

MÉDECINS SANS FRONTIÈRES,
EVOLUTION OF AN
INTERNATIONAL MOVEMENT:
ASSOCIATIVE HISTORY
1971-2011

Laurence Binet - Martin Saulnier

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- *“War Crimes and Politics of Terror in Chechnya 1994-2004”*
Laurence Binet - Médecins Sans Frontières [June 2010-September 2014]
- *“Somalia 1991-1993: Civil War, Famine Alert and UN ‘Military-Humanitarian’ Intervention”*
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- *“MSF and North Korea 1995-1998”*
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- *“MSF and the Rohingya 1992-2014”*
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Design and administration of associativehistory.msf.org: Sean Brokenshire, Nancy Barrett from 2019
Produced by Médecins Sans Frontières Australia for MSF International

“In democratic countries the science of association is the mother of science; the progress of all the rest depends upon the progress it has made.”

Alexis de Tocqueville,
Democracy in America,
Volume 2, Part 2, Chapter V (1840)

PEOPLE INTERVIEWED

Dr Marie-Pierre Allié	MSF France - Member of the Board 2004-2007, President 2008-2013, interviewed in 2017
Dr Jose Antonio Bastos	MSF International - Emergency Team Member 1995-1997; MSF Spain - President 2010-2016, interviewed in 2016
Dr Philippe Biberson	MSF France - President 1994-2000, interviewed in 2016
Patrick Bishop	MSF UK - Co-founder, President 1994-2000, interviewed in 2016
Victoria Bjorklund	MSF USA - Lawyer and member of the board of directors, then of the board of advisors, from 1989, interviewed in 2016
Dr Marleen Bollaert	MSF Belgium - President 1995-1998, Board Member/Vice-President 2001-2002 interviewed in 2016
Françoise Bouchet-Saulnier	MSF Legal Advisor then Director from 1991, interviewed in 2017
Dr Claire Bourgeois	MSF Belgium - Co-founder, interviewed in 2006 in Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO, available at the library of the Department of History of the Catholic University of Louvain (Belgium)
Dr Jean-Hervé Bradol	MSF France - President from 2000-2008, interviewed in 2016
Dr Rony Brauman	MSF France - President 1982-1994, interviewed: - In 2005 in <i>'Famine and Forced Relocations of Population in Ethiopia: 1984-1986'</i> , <i>MSF Speaking Out Case Studies</i> - In 2016
Camilla Bredholt	MSF Denmark - Co-founder and Head of Office 1993-1996, then member of the board of directors 1996-2003, interviewed in 2016
Marine Buissonnière	MSF International - General Secretary 2004-2007, interviewed in 2016
Dr Anamaria Bulatovic	MSF USA - Member of the Board of Directors 1997-2000, President 2000-2002 (in French) interviewed in 2016
Christian Captier	MSF Switzerland - General Director 2004-2011, interviewed in 2016
Dr Francis Charhon	MSF France - President 1980-1982, Management Team Member 1982-1992, interviewed in 2016
Dr Georges Dallemagne	MSF Belgium - General Coordinator, interviewed in 2005 in <i>Famine and Forced Relocations of Population in Ethiopia: 1984-1986</i> - <i>MSF Speaking Out Case Studies</i>
Sophie Delaunay	MSF France - Member of the Board 2007-2008; MSF USA - General Director 2008-2015, interviewed in 2016
Xavier Descarpentries	MSF France - Director of Fund Raising, 1990-2000, interviewed in 2016
Dr Alain Destexhe	MSF International - Secretary General 1991-1995, interviewed in 2016
Stéphane Devaux	MSF Belgium - Coordinator of Institutional Fundraising September 1990 - April 1992 then 1993, for MSF International April 1992 - January 1993, interviewed in 2017
Zamele Dhludhlu	MSF South Africa - Supply Logistician then Administrator then Finance Coordinator from 2006, interviewed in 2015
Dr Xavier Emmanuelli	MSF France - Co-founder, Board member 1972-1976, Vice-President May 1977 - May 1978 and May 1980 - May 1988, President May 1979 - May 1980, Honorary President May 1988 - May 1995, interviewed in 2016
Dr Carlo Faber	MSF Luxembourg - Board member 1987-1992, President 1992-1997, interviewed in 2016

Michalis Fotiadis	MSF International - Associative coordinator 2007-2011, interviewed in 2018
Dr Christophe Fournier	MSF International - International Council President 2007-2010, interviewed in 2016
Dr Juliette Fournot	MSF France - Head of mission in Afghanistan 1980-1986; MSF USA Board member 1989-2001, interviewed in 2016
Alain Fredaigue	MSF France - Regional Offices' Manager from 1991, then Associative Life and events Coordinator from 1993, interviewed in 2017
Dr Marc Gastellu-Etchegorry	MSF France - Desk Manager 1987-1992, Deputy Director of Operations 1992-1997, Director of Medical Department 1997-2000; MSF International Emergency Team - Member 1995-1997, interviewed in 2017
Monica Genya	MSF South Africa Associative Coordinator since December 2013 interviewed in 2015
Dr Rowan Gillies	MSF International - International Council President 2003-2006, interviewed in 2017
Dr Eric Goemaere	MSF Belgium - General Director 1996-1998, Head of Mission in South Africa from August 1999 to September 2004, MSF OCB Medical Director in South Africa from October 2004 to August 2011 interviewed in 2016
Stephane Goriely	MSF Belgium- Board Member 1999-2011 and 2012-2015; OCB - Elected Board Member 2008-2015, interviewed in 2016
Pim de Graaf	MSF Holland - Board Member 2005-2008, President and OCA Chair 2008-2013, interviewed in 2016
Dr Peter Hakewill	MSF Australia - Co-founder, General Director 1993-1999, interviewed in 2017
Dr Richard Heinzl	MSF Canada - Co-founder, President 1989-1991, interviewed in 2016
Michiel Hofman	MSF - Head of mission in Afghanistan 2009-2011, interviewed in 2018
Anne-Marie Huby	MSF International - Press officer 1991-1993; MSF United Kingdom - General Director 1994-1999, interviewed in 2016
Anne-Louise Jacquemin	MSF USA- Field Human Resource Director from 1997 to 2004, interviewed in 2018
James Kambaki	MSF East-Africa - Co-founder, interviewed in 2016
Dr Unni Karunakara	MSF International - International Council President 2010-2013, interviewed in 2016
Dr Jean-Marie Kindermans	AEDES - Director, 1984-1995; MSF Belgium - Board member 1988-1985; MSF International Secretary General, 1995-2000, MSF Belgium, President from 2001 to 2006 interviewed in 2016
James Lane	MSF Canada - Co-founder, President 1989-1992, Board Member 2006-2018 interviewed in 2016
Dr Philippe Laurent	MSF Belgium - Co-founder, President 1981-1984, General Director 1981-1986, interviewed: - In 2006 in <i>Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO</i> , available at the library of the Department of History of the Catholic University of Louvain (Belgium) 2006. - In 2005 in <i>Famine and Forced Relocations of Population in Ethiopia: 1984-1986 - MSF Speaking Out Case Studies</i>
Dominique Leguillier	MSF Japan - Co-founder, President and Executive Director 1992-2003, interviewed in 2017
Dr Jean-Dominique Lormand	MSF Switzerland - Associative member since 1981, President 1987-1989, Vice-President 1995-1997, interviewed in 2016
Dr Jean-Pierre Luxen	MSF Belgium - President 1984-1987, General Director 1988-1994, interviewed in 2016
Dr Lisette Luykx	MSF Holland - Board Member 1999-2000, President 2001-2005, interviewed in 2016
Dr Greg McNulty	MSF United Kingdom - President 2001-2007, interviewed in 2016
Marilyn MacHargh	MSF Canada - Co-founder, General Director 2006-2012 interviewed in 2016
Dr Claude Malhuret	MSF France - President 1978-1979, Management Team Member 1979-1985, interviewed in 2016

Dr Pascal Meeus	MSF Belgium - Board Member 1995-1999, President 1999-2001, interviewed in 2016
Dr Bart Meijman	MSF Holland - President, 1997-2001, interviewed in 2016
Dr Jacques de Milliano	MSF Holland - Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996, interviewed in 2016
Dr Reginald Moreels	MSF Belgium - President, 1986-1994, interviewed in 2016
Zoria Naidoo	MSF South Africa - Head of Administration and Finance from 2008, interviewed in 2015
Dr Thomas Nierle	MSF Switzerland - Head of Emergency then Director of Operations 2000-2004, interviewed in 2009 in 'War Crimes and Politics of Terror in Chechnya 1994-2004', MSF Speaking Out Case Studies
Dr Jonathan Novoa	MSF Latin America - Co-founder, interviewed in 2016
Remi Obert	MSF International - Financial coordinator 2002-2006; MSF France - Financial Director 2007-2013, interviewed in 2018
Paule Oosterbosch	MSF Belgium - Co-founder, interviewed in 2006 in Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO, available at the library of the Department of History of the Catholic University of Louvain (Belgium)
Dr James Orbinski	MSF International - International Council President 1998-2000, interviewed in 2016
Reveka Papadopoulos	MSF Greece - Internationally Appointed Board Member 2005-2008, interviewed in 2018
Dr Sotiris Papaspyropoulos	MSF Greece - Co-founder, President 1990-1996, Honorary President 1996-2000 then association member, interviewed: - In 2006 in <i>'Violence against the Kosovar Albanians, NATO Intervention 1998-1999', MSF Speaking Out Case Studies</i> - In 2016
Dr Bernard Pécoul	MSF France - General Director 1991-1997; MSF Access Campaign Director 1999-2003, interviewed in 2016
Dr Miguel-Angel Perez	MSF Spain - President 1998-2003, interviewed in 2016
Jean-Michel Piedagnel	MSF United Kingdom, General Director 2001-2008, interviewed in 2016
Ulrike von Pilar	MSF Belgium - Delegate Offices Coordinator 1991-1997; MSF Germany - President 1995-1997, General Director 1997-2005; MSF International - Coordinator of discussing papers for the La Mancha process 2005-2006, interviewed in 2016
Annedien Plantenga	MSF Holland - Coordinator of Delegate Offices 1990-1993, interviewed in 2016
Dr Darin Portnoy	MSF USA - President 2004-2008; MSF International - Member of ICB and Vice-President 2004-2007, interviewed in 2016
Parthesarathy Rajendran	MSF SARA [South Asia Regional Association] - Co-founder, interviewed in 2018
Simone Rocha	MSF Brazil - General Director 2005-2010; OCB - Board Member 2010-2012, interviewed in 2018
Dr Morten Rostrup	MSF Norway - President 1996-2002, MSF International- President 2000-2003, interviewed in 2016
Dr Doris Schopper	MSF Switzerland - President 1985-1987 then 1991-1998; MSF International - President February 1994-February 1995, September 1997-June 1998, interviewed in 2016
Dr Johan von Schreeb	MSF Sweden - President 1993-2000, interviewed in 2016
Sergio Solomonoff	MSF Italy - Head of Office 1991-1997, interviewed in 2017
Frances Stevenson	MSF United Kingdom - Representative on MSF Holland Board 2005-2009, interviewed in 2016
Göran Svedin	MSF Sweden - General Director 1993-1997; MSF Belgium Liaison with the partner sections 1997-2003, interviewed in 2016

Joëlle Tanguy	MSF USA - General Director 1994-2001, interviewed in 2016
Fiona Terry	MSF Australia - Board member 1994-1997, President 1997-2001, interviewed in 2016
Kris Torgeson	MSF USA - Communications Director 2001-2007, MSF International - Secretary General 2007-2010, interviewed in 2016
Dr Josep Vargas	MSF Spain - President 1986-1992, interviewed in 2016
Albertien van der Veen	MSF Holland - Board Member 2001-2004, Vice-President 2003-2004, President 2005-2008, interviewed in 2016
Rafa Vilasanjuan	MSF International - General Secretary 2001-2004, MSF Spain- President 2005-2006 interviewed - in 2009 in <i>'War Crimes and Politics of Terror in Chechnya 1994-2004', MSF Speaking Out Case Studies</i> - in 2016
Dr Clemens Vlasich	MSF Austria - Co-founder, General Director 1994-1996, President 1996-2006, interviewed in 2017
Dr Eric Vreede	MSF United Kingdom - Board member 1991-2000, interviewed in 2016

ACRONYMS

AC	Administration Council (MSF)
ACT	Artemisinin Combination Treatment
AEDES	Association Européenne pour le Développement et la Santé/ European Association for Development and Health
AIDAB	Australian International Development Assistance Bureau
AIDS	Acquired Immune Deficiency syndrome
AFP	Agence France Presse/French Press Agency
AGM	Annual General Meeting (General Assembly) (MSF)
AMI	Aide Médicale Internationale/International Medical Assistance
ARV	Anti-retroviral treatments
ATF	Associative Task Force (MSF)
AZG	Artsen Zonder Grenzen (Dutch translation of Médecins Sans Frontières)
BBC	British Broadcasting Corporation
BOD	Board of Directors (MSF)
BUZA	Ministerie van Buitenlandse Zaken - Dutch Ministry of Foreign Affairs
CAC 40	Paris stock market indicator
CAME	Campagne d'Accès aux Médicaments Essentiels/Access Campaign to Essential Medicines (MSF)
CARE	Cooperative for Assistance and Relief Everywhere
CDC	Comité de Direction Collégiale/Collegial Management Committee (MSF)
CDC	Center for Disease Control and Prevention (Atlanta, USA)
CEO	Chief Executive Officer
CIREM	Centre d'Intervention pour la Recherche et l'Epidémiologie Médicale/Intervention Centre for Research and Medical Epidemiology (MSF)
COP	Common Operational Policy (MSF)
CSIS	Center for Strategic and International Studies
Dirmed	Medical Director (MSF)
Dirop	Director of Operations (MSF)
DNDi	Drugs for Neglected Diseases Initiative
DO	Delegate office (MSF)
DOTS	Directly Observed Treatment Strategy
DRC	Democratic Republic of Congo
DWB	Doctors Without Borders
EAA	East African Association (MSF)
EC	European Community
ECHO	European Commission Humanitarian Office
ECU	European Currency Unit (Prior to Euro)
ED	Executive Director (MSF)

EEC	European Economic Community
EFRM	Emergency Fundraising Mechanism
EPI	Expanded Program on Immunization
ET	Emergency Team (MSF)
EU	European Union
ExCom	Executive Committee (MSF)
ExDir	Executive Directors Platform (MSF)
FAD	Field Assembly Debates (MSF)
FAO	Food and Agriculture Organisation of the United Nations
FR	Fund raising
FTE	Full Time Equivalent
GA	General Assembly (Annual General Meeting) (MSF)
GD	General Director (MSF)
GD 18/19	International Platform of General Directors (MSF)
GIMCU	Groupe d'Intervention Medico-chirurgicale d'Urgence/ Emergency Medical and Surgical Intervention Group
GLIDO	Great Lakes International Director of Operations (MSF)
GRP	Governance Reform Process (MSF)
GUPA	Guichet Unique du Pole Associatif /Window to Associative Life (MSF)
HAART	Highly Active Anti-retroviral Therapy
HIV	Human Immunodeficiency Virus
HoM	Head of Mission (MSF)
HQ	Headquarters
HR	Human Resources
HRW	Human's Right Watch
IB	International Board (MSF)
IC	International Council (MSF)
ICASC	International Council Associative Standing Committee (MSF)
ICB	International Council Board (MSF)
ICFI	International Council Commission on Financial Independence (MSF)
ICP	International Council President (MSF)
ICRC	International Committee of the Red Cross (MSF)
ICVP	International Council Vice-President (MSF)
IDF	Israel Defence Forces
IDP	Internally Displaced Persons
IF	Institutional Funds (MSF)
IFC	International Financial Commission (MSF)
IFC	International Finance Coordinator (MSF)
IGA	International General Assembly (MSF)
IIMP	International Information Management Project (MSF)
IO	International Office (MSF)
IONi	International Operational Network Initiative (MSF)
IRC	International Restricted Council (MSF)

IRP	International Remuneration Project (MSF)
IS/ISG	International Secretary General (MSF)
JBM	Joint Board Meeting (MSF)
JSC	Joint Steering Committee (MSF)
JSG	Joint Steering Group (MSF)
LSF	Liberté sans Frontières / Freedom without Borders
LTD	Limited Company
MD	Medical Doctor
MDM	Médecins du Monde/Doctors of the World
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières/Doctors without Borders
MiniAG/MiniGA	Field Associative Debates Associative debates in the field (MSF)
MPLA	Movimento Popular de Libertação de Angola/People's Movement for the Liberation of Angola
MT	Management Team (MSF)
MWA	Movement Wide Association (MSF)
NATO	North Atlantic Treaty Organisation
NEWG	New Entities Working Group (MSF)
NGO	Non-governmental Organisation
NHK	Nippon Hoso Kyokai – Japan Broadcasting Corporation
OC	Operational Centre (MSF)
OCA	Operational Centre Amsterdam (MSF)
OCB	Operational Centre Brussels (MSF)
OCBA	Operational Centre Barcelona-Athens (MSF)
OCG	Operational Centre Geneva (MSF)
OCP	Operational Centre Paris (MSF)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development
OS	Operational Section (MSF)
OXFAM	Oxford Committee for Famine Relief
PASOK	Panellínio Sosialistikó Kínima, Socialist Panhellenic Movement
PhD	Doctor of Philosophy
PID	Populations in Danger (MSF)
PPD	Préparation Premier Départ/First Mission Preparation
PPP	Public–Private Partnerships
PR	Public Relations
PRC	People's Republic of China
PS	Partner Section (MSF)
PSF	Pharmaciens sans Frontières/Pharmacists without Borders
PSP	Populations en Situation Précaire/Populations in Precarious situations (MSF)
RC	Restricted Committee (MSF)
R&D	Research & Development
RIOD	Réunion Internationale (Committee) Operational Directors (MSF) ‘/ International Operations Directors’ Platform’

RSA	Resource Sharing Agreement and Republic of South Africa
SARA	South Asia Regional Association
SC	Standing Committee (MSF)
SCF	Save The Children Fund
SIDA	Swedish International Development Cooperation Agency
SMF	Secours Médical Français/French Medical Relief
(MDR)TB	(Multidrug-Resistant) Tuberculosis
TC	Teleconference (MSF)
TF	Task Force (MSF)
ToR	Terms of Reference (MSF)
UAE	United Arab Emirates
UIR	Unité d'Intervention Rapide/Rapid Response Unit (MSF)
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNITA	União Nacional para a Independência Total de Angola / National Union for the Total Independence of Angola
USAID	United States Agency for International Development
WG	Working Group (MSF)
WHO	World Health Organisation
WIPO	World Intellectual Property Organization
WTO	World Trade Organization

SUMMARY

When Médecins Sans Frontières (MSF) was founded in 1971, it was founded with both international and associative dimensions. International because it wouldn't have made sense for MSF France, on its own, to aid threatened populations around the world and associative because civil law in France, especially the 1901 law governing charitable bodies, was perfectly suited to the MSF organisation's guiding precepts, which are democratic and selfless in nature.

Yet, MSF's development from a small, purely French organisation to an international associative movement was never carefully planned or particularly smooth. MSF's development was the result of various compromises between the movement's leaders, with their individual agendas, and the integration of *fait accompli* when necessary. The evolving modifications were debated at length to ensure that concerns raised were legitimate and that there was agreement for decisions made. The nature and the validity of MSF's leadership were regularly challenged, as was the question of how MSF should grow while remaining true to its humanitarian precepts.

This case study elaborates the history of the MSF movement from inception in 1971 through 2011, when MSF legitimised an international governance system and architecture. The study is divided in two episodes. Episode One reviews MSF's first three decades (1971-2000). Episode Two is about the challenges of the early 21st century, from 2001 to 2011.

EPISODE ONE 1971-2000

The Building of an International Movement

MSF's founding charter stressed an international vocation and the founders' successors maintained this vision. Further, the founders believed that new MSF entities created outside of France should remain under the control of MSF France. The idea behind this control was to avoid putting MSF principles at risk. A solid structure was necessary before growth could take place.

In the late 1970's, MSF attempted launches in the United States and in the Netherlands, but they were unsuccessful. First steps towards internationalisation of legal statutes failed as well.

In the early 1980s, Belgian and Dutch returned volunteers established the first MSF offices outside of France in their home countries: Belgium (1980) and The Netherlands (1984). MSF France supported these initiatives, but insisted on retaining control of new entities, particularly the control of the MSF trademark and name.

In 1985, MSF Belgium took a first step toward independence from MSF France by opposing the creation by MSF France's newly formed *Liberté Sans Frontières* (LSF), a think tank focused on 'third-worldism'.¹ MSF Belgium considered LSF to be overly political for a medical emergency organisation. MSF Belgium also refrained from supporting MSF France after their expulsion from Ethiopia, which was a result of denouncing the abusive regime. Subsequently, MSF France sued MSF Belgium in a Belgian court to maintain control over the use of the MSF name in Belgium, but lost the case.

MSF Switzerland was created by MSF France to improve access to various Geneva-based funding institutions and in 1983, became an independent organisation, freely run by Swiss volunteers.

1. Third Worldism emerged as a political ideology during the cold war by countries unwilling to align with the east or west. It postulated that political relations between the north and south were more important than those between east and west.

In 1986, after a last stand against the creation of MSF Luxembourg and MSF Spain, MSF France had no choice but to accept the existence of five other international, independent MSF entities. However, MSF France eventually succeeded in forcing the integration of MSF Luxembourg's operations into MSF Belgian operations in 1987.

At the end of the 1980s, following the reconciliation of the six national MSF entities, regular meetings were created to formalise common rules and coordinate more coherent activities around the world, all in the name of Médecins Sans Frontières. For some years, MSF functioned with only these entities and in 1987 a moratorium on the creation of any new entities was instituted. Although the moratorium was renewed in 1989 and 1993, MSF France, MSF Belgium, and MSF Holland created a number of new entities named 'delegate offices.' The role of these offices was to increase access to funding and human resource opportunities for operations.

In the case of some countries like Switzerland, Canada, and Greece, returned volunteers wanted to create home country entities, in line with the new sourcing approach from the three big operational centres (France, Belgium, and Holland). Hence, a total of thirteen delegate offices were eventually created:

1987 - MSF USA

1990 - MSF Greece

1991 - MSF Canada

1992 - MSF Japan and MSF Sweden

1993 - MSF Italy, MSF UK, MSF Denmark, and MSF Germany

1994 - MSF Hong Kong, MSF Australia, and MSF Austria

1996 - MSF Norway in 1996

In an ongoing quest for alignment of precepts and control over growth, the first MSF associations, France, Belgium, Holland, Switzerland, and Spain, were considered to be founding associations and formed a movement. At first, they organised as MSF Europe (in parallel with the EEC at the time), and later as MSF International. This informal federation, which was formed in 1991 as an association under Belgian law, was run by a board of directors, known as the International Council (IC). It brought together the presidents or general directors of the six original entities. A secretary-general headed the international office, or Brussels-based secretariat.

The International Council, comprised of the presidents of the various entities, was assigned duties including designing the movement's rulebook, updating the charter, supervising the use of the trademark and logo, overseeing public statements and witnessing, and overseeing accounting.

By 1991-1993, internal operational and political disagreements spilled over into external operational approaches to conflicts that engulfed ex-Yugoslavia and soon after, the genocide of the Rwandan Tutsis in 1994. These challenges forced MSF to consider whether it was truly a community of culture and practice, something that is described as sharing a common 'identity.' To address these concerns, a series of conventions and workshops were organised between 1994 and 1996 to examine these questions. The meetings often included MSF members from a variety of entities including the association, the executive, and the international council.

In 1995 and 1996, two international conventions were held in Chantilly, France and the resulting 'Chantilly Principles' were outlined and agreed upon. These basic principles define the MSF community of culture and practice.

The Movement's Associative Character

The Chantilly meetings reflected on the associative character of all of the entities as a whole, and on each of the entities individually. Until then, this associative aspect was generally accepted without question. This acceptance was due to the fact that the founding associations started in countries where civil law provided necessary legal frameworks for MSF's democratic and not-for-profit approach.

For delegate offices, an associative legal structure was more complicated because they were created in countries under common law, such as the United States of America and the United Kingdom. Although common law statutes could integrate the inclusive character of MSF, they did not possess specific laws regarding democratic governance. The members of these boards, for instance, were not elected by a general assembly, but coopted. Further, volunteers hired by delegate offices, who wanted to participate in the organisation's governance had to be members of a founding association, which was often not located in their country of origin.

Despite the legal statutes, delegate offices wanted more associative methods of governance that would allow them to maintain connections with volunteers after they had returned from a mission for a number of reasons, including support, future recruitment, or press interviews.

Thus, following the Chantilly agreements of 1995 and 1996, the international council agreed upon major structural reform including the rules of governance in January 1997. The IC conferred that the 13 delegate offices would become partner sections but were still not allowed to conduct operations. However, like the founding sections, each partner section had to be backed by an association, even in countries that did not have those particular legal statutes. The 19 presidents and their associations were given equal voting rights in the International Council. The International Council became a discussion platform that included an advisory role to the executive regarding questions related to culture and practices.

In 1999, following the acceptance of Nobel Peace Prize, and on the heels of the IC organisational agreements, MSF launched the first wide-ranging, strategic, international campaign: The Access to Essential Medicines Campaign. That same year, the MSF movement officially sanctioned a member entity for the first time. MSF Greece was expelled after long negotiations and three rounds of near-unanimous votes in favor of the expulsion, which was a movement-wide penalty for a violation of MSF operational principles in Kosovo.

EPISODE TWO 2000-2011

Growth Crises

At the beginning of the 2000s, the MSF movement formally organised into five groups around the five operational centres² (OC). This process regrouped each operational section with partner sections. These groups or OCs worked with their respective operational entity at the core, using the respective names and logos, while maintaining different cultures and approaches within the group. Each OC constructed internal governance systems based on respective histories and cultures to allow for participation in shared operability, which the partner sections wanted.

In June 2005, after a long process, the Greek Section was officially reintegrated in the movement and joined the group OC Barcelona-Athens (OCBA).

By the early 2000s, the fundraising results of the partner sections was disproportionately larger than the operational capacities of the movement. This imbalance made control of international growth more and more difficult while challenging the MSF precept that funds availability should not be the driving force behind MSF operations.

Meanwhile, OCBA and OCG, the operational centres with the least partner sections in their respective groups, wanted to increase their resources by opening new sections. They claimed this would create better equality in resource access to the international movement. Faced with these challenges in the early 2000s, those responsible for MSF's international platforms agreed on the fact that operations must remain at the heart of each MSF section. They would strive to reinforce synergies and harmonise operational modalities in the various OCs.

As the first steps towards financial harmonisation, an International Financial Commission was created in 2000, as well as the position of International Financial Coordinator. In 2005, the first combined international accounts were published for 2004. Also in 2005, an international fundraising mechanism for emergencies was put in place as a result of the unprecedented outpouring of donations for victims of the December 2004 Indian Ocean tsunami. MSF was forced to put a public hold on further tsunami fundraising efforts and reimburse donors for unused funds, as resources outweighed emergency humanitarian needs.

From 2002 to 2004, in fulfilling its task of advising and directing the actions of the executive, the International Council passed a series of resolutions that encouraged the implementation of common policies on medical issues such as the treatment of infectious diseases, the termination of pregnancy in field operations, and on abusive behavior of staff. The IC also addresses questions regarding better integration of national staff both as employees and as association members. National staff issues were raised in the late 1990's by field volunteers and supported by the associations but not satisfactorily

2. OC Amsterdam (OCA), OC Brussels (OCB), OC Barcelona/Athens (OCBA), OC Geneva (OCG), OC Paris (OCP).

addressed until the IC took up the issue in 2002. The IC monitored the implementation of these resolutions by regularly questioning the executive, as it progressively grew more comfortable in the role of the movement's governing body.

However, on several occasions, the authority of the International Council and the binding nature of its resolutions were questioned by certain associations and group leaders. This was the case in 2004, when MSF was involved in founding the Drugs for Neglected Diseases Initiative (DNDi). MSF Holland did not think that this activity fell under the social mission of MSF and challenged the IC vote to help found DNDi. MSF Holland also questioned the case management of the Dutch volunteer Arjan Erkel, kidnapped in 2002. He was working with OCG as Head of Mission in Dagestan when he was kidnapped and remained in captivity until 2004. The OCA also questioned the IC's role and decisions in the OCG judicial litigation against the Dutch government that resulted from Erkel's negotiations and release.

In further international discordance, the movement was divided on the French section's public position, which stated that the killings in Darfur could not be described as genocide. These various tensions highlighted the need to redefine a common vision and objectives realigned with the charter and those principles established in Chantilly. These redefinitions took precedence over any desired changes to reorganise governance structures or processes.

"La Mancha" Political Agreement

In 2005 and 2006, the consultation process called "La Mancha" was organised throughout the movement. It led to the political agreement of the same name, approved by the general assemblies of the various associations, and by the International Council in June 2006.

The La Mancha agreement reaffirmed and updated MSF's community of cultures and practices with these additional pronouncements:

- The individual, patient-friendly medico-humanitarian act is at the heart of MSF's work. Each medical choice should be a single act rather than a mechanical application of principles.
- MSF does not take responsibility for the development of international justice and MSF's social mission is not the promotion of human rights but humanitarian medical action. However, in the case of massive and neglected acts of violence against individuals and groups, MSF must publicly witness events, without claiming to guarantee the physical protection of the people assisted.
- There is an urgent need to provide equitable employment opportunities for all staff based on skills and individual commitment, and to ensure equitable opportunities for access to true association membership.
- The associative nature of MSF is crucial for our action and for the cohesion of the movement. It is necessary to "boost associative participation at all levels and to explore new ways of associative participation, giving priority to regions where MSF is under-represented, notably through the creation of new entities."

Regarding the governance of the movement, the agreement reaffirms:

- The role of the International Council is to oversee the strategic direction and implementation of MSF's social mission with respect to operations and public positioning, to provide a framework to manage MSF's growth and resource sharing, and to maintain mutual accountability between sections. Much of this responsibility should be delegated to and implemented by the group of DGs (19 General Directors - DG19).
- In order to encourage diversity and innovation of action, MSF is to remain a decentralised movement. However the decisions of the International Council on fundamental international issues, such as the growth of the movement, the Chantilly Charter and principles, the trademark, the La Mancha Agreement, transparency and accountability, and MSF's responsibility as an employer, remain binding.

The day after La Mancha, the roles and responsibilities of the various platforms and international positions were reorganised and the statutes and procedural rules for MSF International were revised.

In November 2007, based on several studies and status reports commissioned by the International Council, a Movement Growth Management Framework was established. It included a resource sharing agreement (RSA) between all operational centres for three years, renewable. This RSA took into account the principles of solidarity, the respect of privileged

partnerships, and introduced international management of financial resource sharing to ensure safe and predictable funding of operations.

Concurrently, various international platforms endeavoured to monitor and supervise the creation and development of new entities. This was an initiative from certain operational centre groups wishing to open new markets for funding and recruitment. The OCs explored new entity possibilities in Africa (South Africa), Argentina, China, Czech Republic, Ireland, and Mexico while local staff community initiatives developed independently in East Africa, Latin America, and India.

International Governance Reform

While the La Mancha agreement affirmed MSF's commitment to clarify and strengthen the governance of the movement and conduct regular reviews, it gave no indication of how to achieve this goal. Thus, in 2009, the development of an international governance model was the subject of a new consultation process for the movement. This process was less formal than that of La Mancha, but generated as much debate.

These debates brought the recurrent question of overcoming the contradictions between the interests of each group and the common interest of the movement to light. Some advocated for centralised governance, called 'One MSF,' and included a pooling of representation and coordination functions in each mission country. This model, inspired by the experience of Afghanistan since 2008, was presented as allowing for better coordination of field activities, more coherent representation, and better security management on the ground. The opponents of One MSF favoured maintaining decentralised governance with several operational centres, arguing that replicating the Afghan operational set-up would prevent operational diversity required by the La Mancha Agreement.

The debates also underlined the stakes between choosing a representation logic or an operations logic in the establishment of associated structures and the allocation of voting rights. According to some, the representation logic could favour non-operational sections, which were more numerous than operational centres. This risked weakening operational priorities at international levels of decision-making.

An intermediate model was finally adopted in June 2011 that organised the movement into a federation of sorts, composed of five groups. It granted the right to vote in new international fora, not to the separate entities as such, but through the pooling of operations. An International General Assembly (IGA) was created, which was recognised by all entities and associative members as the movement's highest authority. This IGA delegates certain specific powers to an International Board of Directors (IB). The IB is composed of the presidents of the five groups and elected members equivalent in number to the number of representatives of Operational Directorates plus one. It elaborates the multi-year strategic vision of the MSF movement which it submits to the IGA for approval. It oversees the social mission and resource sharing in line with this vision.

An international association of individual members was created called the Movement Wide Association (MWA). Any associative member of existing MSF entities and all members meeting the associative criteria could join.

The 6 members of the new International Board of Directors (IB) were elected at the first MSF International General Assembly, which took place in Paris on December 16-18, 2011, as Médecins Sans Frontières celebrated its 40th anniversary. Further, following a thorough application process, the new associations from MSF Brazil, MSF East Africa, MSF Latin America, and MSF South Africa were officially inducted as institutional members of the international movement.

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EPISODE ONE: 1971-2000

I. BIRTH OF MSF MOVEMENT (1971-1979)

A. A FRENCH “ASSOCIATION” (1971)

Doctors and journalists founded MSF in France on December 22, 1971. These doctors worked with the French Red Cross to assist the Biafran population during the Nigerian Civil War from 1967 to 1970. After their return to France, they founded the Emergency Medical and Surgical Intervention Group (Groupe d'Intervention Medico-Chirurgicale d'Urgence/GIMCU).

Just after the Biafra crisis, there was a group of French journalists working for a medical newspaper, *Tonus*, who were appalled by the lack of international assistance during the 1970 Bangladesh floods. In response, these journalists created a pool of medical volunteers and founded French Medical Relief (Secours Médical Français/SMF). Through medical connections with *Tonus*, and their mutual desires to create rapid, international, medical responses to war and disasters, the GIMCU and the SMF merged, giving birth to Médecins Sans Frontières (MSF).



GIMCU, SMF, and Médecins Sans Frontières were created under the status of “association,” in the French 1901 Act for Non-Profit Organizations. This convention requires “two or more individuals permanently enter under common knowledge or an activity without aims of profit-making and sharing.”¹ In a country under civil law² like France, the status of “association” was the only legal framework fitting with the type of “non-profit sharing activities” that the MSF founders sought.

The editor of *Tonus*, Philippe Bernier, wrote a [charter](#), stating that the members of the MSF association should

be doctors or members of the medical profession only. Their social mission was to “bring relief to all the victims of natural catastrophes, collective accidents and conflict situations, without racial, political, religious, or philosophical discrimination.”

Their operational principles included “work in the strictest neutrality” not to be “influenced by or inferred to any political, ideological, or religious power.” They should refrain from “any interference in States’ internal affairs” and abstain from “passing judgment or publicly expressing an opinion—either positive or negative—regarding events, forces, or leaders who accept their assistance.”

The statutes claimed a clear will to “internationalize the vocation, action and possibilities of intervention.” The association was supposed to encourage the creation “in Europe and in all the countries of the world with a similar spirit, similar associations with possibly separate statutes.” These associations should adhere to the principles of the charter and eventually form a federation.

The association was to be governed by a Board of Directors called, “Collegial Management Committee” (Comité de Direction Collégiale/CDC) whose members would make all the decisions related to executive and associative activities.



Article from the Medical Journal *Tonus*, December 1971, No. 493 (in French).

Extract:

Médecins Sans Frontières is now a fact. All it took was a few hundred French doctors, caring men and women, to express a commitment to easing the suffering and despair that, after Jordan and Peru, still echoed across the Indian subcontinent. On 22 December 1971, they voted to mobilise and remove the obstacles and borders that still separate doctors from the victims of human barbarism and the disruptions of nature, its tidal waves, earthquakes and other disasters that plunge into mourning, those countries often the least prepared for them.

1. Council for the English Community; <http://cesc.online.fr/1901.html> date accessed: 14 June 2007.

2. Civil law, civilian law, or Roman law is a legal system originating in Europe, intellectualised within the framework of late Roman law, and whose most prevalent feature is that its core principles are codified into a referable system which serves as the primary source of law: [https://en.wikipedia.org/wiki/Civil_law_\(legal_system\)](https://en.wikipedia.org/wiki/Civil_law_(legal_system)), date accessed 14 June 2017.

Acting with gravity and fully conscious of the vote's implications, 15 doctors gathered on 20 December to lay the association's foundations, draft a charter, adopt statutes and elect a Board of Directors [then referred to as Comité de Direction Collégiale, a Collegial Board of Directors] representing the main medical disciplines and offering fair representation of the provinces in relation to Paris. The criteria for representation were based on experience gained in the field: in France, under the ORSEC [Organisation des Secours/Emergency response system], and abroad, under the flag of the Red Cross. Four founding members of MSF left for eastern Pakistan with the Red Cross on 23 December.

We believe MSF's statutes ensure the association's effectiveness, in compliance with the Hippocratic oath and principles of collegiality, the absence of material motive and political affiliation. This was vital if MSF was to fully assume its international role. The French doctors would soon call on their European colleagues to create an extensive federation of similar associations, bound by the same charter.



MSF Statutes, 1971 (in French, translated in English in 2017 for the purpose of this study).

Extract:

We the undersigned: Doctors Jacques Bérès, Jean Cabrol, Marcel Delcourt, Pascal Grellety Bosviel, Gérard Illiouz, Bernard Kouchner, Gérard Pigeon, Vladan Radoman, Max Récamier, and Jean-Michel Wild, as well as Philippe Bernier, and Raymond C. Borelhave, have prepared the statutes of the association we wish to establish.

Article 2: Purpose and Charter

The purpose of the association is to: Bring together, on a non-discriminatory and non-exclusive basis, doctors and healthcare workers who volunteer to provide assistance to victims of natural disasters, mass accidents and armed conflict;

Mobilise, on behalf of these populations, all available human and material resources to provide aid as quickly as possible and to do so with efficiency, skill and commitment;

Obtain national and international support that will allow its members to accomplish their missions wherever they may be called upon to respond in the world.

The association will offer its services to international entities, governments, and authorities in affected countries, to public and private organisations, and to national and regional governmental bodies which request aid.

The association reserves the right to take the initiative to send emergency aid teams to affected populations, to the extent its resources allow. The association also reserves the right to refuse to participate, either by decision of its Collegial Board of Directors or, on appeal, by a decision of the General Assembly. [...]

With an ongoing view to the international development of its mission, activities and opportunities for intervention, the association will encourage the creation of similar associations in Europe and, subsequently, around the world. Their statutes may be distinct but their characters will be similar, and they will commit themselves to the intangible principles of the charter drawn up by Médecins Sans Frontières, and will use that name to assemble within a federation. [...]

Article 8: Public statements

Members of the association are prohibited from making statements or issuing written or oral communications about the association or its current, past or future interventions. Such statements will require special authorisation from the Collegial Board of Directors. Any violation of this prohibition will be sanctioned with immediate expulsion.



MSF Charter, December 1971 (in French translated in English in 2017 for the purpose of this study).

Médecins Sans Frontières is a private association with an international vocation, operating temporarily under French law. This association is made up exclusively of doctors and other healthcare workers who have to abide by the following principles:

1. Médecins Sans Frontières provides assistance to all victims of natural disasters, mass accidents and armed conflict, irrespective of race, political conviction, religion or creed.
2. Operating on a strictly neutral and independent basis, refraining from interference in internal affairs of state, governments and parties in the areas where they are called to serve, the members of Médecins Sans Frontières demand, in the name of the association's universal mission, full and unhindered freedom in the exercise of its medical functions.
3. Members do not accept and will not be subject to allegiance or influence by any authority, political, ideological, or religious.
4. They observe confidentiality and refrain from judging or publicly expressing an opinion – positive or negative – about events, forces, or leaders that have accepted their assistance.
5. As volunteers who do not seek individual recognition, they do not expect personal or collective gain from their activities. They understand the risks and dangers of their missions and make no claim for themselves or their legal successors for any form of compensation other than that which the association can afford.

In the early years, in light of the medical profession origins, at a time when medical doctors were considered as wealthy, Médecins Sans Frontières did not call for financial support from private donors. They felt that by doing so they would maintain the medical image of Médecins Sans Frontières. Therefore, the budget relied

on membership dues and a few requests to doctors for donations. With a lack of financial capacity to conduct operations, the MSF volunteers were sent abroad via other organisations such as the *Red Cross*, *Land of People (Terre des Hommes)*, *Save The Children Fund*, *UNICEF*, and *the Order of Malta*.

From 1971 to 1974, MSFers worked for these NGOs in Bangladesh, Vietnam, Burkina Faso (formerly Upper Volta), or Niger in development aid missions. In 1972, with the help of the French Defence Ministry, MSF sent a team under its own flag to Nicaragua in the aftermath of the 23 December 1972 earthquake. However, the team arrived four days after the catastrophe and did not manage to set up any operations.³ In 1976, during the Lebanese Civil War, a surgical team intervened under the MSF flag in a Beirut hospital. The French press praised their work.⁴



The Biography of Médecins Sans Frontières, p.137-138, Anne Vallaeys, 2004 (in French).

Extract:

MSF volunteers returned from Nicaragua 15 days after the earthquake, and were greeted with the following headline in *Le Quotidien du Médecin*: “Huits jours de médecine héroïque” [Eight Days of Heroic Medicine] In fact, this first emergency mission was a failure. On 27 December, when the teams landed in the battered capital, they discovered that American, Mexican, Cuban, and Venezuelan aid workers had arrived 72 hours earlier. Where would they fit in? According to Jacques Bérès, “There were no wounded people, no surgeries to perform. We were too late to rescue those who had died under the rubble. What did we do? Outpatient care, paediatrics, lung infections, we wondered why we were there? We decided to vaccinate the survivors against tetanus. So we got to work. We did 200 to 300 vaccinations a day. One guy offered his shoulder and I gave him a shot. He said, very politely, “How many more times should I come back?” I said, “That’s it, you’re done – one shot is enough.” “Are you sure?” he said. “Because this is the fourth time I’ve been vaccinated.” [...]

One morning, we received a visit from the wife of Nicaragua’s dictator, Anastasio Somoza. She was coordinating aid efforts. She thanked the French team, but the city was under order to evacuate, so she asked us to pull back to the Tijotepe hospital, about 40 km from the capital. The soldiers made it clear there was to be no discussion. These were modern buildings and they were intact. The only problem was that there were 50 Nicaraguan doctors already at work. There was no work for us.”



‘Providing Assistance First,’ Jean-Claude Guillebaud, *Le Monde* (France), 7 March 1973 (in French).

Extract:

Médecins Sans Frontières was born from a chance encounter between Biafran ‘veterans’ who had worked for the Red Cross and volunteers brought together by a medical journal after the November 1970 tidal wave in eastern Pakistan. The association was formed based on three observations. First, in a privileged country like France, hundreds of young graduate doctors didn’t want to accept a future of treating symptoms and writing prescriptions. They were available to us. At the same time, lack of medical care in the Third World led to tragic situations in many countries, particularly in the context of war and natural disasters. Third, international aid organisations – those venerable institutions – could be the victims of bureaucratic and diplomatic heavy-handedness, something irreconcilable with emergencies. Skills and eagerness were thus going to waste.

This led to the idea of launching a corps of permanent volunteers. This would be an association able to instantly provide governments or other organisms with skilled medical teams. To date, Médecins Sans Frontières has limited itself to providing volunteer (and skilled) staff to international organisations, including five teams to Frères des Hommes [Brothers of Men] and UNICEF (in Bangladesh), two doctors to the Red Cross (in Vietnam), Save the Children Fund, and one mission for the German Maltese Cross.

