wake of the genocide in Rwanda and the recapture of the country by the FPR [Front Patriotique Rwandais][1], about 600,000 refugees arrived in Goma, where the Dutch and the Belgians swiftly intervened. At MSF France, we'd been informed that there were hordes of refugees in Bukavu where we were therefore deployed, before we realised that the figures we'd been given were wild overestimates. We therefore decided to relocate most of our personnel and equipment to Goma, because, from an operational perspective, that was where we had to base ourselves. Once there, we came up against 'territorial obstruction' by the Belgians and Dutch who 'occupied the field' and didn't make our work any easier.
In August I slammed the door behind me when I left an international operations meeting after the Belgians and Dutch described the situation as being 'under control' when I knew it was catastrophic and they knew it too. I accused them of trying to protect their 'territory'. I explained the situation to Bernard Pécoul, the General Director, who was uncomfortable, but supported me. He went and spoke with all the general directors and they came back with: "This isn't acceptable, we can't go on like this. We have the same name, we can't be at loggerheads and refuse each other access." They therefore agreed to organise a big meeting to discuss our operational policies and certain mechanisms to facilitate decision-making and operations. This decision was what brought about the meeting in Chantilly.

Dr Marc Gastellu-Etchegorry, MSF France Deputy Director of Operations 1992-1997; MSF Emergency Team Member 1995-1997 (translated from French)

1. See http://speakingout.msf.org/fr/camps-de-refugies-rwandais-au-zaire-et-en-tanzanie

One of the outcomes of the first Chantilly Meeting, in October 1995, was to suggest the creation of an international pool, called Emergency Team (ET) that would intervene for the whole movement in emergency crises.

The Chantilly Spirit, Jean-Marie Kindermans and Doris Schopper, 11 October 1995 (in English and French)

Extract:
After we came to an agreement concerning the identity, we debated in various working groups the cohesion mechanisms to be implemented. Among the suggested measures, here are the main ones: [...]
- to set up an emergency pool: it would comprise MSF people, who would be chosen according to their skills and their international profile; they will represent the movement as a whole, and won't be linked to any section. The group will be responsible for responding to emergencies; it will decide on which programs to set up and will choose the section which will support it according to the situation. It will have at its disposal international emergency funds, provided by all MSF entities.
That ambitious project still needs to be worked out, but the Operations Directors think it can start on 01/01/96.

Minutes from the MSF International Council meeting, 14 and 15 December 1995 (in French)

Extract:
Point 8. Operations: the international team; question of common funding
Presentation by Lex Winkler and Jorge Castilla [MSF Holland and MSF Spain Directors of Operations]
a) Concept of an international team: give a few people who are representative of the whole movement and have the confidence of everyone the right to make certain decisions alone without too much interference from HQs.
b) Implications:
   - More decisions taken in the field;
   - Exploratory missions must be carried out more systematically as soon as there is any doubt so as not to delay them;
   - Will it be accepted that power be put in the hands of just a small group of people?
c) Questions being explored by the international team:
   - Intervene in all humanitarian crises, without making a distinction between minor and major crises?
   - How can we communicate together? (All the sections will be dependent on what the section leader communicates...).
   - Regarding money: 1 million ecus has been proposed; the decision is not in the hands of the international team but the sections: shouldn't we be more cautious?
   - Evaluation criteria? Evaluating how well the teams run will be carried out, furthermore, by the Operations Directors;
   - Relations between the international team and the coordinators already in a country? Between the international teams and the desks?
   - Can we allow ourselves to have lots of disputes OR do we need directives to make the system secure? If, on the one hand, directives are necessary to avoid disputes, on the other hand, too many directives can kill an idea;
   - How will this work in terms of finances?

Remarks: there will need to be a certain amount of turnover in the team: 50% (for example) will have to change and new people will have to be part of the international team to avoid creating an elite group.
Conclusion: The working group is meeting on 20/12/95 and the project will kick off one calendar month later, as many questions are still hanging, regarding the financial issue in particular.