Last December, for the first time in its history, Médecins Sans Frontières sent an ‘official’ team and 10 tons of medicine to Nicaragua, with the aid of military planes from the French military medical unit, EMIR⁵. The team was composed of 11 doctors only, while within a few hours, 400 had volunteered. Although better organised, Médecins Sans Frontières still lacked resources, despite significant goals: 3,000 members, several surgery teams on alert, international ambitions, and possible autonomy.



Interview with Bernard Kouchner, Radio-Télévision Française (French State Radio-Television), 13 May 1974 (in French).

Extract:

Bernard Kouchner: There are a little more than 300 of us at present – doctors, nurses and paramedics. We have been around for about three years. We formed an association of volunteer doctors to address emergency needs. We created the association in response to situations like the earthquake in Nicaragua, the floods in Bangladesh and to potential armed conflicts. For this purpose, we created a pool of doctors who received additional training in emergency medicine and surgery. They can leave at a moment’s notice for wherever we need to send them. We didn’t want to appeal to the public at large because that would have entailed creating another organisation. We are therefore, asking French

3. Source *MSF Biography* by Anne Vallaeys, Fayard Publications, 2004, p. 128 (in French).

4. Ibid, p. 187.

5. French Army Medical Device for Overseas Crisis Interventions.

doctors and healthcare workers, first, to help us meet our modest financial needs and, second, to learn about our organisation and consider this as a vocation, which they certainly felt it was when they began their medical studies, that is, to go to patients and treat them in the places where they need care.

We do not claim to address the lack of medical care and the need for doctors throughout the world. For now, our needs are extremely modest, and our resources very limited. We receive dues from our doctor members, and that's it, plus small donations. We hope that all healthcare workers, including France's 60,000 doctors, will contribute to our effort. We understand that for professional and personal reasons, all 60,000 doctors can't go on missions, but we hope they will all help us build a more solid organisation that would include a larger number of doctors so we could send experts, on a rotating basis, to countries where they are needed, and for periods appropriate to the practice of medicine in France.



'Doctors in the Eye of the Storm,' James Sarrazin, *Le Monde* (France), 19 April 1976 (in French).

Extract:

Beirut. Bourj Hammoud, is a neighbourhood where rickety houses stretch along the eastern banks of the Beirut River. This Shiite enclave within Christian territory is 2.5 km from the lines that cut the city in two. Before the war, more than 350,000 people lived here. Over the last year, 200,000 returned to southern Lebanon, where they had been driven out by poverty and destitution. Over the last nine months, those still here live under siege, in utter deprivation. There is often no food and the war has decimated a population, which until now has no access to a hospital. The district's few doctors fled during the first weeks of fighting. Last November, a little girl cut her hand. It wasn't a serious wound, but she bled to death within a few hours. Her story upset Imam Moussa Sadr, the spiritual leader of the Shiite community. The Movement of the Disinherited (inspired by the Shiites) and the Red Crescent contacted the Paris organisation Médecins Sans Frontières. A six-member surgical team arrived in January. Since then, the 15 doctors, surgeons, anaesthetists and nurses who have succeeded one another in Bourj Hammoud, have performed more than 100 major surgeries and given more than 2,000 consultations. On some days, more than 30 people are hospitalised with major injuries. The surgeons have sometimes had to perform as many as 15 major operations a day.

Their success is all the more remarkable, given the obstacles they face. First, they had to find a building that could serve as a medical facility. They chose the movement's headquarters, which had to be rebuilt from top to bottom and enlarged with an extra floor – all this carried out between rounds of fighting. The centre has only 20 beds, requiring a rapid turnover of patients. Transporting medical equipment across lines is even more complicated. The Kataeb Party and their

allies, who hold the territory, were unwilling to make any accommodations. Médecins Sans Frontières enlisted the help of the neighbourhood's Armenians, whose neutrality offered some immunity.

The medical work was carried out in an environment of permanent uncertainty. Supplies failed to arrive on a regular basis. During periods of truce, the medical staff combed the city for drugs and equipment. Even now, the hospital has no valium or round needles needed for intestinal sutures. Bombing is a constant threat. Three serious warnings were issued over recent weeks, and a sniper's aim is always possible in a war where fighters no longer respect the symbols of the Red Cross or the Red Crescent.

"We are the only medical organisation in the world to have worked in Beirut under these conditions," says Dr Bernard Kouchner of Médecins Sans Frontières, with justifiable pride. Those participating in the effort showed great courage. They include Dr Pierre Branchard, 60, Head of a Surgical Unit in Marmande, France, and Director of the Bourj Hammoud centre; Dr Mario Duran, an Argentinian who spent four months in Angola last year before heading for Guatemala after the recent earthquake; Marie-Noëlle Arnoud, a nurse who has been in Beirut for three months; and Henri Michel, a nurse from Brittany, who worked tirelessly throughout the terrifying recent weeks in the Lebanese capital. They are all volunteers, as are all the organisation's 728 doctors and nurses.

"How long will people be ready to risk injury and death to run this hospital?" Dr Kouchner asks. He is quite open about the organisation's uncertainty as to its future involvement. MSF's mission is not to run hospitals, but to respond to tragedies and disasters in the short term. The hope is that the Shiites will take over the facility, but the MSF doctors are concerned about the situation in Bourj Hammoud. They admit they have never worked under such trying psychological conditions, not even in Saigon or Biafra. "Here, uncertainty is institutionalised," says one. "We are working in an environment we cannot grasp or understand. We can't fathom the violence and cruelty of the people here. There was shooting inside the hospital and two little girls were killed. When we're working, we forget about the war and its dangers, but this permanent state of psychological insecurity weighs on us."



We wanted to work with the Red Cross, but the French Red Cross didn't want us. I remember my despair in 1973. I said to myself, we've reached a dead end and we won't be able to go any further. We weren't strong enough to be a movement. We were just a handful of guys, general practitioners. The first time we had a meeting, someone stole the cash box that contained our first dues.

Dr Xavier Emmanuelli, MSF France Co-founder,
Board Member 1972-1976 (in French)

The Collegial Management Committee (CDC) did not decide or vote on most of these interventions. Instead a small group close to Bernard Kouchner, one of the founders, took charge. This group would decide and organise interventions without informing the CDC. By early 1974, the CDC governance was almost dead and it would take another six months to organise a meeting to discuss MSF governance. By October 1974, a stormy atmosphere prevailed in a tense meeting, focused mainly on an Iraqi mission to assist the Kurds. Accusations of charter violations were made towards this small group for interfering in Iraq's internal affairs. Kouchner's group challenged the CDC by moving to align with *Network Health for All (Medicus Mundi)*, another medical organisation, again without forewarning. The CDC reminded Kouchner that, "the functions of President, Secretary-General, etc. do not confer any power on their holders, outside the statutory provisions, in accordance with the collegial vocation of the CDC."



Minutes from the MSF France's Collegial Management Committee Meeting, 12 October 1974 (in French).

Extract:

In a long presentation, Borel restated MSF's initial objectives and the founders' hopes for a movement inspired by noble ideals. He was surprised that an interview of Kouchner by the magazine *Marie-France* could affect this. Bernier blamed the poor functioning of the general Secretariat, expressing regret that the problem had not prompted a meeting of the Collegial Management Committee (CDC) [The term initially used to refer to the MSF Board of Directors] within five months.

He complained about the fact that a handful of secretariat members, including the president, vice-presidents, treasurer, and secretary general, could make decisions on such fundamental issues as possible cooperation with Medicus Mundi without the knowledge of the CDC, which is jointly responsible to the general assembly. He said the mission with the Kurds in Iraq, carried out by Récamier, Bérès, and Kouchner violated the charter. Here again, he said a steering committee should have been created to review the initiative, which did not constitute an emergency. Lastly, Kurdistan is part of the sovereign State of Iraq. To him, this clearly constituted interference in a country's domestic affairs.

Récamier and Kouchner offered reassurances about the relationship with Medicus Mundi, which they said was so far limited to possible joint refresher training courses, comparing files on volunteers for missions, and possible joint courses on emergency and tropical medicine, which would be made official with a certificate recognised by medical schools.

Bernier and Borel took note, requesting a copy of the Medicus Mundi statutes and asking that a draft memorandum of understanding be submitted to the CDC for its approval.

Emmanuelli expressed his regret that things had to reach a crisis level for such basic information to be transmitted to the CDC.

About the survey in Kurdistan, JM Wild, speaking for Trotot and himself, noted that it challenges MSF's ethics. Récamier and Kouchner said they would provide a mission report offering the reassurances they wanted in the next CDC meeting. They said they had done no more than a basic medical survey. They noted that while they had not organised a meeting of the steering committee, as the latter would have wished, they had shared responsibility for weekly shifts at MSF headquarters with Wild before he left, and later with Trotot. Several CDC members said that doing shifts is not the same as the decision-making responsibilities and authority of CDC members. Bernier reminded everyone of the terms of the deliberation of the CDC elected in Royaumont on 12 March 1972, under which the duties of the chair, the secretary-general and other positions do not grant power to their holders beyond the provisions of the statutes, in accordance with the CDC's collegial nature.

In April 1977, the MSF General Assembly voted on a motion to create regional structures for the association in France. The stated objectives were to "organise scattered members" and "improve recruitment" as well as to "decongest the Paris office in order to avoid an evolution toward more structure⁶."

The MSF France Board would decide on the opening and closing of these regional structures. These 'antennas' would have no legal status, but would be financially independent from the Paris headquarters and able to conduct operations.



Report of the MSF France General Assembly, 1977 (in French).

Extract:

4. Text adopted on the regionalisation motion

The working committee on regionalisation sought to define objectives, resources and limitations. Two needs immediately became apparent:

- First, greater efficiency:
 - Regrouping members who are geographically distant
 - Creating direct contact
 - Improved quality of hiring
 - Better information flow
 - Providing continued local education
 - Second, a reduced emphasis on the Paris office, thus avoiding a shift toward a kind of "professionalism."
- Given these two requirements, several French regions could

6. To avoid a drift toward bureaucracy and loss of the "associative" spirit.

assume responsibility for MSF missions in the medium and long-term. Regionalisation could also help increase the number of doctors available for emergency missions. We think that the French regions must have some financial autonomy (with as much financial responsibility as possible for missions), while continuing to be subject to the oversight of the Paris Secretariat.



The General Assemblies were complicated because there were the issues with regional delegations, the central authority, and the outlying authority that had to be managed. It was a nightmare. At first, it was Kouchner's buddies. They had established a couple of contacts in the regions. We had, too, but I hated that because I thought the movement wasn't organised enough to absorb the outlying areas.

Dr Francis Charhon, MSF France President 1980-1982,
Member of Management Team 1982-1992 (in French)

B. THE FRENCH DIVISION (1978-1979)

The tensions within the association increased throughout the seventies and crystallised on two issues: the public stances taken on specific interventions by a minority of members, without the permission of the association; and the need to structure the association in order to be more efficient in the field.

1. First Swirls (1978)

At the May 1977 General Assembly, Claude Malhuret, a doctor who had been working in the refugee camps in Thailand for several years with very little means and headquarters' support, was elected as a member of the Collegial Management Committee. He demanded that the association become more structured to improve efficiency in relief delivery, which was lacking in many areas. Many other association members who experienced the same difficulties with means and coordination in the field shared his claims. Thus, the General Assembly recommended that the association recruit permanent staff and begin raising outside funding beyond occasional donations and membership dues.

One year later, nothing had been done. At the General Assembly in April 1978, once again, those who demanded a more structured, efficient, and coordinated association

opposed those who demanded "a certain volunteer idealism" that was fundamental and "sacred" to MSF.



Report of the MSF France General Assembly, 29 and 30 April 1978 (in French).

Extract:

One of the last problems evoked concerned the secretariat's structure and the resources needed to run the organisation. That meant evoking, once again, the issue of permanent paid staff, that is non-elected in the secretariat, and the issue of funding. Nothing has changed since last year, even though the last General Assembly gave the secretariat full latitude to hire permanent staff, at least for a trial period, and to seek funding other than the dues from healthcare workers and possible contributions, including from the general public by using the media.

While some activists and secretariat managers had long sought to hire permanent staff members to ensure efficiency and accountability in the monitoring, consistency of missions, and for fundraising, others were opposed to such a move. They held that an ideal of volunteerism and charitable activity were fundamental and intangible characteristics of MSF. Whether consciously or not, others feared a takeover by permanent, non-elected staff that would shift the balance of power within the secretariat away from elected members toward non-elected staff without the same legitimacy. The fact is that some of us members of the outgoing secretariat, had to spend nearly every day at MSF performing routine, unrewarding tasks without which, the more spectacular work would not have been possible. Lack of permanent staff was perhaps not felt so acutely, but reflected a kind of amateurism and improvisational approach that led to missed opportunities and a failure to coordinate missions. Doctors complained about that, despite the efforts of the volunteers managing each mission. [...]

It was thus critical, at least in the view of the outgoing secretariat, to consider two kinds of approaches to continue and expand our activities: first, a television programme focused on raising awareness about MSF and its medical activities, as recently suggested by Igor Barrère, whom you all know. Secondly, identifying all possible sources of funding that would ensure our independence and effectiveness, that is, practically all forms of funding, subject to protections that would guarantee our independence. These would include everything from contributions to grants, appeals to the general public, a new advertising campaign, a gala benefit evening, sporting events and conferences. All ideas and suggestions are welcome. [...]

Someone in the room: I worked in Thailand. When you're in the field, you obviously need financial resources to operate. It's very important or the entire mission can collapse. The Bangkok office is expensive, but without it, we can't keep going. And the Paris Secretariat needs a permanent, or semi-permanent, presence if only to ensure that communications are monitored and followed up.



When I joined the Collegial Board of Directors in 1977, MSF was barely a handful of people who'd been trying to organise a structure over the last seven or eight years. They very nearly dissolved the association. When I say "association," I mean 15 people - the 12 founders and a few others. There was no movement. You can have a fishermen's association made up of 15 people. There must have been 35 people, plus friends, at the General Assembly. On top of that, the organisation was sharply split between the two founding groups, who practically came to blows. It was a pretty confidential association. MSF had no resources. When I was elected president in 1978, the budget was of 100,000 francs⁷ – in other words, next to nothing. MSF, which was founded on the idea of "going where others do not go," operated as a "mercenary" for other associations. All the missions MSF claimed as its own in the annual report were carried out for others.

The conflict with Kouchner broke out at the first Secretariat meeting I attended in 1977. I said to Kouchner, Emmanuelli and the others, "You are murderers." I know that was over the top, but I told them about the tubercular patients I was unable to treat in the camps in Thailand and the promises that were made to me. I said, "When I compare MSF with World Vision or Catholic Relief, OXFAM or Save the Children Fund, which have financial resources, and who hire us, I can tell you that if things continue this way, MSF will die. I'm not interested in going on a mission with three drug samples in my pocket." So, either we get organised and grow, or we don't and we disappear. By creating a structure I meant a financial and organisational structure.

Dr Claude Malhuret, MSF France President 1978-1979, Member of the Management Team 1979-1985 (in French)



I had an anaesthesiologist friend who'd been involved in Biafra. He had seen the start of MSF, and that was the extent of his involvement. One rainy weekend, he said, "You're not doing anything, so come to the MSF General Assembly." I said, "What's MSF?" Obviously, in 1977, MSF wasn't anything much. I went to the General Assembly. There were about 20 people. There was a brief discussion and, I don't know why, I spoke up. At the same moment, Kouchner asked if anyone wanted to run for the Board of Directors. My friend said, go for it. I raised my arm and was elected. Within an hour, I was on the Board of Directors of MSF, about which I knew virtually nothing. At the same session, Kouchner nominated Malhuret, saying, "This guy was really good in Thailand. His name is Malhuret. He should be elected because he was in the field." So, Claude was elected (in absentia, because he wasn't there).

There were two factions on the Board of Directors: the Kouchnerites and us, the youngsters just starting out (I was 30 and they were six or seven years older). Things started to get a bit rough because Kouchner would come to the Board

and say, "Oh, there's an emergency in Guatemala, I spoke to the embassy, it's really important! Who wants to go?" And his buddies would say, "I'll go." In fact, they'd already arranged everything among themselves. That's what was called the "genocide and tourism" tendency. And then another tendency emerged that was, "This movement is not there to serve a group of friends. We believe this is an international organisation with value that deserves to be developed." Indeed, the people in the field felt completely abandoned. There was this woman who had gone to Zaire for six months. No one had heard from her and she was out in the middle of nowhere. She cried every day. Back then we didn't have radios or telephones. It was more complicated. So, the Board was sharply divided between these two tendencies. The others called us "the bureaucrats" because we wanted things to be organised. Honestly, the Board of Directors' meetings were a nightmare.

Dr Francis Charhon, MSF France President 1980-1982, Member of the Management Team 1982-1992 (in French)

2. Dispute on 'A Boat for Vietnam' (1978-1979)

In October 1978, the *Hai Hong* boat carrying 2,500 fleeing Vietnamese refugees was denied landing in Malaysia. This was spotlighted in the media, who called this the 'boat people' issue. Reportedly, at least half of these boats sunk during their journeys, searching refuge. In efforts to further highlight their plight, a group of French political personalities from various factions formed a Committee called, 'a boat for Vietnam.' They chartered a boat to sail to the South China Sea to search and rescue refugees, often traveling aboard makeshift vessels. Bernard Kouchner joined this committee and MSF firstly agreed to provide the medical care during the efforts.



'An Appeal from the Committee A Boat for Vietnam,' *Le Monde* (France), 22 November 1978 (in French).

Extract:

The committee, A Boat for Vietnam, has launched the following appeal: The *Hai Hong* is carrying 2,564 refugees. They risked their lives to leave Vietnam on this boat. We must help them find refuge. The French government has announced that it is prepared to welcome them. But France is not the only country concerned and the *Hai Hong* is not the only boat. Every day, improvised skiffs brave the storms of the China Sea. Thousands of Vietnamese seek to survive by fleeing home. Half of them drown, and all are attacked and robbed by pirates. Let us find countries that will welcome them in Europe, America, Asia, and Australia. Let us do more: let us rescue these fugitives. A boat must be available at all times in the China Sea, to find and rescue those Vietnamese who risked fleeing their country.

7. US\$20,000 in 1978 or US\$16,500 in 2016

Governments are not the only ones at fault; some are taking action. We must organise first aid. First, a boat, a team, and money, a buoy, a refugee, and next, countries to welcome them. We hereby commit to assembling the resources needed to undertake this emergency intervention. Médecins Sans Frontières will be responsible for the medical side.

On 24 November 1978, during a Collegial Management Committee meeting, some members disagreed with Bernard Kouchner's role as a spokesperson for both 'a boat for Vietnam' Committee and MSF. The CDC blamed him for not having consulted the CDC about the messages he delivered and for using his position to gain fame. They asked Kouchner to publicly clarify that MSF was in charge of medical care only and not part of the 'boat for Vietnam' committee.



Minutes from the MSF France Collegial Management Committee meeting, 24 November 1978 (in French).

Extract:

Vietnamese refugees in Malaysia: Xavier Emmanuelli told the story of the Hai Hong and the dispatch of an MSF doctor and nurse to Kuala Lumpur. This MSF team was not allowed to board the boat, but were authorised to examine the patients transported by go-fast boat. Emmanuelli raised the issue of the briefings published by MSF since the start of the operation, without referring to the Bureau, and to written, broadcast and televised statements about the committee, A Boat for Vietnam. He believes the campaign under way violates MSF statutes. A very violent incident erupted. During a long and intense presentation, Raymond Borel said he believed things had gone too far and for too long, and that some members of the Bureau were using MSF to raise their profiles. He noted that this situation, while not new, violates the motion passed by the General Assembly prohibiting a "star system." He believes the problem is much more serious today, because the issue of A Boat for Vietnam is political and that MSF has been presented, contrary to what the Bureau agreed, as a driving force behind the Boat for Vietnam committee. The Bureau agreed to provide medical assistance, only if asked. Borel cited several articles and radio and TV broadcasts as evidence. Bernard Kouchner then left the room, followed by two members of the Bureau, Patrick Aeberhard and Jacques Laffont. The discussion continued more calmly for a while. To end the debate, Claude Malhuret proposed that as of now, no MSF member would speak publicly on this matter. There were no objections.



A Matter of Time, Bernard Kouchner on the Boat for Vietnam Campaign, **Antenne 2** (France), 27 November 1978.

Extract:

Journalist: You and some of your friends are organising the campaign, A Boat for Vietnam. Is this a symbolic gesture? Because it's a very small boat for very many people.

Kouchner: Even if it is symbolic, I think we have to do it. The images you have just shown, confirm this opinion. So this appeal is not really symbolic, for once, and I know that this has aroused criticism.

Journalist: It wasn't a criticism, but the extent of the problem is so huge that...

Kouchner: We don't claim to be responding to the whole problem, but we plan to go out to sea to save those who are not reaching the shore. You saw a number of boats arrive, but half of these people, and the figure is hard to determine, perhaps it's one-third, perhaps more than half, don't make it. That's our objective. This committee, which has brought together, I repeat, a group of signatories who don't usually have the chance or the wish to work together, simply proposes, and the text is very specific about this, to charter a boat to go to sea to rescue drowning people. When you see those images, you realise it's not a pipe dream. Not only that, but we are showing that we can succeed. We have raised 16 million in just a few days. That's not much, of course, I'm talking of millions in the old currency when we need two million/day for this boat to run for a month.

Journalist: You're talking of centimes?

Kouchner: Yes.

Journalist: That's 600,000 francs/month.⁸

Kouchner: Yes, that's your calculation, and I think we'll succeed and that many others will sign the list, from the right and the left. From my perspective, this is the first time these people are working together and, of course, they may exclude one another and their explanations of the situation are very different. But that doesn't matter. They have agreed to go to sea together to save these people. Of course, we have to find places for these people to go. We are not crazy enough to think that rescuing them from the ocean will solve everything. We have contacted people in host countries. We are also focusing on the boats - we have three in mind. That's not all just fantasy, but if I may add, even if it were and even if we failed, we would at least have tried. For once, we know that people are fleeing a country, it's not a case of finding out after the fact, and for this reason we have to act now.

Journalist: But you know that this has been going on for three years?

Kouchner: Yes, we know this has been going on for three years. Some doctors and international organisations have been working in refugee camps in Thailand and the people keep on coming...

Journalist: Have you been there yourself?

Kouchner: No, but my friends from Médecins Sans Frontières

8. The "new franc" came into force on 1 January 1960. A new franc is worth 100 old francs. For years, many people continued to calculate in old francs.

who are handling the medical aspects, and whom I am not representing here, but the Committee takes care of that. We know that it's not enough to go to the coastline and wait for people to turn up. I believe that prevention means going out to sea and picking people up. Of course, this is a very serious problem that is beyond us, but this kind of action may lead to the creation of international committees and ensure that such events are no longer ignored. Because, once again, no one can criticise us, we've been criticised many times in the past, we didn't know, some of us didn't know, others weren't credible. For once, we know, and these people, the people at sea, must be saved. It's obvious that many other people need help, too. But these people, we know what is happening and it would be criminal, we would be complicit, it would be non-assistance to people in danger, if we didn't do something.



Dispatch, *Agence France Presse*, 28 November 1978 in *The Biography of Médecins Sans Frontières*, Anne Vallaëys, 2004 (in French).

Extract:

The organisation Médecins Sans Frontières has made clear that it was not part of the committee, A Boat for Vietnam. The group noted that it had only responded to a request to provide healthcare workers in case of need and that its statutes did not authorise MSF to support (or not) the Committee's goals.



Quote Claude Malhuret, MSF France President 1978-1979 in *The Biography of Médecins Sans Frontières*, Anne Vallaëys, 2004 (in French).

Extract:

I invited myself to the meeting of the committee, A Boat for Vietnam because I hadn't been invited. It wasn't so much Kouchner's media coverage that irritated us, as the story would have it, but rather the misunderstanding that his attitude generated. By invoking MSF, he was acting on his own initiative, as a lone ranger. He never told us about his initiatives. Like everyone else, we learned about them in the press the next morning. The confusion that arose over his stances created the impression [in the media] that MSF and what was to become the Ile de Lumière [boat hospital] were one and the same thing. This story was bad for our autonomy, our unique identity.

On 4 December 1978, Xavier Emmanuelli, the Vice-President of MSF, denounced the action of 'A boat for Vietnam' in the French medical newspaper *Le Quotidien du Médecin*, putting forward practical and ethical reasons. He did not inform the Collegial Management Committee of his public position. Eventually, 'A boat for Vietnam'

removed MSF as medical relief provider because of their contradictory press statements.



'A Boat for Saint Germain des Prés,' Xavier Emmanuelli, *Le Quotidien du Médecin* (France), 4 December 1978 (in French).

Extract:

The recent and much-hyped press campaign by the committee, A Boat for Vietnam was considered questionable from several perspectives. First, there was the ethical viewpoint. Consider the media attention garnered by the unfortunate Hai Hong boat, which was having such a hard time finding a destination. How could someone seek to benefit from that media attention to immediately propose a similar adventure with a new boat? Should these people's misfortune offer the opportunity to a handful of Parisian intellectuals to make a spectacle of a three-year-long tragedy they'd suddenly discovered? Hundreds of boats have been leaving Vietnam over the last three years. Three-quarters of them sink, and the last quarter are attacked by pathetic pirates, who rob the refugees, if they don't kill them, after raping the women and girls. It took the news spotlight for consciences to be roused. Little "Hai Hongs," carrying 20 to 60 boat people, arrive daily to the camps housing Vietnamese refugees in Thailand. That's 600 people every month. It must be a matter of quantity; boats carrying more than 2,000 people cannot be tolerated. Secondly, from a technical perspective, the China Sea is immense. It would be foolish to think that such a boat could rescue refugees without setting a specific time and location. There are escape networks that exist with or without the complicity of the Vietnamese authorities. The first step would have been to identify them and develop channels for finding the refugees. But that would have required lengthy preparation and absolute secrecy. Hoping to pick up these people by chance is folly. Either the boat sails in territorial waters and is spotted and made to leave, or it sails the high seas, where it has to avoid the Vietnamese Navy and where there is no chance of encountering the escapees. This is not serious, if the hope is to prevent piracy. This sort of policing requires other resources.

On the other hand, if a refugee in Vietnam were to hear about this, he might try his chance in the hope of being rescued. These boats will sink like the others. I don't know if the members of the Boat committee are prepared to shoulder the responsibility for such a disaster. [...] An ad hoc operation will not solve the problem. Neither will an operation that involves picking up Vietnamese refugees from the ocean, giving them false papers and unloading them at a destination where all preparations will have been made for their escape. But that would also require rigorous organisation and complete discretion. I confess that I do not understand this operation. The problem of population displacement in our century can only be addressed globally. What about the Angolan refugees in Zaire? And the Zaire refugees in Angola? Who is speaking up for the Eritrean and

Somali refugees? The refugees from Djibouti? They exist too. And what about the refugees from Rhodesia, who are being slaughtered in their camps? The Cambodians? The Laotian minorities? And what about exiles around the world fleeing fascist or so-called Marxist dictatorships in the Soviet Union or South America? Are the refugees fleeing Cuba unlikeable? Where are your boats, oh, great men of conscience? The professional righters of wrongs have chosen the wrong battle and the wrong historical moment. If this boat sails, it will carry the seeds of death, of those who will drown trying to reach it. If this boat is an idea, well, long life to this imaginary vessel that should sail the world's seas, the oceans of our guilty consciences, to record the cries of the disinherited of every country where men and women are oppressed because they seek dignity and freedom. But don't make it seaworthy only to set sail on occasion. Let it be a symbol of our end of a century, an insignificant little boat that will never reach its destination.



Minutes from the MSF France's Collegial Management Committee Meeting, 1 March 1979 (in French).

Extract:

A Boat for Vietnam: Emmanuelli quoted an article from *Le Monde*, which refers to the medical participation of MSF in the A Boat for Vietnam operation. Given that MSF has distanced itself from this operation, the Boat Committee decided (without notifying us formally) to no longer work with MSF. Those doctors who choose to join the operation do so without MSF support. Emmanuelli does not understand why MSF was excluded (without seeking our opinion), while at the same time we are linked to the operation in the press (without seeking our opinion, either). Bonnot confirmed that the Committee has decided not to work with MSF any longer. The majority of members present were relieved, rather than troubled, by this news. The Board will write to the Committee, seeking official notification of its position.



Kouchner, still in celebrity mode, wanted to push through A Boat for Vietnam, after the Hai Hong episode. I was an anaesthesiologist and former sailor. I wondered how he expected to find these boats that couldn't be detected by radar because they were skimming the waves. So, I wanted them to face up to the facts and one morning, everyone in Paris was talking about my article, "A Boat for Saint-Germain-des-Prés" [area in Paris] Kouchner didn't like it and Malhuret said to me, "You could have told me."

Dr Xavier Emmanuelli, MSF France Co-founder,
Board Member 1972-1976, Vice-President May 1977 -
May 1978 and May 1980 - May 1981, President
May 1979 - May 1980 (in French)



Those opposed to the Vietnam boat operation were not opposed to the need to bear witness and speak out. I completely agreed with Kouchner on that [but], Emmanuelli didn't so much. It occurred during a period of heightened tension among us on whether or not to create a structure. The issue of speaking out didn't cause that tension, which people thought was the cause of the discord, but it wasn't, even if those moments were used to present things in a dramatic light.

Dr Claude Malhuret, MSF France President 1978-1979,
Member of Management Team 1979-1985 (in French)

3. The Breakup (1979)

The tensions within the association reached a breaking point at the General Assembly on 7 May 1979. Claude Malhuret, the President, emphasised during the annual report that MSF needed to become more structured in order to deliver more efficient relief to the population. In particular, he recommended that nurses and doctors spending more than six months in the field would receive financial compensation. Bernard Kouchner, supported by his group of close friends, publicly disapproved of this proposal, saying it would lead to a 'loss of the MSF spirit.'

The annual report was accepted by a vote of 90 to 30 (with 20 abstentions). According to members of the two opposing groups, this affirmation towards efficiency was a result of strong antenna lobby efforts and a massive use of proxies.

Bernard Kouchner and his supporters left the General Assembly and eventually the association. In 1980, with his same group, he founded Médecins du Monde/Doctors of the World. This new organisation would strive to develop the same activities as MSF, while maintaining what they felt was the initial 'spirit.'



Interview Claude Malhuret in "L'aventure MSF" by Anne Vallaëys and Patrick Benquet, Editions Montparnasse, 2008 (in French).

Extract:

I was president at the time and delivered my annual report, a long one because for the first time, MSF sent missions around the world. So the report contained a lot of solid activities. When I'd finished, Kouchner spoke and said exactly the opposite, claiming that we were losing the spirit of Médecins Sans Frontières, that we should not get organised, that we shouldn't do this and we shouldn't do that. We voted on a show of hands and 80 per cent voted for my proposal. Kouchner immediately left the room saying, 'Médecins Sans Frontières is dead.'



Interview Bernard Kouchner in *'Frontline Doctors'* by Frédéric Laffont and Christophe de Ponfilly, **Interscoop**, 1991 (in French).

Extract:

One group seized power from the other. The first, a group of older, foolish romantics let power slip away, which is frightening stupidity when I think of it. It is like power, you always imagine that the Good Samaritans are harmless. Wrong. Man is bad. Not only bad, but that is the way it is! The struggle for power, the desire to kill the father and beat your chest, it is just the male hormone coming out, that is all part of the game. If we hadn't been like that, influenced by testosterone, then we wouldn't have created MSF. Those who came later, who didn't have to fight for it, they understand nothing.



The Biography of Médecins Sans Frontières, p.137-138, Anne Vallaeys, 2004 (in French).

Extract:

After so much strife and dissension, four months later, on 7 May 1979, the crisis led to a final break between two generations. This occurred at the association's seventh general meeting at the Intercontinental Hotel.

One hundred and fifty people were in the room. The mood was fraught with palpable tension. Bernard Kouchner was there, together with his friends from the *A Boat for Vietnam* Committee. He was determined to make the issue of MSF's withdrawal the determining factor for the break. Kushner expected that those who had publicly criticised the operation would be expelled. As usual, the discussion began with the presentation of the annual report by the outgoing president, Claude Malhuret. Raymond Borel was a fascinated spectator. [...] Point by point, he reminded everyone of every argument, endlessly repeated over two years, about the critical need to create an efficient organisational structure that would enable MSF to work consistently on behalf of those in need. Returning to his wish to offer financial compensation to the doctors and nurses on six-month missions, he noted, "Dr Schweitzer's time has come and gone." He added, "We can't just pull off spectacular operations all by ourselves." He stressed the need for strict compliance with the paragraph in the charter specifying that MSF volunteers are not to speak publicly, as individuals, about the association's missions. This was his only reference to the "boat affair" and what might be described as Kouchner's "expansive" nature.

Kouchner took to the podium. Rony Brauman, who was on a mission in Thailand, described the episode, as told to him. "He launched into of those speeches that only he knew how to deliver – solemn, moving and lyrical. 'Born in 1971, reaching its zenith several years later, MSF is now dead, brought down in full flight by the charity's bureaucrats and the technocrats of aid.'" Raymond Borel continues. "Then a big guy stands up. He's huge, built like a barrel, with a big beard, dressed in jeans and T-shirt. You couldn't miss him. He addressed the platform, saying, 'You are no doubt right, Bernard. So thanks,

papa! Au revoir, papa!'" A wave of laughter rippled through the hall. Given the circumstances, there was no point in trying to resume the General Assembly. Kouchner left the podium. He didn't invite his supporters to follow him, but eight or ten people got up and joined him before slamming the door. [...]

Jacques Bérès accused the organisers of a set-up. "The General Assembly had been planned. Eighty per cent of the room was with us, but when it was time to vote, [Claude] Malhuret and [Francis] Charhon showed up with stacks of proxies, saying, 'I represent 42 members,' 'I represent 27.' It was botched – we had lost." The opposing camp did not deny the manipulation. Rony Brauman: "Malhuret's and Charhon's team worked over the regional branches, operating like political pros. They stirred up dissension or, rather, a revolt of the provinces against the Parisians. It was a fair and populist protest against the flashiness, the fancy language, pretentiousness – everything which people outside Paris can rightly criticise Parisians for. There was a show of hands and Kouchner was in a minority." Today, Claude Malhuret says, "I'd put it this way – Kouchner didn't enter the fray. Maybe he'd had enough. I don't know. Or perhaps, based on his media reputation, he thought, 'I'm legitimate, we'll see at the General Assembly.'" He lacked clairvoyance. It was his fault. The irritation felt towards him had peaked within MSF, which was composed of volunteers who believed in their charter, with its prohibition against people seeking publicity for their work, and its emphasis on collective missions. The vast majority didn't think that one man should seek all the glory."

The annual report of the outgoing president was approved by 90 votes to 30, with 20 abstentions.



Report of the MSF France General Assembly, 1979 (in French).

Extract:

Choose a Truth, by Raymond C. Borel [member of MSF CDC] "Born on 20 December 1971, MSF died today..." That was Bernard Kouchner's verdict on the first day of the General Assembly, when two visions of MSF clashed. The policy that MSF's new elected officers would implement and defend emerged from these presentations and the ensuing passionate discussions. Over time, in the kaleidoscope of memories from that General Assembly, we are left with the bitter image of friends, brothers, and sisters losing sight of what united them and focusing instead, on what divided them. They engaged in oratorical sparring, using stylistic turns of phrase and making terse, apparently definitive, remarks that reflected only the heat of the moment. Some members, too attached to their own vision to acquiesce to the will of the majority, chose to leave, thereby wounding our organisation. [...] In committee and, subsequently in the full assembly, the majority unambiguously reaffirmed its commitment to the charter and redefined its scope of application for MSF and the world of 1979. The vote was Médecins Sans Frontières' decision. No blame or condemnation was put on those who left (perhaps only

temporarily), intending to create an association more in keeping with their goals. We hope that the latter proves its purpose and that the quality of the individuals involved ensures that it is effective and lives up to its promise. We do not believe that bridges are burned forever because, as our charter states, we do not discriminate on the basis of "race, political convictions, religion, or creed."



'Conflict within Médecins Sans Frontières', **Le Monde** (France), 11 May 1979 (in French).

Extract:

The association Médecins Sans Frontières held its seventh General Assembly in Paris on 5-6 May. The outgoing President, Dr Claude Malhuret, reviewed the work of the association's volunteers in many Third World countries. Dr Xavier Emmanuelli was elected as the group's new President. A minority of members, in conflict with the majority, allied themselves with Dr Bernard Kouchner. These divergent viewpoints were highlighted during the initiative 'A Boat for Vietnam,' in which MSF members are taking part. Dr Kouchner intends to create a new organisation.

C. STRUCTURING AND RE-CENTRALISING (80IES)

In the years that followed the 1979 split, MSF France management, led by Claude Malhuret, Rony Brauman, and Francis Charhon focused on strengthening the structure of the organisation to allow for more efficient and sustainable operations. Departments of logistics, communication, and fundraising were created, staffed, and organised. In March 1985, MSF was legally recognised as a 'public interest association.' This new status allowed donors to claim tax deductions for donations, thereby strengthening fundraising capabilities.



Minutes from the MSF France Collegial Management Committee's meeting, 19 February 1984 (in French).

Extract:

4/ Public Interest: Claude Malhuret raised the issue of public interest status. This status had not been sought so far because the benefits did not yet outweigh the costs, including the requirements to amend the statutes and allow the government (here, the prefecture) to conduct regular audits. The situation has changed, since contributions to associations of public interest have been made deductible of up to five per cent of taxpayer's income. More and

more people are asking us why we aren't an association of public interest. Given these considerations, the Board has decided unanimously to seek public utility status. We will obtain it without any problems, but we will have to hold an extraordinary General Assembly to bring our statutes into compliance with the required model statutes.



Minutes from the Expanded MSF France Collegial Management Committee Meeting, 24 March 1985 (in French).

Extract:

II – Recognition of Public Interest Status

The [French] Council of State has issued a favourable opinion about recognising a public interest status for MSF. This will take effect as soon as the Prime Minister signs it.



We couldn't continue like this. Pinel⁹ said, 'I'll organise the logistics,' and we gave him carte blanche. I tell everyone that without Pinel, MSF would not exist.

Rony and Claude's vision was more political. They weren't as much focused on the association's development, but I was. I remember writing an article about MSF in the future, with "100 people at the main office." People thought I was mad. In fact, I always believed that if an organisation was going to work, it had to operate professionally. Malhuret organised and professionalised direct marketing. He did the first mailings in France and got a 25 per cent response rate! Nothing was computerised at the time. We didn't know what to do with the bags of cheques that arrived. We made three photocopies of each and sent them to the bank. Then we entered the donors' names and addresses in a record book. The photocopy machine ran all day long. Claude set up a fundraising department. We also had to create communications and financial departments. We weren't exactly organisation experts but we knew a little bit about the not-for-profit world thanks to our experience with student organisations in 1968. And then people started showing up to do the work.

Dr Francis Charhon, MSF France President 1980-1982, Member of Management Team 1982-1992 (in French)



MSF was created in France as an 'association for action.' The sole purpose of that status was to facilitate freedom of expression. Public interest status allowed an association to collect tax-deductible contributions, and was obtained in 1985 by MSF.

Françoise Bouchet-Saulnier, MSF Legal Advisor then Director from 1991 (in French)

9. At the origine of the organisation of the logistics of MSF in the 1980s, then of the campaign of access to essential drugs in the late 1990s, Jacques Pinel is a historical figure of MSF. He died on 14 August 2015.

This generation of new MSF leaders endeavoured to recentralise power in the association instead of with scattered regional antennas. Indeed, some antennas were acting autonomously. They behaved like baronies, recruiting staff for field projects or for other organisations for long-term development programmes. This was inconsistent with leaders' ideas and efforts to coordinate from the centre, in order to focus on catastrophes, conflicts, displaced populations, and camp-based refugees - all requiring a more centralised and professional framework.



The MSF Board, which was still called a Collegial Management Committee (CDC), was the only official deliberative body. Usually, the regional branches were represented on the CDC by elected members. If that was not the case, there was anyways a tradition of holding open CDC meetings. We did hold some closed sessions, but only for a specific purpose. These sessions were opened up again as soon as the specific item was addressed. As a result, MSF had already developed a non-profit, deliberative culture, with the regions as the centre of gravity. When our small group took over (Charhon was very active), we funnelled some of the antennas resources so as to centralise and standardise operations and begin the development process. When I became President, Charhon continued his work. To put it in bureaucratic language, he was reorganising the outfit along Jacobin¹⁰ lines. To put it more bluntly, he was demolishing the independent regional branches. This was completely endorsed. We did not like the way things were ran. And, we had a pretty consistent and clear idea of the general direction we wanted for MSF. To say it in today's language, we wanted to be involved in major crises, disasters, population movements and conflicts. That was our slogan, our banner. To do that, we had to centralise. You could say our model was an emergency department, with a pyramid structure rather than more complex structures. We wanted to develop work in refugee camps, where Malhuret and I had both had our early experiences. This allowed one to really get involved and build something. This was a 'growth area' – if I can put it that way - because within a few years, the number of refugees and camps had grown quickly. Until then, MSF's missions had been about development; these were very traditional missions, for which we basically provided a pool of medical-health-sanitary skills and people to supplement existing structures. We were not drivers or decision-makers. The camps were virgin territory where everything had to be invented. As it happened, the new post-founders' team took over just as the east-west conflicts in the Third World were heating up, and just as the number of camps was growing. It was a coincidence that led us to view refugee camps as the strategic issue for MSF.

Dr Rony Brauman, MSF France, President 1982-1994
(in French)

The formalisation process was long, painful, and sometimes tense between the CDC [Collegial Management Committee], which was perceived as Paris-controlled, and the antennas. However, the new leadership forged the necessary relationships. By 1985, a general assembly decided to remove operational control from the regional antennas. Instead, antennas were invited to support missions with volunteers and field visits. A new Paris-based position for regional antenna coordination was created. However, in reality, this coordinator was too busy with other activities to be effective. In 1987, an antenna survey revealed their complete demobilisation, and growing detachment from Paris operations and activities.



Newsflash MSF France General Assembly, 1980 (in French).

Extract:

Regional representation

The committee has taken note of the positions of supporters of the current organisation and delegates from certain regions. First, increased regional representation raises the question of opposition to federalism, and a structural problem about statutes, which would have to be amended if the direction were to be changed. For the others, increased representation does not mean a federalist approach, but facilitates the information exchange and encourages the regions to participate in MSF's work. The committee confirmed almost unanimously (one dissenting vote) that regional autonomy is not acceptable. It noted the request from Toulouse and some members to create a Paris region that would operate separately from the CDC [Collegial Management Committee]. It confirmed that the CDC must continue as MSF's national presence, and should not be a collection of local interests. Candidates serving on the CDC may seek office in any capacity, including on behalf of a region. It suggested that while the representation of the regions cannot be increased at this time, for the reasons cited above, every CDC member should be responsible for a region and work with its delegation. The amendment was adopted by a majority of the General Assembly. The committee also asked [...] that, in the interest of improved regional representation, the statutory procedures for electing the CDC be drafted, and put to a vote at an extraordinary General Assembly.

Responsibilities of the regions

The committee confirmed that regions may not decide about the organisation and overall operations of a mission alone. The CDC has ethical, administrative, financial and legal responsibility for every MSF mission. Regions are responsible for management costs. It was agreed that MSF volunteers from other regions could be sent on missions; the CDC and the regional delegation would interview potential candidates. It asked the CDC to refrain from making decisions without consulting the regions.

10. A reference to the French Revolution, during which the Jacobins supported a centralised government and the Girondins, supported a federal approach.



Minutes from the expanded MSF France's Board of Directors Meeting in Lyon, 24 and 25 October 1987 (in French).

Extract:

The meeting opened with a presentation about MSF's internal operations and, specifically, communications between Paris and the provinces. Guy Barret and Rony Brauman acknowledged the following:

- The growing division between a team of professionals in Paris and exhausted, unmotivated teams in the provinces;
- Increasing discontent in the regions;
- General Assemblies that become less stimulating every year.

The purpose of this meeting will be to look at concrete proposals to address these problems. Two years ago, it was decided that the provinces would no longer manage missions directly. Paris would handle them in the interest of optimal efficiency. This decision was followed by a significant decline in regional enthusiasm. Several proposals had already been made in response:

- Create a staff position to coordinate the regional branches;
- Encourage a region to sponsor a mission, which would involve:
 - An annual trip to the field by a regional manager
 - Giving regional members preference on the sponsored mission
 - Regions can identify funders interested in specific missions, and in turn, take some responsibility for that mission but nothing ever came of that.

Results of the questionnaires sent to the provincial offices
Although the regions have been around for many years and although they have permanent staff:

- Very few new members have joined local associations; on the other hand, more than half of the active volunteers have been working locally for more than five years.
- Very few have left on a mission.

Conclusions

- Management is ageing
- The provinces are ineffective and unappealing
- There is not enough contact with life in the field which is MSF's purpose
- Little or very few mission veterans among local leadership.

Observations about the larger, most recent Board of Directors meeting in Lyon in October

After reading these replies, there was little response from Paris, and few or no reactions from volunteers in the provinces to the survey or efforts to make changes. Paris always uses the same method to dismiss problems or send the ball back into our court. There is a lack of understanding between Paris and the provinces, and between those in charge and those who must follow. The gap is developing, both a cause and consequence. The decision-makers in Paris are not ready to tackle this problem and reverse the provincial decline. MSF members in the provinces don't have the authority to pound their fists on the table and say, the evidence is right before you, no one gives a damn about us. Once again, we're witnessing the same small bursts of energy we've seen in the provinces over the past years, a

few words scratched on a blackboard like a homeopathic pseudo-cure, when intensive care is what's needed. But even if intensive care were to be provided, it might be a matter of keeping the patient alive at any cost. Here's the thing: Paris cannot give an accurate diagnosis because that would mean acknowledging its own laxity and failure to provide a policy for the provinces, which has brought them to where they are.

Findings

- Overwhelming and total dissatisfaction in all the offices;
- A huge and growing gap between headquarters and the provinces, between staff and volunteers;
- According to volunteers in the provinces, the failure of headquarters to recognise what's going on and the risk that the provinces could disappear;
- Inhibition;
- Inability to convey this despair;
- Very little energy or rebellion, despite this tragic situation for the volunteers in the provinces and what is still an association.

About opinions on the second General Assembly: all written comments agree that the provinces do not have a right to speak out, do not express their views and wishes, feel excluded and that the General Assemblies don't make any difference. Regarding MSF's future, the survey shows everything in black and white, that professionalism [...] is increasing, that MSF Paris is better organised at the expense of all the good intentions there may be outside Paris.

Findings

Everyone sees a widening gap between MSF Paris and the provinces, that associative life and local activities are shrinking, and MSF Paris doesn't give them any help. No one feels they have a say in MSF's future.



The regional issue had long been a concern. There's no denying that with Rony and Claude, we were more Jacobin than Girondin. Without a single vision, it was difficult for us to build anything. We needed a more consistent approach to develop the organisation. It's true the regions could be bothersome. Representatives of the regional branches were very present at assemblies and always raised the same issues: 'In the regions, we know what's right. We don't need Paris to tell us what to do.' This was said very clearly. It was complicated because they did what they pleased. We couldn't keep them under control. If they wanted to go on a mission, they did it. And they took public positions at a local level. It took us a while to get rid the local presidents. It was quite bloody. Since we couldn't fire them, strictly speaking, we had to marginalise them by cutting their finances.

Dr Francis Charhon, MSF France President 1980-1982, Member of Management Team 1982-1992 (in French)



We did it by gradually taking control of the Board of Directors in an authoritarian way. It took a good two years and some missions were scrapped. If we finally managed to be done with the 'provinces,' in the words of the Parisians, it was because they were so divided, which made the job easier. As a result, there was a somewhat inequitable, yet not unacceptable, division of roles, by which each province had a special relationship with the missions.

Dr Rony Brauman, MSF France President 1982-1994
(in French)



Whenever we talked of associative life, it always got confused with the regions. Of course, they had influence on the votes at the General Assembly. But Rony took direct operational management away from them. He did it in typical Rony fashion way,, leaving several 'barons' with some leeway, a budget, regional associative matters and some control over recruitment. Lyon insisted on having its quota of field volunteers, Marseille wanted its quota too. Bordeaux was quite an influential 'barony' and had its own Board of Directors. It took a lot of our time. There weren't many Board meetings when we didn't talk about the regions.

Dr Bernard Pécoul, MSF France General Director
1991-1997 (in French)

D. FIRST [FAILED] ATTEMPT TO INTERNATIONALISE (1978)

From the beginning and throughout the first decade, creating other MSFs or sections outside France was considered an opportunity to provide the association with much needed human and financial resources. However, there were only two attempts to create MSF associations abroad by doctors who heard of MSF and were seduced by its principles: Guy Barthélémy, in the Netherlands and Richard Goldstein, in the USA.

These attempts were discussed during the French General Assembly in April 1978. Here, MSF France acknowledged that definitions were needed regarding what 'national' section means and how sections should be accountable to Paris. International statutes needed adoption in order to ensure the cohesion of the future movement, the respect of the charter, and MSF's principles by the new sections.



Report of the MSF France General Assembly, 29 April 1978 (in French).

Extract:

Mr Goldstein: I have been in contact with MSF and the Secretariat since 1976, explaining that I would like to establish an American section. There is considerable interest in the US. MSF is an organisation that helps those unable to obtain aid, it does not take political, religious or ideological positions, and it recognises that medical care is essential and fundamental to human rights. It is flexible and accountable. Its working methods are not tied to any specific form of intervention and can change based on needs. Our goal in the US is to be a small organisation with close ties with the French section so that we can maintain their ideals and goals. We have a temporary board composed of two surgeons, two other doctors and myself. Two lawyers are incorporating it a non-profit, tax-deductible association. Some 100 doctors intend to join MSF after the group is incorporated. If all goes well, we expect to open an office in New York towards the end of the summer. I hope that the General Assembly's decision will continue the spirit of MSF, that we will achieve a balance between short- and long-term missions. This could be a model for primary medical care that could be applied in the Third World. I hope the Assembly will allow the Secretariat to create an international organisation, to reaffirm the decision to establish a US section of MSF, and involve US doctors on the teams.

Dr Kouchner: We have discussed creating other national MSF entities from the start. This is not a power-hungry quest for growth, but a desire to carry out MSF's basic mission. Until now, our members have all been French, along with a few foreigners who came to Paris because they needed a structure and technical resources. We had put the idea on the back burner, and just kept on accepting new members from outside of France. But as the MSF spirit and ethic developed, things in the field changed quickly. MSF was becoming a brand distinct from other international and humanitarian organisations. And we didn't have enough doctors in the field. The French pool of medical professionals is not large enough to meet the needs of so many missions. So, naturally, we thought it would be good if friendly groups started up in other countries that were in line with MSF's original vocation. We would give them practical assistance. And then our friend Guy Barthélemy created a group in the Netherlands. We wanted to be international with doctors from around the world joining MSF. However, we had not drawn up our statutes, and when Goldstein came to Paris for the first time, he warned us that international groups might go their own way and that we would have no control over them. MSF USA or MSF Mexico could start initiatives in MSF's name, in the name of all of us, that could well violate our charter. And it is to the credit to our friend Mr Goldstein that he waited for our statutes to be amended to join. The internationalisation of MSF is even more important than increasing the number of missions and the money raised. If you think about our most difficult missions, you realise that doctors could have come from countries close by, they would have had a better command of the languages and

be better adapted to local conditions. That's how we did things in Latin America. There's a fantastic pool of medical professionals there. [...] I understand that expansion won't be to everyone's liking. It will dilute the French image.

MSF Holland: It was MSF's effectiveness and energy that particularly struck my husband [ed. note: Guy Barthélemy] and that's why we got in touch, about a year-and-a-half ago. A few doctors in Holland were interested in the way you worked. When we thought about what we could do, we said that the first thing was to be practical. We realised that to get information to other Dutch doctors, we needed an association. Before that, we did practical things like sending medicine. We sent a nurse to a cyclone-hit area, and we are trying to raise money for a Jeep. We contacted Dutch organisations already active in the area, but that were perhaps not as effective and energetic as MSF. So far, we haven't done anything particularly practical. We have prepared statutes and contacted a group that acts as a bridge between organisations and the government. We hope this General Assembly will give us an opportunity to expand internationally so that we can adopt your approach. I hope that we will then be able to expand our work in Holland.

Mario Bettati [MSF France Legal advisor]: The problem is relatively simple. If MSF is to expand internationally, we need to figure out how to create national sections. The Assembly would prefer this to be done in an orderly fashion with MSF's oversight, not anarchically. To exercise at least a minimum of control over national sections, we could envision some form of 'preventive control' by an existing MSF body – the Secretariat, CDC or Assembly – that would approve the creation of a national section and then keep in eye on it. If a national section were not to comply with the MSF charter, those same bodies could withdraw their approval. All this raises the issue of amending the current statutes, including enlarging the organisation. [...] The second legal issue is that the Assembly must decide how national sections will integrate into existing MSF bodies. Will the sections be represented in the General Assembly by one vote, two votes, three votes, etc.? Should representation of foreign national sections be under 49% of votes; that is, less than the Assembly that currently protects the association and conducts regular oversight? The formula can be anything from the most democratic to the most authoritarian. This is a political choice. Last, is the financial issue. What contribution should the national sections make to the association's budget – should it be symbolic or substantive? Here, too, there are many options, and we can submit concrete proposals.

These new statutes, allowing MSF's internationalisation, were written in October 1978, and awaited an extraordinary General Assembly vote in December 1978. Meanwhile, Richard Goldstein, an American doctor, registered MSF as a [trademark](#) in the USA without informing the MSF France CDC. Eventually, MSF France and Goldstein made a compromise: the US administration would be informed

that MSF American-registered trademark would be the property of MSF France. In return, MSF France would grant the use of the trade-mark to a possible future MSF US section of MSF in the USA, while reserving the right to withdraw it in the event of breach of the statutes or ethics.



Minutes from the MSF France Collegial Management Committee's meeting, 24 November 1978 (in French).

Extract:

MSF USA: Claude Malhuret distributed a copy of the 4 November letter he sent Richard Goldstein, along with Mr Goldstein's response. The May 1978 General Assembly about changing MSF's statutes and designing an international structure asked the Secretariat to call for an the Extraordinary General Assembly. This was not held, but Mr Goldstein went ahead and established a MSF-USA section. He didn't provide the draft statutes or a list of its Secretariat members, but simply sent a telegram informing us that registration had been filed in the US. The president of MSF considers this a serious breach of confidence. He does not support rushing into international expansion when regionalisation still raises many problems. He also believes that if this is to occur, it should start in countries closer to France so that MSF can exercise closer oversight – not in the US, where we all know that anything is possible. He is particularly concerned about how the US group chose to proceed, that is, by presenting MSF with a *fait accompli*. In addition, the MSF trademark is about to be registered in the US, and the existence of an MSF section could call everything into question. Mr Goldstein's response is both curt and unsatisfactory. He says the Secretariat had approved the suggested founding of MSF USA in December 1977 and again at the General Assembly of April 1978. However, the report from the Secretariat's December 1977 meeting notes states that this proposal was not taken into consideration. In addition, as everyone knows, the April 1978 General Assembly did not authorise the foundation of an MSF USA group. The Secretariat asked the president to write again to Mr Goldstein, firmly stating our position and asking for details about this association (statutes, offices, etc.). Everyone hopes that this is just a misunderstanding due to language barriers, rather than bad faith.



Minutes from the MSF France Collegial Management Committee's meeting, 20 December 1978 (in French).

Extract:

MSF USA: Richard Goldstein, representing MSF-USA, was in Paris for the 21 December Extraordinary General Assembly to amend MSF's statutes to provide for new national sections' creation. Claude Malhuret attacked the MSF USA section on several counts:


1. Having been created before the amendment of MSF's statutes;
2. Having been created before submitting its statutes to MSF Secretariat's, as agreed;

3. Having been created before we could register the MSF trademark in the USA to protect our name; and
4. Having notified us after the fact, and not having invited one of us.


Richard Goldstein and other members of the office responded:

1. At the last conference they were encouraged to create an MSF American section;
2. In the past the Americans were criticised for lacking energy, and now they are being attacked for pushing things along; and
3. They agree to MSF France's request to protect our name in the USA.

A compromise was reached: MSF USA will tell the American government that MSF France holds the name MSF and grants MSF USA the right to use the name. This permission may be withdrawn if MSF USA violates the association's statutes or ethics.

 *They quashed the effort to start a US section because Malhuret was convinced that Goldstein (the initiator) was somehow indebted to Kouchner. That's why he sent Jean-Christophe Rufin to the USA with a letter asking them to drop the plan to create an MSF USA, and that if they insisted on pursuing this, they would lose MSF's support. They did not insist.*

Dr Rony Brauman, MSF France President 1982-1994
(in French)

 *Back then, there was no organisational vision whatsoever. For us, 'international' meant 'Third World,' in the language of the day, the geopolitics of conflicts. Nobody was thinking about giving MSF an international structure. When we met Dutch people, or others, we'd say that if they wanted to do something for MSF, they could. Richard Goldstein must have seen an ad in a magazine or an article about MSF and he was interested. He came to France and told us that America needed its own MSF. Kouchner, or someone else, told him spontaneously, and against my advice, that he could do what he wanted. When I met him, I asked him where he was from. He told me that he worked in a hospital in the Bronx and I said to myself, 'They' re nuts. We've been working one step at a time to create a structure for MSF and it's hard. And here's someone who's never even been to the Third World and hasn't practised medicine the way it's done there. He's a sweet guy and he's going to set up MSF USA!' In fact, he could do it because the MSF was not a registered name in the US. I told Jean-Christophe Rufin they were ripping us off by creating an MSF trademark in the US, and that we would never be able to get the name back. So we absolutely had to stop it. In the end, Goldstein could easily have said, 'Go to hell – I'm going to create MSF USA.' But he didn't, because in my view, he was acting in good faith.*

Dr Claude Malhuret, MSF France President 1978-1979,
Member of Management Team 1979-1985 (in French)

On 20 December 1978, the extraordinary General Assembly of MSF France voted in favour of the new statutes, allowing the internationalisation. The MSF France CDC maintained its right to withdraw its authorisation from a national section which did not respect the charter's principles.



Médecins Sans Frontières **Newsletter**, No. 1, January 1979 (in French).

Extract:

Amendment to the statutes

The Extraordinary General Assembly, held on 20 December 1978, slightly amended our statutes in response to wishes expressed at the last MSF conference to enable our movement to expand internationally and to develop new national sections. The amendments are as follows.

Article 2, paragraph 5 - This replaces paragraph 5:

With an ongoing view to expand its mission and activities internationally, as well as the opportunities for intervention it seeks, the association will encourage the creation, in Europe and, subsequently around the world, of national MSF sections.

Adding to paragraphs 6 and 7:

6 – A national section of MSF may be created in any country, state or territory with the consent of the Collegial Board of Directors of Médecins Sans Frontières-France.

To be recognised, a national section must:

- a) Use the French name 'Médecins Sans Frontières,' followed by [country], with, eventually, a translation into the local language, in agreement with the MSF France CDC;
- b) Submit its statutes to the MSF France CDC;
- c) Be registered as such with the Secretariat of the MSF France CDC; and
- d) Pay an annual fee to be decided by the MSF France General Assembly.

7 – National sections cannot take action in areas that are not included in the goals as determined by Médecins Sans Frontières and the principles of its charter.

National sections may not be set up as for-profit civil or commercial companies.

[...] Article 13: Authority of the Collegial Board of Directors A new paragraph 2:

A majority of the Collegial Board of Directors may withdraw its approval for a national section if it does not comply with the principles established by the statutes and the charter, and the obligations incumbent upon national sections, as defined in Article 2, paragraphs 6 and 7, and may withdraw that section's authorisation to use the MSF acronym. This withdrawal would mean the section's expulsion.

If the section expelled so requests, this decision will be submitted for review at the next Ordinary General Assembly, which makes the final decision.

Article 18: Vote Numbers

The following paragraph is added:

The representative of a national section has one vote (or a quota of votes, to be determined by an Extraordinary General Assembly), but the total number of votes assigned to national sections may not exceed 25% of the total number

of votes of the members. (This is a requirement under the 1901 Law of Associations).

In May 1979, the MSF France General Assembly acknowledged the difficulties to move forward with internationalisation, mostly due to lack of definition of national sections' roles. The MSF France internationalisation commission was tasked with a review of the various medical organisations claiming to be MSF, particularly in the United States.



Report of the MSF France General Assembly, May 1979 (in French).

Extract:

Internationalisation is causing problems, specifically related to the difficulty at defining national sections, and the fact that the USA project that is not unanimously backed. The internationalisation commission, in which several foreign MSF friends took part, agreed to read out recommendations to the General Assembly and to propose a short motion.

Internationalisation commission

The General Assembly decided to set up a commission within the bureau specifically tasked with examining relations with medical organisations wanting to join MSF, and more particularly the USA.

By 1980, MSF Belgium was created. Some years later, in 1984, MSF Holland was founded by a group of doctors with MSF Belgium field experience. In late 1987, MSF USA was officially allowed to open, under control of MSF France.

E. MSF BELGIUM (1980)

In 1979, MSF France tried to foster the creation of an MSF section in Belgium. However, this attempt eventually failed because the doctors in charge had no MSF experience and an approach that was considered 'too political' by MSF.¹¹



Quote from Paule Oosterbosch, Founding Member of MSF Belgium, in *Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO*, Jean-Benoit Falisse, available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

"Doctors from MSF France got in touch with a doctor called Frans Daout. He was the first contact the French made in Belgium. He met us in Liège, saying: "MSF France contacted me. They want to create a Belgian section." But this effort collapsed quickly; the French didn't want it because it was too clearly political from the start. At the time, we discussed this with Philippe Laurent, who was also a medical student. He said yes at once. Some people are always game, and Philippe Laurent is one of them. That's how contact was made and Philippe Laurent got his foot in the door at once."



Quote from Dr Philippe Laurent, founding member, President (1980-1984) and General Director (1981-1986) of MSF Belgium, in *Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO*, Jean-Benoit Falisse, available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

"There isn't much to say about this section because it was never established. Things didn't go well. It was really a dead end. But it's just as well, because the French might have taken this experience to mean, 'This is not the basis for creating a section.'"

In 1980, another group of Belgian doctors, led by the MSF coordinator for the refugee camps in Thailand, Philippe Laurent, proposed to create a section in Belgium and was tasked by MSF France to do so. On 25 November 1980, MSF Belgium was formally created and became the first MSF section outside of France.

The statutes of the MSF Belgium association were almost identical to those of MSF France. The statutes acknowledged MSF France's ownership of the MSF Belgium association name. Thus, in the MSF France leaders' minds, MSF Belgium was considered a foreign equivalent of the French regional antennas, a sort of 'branch office.'

11. No historical documents or accounts were found on the first attempt to create a MSF Belgium association.



Quote from Dr Philippe Laurent, founding member, President (1980-1984) and General Director (1981-1986) of MSF Belgium, in *Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO*, Jean-Benoit Falisse, available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

Circumstances were slightly different the second time round. This section was created in a less artificial way [than for the first attempt]. There were people like me who were in the field and had coordinated the largest MSF mission. The nature of our understanding made it possible.



Quote from Dr Claire Bourgeois, founding member, of MSF Belgium, in *Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO*, Jean-Benoit Falisse, available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French) (edited).

Extract:

One person reached out and made an effort, but the meeting for completing the agreements between France and Belgium was a total failure. As a result, the French became much more hesitant. I had no confidence in the Belgians who wanted to create the section, so I went to Thailand with MSF France. While there, I met Philippe Laurent in another refugee camp. It was his idea to start a MSF Belgium. He had already started working on the statutes. So for me, it was the experience in Thailand and the need in Belgium at the time of a Belgian organisation to provide medical aid and assistance in emergencies.



Speech at the MSF Belgium inaugural celebration, by Philippe Laurent, 3 December 1980 (in French).

Extract:

Belgian Section

It's not obvious to start a national section with the same spirit and objectives as the original MSF. It's hard to create a section with people who haven't worked with the parent organisation because they won't have the spirit. Things frequently go off the rails. So while it now appears that the Belgian section was off to a good start, there were setbacks because the people who started it weren't members of the MSF team. That's why we tried to get as many Belgian doctors as we could to go on missions, in Thailand, and to other camps. Twenty have been or are currently on a mission. One year later, we felt we had a core group familiar both with the spirit of MSF and with its methods of fieldwork. We felt the time had come to create the Belgian section officially, with the same statutes and charter as MSF.

The main principles of this charter are:

- Volunteerism

- An absence political affiliation
- Discretion about events.

These are basically the same principles as in the Hippocratic oath. How will the Belgian section incorporate into the French organisation?

1/ Statutorily

I have reread the relevant main articles: Article 5§1-2-3 The Belgian section is fully autonomous financially and administratively, but is linked to the name 'MSF France.' It must respect the MSF France charter. Although the contents are clearly stated in the charter, it is easy to misinterpret them and stray from the original message.

2/ At a practical level

The Belgian section will have its own missions. At first, it will go on small missions that will include doctors, nurses, and paramedical workers. [...]



Minutes from the MSF France Collegial Management Committee's meeting, 21 February 1981 (in French).

Extract:

Creating new national sections: P. Sergeant introduced Médecins Sans Frontières Belgium, which has based its charter and statutes on those of its French counterpart, apart from articles specific to the Belgian Law of 1921 (referring to fees, terminology of membership categories, etc). He noted that, as set forth in the MSF France statutes, a special clause is about the use of the MSF name (subject to the agreement of MSF France), and that one member of the MSF France CDC (Sergeant) is also in the MSF Belgium Board of Directors to ensure close ties between the associations.



Report of the MSF Belgium General Assembly, May 1981 (in French).

Extract:

President's Annual Report

We learned a great deal from our first effort [to create MSF Belgium] in 1979. It showed that the MSF spirit cannot be artificially recreated simply by bringing a bunch of people together. Second, it taught is that it is risky for an ill-prepared group to stray from the basic principles spelled out in the charter and the statutes. Drawing on this experience, we developed the section using a different model. Doctors and nurses were first incorporated into other MSF sections. In the field, they learned about MSF and developed friendships there. In the second phase, after they had returned to Belgium, some of these doctors and nurses drew up a structure. They were keen and their approach was the right one. The MSF Belgium section was created almost by osmosis, a graft onto the parent organisation. The Belgian section gradually developed its autonomy. During this phase, after the founding General Assembly, the statutes were formally registered and the Belgian section became a not-for-profit, the same as a French non-profit. We adopted the French statutes, adapted to Belgian law.

The article that defines the relationship between France and Belgium stresses the autonomy of the Belgian section. We are bound to the French section by our name, Médecins Sans Frontières, and this reflects the ideas in the charter and the statutes. The French section has oversight. If MSF Belgium does not respect MSF's views, the French section can withdraw use of its name.



Malhuret came to Belgium, as he had done elsewhere, to develop MSF's international dimension, to inspire people to join, and to meet a few doctors. I was studying tropical medicine at the Institute of Tropical Medicine in Antwerp. I'd heard of MSF, but it wasn't well known. Four or five of us went to Paris. We felt like seeing something else, and we fell in love with what we saw and decided to create an MSF Belgium section. I said, 'Listen, we'll never create a section if we don't get some experience in the field. We have to go on a mission.' So I went to Thailand and I met a lot of other Belgians come over. That way, we had quite solid base and in November 1980, we were able to create a Belgian section with people who'd done fieldwork.

Dr Philippe Laurent, MSF Belgium Co-founder and President 1981-1984, General Director 1981-1986
(in French)



For us, Belgium was a province. This may sound caustic, critical, and ironic, but we were so convinced that we were the only ones who detained MSF's 'truth' and knew what MSF should do and what it should become, that we were like a Marxist-Leninist vanguard, there to enlighten the people. The others would simply follow. We created sections, or we supported the creation of sections, because we had this European side – Malhuret more than I – but imagining something like Amnesty International, with sections across the world, but Amnesty London overseeing everything.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

Contrary to MSF France statutes, those of MSF Belgium initially allowed field and headquarter staff to be members of the Board of Directors. Therefore, Philippe Laurent was the General Director, Director of Communications, and a Board Member, while Jean-Pierre Luxen was the Director of Operations and President of the board.



MSF Belgium **Annual Report**, 1983 (in French).

Extract:

This is why an Extraordinary General Assembly was held

a few weeks ago to amend several points in the statutes concerning the Board of Directors. The number of members was increased from seven to eight, and the Board's term lengthened from one to two years. It was also noted that according to the statutes and Belgian law, there was nothing 'exclusive' about those people eligible to serve on the Board. Contrary to the MSF France method, both field workers and permanent staff could serve. The General Assembly would make the final selection.

F. MSF SWITZERLAND (1981)

In 1981, the MSF France leadership decided to open a section in Switzerland to be allowed to take Geneva-based, international, institutional funding, such as those from UNHCR, and to avoid French foreign exchange controls.¹² MSF France asked a lawyer to write and file statutes for the Swiss section. The founders of this section were all members of the MSF France's CDC. The MSF Switzerland association was under the control of MSF France since the majority of its members were co-opted by the French. A Swiss nurse, based in Geneva, was tasked with maintaining a voicemail box that would be the only representation of the new section for several years.

In 1983, a small group of Swiss volunteers who had MSF France field experience, set up an office in Geneva, and developed the existing association that would be more autonomous from MSF France.



Report of the MSF Switzerland General Assembly, 1981 (in French).

Extract:

At 8 pm on 3 July 1981, the General Assembly of the Swiss section of Médecins sans Frontières was held in Geneva, in the presence of the association's founding members, mentioned below. The association's statutes were read and adopted, and then a governing body was elected.

President: Dr Guillaume Charpentier

Secretary: Dr Xavier Emmanuelli

Treasurer: Dr Rony Brauman

The other founding members are Dr Jean-Pierre Decrae and Dr Véronique Chalut.

12. French Foreign exchange control was designed in 1983 to avoid speculation and capital flight. It limited the purchase and sale of foreign currency by national residents and the purchase and sale of local currency by non-residents. It was abolished in 1989.



The procedure was not written down because there was no legal basis for it, but it was on a co-option model. The Swiss started under French control, according to a co-option model that gives the French a majority on the board, or a blocking minority. Among the first request when I was president were proposals from the Swiss, who knocked on my door very pleasantly and asked for their emancipation. At first, MSF Switzerland was more like a branch. It became a section in the legal sense, in 1985-86. We didn't interfere, but we kept an oversight in case they started doing silly things. Then, we could have stopped them, by dissolving or changing the makeup of the Board of Directors. But, there were never any conflict and we didn't have to do anything like that. And we couldn't assign a special status to the Swiss when all the other sections were autonomous.

Dr Rony Brauman, MSF France President 1982-1994
(in French)



We never quite knew why the French created MSF Switzerland. It was probably about money. At the time, you couldn't take money out of France because of exchange restrictions. So it really had nothing to do with starting another MSF, but rather having an offshoot of MSF France in Switzerland for financial reasons. So they asked a lawyer to draw up the statutes. He wrote up statutes for a Swiss association and so that's what it was. They said to Liliane Boutoleau, a nurse who'd come from a mission with MSF France, 'Now you're in charge of this office in Switzerland. We need a voicemail box.' There wasn't even an office. Sometime later, three dynamic people joined up, which created a problem for the French. When I came back from mission in the autumn of 1983, we decided the time had come to develop MSF Switzerland, so we set up a little office in Geneva. MSF France had never spent much time thinking things through, and there was no real strategy. The association was officially meant to hold a General Assembly once it had 50 French members. But when we took over management, we found that some of the members were dead. The list was fake; it had never existed. We started recruiting and sending other people into the field. But it was on a very small scale. We did that for a few years, always under French control. Until one day we said, 'We've got to get rid of these 50 French people. We're going to hold a real General Assembly and create a real MSF Switzerland.'

Dr Doris Schopper, MSF Switzerland President
1985-1987 and 1991-1998; MSF International
Council President February 1994 - February 1995,
September 1997 - June 1998 (in French)



The honorable part of the story is Malhuret, who had a problem accessing UNHCR funding for MSF France projects in the field. It was blocked by France's monetary exchange controls. If MSF were to have an entity in Geneva, the UNHCR could deposit money in that entity's account and MSF would be able to use it. So MSF France

leaders looked through the list of volunteers who'd been on missions with MSF France and lived in Switzerland. They found Liliane Boutoleau, a nurse-anaesthetist. They got in touch with her. Malhuret was skiing at a Swiss ski resort with a friend whose husband was a lawyer in Geneva, so they asked him to draw up the statutes. In early days, MSF Switzerland was basically a mailbox. But then Doris [Schopper] really wanted to get this section off the ground. We wanted our own missions. We didn't want to follow in someone else's footsteps – that is, raise money, recruit people, and send them on French missions. The first two missions MSF France gave MSF Switzerland were managed by branches in the provinces, which operated very independently. Jean-Luc Nahel, from MSF Rouen, had gone to Ladakh and wanted to set up a mission there. When MSF Switzerland asked for missions, Malhuret said, 'Ladakh isn't a typical MSF mission, but it has mountains, so the Swiss will like it! We'll let them have it.' A lot of people were extremely jealous, they wanted to go to Ladakh, but they were told, 'No no – Ladakh is for the Swiss!'

Dr Jean-Dominique Lormand, MSF Switzerland
Association Member since 1981, President 1987-1989,
Vice-President 1995-1997 (in French)

G. SEEDS FOR AN MSF INTERNATIONAL STRUCTURE (1981)

The creation of two sections brought the issue of internationalisation and the need to create a harmonised structure back into discussion. MSF France continued to view new sections as 'foreign antennas' with a role of resource providers, both human and financial, that were only allowed to conduct operations under the authority of the Paris office. MSF Belgium was claiming to be in favor of opening new sections provided they shared the principles of the [charter](#), which should be guaranteed by an MSF international structure.

In 1981, the MSF France General Assembly decided to task a commission composed of members of the three MSF sections to work on this issue. A few days later, the MSF Belgium General Assembly voted and approved two motions aligned on this decision.



Report of the MSF France General Assembly, 16 May 1981 (in French).

Extract:

Internationalisation Committee

a) Practical considerations for setting up national sections:

The committee noted that each country has its particularities, which means that different procedures are required for each national section. Some requirements, however, are the same everywhere: sending people on missions as quickly as possible to create an active core group; making sure funding, staffing, missions and infrastructure are run smoothly for the sake of stability. Lastly, we shouldn't move too quickly, as we need to maintain control over each section's growth.

b) Establishing international structures:

The committee stated the need for an international coordinating body. This was discussed at the General Assembly, where it was decided to create a committee made up of members of current and future national sections, as well as outside members who can provide effective support. The committee will focus on:

- Clarifying the statutes and function of a future MSF International; these statutes will then be presented to national sections for ratification;
- Creating a temporary MSF International Secretariat, composed of CDC members from national sections.



Report of the MSF Belgium General Assembly, 24 May 1981 (in French).

Extract:

5. Developing new national sections:

Philippe Laurent pointed out that MSF International is in a legal vacuum. The only link between the Belgian and French sections is the MSF name, which guarantees the respect of the statutes and charter. Before the French Extraordinary General Assembly of 25 April 1981, the French section had a right of review: it could forbid the Belgian section's from using the MSF name if it did not apply the French section's rules. The French section has since changed its statutes to address the creation of new national sections, so that article is no longer valid, with the resulting legal vacuum. This would allow an MSF section to be created anywhere in the world, whether or not it aligned with the charter or statutes. MSF International is an ethical organisation (the international structure will be modelled on the charter). Moral condemnation has demonstrated itself to be a powerful weapon, and furthermore, no court in any country would accept the interference of an international power. Every national entity will have to agree to MSF's ethical commitments. What form will MSF International take? Where will it be based? These questions must be discussed very soon at a committee of MSF International, open to everyone. The President then proposed a vote on the following two motions similar to those passed in France at the 18 May 1981 General Assembly:

1. Create a committee that will address the issue of new national MSF sections. This committee will be open to all MSF members, and to those professionals who can help us in our work (for instance, lawyers specialising in international law). Anyone who wants to be notified about these meetings should contact the association's secretary.
2. Authorise the new board of directors that will

be created today, to establish the structure of MSF International.

Both motions were adopted.



Quote from Dr Philippe Laurent, Founding Member, President (1980-1984) and General Director (1981-1986) of MSF Belgium, in *Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO*, available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

In Belgium, we believed in sharing. For us, the idea of MSF didn't belong to any one in particular. It had to become international. Likewise, the notion of human rights didn't apply to the French only. Quite the opposite, when you have grand and noble ideas, you have to share them worldwide. But there was resistance. Charhon said, 'There isn't room for everyone. If we open a section in Germany or in England, what will happen then?' I said, 'I don't agree with you on ethical terms. If there is less work for France, that's no big deal.'



Looking ahead a few years, I saw MSF like a flotilla following our flagship. We gave the first impulse and provided the guidance. The others translated these guidelines, maybe tailored them a little, but they were directly inspired by us. But that was clearly not the way the Belgians saw it. Philippe Laurent didn't have much time for us, the French, whom he saw as talkative, always spouting empty words. He has this stereotypical vision of the French, and he wanted to impose himself in relation to us.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

On 18 July 1981, the Collegial Management Committee (CDC) elected the French members of the 'to be created' board of MSF International and adopted the statutes on 20 September 1981. On 8 May 1982, in its annual report to the MSF France General Assembly, the President emphasised the necessity to have an international structure.



Minutes from the MSF France's Collegial Management Committee's meeting, 18 July 1981 (in French).

Extract:

On the issue of internationalisation:

[Francis] Charhon said it was urgent to set up MSF International, after the launch of MSF Belgium and MSF Switzerland, and the emergence of groups elsewhere in

Europe, modelled on MSF. These groups are usually run by doctors who have worked with refugee aid groups in Thailand. An international structure must be set up rapidly to bring together and coordinate these groups, and to prevent “uncontrollable” MSF groups from emerging everywhere. Our lawyer is finalising the statutes. Charhon suggested that, after the resolutions of the 1981 General Assembly, the CDC should vote to register these statutes and elect the French members of the first MSF International Secretariat. He noted that the Secretariat is made up of three French members elected by the CDC of MSF France, one Belgian, and one Swiss, also elected by the national sections.



Minutes from the MSF France’s Collegial Management Committee’s meeting, 20 September 1981 (in French).

Extract:

On the Issue of Internationalisation:

The Secretariat had discussed this question at length the evening before the expanded CDC meeting where it was decided to:

- 1) Adopt the provisional MSF International statutes, after amending Articles 14 and 15 (received 11 yes votes).
- 2) Establish the MSF Committee on Internationalisation, as provided by the May 1981 General Assembly to review the final form of MSF International. Names suggested to join this commission: Charpentier, Sergent, Charhon, Bourgeois, Laurent, and Malhuret. The first meeting will take place on 29 September.



Annual report of the President of MSF France to the 8 May 1982 General Assembly (in French).

Extract:

As confirmed at the 1980 Assembly, autonomy is not an option. What would become of MSF if groups started up, each with its own policies? Having observed similar experiences in organisations we know well, we’ve seen how dangerous this can be. This is also true for foreign national sections. Having amended the statutes, we now can set up an international coordinating body. I think that our Belgian, Swiss, and German friends here in the room will understand the importance of this coordinating function.

In 1983, MSF France registered the **brands** MSF International and MSF Europe in Geneva and modified its own statutes in order to integrate the possible creation of an MSF international structure. However the commission tasked to make proposals on the final shape stagnated and never delivered any proposal. In 1984, the MSF France General Assembly considered that this issue must be treated by the Collegial Management Committee (CDC) “according to the needs of the moment.”



Letter from MSF France Authorising MSF USA to Use the MSF Name in the Process of Creation, 19 November 1987 (in French).

Extract:

The Médecins Sans Frontières International and Europe brand was registered on 17 December 1983 in Geneva.



Statutes of MSF France, 1983 (in French).

Extract:

As part of the ongoing efforts to become international, Médecins Sans Frontières France will encourage the worldwide creation of national sections.

6. National sections will not be allowed to intervene in areas that do not comply with MSF goals, and the principles stated in its charter. National sections are not to be commercial companies or for-profit civil-law partnerships.

7. Médecins Sans Frontières France will work with other MSF national sections to create an International MSF association.

The purpose of this association will be:

- a) To ensure national associations comply with the charter;
- b) To coordinate and implement operations by national associations, where these operations require the participation of national associations, or are likely to interest them;
- c) To coordinate the promotion of missions led by national associations, and the purpose of these associations;
- d) To assist any national association with any mission it undertakes;
- e) To ensure the worldwide protection of the Médecins sans Frontières brand and the MSF acronym. In particular, to supervise the creation of national sections, which must submit their statutes, and register with the MSF International Office before they can operate.
- f) Should the funds raised by Médecins Sans Frontières International prove insufficient, the various national associations will contribute.



Newsflash from the MSF France General Assembly, 5 and 6 May 1984 (in French).

Extract:

No motion to develop Médecins Sans Frontières International was brought up. The assembly felt the issue should be addressed based on specific needs at a particular time. The CDC will then take the decision.

Beyond their different views on the internationalisation of MSF, MSF France and MSF Belgium embraced two different visions of humanitarian aid. Though managing several development projects, MSF France focused on emergency programs and worked to develop private

fundraising that would allow quick and independent emergency interventions. For its part, MSF Belgium leaned toward development projects, funded by public funds. According to their leader, Philippe Laurent, this strategy would allow to ensure a quicker growth of activities and create stability. This way, the organisation would be strong enough to intervene in emergency situations.



Quote from Dr Philippe Laurent, founding member, President (1980-1984) and General Director (1981-1986) of MSF Belgium, in *Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO*, Jean-Benoit Falisse, available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

“Our mission in Chad was our template. I called it our ‘power generator.’ This was my strategy: to be really effective in emergencies, you need to be active all the time. Real emergencies don’t arise every day, so you need a lot of semi-emergency missions. At the time, we mainly worked on missions in refugee camps, which were relative emergencies, so we had a hand in all kinds of things that would allow us to be effective in real emergencies. I never believed we could concentrate on emergencies only; that would have been too costly and impossible in practical terms. We wouldn’t have been able to set up the emergency ‘technological platform’ if we had not had that volume of activity.



Philippe Laurent had a strategic approach. His goal was to develop private cooperation. Chad and Mali were his laboratories, one following the other. The war in Afghanistan and famine in Ethiopia were for the French, he felt, because they were showy and impermanent. He believed that private cooperation was what would last; it was solid and concrete. The collapse of the public sector cooperation at the end of the 1970s proved him right.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

H. MSF HOLLAND (1984)

In 1984, a group of doctors from the Netherlands who had worked with MSF Belgium in Chad asked to establish a section in their country. MSF Belgium agreed to support them during the six first months. MSF France’s leaders were reluctant to approve the creation of this

new section, as long as the issue of the legal protection of the trademark was not resolved. But they were busy organising their own development and in any case they respected for the Dutch group. Acknowledging there was nothing more they could do, they decided to accept the *‘fait accompli’* and the creation of MSF Holland. They even provided the new MSF association with startup financial support.



‘Médecins Sans Frontières/Artsen Zonder Grenzen, 10 Years Emergency Aid Worldwide,’ **Internal Publication** by MSF Holland, 1994 (in English).

Extract:

Three medical assistants meet at the Maria Stichting Hospital in Haarlem: Jacques de Milliano, Roelf Padt and Simon Horenblas. Jacques has just returned from Chad on a mission for MSF Belgium. This was six months after Roelf’s return from refugee camps in Thailand and the Philippines where he did work for IOM [International Organisation for Migration]. Simon had travelled in Afghanistan. The three are impressed by the work of the emergency aid organization MSF. As they talk, the idea of establishing an MSF section in the Netherlands begins to form. Jacques, who is recruiting for MSF Belgium, asks a fellow student to join their initiative, Aswin Meier. Aswin worked in Afghanistan for MSF France. Barbara Lopez Cardozo, also a doctor, is told about the plans being hatched in the Netherlands. Barbara’s mother turns her basement of her Amsterdam canal house over to the fledging MSF section. There, every Thursday from 9 to 11, people interested in going on a mission are received with open arms. The five doctors are joined by a [lawyer] solicitor, Janine Osmer, Roelf Padt’s girlfriend. Philip Lauren, Chairman of MSF Belgium often drops by to talk about the establishment of a new club. At this stage, the group is mostly engaged in recruiting volunteers for MSF Belgium. But the wish to set up a Dutch MSF section is growing increasingly stronger. Aswin Meier’s father, a notary, helps draft the articles of the association. ‘The French didn’t like the idea,’ Jacques de Milliano remembers, ‘all those new clubs bearing the same name. How could they check whether they operated according to the same principles?’ The Belgians supported the idea of a new section and tried to turn the French around. But they refuse to be mollified.

Without informing MSF France, the group forges ahead, establishing MSF Holland on 7 September 1984. Jacques becomes the first Chairman of the Board. At an international MSF meeting in Geneva, a few weeks later, the French, who had not been advised of the move, agree, somewhat belatedly, to the establishment of a new section in the Netherlands. One of the first actions of the new organization is to ask for large starting capital from their Belgian and French counterparts. This request is met. With a capital of fifty thousand guilders¹³, the Dutch founders move into a

13. 16 300 US\$ in 1984 ; 40 000 US\$ in 2017.

small office of their own, located on the grounds of the former Wilhelmina Gasthuis hospital in Amsterdam. The office is furnished with auction-bought furniture, posters and a world map. Janine Osmers is the only one of the six founders to work full time in the office. Even before the organization was established, the Dutch weekly magazine *Haagse Post* published a lengthy article about MSF Holland: 'This week the Netherlands will get its own MSF, an organization which, unlike the Red Cross, can make the decision itself where to offer help.' The article formulates the organization's core principles: independence and neutrality.



Minutes from the MSF France's Collegial Management Committee, 6 and 7 October 1984 (in French).

Extract:

Jacques de Milliano announced the creation of MSF Holland by a group of doctors, many of which had already worked with us, particularly in Chad.



The Belgians helped us over the first six months. We were able to recruit people and send them on MSF Belgium missions. That was very helpful because we didn't yet have the infrastructure or logistics. Before that, we held an international meeting in Geneva. Francis Charhon and Rony were there. The meeting's purpose was to decide whether MSF Holland would be accepted. MSF France was wondering, 'Who are these guys? Aren't they too close to MSF Belgium?' Then all of a sudden, there was this about-face, and they asked us, 'How much do you need?' We were prepared to ask for 25,000 guilders. But the meeting was so positive that I said '25,000' without specifying a currency and MSF France gave us US \$25,000!

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996- 1997, General Director 1985-1996 (in French)



MSF Holland was started in agreement with the MSF France team. Philippe Laurent organised a meeting at his house with Roelf Padt and Jacques de Milliano, and with Malhuret and me. We liked the Dutch. We got along very well. Even if later we had some disagreements with MSF Holland, with Jacques and Rolf, things always ran smoothly. We could talk our disagreements through. They were great people. We knew that creating MSF Belgium and MSF Holland meant acknowledging a 'critical mass' that wasn't French, but we had started to accept it.