And then, towards the end of Chantilly I, Brigitte Vasset [Operations Director MSF France] said: "Why don't we run operations together?" Jacques de Milliano suggested: "We need to create a new generation of coordinators who can work together so that we understand each other." It was clear that people agreed on what they wanted to do, but they didn't agree on culture.
Others said, "We need to run operations jointly rather than having joint teams". In the end, we said, "OK, we're going to plan another Chantilly to turn all of this into action."
And the idea of the ET (Emergency Team) was born.

Dr Jean-Marie Kindermans, MSF International Secretary General 1995-2000, MSF Belgium President 2002-2010, IB member 2011-2013 (in French)

The team was quickly set up and was operational by early 1996. They started to work on an epidemic of meningitis in Nigeria, an epidemic of cholera in Senegal and an assessment of the level of preparedness in the Goma region in the event of a major movement of refugees.

Minutes from MSF Belgium's Board meeting, 9 February 1996 (in French)

Excerpt:
The International Emergency Team (ET) is off to an energetic start with three missions in progress:
- Cholera epidemic in Senegal
- Meningitis epidemic in Nigeria
- Evaluation of the level of planning in the Goma region in the event of major movement of refugees

In Nigeria, the widescale operation entails vaccinating 2 million people. MSF France is in charge of coordinating the operations in Senegal and Nigeria.
Mario [Goethals, MSF Belgium Director of Operations] stated that it is vital that the Director of Operations actively monitor the ET, which needs to be strengthened.
Pascal [Meeus, MSF Belgium Vice-president] asked if the ET approach means that the sections cannot intervene individually in the event of an emergency.
Mario replied that the ET intervenes in any emergency, unless there is a justification for not doing so.
Stef Vanderborght asked if the mission in Beijing had been of assistance to the running of the ET.

Mario: There was a swift response on their part, which definitely set the processes in motion. More broadly, we need to strengthen the capacity for MSF International in Beijing itself to respond.

International Emergency System "Emergency Team" (ET) **Memo**, 1996 (in English, in French)

Extract:
"Emergency team" [...]
Functioning mode
The nationalities of the sections and the volunteers are disregarded. Everyone can claim the project under the MSF banner, with no mention of nationality.
The Directors of Operations of all the sections appoints a number of persons to perform an "on call" duty for the emergencies. Today, two persons on the list, from two different sections, are "on call" and in charge of reacting to news of emergencies. This sort of news can also be received from the different sections. They have to follow up on emergencies, see whether they are already taken care of by MSF sections in the field or not ' and decide whether or not to send an exploratory mission.
[...] The "Emergency team" is thus a network of people recognized by all the sections and able to take quick decisions regarding the launch of an emergency intervention and its follow-up. ET is not a seventh section. Just as a programme officer has to justify its action towards his peers and his director of operations, the members of ET have to justify their choices and actions to the members of the ET and to the Directors of Operations of all the sections.[...] The system is based on the trust given to this network by all headquarters and in the principle underlying its functioning.

Nature of the programmes and functioning in the field
ET must intervene in important new emergencies. They are the classical emergency fields of MSF. The Directors of Operations asked ET to be always ready for exploratory missions and on the look-out for information. On the other hand, the intervention of ET must only be considered if it really brings an added value with regard to the intentions that could have been implemented by the different sections on their own.

[...] First results of the ET interventions
Since the start of ET in January 1996, 6 interventions have been implemented: China: Earthquake Senegal: Cholera epidemic Great Lakes: Emergency Preparedness Nigeria: Meningitis Epidemic Niger: Meningitis Epidemic Lebanon: Armed Conflict [...]
There is of course criticism regarding those interventions but they are often linked to factors independent from the ET. There are frustrations within the sections not doing the follow-up as Back Up Section to "grasp the essence of" the ongoing mission, to make the section "pulse" with the intervention. We have to try to improve the system [...]