Dr Rony Brauman, MSF France President 1982-1994 (in French)



The Dutch were brought in by MSF Belgium, with whom they had worked. They were good people, a small hardworking group, and they asked us to start MSF Holland. We said we hadn't resolved the legal issue about protecting the name and they needed to wait, possibly working with MSF Belgium first. We should have sorted it out at once, but there were 10,000 other things to do! We were growing so fast that we didn't deal with it at the time. We didn't argue, because we realised there would be an MSF Holland, it was going to happen and there was nothing we could do about it.

Dr Claude Malhuret, MSF France President 1978-1979, Member of Management Team 1979-1985 (in French)

I. THE FRANCO-BELGIAN QUARREL (1985)

In the mid-eighties, the tensions between MSF Belgium and MSF France crystallised around a mix of issues: the MSF France creation of the *Foundation Liberté Sans Frontières* that MSF Belgium deemed as too political; MSF Belgium operations in Angola and Nicaragua that MSF France deemed as dangerous; and a strong disagreement on the public positioning regarding the forced relocations of populations in Ethiopia. The tensions increased and ended with MSF France trying to remove the trademark from MSF Belgium through legal prosecution.

1. Rupture of MSF Belgium/MSF France relations (1985)

a) *Dispute on Liberté Sans Frontières* (1985)

Since 1982, MSF France was considering the creation of a think tank that would be dedicated to third world development issues. The first proposal was rejected but the principle was adopted. This think tank would reflect on and disseminate topics that MSF France 'could not or did not want to work on.' In 1984, the MSF France General Assembly passed a vote in favor of creating a research center dedicated to reflection on the 'Third World' issues, human rights and peoples' self-determination.



Minutes from the MSF France's Board of Directors Meeting, 20 November 1982 (in French).

Extract:

Rony Brauman: "I propose the creation of an association linked to MSF. An outward-looking think-tank that will look at Third World problems, such as conflicts, health and so on. The organisation would be partly funded and hosted by MSF. Its statutes are under preparation. [...] The idea that MSF will create such an organisation is accepted. It will quickly become independent and with the aim to reflect on and disseminate what MSF can't or doesn't want to do." Rony Brauman was asked to propose a status for the association, to ask other associations for their opinion, or involvement, and to suggest a funding proposal.



Report of MSF France General Assembly, 1984 (in French).

Extract:

On the subject of development, the General Assembly adopted the following resolution by a large majority:

- Given the collective experience acquired by Médecins Sans Frontières in a diversity of situations from which we have learned lessons,
- Given the desire expressed for more than two years to think more deeply about the context of humanitarian actions

The general assembly has decided to launch a research centre that will examine these problems, notably on issues of development, human rights and peoples' rights. Médecins Sans Frontières has agreed to provide the centre, which will be a separate legal entity and will operate under a different name with the material resources it needs. The centre must quickly bring together the qualified experts it needs, notably in the humanitarian, academic, and financial fields.

In January 1985, the research center became "Liberté Sans Frontières" (LSF), a foundation 'to inform about human rights and development.' Its aim was to point to the issues supposed to be created by the 'third-worldism/tiers-mondisme'¹⁴ ideology in many countries.

The President of LSF was the Director of MSF France and the LSF Director was President of MSF France. The LSF treasurer was the MSF France treasurer. Some of the members were French intellectuals with ideas firmly rooted in the conservative right.



'Liberté Sans Frontières Foundation for Information on Human Rights and Development,' Presentation Document, January 1985 (in French).

Extract:

Aims – Administrative structure – Research Objectives

The debate on human rights and development is often obscured by ideological prejudice. Thirty years ago, it seemed natural that new countries should want to explore how to access progress. But when it comes to learning the lessons of history, prejudices all too often give rise to the wrong conclusions. Emerging economies are criticised for growth models that don't fit the precepts of the Third World Focus. Others, adopting the advocated programme, experience successive disasters presented as models to be followed long after the facts have triumphed over hope. [Examples include] China's Great Leap Forward has been succeeded by Vietnam and its new economic areas, Ujamaa's Tanzania, Nkrumah's Ghana, Castro in Cuba and most recently, the Sandinistas in Nicaragua.

The causes of this blindness are complex, and the aim of the foundation Liberté Sans Frontières is to encourage debate, free of preconception. It aims to drive pragmatic research that eschews the idea of only one possible model; to analyse problems associated with development and human rights without referring to the Third World as an entity, because it isn't. Finally, the idea is to use this research as the basis for action. A large body of work, free from conventional ideas and ideologies, has already been produced and there is no shortage of specialists working in this area. But their efforts are scattered, and there is a lack of coordination between projects. Their work is too often received with indifference or virulent criticism. They have little influence, and in the vast majority of cases, this is limited to a small circle of like-minded thinkers. We propose to widen their audience to those who currently dismiss them, suspecting them of ulterior motives, or of defending their own self-interests. The objective is not to strengthen existing convictions, but to rally people whose generosity can be used to support causes.

We are setting ourselves a twofold task. On the one hand, it is to coordinate and drive research on countries that are facing development problems in terms of their economy, human rights, strategy, etc. On the other, it is to ensure this research is disseminated through the main opinion channels: the media, the world of politics, groups and associations [...] The Board of Directors, assisted by the scientific board, will set long-term objectives for the new Foundation and define new areas of interest as the movement and events change and evolve.

Two groups of people are initially involved:

- On the one hand, intellectuals known for their work and actions in protecting human rights and democracy, development studies, and combating totalitarianism,
- On the other, senior members of Médecins Sans Frontières [...]

Research will be the Foundation's basic activity, split into distinct areas:

- Topical areas (for example, the war in Afghanistan, central America, southern Africa, etc.)

14. The "Tiers-mondiste" or third-Worldist ideology claimed that the western world created its wealth by exploiting third world countries.

- General themes (the economy, health, human rights, information, etc.).

In some areas, these activities will be run in conjunction with like-minded institutes or organisations, in France or abroad.



Liberté Sans Frontières was a research centre dealing with human rights and development in the Third World.

It was presented in a neutral fashion. Malhuret didn't really intend to create a neutral project, but one that would get involved in the fight.

Dr Rony Brauman, MSF France President 1982-1994 in Famine and Forced Relocations of Population in Ethiopia: 1984-1986 - MSF Speaking Out Case Studies (in French)

The first initiative of the newly born foundation was to hold a symposium entitled 'Questioning the Third World' on 23 January 1985 before a large audience. The French national press echoed the initiative and a polemic arose on what was seen as an ideological attack against 'Tiers-Mondisme/Third Worldism.'



Television news on *France 3*, 24 January 1985 (in French).

Extract:

Presenter: A trial of an entirely different kind, on tiers-mondisme, is currently in preparation. Critics on various sides are decrying the errors and in some cases, the resounding failures of the so-called *tiers-mondiste* policy developed some 30 years ago. But the third world still needs help. A symposium organised yesterday and today in Paris by the Liberté Sans Frontières foundation, created by the association Médecins Sans Frontières, aimed to find a different way.

Voice over: For the leaders of Liberté Sans Frontières, a somewhat simplistic notion of what they call *tiers-mondiste* doctrine lies at the heart of the failure of the current policy on aid to developing countries. On the one hand, they say, because this doctrine relies heavily on denouncing the west's pillaging of the third world's resources, illustrated by the famous French slogan 'the rich man's cow eats the poor man's soy,' since it is a doctrine that induces guilt. Nothing positive can be done in this field based on a bad conscience, add the creators of Liberté Sans Frontières. On the other hand, because they believe that applying *tiers-mondiste* theses has resulted in resounding economic failures, for example in Tanzania, where President Nyerere was supposed to introduce an exemplary model of development based on small-scale agricultural communities. As well as its economic failure, the country is alleged to have committed numerous human rights

violations. The members of Liberté Sans Frontières have no hesitation in taking a risk when it comes to combating the dangers of totalitarianism and economic inefficiency: that of passing for allies of those, like the United States, who are fighting revolutionary national liberation movements.

Dr Claude Malhuret: The failure of '*tiers-mondiste*' theses carries a high risk of withdrawal, the temptation to turn in on ourselves. We've been asking people to help for 20 years and saying that we were going to see development, and now in Africa, people are facing the worst famines we've seen in a long time. So people risk wondering if they were misled, if they made a mistake, and they turn in on themselves, which also aligns with the ideologies around security that are currently established here. So that's what we're afraid of, and if we carry on the way we are, that's exactly what's going to happen. On the other hand, and this is the main reason for the foundation, we think there's a way that is neither '*tiers-mondiste*' nor Cartierist. As you know, Raymond Cartier used to say 'the Corrèze [region in France] before the Zambezi¹⁵.' So, neither '*tiers-mondisme*' nor egoism, i.e. the pragmatic path. We believe that it is high time, in terms of finding solutions to the problems faced by the third world, to adopt this path, because if not, that's exactly where the game will be played, you say the Americans, it's not really my problem, but we'll play the game of self-interest and turning in on ourselves. That's what we want to avoid. And if there were any doubt about it, I believe that Médecins Sans Frontières' practice all over the world for the last 12 years should convince people that we're not on the side of the exploiters and against generosity.



'Challenging 'Third-Worldism', *Agence France Presse*, 24 January 1985 (in French).


Extract:

'Third-worldism' came under harsh attack in Paris during the Wednesday and Thursday symposium in the Senate, organised by the new Liberté Sans Frontières foundation. LSF was founded by the French humanitarian organisation, Médecins Sans Frontières. Many intellectuals and experts participated. "We assessed tiers-mondiste ideologies, reported on specific cases in the field, and raised economic and political problems in Third World countries," foundation director Claude Malhuret told the AFP. Some participants contested the criticism that others delivered on third-worldist ideas. René Dumont, author of '*L'Afrique Noire est Mal Partie*,' [Black Africa is off to a Bad Start] spoke of "a political campaign by the new right." "Our goal is to examine what should be done to help developing countries," emphasized Claude Malhuret. "The slogans of the 'third-Worldists' have ended in failure, including the largest famine of the century in Africa." However, we are not proposing neo-Cartiérism. He

15. Quoted by Jean Montalat, a French MP from Corrèze. It is often wrongly attributed to journalist Raymond Cartier because it perfectly summarizes his doctrine, cartiérism, a "pragmatic anticolonialism" according to which France must privilege its own territory before taking care of its colonies.


emphasized the risks of political 'hijacking,' given the French context of a pronounced left-right split. "The 'third-Worldists' assume that they have the monopoly on generosity.

We accept the risk of being criticised because we want to express our point of view. The future will demonstrate that we were not seeking to mount a politically-motivated operation." According to Malhuret, participants believe that the problems of developing countries should be addressed pragmatically, on a case-by-case basis. The foundation's officials stated: "We must create a space, somewhere between 'third-Worldism' and Cartièrism, where generosity and critical thinking can co-exist in a reflective process, free of ideological presuppositions." They criticized 'third-worldism' for its "narrow economic analysis, which attributes an economic basis to every event," and "dolorism [the notion that suffering brings salvation], which confines the residents of the South to the status of the eternal victim."

 *I was nervous before opening the symposium 'Questioning Third-Worldism' because I was expecting an empty 250-seat auditorium. We'd considered partitioning the room to make it smaller. I was scared of talking to an audience, but the idea of facing half empty room scared me even more! In fact, it turned out to be packed. Looking back, this can be explained by the imperceptible rise of a kind of anti-communism. We thought the communists were still strong, when they were actually in decline. So the symposium somehow focused criticism, hostile opinions, and feelings, without us fully realising it.*

Dr Rony Brauman, MSF France President 1982-1994
(in French)

Meanwhile, MSF Belgium's board was asked to endorse the Liberté Sans Frontières' initiative, but refused to do so. They deemed Libertés Sans Frontières' close ties with MSF as too dangerous for the movement.

 **Minutes** from the MSF Belgium's Board of Directors Meeting, 20 January 1985 (in French).

Extract:

The Board of Directors recognises the new organisation Liberté Sans Frontières, in France. The relationship between this organisation and MSF France was defined at the 1984 MSF France general assembly. The board of directors wants to make it clear that they are not associated with this organisation, which takes a stand in the political debate about the Third World. The Board is not reacting to their ideas but, in keeping with its role, seeks to ensure strict respect of one of MSF's founding principles: to remain apolitical. The board also wishes to emphasise its position, given the

confusion and difficulty of distinguishing clearly between MSF France and Liberté Sans Frontières (same leaders, similar name, MSF funding for LSF, LSF's introduction by MSF, etc). The inevitable confusion between the two organisations would not be good for Médecins Sans Frontières.



'Questions Asked About Médecins Sans Frontières,' Pierre Lefèvre, *Le Soir*, (Belgium), 25 January 1985 (in French).

Extract:

What's gotten into MSF? That's the question on the mind of more than one observer. Is it a matter of fashionable provocative views, the influence of the New Right, or the deliberation errors of men faced with cruel and inexplicable realities? We've demolished lots of illusions that no one believes in anymore, says one Third World expert, and without the classic thinkers on development. Yet, 'third-worldism' is still very much alive, responds Dr Claude Malhuret, Director of MSF France, and there were more people at its post-mortem than could fit in the senate chambers. We are neither neo-liberal crusaders nor agents of a Mitterrandist [referring to French President François Mitterrand] move towards the centre, he says, defending himself. His Belgian counterpart, Philippe Laurent, quoting Jean-Pierre Cot, former French Minister of Cooperation, sees the undertaking as just a Parisian critique of 'tiers-mondisme', provoked by a few MSF officials and one he hopes will quickly disappear.

Before the symposium, he said, that "Médecins Sans Frontières cannot become involved in political debates or endorse one model against another. The key is to remain true to the group's apolitical character, as set out in its charter." MSF Belgium, which is nearly as strong as its French sister organisation, also distanced itself, without a hint of abstention. "This Liberté Sans Frontières Foundation represents an internal problem that MSF France will have to resolve internally. The situation must be clarified and," he concludes, "those who do not support the organisation's positions will have to leave." Has ideological discord been sown or is this just a 'Parisian' flash in the pan? For now, this young foundation and its symposium have shaken up its sponsor more than it has unsettled the ideological positions it set out to challenge.



One day at La Closerie des Lilas [a Paris café], a somewhat symbolic, romantic spot, Malhuret gave me a document and said 'that's it, I've had it with communism, things are out of whack, the communist monster is tearing everything down,' and so on. 'We're going to create a foundation.' He was talking about a war machine like those that existed perhaps on the left, around the idea of 'tiers-mondisme,' and he was going to use it to fight for neoliberal ideas. It was all there in the document. You could see all of Malhuret's firepower in it. It was really well conceived. I'll read you some of the passages, like this one: 'Furthermore, provide the machinery of ideological production with the resources it lacks today. The starting point is clear, since

liberalism has proven itself and the objective is to defend it, why not apply the same approach to intellectual production, the production of ideas, that made free enterprise a success in the material realm?' Not bad, eh? He was riding the neoliberal wave of the early 1980s. [...] MSF France delivered its Liberté Sans Frontières speech and created an extraordinary stir. It was an attack against the left, and all that, in spite of everything, in favor of a free market.

Dr Philippe Laurent, MSF Belgium Co-founder,
President 1981-1984, General Director 1981-1986
in *Famine and Forced Relocations of Population
in Ethiopia: 1984-1986 - MSF Speaking Out Case Studies*
(in French)

On 10 February 1985, two weeks after the symposium, the MSF Belgium, MSF France and MSF Holland staff in Chad sent a letter to denounce Liberté Sans Frontières. They considered it as a political turn that could create confusion between the MSF association and the Liberté Sans Frontières foundation, putting MSF at risk. Sharing MSF Belgium's board concerns, the Chad field teams were asking for a clear separation between the two entities.



Open Letter to the Management and Membership of MSF from the Members of MSF Belgium, France, and Holland in Chad, 10 February 1985 (in French).

Extract:

We, the undersigned members of MSF working with the Chad mission, wish to express our indignation at learning of the circumstances in which the Liberté Sans Frontières foundation was launched. It is obvious that this foundation is lapsing into the political realm. As a result, we condemn this violation of MSF's charter, with respect to the following:

- Multiple functions
- Use of MSF funds
- Use of MSF's reputation as a springboard
- Shared headquarters for MSF and this foundation.

As demonstrated by reactions in the international press, MSF is clearly being identified with the foundation. Such identification harms the work of MSF teams on missions. For these reasons, we demand that MSF's management and all members honour their responsibility to observe the terms of the charter; that is, maintain complete separation between MSF and this foundation and notifying the press of that action.

Signed by: the members of MSF Belgium, France, and Holland in Chad.



Letter + document 'Médecins Sans Frontières and Liberté Sans Frontières: Incompatible - A Summary of the Analysis,' by the Director, President, and Board of Directors to the Members of MSF Belgium, 12 March 1985 (in French).

Extract:

We are contacting you because this is a critical moment for Médecins Sans Frontières, and we feel we have to express our concern before the organisation takes decisive steps towards a new and irreversible situation. Liberté Sans Frontières is a political organisation that is identified completely with Médecins Sans Frontières. This totally contradicts the charter's fundamental principle: to remain non-political. One could go on at length about this principle, but plain good sense should be enough to make it clear and, in any event, to establish a broad consensus. We believe that the organisation's apolitical character is fundamental and that removing it would cause the foundation to crumble. The detailed package we have sent you reflects our analysis. Its aim is to object to this recently created problem. We hope it will serve as a basis for discussion throughout Médecins Sans Frontières, and as a rallying point for those who cannot accept the current ambiguity, which is why we are distributing it widely within the organisation. We refuse to see the debate in terms of a confrontation between MSF France and MSF Belgium.

The problem transcends the issue of a legally autonomous entity within MSF. Furthermore, we would like to reiterate our desire to maintain the cooperative relationship with MSF France that existed before LSF's founding, and we renew our proposal to create an MSF Europe based on the Charter. We look forward to hearing from you. With best wishes,

Summary of the analysis

- The Liberté Sans Frontières foundation is a political organisation. - The foundation is being associated with Médecins Sans Frontières.
- This confusion creates an unhealthy and ambiguous situation, putting MSF completely at odds with the basic principle of remaining apolitical.
- This threatens MSF's continued existence.
- To protect our organisation, we must clarify the situation immediately and take measures to separate two entities that should never have been brought together, Médecins Sans Frontières and Liberté Sans Frontières.

In April 1985, considering that no effort had been made by MSF France to ease concerns, MSF Belgium's General Assembly decided to sever all ties with MSF France in protest against the creation of Liberté Sans Frontières.



Report of the MSF Belgium General Assembly, 27 April 1985 (in French).

Extract:

We have had to face the most serious problem since our foundation, this year. The creation of Liberté Sans Frontières by the heads of MSF France dragged the French section into the political arena. We have decided to end our cooperation with our French friends, because we believe that is the only way to avoid being drawn into this political whirlwind. It was a difficult and sad decision, but the board could not ignore its role as guardian of the charter. We will explain ourselves tomorrow the statutory general meeting, when submitting this report. Should the French reintroduce a clear distinction between the political and non-political, we would, of course, undertake to find a new basis for cooperation, in accordance with the 'charter.'



Letter from Willy Demeyer, MSF Belgium Board Member to Rony Brauman, MSF France President, 8 May 1985 (in French).

Extract:

Following the meeting of the expanded CDC in Toulouse, we have realised that the relationship between MSF France and Liberté Sans Frontières is almost irreversible, that within MSF France, opposition is not well enough organised to envisage significant changes in the near future, and that MSF Belgium's presence at the meeting succeeded only in overshadowing the real debate posed by the creation of Liberté Sans Frontières. Five of the eight members of our Board were at the meeting in Toulouse. France's unilateral decision to found Liberté Sans Frontières has forced us to make a swift decision to ensure that MSF Belgium is not dragged irreversibly into the political fray. Our board is ending its cooperation with MSF France. This regrettable decision was a difficult one to take, but it was the only one there was. We believe that Liberté Sans Frontières is directly political (the signatures of six of the MSF France members on a pamphlet calling to support the Nicaraguan resistance, and the recent report by *Le Monde Diplomatique* of May 1985, have not persuaded us to change our view).

We want to remain loyal to the principles of the charter which, until such time as new conditions emerge, is the basis of the relationship of trust that exists between members of MSF, donors, supporters, national, and international humanitarian aid organisations, and the people and leaders of the countries that welcome us [...] Our board has taken legal steps to guarantee our decision. The board has also kept the general meeting informed of managerial decisions, and the way it has handled various problems over the past year. The General Meeting's verdict was unambiguous: it unanimously approved the board's report, minus three votes and two abstentions. The General Meeting voted unanimously on a motion concerning MSF France and Liberté Sans Frontières, minus three abstentions. The outgoing Board members were reappointed.

The motion was as follows:

If a clear distinction were to be made between MSF France and Liberté Sans Frontières, MSF Belgium would re-establish cooperation. The Board would judge whether this distinction exists. A door is still open. Each of us must assess the advantages and disadvantages of the relationship between MSF and Liberté Sans Frontières. Your letter claims that we are alone in our position, and that most of MSF supports your initiative; your general meeting will give us a clearer insight into the matter. We intend to express our point of view on this occasion, as you did at our own General Meeting, at length, calmly and civilly.

In May 1985, just before the MSF France General Assembly, *Le Monde Diplomatique*, a French monthly reference journal on international politics took a stand against Liberté Sans Frontières.



'Third-Worldism, Destroy the Monster - A Foundation Above Reproach,' Claude Julien, *Le Monde Diplomatique* (France), May 1985 (in French).

Extract:

While dishonesty is not necessarily stupidity and lying does not automatically imply lack of intelligence, those who attack 'third-worldism' surely possess their fair share of foolishness. Add a pinch of the arrogance that accompanies life's great certainties - arrogance displayed first by the Stalinists and then by the 'revolutionaries' of May 1968. They were going to use better fundamentals to build a new world, one they understood so poorly. And now, they've positioned themselves in the heart of the classic right wing. But the arrogant have always known how to make themselves appear humble! "I've known the mud and refugee camps of Africa and Asia," says Dr Brauman, in the work already quoted. The attitude has hardly changed in more than 100 years. "The poor, I know them in their hovels and in their filth," the Restoration or Second Empire's lady bountifully said. Unruffled, her great-granddaughter displayed the same attitude when she returned from ladies' sewing circles during the Popular Front era. Indeed, she did know. She went to their homes bearing meal tickets, the warm clothes they could not afford to buy, a little money for the rent when their pay wasn't enough [...]

Africa and Asia are more than 'mud and 'refugee camps'. They are a group of countries whose population works, but barely manages to survive. There are countries in which multiple actors are involved in an interplay of complex forces: governments, the market price of zinc or cacao, the bank rate, production techniques of varying levels of advancement, the London market's mechanisms, speculation, capital outflows, corruption, and pressure from companies whose revenues are larger than the national budget. However, they are also a culture and way of life, an attitude in the face of death,

a dignity that all the 'missionaries,' secular and religious, know. First-rate experts, how humble that arrogance is. Indeed, says the President of Liberté Sans Frontières, the problems are so complex that "we had to bring in experts and surround ourselves with them." And pompous: "We must not judge their conclusions before they conclude their investigation." That's valuable advice for others, but it doesn't seem to apply at home. Without waiting for the investigation to be completed, Dr Brauman concludes: "Some say that the global economic system, the deterioration of terms of trade, and the unfair prices paid for producers for raw materials are responsible [for the tragedies in the Third World]. I think this diagnosis is incorrect." It sounds as though the experts know ahead of time what they have to prove. And which 'experts?' Emmanuel Le Roy Ladurie, shifting from Montaillou¹⁶ to development economics, Jean-François Revel, fully informed on this subject, Pascal Bruckner, and the rest.

Despite Dr Brauman's fond hopes, it might well be difficult to prove that no link exists between "our liberties and the absence of theirs" and between "their poverty and our wealth". And remember, further, that Professor Huntington's statement dates back to 1976. The period to which he refers - "the last seven or eight years" - corresponds to the harsh and bloody phase of Brazil's military dictatorship. Thanks to Brazilians' lack of freedom, businesses - including American ones - were all the freer under the military's leadership. The impacts always show up on the balance sheet. Doctors Brauman and Malhuret might well question Professor Huntington's competence because it was he who, in his haste to save democracy in Vietnam, developed the strategy known as 'forced urbanisation.' The principle was simple: use bombs, napalm, shrapnel and beehive cluster bombs, and defoliants to render countryside and villages so inhabitable as to force farmers to crowd into refugee camps. They were thus sheltered from indoctrination by the Vietcong, who would no longer be able to move 'like a fish in water' in the deserted areas.

The experts can choose their own path of inquiry. What is important is that they end up where Dr Brauman thinks they should. "Our job is to challenge a perception of the problem in which their poverty [of the Third World] is a reflection of our wealth, and our liberties are based on the absence of theirs." [...] We must, with hesitation, express our gratitude to the experts from Liberté Sans Frontières. At the end of their long work, they will 'discover' how certain westerners, in the name of freedom and prosperity, have made an irreplaceable contribution to improving and impoverishing the Third World. But at least they won't hurt anyone while treading those well-marked paths. [...] Since, as Dr Claude Malhuret says, "we are only doctors" who must surround ourselves with experts, two key names come to mind. These are two very important people who seem to

have escaped the notice of the Liberté Sans Frontières foundation but who could, however, be very useful. First, Harvard Professor Samuel Huntington. Several years ago, he wrote an extraordinary report on democracy. Professor Huntington has found the solution to the Third World's development problems. "Take the example of Brazil. In the last seven or eight years, the country has experienced spectacular development. That would be very difficult to achieve under a democratic regime." Let us also consider President Johnson's April 1964 congratulatory message to the authors of the coup d'état in Brazil. Then recall that Dean Rusk and George Ball stated that the "change" had occurred within a "constitutional framework." Finally, think about the role of CIA official General (then Colonel) Vernon Walters in the operation.

Liberté Sans Frontières would thus be justified in rejecting the support of Professor Huntington, whose contribution to the communisation of Vietnam was clearly too successful. The foundation might then wish to turn to a second expert, Friedrich A. Hayek, Nobel Prize winner in economics. Raymond Barre, the man Giscard d'Estaing considers France's best economist,¹⁷ introduced his works in France. "Countries that adopted the free enterprise system were able to significantly raise their populations' standard of living," Mr. Hayek writes. "This applies to South Korea and Brazil." While their assets and economic performance cannot be compared, the two have both implemented that free enterprise' system so dear to Mr Hayek, and many others, under dictatorships. [...] Dr Rony Brauman, who clearly does not consider the full import of his proposal, criticises those who dare to support the notion that what is "responsible [for the misery of the Third World] is the unfair price paid to producers of raw materials. This diagnosis is incorrect." He shares the positions of Thomas Sowell, quoted earlier, who rebels against "modern theories of imperialism and neo-colonialism," according to which "labor and raw materials of Third World countries are undervalued and underpaid." This is an absurd claim, Sowell adds, because determining "the 'fair price' has defied economists for centuries."

On 11 May 1985, Philippe Laurent, the leader of MSF Belgium came to the MSF France General Assembly to announce that MSF Belgium was suspending its relationship with MSF France until "the ambiguous relationship between MSF France and Liberté Sans Frontières" was clarified. Eventually, the MSF France General Assembly decided that MSF should have control on the Liberté Sans Frontières board and that the scientific committee of LSF should be broadened.

16. In "Montaillou, village occitan de 1294 à 1324" the historian Emmanuel Le Roy Ladurie examines the lives and beliefs of the villagers of Montaillou, a small village in the Pyrenees with only around 250 inhabitants, at the beginning of the fourteenth century.



Report of the MSF France General Assembly, 11 May 1985 (in French).

Extract:

Outlook for the commission on Liberté Sans Frontières

An assessment of the first year of the foundation Liberté Sans Frontières has involved high-level discussions that identified improvements needed for its coexistence with Médecins Sans Frontières.

The General Assembly therefore decides to:

1. Expand the Foundation's scientific board,
• First, by inviting personalities who reflect a range of current ideas, while preserving the consistency of the Foundation's approach;

• Secondly, and more importantly, ensuring the board's scientific credentials by inviting personalities recognised for their research rather than their fame or political convictions, and by increasing the presence of personalities from Third World countries.

2. Ensure Médecins Sans Frontières' control of Liberté Sans Frontières. LSF's Board will include a majority of MSF members, appointed by MSF's Collegial Board of Directors (CDC). In making the appointments, the CDC will ensure that these people have enough time to report regularly to them on the foundation's research, which should be widely shared within the association.

3. Organise events in the near future that focus on the scientific aspects and openness of the research. Two initiatives in particular should be encouraged: a symposium for agronomy, economics, and geography specialists, focusing on food resources in Africa and Asia; and secondly, a forum or summer school about the Third World, to which Liberté Sans Frontières would invite all interested 'Third-Worldist' groups for a long discussion. Some of these groups have been critical of the foundation's first symposium, so we need to pursue the discussions already started in private.

A decision will be made on Médecins Sans Frontières' funding of Liberté Sans Frontières. So far, MSF has provided funds when they were needed, but funding could take the form of an annual donation revised every year.



I felt like MSF France had betrayed me. Everything was in total confusion. In Belgium, we analysed things and made a decision. I had the document that said, 'The Board of Directors notes that a new organisation, Liberté Sans Frontières, has been created. The relationships between this group and MSF France were defined at the General Assembly of MSF France in 1984; the [MSF Belgium] Board of Directors wishes to distance itself from this organisation, which is openly taking a position in the political debate over the Third World; and so on.' So we said, 'OK, faced with this situation, we will separate. We no longer want any organic connection with MSF France as long as it is connected to Liberté Sans Frontières because we cannot be linked with LSF.' This clearly meant that we were suspending our relationship with MSF France until the ambiguous relationship between MSF France

and Liberté Sans Frontières was clarified. I came to defend this position at the MSF France General Assembly, as the French came to defend theirs at ours. Everything was done quite openly, while we were eating together. At MSF Belgium, this 'split,' passed unanimously. At the MSF France General Assembly, those in favor of Liberté Sans Frontières carried the vote by 52% or 53% to 48% or 47%. It was, of course, a Pyrrhic victory.

Dr Philippe Laurent, MSF Belgium Co-founder,
President 1981-1984, General Director 1981-1986
in *Famine and Forced Relocations of Population
in Ethiopia: 1984-1986 - MSF Speaking Out Case Studies*
(in French)



Liberté sans Frontières was a launch pad for Philippe Laurent. He told himself, and I would say this to him: 'They've come out of the woods, they're exposed and defenceless because at least half their troops are either in shock or at the very least mistrustful, and some are frankly opposed. A minority is happy with the decision or doesn't care either way.' He'd organised a coup with Le Monde Diplomatique that embodied everything we didn't like, telling them that we were a target of choice. In May 1985, the paper published a 25-page report entitled 'Third-Worldism, Destroy the Monster' which I discovered a few days before MSF France's general meeting. On the day of the meeting, everyone had a copy of Le Monde Diplomatique!

Philippe announced he'd be there. He was completely at home and he didn't have slightest difficulty in making his point. He was offering something tempting to the audience. In fact, the leadership team was well regarded and people saw it as legitimate, so no one wanted to destroy us. So Philippe offered to save our bacon by voting first on the operational part of the board's report, and then on an additional, supplementary motion that would split Liberté sans Frontières from MSF. MSF would no longer fund or support Liberté Sans Frontières. Politically, Liberté Sans Frontières didn't worry him. Liberté Sans Frontières suited him because of the vulnerable position we had put ourselves in by being overtly political. I had a difficult conversation with Malhuret, who wanted to work with the proposal. He was very concerned about the vote, and things were very tense. As President of MSF and Director of Liberté Sans Frontières, I was at the crossroads between the two organisations. I said, 'Vote on the board's report as I've presented it because there's no other option, and if the board's report isn't adopted, I'll resign and I won't try to defend myself.' I exaggerated the solemnity of the situation. So we took a vote with a show of hands, which we only just won.

Dr Rony Brauman, MSF France - President 1982-1994
(in French)

On 5 July 1985, Jacques de Milliano, MSF Holland's President sent a letter to Rony Brauman, President of MSF France, demanding that MSF France distance itself from LSF. He argued that the links between the two associations would force their leaders to take political or ideological stances that could harm the image and therefore the action of Médecins sans Frontières.



Letter from Jacques de Milliano, MSF Holland President to Rony Brauman, MSF France President, 5 July 1985 (in French).

Extract:

Position of Artsen zonder Grenzen/Médecins Sans Frontières Holland, on the Liberté Sans Frontières foundation. The board of Artsen zonder Grenzen (MSF Holland) recognises that humanitarian assistance has to come with some thinking about Third World problems. However, Artsen zonder Grenzen, MSF Holland, wants to distance itself from Liberté Sans Frontières (created by MSF France), because its relationship with Médecins Sans Frontières (funding, name, management and board). It is inevitable that this connection will put MSF members in situations where they will have to take political or ideological positions. This will have harmful consequences on MSF's apolitical and humanitarian image, and on medical action in the field. Any political or ideological position is reproved by the charter's apolitical stance. Artsen zonder Grenzen, MSF Holland, therefore asks MSF France to clearly separate Liberté Sans Frontières from Médecins Sans Frontières.

For several years, the Liberté Sans Frontières Foundation remained an obstacle to a full reconciliation between the MSF sections. Eventually, in 1989 the foundation was 'frozen' (mise en sommeil). Indeed, the MSF board refused to close it down just in case it might be necessary to revive it, but it was never reactivated.



Minutes from the MSF Inter-section Meeting, Amsterdam, 28 February 1987 by Roelf Padt, MSF Holland President (in English).

Extract:

Rony Brauman of MSF France explains the present position of LSF within MSF. The General Assembly will vote every year on whether or not to maintain the present close links. So far the vote has been in favour of keeping LSF within MSF. Rony refutes accusations by MSF Belgium that LSF is a right-wing organisation. A majority of LSF's board is made up of MSF members, to give MSF better control. The colloquia held so far, gave rise to discussion on various Third World topics attended by intellectuals from the right and the left. Rony agrees that the first colloquium on Third World issues was provocative, but that the current ones are more low-key. The

last colloquium on PHC [Primary Health Care] was attended by many MSF people and by representatives of the UNWHO [World Health Organisation] and UNICEF [United Nations International Children's Emergency Fund]. The draft of LSF's first paper was definitely neo-liberal in tone, but was not approved by Malhuret or Brauman. Yet, much of the Belgian opposition towards LSF was based on that draft. All present are satisfied with this update, but differences of opinions remain on the desirability of maintaining close links between LSF and MSF.



Minutes from the MSF France's Board of Directors Meeting, 28 April 1989 (in French).

Extract:

Dissolution of Liberté Sans Frontières

Rony Brauman gave an update on Liberté Sans Frontières. The foundation has stagnated for the last two years. Médecins Sans Frontières was not prepared to handle any more controversies, and as a result, LSF was unable to not act freely. In addition, the financial committee of MSF decided to reduce the funds allocated to its satellites. The foundation is to be dissolved. The members of its board of directors refused to take the step, recommending, instead that it lie dormant, allowing for it to be revived [if needed]. If MSF has something to say, it can speak for itself. We do not need LSF to protect us. And in any event, MSF would be the one to feel the impact.



Liberté sans Frontières caused tension and turmoil, but also some interesting discussions on the role of MSF, where we stood on the political and intellectual stage, and whether we wanted a place on it or not. Malhuret and I, and then I alone (Malhuret left in 1986), wanted an efficient and active MSF that could intervene quickly in the field, and which on that basis would find its place on the political or political-intellectual stage. We wanted to develop and maintain MSF's originality in this respect. It must be recognised that this was both a source of debate and a problem. It caused discussion because the press focused on the ideas put forward. And, it was problematic because it involved inequality between the debaters. It was no longer a few people without many insights and a few amateurs getting together. It was public figures that were beginning, as I was, to grasp the basic rules of debating and had acquired the sort of unhealthy aura that makes people say, 'I've seen you in the paper,' or 'I've seen you on TV.' So there was a level of inequality in the discussion. Liberté sans Frontières was becoming an obstacle. It was Philippe Laurent who pointed out our mistake. I never went so far as to ask him this in my discussions with him, but I think he saw himself as the new leader of MSF, the one who was going to take the movement in a new direction, and be the link between sections.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

b) Trial on the Trademark (1985)

As the **Liberté Sans Frontières (LSF)** debate was raging, MSF Belgium launched operations in Angola and Nicaragua, making contacts with parties to the conflicts without informing MSF France. MSF France felt this challenged the security of its teams. To protect the name of MSF, which they considered as weakened by these actions, the MSF France board decided to file a lawsuit against MSF Belgium, demanding the return of the MSF name.



'Relationships Between MSF France and MSF Belgium,' **Minutes** from the MSF France Collegial Management Committee Meeting regarding the MSF Belgium General Assembly, 3 May 1985 (in French).

Extract:

Rony Brauman [MSF France President] reported on the MSF Belgium General Assembly, held on 27 and 28 April. The General Assembly, which included only the members appointed by the Board of Directors (111 people), voted (43 in favour, 3 against and 2 abstaining) to accept the President's annual report, which included the break with MSF France and associated responsibilities of the MSF Belgium directors. A lively discussion took place on Sunday, during which MSF France officials presented their arguments, including the significance of human rights as part of MSF's image and activity, the need to deliberate and debate about the Third World, non-interference with field activity, and to recognise those who support our approach. [...] In fact, Brauman explained, this break [with MSF Belgium] had occurred several months ago and there were already many problems. MSF's uniqueness is based on that fact that we work in areas of high conflict. Contacts with various parties to such conflicts require both caution and coordinated efforts, which is especially the case in southern Africa and Central America. Some time ago, MSF Belgium has, without consulting MSF France, taken certain initiatives that could pose very serious security problems for people in the field. For example, I am referring to the Angola problem:

- MSF has been working alongside UNITA [União Nacional para a Independência Total de Angola/National Union for the Total Independence of Angola] for two years. Recently, MSF Belgium has contacted, and begun the process of working with, the government via the MPLA. MSF Belgium has not notified UNITA, placing MSF France and the people in the field in a very delicate and dangerous position.
- The Nicaragua problem: [MSF Belgium mission] the teams have become extremely involved, threatening the stability of a very fragile framework that MSF has built over five years, by establishing contact with all parties to the Central American conflicts. The Guatemala expulsion may well have been the result, partially, of contacts that MSF Belgium had with certain parties without consulting MSF France.

The CDC [Collegial Management Committee] was very concerned about the dangers resulting from actions that could threaten team security and adopted the following

motion: 'In light of the difficulties and risks created in the field and in Europe as a result of the increasingly hostile and distant attitude of the Belgian section of MSF, a distancing leading to the MSF Belgium General Assembly's decision to cease all cooperation between the two organisations, the MSF France Board of Directors has unanimously voted to pursue any initiative, consultation, and procedures necessary to protect its name throughout the world. This includes the possibility of taking action to strip the Belgian section of the Médecins Sans Frontières' name, which it borrowed from the original French section when the Belgian section was created in 1981.'

On 11 May 1985, the MSF France General Assembly decided to support the board's decision to sue the Belgian section.



Report of the MSF France General Assembly, 11 May 1985 (in French).

Extract:

On the pretext of the creation of Liberté Sans Frontières, the Belgian section has decided to split with Médecins Sans Frontières France and end all cooperation. Given the gravity of the decision, the board of MSF has decided unanimously to embark on proceedings to protect its name, and may even withdraw the five-year-old agreement allowing MSF Belgium to work with us. Dr Brauman reminded them of this option, saying that it is not conceivable that groups appearing under the same emblem intervene in a dispersed order.



Minutes from the MSF France's Collegial Management Committee Meeting, 31 May 1985' (in French).

Extract:

Relations between MSF Belgium and MSF France:

- MSF France has requested that MSF Belgium change its name; interim relief measures will be sought if they refuse to do so.
- The Mali mission coordinated by MSF Marseille will continue.
- MSF France has asked MSF Holland to modify its bylaws to refer to the fact that its name is borrowed from MSF France.

On 10 July, at the trial, MSF Belgium presented a letter of support written by Bernard Kouchner, Max Récamier, and Jacques Bérès, three founders of MSF France, who had departed MSF in 1979. In this letter, they claimed that MSF France had broken up with the charter's ideals. This support was commented upon in the French press.



Letter of support from Bernard Kouchner, Jacques Berès and Max Récamier, founders of Médecins Sans Frontières, to MSF Belgium, Produced during the Lawsuit brought by MSF France against MSF Belgium, 10 July 1985 (in French).

Extract:

MSF was the result of a breach in French dogmatism. It was born of an ecumenical spirit and the fraternity of jointly reached conclusions. As MSF's founders, from the right and the left, our strength was how together, we confronted conventional wisdom and the potentially deadly political choices that were typical of Paris' inner circles.

Liberté Sans Frontières reduced this great adventure to a partisan ideology by yielding to a narrow, reductive political trend. But it's not because we criticise LSF's move to the right that we are apologists for the left, or in thrall of naive certainties like some Third World partisans. We want to go on being true to ourselves. Using a medical emergency aid organisation like MSF to launch and support a political undertaking was untenable. Friendships were formed in the French humanitarian and medical organisations that would be affected.

We invented humanitarian openness, but our successors wanted us to conform, as they prepared for the next legislative elections. French medical aid organisations, whose volunteers risk their lives every day around the world, will soon be found behind desks in the [French] Chamber of Deputies and General Councils.

That's why we support our friends from MSF Belgium in their quarrel with the Paris apparatchiks, their failure to live up to the ideals and ethics that inspired MSF's founders. We support them because the creation of Liberté Sans Frontières was a moral and intellectual fraud. Today, MSF Belgium is the organisation that preserves the ideals in the original charter and the statutes. MSF France has perverted those ideals. It may be time to invent a "clause of conscience" for humanitarian organisations.



'Franco-Belgian War at Médecins Sans Frontières.' Pierre Haski, *Libération* (Paris), 10 July 1985 (in French).

Extract:

The case that will be heard by a judge sitting in emergency proceedings in Brussels this morning is one of bitterness and a settling scores. A case that reflects the turmoil caused in the small world of intellectuals and medics in Paris, by the creation of the "Liberté Sans Frontières" foundation [...]. The claimant, the French humanitarian organisation Médecins Sans Frontières (MSF), is asking the Belgian court to order MSF-Belgium to abandon the famous acronym and change its name. The reasons: this year the Belgian section broke away – the summons speaks of "dissidence," "rebellion," and "denial of allegiance" and using the name MSF risks

causing confusion. For Rony Brauman, President of MSF (France), "it is regrettable to have to go to court," but in his view, the "leaders of the Belgian section should have taken full responsibility" for their decision to break away and change the name themselves.

He explains that the confusion caused is creating a problem; for example, when the Belgian organisation makes contact with the Angolan government while the French are working in the UNITA rebels' zone, it creates "uncomfortable or even dangerous" situations, according to Rony Brauman. The same applies in Nicaragua, El Salvador and elsewhere. When a manager at MSF France calls an African liberation movement in Paris, he is told that someone has already been in touch from Brussels! The Belgians, of course, see it differently. Their response to accusations of "rebellion" or "dissidence" is to criticise senior figures in the French organisation for having themselves broken away from MSF's basic charter and brought the humanitarian organization into "a political and ideological battle" through the creation of Liberté Sans Frontières. And they have a trump card to support the argument they are presenting to the judge: a letter signed by Bernard Kouchner, a former founder of Médecins Sans Frontières and now head of Médecins du Monde, and by Jacques Bérés and Max Recamier, two other former MSF Presidents, backing their position. "This is why," write the three men, "faced with the failure to live up to the ideals and ethics that drove the founders of MSF, we support our friends at MSF Belgium in their dispute with the *apparatchiks* in Paris. It seems right to us to support them in light of the moral and intellectual fraud that the creation of Liberté Sans Frontières represents. It is MSF Belgium that is maintaining both practice and ideals in line with the charter and statutes. It is MSF France that is perverting them."

The intervention by Kouchner, one of the media stars of humanitarian aid, in this inter-MSF debate, is "comical" according to Rony Brauman, who prefers to see the conflict between the French and Belgian sections as a "daughter organisation turning on her mother," a natural psychological phenomenon. For the President of MSF-France, "divergent attitudes" and a "particular mindset" had already created "frictions" in the past: "the situation exploded at the point when Liberté Sans Frontières moved into the public domain." Apart from the debate on the acronym, which will be decided by the Belgian judge, there remains the question posed by the creation of Liberté Sans Frontières. MSF-France has avoided an internal crisis following the decision by its leaders to embark on this "adventure." At the organisation's last General Meeting, they were forced to commit to a political rebalancing of the foundation's intellectual "patronage" and "refocus" its activities on the development arena. There will be no more "ideological" symposia such as that in the Senate last January, which prepared the trial of "third-worldism." However, the damage has been done: Belgian doctors have not digested the Liberté Sans Frontières pill.

On 15 July 1985, the Belgian court decided that MSF Belgium could keep its name. The MSF France leaders, considering they were unlikely to win the appeal and fearing to difficulty explaining their position to the media, decided not to go any further with legal action.



Court of First Instance, Brussels. **Emergency public hearing**, 15 July 1985. MSF France claimant. MSF Belgium defendant. Decision of the court (in French).

Extract:

It was enough to know the topics addressed during this symposium (Liberté Sans Frontières symposium of 23 and 24 January 1985) to realise that the aim pursued by Médecins Sans Frontières was entirely separate from the concerns and aims of Liberté Sans Frontières. Whereas the defendant (MSF-Belgium) opts for a temporary interruption in its cooperation with Médecins Sans Frontières France, until the latter distances itself from its decision to form part of the foundation Liberté Sans Frontières, an option it has pursued from every point of view, including: a campaign run by Liberté Sans Frontières with funds belonging to MSF-France; a head office shared by MSF-France and Liberté Sans Frontières; a management team [...]

Whereas, having familiarised ourselves with all the elements submitted for our examination, it appears to us that the cornerstone of the dispute is the charter common to both parties; whereas this dispute must be looked at in the light of the text of said charter; whereas this clear and precise text clearly lays out the principles the doctors have signed up to. Whereas, by comparing this text with the aims pursued by the LSF foundation, of which the claimant (MSF-France) has agreed to become a part (see page 16 of its manifesto), the judge ruling in emergency proceedings may, without overstepping his authority, state that there is a clear divergence between the philosophy and goals of MSF on the one hand, and the philosophy and goals of Liberté Sans Frontières on the other. Whereas, we believe that the probable upcoming debate on the fundamental issue, which is to establish whether MSF France can or could join Liberté Sans Frontières, is separate from the present problem, set in its proper context by the defendant (MSF-Belgium). [We] Declare the claim admissible but unfounded, reject the claim made by the complainant (MSF-France). [We] Order the claimant to pay costs.



Editorial for Members of MSF Belgium, Philippe Laurent, Director of MSF Belgium, July 1985 (in French).

Extract:

In a world shaken by war and cataclysms, we look after the victims, whether or not they understand what is happening to them, whether they are “wrong” or “right.” As eyewitnesses, we obviously think about what we see. And each of us has

his or her version of the truth. As eyewitnesses, we have also seen the tragedies these different truths can cause. We don’t trust them. Should we have followed Paris and the latest fashionable version of truth?

Our response was to say no: the creation of the Liberté Sans Frontières foundation by MSF France is neither in the spirit nor the letter of the charter. We have taken our distance. Should we have given in when threatened with a court case and dropped our name, as MSF France wanted us to do? Again, we said “No;” the name is ours. We are proud of it: hundreds of doctors and nurses have worked hard within MSF Belgium to establish its reputation for generosity and efficiency.

The judge agreed. We could have kept all this quiet from you (a court case is never a moment of glory: you never come out of it with your reputation enhanced). But we thought it was better to play fair, as we have always done. After all, it’s when you have problems that you find out who your friends are. We are doctors and there is no shortage of work for us. There are still more than a hundred of us fighting famine. We want to continue our work as doctors free of ideological barriers and political hijacking.



‘MSF Belgium is Entitled to its Name,’ **Le Soir** (Belgium), 17 July 1985 (in French).

Extract:

Having rejected the support provided by Médecins Sans Frontières France to the Liberté Sans Frontières foundation, MSF Belgium was summoned to an emergency hearing at the Brussels court by the French association, accused of “rebellion” and a “refusal of allegiance” to the “parent organisation” and told to abandon their joint acronym. The Belgian court found in favour of MSF Belgium: not only did the emergency ruling find that MSF France’s claim was unfounded but in addition, the judge ruled on the fundamental issue at stake, namely respect for the organisation’s founding charter, which MSF Belgium accuses MSF France of having violated by engaging with the debate instigated by Liberté Sans Frontières. Citing article 3 of the charter, which states that members of MSF, who work on the basis of strict neutrality and complete independence, undertake not to get involved in the internal affairs of states, governments, or parties, the judge ruling in an emergency hearing stated that there was a clear divergence between the philosophy and goals of MSF on the one hand, and those of Liberté Sans Frontières on the other; he also believed that a debate would probably be had on the fundamental issue, to establish whether or not MSF Belgium could make common cause with Liberté Sans Frontières, but that this was separate from the present problem, which was stripping MSF Belgium of its acronym on the grounds of its “rebellion.” The judge therefore ruled that the claim was admissible, but unfounded. In other words, Médecins Sans Frontières Belgium’s position was legitimate, and a debate on the fundamental issue, i.e. the politicisation of so-called independent humanitarian organisations and

the operation of such associations will no doubt soon take place, in either Paris or Brussels. The game is not over, but the Belgians have won the first round.



Minutes from the MSF France Board of Directors¹⁷, 29 July 1985 (in French).

Extract:

The MSF Belgium problem: Judgment has been given in the emergency hearing, our claim was rejected because the court took the view that since MSF Belgium hadn't infringed on the charter, we could not forbid them from using the name. For the moment, unless there are further developments, Claude Malhuret [Member of MSF France Management Team] recommends dropping the case for the following reasons:

- Waste of energy and money,
- Potential problems with the media,
- Not likely we'd win; a judge would find it difficult to rule against a humanitarian organisation with projects under way in the field, compared with any injury to MSF France, which it would consider small in comparison.



Malhuret, Brauman, and Charhon [members of MSF France, management team] said, 'If you split off, you have to give up the name.' We said, 'No, we're keeping it.' So, there was a lawsuit here in Belgium. But they really regretted it because it turned into a trap that collapsed on them and it was quite severe. They went for a summary judgment, telling themselves: 'with a summary judgment, you can get a suspension, they're trapped, they spent a year or two on the content, time goes by and then they're dead.' They brought an intellectual property lawyer who deals with brand ownership. Our lawyer was the President of Amnesty International and we prepared a case on the merits, even in a summary judgment proceeding. We spent days and nights preparing our defense. We produced a whole series of documents and got a very interesting decision. The judge said that even if it was unusual for her to address the content, she had read the documents and concluded that MSF Belgium was observing the charter, while MSF France was clearly not. So, she dismissed the French. Normally, they should have requested a trial on content after that, but they didn't go to the content.

Dr Philippe Laurent, MSF Belgium Co-founder, President 1981-1984, General Director 1981-1986, in *Famine and Forced Relocations of Population in Ethiopia: 1984-1986 - MSF Speaking Out Case Studies* (in French)



Malhuret contacted a lawyer who convinced him, after examining the statutes and trademark, that MSF France owned the trademark and we could withdraw it if that suited us. And so, in the rotten atmosphere of the relationship between Brussels and Paris, Malhuret decided to do just that. I let myself be convinced, because according to the statutes, the President had to file the complaint. But it was Malhuret who pushed for it – and he was the one who went to trial because I wasn't comfortable with the whole thing. I was sceptical, but I had no legal knowledge, so I told myself legal truth and common sense aren't the same. But in the end, that's how it was, common sense won the day because the Belgian judges didn't rule against a Belgian humanitarian organisation that actually wasn't at fault. MSF Belgium was very clever. For one thing, their lawyer was the President of Amnesty International in Belgium. Later, he even joined the board of MSF Belgium. He was certainly smarter than us. We were just big oafs, and their game was very subtle. They talked about the children who'd be out on the streets with no food or medical care if MSF lost its name, since the name was the guarantor of its relationship with donors, etc. They also mentioned MSF's political drift away from the apolitical organisation it had once been, devoted to emergency assistance and care for the most vulnerable. In short, they played their cards very well and won hands down.

Dr Rony Brauman, MSF France President 1982-1994 (in French)



Liberté Sans Frontières was a pretext. There was disagreement with the Belgians about it, but there was also disagreement with plenty of people in MSF France, but things there moved on. We held the general assembly, we explained our position and it was hard. But then people said, 'It's Brauman and Malhuret's problem, if that's what they want to do, let them get on with it.' I saw the Belgian reaction as a national thing, the Belgians' inferiority complex towards the French. We didn't get that from the Swiss, but we could have given as good as we got on the basis that eighty per cent of their funding came from institutions and governments. Because they were in Brussels, it was easy for them to get European funding. We were very much opposed to European funding. We could have broken with them over that.

Dr Claude Malhuret, MSF France President 1978-1979, Management Team Member of 1979-1985 (in French)

In late June 1985, while suing MSF Belgium on the trademark issue, the MSF France Board of Directors, in efforts to ensure its ownership on the MSF name in Holland, proposed to grant MSF Holland a license to use the MSF name. In a letter dated 25 November 1985, drafted by the lawyer of MSF Belgium, the MSF Holland board answered that they would not sign any contract

17. The Collegial Management Committee formerly became the Board of directors in June 1985

regarding a brand license of the MSF name. Indeed, according to them the proposed contract was that of a license to exploit a product trademark. Now, the law on product trademarks in use in all the Benelux countries was applicable to industrial and commercial firms only. Therefore, given the not-for-profit status of MSF, the MSF France proposal did not comply with this law. They renewed their proposal to set up an international structure in charge of safeguarding the MSF name.



Copy of the 25 November 1985 letter from MSF Holland to MSF France, sent by Amand d'Hondt, MSF Belgium's Lawyer, to Philippe Laurent, Director General of MSF Belgium, 3 December 1985 (in French).

Dear Philippe,

I have attached a copy of the 25 November 1985 letter from Artsen zonder Grenzen Netherlands/[MSF Holland] to MSF France. It is consistent with the draft we had prepared. This letter will undoubtedly arrive at an opportune moment, psychologically speaking, given the extensive media coverage of Ethiopia's expulsion of MSF France.¹⁸ I am available if you need me. Again, it was a pleasure to work with you last Saturday, 30 November. I also hope that the second General Assembly of 18 December will approve the suggested amendments to the statutes. Please keep me informed. With warm regards, Amand D'Hondt

Dear Friends,

Our Board of Directors has conducted an in-depth review of the proposal put forward in your letter of 28 June 1985 that seeks to establish an agreement between our two associations to grant us the license to use the MSF trademark. We have concluded that we cannot sign this agreement, which is like a license to operate a product brand. Our two associations find this incompatible with the provisions of the Uniform Benelux Law on product trademarks, under the Treaty signed on 19 March 1962, between Holland, Belgium, and Luxembourg. This law applies only to industrial and commercial companies. We are not such a company.

Furthermore, the uniform Benelux law excludes 'service' trademarks from its scope of application; that is, trademarks that involve services, not 'products.' Even more fundamentally, we don't believe that the relationship between our two associations, which pursues humanitarian goals, can be subject to commercial law. In addition, Article 2.7, the last paragraph of the statutes of the French association, expressly prohibits the adoption of commercial, for-profit forms.

Thus, although we cannot accept your proposal in its current form, we are committed to pursuing collaboration with the other national Médecins sans Frontières associations,

yours in particular. We believe that close and continued collaboration among all of national associations is critical to achieving our shared goal. Your statutes (Articles 2.4 and 2.7), as donors (Article 2), refer to the Médecins sans Frontières charter, adopted on 20 December 1971, as the foundation and the basis of all of our activities.

We believe that working together, and with our Swiss and Belgian friends, we should be able review the possibility of creating an international entity. This entity could, for example, protect our shared name in consideration of the five principles set forth in the charter and would act in our name and in like manner for each of our associations. We believe that this consultation is in the spirit of Articles 2.4 – 2.7 of your statutes. If you so wish, we would be happy to discuss this with you at greater length and in greater detail.

We are well aware of the importance of this issue for the future of our associations. We are prepared to work with you and the other associations in our organisation to identify a constructive and satisfactory solution for all.

2. Discord on Ethiopia¹⁹ (1985)

In late 1985, a disagreement regarding the MSF France public positioning on the forced relocations in Ethiopia erupted. On 2 December 1985, MSF France was expelled from the country after having denounced the government's use of famine to forcibly resettle part of the northern population to the unhealthy lands in the South. At least 100,000 people were believed to have died in resettlement operations. MSF Belgium and MSF Holland, whose teams were working in areas with no resettlement activities, did not speak out to support MSF France and decided to stay in Ethiopia to continue to bring aid to the populations.

Actually, the MSF Belgium leaders argued that the right-wing regime in Sudan was not acting any better than the communist Ethiopian regime and would equally deserved to be denounced. MSF Belgium suspected MSF France to have deliberately exaggerated events in Ethiopia in order to justify the existence of Liberté Sans Frontières. This distrust was reinforced by the fact that at the same time, Claude Malhuret, one of the leaders of MSF France left the French association to go into politics.

For its part, MSF France actually believed that the forced relocations enforced by the Ethiopian government had to be denounced per se. This denunciation was in line with the questions regarding totalitarian drifts of the 'third-worldism' ideas that Liberté Sans Frontières was designed to raise.

18. MSF France was expelled from Ethiopia in December 1985. More details in "Famine and Forced Relocations in Ethiopia 1984-1986" – MSF Speaking Out Case Studies 2005/2013 Laurence Binet on speakingout.msf.org/eng/

19. Ibid



What happened over Ethiopia in 1985 and the major disagreement we had, was because MSF Belgium stayed on while MSF [France] left; all that can only be envisaged within the framework of *Liberté Sans Frontières*, of course. You can't separate the two; it's impossible. *Médecins Sans Frontières* launched *Liberté Sans Frontières*. It was all prepared with a seven- or eight-page cover feature, 'The Sham of Third-Worldism', in *Paris Match*. And, it continued with 'The Crimes of the Red Negus' [an article by André Glucksman, who had nothing to do with MSF, which appeared a year later]. All that came before the expulsion, so it all linked up... I mean that's the climate in which the Ethiopia story unfolded.

So I knew through Malhuret's documents, that a dossier like that hadn't been put together overnight. It was something that had been prepared several months earlier. We knew perfectly well that they were preparing this trump card to play at press conferences, we knew perfectly well what lay behind it. It was obvious. The mindset was the same. There was more to it than that, there was all the confusion. It was obvious that there was a total, total, total confusion of interests! After they rewrote the story, we mended things but the confusion was total, total. So I'm not saying they were wrong, that Mengistu was not a bastard. They had had enough experience with communist regimes to know what he was, but they also knew that Sudan, which had a right-wing regime, and the Hezbollah mob, was already beginning to appear and was no better. But, Brauman and Malhuret were pursuing this anti-communist agenda for two or three years.

Dr Philippe Laurent, MSF Belgium Co-founder, President 1981-1984, General Director 1981-1986 in *Famine and Forced Relocations of Population in Ethiopia: 1984-1986, MSF Speaking Out Case Studies* (in French).



We were not totally convinced, particularly since they [MSF France] were in the process of setting up *Liberté sans Frontières*. We said 'perhaps they are using this situation to try and score points with *Liberté sans Frontières* and therefore score points in the political arena.' The argument seemed to be a bit of a 'Parisian' thing. Yet, once again, the problem was not so much due to what was said, but rather to what remained unsaid, to the other sections' for lack of support for this policy. And also, in my view, to certain mistakes in Paris, where they were mixing all sorts of agendas, the hostility of other sections, the *Liberté Sans Frontières* agenda, etc. It didn't allow for a clear situation in ethical terms, in terms of values, or the charter. So I believe that it has to be acknowledged once again that, basically, MSF France was completely right to pursue that strategy and that MSF Belgium was probably too timid in its support for this position. At the same time, the climate in Paris was not favourable to a cohesive approach to the problem. I personally think that MSF Belgium feared a hidden agenda. And that created caution, a wait-and-see attitude. And Malhuret, he went into politics at that time. I think that yes, there was a certain kind of hidden agenda. Was it using Ethiopia? I wouldn't go that far. In any case, at

a given moment, the problem of Ethiopia symbolised certain things that *Liberté Sans Frontières* intended to condemn.

Dr Georges Dallemagne, MSF Belgium General Coordinator in *Famine and Forced Relocations of Population in Ethiopia: 1984-1986, MSF Speaking Out Case Studies* (in French)



No, we did not 'use' Ethiopia to justify *Liberté Sans Frontières*! *Liberté Sans Frontières* was conceived in 1983 and created at the 1984 General Assembly in order to condemn the effects that totalitarianism and the ideology of Third-Worldism had on populations. Ethiopia was a totalitarian regime hiding behind a 'Third World' façade, so it was natural to condemn it.

Dr Claude Malhuret, MSF France President 1978-1979, Management Team Member 1979-1985 in *Famine and Forced Relocations of Population in Ethiopia: 1984-1986, MSF Speaking Out Case Studies* (in French)

J. TURMOIL IN MSF BELGIUM (1986)

In April 1986, Bernard Kouchner and Alain Deloche, two members of *Médecins du Monde/Doctors of the World*, a French NGO created by the group who had left MSF France in 1979, were co-opted by the MSF Belgium board.

In May 1986, MSF Belgium favoured a project of a European humanitarian consortium, broadened to non-MSF organisations. Philippe Laurent, the General Director of MSF Belgium proposed that *Médecins du Monde* replace MSF France in this consortium. During the MSF Belgium General Assembly in May 1986, MSF Holland and MSF Switzerland representatives asked that MSF France be consulted on the consortium project before considering the inclusion of any external NGO. The majority of MSF Belgium members agreed with this request.



Minutes from the MSF Belgium's Board of Directors Meeting, 17 April 1986 (in French).

Extract:

4. Co-option:

The Board decides to co-opt: [...]

- Bernard Kouchner [Founder of MDM (*Médecins du Monde*) France]
- Alain Deloche [Founder of MDM France]



MSF Belgium Activity Programme 1986-1987, 25 May 1986 (in French).

Extract:

2. Internationalisation

b) A European consortium

This objective, the creation of MSF Benelux, should not let us forget the other countries. The conflict with MSF France has led us to discover Médecins du Monde and Bernard Kouchner, and we have already carried out some joint operations (in Mexico, Yemen, and Haiti). We get on very well, particularly since MDM also wants to work on a more international scale. We don't always agree on focus and structure, but so far our cooperation has proved extremely fruitful.



Report of the MSF Belgium General Assembly, 24 and 25 May 1986 (in French).

Extract:

1. Internationalisation

Present:

- Bernard Kouchner and Alain Deloche for MDM France
- Doris Schopper for MSF Switzerland
- Roelf Padt for MSF Holland
- Jean Claude Leners for MSF Luxembourg [created in the meantime]

There were wide-ranging discussions on how to set up a European structure based on a joint charter. Two principles must be preserved: each organisation's autonomy, and consultation on aspects like contacts with international organisations and fundraising. There are different points of view on broadening [cooperation] with organisations outside MSF. On the one hand, MSF Belgium suggests that MSF Holland, Switzerland, Luxembourg and Belgium should turn to Italy and Spain, and in France to Médecins du Monde. The idea would be to create a group of MSF sections, but other organisations too. MSF Switzerland and MSF Holland want MSF France to be involved, before we approach any other organisation.



It was the time when MSF Belgium teamed up with Médecins du Monde, I mean the 'old' Médecins du Monde, not the young ones. I'm talking of Kouchner, Bérès, Récamier; the barons. Thus, an alliance with our rivals MDM [was created]. Philippe thought they were going to drive us into the ditch, playing on the new leadership of MSF Belgium on the MSF side, and the strengthening of MDM's position in France. And then, they learned a thing or two about arrogance, big talk, and empty words with Kouchner and Bérès.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

In September 1986, Philippe Laurent, the General Director, founder of the Belgian section and also board member was questioned for his management as being too autocratic. In November 1986, Jean-Pierre Luxen, the President of the association resigned from his position. Reginald Moreels was elected to replace him and tasked to audit the association functioning.



Minutes from the MSF Belgium's Board Meeting, 9 September 1986 (in French).

Extract:

2. General guidelines for drawing up a new organisational chart

Dr Luxen [MSF Belgium President] addressed the executive structure, MSF's vital centre, Is MSF not well? Is this illness due to age, after six years of existence, or is it because of how the organisation has evolved? How do we see the future of this organisation? There are two categories of personnel:

1. Administrative
 2. Medical (political)
- The problem is with the second category:
 - Prone to bureaucracy (the MSF flame is being extinguished)
 - Too many day-to-day administrative tasks
 - The position occupied by the new MSF sections
 - With the administration in place, is there a possibility of part-time work?
 - Financial status

To avoid sclerosis, Dr Luxen recommended that a committee examine the problem more concretely. Dr Laurent [MSF Belgium General Director], on the other hand, thought MSF's structure worked well, but that the problem was about MSF's overriding principles/objectives. To expand its associative base, they needed:

- Receivers (schools, branches, businesses)
- Transmitters (speakers)
- Resources (administration)

More intellectual contacts (universities, café MSF, etc.)



Minutes from the MSF Belgium's Board of Directors Meeting, 18 November 1986 (in French).

Extract:

Thoughts on the board's working practices

The board members in turn presented ideas for best practices that might improve how the structure operated. The presentations revealed that every board member was aware of unrest in the organisation, stemming from its operational structures and beyond the control of the board alone. During the discussions, Dr JP Luxen resigned as President of MSF Belgium but said he wanted to keep his responsibilities at the operational level. The board regretfully accepted Dr Luxen's resignation, and decided (9 votes to 1 abstention) to nominate a new president. Dr Reginald Moreels, the only candidate, was elected President of the Belgian Médecins Sans Frontières until the general assembly was held in 1987.



Letter of Resignation from Jean Pierre Luxen as President of MSF Belgium, 30 December 1986 (in French).

Extract:

I feel, however, that I should explain the reasons for my resignation since I hope this will shed some light for each of you on MSF Belgium's present situation. There seems little point in reminding you of the climate at the last General Assembly, or Philippe Laurent banging his fist to explain his frustration at the lack of support from you all regarding his proposal for European collaboration with Médecins du Monde. How that General Assembly played out (even if it was sometimes constructive and positive) was biased from the start by the fact that neither the co-opted members nor the board of directors were able to analyse the MSF Belgium draft document handed to them just hours before meeting.

The 1986 General Assembly confirmed me, on my belief that our association is slowly being eroded by a mortal menace. This menace is about the difficulty of expressing oneself, communicating, or making decisions at board level, as well as at executive and general assembly levels. The most obvious democratic mechanisms are completely blocked by the attitude of a single person, who claims to hold the legacy of the past and the vision for the future in his hands. In attempting to change the inner workings of the board, the general assembly and the executive committee, I realised how hard it was to create structure to meet the ideas and objectives of one single person (this is the case with many NGOs, but should we accept that we might be a NGO like any other?). I have resigned because it has become impossible to represent, on behalf of myself, yourselves and all MSF staff on the ground, and to the outside world, an organisation that no longer respects the principles of the majority. Certain points in particular are worth mentioning:

- The sudden announcement of an unnatural alliance with MDM, and a hasty European plan to join forces with NGOs we have very little in common with. Many of you disapproved of such an alliance, and this ruffled feathers in other MSF sections, which ultimately led to our gradual isolation.
- Our organisation's dynamism and its image in the outside world must reflect what people in the field are experiencing through the humanitarian medical objectives we have ourselves set down. MSF Belgium's image does not reflect what we live day-by-day at the operational level or what you experience on the ground. [...]
- The refusal by anyone associated with MSF to see our organisation resemble a political party, with the impression of signing blank cheques, and having to adopt each document on trust.
- The breaking up of MSF, following the 'divide and conquer' technique separating MSF from AEDES [Association Européenne pour le Développement et la Santé/ European Association for Development and Health] (long-term project), the medical centre (science project), the project Café Sans Frontières (human rights, thoughts about the Third World, etc.) as if MSF by itself couldn't have been all those things.

- I believe it is time for all those who want to participate in MSF and what it stands for, its charter and most MSFs, can really get involved and not be pushed aside when their ideas don't square with one person's agenda.
- I am staying because I am convinced that you can make things change at Médecins Sans Frontières.



Minutes from the MSF Belgium's Board of Directors Meeting, 20 January 1987 (in French).

Extract:

1. Dr Laurent [MSF Belgium General Director] shared with the board his reactions on reading the letter sent by Dr JP Luxen [MSF Belgium President], to the co-opted members of MSF Belgium in which he was directly blamed. The letter has had consequences:

1. Internally on Philippe Laurent, the board, the coordination group

2. Externally on the letter's circulation list

Dr Laurent then went through the criticism point by point, and raised the contradictions the letter contained. He concluded by asking the administrators to write a response that would minimise the damage. [...]

After reading the letter and a long ensuing discussion, the board decided:

1. To write to all co-opted members condemning Jean-Pierre Luxen's letter which was sent without consultation, about the present crisis within MSF.
2. To attach to it the working group's 'organisational chart'
3. To allow Dr Laurent, if he should want to, to address his 'right of reply' to the co-opted members of MSF Belgium.



Letter from MSF Belgium's Board to the Co-opted Members, 21 January 1987 (in French).

Extract:

The board members were informed about the letter sent by one of their colleagues, Dr JP Luxen, the former President, to all co-opted members, on 30 December 1986. The board would like to make it clear that this letter was written and sent without their prior knowledge. Had it been consulted, it would not have allowed it to be sent. The board strongly condemns the considerable damage this letter is likely to cause. The way in which the letter presents the current management crisis is not an accurate assessment of the situation. The crisis cannot be reduced to a violent personality clash between two people, nor can we blame each other for mistakes. The board believes it has a duty to make it clear that the crisis can still be resolved to everyone's satisfaction by creating a dialogue and implementing transparency into the operational structures. To this end, the board reaffirms its trust both Dr Philippe Laurent and Dr Jean-Pierre Luxen.

In February 1987, Philippe Laurent resigned from his position as General Director and Director of Communications. In May 1987, he decided not to run for a new mandate on the Board of Directors. Reginald Moreels was confirmed as President of MSF Belgium. The reform of MSF Belgium's structure, which aimed at making a clearer distinction between the associative and the executive, was finalised during the 1988 General Assembly. Jean-Pierre Luxen was then nominated as General Director.



Minutes from the MSF Belgium's Board of Directors Meeting, 3 February 1987 (in French).

Extract:

Dr Philippe Laurent [MSF Belgium General Director] presented his resignation as Director of Médecins Sans Frontières Belgium and as a permanent employee of the organisation. He will remain on the board.



Minutes from the MSF Belgium General Assembly, 1987 (in French).

Extract:

Election of the board: Dr Philippe Laurent withdrew his candidacy.



MSF Belgium Board of Directors 1987 Activity Report (in French).

Extract:

A. Report

A little over a year ago, a humorous questionnaire in an internal newsletter asked: Does MSF have a good board? The answer was: Yes!! [...] Then came the crisis you all know about and the resignation of important figures, including Dr Philippe Laurent. The resignation of Jean-Pierre Luxen as President was also a critical moment in the board's history. [...]

a) Internal structure

We have decided to set up an intermediate structure until the 1987 General Assembly. The next General Meeting has tasked us with setting up a stronger executive structure, more qualified to handle the organisation's day-to-day problems. [...] The board has not been slow in consolidating its internal structure, but its composition. This delay was partly due to the attempts to reach a compromise. The time the board has spent on this matter delayed work on the other problems it had agreed to deal with at the start of the year. The discussion has started between those who support the idea of MSF being mostly managed by personalities who have been there from the start (which wasn't the case in the elected composition) and those who wanted people with more technical professional experience [...]

B. Perspectives

a) General considerations

An NGO is harder to manage than a company because each person brings their own past, ideas, abilities, and charisma to the table. Power needs to be exercised differently. You can't have a single authority, as the recent crisis has just demonstrated. You need a real and realistic exercise of co-responsibility, internal communication, and interaction between those in charge. The different priorities and projects of the president and director, the director and the managers, the department managers and their staff must be underpinned by constant dialogue. The same rigour is needed for interaction between the coordinator and members on the ground. This shouldn't in any way hamper our relaxed and non-authoritarian approach. A solid structure fosters efficiency without damaging the work environment if there is dialogue and mutual respect.

The final decision, however, is taken by the director on behalf of the executive, and for the board, by its president. We have to have decision-making reference points. Each of us has grown up with the movement; over the years, good feelings and some friendships have formed. The GA's democratic vote can reflect different approaches and sensitivities. The GA is the supreme organ with a board and executive committee. The decision matrix and tasks are very clearly explained in the internal regulations (see document). Unlike a political office, our freedom as managers within this associative movement does not automatically mean solidarity in the decision-making act. Disagreement, a different vote, should not have consequences. The price of good feelings and friendship is precisely being able to accept another person's opinion, without breaking with them, except in extreme cases. A responsible board should make it its duty to prevent in the strongest terms. The board's code of ethics requires first and foremost consideration by each member of an important subject for debate, dialogue with members and oral and written justification of its decision. Once the decision is made by majority vote, solidarity is established to see it through. Regarding the nomination or resignation of movement members, a written vote needs to be introduced.

Lastly, the board needs to invite members of the movement, presenting a case, and specialists external to MSF, who can bring their own thoughts and ideas. The working groups were created to give different members of the office or co-opted members the opportunity to take part in certain discussions on a specific subject and present the conclusions to the board. The current results are quite negative since very few working groups were created and few of those that were have made much progress.



Quote Dr. Jean-Pierre Luxen, MSF Belgium President 1984-1987, MSF Belgium General Director, 1988-1994 (in French), in "Médecins Sans Frontières Belgique (1980-1987) genèse d'une ONG," available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French)

There was a rapprochement with Bernard Kouchner. It wasn't that we didn't like Kouchner, but between MDM and MSF, some of us preferred MSF France, so Philippe Laurent ended up being isolated, both on internal and external matters. I would say both in terms of form and content. In terms of form, he was somewhat authoritarian. You might be a visionary, but if you can't sell your ideas, it doesn't matter. We were younger, with a broader vision of MSF, focused more on the media, on risk-taking. So it was both form and content – though everyone always claimed it was a conflict among leaders, between generations. That's not accurate. There were also different visions, but that wasn't open for discussion because he was always right. So, in classic human terms, we had to kill the father.



Quote Dr. Philippe Laurent, founding member, President (1980-1984) and General Director (1981-1986) of MSF Belgium, in *“Médecins Sans Frontières Belgique (1980-1987) genèse d’une ONG,”* available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

At that time, I had just gone through two very difficult years, even as I was maintaining the organization. It wasn't easy. This fight against the French didn't go well, even if we did manage to achieve unity. I think the conflict had a fundamental impact on MSF's structure. So this was all been very hard. Many people thought I was complaining about everything and was always fighting. I don't think many people understood the significance of this battle, which I wasn't fighting for myself. I honestly felt at one point that I would kill myself in this struggle; that inevitably, I was putting myself in a very bad position. But I couldn't have done anything different. It was my responsibility. After the fact, I think that I left MSF somewhat stronger than it was before the crisis. The climate at that time was very difficult. There was a lot of fighting and tension. And a lot of young people who just wanted to do their job.



Quote Dr. Reginald Moreels, MSF Belgium President 1986-1994, (in French), in *“Médecins Sans Frontières Belgique (1980-1987) genèse d’une ONG,”* available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

This Board was made up of elected members and permanent staff – it was a bit of sham. And then there was Philippe Laurent [MSF Belgium General Director] who dominated everything, with all of his qualities. But things turned nasty because it was clear that one person was dominant. In short, I think that this was a founder's crisis. It happens in every organization that grows quickly. At one point, MSF Belgium was betting bigger and bigger. There were these

strong personalities and they began to knock heads. It was particularly a problem within the organization – not with the non-permanent people [NOTE: not paid staff] – but Jean-Pierre Luxen [MSF Belgium President] and Philippe Laurent really disliked each other. And it was Jean-Pierre who, during a Board meeting, read a letter calling for Philippe Laurent to leave the organization. Laurent turned pale. It was clear that this Board meeting was going to be critically important for MSF. In any event, things couldn't continue like that. My name was put up as president of the organization.

I was well-regarded, but this was a revolution. Could a non-permanent person become president of the organization? Georges Dallemagne [MSF Belgium Director of Operations] and Pierrot Harze [MSF Belgium Director of Communications], who tended to fall in Jean-Pierre Luxen's camp, friends from the University of Liège, said that, in spite of everything, it was a better idea to choose a non-permanent president because he wouldn't be there regularly, so there would be fewer problems. Of course, I wasn't there so regularly, but I wasn't going to let myself be pushed around. I brought a certain line, a philosophy to the organization. I was less of a manager but sometimes I did get involved in the daily life of the organization. I had plenty of faults, too. That annoyed them and sometimes they would put me back in my place. But whenever I would say, “Listen, I want you to take this approach,” they would listen to me. It was still very tense during the two years after my election.

II. BUILDING OF MSF MOVEMENT (1987-1996)

A. THE SATELLITE ASSOCIATIONS (1984-1986)

In the mid-eighties, MSF France and MSF Belgium created specific satellite associations to support more professional activities.

In 1984, MSF Belgium created **AEDES** (Association Européenne pour le Développement et la Santé/European Association for Development and Health) in order to tackle two issues. The first was to create an organisation to support long-term projects that MSF wanted to handover. The other was to offer more stable jobs for some of the MSF employees.



Annex to MSF Belgium Activity Programme 1984-1985 (in French).

Extract:

I. The Process: AEDES was founded after a lengthy process of review and analysis within Médecins Sans Frontières. This was not an academic undertaking or a theoretical plan developed in lockstep with a rigid intellectual approach but, rather, a growing awareness that emerged from daily work in the field. Our primary observation was that development aid does not usually offer the returns hoped for, given the scale of the investments. Development aid is provided by various organisations, so it is right to examine the pitfalls. International organisations, primarily UN entities and bilateral cooperation agencies, draw the lion's share of available budgets. While this may be politically understandable, these huge aid machines have an inherent inertia: their operations absorb a significant amount of energy to the detriment of activities in the field. Non-governmental entities, on the other hand, have few resources. They are numerous and varied, and combine flexibility with low operating costs, but they are also highly unstable and their members stay on for very short periods, leading to loss of skills. Those that are retained

are restricted as their impact can be limited. Last, private for-profit entities mostly use professionals, but the cost cuts deeply into the amounts allocated for technical aid. In addition, their commercial nature can lead them to make compromises that are detrimental to their freedom and independence. [...]

II. Basic Principles: AEDES is a private, non-profit association, currently under Belgian law and with a European orientation. It is composed of professionals and seeks to provide technical cooperation, working with developing countries, in the interest of the greatest possible efficiency and effectiveness. It is multi-disciplinary and its priority is to remain an operational entity. [...]

1. Activities: The association has wide-ranging activities, incorporating many disciplines involved in development. Indeed, one cannot take action in a single area without knowing that such action takes place at the centre of multiple interactions. Assembling diverse skills also requires a comprehensive approach to finding solutions because a multi-skill approach means that dissimilar skills (and their practitioners) will confront each other regularly.

The operational aspect is a priority. It includes analysing, implementing, and monitoring projects, consulting on given situations or programmes, and helping to supply appropriate equipment. Research and teaching, connected directly to these activities, are emphasised in Europe and the countries concerned. This ensures that people in the field are trained and, consequently, that local populations can take and continue with projects.



The idea was to focus MSF's work on emergencies and post-emergencies, and to create another organisation that would handle the more sustained activities. That allowed us to offer longer commitments and career prospects for people after they'd left MSF. MSF had just set up. People referred only to emergencies, the word 'development' was banished from the organisation's vocabulary. We talked of short- and long-term because emergency and development didn't mean anything to us. There were many slogans and people didn't understand what 'long-term' meant. At the time, Rony, with Liberté sans Frontières and others from the outside, had theorised that development needs are linked to

democracy, and many other elements that have nothing to do with international aid; he also believed that international aid has nothing to do with development, which must be endogenous.

That was one of the main reasons for not having 'development' or 'long-term' activities within MSF.

Europe was our 'new frontier:' everything was European at the time. We even tried to create AEDES outside the national framework. We looked for a European law, but there wasn't one. We believed in the European dimension of aid, but not in the utopian idea that this would help countries develop. But we thought it would allow for ongoing relationships between our societies and poorer countries, and that there was a role for a new, private initiative. We chose people for the board of directors based on the following representation: one-third from NGOs, people from the institutional cooperation world, particularly Belgian, from the public, then people from the European Union, and a large number of MSFers or former MSFers, who would serve on their own behalf. There was no institutional link between MSF and AEDES, which could act as it chose, based on its members' decisions. And there was no financial link either. MSF put some money in at the start, but not a lot. Then, AEDES managed its contracts, like any other NGO, totally subsidised by contracts.

Dr Jean-Marie Kindermans, AEDES Director,
1984-1995 (in French)

In 1986, MSF France's General Assembly voted to create a structure in charge of training MSF volunteers. This association, called CIREM (Centre d'Intervention pour la Recherche et l'Epidémiologie Médicale/ Intervention Centre for Research and Medical Epidemiology), had three objectives: public health training, provision of scientific support to MSF missions, and scientific networking. In the following years it took the name of [Epicentre](#).



Report of the MSF France General Assembly, 1987 (in French).

Extract:

In spite of everything, we still have a long road ahead of us in this area, as was expressed at the last General Assembly. The MSF Development and Training Committee recommended two measures intended to improve MSF's effectiveness. [...] And second, that we create an MSF training centre and provide scholarships to support specialised internships that are directly relevant to our work in the field. [...] The training centre is under development and is known by the lovely name of CIREM. Last October, it brought in 25 interns for an intensive three-week session on the practical aspects of organising nutrition and sanitation activities and epidemiological assessment techniques. Instructors came

from a wide range of organisations, including the ICRC, Oxfam, UNFAO, the Tropical School of Medicine (London, UK) and the CDC in Atlanta.

Three key objectives for this centre emerged at the outset. The first is training in public health, which was sketched out pretty clearly in the first course. In addition to the areas already addressed, this training will also focus on priorities including the epidemiology of disasters, control of diarrheal illnesses, health planning and, perhaps, training for assistants.

The second objective is to provide MSF with ongoing scientific support; for example, investigating an epidemic or monitoring malaria and resistance. This objective can be achieved only if the MSF teams are responsible for the activity, with CIREM providing only support and advice. The third objective is to develop scientific relationships through contact with various specialised centres and by obtaining access to databanks and writing articles and manuals. All of these activities are already underway, but they are not as systematic as they should be. These are initial guidelines, which will, of course, be expanded or amended based on experience.



When we worked directly with the UNHCR or the ICRC, we knew their reports were done by the CDC [Center for Diseases Control, based in Atlanta, USA] or Johns Hopkins [Department of Hospital Epidemiology and Infection Control at the Johns Hopkins Hospital, Baltimore, USA], by outside parties – always American and always well organised. It was really irritating that they systematically outsmarted us or, at best, lectured us. I said we were going to send MSF volunteers for training in public health or epidemiology to the USA, Tulane [Tulane School of Public Health and Tropical Medicine, New Orleans, USA] or Johns Hopkins, so that when they came back, MSF would have people who knew the area well, and earned respect and recognition. That's why we founded CIREM – the Intervention Centre for Research and Medical Epidemiology. I also thought that, based on all our missions, we could do epidemiological and statistical research because we dealt with so many cases in many countries, involving illnesses that people didn't know much about and in isolated places. It developed gradually, but steadily. CIREM became EPICENTRE, a real epidemiological centre with a real strategy, an epidemiological one.

Dr Francis Charhon, MSF France President 1980-1982,
Management Team Member 1982-1992 (in French)

In 1986, MSF France created [MSF Logistique](#) to manage the stocks of equipment and medicines to be sent to missions. In the following years, both Epicentre and MSF Logistique started to provide services to other MSF operational sections and to external NGOs.



Minutes from the MSF France's Board of Directors meeting, 5 September 1986 (in French).

Extract:

1) **Logistics:** Jacques Pinel discussed developments in the sector. Over the last few months, we have had problems assembling and managing, in Paris and the larger area, all the supplies, drugs, kits, and vehicles for Médecins Sans Frontières missions. The solution would be to decentralise and create a semi-autonomous structure, which could:

- Store, prepare and deliver the vehicles MSF needs on missions, manage the fleet and monitor the need for replacement parts;
- Assemble and store the kits and the supply, drugs and vaccine modules, etc.;
- Prepare, verify, and store all mission-critical equipment, generators and pumps;
- Train logisticians before their departure; and,
- Hold training sessions.

This structure, which would be under MSF's control, could also be organised to operate autonomously as a 'service provider.' Last, it would require enough space for the preparation and storage of supplies and equipment. It would need to be located near 24-hour customs bonded premises and have a capable team in constant contact with Paris. [...]

- Status: this logistics structure could be an association under the French Law of 1901 and would be under MSF's control, but managed autonomously. It would bill MSF for its services. It could be called Médecins Sans Frontières Logistique.

The project was discussed thoroughly and approved unanimously by the Board of Directors.



Jacques Pinel came to see me and said, "I'd suggest setting up a logistics facility in Lézignan". I asked him to let me think about it and see how much it would cost. He answered, "We'll manage. It's important; we shouldn't worry about the money". In fact, the next day I told him, "Okay, let's do it".

Dr Francis Charhon, MSF France president 1980-1982, member of MSF France management team 1982-1992 (in French)

In 1989, MSF Belgium created [Transfer](#), a logistics centre cooperative association, which remained under MSF control via the members of the General Assembly and board, who were all MSF Belgium members.



Minutes from the MSF Belgium's Board of Directors Meeting, 22 March 1989 (in French).

Extract:

1. MSF's control over the 'satellite' operation of the logistics function:

This is to be a three-member cooperative:

- a) Three MSF representatives (the president, vice-president, treasurer)
 - b) Possibly, another MSF vice-president (or someone else)
 - c) Possibly, the MSF secretary (or another person)
- These five people will form the General Assembly. The shares held by b) and c) are, respectively, one share each, with the MSF cooperative holding the remaining shares.

The cooperative's board of directors will be elected by the general assembly and will include three people from MSF: the director, the president, and the logistics operations manager. This board will delegate power to the executive (a director). Conclusion: MSF's control and power operates at two levels: general assembly and board of directors.



The main reason Transfer was set up was to claim back the VAT. What you need to remember is that at that time MSF Belgium was an association that was looking to grow but which considered itself extremely poor because it didn't have much in the way of its own financial resources, what we used to call 'good money' that allowed us to do what we wanted. In 1995, in Chantilly, MSF Belgium was ridiculed for being an organisation that worked only for the European Union and was ultimately at the EU's beck and call. They were obsessed with economic matters, how they might save money.

So to try and save as much as possible, the idea was to claim back the VAT. We therefore set up a cooperative company, "Transfer", primarily to reclaim the VAT and secondly to expand our clientbase. Because MSF had specialist knowledge in the supply area, we would impart it to others, which would boost Transfer's revenue and thus generate 'good money' for MSF's coffers.