ET and internationalisation
lt is important to keep in mind that internationalisation is not the sole "property" of ET which is only a tool in this construction. We have to develop other ideas, other initiatives as far as internationalisation is concerned at headquarters level and in the field. ln this process of internationalisation, ET is only a step along the way, albeit an important one.

The idea to join forces came from the Dutch and was agreed by everybody in Chantilly. We agreed to bring together a number of people who were used to working together on emergency operations, who knew each other already and were capable of coming to an agreement or disagreeing promptly. The Swiss didn't take part, because at that time they were not very experienced in emergencies, and also because we said the more people involved, the harder it will be.

Dr Marc Gastellu-Etchegorry, MSF France Deputy Director of Operations 1992-1997; MSF Emergency Team Member 1995-1997 (translated from French)

The Emergency Team was one of the things that worked. I was involved in it with Marie-Christine Ferir, Marc Gastellu and Wouter Kok. It was a really solid, cross-disciplinary structure in the five operational centres, where even the baby of the MSF family, MSF Spain, was warmly welcomed and invited to play with the big kids.
We gave ourselves six months to work out the rules of the game. All the emergency desks were involved in the group, to work out how to deal with emergencies together. It was very good and it worked. Finally, the rules we created proved very useful afterwards. And taking part in the ET was a far from insignificant point in terms of MSF Spain's involvement at the international level. Being part of something bigger than MSF Spain helped broaden the horizons of a lot of us in Barcelona.

Dr. Jose Antonio Bastos, MSF Emergency Team 1995-1997, MSF Spain President 20010-2016 (in French)

Within a year ET ran several successful emergency operations. In 1997, an evaluation of the first year of ET functioning highlighted that ET had allowed the operational centres "to confront their differences and problems instead of bypassing them or covering them up". But it also stressed that "the sectional logic prevailed frequently, leading to a non-respect of pre-established rules".

However, despite the reassertion of the desire of the International Council to have a common response to emergencies, the team started to get stuck in a process of bureaucracy, due to the reluctance of the operational centres to let some control go international.
Efforts were nevertheless made to save ET. Several reports and scenarios for its future were implemented.

Minutes from the MSF International Council meeting, 30 January 1997 (translated from French)

Extract:
II. The international response to emergencies in 1996
Marie-Christine Férir [Head of MSF Belgium Emergency pool and member of ET] presented the various emergencies that mobilised the ET. She showed that dialogue between the sections had thus been re-established; she noted that a purely international

approach allowed for a far more effective intervention than a single section would have done in a small number of cases (massive-scale emergencies such as in Nigeria, very swift mobilisation of competent personnel as in Iran, etc.); she observed that the difficulties were huge in the emergency in the Grands Lacs, because sections were already present, that the situation was especially sensitive and changing, etc.
All the comments acknowledge these difficulties, but several put them in perspective by comparing them to the system in the past, when it was all about competition; the rise in credibility for MSF that ET has brought about has also been highlighted. Some spoke up about how the MSF's emergency operational overcapacity is the crux of the problem and that it causes numerous frustrations (it's easier psychologically to increase rather than reduce its actions).
Maintaining the positive step forward achieved with the ET, the IC has in conclusion called for an adaptation or reforming the mode of intervention, depending on the situation; the goal is to keep a common response, and not to let the obstacles encountered push us backwards.

Minutes of MSF General Directors and Directors of Operations International Meeting, 10 and 11 April 1997 (in English)

Extract:
ET Present situation:
- no trust between sections, national approaches becoming predominant again
- decisions of ET core group unclear or not respected by sections
- demotivation within ET core group and operational departments
- selection of BUS [Back Up Section] not done according to operational arguments: often the reason for conflicts between sections