Well none of this happened in the end, but it was no big deal. When attempting to diversify our clientele, very quickly we came up against the problem of delivery of service. When you have multiple clients, it's more complicated because clients don't want the same items and secondly there is an order of priority between clients and the supply work for MSF is so specific and demands a great deal of energy. The people at MSF thought at times that the service offered by Transfer was too long, not adapted and that one of the reasons was that Transfer tried to generate revenue through other clients.


Dr Jean-Marie Kindermans, MSF Belgium-Board member 1988-1995; 1984-1995; MSF International Secretary General, 1995-2000 (in French)

B. RECONCILIATION AND SOCIALISATION (1986-1988)


The Franco-Belgian dispute rapidly dissipated after the MSF leaders realised that they were between a rock and a hard place. They could not legally separate and were thus, forced to share the same name and principles of action. They had no choice but to coordinate their operations, improve the sharing of information, and harmonise their governance.

1. Talking and Working Together

Actually, the technical coordination between the teams and particularly the field teams never stopped despite the headquarters' personality and ideology disputes. Personal relationships between members of the various sections persisted.


 After Philippe Laurent left, we said, 'Let's stop wasting our energy.' We did this [coordinated] via the technical side. There were meetings organised, among others by Jacques Pinel, who was responsible for logistics at MSF France. They were about drugs and other technical subjects. At one point, these people said, 'We always work amongst ourselves, and that's not enough.'

Dr Jean-Pierre Luxen, MSF Belgium President 1984-1987, General Director 1988-1994 (in French)

 There had been conflict with MSF Belgium in Central America. As far as I know, this was very restrained because everyone wanted to see things move forward, and no one wanted political differences to have operational consequences that would affect our work. This is what saved us from a practical perspective. Technical relations between the medical and logistical departments were based on the premise that 'politics are a pain, we have things to discuss, work to do together, and experiences to share.' They were intelligent and non-sectarian people, and continued working together. We had feedback on what was happening with the Belgians from Jacques Pinel. Some people were reconnecting, and we still had many mates at MSF Belgium. But, I myself was problematic as a contact. They didn't want to be disloyal to their section. That didn't prevent us, though, from having good relations. For example, Willy de Meyer would stay at my house when he came to Paris. He was the one who asked me to re-establish contact. After balking and protesting a bit, we faced the fact that the movement was already under way. We accepted the idea that MSF was a European project and we had to take on that responsibility. We dragged our feet a bit


for patriotic reasons, we felt that simplicity, speed, and ease of intervention would be compromised, but we conceded that the movement was irreversible and inevitable, and that the best thing to do was to go along with it. Personal relationships played a major role. When I met Jacques de Milliano and Roelf Padt, I told myself that I was going to get along with them and 30 years later, we still get along.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

 Things returned to normal somewhat, after the departure of Philippe Laurent. He had become a roadblock to change. The conflict was between managers inside the organisation, but also with the French section. Each section had come to the point of operating almost independently. So, in this respect, we didn't need each other, but we did meet in the field. We had to carry out operations and coordinate efforts to an extent, since we had the same name and charter. We had a lot of things in common but governance was very dispersed. For those of us just starting out, the clash between MSF Belgium and MSF France had been pretty traumatic. We felt that we didn't want that to ever happen again and that if it did, we were finished [as an organisation]. I think we all believed that we couldn't afford another crisis of this kind and that we needed to find a way to prevent it. We were ready to give up a little bit of autonomy. Our continued growth meant we had to coordinate our efforts to an increasing extent. The world was changing, with media that were all becoming global in scope. What was happening in France had repercussions at home and vice versa. We thought, 'Which MSF are we talking about?'

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

In 1986, during one of the 'technical coordination meetings' that began to take place regularly between non-MSF France sections, MSF Switzerland proposed to include MSF France in the meetings.

 **Minutes** from the MSF Belgium's Board of Directors Meeting, 8 July 1986 (in French).

Extract:

More on internationalisation: L. Vanthournout relates her meeting with MSF Switzerland and MSF Holland at the Board Meeting in June in Geneva. They want collaboration to mean better communication on information, advertising, and training courses. MSF Switzerland has invited MSF France to a larger meeting in October. This raised the issue of the Belgian presence at this meeting.



Minutes from the MSF Holland's Board of Directors Meeting, 2 September 1986 (in English).

Extract:

11. Meeting MSF in Geneva 11/12 October

Aim: to improve practical cooperation. The Belgians do not want to go if the French are there (despite instructions from their general directors)! Exert pressure on the Belgians.

The first of these meetings took place in Geneva on 11 October 1986. It included discussions about the coordination of the operations, communications, and the creation of new sections.



Minutes from the MSF Belgium's Board of Directors Meeting, 28 October 1986 (in French).

Extract:

Meeting at Geneva's MSF office (11/10/86). MSF Belgium attended this meeting for two reasons:

- MSF France is suing MSF Luxembourg
- The meeting's topic has been changed to internationalisation
- Dr Laurent says there were two parts to the meeting: the first is the absence of the team from Luxembourg, the second without the French team
- MSF France believes internationalisation would mean loss of control over the different sections, and that the amount of work in the field does not require new MSF sections.



Minutes from the Meeting between National Sections of MSF, Geneva, 11 October 1986, written by Doris Schopper, MSF Switzerland President, 2 December 1986 (in French).

Extract:

Communication-coordination: The general agreement is that we need better communication between MSF's national sections [...] Conclusions: each office will send an informative circular roughly once a month to the other offices: the other offices will be informed by telex of any exploratory new missions; direct communication between work sectors will be encouraged, but how this will be done hasn't yet been formulated [...]

Creation of new MSF sections

Belgium: The very concept of Médecins sans Frontières should be powerful enough for it to self-propagate without risk of things going wrong. Compliance with the charter guarantees the MSF approach. Given the imperfections in the European legal system, creating new sections must be an informal process. The 'creators' of new sections should contact all existing MSF offices in advance. The more MSF sections there are, the better!

Holland: Any new MSF section must be started at the initiative of people who have already worked with MSF. In that condition, we shouldn't prevent these people from setting something up in their own countries. There must be consultation between MSF offices before the creation of a new section.

France: There should be a limited number of MSF sections for the sake of integrity, and also because the field of action is limited and increasing the number of sections will complicate coordination in the field. We need a safeguard against new sections going off in a different direction, because the charter won't stop this. When future sections are created, we must also keep MSF's 'linguistic context' and boundaries in mind. Individuals who create new sections will necessarily come from a different 'generation' than the founders, which can make communication difficult. If people who have worked with MSF want to create a similar organisation in another country, they can do so with our help and advice, but the new organisation should have another name. There are already such examples in England and Germany.

Switzerland: The idea behind Médecins sans Frontières evolves as the organisation grows, and we must make sure that it does not lose focus and integrity. The MSF idea is not a centripetal force, but a centrifugal one. We must define a clear policy addressing the founding of new MSF sections and do so quickly to avoid problems like the one that arose with MSF Luxembourg.

Conclusions: There is a fundamental disagreement over the merits (or lack thereof) of creating new MSF sections. On the other hand, we agree that we need to develop a common policy and a process for establishing new MSF sections. Over several hours of discussion, it became apparent that it is easy to agree both on the importance of better coordination among our missions in the field, and better communications among national offices. We also reaffirmed that the independence of each office, financial, logistical and 'political' is essential and ensures possible coordination. On the other hand, we could not reach a general consensus on the need to create new MSF sections and the process by which to do so. We should focus on this point at our next meeting.



In 1986, the French had lost their lawsuit, and they were no longer speaking to the Belgians. The French hadn't been able to stop the creation of MSF Holland; there was MSF Luxembourg, which the Belgians had created as a counterweight to the French, and there was us, MSF Switzerland. MSF Spain didn't really exist yet. I am not Swiss by birth; I am German and European in my soul. The battle between the French and the Belgians seemed absurd. I succeeded in getting the five sections around the same table, for the first time ever, in a Hotel in Geneva one afternoon. Everyone was there. I'm not even sure they shook hands. But they didn't leave the room. At the end of the meeting, the French left and the rest of us went out for a meal together! That was the atmosphere. It was a first nonetheless. I think

it was made possible by the fact that MSF Switzerland was sort of neutral. I tried not to oppose anyone, and to develop our own little story. We were tiny, so weren't a threat and we got on with everyone.

Dr Doris Schopper, MSF Switzerland President
1985-1987, then 1991-1998; MSF International
Council President February 1994 - February 1995,
September 1997 - June 1998 (in French)

In November 1986, in a letter to Jean-Pierre Luxen, the General Director of MSF Belgium, Rony Brauman, the President of MSF France proposed an internal code of conduct: no public criticism among sections; no international system without agreement of all parties; no creation of new sections as long as there is no formal agreement. Acknowledging the 'spirit of cooperation' in the previous meeting, Luxen proposed to organise another one.

On 17 December 1986, Reginald Moreels, the President of MSF Belgium pleaded for the creation of new sections, providing they were created by nationals of the country where the section was opened, and in the spirit of the MSF charter.



Letter from Rony Brauman, President of MSF France to Jean-Pierre Luxen, President of MSF Belgium, 14 November 1986 (in French).

Extract:

Despite my initial scepticism, shared no doubt by most of us, I believe this discussion turned out to be very positive: it allowed us to express quite similar viewpoints on the rights, duties and aims of MSF's national groups. What I mainly took away from this discussion was the idea that a code of conduct, of 'good behaviour' in a sense, could be adopted by all of our sections:

- 1) Abstaining from public criticism of one another, particularly in the media. This is essential, because despite basically understandable disagreement over one or another initiative or project, no one wants to weaken the movement.
- 2) Avoid establishing any international systems without the agreement of all parties concerned. Experience has shown that non-governmental organisations, with their supranational focus, have no legal basis, even under the European Community's strict framework. We cannot, in any case, become part of this framework due to the membership of our Swiss friends. On top of the legal uncertainty that clouds the issue, the basic question involves determining the advantages and disadvantages of this type of structure. In the current state of affairs, it appears that there are few advantages (coordination? communications?), while the disadvantages, such as bureaucracy and cumbersome operations, are more significant.
- 3) Avoid encouraging the creation of new national sections

of without a formal agreement of all existing sections [...]. While it is true that Médecins Sans Frontières has grown in size and influence with the addition of new national sections, we still need to thoroughly analyse the issue of globalisation, the conditions involved in creating new national sections, and the increase in all types of risks associated with the growing number of sections compared to the resulting benefits. Optimisation of aid and better coordination of relief are advantages that quickly come to mind, but experience still shows that working under the same banner does not automatically lead to greater strength and harmonised efforts. These factors demonstrate the need to conduct this analysis in order to develop a consistent, well-thought-out position on this subject.

4) Try to suppress any differences in the field to mutually bolster each other's efforts and avoid weakening them. I sense that everyone already follows this policy, with just a few exceptions. Doing otherwise would be distressing [...] I believe it is important to keep moving forward when we are making such good progress, although a number of issues should be re-addressed and discussed in more detail. So I suggest holding another meeting, either in December or January, for which we could draw up a common agenda.



Letter from Reginald Moreels, President of MSF Belgium to Rony Brauman, President of MSF France, 17 December 1986 (in French).

Extract:

Until a more in-depth discussion can take place, our position can be summarised as follows: regardless of the situation, national associations should avoid criticising each other in the media about anything related to our operations in the field. [...] Differences of opinion between our two national associations, which are experienced that way in Europe, fortunately lose their sharp edges in the field. [...] We assign great importance to the creation of new national MSF associations due to the very nature of our movement. Their founders are always national staff members who have worked in the field for a national association outside their own countries who wish to promote MSF's spirit and practices at home. [...] This process follows the highest standards, mainly by solemn reference to the principles of the founding charter. [...] We had already established an interim status for MSF Europe in 1984, which deserved further discussion. [...] In our view, a think tank similar to Liberté Sans Frontières with a well-defined political objective, can be and remain a separate entity from an active humanitarian organisation, whose apolitical character forms the basis of the founding charter. Our association, just like yours, has always demonstrated its commitment to the principles of the charter established by the founders of MSF associations. We aim to further enhance these principles and firmly believe, without being unrealistic, in the profound significance of our activities, independent of any specific political concerns, as a principle of the future, not as a naïve project devoid of meaning or characterised by an opportunistic and half-hearted approach. [...] Based on the earlier situation, we

believe that dialogue is the only real option for healing the rift. Like other MSF associations, we are prepared to take a seat at the same table as your association at a date and with an agenda agreed in advance.

In the following years, there were two additional attempts to create MSF sections in Luxembourg and in Spain, both with the support of MSF Belgium. MSF France expressed its strong opposition to the creation of a Luxemburg section, and for a while, its reluctance to create one in Spain, as well.

2. MSF Luxembourg (1986)

On 24 March 1986, three doctors created an MSF association in Luxembourg. They worked with both MSF France and MSF Belgium. They received the support of MSF Belgium, whose end game was to create a MSF Benelux Federation that would include MSF Belgium, MSF Holland, and MSF Luxembourg. MSF France remained opposed to the creation of MSF national associations, arguing that it could hamper the action of the organisation. They refused to recognize the Luxembourg section as operational and independent, because of concerns over its small size and about its close ties to MSF Belgium. In 1986, MSF France threatened to prosecute MSF Luxembourg to prevent the use of the MSF trademark.



Programme of Activities 1986-1987, MSF Belgium, 25 May 1986 (in French).

Extract:

2. Internationalisation

a) **Benelux:** MSF Luxembourg was launched in April 1986. Setting up a structure for the Benelux countries could open a door to internationalisation. Our friendship with the Dutch team should help overcome difficulties, and make this structure truly functional and operational. If it works, MSF Benelux would be a model for adding other countries, like Spain and Italy. A detailed legal study is under way. These special links will increase the efficiency of the collaboration that already exists between Brussels and Amsterdam: joint missions, personnel exchanges, information exchanges, and joint activities.



Minutes from the MSF France's Board of Directors Meeting, 5 October 1986 (in French).

Extract:

I. General information

I.I Launch of a new Luxembourg section: Ronny Brauman gave an update on the delicate question of creating a new section in Luxembourg, founded at the instigation of MSF Belgium, without the agreement of MSF France. Yet:

- There is no protection of the MSF brand in international law;
- It is therefore difficult to control news sections.

A meeting between the national sections (France, Belgium, Holland, and Switzerland) is planned to take place in Geneva on 11 October 1986 to address the question. The issue of the very idea of new MSF sections will be raised. A meeting of the national sections already recognised (France, Belgium, Holland, and Switzerland) has been scheduled in Geneva on 11 October 1986 to address the question. The issue of the fundamental principle of increasing the number of MSF sections will be raised. In addition, a lawyer in Luxembourg has been contacted to file a claim with the administrative court in Luxembourg to suspend the creation of the new section.



Deposition Dr Philippe Laurent, Founding Member, President MSF Belgium 1980-1984, General Director 1981-1986, in *Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO*, Jean-Benoit Falisse, 2006, at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:

The strategy was simple, it was about sending on mission, a maximum of doctors and nurses from Holland because that seemed natural to us, but from other countries too like Spain. That's how we trained them; we did their MSF education. When we spotted a few people who had stayed one, two, or three years, who understood what this was all about, and we took them out for a meal, had a few bottles of wine, and said, "Jacques, you're going to start a section in Holland." And that's how it went with several countries. The strategy was effective. That was in 1982-1985 when the French weren't paying much attention because their thoughts were elsewhere. Everything was said openly, they liked our way of doing things, but then, they were scared off by the tensions caused by *Liberté sans Frontières*, and they blocked the creation of MSF Luxembourg, squeezed MSF Switzerland, and there was the trial, and more.



In the beginning, it happened behind our backs. Luxembourg had a population of 300,000. You might as well have formed national sections for the Lyon and Marseille regions. It was the Belgians who wanted an MSF in Luxembourg to make more money; they wanted to increase their financial base. They saw themselves at the head of a Benelux structure, something larger than Belgium. A tiny set-up like MSF Luxembourg seemed mischievous, and we didn't want it. There was a meeting in Geneva in 1986 about internationalisation, which came about after a series of exchanges by phone, mail, and fax, during which we stated

our objection to a Luxembourg section. So, that was the context in which the meeting was held, probably instigated by the Swiss who wanted to act as the mediators in the conflict, and we agreed since being at constant loggerheads wasn't something we wanted either. We went and I realised that Philippe was making a dash for power by bringing in two people from Luxembourg. I think it's one of the few occasions when I really lost my temper. I probably went a bit over the top to scare them a little. But the two guys from Luxembourg refused to leave saying they were there on the invitation of MSF Belgium and who was I to lay down the law. I told them I'd beat them up if they stayed, that they had no reason to be there, that Philippe Laurent couldn't get away with his cheap little tricks. And I kicked them out. One of them later became President of MSF Luxembourg, and we had a good laugh about this tense episode.

Dr Rony Brauman, MSF France President 1982-1994
(in French)



At MSF Belgium they were talking about plans for an MSF Benelux. The aim was to increase their geopolitical importance on the European map, to increase financial resources, and their pool of volunteers. We knew that, they told us. The Belgians came to Luxembourg, they contacted doctors they knew and encouraged them to create an MSF in Luxembourg. Then MSF France immediately started legal action against us, saying we had usurped the name. They had lined up lawyers from Luxembourg to plead in front of the Luxembourg court. The lawyers were puzzled as to why two MSF sections were suing each other when they had the same statutes and aims. Our statutes were identical to those of MSF France at the time. We didn't understand because we didn't know the details of the tensions between the French and the Belgians. We asked Brussels what mess they had put us in, and why we were in court? I wasn't at the meeting in Geneva, but I know that when the MSF Luxembourg people turned up, Rony Brauman said, 'Who are you?' They weren't allowed into the meeting, and had to wait in the corridor. I think they were negotiating hard in the meeting and it was thanks to the intervention of the Belgians and the Dutch, and under the stewardship of the Swiss that we let them come in and say what they had to say. It never got as far as the court. The lawyers tried to avoid a trial. They worked with Dr Brauman to try and defuse the bomb.

Dr Carlo Faber, MSF Luxembourg Board Member
1987-1992, President 1992-1997 (in French)

For several months, the MSF Luxembourg/France case remained on the agenda of the meetings of MSF sections. Eventually, on 28 February 1987, an agreement was reached that incorporated MSF Luxembourg in MSF Belgium. Thus, MSF France dropped the case against MSF Luxembourg.



Agreement between MSF France and MSF Luxembourg, 1987 (in French).

Extract:

Aware of the international role played by Médecins sans Frontières in medical aid in emerging countries and regions in a state of crisis or war, MSF France and MSF Luxembourg have agreed to join forces in the humanitarian role they have chosen, and have agreed to sign a memorandum of understanding with the following focus:

1. In order to avoid an increase in the number of national Médecins Sans Frontières associations at the international level, MSF Luxembourg agrees to integrate its activities with those of the Belgian association, MSF Belgium, a non-profit with offices at 24-26, rue Deschampsheeler, Brussels, on the understanding that said integration will be in line with the arrangements agreed between MSF France, MSF Switzerland, MSF Holland, MSF Belgium, and MSF Luxembourg at an international meeting in Amsterdam on 28 February 1987. The integration of MSF Luxembourg into MSF Belgium includes a commitment by MSF not to make any approaches under the name MSF Luxembourg to international institutions or organisations or to governments and/or local leaders in countries where MSF Luxembourg may be working.
2. MSF undertakes to dissolve and wind up the Luxembourg association, Médecins Sans Frontières, formed by it on 25 April 1986, within a month of the signature of this agreement.
3. MSF-France shall withdraw from the action brought before the district civil court of and in Luxembourg against MSF Luxembourg without further formalities on the signature of this agreement, the legal fees, and other costs of the action being borne by each party.
4. Insofar as this agreement is intended primarily to bring an end to the legal proceedings started on 9 October 1986, MSF France and MSF Luxembourg undertake to assist each other in drafting any memorandum of understanding and/or subsequent cooperation agreement aimed at improving the relationship between the goals pursued by the two associations.



Letter from Willy Demeyer, Vice President of MSF Belgium to MSF France Management Team, 13 March 1987 (in French).

Extract:

Dear friends,
Following the international meeting in Amsterdam on 28 February 1987, MSF Luxembourg and MSF Belgium met in Luxembourg on 9 March. At this meeting, MSF Luxembourg agreed to integrate its international activities into those of MSF Belgium. The two associations have decided to draft an agreement, setting out how the two associations will work together, based on the decisions taken at the international meeting in Amsterdam and according to the letter sent to MSF Luxembourg by MSF Belgium on 3 March.



The agreement with MSF Belgium was that 'Luxembourg is your home, you can canvass and hire there, you can do what you want except create a section, because the rule is that sections are formed by locals who are able to take total responsibility.'

Dr Rony Brauman, MSF France President 1982-1994
(in French)



The French quickly calmed down. We weren't really encroaching on their territory; we weren't a danger to them. The movement hadn't yet expanded to delegate offices. The operational details of these offices were practically non-existent. The French used them mainly as financial resources, and a bit for recruitment, but they didn't depend on the French.

Dr Carlo Faber, MSF Luxembourg Board Member
1987-1992, President 1992-1997 (in French)

In the following years, MSF Luxembourg raised funds and recruited volunteers for MSF Belgium. It participated in two MSF Belgium missions and ran two missions under the Belgian supervision, but all of its expenses were paid by MSF Belgium. Despite the total dependency on MSF Belgium, MSF Luxembourg continued to attend international coordination meetings as if it were an independent MSF section.



Minutes from the MSF International Convention, 3 June 1989 (in French).

Extract:

Started in 1986, the first actions by MSF Luxembourg were done jointly with MSF Belgium in Ethiopia, Lebanon, Nicaragua, and then with MSF Spain in Bolivia. After 1988, they ran two missions on their own: the battle against tuberculosis in Conakry, Guinea, and a primary health care programme in Bogota, Columbia. MSF Luxembourg provided aid during the floods in Khartoum in 1988 and more recently in Armenia. There were twenty-five departures since it was created, half of them over the past 12 months. MSF Luxembourg was experiencing major recruitment problems. The board of directors directly manages the organisation. All members are volunteers, with only one paid secretary. The budget has been constantly growing, with thirty-seven per cent from private donations, representing one donation per 47 inhabitants. Eighty per cent of the budget has been used for joint projects with other Médecins Sans Frontières sections and 20 per cent for independent projects. The operating budget is entirely subsidised by the Luxembourg government (the existence of Médecins Sans Frontières Luxembourg has led to greater awareness

about cooperation and development aid on the part of the Luxembourg government). The problems facing Médecins Sans Frontières Luxembourg are: lack of experience with project management, and a need for paid staff with field experience from other MSF sections, to take over from the office's volunteers.

3. MSF Spain (1986)

On 24 July 1986, Josep Vargas formally created MSF Spain. He was a Spanish doctor, who worked with MSF Belgium in Chad and Nicaragua. MSF Belgium supported the new section, but not MSF France, which remained opposed to the multiplication of MSF national sections. Rony Brauman, the MSF France President, tried to convince Vargas to abandon this MSF project, and instead, promised support for the creation of a non-MSF organization in Spain.



Minutes from the MSF Spain Constituent Meeting, 24 July 1986 (in French).

Extract:

Decisions taken unanimously:

1. To constitute an association to be called Medicos Sin Fronteras-España in Barcelona.
2. To approve its statutes, in which the main objectives will be:
 - Medical assistance to populations affected by disasters, collective accidents and belligerent situations.
 - To mobilise in favour of these populations all the human and material resources at their disposal.
 - To seek national and international collaboration to facilitate the delivery of such assistance.



'Josep Vargas,' *El País* (Spain), 18 October 1986 (in Spanish).

Extract:

Over the last few weeks, Josep Vargas, 27, a public health doctor from Valencia, has been visiting offices to build support for creating a Médecins Sans Frontières (MSF) entity in Spain. The mission of the organisation, which was created in 1900 in Switzerland²⁰ is to provide neutral and impartial aid to countries facing emergency situations. [...] "What distinguishes us from similar organisations is our non-religious, non-political nature and our ability to respond quickly in places where assistance is needed," the doctor noted. He had contacted MSF after writing countless letters to international cooperation organisations. "At the start, I wanted to travel and see other countries," he said.

20. This is a mistake from the journalist. MSF was indeed founded in 1971, in France.

"I sent my resume to all kinds of groups, including the Ibero-American Centre for Cooperation, and to embassies, but no one replied. I gave up on that and went to study in Paris and I learned about MSF from a guidebook. Six months later, I was in Chad." When he returned from Chad, and tours in Mali and Nicaragua, he was convinced of the necessity of MSF's work. "We are not motivated by politics. By trying to reduce malnutrition in Chad or treat victims of war in Nicaragua, you realise that you can help people while remaining politically neutral." Some 12 Spanish doctors are working on MSF projects, from Peru to Ethiopia.

Vargas is knocking on many doors seeking help to launch MSF in Spain. The headquarters will initially be in Barcelona. He is appealing partly to doctors, nurses, and health professionals, but other professionals from engineers to administrators are welcome, too. "We are looking for altruistic doctors who want to practise integrative medicine, from preventive medicine to treatment, who don't just want to prescribe drugs to patients three hours every day," he said. "We are looking for people who want to accomplish something positive, who are not looking for financial gain, and are often willing to work under uncomfortable, and even precarious, conditions." He is also working (so far, unsuccessfully) to obtain support to supplement funds provided by the EEC, which already channels a large part of the assistance to Third World countries through MSF sections in France, Belgium, and the Netherlands. The lion's share of MSF's budget comes from individual contributions and, to a lesser extent, governments and public entities. "We have come up against a lack of awareness among Spaniards, who are more sceptical about how their contributions are used." For now, Vargas has only a business card printed with his name, the words "President, MSF," and his telephone number.



Minutes from of the MSF Spain's Board of Directors Meeting, 9 November 1986 (in Spanish).

Extract:

1. Josep Vargas's trip to Belgium and France

- a) Full support from MSF Belgium
- b) A slightly uncertain position from MSF Holland, in practical terms with its director Jaques de Milliano, whose support will largely depend on the result of our conversations with the French.
- c) Telephone conversation with the president of MSF France, Rony Brauman. He seems open to dialogue, but we need to contact him again for a face-to-face conversation.



Letter from Rony Brauman, President of MSF France to Josep Vargas, President of MSF Spain, 13 January 1987 (in French).

Extract:

I was very pleased to meet you in Paris on 8 January and have the opportunity to talk to you about the problems

associated with the creation of MSF international sections, and in particular the project to create a Spanish section. As I said to you at the time, the various MSF sections are due to meet in Amsterdam in February to discuss the problem and if necessary, to adopt a common position. Since the meeting has been postponed until the end of February at the request of MSF Belgium for internal reasons, I felt it would be useful to recap the main points of our conversation:

1) In light of the current discussions in the various sections of MSF, I would ask you to suspend any steps to form a new branch until a common position has been agreed.
2) Fundamentally, the dominant feeling is that developing MSF's activities should not necessarily involve increasing the number of national sections working under the MSF banner. The British and German groups operating in similar fields Comité Cap Annamour/German Emergency Doctors²¹ in Germany and "Health Unlimited"²² in Britain to name but a few) have developed effectively under other names with similar objectives.

3) Experience shows that working under the same banner does not necessarily imply stronger or more consistent action. The troubled situations in which MSF often operates are further complicated by the parade of people representing the same organisation, but with different resources and even methods.

4) MSF's international recognition is reliant on implementing increasingly sophisticated and coherent technical resources, based on a clearly defined intervention methodology. This is what MSF's partners (the World Health Organisation, UNICEF, UNHCR, public authorities, etc.) expect. Undermining this recognition by starting from scratch in a new country is a delicate matter, since it has the potential to harm the association.

5) Finally, the sometimes highly sensitive nature of humanitarian action and various different approaches, which are entirely natural, to these questions (cf. Ethiopia), are leading many of us (certainly in France, but also in Switzerland and Holland) to think that in this area too, increasing the number of sections may also increase risk and result in a weakening of MSF, rather than optimising aid and providing a greater benefit to the people we are trying to help.

In brief, these are the reasons why the MSF Board and I would like this project to be put on hold. I want to reiterate that this does not in any way suggest a lack of confidence in the group you have put together. If you decide, as we would all prefer, to create a group like MSF under another name, I can undertake on behalf of MSF to offer you all the advice, experience and know-how that we have and that you feel you need. I am very aware that you may be disappointed by our position, but I am convinced that if you accept the idea I am proposing, the relationship between us will be much easier, more harmonious and effective, and therefore more beneficial for all our humanitarian activities. I look forward

21. 'Cap Annamur'/'German Emergency Doctors' (GED) was founded in 1979 with the purpose of saving the 'boat people'

22. Health Unlimited (renamed Health Poverty Action in 2010) was founded in the UK in 1984 to secure health care access for marginalised communities in developing countries

to seeing you again and discussing all these matters – and many others! – with you.



Letter from Josep Vargas, President of MSF Spain, to Rony Brauman, President of MSF France, 31 January 1987 (in French).

Extract:

Thank you very much for your letter and what it represents in terms of exchanging ideas and communication. I hope we will be able to find some common ground and get to know each other better. I would just like to make one brief comment on our situation, since as I told you during our conversation in Paris, our existence as a humanitarian association is not a project, but a reality. In any event, we will wait for the four of you (MSF France, Belgium, Holland, and Switzerland) to decide on your position on MSF Spain after your discussions at the end of February, to ensure that we can work effectively as a result. I would like to take this opportunity to express our solidarity to you and all the MSF France team in these difficult times following the team taken hostage in Somalia. Please do not hesitate to contact us for anything you feel you might need.



I was in Paris when I saw a little ad from Médecins Sans Frontières and the name struck a chord with me:

I was a doctor and I didn't feel I had any borders. That's how I came into contact with MSF in France. They put me in touch with MSF Belgium, which immediately offered me an emergency project in Chad. I went, and after that they asked me to go to Nicaragua, to a very difficult place in the midst of a war. I was in a team with a Dutch doctor and two Flemish-speaking Belgian nurses. And I wondered why no one in the team spoke Spanish. I realised there was no organisation like MSF in Spain: free, independent, with no religious or political affiliations. I timidly brought up the subject with MSF Belgium, suggesting, 'Maybe in Spain we could create ...' They said, 'why not? We'll help you.' Then the question was where in Spain? I thought I could do it in Barcelona, a very dynamic city. I wasn't particularly keen on civil servants and for me, the atmosphere in Madrid was all civil servants and central government. I started from nothing. I didn't know anyone, but I met another Catalan in Brussels, a doctor who was going out to the field. She suggested I contact her sister in Barcelona. That's how I met Pilar Petit. I told her, 'I'm getting help from MSF Belgium. We could recruit for MSF, and capitalise on the experience by speaking about MSF Spain, even if we don't run the operations.' She agreed at once. I called my girlfriend and two good doctor friends to create and file the statutes. There were five of us, which was the minimum required to register an NGO. In their conflict with MSF Belgium, MSF France saw me as MSF Belgium's ally. I didn't care at all about any of this, but I had to go to Paris to meet Rony Brauman, to reassure him. He said, 'You have to abandon the project because it hasn't been approved, or backed by MSF France, which is the original

section, and so on.' I said, 'It's too late, I have already started MSF Spain and we're not going to stop. But don't worry, I have no intention of siding with anyone against MSF France.'

Dr Josep Vargas, MSF Spain President 1986-1992
(in French)

The MSF Spain case remained on the agenda of international meetings. Eventually, MSF France leaders realised there was nothing they could do to prevent MSF Spain's creation of an association. MSF France acknowledged the legitimacy of the Spanish team and eventually came up to recognise MSF Spain.

In December 1988, the oldest sections of MSF decided to foster the development of the youngest one, by integrating Spanish volunteers in the French missions.



Minutes from the MSF Inter-section Meeting, Amsterdam, 28 February 1987 by Roelf Padt, MSF Holland President (in English).

Extract:

Spain is a different story: there are more opportunities for them to survive even without MSF support. The organisation uses people with field experience and is supported by Spanish volunteers in other missions. Nobody is happy about the way in which they have been founded, but the Belgians, the Dutch, and the Swiss are willing to recognise them. The French are opposed and are asking the Spanish to change their name. [...] Spain is not accepted now as a new section to be represented at the MSF meeting. The French are against the creation of MSF Spain, but the other sections are free to keep contacts with the Spanish. The matter will be discussed again at the next meeting.



Minutes from the MSF Inter-section Meeting, 20 December 1987 (in French).

Extract:

The older sections confirm their desire to encourage the development of younger sections. In the case of MSF Spain, this will be done concretely by integrating Spaniards into the emergency or long-term operations of other sections. We will try to transfer responsibility for missions in 'refugee camps' to MSF Spain (refugee-type missions are the most interesting for the development of a new section: acquiring a pool of experienced MSF, acquiring basic know-how).



I went along with Willy de Meyer, who had convinced me, to the press conference for the launch of MSF

Spain in Barcelona. Belgium and France carried MSF Spain to the baptismal font, and gave it instant legitimacy. It wasn't some wild offshoot, but the result of a collective decision.

I had realised that Spain was inevitable and maybe for the best, a potential MSF country.

So I accepted without too much complaint to kiss the hand I couldn't cut off, to go along with a movement that couldn't be stopped. Spain had people who had been in the field, who liked it, who were enterprising and had energy. It didn't make you want to fight them. I didn't feel I had the mandate or the legitimacy to do so.

The idea wasn't to turn MSF into the Red Cross and create sections all over the place, but that MSF become a European body with solid bases in different countries and trustworthy people. I totally accepted that idea. But this had to be done progressively, and we had to be strict about conditions, in other words the existence of a hub of people with experience in the field with one or several sections, who had demonstrated their commitment to the general framework of MSF's actions (I'd rather say that rather than principles and values), who felt able to be a force for growth and would convince us of that.

Dr Rony Brauman, MSF France - President 1982-1994
(in French)

As a compromise to the growing number of sections, the various associations agreed to a two-year moratorium on the creation of new MSF entities on 28 February 1987. This 2-year period was supposed to be dedicated to designing an international policy for the future of MSF as an organisation.



Minutes from the MSF Inter-sectionals Meeting, Amsterdam, 28 February 1987 by Roelf Padt, MSF Holland President (in English).

Extract:

An overall compromise is reached both on the creation of new sections and the creation of MSF Spain: a two-year moratorium is decided for the creation of new sections. During these two years, a policy will be worked out on the future aims of MSF as an international organisation.



Moratoriums, that's the formula I found to curb this temptation to create sections all over the place, like the Red Cross was doing. But, I did completely agree with the idea that MSF should become a European entity with solid operations in several countries and trust-worthy staff. However, we had to go progressively, and we had to be strict about conditions. There had to be a core of staff with field experience with one or several sections, who had shown their

adherence to MSF's general action framework who felt able to act as catalysts, and could convince us of that.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

C. MSF INTERNATIONAL

The reflection on MSF internationalisation continued within and between the various MSF associations. Similar to the first attempts in the early eighties, the creation of an MSF international entity to harmonise the relationships between sections, to increase MSF's intervention capacities, and to stimulate visibility and influence, was proposed.

1. From MSF Europe to MSF International

At a time when the political structure of Europe²³ was under construction, the term 'MSF Europe' was used rather than 'MSF International' to describe the attempts of coordination between the MSF associations.



'An Overview of Globalisation at MSF,' **Memo** by Willy Demeyer, MSF Belgium Board Member, July 1987 (in French).

Extract:

At a time when borders are disappearing, when an increasing number of people are travelling and coming into contact with people from other cultures, a more open-minded attitude is taking shape. Médecins Sans Frontières, which supports basic humanitarian values in every region of the world, stands at the forefront of this concept. We must achieve a consensus about the meaning of this MSF concept so as to boost our impact on world opinion. The independent development of MSF sections defeats the purpose of our existence and name, inevitably leading to the creation of mediocre organisations that are barely distinguishable from each other. [...] Young MSF staff members have little interest in differences existing between the MSF offices. Their goal is to travel abroad to gain experience in a developing country far from bureaucratic procedures, power struggles, and polemics between headquarter offices.

23. On 1 November 1993, under the Maastricht treaty (1992), the European Community (EC) became the European Union (EU).

At the Institute of Tropical Medicine in Antwerp, a source of recruitment par excellence for all MSF sections, a desire for globalisation has already emerged through the ties forged by professionals from different countries, creating an international environment conducive to reproducing the same climate in the field. The way MSF sections are introduced them at the institute, however, flies in the face of this desire, as well as the image and concept we wish to spread. The globalisation trend popular among today's young people should also prevail among MSF managers. [...] MSF could play an important role in the area of humanitarian diplomacy, with a common position and inter-sectional solidarity to strengthen this role. MSF's global nature should bolster our diplomatic influence with governments, embassies, and international organisations. On the other hand, when one section takes a wrong turn, the separate identities of the MSF sections means that the others can distance themselves from the error committed (i.e. MSF Belgium was able to remain in Ethiopia after MSF France was expelled²⁴). This also holds true when an MSF staff member comes from a country targeted by a government (French citizens in Chad and Lebanon, for example) or when we want to work on both sides of a conflict (MSF Belgium on Goukouni's side, MSF France on Habré's side in Chad). It appears, however, that when MSF wishes to support a universal ideal, it is difficult to play both sides of the coin in the face of public opinion and governments of the countries in which we operate.



MSF's natural area of operation was Europe, especially since it appears in the charter's first sentence: 'MSF is a temporarily French association with a global mission.' International and European were one and the same, at least at first. In addition, it would have sounded strange to say 'with a European mission.' It was always like that. Yet, our association was located in the industrialised and democratic North. That much was clear.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

In the meantime, MSF Belgium and MSF Holland strived to develop a concrete operational collaboration. In 1988, they 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, the MSF Holland and MSF Belgium joint rapid 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. 



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

Extract:

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

24. See: "Famine and Forced Relocations in Ethiopia, 1984-1986," Laurence Binet, MSF Speaking Out Case Studies. <http://speakingout.msf.org/en/famine-and-forced-relocations-in-ethiopia>

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 ECUs²⁵ from the EEC. [...] Communication was effective between European sections.



Minutes from the MSF International 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).



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 [MSF France President], 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, from MSF Belgium, who played the international game very well. I considered the mission a success.

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

2. The International Council (IC)

Building on the success of the well coordinated operation of Leninakan, in December 1988, MSF Holland proposed the creation of an international council (IC) that would be in charge of 'designing a policy on the future of the European governance of MSF and of reinforcing the information flow between sections.'



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

Extract:

Formalisation of international relations

MSF Holland proposed an international council consisting of one person with decision-making power from each section; the council would meet once a month. Participants agreed it would initially meet every three months. Every other meeting would be open to additional participants, with three to four people allowed to attend from each section for the purpose of addressing all issues related to international coordination. MSF Holland (Roelf) will be responsible for selecting council members (one per section) and organising upcoming meetings. More specifically, the council is tasked with developing a policy on the future of the various sections' European operations, such as a European emergency unit. With the aim of improving the dissemination of information among various sections, the council will also consider inviting board members from each foreign section to join. The council must ensure the ongoing exchange of written information that is already available, such as donor newsletters, in-house magazines, and board minutes. An external European newsletter should also be considered. The council decided to hold a weekend meeting bringing together all sections (board + staff) from 3-4 June 1989 in Toulouse, to give all teams working in the different sections' headquarters an opportunity to meet.

On 14 February 1989, representatives of the six MSF sections agreed to what they called a 'non-decisional but informative' role to ensure that the code of conduct was respected; to make political initiatives at international level; and to reflect on the MSF project at European level. As the two-year moratorium was over, Fernando Nobre, a former member of MSF Belgium Board of Directors and founder of International Medical Assistance/Assistencia Medical International (AMI) in Portugal, applied for the creation of MSF Portugal. Criteria for inclusion of new sections were proposed for debate at the next international meeting.

25. ECU (European Currency Unit) was the unit of account of the European Community before being replaced by the euro on 1 January 1999, following a decision taken by the European Council in 1995.



Minutes from the MSF International Meeting in Brussels, 14 February 1989 (in French).

Extract:

Committee roles and responsibilities

- Plays a non-decision-making, strictly informational role.
- Ensures compliance with the code of conduct.
- Takes political initiatives at the international level (Nobel Prize, humanitarian rights, etc.)
- Think tank on the MSF concept at the European level [...]

3. New sections - Fernando Nobre, former MSF member, announced his intention to set up MSF Portugal, to MSF France. There's no major problem with this plan, given that he's ex- MSF and would be guided by MSF France from the outset. How should we respond, however, when we get a request from Lebanese or Palestinian doctors, for example, especially in respect of institutional donors? At the next meeting, each section will present their thoughts refining specific criteria regarding:

- Spontaneous creation
- Creation by a former MSF member
- Sponsorship by another section
- Signing a contract also encompassing the internal regulations, charter, and best practice code. It would be good if a representative of MSF Portugal could attend the next international meeting.

On 21 April 1989, the criteria for new entity creation were agreed upon. The sections acknowledged that internationalisation was "an integral and undeniable part of [the MSF] movement's current ideas and philosophy". They agreed on the creation of MSF Europe as the first step toward the creation of an MSF International "to which all countries in the world could belong." A federation-like, flexible structure was proposed that would "exploit and strengthen the specificity of each section."



Minutes from the International Meeting of MSF, 21 April 1989 (in French).

Extract:

2. Criteria for admitting new sections

We accept the criteria discussed during the last international meeting:

1. Organic creation.
2. Previous experience with MSF.
3. Sponsorship by an existing section.
4. Acceptance of the charter, code of conduct and other basic documents. Rony acknowledges that MSF France has become much more accepting of globalisation. We agree to avoid pushing for the creation of new sections, but we will have to make an attempt to involve other countries (mainly those belonging to the EEC) in two areas:

- Recruitment.
- Discussion forums. This will give people of other

nationalities an opportunity to take part in projects, possibly sparking an interest to eventually create a new section on their own.

MSF Europe:

We discussed the benefits of creating a structure that would be relatively informal from a legal perspective, with its own headquarters. This would enable us to strengthen our shared assets while maintaining flexibility in the areas in which we are not in full agreement. One of our areas of expertise could be deliberation about basic issues of cooperation. In principle, the presidency would be held on a rotating basis. In order to delve deeper into the subject, MSF Belgium and MSF Holland will prepare a document defining possible legal structures, objectives, work methods, headquarters location, areas of expertise, validity of decisions, etc. All sections will contribute their knowledge of existing European associations.

MSF Switzerland offered to examine how MSF could be represented at organisations with Geneva headquarters. At international meetings, for the time being, each attendant will need an authorisation specifying his/her decision-making power on a specific topic. The creation of MSF Europe appears to be a necessary condition to be eligible for awards such as the Nobel Peace Prize and the Council of Europe Human Rights Prize [...]

Creation of MSF Europe: The globalisation process is moving at a faster pace. The process is now an integral and undeniable part of our movement's current ideas and philosophy. This international trend stems from a determination to spread the influence of our ideas, to develop an information exchange network and to make our work more effective. This is demonstrated by MSF's short history: our commonalities are more powerful than our differences, despite the lack of a European legal code. The skills and powers of European institutions have grown, resulting in associations, companies, and other entities coming together in a well-defined European area. MSF sections now seem poised to take this important step, i.e. the creation of MSF Europe. For that reason, we are proposing that the international council consider creating a supranational structure in the immediate future. The creation of an MSF Europe could be a first step toward forming MSF International, to which all countries in the world could belong.

Objectives:

Based on the above considerations, we can set the following objectives:

- 1) Build our capacity to take action and improve the quality and effectiveness of our operations.
- 2) Develop a network with a focus on exchanging ideas and information.
- 3) Strengthen team cohesion and promote the Médecins Sans Frontières concept.

Methods:

The idea is to set up a structure in the form of a federation that would strengthen and take full advantage of the specific characteristics of each section, which would thus maintain certain decision-making autonomy. This structure would

have limited powers and offer a high level of flexibility. In addition, it would have to adapt to lessons learned from operational experience.

Articles of association:

These will have to be drawn up by the MSF international council, which must call on competent professionals who can perform this meticulous work as quickly as possible. The articles will have to develop policies for the following topics:

1. Council members: the existing sections are the founding members. Membership procedures must be established. We still need to explore the benefits and feasibility of encouraging the creation of national sections in European Community countries that do not have an MSF section. This could take the form of members in training.

2. A procedure for electing management and/or a board of directors.

3. A headquarters office.

4. Powers and issues under the purview of the supranational structure

Conclusion:

A European MSF federation comes in response to the challenges posed by our era's humanitarian aid efforts. Success will depend on whether the desire to transcend borders ends up prevailing over nationalist sentiment.

On 3 and 4 June 1989, more than 200 members of the MSF associations and of the executive teams gathered in Toulouse, in the South of France, for the European Convention of Médecins Sans Frontières.

The creation of MSF's representative entities in Brussels and Geneva was considered a basis for future federal structures. There was little discussion about the previously defined admission criteria for new associations. The representative of International Medical Assistance/Assistência Médica Internacional (AMI) in Portugal pleaded once again for AMI to be recognized as the MSF association in this country.



Minutes from the Médecins Sans Frontières European Convention in Toulouse, 3 and 4 June 1989 (in French).

Extract:

Development of Médecins Sans Frontières

Management committee representatives explained the current situation regarding inter-sectional coordination in Europe. The various departments coordinate efforts in areas such as logistics, whose representatives meet on a regular basis. The management committee is tasked with proposing new ideas and safeguarding agreements. The biannual meetings of managers and representatives of the different offices decide on major new initiatives, but only when they are authorised to do so by their general assemblies if the initiatives relate to such important issues as revising the

charter. Médecins Sans Frontières representative offices in Geneva and Brussels were discussed as possible formal federal structures that could be set up. The management committee is also working on other subjects.

Admission criteria for new sections and internationalisation policy.

Not a lot was said on this point. The representatives of the executive committees will explain their viewpoint on spontaneous creation by former MSF members, a period of sponsorship by an existing section and final admission into the Médecins Sans Frontières family via the biannual presidents and directors meeting. The only person to object was the representative of Assistência Médica Internacional, who claimed AMI was becoming a Portuguese section of Médecins Sans Frontières, who said that AMI should be recognised as an MSF section since the association already exists.

On 5 October 1989 and on 9 January 1990, the still informal international council of MSF discussed the possibility of MSF obtaining a European organisation status. The objectives of this international entity were to strengthen the influence of MSF at the European level, and to better access European funds for improved interventions.

Eventually, a supranational structure was created. It was called the MSF Europe Council and would be composed of the six association presidents or their representatives (usually the general directors) and meet every three months. However, for a while, the documents produced by this entity remained under an 'international council' title.

The MSF European Council's office, named MSF Europe, was based in Brussels, but not on the MSF Belgium premises. It was organised and led by an [international secretary general](#) who would take charge of coordinating the Council's activities, developing a MSF Europe structure, representing the organization externally, and lobbying.



Minutes from the MSF International Council²⁶ Meeting, 5 October 1989 (in French).

Extract:

II – European Structure, International Status

After a discussion about the options for MSF representation in Europe, everyone approved the creation of a MSF European Council secretariat called MSF Europe. It will be based in Brussels, but housed separately from MSF Belgium.

Aims:

26. Although the international council was formally established at the beginning of 1991 only, as of October 1989 the minutes from the international meetings were presented as those of the meetings of the 'International Council of MSF'

1) Coordinate and distribute information from the EEC and MSF sections, and possibly among the MSF sections if this seems helpful.

2) Represent MSF in Brussels as Robert Müller does in Geneva.

3) Handle specific issues.

JPL [Jean-Pierre Luxen] noted that MSF Belgium no longer wanted a European umbrella organisation. There was general approval, [but] each participant feared a cumbersome bureaucracy that would result. The idea of a European organisation that adapts to changing circumstances, the only dynamic approach according to Rony Brauman, is satisfactory to everyone, said Rony. He believes the European Council should handle political problems while the secretariat should, if necessary, carry out the council's decisions and, upon request, provide information on the national sections' activities. After a discussion, participants jointly drew up a draft job description for the European secretary: a young graduate of a prestigious university with responsibility for:

- Handling administrative coordination for MSF Europe and managing grant proposals and developing contacts so as to lobby the European Parliament and other European institutions.
- 'Behind-the-scenes' activities: get to know European officials and learn how the EC operates



Minutes from the MSF International Council Meeting, 9 January 1990 (in French).

Extract:

In summary, the different sections expressed their desire to create a supranational structure called MSF INTERNATIONAL, with:

1. Articles of association in accordance with Belgian law (see Jean-Pierre Luxen and Reginald Moreels' document).
2. A new charter included in the articles of association. Internal rules and regulations will be appended to the charter (Code of Conduct). France and Holland will have to come to an agreement on the Code of Conduct before the next meeting.
3. A goal that includes not only a common fundraising policy but also the creation of a federation with decision-making power and a broad medical and political mission.
4. Brussels as headquarters.
5. A rotating presidency

On 2 July 1990, MSF Belgium, who had been assigned the Presidency of the MSF European Council for six months, presented a declaration of intent for the creation of MSF Europe, which was endorsed by the six MSF associations.



Minutes from the MSF International Meeting, Brussels, 7 and 8 June 1990 (in French).

Extract:

Each section's attitude toward MSF Europe's growth and development

MSF Europe Council: supreme political body consisting of six people, either presidents or their representatives. Meets every three months. Rotating presidency: one person representing one section acting as president of MSF Europe. Terms of reference to be defined. The council suggests the issues to be discussed, while the president proposes an agenda. MSF Belgium was unanimously appointed to the MSF Europe presidency for the upcoming six-month period (until the end of 1990). Belgium will internally select a person to serve as president. The MSF Europe secretary general must be completely bilingual or trilingual (English is a must). Terms of reference: coordinate the council's work, settle differences, deliberate on European issues (establishment of articles of association, etc.) Council administration (budget, funding, etc.), lobbying, and representation (information gathering and presentation of the shared MSF concept). These terms of reference will have to be formalised for the September meeting, as will the articles of association and a proposal for an operating method [...]

After this meeting, MSF Belgium will prepare a declaration of intent covering MSF Europe's major objectives. Each section will share the European idea with its members. For the next meeting, scheduled for September 1990, the president will draw up the articles of association, hire a secretary general, and determine the related terms of reference, and make list projects common to all sections. Each section is tasked with: listing the council's terms of reference and coming to an agreement on the charter's terms.

In October 1990, the MSF associations decided that the international entity should be named MSF International rather than MSF Europe, which was considered too restrictive. The terms of reference of the international council (IC), which would play the role of the MSF International Board of Directors, included the nomination procedures, the roles of the [International Council President](#) and Secretary General, and a primary outline for funds sharing. In January 1991, the profile of the secretary general was detailed.



Minutes from the MSF International Council Meeting, 11 and 12 October 1990 (in French).

Extract:

III. International secretariat

A. International Council [IC]

* Name: International Council

* To be determined:

1. Terms of reference (responsibilities, areas of expertise)
2. Working methods (voting, information and decision-making process)
3. President's role
4. International council's role in relation to the various sections [...] A three-person working group writes a proposal of no more than three to four pages. Members: Rony Brauman, Jean-Pierre Luxen, Jacques de Milliano + one representative of a small section. Deadline: 15 November 1990 [...] Each section will have an opportunity to share its opinion. [...]

C. Articles of association

*Draft articles of association (international articles under Belgian law): Recommended by an independent expert. These articles cover the secretariat, international council, and European financial and logistical activities. MSF Luxembourg and MSF Holland will provide a second opinion. Deadline: 15 November 1990 – other sections are required to respond to these second opinions (by fax).

*Filing of articles of association: Press conference after the January international council meeting

*Name: MSF International, rather than MSF Europe, because 'Europe' has a political and cultural connotations and is too restrictive. MSF International, with national offices. The MSF International logo can perhaps use small type underneath to distinguish between the sections.

*English name

Important:

- Name must not be too long,
- It's best not to be too literal,
- Suggested English name: "Doctors Without Borders"
- The different communications departments will have to standardise the house style

Conclusions

Name: MSF International

English name: Doctors Without Borders

Press conference after the international council meeting in January 1991.



Minutes from the MSF International Council Working Subgroup Meeting, 15 November 1990 (in French).

Extract:

IV. International council terms of reference

The international council is the international association's board of directors:

- Composition: it consists of two representatives from each country.
- Areas of expertise: sets and defines MSF International policy and initiates the development of MSF International structures

General framework:

- Defends common principles
- Sets the direction for MSF International's development and distributes resources
- Responsibilities – two options:
 - Either the initiative comes from the sections
 - Or it comes from the international council. In this case, we must avoid turning to national boards of directors, in

view of their acceptance of the international council's general framework.

V. International council presidency

The president is appointed for a six-month period, which can be extended to one year.

President's roles:

- a) Right and duty to take the initiative, and may delegate responsibilities
- b) Is the MSF International spokesperson
- c) Must maintain inter-sectional cohesion (visits the sections)
- d) Must provide him/herself with the necessary management resources, which confers a level of autonomy (for example: the president must have the power to hire a person under a temporary contract to carry out an activity); also plays a coordinating and motivational role, which requires a high degree of availability.

VI. International Secretariat

Secretary's roles:

- 1) Organises the international council's activities (schedule, meeting invitations, and preparation of minutes).
- 2) Disseminates information to the European sections (European newsletter), with the aim of further instilling and expanding the MSF concept, while encouraging the sections to coalesce around it.
- 3) Implements the tasks decided during the international council meeting, but can also carry out initiatives taken by the president or by him/herself. The sections should not ask the secretary to perform work for them.
- 4) Lobbies all European institutions, including the Commission, Parliament, Council, other NGOs and foundations.
 - In order to lay the groundwork for disseminating MSF publications (papers, analyses)
 - In order to reach political, technical, and financial decisions at the European level.
- 5) Represents MSF International in European bodies but does not have a political role.
- 6) Participates in building and developing MSF International through an analysis of the evolution of its legal, legislative, and other structures.
- 7) Provides a link with MSF representatives at the UN in Geneva.



Minutes from the MSF International Meeting, 31 January and 1 February 1991 (in French).

Extract:

Length of the international secretary's term of office: six-month probationary period. Open-ended contract with a three-year informal contract.

d) The international secretary [general] will carry out the following activities over the next three years:

- Disseminate information to all MSF sections.
- Set up the secretariat office.
- Contact the lawyers drawing up the MSF articles of association.
- Speak to other institutions about MSF.



We started this office, an international secretariat with legal-administrative competences, to represent via delegations. It had no authority. We weren't expecting any, quite the contrary. Our goal wasn't to deny any substantial role, but to make sure the sections held on to their prerogatives. It was a little like a 'Nations of Europe.'

Dr Rony Brauman, MSF France President 1982-1994
(in French)

3. An International Decision Making Process

On 15 November 1990, a new three-year moratorium on the creation of new MSF associations was imposed. Voting procedures and the introduction of veto rights for large sections were discussed in depth. Criteria for a section to be considered as large were established.



Minutes from the MSF International Council Working Subgroup Meeting, 15 November 1990 (in French).

Extract:

II. International council working method

Recap: moratorium on new sections. The moratorium will last three years and will be tacitly renewed for an equivalent period unless otherwise decided by a vote. This point is obviously extremely important because it will set the direction for the international council's general operations in terms of the decision-making procedure, the thinking behind it and its general provisions. The current situation demonstrates the differences between sections in terms of their operational capacity and their volume of activity. We have always, and spontaneously, talked about 'small and large' sections, which together form a harmonious European whole. This situation of large and small is not set in stone, however; small sections, or at least some of them, can evolve toward a volume of activity matching that of a large section. On the other hand, there is always a risk of a large section significantly reducing the number of its activities due, for example, to a serious internal conflict. Various criteria (objectives) clearly provide a realistic portrayal of a section's volume of activity:

- Annual budget threshold: 10 million ECUs [European Currency Unit (Prior to Euro)]
- Number of departures: 300 departures a year
- Number of field jobs: 100 jobs

When sections are below these thresholds, they are considered small; when they are above, they are considered large.

Voting procedure: At the last international council meeting, it was clearly established that European-sponsored (international) projects or approaches would be given priority; in the case of a major difference of opinion, the project could be carried out on behalf of MSF International. It goes without saying that this type of situation is the

exception, but it has to be accounted for in the articles of association. For that reason, a voting procedure must be developed based on the following principles:

- It must foster a dynamic, well-functioning international council.
- It must avoid encouraging power struggles,
- It must be used sparingly when there are differences of opinion on important issues; a consensus should always be sought first,
- It must avoid endangering other sections' existence,
- It must reflect the actual manner in which MSF operates while avoiding obstacles,
- It must avoid conflict when there are differences of opinion. The working group has recommended that the large sections be given the power to veto decisions if warranted by differences of opinion under exceptional circumstances.

III. Solidarity fund: This fund aims to foster and support positive initiatives taken by small sections, as well as encourage interaction and maximise various types of energy flow between the sections. The solidarity fund could take the following forms:

- Project technical support.
 - Cash advance for interim financing or in the event of cash flow problems.
 - Possible financial support for certain projects.
- 5) MSF International at European institutions but does not play a political role.
6) Helps build and develop MSF International by analysing changes in legal, legislative, and other structures.
7) Serves as liaison with MSF representatives at the UN in Geneva.



Minutes from the MSF International Meeting, 22 March 1991 (in French).

Extract:

1. Voting procedure

1.1. Large sections' veto power. [...]

Field of application

Solely the purview of the international council, i.e. joint activities sponsored by 'MSF International' and the joint promotion of external issues. This is by no means an effort to prohibit any section, either large or small, from undertaking an initiative under its own name. - Applicable cases: because the field of application is still vague, it would be best to specify in which cases the veto power would come into play. Moreover, it is difficult to predict such circumstances in advance and include them in the articles of association. Because the veto would entail a loss of autonomy for the small sections, it may be best to adapt it when situations occur. For the time being, only one 'highly sensitive area' was mentioned for which, a small section must have veto power over an MSF International initiative.

Highly sensitive areas

It would be a good idea to create a sort of 'code of conduct' that gives the option to use a different procedure in certain

cases. Similar to highly sensitive countries in the operations code of conduct, we could include 'highly sensitive areas' for which even a small section could wield veto power. This option must be included in the MSF International articles of association in the form of internal rules and regulations. Applicable cases: If MSF International were to decide to directly carry out activities in the national territory of a small section, this section can use its veto power, i.e. a type of non-intervention clause [...]

Final proposal

Add to the articles of association:

- (a) The concept of large sections' veto power, and
- (b) That an internal rule will govern special cases, even though there is no such rule for the time being (it does not seem possible to predict potential cases in a thorough and realistic manner), and that it will allow for modifications, based on practical cases as they occur (establishment of precedents), without having to revise the articles.

On 18 April 1991, the decision-making procedures for MSF International were formally adopted during the international council meeting. MSF would be represented, under its European label in large international meetings and conferences organised by the UN and various international NGO groups.



Minutes from the MSF international Meeting, 18 April 1991 (in French).

Extract:

III. Formal approval of the decision-making procedure (Geneva):

Recap of decisions taken during the international meeting of 22 February 1991 in Geneva (see minutes from this meeting for further details) and formal approval of these decisions.

Summary of decisions:

- (1) The veto power granted to the 'large' sections (defined according to the working group criteria of 15/11/90) will be stipulated in the MSF International articles of association that will be filed in Brussels.
- (2) The articles of association will also include a veto power implementing regulation. If necessary, it will allow us to take into account special situations in which exercising veto power should be limited or adapted. This regulation will be based on situations encountered during the international council's decision-making process (precedents).
- (3) Selection of an international president will be subject to the approval of job requirements and the presentation of a proposed plan by the candidate and section. If more than one candidate stands for president at the same time, a simple majority of the international council (one vote per section) will vote to select the president.
- (4) Voting by delegation of authority is practical for

international meetings at which not all sections can be present, on condition that an agenda describing the issues and distributed ahead is submitted for a vote.

Sections in the process of formation can attend international council meetings but do not have voting rights [...]

MSF's participation in meetings focused on developing and/or reviewing UN agencies' actions and policies (i.e. Bamako, EPI, etc.): Rony explained that after meeting UNICEF and UN representatives, he realised they knew of MSF's significant role in the field, but noted its lack of participation in meetings and conferences that addressed health and field policies. The decision was taken to participate in a few major meetings, such as a review of the EPI [Expanded Programme on Immunisation], as a European project. Such participation would fall more within the remit of each section's operations departments.

In April 1991, after the Gulf War, the MSF sections brought relief to the Kurdish people, who were pushed out and isolated in the mountains along the Turkish-Iraqi border, by Saddam Hussein's troops. These well-coordinated operations strengthened the motivation of the MSF associations to further structure the movement.



Minutes from the MSF Spain's Board of Directors Meeting, 12 April 1991 (in Spanish).

Extract:

5. Kurdistan: [...] MSF International advocates the right to provide humanitarian aid (the idea being to put a team at the western border with Iraq and one on the other side with Iran). Despite logistical difficulties, the Turkish authority did grant the necessary authorisations. The secretary of MSF International just left the conflict zone where he took an EEC [European Economic Community] delegation (headed by Jacques Delors) and a group of journalists, their aim being to obtain logistical resources to facilitate access to the zone where there are refugees.



MSF France's President's '**Moral report**' to the General Assembly, 1 June 1991 (in French).

Extract:

Tested in real-life conditions in the wake of the Gulf War, the strength of our emergency intervention, which is certainly not something new, attained a level that surprised observers, and even many of us. This was in spite of all the political and geographic obstacles presented by the locations. Médecins Sans Frontières was able to rapidly deploy, in the mountains of Kurdistan, in Turkey, and in Iran, the biggest convoy in its history, [which included] over 160 people in 10 days to a dozen camps, an airlift comprising 75 planes

transporting some 2,500 tons of emergency equipment, to set up proper intensive care centres operating day and night over several weeks.



In spring 1991, MSF's operation during the Kurdish exodus after the Gulf War was a big moment. We all worked together as was needed. We didn't tread on each others' toes, we didn't try to coordinate excessively. We shared the field and exchanged information. To my mind, it was a perfect example of the compromise between working together and keeping our independence, benefits, flexibility, and initiatives. The result was that nearly everywhere we were able to guarantee an 80 per cent emergency presence at the borders, with the other 20 per cent working under our direction. We felt proud of being MSF, of working together. We were all happy with one another. So, it was a huge international success. It gave us the impetus to organise ourselves at the institutional level.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

On 10 January 1992, in Melun (France), the international council finally approved and signed the statutes of MSF International and expressed a strong will to promote international cooperation, particularly in operations.



Minutes from the MSF International Council Meeting, 10 January 1992 (in French).

Extract:

3 – Signing international office articles of association.

The articles were approved and signed by every section present and submitted to Alain Destexhe, who was tasked with filing with the relevant government agencies.

On 11 and 12 January 1992, around forty members of MSF boards and headquarters also gathered in Melun to reflect on the future of the MSF movement project. In a final statement, a list of practical decisions was proposed that were designed to improve the operational collaboration between sections. A 'Melun Statement' was issued, which was supposed to organise this cooperation. The implementation took some time, nurturing many discussions and questions.



'Melun Declaration,' MSF International Council Meeting, 10 January 1992 (in French).

Extract:

At the meeting of 10 January 1992, the international council clearly expressed the desire to promote international collaboration within MSF, particularly in operational areas.

A few practical decisions were taken:

1. The section's director of operations, who serves as European president, will hold international meetings both in Europe and in the field. She/he will recommend methods of coordinating activities, and develop formal means of inter-sectional contact in a specific country. She/he will also foster informal interaction, such as joint trips, and report to the international council regarding how operational collaboration and adherence to the code of conduct are playing out.
2. The section's director of operations, acting as European president, will ensure that exploratory missions and field teams are multinational.
3. Field projects will no longer be allowed to add the section's name to the Médecins Sans Frontières name on cars, T-shirts, etc.
4. At each European headquarters, job descriptions for managerial positions will have to include MSF's international aspect.
5. The international office will distribute objective information on the various sections' activities.
6. Internal communications materials (Messages, Ins & Outs, Contact, etc.) will have to cover topics relating to MSF Europe. The MSF international office is responsible for guiding and overseeing this effort.

Six months later, in June 1992, the international council acknowledged that the international cooperation mechanisms defined in Melun were not working. Therefore, the roles of the international council President and the International Secretary General were strengthened regarding the enforcement of decisions made in Melun.



Minutes from the MSF International Council Meeting, 26 June 1992 (in French).


Extract:

Discussion on MSF Europe's current operating methods and the respective roles of the international presidency and secretariat: The methods developed in Melun (see appendix 2) do not seem to be working. It is essential to find an effective coordination system for our operations. The international office plays a role in monitoring the coordination system. Regional meetings scheduled to take place every six months are very important for European coordination. The European presidency is a cumbersome part of the system, but the international secretariat cannot shoulder the entire burden itself; otherwise, the other

sections will feel less responsibility for Europe [...] In conclusion, it was decided to strengthen the international presidency and international office and ensure the Melun Declaration is enforced. The international presidency plays a proactive leadership and coordinating role in all areas and sectors, particularly headquarters and field operations. All international council members have a personal role to play in coordinating European activities, especially in their own section.

Discussion on the international presidency: Rony reminded participants that if a section wants to renew its term of office, it must submit a request in advance. If a request has not been made, other sections may apply. Several people had concerns about the length of the term of office. Doris felt that six months is too short to set anything in motion or achieve any results. It depends on the capacity of the section in charge. Alain thought that six months was enough, since the presidency requires the section to be intensely involved. Joseph agreed with the six-month period, but thought that the section serving as president should hold the presidency at all levels, which is not currently the case. He said that in this case, he did not understand why the 'small' sections were systematically excluded. He requested a review of the international presidency at the end of each term of office. Doris asked what MSF Belgium had accomplished over the past six months during its term as president? Alain informed the participants that Reginald planned to prepare a report, which he will present at the next meeting. Carlo suggested developing a plan and preparing a review at the end. Jacques asked that priorities be set for each presidency. Doris said it was essential for the president to visit the small sections. In conclusion, it was agreed that the president must play an active role in a variety of areas. France will hold the presidency from 1 August 1992 to 1 February 1993.

Beyond the now formalised institutional organisation, the system of coordination between sections remained flexible. It allowed for autonomy and the power of initiative for each entity, provided that the rest of the group was informed. An informal procedure of non-objection was applied, which allowed any member to move forward with an initiative as long as there was no objection from other members.

 *Even if there was this honeymoon period when we all loved and respected each other, we still found occasions for disagreements. When you're all doing the same thing under the same banner, you inevitably rub each other the wrong way once in a while. That's life. There was also a lot of work still to be done on improving our joint mobilisation ability. But, we had explicitly rejected the idea of doing more at an international level. We had decided on a rotating presidency, our take on the European model. I'd got used to observing all that, looking for good ideas. At MSF France I'd*

introduced a 'nono' way of doing things, the no-objection procedure. We called it the no-no zone, like the zone in non-occupied France [Free Zone] during the Second World War. This is how it worked: if there was no strong objection and no one to defend it, then the decision went through. We weren't seeking consensus, or rather we wanted minimum consensus in the best sense. I wanted the same system at the international level, and that's how it worked. Everyone agreed with this no-objection procedure. A sensitive subject was put up for approbation: if no one had good reason to oppose it, we went ahead. There was also the fact that each section had to show it was solid, if it was to be a candidate for leading a project, and needed to have a collective approach, included in its procedure. A person was given the responsibility for six months or a year if there was good reason to do so, after which we gave it to someone else. In that way, there was no abuse of power because we knew this could happen, and we created real reciprocity. It also avoided bureaucracy. The administrative people in each section were put to work. The presidency and the direction of each section, sometimes by recruiting someone for a while, were a commitment by all to deal with international tasks.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

During the Melun meeting, the case of AMI Portugal's misrepresentation in Mozambique was mentioned. AMI claimed to be MSF Portugal without MSF agreement and despite the fact that MSF had already registered the brand in Portugal. The international council President was asked to give AMI formal notice of cessation. A few months later, AMI Portugal committed to desist from using Médecins Sans Frontières Portugal.



Minutes from the MSF International Council Meeting, 10 January 1992 (in French).

Extract:

10 - Miscellaneous

The problem of AMI [Fundação de Assistência Médica Internacional] in Portugal was raised. This association is presenting itself in Mozambique as MSF Portugal. The MSF name was filed [for registration] in Portugal. It was decided to send AMI a formal notice based on incidents in Mozambique. The next International Board President will be responsible for this formal notice.



Minutes from the MSF International Council Meeting, 26 June 1992 (in French).

Extract:

AMI Portugal: Alain [Destexhe] met the director of AMI

Portugal, a former MSF volunteer, Mr Nobre. AMI Portugal will no longer refer to [itself as] 'Médecins Sans Frontières of Portugal.'

4. The International Office

Meanwhile, in early 1991, Alain Destexhe was hired to be the International Secretary General. The candidacy of this Belgian doctor, who had worked for Liberté Sans Frontières, was supported by MSF France, but not by MSF Belgium. Nonetheless, all sections endorsed his recruitment and he was chosen for the job.



Alain Destexhe had worked with Liberté Sans Frontières, so we knew him. He was a Belgian, to the right [politically] and a member of MSF France. The Belgians were opposed to hiring him, but I pushed quite hard. It was a huge compromise by the Belgians to accept him as our international secretary general.

Dr Rony Brauman, MSF France President 1982-1994
(in French)



Alain Destexhe was a controversial figure at MSF Belgium. He tended to work more with the foundation of Médecins Sans Frontières because he writes well and shared the foundation's more rightist political opinions. He was imposed on us by Rony [Brauman, MSF France President], who argued that Destexhe's political connections could help us obtain a Nobel Prize. Rony didn't have much time for the international secretariat or our links with the European Commission. He chose Destexhe because he knew MSF.

Dr Jean-Pierre Luxen, MSF Belgium President
1984-1987, General Director 1988-1994 (in French)



Jean-Pierre Luxen considered Alain Destexhe a 'sellout' [and] his hatred was so visceral that it weakened his arguments. Alain was an excellent candidate who ticked all the boxes. It was he who suggested I put myself forward, saying, 'You're young and they need young people.' He encouraged me all the way and then applied himself two weeks before the call for candidates was closed. Alain was imposed by Rony, who had done efficient preparatory work to ensure there were no surprises, particularly about Jacques de Milliano. All was well as long as Rony and Jacques agreed.

Stéphane Devaux, MSF Belgium Coordinator
of Institutional Fundraising, September 1990 -
April 1992 then 1993, for MSF International April 1992 -
January 1993 (in French)



The idea was to have someone to connect different sections' viewpoints and to represent MSF at international organisations, especially the European Union. I prepared reports for the international council. Some IC members were very active, others weren't. They tended not to interfere, so my agenda was based on what I thought the current priority was, sometimes working with the IC's President. I tried to be a facilitator, especially before MSF had to take a political position. I tried to make this easier for them by preparing documents, which put several positions forwards. This worked well in the case of Kurdistan, but was more complicated for Rwanda and Yugoslavia. My goal and ambition for MSF was that the international office should become MSF's lobbying and communications voice.

Dr Alain Destexhe, MSF International Secretary
General 1991-1995 (in French)

In September 1991, Anne-Marie Huby was hired as the International Press Officer. She was in charge of harmonising MSF international communications. Anne-Marie was supposed to focus on the English-speaking media, which was neglected by the mostly French speaking MSF sections. In 1992, a position of international press officer was opened in Nairobi to cover the Somali crisis, the genocide in Rwanda, and its aftermath.



Minutes from the MSF International Council Meeting,
26 June 1992 (in French).

Extract:

Bernard urged caution with the new communications officer position in Nairobi. Sections do not communicate through structures, he said. Alain agreed, but noted that this job has a double role, internal and external: internal for the purpose of writing Sitreps [Situation Reports] on the region and external in the person's work as press officer. The job is not designed to facilitate inter-sectional communication, which is everyone's responsibility [...]

4. International communications

The board discussed international communication, agreeing that this was inconsistent, each section having its own policy, press releases, and press conferences. There were few international events. Alain said international communication required a good balance between flexibility and consistency. Rony agreed that international media was essential. Josep: we would strengthen our credibility by improving coordination on important issues, such as Somalia and Yugoslavia. According to Doris, press conferences must be tailor-made for each situation. France produces some 150 press releases every year. Jacques: international press releases are less important than bold initiatives, political and in the field, such as on-site advocacy and personal accounts. Alain: we issue too many messages about MSF's actions and not enough about events that have been witnessed. Rony:

we shouldn't become obsessed with order because disorder is more creative.

Conclusion

MSF should favour two types of communication:

- National with each section setting its own priorities according to their needs.
- Focussed on institutions for events, like the Council of Europe Prize, and a few times a year on topical issues.

It was decided not to set up a joint project in the Horn of Africa. Most sections are carrying out their own operations.



I knew we had a big communication problem with the English-language media. When an article appeared in Le Monde, everyone at MSF was delighted, but we weren't concerned about The New York Times or The Economist. MSF Belgium was covered by the Belgian press. Anne-Marie Huby was hired to reach out to the English-language media. She used press releases mainly from MSF France and some other sections, and gave them an international angle. She was really good at it. This was right in the midst of major international crises in Kurdistan and Somalia, and Huby became the de facto spokesperson for the international movement in English-speaking countries, [but] the sections weren't always happy about that. The international office played a very important role in raising awareness about MSF in English-speaking countries.

Dr Alain Destexhe, MSF International Secretary
General 1991-1995 (in French)



I joined the international office in late 1991. My job was to implement ideas and develop a plan to make Médecins Sans Frontières' communication more consistent. But events started moving fast in Croatia and two weeks later I was in Zagreb during the Vukovar incident.²⁷ In addition to reports on the crisis, my more covert goal was to demonstrate that a united MSF was stronger than a disunited one. Press releases were very Parisian, political and opinion-minded. There was no real international strategy. In those days, one had to talk with CNN to get to know the influential executive editors. One also had to get on the right programmes at the right time for both image and security reasons. My frustration stemmed from the fact that I was in Brussels and that I saw crises developing in the field without access to the right information. We fought to increase the budget so as to create a job in Nairobi. I hired Samantha Bolton as Press Officer for East Africa. She settled in and stood up to everyone. We then set up a small network of communication officers throughout the movement. We ourselves worked in London, with Samantha in Nairobi, and Barbara Kancelbaum in New York, then Kris Torgeson. This tiny team turned Médecins Sans

Frontières into a brand. We were often the first in the media to react to a crisis and to be interviewed on it. It was hard to make people at MSF understand the need for this. I went to Nairobi before Samantha arrived, and said, 'A MSF T-shirt for everyone, and we're going to do media training.' The staff hated me! In the first three weeks, no one would even buy me a beer. They'd say, 'Who's this bitch with her T-shirts?' We appeared on CNN with our MSF T-shirt, and when we bought advertising space in The New York Times, we became three times more effective.

Anne-Marie Huby, MSF International Press Officer
1991-1993 (in French)

The MSF Representative position for the Geneva-based international institutions was already filled by Robert Müller on a part-time basis. MSF France hired him in 1988. Robert was based in the MSF Switzerland office in Geneva. His job description was strengthened and he was tasked to obtain an observer status with specific international institutions.



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

Extract:

9. Representation with international organisations in Geneva: MSF France has recruited a former UNHCR official to facilitate relations with UNHCR and to represent MSF France at international meetings. He is working on a volunteer basis and will have an office inside MSF Switzerland. The issue was raised of how MSF sections are represented with institutions. MSF Switzerland noted that for obvious reasons, it could also provide representation. The issue will be further discussed at a future meeting.



Minutes from the MSF International Council Meeting,
5 October 1989 (in French).

Extract:

III MSF Representative in Geneva

Agreement on the job requirements proposed by Robert Müller [...]. The title could be 'Project officer for international organisations' on MSF Europe stationery and business cards. The monthly Swiss Franc 900 budget is covered by four sections (F[rance], NL [Holland], B[elgium], ES[pain]). Switzerland contributes housing and the secretariat. Luxembourg will give its decision at the next meeting.

27. More details in *MSF and the War in the Former Yugoslavia 1991-2003*, Laurence Binet, MSF Speaking Out Case Studies, 2015 <https://www.msf.org/speakingout/msf-and-war-former-yugoslavia-1991-2003>



Minutes from the MSF International Meeting, 10 April 1992 (in French).

Extract:

The Geneva Liaison Office and a possible MSF representative to the United Nations in New York will report to the international office in Brussels.



Minutes from the MSF International Meeting, 10 January 1992 (in French).

Extract:

C. Observer status at international institutions: Alain and Robert explained the importance of obtaining this and the steps to obtain it. Some institutions are more important than others, but the international council agreed to the idea. It was decided to ask for observer status with the UN Economic and Social Council. The procedure is lengthy with submission of a complete application by June 1992 for admission in June 1993. Alain suggested that these observer activities be overseen by the international office [...]

F. Geneva liaison office: Robert Müller reminded participants that the office is run by volunteer secretaries. He asked for an increase in its allowance. The committee that reviews MSF International budgets will look into this.

As for representation to the United Nations in New York City, Catherine Dumait-Harper started as a volunteer in the position in June 1993, for a one-year trial and was employed in September 1994.



Minutes from the MSF International Council Meeting, 17 June 1993 (in English).

Extract:

3. *UN liaison officer:* Catherine Harper will be liaison officer with the UN in New York. She has a long experience working with the UN as part of the EEC delegation. She will work for a year on a volunteer basis, reporting to Alain Destexhe and under the daily supervision of Chantal Firino Martell [Head of MSF USA office]



Minutes from the MSF International Council Meeting, 9 September 1994 (in French).

Extract:

7. *Catherine Harper:* She has worked for a year as liaison officer to the UN in New York on a volunteer basis. She has developed contacts, kept us informed and organised events for the whole MSF movement. All sections and offices are pleased with her work. It was suggested that she be paid

compensation. It was noted that Catherine reports to the international office but, she is supervised by the New York office on a daily basis. Josep suggested that the liaison offices' requirements, such as priorities and objectives, be re-evaluated, and Robert agreed. After six years of liaison work and given the changing humanitarian and political circumstances, he would like his own job to be re-evaluated. The discussion addressed re-evaluations of international positions in general. Decision: The international council approved the idea of re-evaluating these jobs.

MSF, as a movement, needed to harmonise various legal issues. Françoise Bouchet-Saulnier started working for MSF France on how [international humanitarian law](#) might support interventions in the field. In 1990, she produced a report on laws and customs of humanitarian action that was shared at the international level. In October 1991, she was hired by MSF International to implement a series of complementary studies to define a legal framework for MSF interventions, to be used by operational managers. A study on the right of humanitarian initiative was released in 1992.

In April 1992, the international council decided to extend her contract for one year. She was asked to advise and train all the sections on international humanitarian law and wrote her first *Handbook of Humanitarian Law* that was published in January 1994²⁸. Françoise also provided legal advice on specific crisis and training for all operational sections.

However, while there was an agreement on the need for a lawyer working for the movement on issues of brand and sectional legal statutes, the IC, in April 1993, rejected the idea of an international legal team dedicated to humanitarian law. This issues were to be dealt with by each section.



Minutes from the MSF International Council Meeting, 1 February 1991 (in French).

Extract:

5) The working group 5 = legal working group: humanitarian law

- MSF France contracted the study, which has just been signed (cost: 68,000 French francs).
- MSF France wants all sections to share the funding to make it a European project. The financial breakdown has yet to be determined.
- The global study will apply all existing provisions in international law (from the perspective of humanitarian law). Given the number of humanitarian law's stakeholders

28. In 1998, the 'Practical Guide to Humanitarian Law' was published <http://www.msf.org/en/practical-guide-humanitarian-law>

(governments, private associations, armies, and others), the criteria for implementation must be defined, including:

- application scope
- freedom to evaluate needs
- control over its implementation
- operators

- MSF Greece proposal: all sections should contribute to the development of this study by submitting suggestions to MSF-F. Proposal accepted.

- A simultaneous study should be conducted on where the governments of various sections stand on the need for a legal basis for humanitarian organisations like MSF (Robert Muller suggestion). [...]

VII. Nobel Prize

a) MSF France's basic idea would be to use the prize as a tool to promote humanitarian law.



Minutes from the MSF International Council Meeting, 2 April 1993 (in English).

Extract:

2. International Law: There is still much to discuss about this project. Everyone agreed that an international framework must, at the very least, protect the MSF name, harmonise the legal status of the delegate offices, and ensure coherence in contracts, for example with the EC.

The following was decided:

- i) The project as presently defined will stop at the year's end. In the meantime, Françoise Saulnier will work under the umbrella of the international office (the status of the delegate offices, protection of the name MSF, consultancy on contracts, etc). The work under way concerning humanitarian law (eg. basic manual) must be completed. A budget of 15,000 Ecus for the international office was agreed on.
- ii) Sections wishing to use Françoise Saulnier's consultancy or training services (other than for the status of the delegate offices) will have to pay for them.
- iii) The IC will discuss what we expect from a 'humanitarian law project' on a long-term basis at another meeting.



In 1991, my contract was transferred to the international office so that I could support and advise on the global public positioning of MSF. That year, I went to the former Yugoslavia with the international secretary general and the international communications manager to assist with the evacuation of patients from the besieged Vukovar hospital. These operations required negotiating with the various armed forces based on the rules of international humanitarian law concerning medical evacuations. MSF's operational goal at the time was to obtain a presence on both sides of the conflict. This was a turning point for the organisation, and we had to learn how to do this. The principles of humanitarian law were used to create the notion of a humanitarian space, which did not exist in previous types of MSF operations in situations of conflict, where MSF used to

work under the 'protection' of armed opposition groups and without agreement of the state party to the conflict.

After the Vukovar experience, MSF decided that operations were the direct responsibility of the different sections and should not be carried out under MSF International authority or facilitation. In 1993, as the role of the international office evolved into the coordination of different sections, I returned to MSF France because I wanted to be in direct contact with the management of MSF operations in conflict areas. I was still doing work for the international office on international humanitarian law, MSF's position towards mass crimes, and the militarisation and judicialisation of humanitarian action. I strongly believed in staying grounded in operations so that our public positions would continue to be based on the realities of our operational dilemmas, rather than on the national ideological and identity-based elements of the intellectual templates we used to analyse situations.

Françoise Bouchet-Saulnier, MSF Legal Advisor then Director from 1991 (in French)

In 1992, the MSF International Office organised the 'Populations in Danger' Days and the production of the 'MSF Report on the Populations in Danger.' MSF France initially produced this publication, but the editorial team was progressively enlarged to authors from the whole movement. Up to 1996, one book was published every year and was used to sensitise the general public and political leaders on the fate of populations in danger and humanitarian principles.



Minutes from the MSF International Council Meeting, 10 April 1992 (in French).

Extract:

5. MSF Annual Report [...]: The international board says the annual report is essential both to bring attention to populations in distress and for the image of Médecins Sans Frontières. An editorial committee was established:

Editor-in-chief: François Jean

Writers: Réginald, Jacques de Milliano, and Rony Brauman
Editorial secretariat: Anne-Marie Huby

The goal of this editorial committee is to deliver a manuscript. One of the sections (either Belgium or the Netherlands) will handle production, revision, and so on. There is no specific budget; the project will be funded from the communications budget. The communications directors will handle the report's publication and MSF International Day.



Minutes from the MSF International Council Meeting,
5 May 1995 (in French).

Extract:

7. Populations in Danger: After three years, we should assess the Populations in Danger Day, which is also the publication day of our annual report. The day should be used for bonding between sections and for clarifying our political positions. We want to emphasise that every year, the book provides us with a chance to stop and reflect. It is a powerful and intense experience that is not properly disseminated. Josep noted Spain's particular enthusiasm. This annual document should reflect our political and humanitarian thinking based on the past year's events. Above all, it should cover and reflect the international movement.



Three people played a central role, François Jean, Rony Brauman, and I. I think I suggested the annual report. Then François Jean spent a lot of time working on the content. Later, it became the Populations in Danger book. The first issue was published in French and English. Subsequent issues were in Italian, German, Dutch, and Japanese. Populations in Danger was no longer just MSF France, MSF Belgium, and MSF Holland it was the MSF movement.

Dr Alain Destexhe, MSF International Secretary
General 1991-1995 (in French)

D. MSF DELEGATE OFFICES

Despite two successive moratoria on the creation of new MSF associations established in February 1987 (two years) and on 15 November 1990 (three years) some moves towards new sections were still taken. Mostly MSF France and Holland moved to prepare the setup of new MSF offices, called 'delegate offices', in several countries within and outside Europe, as soon as the moratorium would be lifted. MSF Belgium rapidly joined the club while MSF Switzerland remained cautious for several years.

The primary objective of these 'delegate offices' was to raise funds, both private and institutional. However, the recruitment of human resources and the development of advocacy activities in some relevant countries were on the agenda. In a minority of countries, former field volunteers proactively

endeavored to create their own MSF entities, with the support of one of the 'historical' associations. All these steps were presented and discussed during international meetings. The distribution of new territories went quite smoothly, considering past conflicts between some of the associations. The rationale was based on initiative, when dividing territories. This process was driven by the executive and later, endorsed by the associative through boards and the international council.



Minutes from the MSF International Council Meeting,
1 February 1991 (in French).

Extract:

3) Working group 3:

Subject: fund-raising

The working group met on 15 November 1990 in Brussels at Francis Charhon's request. Also in attendance were Jacques de Milliano and Jean-Pierre Luxen. Aim: to analyse future international fund-raising policies other than current projects, and beyond EEC borders.

a) Summary of current projects:

a.1. MSF France - Fundraising in the United States: MSF France will open a fundraising office in New York to reach out to foundations and the private sector. It has already set up an office for recruiting doctors.

a.2. MSF Holland is fundraising in Canada, aiming for foundations, private and government funds, and recruitment. It is called Friends of MSF Holland.


a.3. Japan. This is first a French initiative, then will go to MSF Holland: these initiatives will be run jointly in March and April 1991, coordinated by MSF France.

a.4. MSF Belgium: fundraising in Norway, Sweden, Finland, and Italy by Stéphane Devaux (who is approaching foundations and government funds, but not yet doing any recruitment).


b) Suggested division of fundraising policy among the three sections that have already taken concrete steps in this direction.

- The United States will be a priority, with MSF France in charge
- MSF Holland will be in charge of Canada
- MSF Belgium will look at the Nordic countries and Italy
- MSF France is coordinating Japan


Leadership is to go to the section that has already started something in a country, although this doesn't exclude the intervention of other sections if they work closely with the leadership. The leadership's responsibility is to dynamise fundraising by ensuring that everyone knows about ongoing actions. How to centralise this information and future coordination will be discussed later. Before that, Jean-Pierre Luxen will report on the fundraising working group.