Objective shared by all participants:
MSF needs to operate in emergencies as one MSF, with one voice and with the participation of all sections. The aim is to find a solution to realise this in a simple way by using a quick decision-making process.
Several solutions were proposed:
a) Give the ET core group the necessary power to carry out their work and act accordingly (respect their decisions!)
b) Appoint an international Director of Operations
c) Wait for the evaluation report on ET
d) ET is in charge of all emergencies in non-conflict situations. In conflict crises the Operational Directors will decide on the coordination mechanism (ET or not ET...)
Decision:
The group of general and operational directors recalls the objective and the importance of preserving and developing the principles of the ET concept concerning the handling of all emergency situations. At present, difficulties in the functioning of ET exist. An evaluation has started and will hopefully provide some positive recommendations for the problems raised. In the meantime, while the Directors of Operations are working on the mechanisms for cooperation (...) the following temporary solution has been proposed:
1) ET continues to function according to its usual procedures in 'non-conflict' emergency situations (natural disasters, epidemics)
2) In the event of conflict situations, the decision on the coordination mechanism (whether or not to entrust ET with the coordination of such an emergency) will be taken – by a majority vote – by the group of Directors of Operations.

MSF International Council Meeting **Preparatory document**, 16 January 1998 (in English)

Extract:
2. 3 A first attempt to unify operations: the ET [Emergency Team] experience
It was decided during the first Chantilly meeting that an emergency task force should be created to manage emergency situations more efficiently on the operational as well as the 'témoignage' level. This task force, now commonly called Emergency Team (ET), saw the light of day very quickly and was fully operational in February 1996. The basic functional idea was to have a relatively small group of experienced and committed people who would be given full responsibility for all decisions regarding objectives, strategies and means to launch an emergency programme. ET would intervene during the initial phase of an emergency (6–8 weeks) and then transfer responsibility to one or more operational centres. One operational centre would be chosen by this group to technically back up the emergency intervention. It was also suggested that there should be a common emergency fund.
ET operated efficiently and to the satisfaction of most sections during the first months of its existence. The massive intervention during the meningitis outbreak in Nigeria was certainly its biggest success. However, at the end of 1996 the Kivu crisis highlighted the limits of ET in practice. Trust between the operational centres broke down and national approaches became predominant, thus leading to non-respect of ET decisions and demotivation within the ET group.
An evaluation of the first year of ET functioning was carried out in the spring of 1997 and summarises the achievements and difficulties as follows.

1. Most actors (volunteers in the field, ET members, sections) have truly felt part of an international movement.
2. ET has allowed all sections, and in particular the three major operational centres, to confront their differences and problems instead of bypassing them or covering them up. The constant collective work through ET has permitted the maintaining of contact, even during major internal crisis.
3. ET had a very positive impact in Nigeria, and without ET this scale of intervention could not have been achieved.

However:
- Although everybody apparently adhered to the ET idea, the 'sectional' logic prevailed frequently, leading to a non-respect of pre-established rules.
- One main problem appeared to be financial rules and attribution of funds to different operational centres. Back-up sections were chosen more to equilibrate the accounting than for efficiency reasons, which led to some counterproductive decisions.
- ET in its current set-up is a cumbersome machine, with time-consuming rules and regulations, which are only

warranted in big emergencies. But no other international mechanisms to coordinate emergency interventions exist.
- Information flow is not well regulated, reports, technical and medical data are not available in all sections, and the information is not user-friendly (too much quantity, not concise nor easily understandable/useful).
- Differences of opinion are only being solved by time-consuming search for consensus. Too many people are involved in decision-making and there is no accepted authority that can arbiter in case of conflict.

Based on the experience of ET, the operational end executive directors reaffirmed in April 1997 that MSF needs to operate in emergencies as one MSF, with one voice and with the participation of all sections. Based on the evaluation of ET and our conviction that we need a common response to emergencies, some of the ET core members were asked to define a new framework before the end of 1997.

Minutes from MSF International Council **meeting**, 16 January 1998 (in English)

Extract:
- the ET [Emergency Team] core group has considered three scenarios for the future of ET. It has proposed a second scenario, in which an ET Director is nominated. The core group would consist of two individuals per section. It has also worked on the different operational strategies.
The group of General Directors supports this scenario, but has asked the core group to come up with a more precise proposition for the March meeting DG/Dirop [General Directors/Operational Directors]. There are certain points that need clarification before the final proposal is submitted at the next IC meeting:

* Link the proposal to the conclusions of the ET evaluation.

* Better define the role and responsibilities of this Director, his relation to the OD (Direction of Operations), his operational or regulatory function [...] Compare and harmonise these responsibilities with those of the Great Lakes International Operations Directors (GLIDO), as the spirit is the same.

* Better define the ET interventions, their duration, their kind, the way they work and the right of intervention when teams already work in a country.

* A satisfactory financial system should be worked out quickly, but is not a sine qua non condition to start 'ET 2'.

The RC [Restricted Committee] supports the Executive Group recommendation of creating an ET Director function. The RC insists that the ET Director must work closely and regularly with the field, on the basis of an exchange of information in view of preparing emergencies.
This should be part of the discussion in the mini-AG [mini-General Assemblies], mostly for information of people in the field.

Our mission was to intervene in an emergency situation under one label, one MSF. We arrived in the name of MSF with a single head of mission and a single programme manager. In theory, it worked well. In practice, it depended on the head of mission and programme manager chosen, the frequency with which we had to send the sitreps, etc. But some of them started to self-censor and protect themselves because they worried about what their operational centre would be able to accept or not. So, we put in place a whole heap of procedures and organisation charts and organigrams; a whole slew of administrative formalities so that everything was fairly organised. But, ultimately, we created a complicated monster of a system.

Dr Marc Gastellu-Etchegorry, MSF France Deputy Director of Operations 1992-1997; MSF Emergency Team Member 1995-1997 (translated from French)

They did some good work with the ET [Emergency Team], because it encouraged people to get to know each other, be exposed to each other and reach a compromise. It did produce a generation that was more prepared to discuss things and join forces, rather than everyone sitting in their own corner. But it didn't last long. I found there was a level of bureaucracy that sits very badly with emergency situations when you want to act, with the sense of combat, with the irrationality that sometimes goes hand-in-hand with getting programmes up and running quickly, etc.

Dr Philippe Biberson, MSF France President 1994-2000 (in French)

In June 1999, another report on ET was presented to the International Council. It highlighted a lack of common understanding of MSF's role and a lack of vision, as well as structural differences between the operational centres, that hampered the functioning of ET.
In June 2000, the International Council acknowledged the positive outcomes of the ET experience: the existence of an emergency desk in all operational centres and regular dialogue between their managers.

Minutes from MSF International Council **meeting**, 11 June 1999 (in English)

Extract:
Catrin Schulte-Hillen and Steve O'Malley also presented their report on ET [Emergency Team] [...]
The ET report emphasised the following:
1) <u>The report is still being reviewed at the OD</u> [Direction of Operations] and EC [Executive Committee] levels;
2) <u>The central conclusions of the evaluation</u>, which where:

<u>*General*</u>
- Lack of common understanding of MSF's role
- Lack of a future vision for movement
- Structural differences
- Size of the movement
- Different perceived roles of the different operational centres

<u>*Specifically related to emergency management*</u>
- Conceptual differences regarding MSF's role in big emergencies

- Unclear decision-making processes
- Lack of clear designation of responsibilities and corresponding decision-making power
- Deficient information management
- Volume and quality of the operations

3) The main recommendations, which are:

General

- Creation of a common understanding of MSF's vision and role
- Identification of the main principles to be safeguarded
- Strategic planning concerning the future of the MSF movement

Specifically related to emergency management

- Definition of clear structures and processes for the management of emergencies
- Definition of decision-making processes
- Clarification of the MSF communication strategy
- Elaboration of a 'menu' of coordination/collaboration models
- Reinforcement of the DirOps [Directors of Operations] team and the core group as an emergency management entity
- Creating time and space, both in the field and in HQs, for debate in order to develop a common understanding of MSF's role in a specific emergency [...]

In view of the two reports which were presented to the IC [...] and the current emergency that MSF is involved in, it is felt that it is urgent to have an effective tool to deal with emergencies. It is recognised that MSF is becoming such a huge machine that delays in response is unavoidable, and that the cooperation among ODs has much improved lately. But the IC is concerned that the ET report was not yet fully accepted by the ODs and that there is no feed-back yet from the GDs[General Directors]: the IC would like to know whether they feel that the menu of five models is workable or whether they would propose modifications or an alternative structure. [...]

The IC endorses the ET-report by Catrin Schulte-Hillen and Steve O'Malley, and its principles designed to maximise a rapid, coherent and coordinated response to emergencies by the MSF movement. The IC is confident that the Executive Committee will seriously study the report's recommendations, and asks for a written report to be delivered at the IC November 1999 meeting regarding progress towards its implementation.

Minutes from MSF International Council **meeting**, 10 June 2000 (in English)

Extract:

Update on the ET [Emergency Team] Process

The conclusion of the report on ET's failure was that, although a standardised 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 six weeks in person, and by teleconference when necessary.

We tried the ET [Emergency Team]. But we soon stumbled over the issue of stripping a particular operational centre of its operations, criticism of the way other sections led operations, and pooling coordinators. Admittedly, it allowed a bit more contact with coordinators from other sections, but it was very marginal.

Dr Jean-Marie Kindermans, MSF International Secretary General 1995-2000 (in French)

In any case we knew that we had different operational policies. By putting them together to tackle a single crisis and evaluating them we should, in theory, have been able to harmonise them and bring them closer together, or at least work out where the differences lay. But all the members of the ET were driven by the obligation to compromise with their opponents, both internally and externally.There were operational differences, but we realised that it was the section that was in charge of managing things in its own way. The other sections had to trust it. But all the sections had enormous difficulties getting the others to accept their field evaluations and explain why they were involved in a particular type of intervention. So gradually, things slid. Jean-Hervé Bradol [Operations Director MSF France] summed it up by saying: "Ultimately, there are emergencies that are covered by the operational centres and emergencies that are covered by the ET." The ET became the dumping ground for emergency interventions. We never learned anything from it or tried to evaluate it. It's been completely forgotten. Today, no-one in operations knows that there was this attempt to harmonise things, based on a common policy and interventions.

Dr Marc Gastellu-Etchegorry, MSF France Deputy Director of Operations 1992-1997; MSF Emergency Team Member 1995-1997 (in French)

In the meantime, upon a proposal from the field, the Great Lakes International Operations Directors (GLIDOS) were tasked with joint operations management of MSF in the region. There was one GLIDO from MSF Belgium and one from MSF France, but it did not work.

In hindsight, some of the protagonists acknowledged that these top-down decisions came too early, just after an acute internal crisis over the Great Lakes, to consider overcoming so many operational and advocacy differences. In addition, the headquarters were not ready to release control on a process proposed by the field.

All the field HoMs from all sections met in Kampala to discuss our problems – mostly of image – in the region. It was then, that the HOMs came up with this idea and pushed it to Europe HQs to implement. We proposed a candidate, we did not want the ones proposed by the Headquarters but they were imposed on us. So, I would say it was a field initiative that HQ was unprepared for. They were not ready to release control and we were all very disappointed and angry because they did not listen to us. it was not only the sentiment in the Great Lakes but in other countries.

Rebecca Golden, MSF France Head of mission in Congo 1997 (in English)

And for the crisis in the Great Lakes in central Africa, we'd created the GLIDO, Great Lakes International Operation Directorate. Mario [Goethals, MSF Belgium] and Annick [Hamel, MSF France] were supposed to be running operations together. But it soon failed. So it was the idea of integrating operations and support activities that didn't work. In my view, the main reason for the failure was that we decided to do everything together when we'd so recently been a hair's breadth from separating. It was much too fast. The cultural gaps were still far too great and it was all much too top-down.

Dr Jean-Marie Kindermans, MSF International Secretary, 1995-2000 (in French)