 *The process of starting up delegate offices was nothing like the sudden appearance of a handful of Belgian doctors who travelled with MSF France, and then started MSF Belgium. For instance, we didn't go to Hong Kong because Hong Kong had doctors who were dying to work for MSF, so they could go on a mission. The fiercest arguments over fundraising took place in Brussels, because there was this Damocles sword hanging over us. Half our budget has to come from private funds. Belgium is a smaller country than France, with fewer inhabitants, and fundraising soon dried up. Almost every Belgian had given money to MSF. So to find new donors we had to look elsewhere. It was an executive process, not associative. The impetus was that we had to find money, not necessarily have more doctors or nurses from any particular country. We chose rich countries, or countries with an open-minded public opinion that might be favourable to MSF. Then we would start up a section, and collect funds and recruit. Recruitment meant we could start an associative project. But that came later.*


Dr Eric Goemaere, MSF Belgium General Director, 1996-1998 (in French)

 *We had more or less divided up the countries, each section with its own countries. We got Denmark, Italy, Hong Kong, and Sweden. The French wanted the United States because they had contacts with the Rockefeller Foundation. They'd already launched Japan. I can't remember about the Netherlands. The aim was really clear: to raise funds. We needed cash to maintain our independence. We set up the offices and the money raised went to the sponsoring sections.*

Dr Jean-Pierre Luxen, MSF Belgium President 1984-1987, General Director 1988-1994 (in French)


 *They were all jumping on the bandwagon. The French went for the US, and the others were saying, 'Wow, we'd better start moving!' I saw it as a division of territory. It was also, 'We'll set up an office where we know people, people who've worked in the field.' That's very MSF — people who go back and forth to the field. I felt it was a bit more organic with the Belgians; it was more about the people. They seized opportunities in a very active way. It felt like a race against time.*

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998; MSF International Council President February 1994 - February 1995, September 1997 - June 1998 (in French)


 *At the end of the 1980s, in 1987-1988, we thought it would be a good idea to raise funds in other countries. The incentives were cash and communication. Francis*

Charhon took charge of a number of practical tasks that management wasn't dealing with, and that I didn't want to do or was incapable of doing, such as setting up offices in the United States and Japan. We divided offices among sections as we went along. It was thanks to Francis that the movement was launched. It wasn't a done-deal to start off with.


Dr Rony Brauman, MSF France President 1982-1994 (in French)

 *MSF Holland said, 'We'll have the UK,' but there was nothing there yet. It was the same with Scandinavia. MSF Belgium hadn't developed anything when they said they'd look into it. Initially, the purpose was always the same: to raise funds. But then the International Board did its own sort of Yalta. There was no standoff, because back then the world was vast. MSF France had the United States, which was quite enough to be getting on with. MSF Belgium was mostly interested in obtaining public funding, and the Scandinavian countries seemed like good potential donors.*

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

 *They divided up the world according to MSF. It was blatant. For the Dutch it was to recruit, for the French to raise private funds and for the Belgians to raise institutional funds.*

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997; MSF Germany President 1995-1997, General Director 1997-2005 (in French)

 *We'd started looking at the Channel Islands because there was money there. We can see them from the French coast, so they feel like home! We began initiating contacts, and there were some very interested people. That was when Brauman told us the Channel Islands belonged to the British!*

Xavier Descarpentries, MSF France's Director of Fundraising, 1990-2000 (in French)

In April 1992, the international council adopted a policy regarding what was called 'representative offices.' The IC was in charge of the final decisions regarding office openings, which were managed by the founding associations. The founding associations acted by delegation of the IC and would represent the whole movement.



Annex to the **Minutes** from the MSF International Council Meeting, April 1992 (in French).

Extract:

1. The decision to start a new section is the sole responsibility of the international council [IC]. The IC has no plan for starting up new operational sections. The number of operational centres must be equal to the number of sectors, in the name of our efficiency and coherence.
2. The IC says MSF must increase its international reputation, diversify its fund-raising, and extend recruitment to volunteers of other nationalities. These volunteers need to fit into MSF, on the ground and at operational centres. With the IC's consent, they can, if needed, find a way or supporting MSF activities in their own country (communication and private fundraising).
3. The international offices represent the entire MSF movement. In practice, they are managed by a 'parent section.'
4. The statutes of new offices, registered by the 'parent section,' are agreed with the international office in Brussels. National sections act on the authority of the IC. All liaison officers will be legally attached to the international office.
5. Brussels' international office oversees coordination between offices, and guarantees 'international harmonisation' (for communication, fundraising, legal statutes, etc.).

1. MSF United States of America (1987)

In 1987, nine years after the failed attempt of 1978, MSF France jumpstarted steps to open an office in the USA. The main purpose of this new entity would be to raise private donor funds. There was no intent to create an association of volunteers. At that time, American doctors were perceived as more interested in making money than helping overseas populations in need. Therefore, the MSF France leaders did not expect to recruit many medical volunteers in this country.



We started thinking of the US and Canada, but only in fundraising terms, not as an association. Maybe at some point in the future, but we saw these countries more than a source of funds. The idea was to create a transparent system that wasn't an association of doctors, but instead an offshoot of MSF France that would do the kind of fundraising through direct marketing we'd started in France. We thought that if we could do some promotion around the name, we'd raise more money over there than in France.

Dr Claude Malhuret, MSF France President 1978-1979, Management Team Member 1979-1985 (in French)



MSF France still had no international vision. When we saw what was happening with Belgium and the Netherlands, I thought we had to get moving and take some countries for ourselves. I went to open the United States, so that the Belgians and the Dutch wouldn't get there before us. We weren't going to let them muscle in! I had a bit of a fight with MSF France's board of directors who didn't think it was a good idea, and that there would be nothing to gain. But I felt it was important because we'd already been to America for congressional hearings.

Dr Francis Charhon, MSF France President 1980-1982, Management Team Member 1982-1992 (in French)



And there was money to be had. To get our hands on it we knew we'd have to recruit American doctors. Setting up MSF in the United States was very tough. It took years. The world of American NGOs is very corporatist, and they didn't like the look of us. We were warned about the virulent nature of the USA in general and among doctors in particular, and how accidents could lead to lawsuits and issues arising from its very legalised social relations. We'd also been told that, unlike European doctors, American doctors were seen as 'cash cows.' There was very little medical prestige. Furthermore, many direct marketing fundraisers saturated the market.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

Another reason to open an American MSF entity was to strengthen advocacy activities. In previous years, MSF missed advocacy opportunities towards the USA government and the UN regarding Afghanistan, for lack of a supporting structure in the USA.



I'd been disappointed with advocacy when I was Head of Mission in Afghanistan. I knew that people listened to MSF after my testimonies to the US Congress in 1985, and Center for Strategic and International Studies (CSIS) in 1986. These testimonies were given wide coverage in the US media, various governmental institutions, and lobbying groups in Washington wanted to get in touch. I felt there was potential, but we never used it. I knew the limits of our capacity to mobilise and inform decision-makers in Washington-DC, with our one-off visits that we didn't capitalise on. After our teams were kidnapped in Somalia in 1987, with the involvement of Saudi Wahhabis, I met the US embassy in Pakistan and the Pakistani USAID [US Agency for International Development] representative to warn them of the danger of their objective alliances with jihadi groups in Afghanistan. I'd been disappointed by the lack of leverage within MSF in America. We needed that to challenge US support of Islamist

extremist groups in Afghanistan and Pakistan. In Pakistan, I didn't have access to anyone with real power, as the decision-makers were in Washington DC. I still felt this frustration after MSF USA was created, but I saw the pivotal and unique role it could have with agencies in Washington DC and the UN Security Council in New York.

Dr Juliette Fournot, MSF USA Board member
1989-2001 (in French)



The USA was New York, because of the United Nations, and Washington as the capital of the most powerful nation on earth. There were also the New York Times and the Washington Post. There was no internet back then, but their press had global reach.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

In September 1987, Médecins Sans Frontières USA was incorporated as a not-for profit organisation. The board was made up of three French directors. In November, the new entity was tentatively allowed to use the MSF name.



Certificate of Incorporation of Médecins Sans Frontières USA, Inc., under Section 402 of the Not-for-profit Corporation Law, 17 September 1987 (in English).

Extract:

4) The Purposes for which the Corporation is to be formed are:

- Bringing together without discrimination or exclusion all doctors and medical personnel who volunteer to come to the aid of populations in distress as a result of natural disasters, collective calamities, or situations of belligerence.
- Mobilizing all human and natural means available to bring said populations relief as soon as possible with appropriate efficiency, skill and commitment.
- Seeking out all available national and international assistance to allow its members to carry out their assignments in all parts of the world where they may be called to serve.

5) To accomplish the foregoing purposes, the Corporation shall have the following powers:

- To solicit and receive from any lawful source, private or public, including without limitation any agency of government, federal, state or local, financial assistance, contributions, grants, donations, bequest and devises of any money or property of any kind of value.
- To exercise such powers which now or may hereafter be conferred by law upon a corporation organized for the purposes hereinabove set forth, or necessary or incidental to the powers so conferred, or conducive to the attainment of the purposes of the Corporation, subject to such limitations

as are or may be prescribed by law; provided, however that the corporation may not do any act which could cause the Corporation to lose its tax-exempt status.



Letter from MSF France Authorising the MSF United States of America Section, Currently being Formed, to Use the Name "MSF", 19 November 1987 (in French).

Extract:

Médecins Sans Frontières International and MSF Europe registered its trademark on 17 December 1983 in Geneva. The United States of America section of the MSF association is being formed. The Médecins Sans Frontières association, which owns the name, authorises its United States section to use the MSF trademark. It may use the name temporarily, but must comply with monitoring requirements and any directive from the trademark owner. The association wishes to stress that the right to use the MSF trademark is provisional and can be revoked at any time. MSF France would then send a registered letter with receipt confirmation to the association-United States section. This decision would be irrevocable.

On 22 May 1988, the first general assembly of the 'USA section of the Association Médecins Sans Frontières' was held in Paris. All the board members were French, members of the MSF France board, or executive team. There were no activities except for a few articles in the USA press.



Minutes from the Annual General Assembly, Médecins Sans Frontières Association USA, 22 May 1988 (in French).

Extract:

Convened by the office, the members of the section Médecins Sans Frontières Association USA met at their Annual General Assembly at the place stipulated by the articles of association. President Charhon chaired the Assembly. Also in attendance:

- Rony Brauman
- Guillaume Charpentier
- Denis de Kergolay

The president opened the discussion by noting that the one-year old MSF USA had not yet been very active. Articles about MSF, however, are appearing in the press, particularly about Afghanistan and Ethiopia. Rony Brauman, President of Médecins Sans Frontières, did a lecture tour in New York and spoke at Harvard University. He mentioned projects planned for the next year, particularly about communication:

- 1) Plans with the French Embassy for the 200th anniversary of the French Revolution. This will be the launch event.
- 2) A project with Burson-Marsteller: proposals are being considered. [...]

Approval of accounts: Médecins Sans Frontières Association USA does not yet have enough resources. It is waiting for tax exemption status so it can start raising funds. So far, Médecins Sans Frontières France has covered expenditure for creating Médecins Sans Frontières Association United States. The US section will reimburse MSF France as soon as it can do so.

In 1989, an assessment was conducted to investigate fundraising activities and the possibility of creating a foundation in the USA. The MSF France board debated the possible risks of investing in an entity that might become too independent both in terms of finance and general control.



Minutes from the MSF France Board of Directors Meeting, 26 May 1989 (in French).

Extract:

This report looks at issues involved in setting up a Médecins Sans Frontières fundraising foundation in the United States. Do we want Médecins Sans Frontières to operate in the United States? If so, the time is now. If MSF starts a foundation, we have to take responsibility for it. The discussion highlighted different points of view. We need to explain this project to the other European sections. Why not do it together? Can the resulting benefits be shared with MSF Europe? A possible American board brought up concerns about loss of control. These included the Americanisation of the foundation, and embezzlement, which is apparently common in the United States and would reflect poorly on our image. Participants insisted that the American board will not be allowed to send out teams. Corinne said that Americans are fascinated by the idea of doctors (wealthy professionals in the US) trudging around without a salary. After graduating from medical school, American doctors are often so heavily in debt that they have no choice but to work to pay back their loans. In addition, the foundation's statutes will not include anything about sending out doctors, and Americans are very legalistic.

[According to one view], Americans would like the money raised in the US to go towards work in the field, and not for running the organisation. Rony said that we cannot make such commitments. The money will be divided into parts, one of these for running costs. He said that we cannot accept such restrictive conditions. We do not know how to handle this. What's the point of raising money we can't use? There is also the issue of what to call the foundation. Should we keep Médecins Sans Frontières, which is meaningless to the Americans and can't be translated into English? Corinne thought we might have to change the name. Some people suggested hiring a top legal expert to ensure control of the foundation. Rony says there's no such thing as something being legally fool proof. With humanitarian aid, laws follow the facts. Humanitarian organisations are not easy to attack.

What matters is finding a credible president, someone like Rockefeller. Such a president would bring with him all the legal aid we would need.

Xavier Descarpentries [fundraising manager] says fundraising can no longer be carried out in Europe, because of the sections' autonomy. If the American section were to become independent, this would compromise Médecins Sans Frontières' international development. A board with ninety-nine per cent American membership and an English name (that refers to Médecins Sans Frontières) would make it difficult for MSF to control the system. Some people were concerned that the sums of money raised in the United States might be a threat to headquarters and field projects. We are turning down money from the World Bank because we don't want to become too large, and have to take on projects we wouldn't be able to handle. We have been turning down EEC projects for the same reason. Why would we go for this kind of financing in the United States? We are going to start slowly in the United States, first by building our image for spontaneous donations that won't represent large sums. So that French donors can't attack MSF for using their money to raise funds in the United States, we will finance this project with French employer contributions.

Conclusion: the American foundation will contribute to Médecins Sans Frontières' global momentum financially, but not at any cost. We plan to move ahead under certain conditions: these are *our* procedures adapted to US requests for transparency. Francis Charhon suggested a working group for the American project that would include board members, marketing and communications staff, and programme managers. He felt we didn't yet need to send a team to the US. He asked that Corinne Servièr continue with the preparatory work. Someone asked that a memo announcing the new foundation be sent to the field projects. Corinne's proposed budget was not submitted to a vote, but will be discussed and presented at the next board meeting. The following was submitted to a vote from the board of directors: **1 To create a foundation in the United States** for the purpose of supporting Médecins Sans Frontières France, and excluding activities in the field.

2 Methods:

- Early allocation of the funds raised is not allowed;
 - Detailed reports on criteria chosen by the Americans;
 - Terms and conditions for using the funds must comply with MSF's ethical standards and its flexible operating practices. The funds for this project will be raised from the CEO [Chief Executive Officer] Advisory committee; if this doesn't happen, everything will be discussed again at a later board meeting.
- 3 The launch is on condition that a prominent American person of integrity accepts the presidency.** Only then will we set up a French branch of the foundation in the US.

Result of the vote: 12 votes for the foundation, one against. In the meantime, MSF France was in the process of creating a foundation in France, which was to be partly sponsored by a committee composed of the chief executive officers of some of the biggest French companies, called the 'CEO Advisory Committee.' It later became the foundation's 'Strategic Orientation Committee.' These CEOs were expected

to support the development of MSF USA with both funds and networking capabilities.



Minutes from the MSF France Board of Directors Meeting, 23 September 1988 (in French).

Extract:

CEOs' [Chief Executive Officers] Committee - Francis Charhon updated the board on the setting up of a CEO Advisory committee, which has been under way for about one year. The first meeting will take place in October, with a specific agenda.



Minutes from the MSF France Board of Directors Meeting, 28 April 1989 (in French)

Extract:

Médecins Sans Frontières Foundation

Estimated budget -This budget will be implemented only if the foundation is given tax exemption as a not-for-profit organisation.

Médecins Sans Frontières endowment

F 5,000,000

Employers committee endowment

F 200,000

Investment that will generate revenue for six months

F 175,000

F 375,000

This money will enable us to continue financing fundraising activities in the United States (F250,000), to give grants to Médecins Sans Frontières staff (F100,000), and to have a reserve of F25,000. The board of directors agreed to the budget.



We had just set up the CEO [Chief Executive Officer] advisory committee, which quickly became the 'strategic orientation committee' of the newly created MSF Foundation. 'Strategic orientation committee – MSF Foundation' had a much better ring to it than 'CEO advisory committee.' Half the committee were CEOs from companies on the Paris market indicator CAC 40. MSF already had a good reputation. The bosses had no complaints; they turned up. Francis had hired Sébastien de la Selle who worked for free, and then for peanuts. He had incredible contacts in Paris and New York. The Foundation's board, which was put together by Sébastien and Francis, was the linchpin for the New York office.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

Eventually MSF France learned that a foundation would not be necessary in the USA. Victoria Bjorklund, a specialised lawyer working pro-bono, modified the first bylaws of the organisation, which were hastily written and did not fully comply with American law. In September 1989, Bjorklund gave a series of recommendations that would allow MSF USA to raise fund in the USA, while abiding by the law.



Memo by Victoria Bjorklund, Lawyer, to Members of the MSF France and MSF United States Boards of Directors, September 1989 (in French).

Extract:

The detailed discussion we address in this report can be summed up by the following recommendations. First, we ask MSF USA to change its internal rules and statutes, so as to correct defects and inconsistencies in tax and company law in the statutes as they now stand. Second, we ask MSF USA to adapt its certificate of incorporation to those changes. Third we ask MSF USA to deal with registration formalities as soon as possible. Last, we ask MSF USA to set up and implement a schedule for the following decisions:

1. Selecting an American lawyer and accountant;
2. Contacting an American public relations consultant;
3. Naming a board of American directors and advisers;
4. Participation of American doctors in MSF USA activities;
5. A fundraising letter aimed at potential donors;
6. Identifying a group of donors;
7. Appointing a president or director;
8. Launching a fundraising campaign;
9. Evaluating MSF USA activities and fundraising efforts currently under way.



It was via the CEO advisory committee that MSF, and Francis who was behind it all, got the contact details of a lawyer, Maître Bordes. Thanks to his contacts in New York, Bordes gave us the name of someone who would work with MSF. She was a New York attorney with a huge, wealthy, and successful law firm, and she helped set up the legal structure for MSF USA. We immediately launched our plan of attack for fundraising. Everything was intertwined, because our official status was really important for fundraising.

Xavier Descarpentries, MSF France Director of Fundraising, 1990-2000 (in French)



Simpson Thatcher let me choose for pro bono, that would be free legal service, one international group and one New-York City poverty-fighting group. We happened to meet MSF right around the time I was about to make that decision. I looked at the MSF documents, and saw at once where they weren't right. The problem was the following: US donors can claim the largest and most generous tax deduction for their charitable contributions anywhere in the world. But,

this contribution has to be to a US charity. The US charity can use all the money outside the US, but it has to have control and discretion over the money from its American donors. So it has to make the decisions on how those US donors' contributions are deployed. But the structure the United States government requires is that a majority of the board be US citizens or residents, who are not employed by, or work for, any foreign organisation. And the problem was that MSF USA was going to be controlled by MSF France. This was rejected by the Internal Revenue Service (IRS). I re-submitted all the paperwork to the IRS, and we got a provisional ruling saying that we would be a public charity with full deductions for US donors.

Victoria Bjorklund, MSF USA Lawyer and Member of the Board of Directors, then of the Board of Advisors, from 1989 (in English).

Several American personalities needed to serve on the board of advisors, in order for MSF USA follow American law. However, for several years most of the other directors were people directly linked to MSF France and the USA president was, de facto, the president or the general director of MSF France. Based on their experience with MSF Belgium in the eighties, MSF France leaders worked to keep MSF USA under their control.



Minutes from the MSF International Council Meeting, 18 April 1991 (in French).

Extract:

a) United States: the New York office, which shares space with the Rockefeller Foundation, is run by Chantal Firino-Martell, with the help of some 20 volunteers. David Rockefeller was named Honorary President.

The current board of directors comprises:

- Rony Brauman
- Francis Charhon
- The association's lawyer [Victoria Bjorklund].

Rony Brauman suggested adding an American board member.

The overall objectives remain the same:

- Fundraising
- Institutional liaison with foundations, government agencies, and the American media for communication purposes
- Doctor recruitment

Even though MSF France is behind the creation of the New York office, Rony repeated that it can also be used as a liaison between projects started by other sections (for example, a USAID subsidy for a project in Liberia developed by MSF Belgium).



When I explained this problem about not having independent Americans on the board, Rony, Francis,

and Sebastian asked me to join the board. That's how I became the first American volunteer. We hired Chantal Firino-Martell as our first Executive Director. She attended the meeting of the MSF France Board and was surprised to be asked to speak. They said, 'What do you need?' And she replied, 'We could use some donated office space in New York.' And someone contacted Rockefeller and Company that gave us space at 30 Rockefeller Plaza in David Rockefeller's office. On the board of advisors, we had Richard Rockefeller, Robert Cawthorne of Rhône-Poulenc, Tom Berry of Rockefeller and Company, Bernard Maurel of Air France, and Jonas Salk, the inventor of a polio vaccine. On the board of directors, we had Juliette Fournot, then David Servan-Schreiber, and then John McGill. Various people from MSF France were on the board, all then successive presidents, because they automatically had a seat.

Victoria Bjorklund, MSF USA Lawyer and Member of the Board of Directors, then of the Board of Advisors, from 1989 (in English)



There was some post-traumatic stress after the MSF Belgium experience. They were concerned that MSF USA would run with the money and the name, and set up yet another operational section. People wanted to keep control of MSF USA, and we wanted to keep it quite limited, not financially, but in its activities and room for manoeuvre. We kept the board of directors, and we planned to let in new members very progressively. According to the statutes, we had to co-opt a fixed number of board members, so as to stop an outside interest group from pirating it, which happens in the USA. At MSF France, they were looking for former MSF volunteers to constitute a board of directors with experience and people that were trusted so we could gain a foothold in the USA. I was the only one based in the USA. Then they found David Servan-Schreiber in their contact book. He was returning from a short mission in Kurdistan. So we put a small board together very fast.

Dr Juliette Fournot, MSF USA Board Member 1989–2001 (in French)



We assumed that, with the American tradition of philanthropy, it would literally explode and prosper at incredible speed and that we'd lose all control and be marginalised by the American giant. This was our Parisian take on the American dream. Juliette played a big role as soon as she moved there. She was in contact with France, she was French-speaking, spoke fluent English, had field experience and was a seasoned public speaker. She was a great asset for promoting MSF.

Dr Rony Brauman, MSF France President 1982-1994 (in French)



We all adopted the same method: we'd find someone we liked, well known, based in America and with legitimacy there, and we'd start a project with them.

Médecins du Monde, Action Against Hunger, and MSF, we all did it. We had Juliette Fournot and her husband, who were both on the Board of Directors. Chantal Firino-Martell brought in David Servan-Schreiber, a French-speaking friend who was not a member of MSF. That's basically how the board of directors evolved.

Joëlle Tanguy, MSF USA, General Director 1994-2001
(in French)

2. MSF Greece (1990)

From the early eighties, Sotiris Papaspyropoulos, a Greek medical student, was writing letters to MSF France, attending General Assemblies, and advocating for a MSF entity to be created in Greece, affiliated with MSF France. His requests remained unanswered. When he became a doctor, he became a member of the MSF France association. Then, he did a few missions for MSF France in Central America. Once back in Greece, he recruited Greek doctors for MSF missions and tried to publicise the organisation in the Greek media.



Letter from Sotiris Papaspyropoulos to Rony Brauman, MSF France President, 9 March 1987 (in French).

Extract:

Dear Sir,

You may remember me as a Greek friend of MSF's for the last five years. I am a medical student in Athens and have attended three of your general assemblies. [...] The situation here [in Greece] is pretty serious, which is why I am writing. Three years ago, when I came to know MSF, I already knew that the situation in Greece would be fertile territory for an organisation based on the spirit contained in your charter. I spoke to Mr Dubos [MSF France's Board of Directors member from 1980 to 1987], but it was a bad time for you to take on additional risks (you were having problems with MSF Belgium about the Liberté Sans Frontières project). I brought two posters and literature back to Greece to find colleagues who, like me, wanted to go on missions for MSF. [...] Should you be interested in my proposal, I could come to Paris to discuss it. I am suggesting to start an MSF office in Athens. This office would have the same relationship with the central office in Paris as branches outside Paris have with the central office. In other words, we would not create an MSF organisation apart from the central office, but would work with it closely to avoid problems like those you had with the Belgians.



Letter from Sotiris Papaspyropoulos to Rony Brauman, MSF France President, 10 January 1988 (in French).

Extract:

Dear Sir,

You may remember me. I am a young Greek doctor and we met at MSF's last general assembly in April when Alain Dubos introduced us. [...] I am in Paris now to prepare for my first mission with MSF after graduating from medical school in November. [...] I would be very grateful if you would tell me of MSF's plans concerning the important question about starting an office in Athens, when I return from Central America.



Report on MSF's Prospects in Greece, by Sotiris Papaspyropoulos, 4 November 1989 (in French).

Extract:


A few recommendations: Greek society is increasingly ready to accept MSF as a fact of life. At the same time, a group of founding members is gradually coming together. The launch could be ready for next year. [...] My own long-held view is that without help from Paris, we can't do anything much. It's a problem of organisation, advertising and funding. In addition, our currency is weak, which is not good for an independent organisation seeking to work abroad, but is an advantage for a humanitarian organisation with projects in the Third World because Greece is less expensive. To begin with and for quite some time, MSF Athens must not be an independent organisation (like MSF Belgium). It must be closely associated with Paris. It would have the status of a regional branch (like Marseille). The aim will be to find office space, to advertise, and provide as much information as possible, with people still having to go through Paris if they want to go on fieldwork. [...] We will gradually develop projects in Greece for the most disadvantaged (Turkish refugees, and mentally ill people on the Island of Leros). Here, too, Paris' experience would be very helpful. MSF Athens will have to act as an MSF France representative in Greece for a period, which is hard to estimate, but it will be a most capable representative.



I first heard of MSF in 1979 when I was sixteen, studying at a French-Greek secondary school. On a study exchange in Nice, I happened to see a TV programme about MSF and the boat people with MSF's address and telephone number at the bottom of the screen. I was already thinking of studying medicine, and that was when I decided to become a doctor without borders and to set up a Greek section. I wrote letters to the leaders of MSF France saying that I wanted to set up MSF in Greece. For two years nobody bothered to reply. In 1981, I started medical school in Athens. According to MSF's statutes, medical students can be members of the association, so I applied. I got my first reply ever, the quarterly newsletter and a membership form. I started receiving MSF's newsletters. In 1982, I was sent an

invitation to the annual general assembly in Paris. That very evening I went to see Rony Brauman, the newly elected president and I said, 'I'm a first-year medical student, but I would like to go on mission with MSF and set up the Greek section of MSF.' He said once they'd sorted out their problems with the Belgians and the Dutch, they might get round to thinking about Greece. From that day on, I attended all the general assemblies, including the Belgian and Dutch ones. Everyone said that if we were ever to create MSF Greece — but with no promises that it would ever happen — a number of conditions would have to be met. These included having a pool of Greek doctors, nurses, and logisticians who'd been on mission with MSF. We would need the support of the Greek medical community, and journalists writing a few articles on MSF. They wanted to be sure they could raise funds. They said if I really believed in it, I should go for it. After my medical studies, I spent nine months in El Salvador with MSF. When I came home I felt it was time to start putting some of those conditions together. So I began to speak on the radio, write articles, meet doctors and recommend them to other MSF sections. After two or three of those doctors went on missions, the press began writing articles about us and we were mentioned on the radio. All that without an official structure.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder,
President 1990-1996, Honorary President 1996-2000
(in French) (interviewed in 2017)

 *Around 1982-83, a young medical student called Sotiris Papaspyropoulos started regularly attending our annual general assemblies. He paid out of his pocket. Sotiris was adorable, spoke good French, took part in discussions and lapped up everything MSF said. He went on a mission to a region of the world we were particularly keen on — Central America — where there was extreme tension.²⁹ He played an exceptionally positive role. He was really great on humanitarian and political positioning. He went on another mission, returned to Athens and wanted to set up MSF Greece. He caught me off guard as I was asking for a moratorium on setting up more sections. I told him I couldn't at the same time talk of a moratorium and set up a section! Sotiris had enormous energy and drive. He invited doctor colleagues to join him, he set up an association called Friends of MSF, and he sent Greek candidates to the recruitment department. He touched us, and convinced us. I didn't know what to say to him, and in the back of my mind I was thinking who am I to bugger about a guy with a determination like his?*

Dr Rony Brauman, MSF France President 1982-1994
(in French)

In 1990, Sotiris Papaspyropoulos pleaded again for the creation of a MSF office in Athens. Sotiris and Odysseas Boudouris, a Greek MSF volunteer, used the recent creation of a Doctors of the World/Médecins du Monde (MDM) branch in Greece as an argument to create MSF. Boudouris was also a member of MDM's board. The MSF France board decided to authorise the opening of the Greek office that would be under its tutelage. In June 1990, the international council, still informal at the time, endorsed this proposal. MSF Greece would be an office only for communications and recruitment for the coming two years.



Minutes from the MSF France Board of Directors Meeting, 16 March 1990 (in French).

Extract:

Sotiris Papaspyropoulos, a Greek doctor who had worked for MSF in Honduras, suggested opening an MSF office in Athens; its initial role would be to provide information and recruit doctors. It would eventually become a section, depending on local response. He sent us a detailed document on the medical demography of Greece; the situation seems promising. Boudouris, a Greek surgeon, agrees to join an office in Greece. He tells us about the state of medicine in Greece, with its high medical demography. Furthermore, Greece has close relations with some African and Middle Eastern countries. Several participants asked for this issue to be addressed within MSF Europe. A discussion ensued on the directions this initiative could take. Rony points out that the guideline for such a situation was spelled out at the international meeting in Barcelona:

- 1) To create a pool of people with practical MSF experience;
- 2) To loan MSF's name for a limited period on a contractual basis (each party is aware that such a contract has no legal basis, but is a moral commitment).
- 3) To establish a mentoring relationship (giving, when asked, advice on technical, political and ethical issues) between the new group and an existing section.

It would be a good idea to hold a meeting in Greece with Sotiris and his group, with MSF Europe and MSF France, provided MSF France would be Greece's sponsor. The board of directors voted unanimously (13 votes for, 0 votes against, no abstentions) to create MSF Greece in accordance with the principles set forth at the international council meeting in Barcelona, that is mentoring, a probationary period, and a core group of people working in the field.



Letter from Sotiris Papaspyropoulos to Rony Brauman, MSF France President, 22 April 1990 (in French).

Extract:

Dear Rony,

I am writing to you once again, hoping not to become a nuisance. After we met in November, I thought I needed to do more to disseminate information about Médecins Sans

29. Salvadoran refugee camps in Honduras 1988, Laurence Binet in MSF Speaking Out Case Studies, <http://speakingout.msf.org/en/salvadoran-refugee-camps-in-honduras-1988>

Frontières in Greece. My aim was to move faster toward an official request by Greek doctors to create a Greek section of MSF, strictly affiliated with Paris, after nearly two years of my efforts in that direction. But there is another reason I have felt compelled to write – the creation of a Greek section of Médecins du Monde in Athens one month ago. This event has received a moderate amount of publicity, including a television interview and a few newspaper articles [...] The important thing, however, is that Greece [now] has a humanitarian organisation ready not only to respond [to crises] but also to inspire Greek doctors and nurses to work in the field. It should be noted that no one on the committee that founded MDM has had experience working on Third World projects [...] As the only organisation in Greece officially representing this new sector, MDM should soon see positive results. For this reason, it is more urgent than ever that MSF establish a presence here. After a year, MDM will be firmly established in Greek society, and this will make it much more difficult to start up another organisation.



Letter from Rony Brauman, MSF France President, to Sotiris Papaspyropoulos, 9 May 1990, (in French).

Extract:

My dear Sotiris,
I hereby confirm that our board of directors has agreed to open an office representing MSF France in Greece. The board entrusts you with the task of opening this office. As I said on the phone, the development of new national sections is subject to the approval of the MSF International Council, which is made up of presidents and directors of all six European sections. The council's next meeting is on 8 June 1990 and we will discuss this issue then. As a reminder, the MSF International Council has adopted the following policy on new sections, which must:

- Have a group of people with practical field experience with MSF, which means sending volunteers on missions with existing sections;
 - Draw up a contract about the use of the name 'Médecins Sans Frontières' for a two-year period.
 - Establish a special relationship, a sort of 'sponsorship', between the new section and an existing section. In this case, MSF France would be the Greek section's sponsor.
- I will let you know the position of the international council in the second week of June.



Minutes from the International Meeting of MSF Presidents and Directors, Brussels, 7 to 9 June 1990 (in French).

Extract:

MSF France office in Greece; contract with France for two years: recruitment office, operational power, sponsored by France. Decision: all sections agreed to the idea of moving toward a MSF Europe office in Greece.



Médecins du Monde (MDM) had just set up in Greece. They are university professors, people from the world of politics who thought they would occupy the whole of Greece. MSF France's board of directors asked Odysseas Boudouris, an MSF France volunteer and member of MDM Greece's Board of Directors, whether he thought it would be a good idea to set up MSF in Greece. He replied that MDM was going to be a very big organisation in Greece, with lots of clever people, and that no one in Greece had heard of me. He said MSF didn't stand a chance. Later, Odysseas came to see me to say he'd been wrong, that the MDM people were not interesting, and that they didn't get anything done. MSF Greece was the last section to be set up in an endogenous way. Later, the rivalry among sections led the largest sections to plant flags in wealthy countries like the United States, Australia, and Germany, where little was known about MSF. I call that imperialism. It was a time when everything was much more competitive, aiming at financial and human resources, whereas before the focus had been on ideas, speaking out, wanting to be present in the societies where the sections were, which is what set MSF apart from the Red Cross.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder, President 1990-1996, Honorary President 1996-2000 (in French)

In July 1990, MSF Greece was created as a non-profit 'union' since there was no specific statute for NGOs in Greek law. It was to be mentored by MSF France. In November 1990, the first general assembly of MSF Greece took place at the Athens Medical School.



Letter from the lawyer of MSF Greece to the MSF France President, August 1990 (in French).

Extract:

Dear Mr President,
I have the honour of informing you about the setting up of Médecins Sans Frontières in Greece. At the request of Dr Papaspyropoulos, who is responsible for MSF's establishment in Greece, I have been asked to handle the formalities related to the MSF Greece organisation and its establishment in our country in accordance with Greek law. As you probably know, Greece does not provide, or does not yet provide, any legal status for non-governmental organisations. As a result, our only solution was to establish MSF as a union (*somatio* in Greek). In Greek law, and this provision is very strict, a *somatio* has to include people who have come together for non-speculative purposes. Furthermore, and according to a special provision in the constitution, when a *somatio* is dissolved, its assets can be transferred to associations or organisations whose goals are the same or similar to those of a *somatio*. This would allow us to form an NGO, when and if Greek law allows. All the documents for the organisation's

establishment in Greece are ready to be submitted to the Athens magistrate's court. We hope that MSF Greece will be established by the end of October.



Minutes from the MSF Intersections Meeting, 11-12 October 1990 (in French).

Extract:

II. New Sections

A. MSF Greece [...]

Proposals for MSF Greece:

1. Intervention by MSF Greece has been requested for 16 medical students who are going to do fieldwork;
2. MSF Greece will be supplying drugs, and more, to a hospital in Zambia;
3. Information from and cooperation with the other MSF sections;
4. MSF Greece would like to take part in MSF missions;
5. The mentoring idea needs to be clarified;
6. Consolidation of financial reports between MSF Greece and other sections.

Conclusion: The sections agree to MSF Greece remaining under MSF France's sponsorship for the time being and that the issues addressed must be discussed with MSF France.



MSF Greece Monthly Newsletter, October-November 1990 (in French).

Extract:

On Sunday 18 November, the first Médecins Sans Frontières General Assembly took place in the amphitheatre of Athens' Medical School. Only the organisation's founding members attended this meeting, around 20 people. [...] The MSF Greece action plan for the coming year focuses on three areas:

- 1) Recruitment, mission follow-up for the Greek solidarity mission. The top priority is Greek participation in existing missions. It is vital for Greece to follow up on these missions (gather all information) to learn from experience;

- 2) Donations-contributions; [...]

- 3) Communications;

In Greece - Media coverage. Quarterly donors' newsletter. With other MSF sections: Monthly newsletter. Use of publications from other sections. Participation in general assembly and international council meetings and MSF coordinator weeks.

3. MSF Canada (1991)

In the eighties, Médecins Sans Frontières had gained some media recognition in Québec, the French Speaking province of Canada. In 1986, MSF France created an organisation named 'MSF Canada' and registered the Médecins Sans Frontières [trademark](#). All of the MSF Canada board members were either from the MSF France

executive team or board. They remained inactive except for the annual general assembly that took place in Paris.



Letter from Francis Charhon, Claude Diaz, Rony Brauman, Christiane Ghesquière, and Claude Malhuret, MSF France, to the Canadian Ministry of Consumer and Corporate Affairs, 8 May 1986 (in French).

Extract:

The undersigned hereby request that the Minister of Consumer and Corporate Affairs grant them, in patent letters pursuant to the provisions of Part II of the Canada Corporations Act, a chart constituting them, and other persons who may subsequently become members of the corporation, as a body corporate and politic under the name MÉDECINS SANS FRONTIÈRES [...] Said Francis Charhon, Claude Diaz, Rony Brauman, Christiane Ghesquière, and Claude Malhuret will be the corporation first directors [...] The corporation's aims:

- 1) To bring together, with no discrimination or exclusion, all doctors and members of the medical corps, who will work on a volunteer basis, to aid populations in distress as a result of natural disasters, collective calamities, or situations of belligerence;

- 2) To mobilise all human and natural means available to bring relief to these populations as soon as possible with efficiency, skill and commitment;

3. To seek all national and international assistance to allow its members to carry out their missions anywhere in the world. The corporation's activities can take place in Canada and elsewhere. Corporation headquarters will be in Montreal, Quebec Province. [...] The corporation will conduct its activities without paying its members. All profits and other assets will be used to further its aims. Written in the City of Paris, France, on 8 May 1986.



Minutes from the MSF France Board of Directors Meeting, 18 September 1987 (in French).

Extract:

Project funding: A study is under way in Canada to establish an associative structure, a 'Friends of MSF'. Collaborative projects may be considered. Francis will go to Canada to assess possibilities.




Report of the Annual General Assembly of the Members of Médecins Sans Frontières Canada held at 8 Rue Saint Sabin, Paris, France, 12 June 1989 (in French).

Extract:

The President instructed the assembly that it had to elect the members of the Board of Directors and proposed the following names: Francis Charhon, Rony Brauman, Claude Diaz, Denis de Kergorlay, Paul Fortin, and Christiane Ghesquière. He asked if there were other candidates. With no other names

forthcoming, he asked the Secretary to file a single ballot in the name of the assembly. The candidates were all directors of the corporation until the next annual assembly or until their replacement. The President then asked the assembly to nominate the auditors. Pétrie, Raymond & Associés, certified public accountants, 1320 Boulevard Graham, bureau 200, Ville Mont-Royal, Québec, was appointed until the next annual assembly, under payment terms that the Board of Directors may determine from time to time.


In the early Eighties, Richard Heinzl, a young Canadian doctor from Toronto, was inspired by MSF while volunteering for a development NGO in Africa and decided to create a MSF entity in Canada.

 In 1983, I saw this article about MSF in the New York Times. I started following them. There was very little information about MSF in North America. We knew something about them in Quebec, but it was really a complete unknown in the rest of North America and Canada. But the core ideals of MSF were very appealing to a young person who wanted to get out there and do something useful in the world. For my first field elective at medical school in April 1985, I worked in Kakamega in West Kenya with a Dutch surgeon. It was amazing, but I was in a hospital, a peaceful place, doing surgery and it wasn't what I had dreamed of. While in neighbouring Uganda there was in civil war. Idi Amin had just been kicked out, and Obote and Museveni were fighting for control. So one day I went AWOL [Absent Without Official Leave] and travelled to the border. Things were so poor in Uganda that there was no one there. This was my borderless experience, sans frontières, and I walked into Uganda. I paused for a moment at a roadside café, and this truck came along with a Land Cruiser with the old flag of MSF, and guys and a woman jumped out. They were French speaking Belgians, and they were with MSF. They took me under their wing for the brief time I met them, and I was just blown away, because here were people who were doing incredibly serious work in a very remote part of Uganda and risking a lot to be there. And yet they were also young people having fun, and it seemed like the most amazing adventure. When I came home, I started telling everyone about Médecins Sans Frontières. People who heard about it for the first time thought it sounded crazy, asking: 'why would you risk so much and what do you mean, you want go to war zones?' But there were an awful lot of people who thought this was the neatest thing you could possibly do, and such an important thing in the world, because we were all watching what happened in Ethiopia with the famine on TV. At this point I was back at medical school, a problem-based medical school that allows the student to drive their own education and to decide what kind of physician they want to be. They said, 'We want you to learn to take blood pressure properly, but you can also look at this stuff too.'


Right away, I started a group called the International Global Health Committee and I graduated from medical school.

Dr Richard Heinzl, MSF Canada Co-founder, President
1989-1991 (in English)

Meanwhile, MSF Holland was starting to explore expansion into countries that could provide human resources they were lacking and funding that would guarantee their independence. In December 1988, Richard Heinzl contacted Jacques de Milliano, the General Director of MSF Holland, who was interested in new avenues for recruiting human resources for missions.

 Jacques de Milliano had a very clear idea on how they were going to fund MSF Holland's independence: publicly defend their strategy - the way they would explain it to themselves and the rest of the world. It was amazing. Fifteen years on, I'm just beginning to hear NGOs addressing such issues. It was truly visionary. I think it took a lot of courage to make such huge financial and political choices.

Anne-Marie Huby, MSF International Press Officer
1991-1993; MSF UK General Director 1994-1999
(in French)

 I kept talking to people about MSF and made some good connections, one with Peter Dalglish in Toronto, the founder of Street Kids International. He was a friend of Jacques de Milliano, the Co-founder and Co-president of MSF Holland. In December 1988, Jacques came to Canada and was meeting Peter and a few other people. I had an appointment with him, but I hit the terrible Toronto traffic. I'd been waiting forever to meet a real MSF person to tell them that we think we could do here in Canada, and I was late! I parked and ran as fast as I could. I rounded a corner and this funny man was rounding another corner, and we bumped into each other and I turned around and said, Jacques? And he turned around. We had a very brief meeting, but very powerful. Right then and there he said: 'You can be the guy to start MSF over here in Canada,' and I said, 'I want to be that guy.'

Dr Richard Heinzl, MSF Canada Co-founder,
President 1989-1991 (in English)

In 1989, Richard Heinzl, with his friends, nurse Marylin MacHargh, and lawyer James Lane, started to raise awareness about MSF in the Canadian media and to

organise meetings with potential volunteers who were interested in MSF.



We started building a team in 1989. The first person I talked to was Jim Lane, my lifelong friend from high school, and who at the time, was becoming a lawyer. He was very interested in international affairs, and he shaped some of my thinking on these issues. The next was Marilyn MacHargh; she and I worked at a hospital together and she wanted to travel and be involved in global health work. I pulled them together and we formed this early triangle of people who started MSF in Canada. We did everything outside our normal jobs in terms of raising awareness, making connections with Europe, getting ready to go overseas, and making it happen.

Dr Richard Heinzl, MSF Canada Co-founder,
President 1989-1991 (in English)



I did some volunteer work in Singapore in 1984, and travelled in countries in Southeast Asia. I was struck by the poverty. I resolved that when I returned to Canada I would find a way of doing something that would have a larger impact, perhaps create an organisation or support an existing organisation in a meaningful way. Richard, at the same time, had seen MSF in the field in Africa, and he came back really enthusiastic. He suggested bringing MSF to Canada, and talked to Marilyn and me about it. We both said: 'Let's do it, let's make it happen.' The three of us would meet regularly and plan how to do it. That involved setting up an organisation that would attract volunteers, media attention, and we communicated with the existing MSF sections in Europe.

The first office was not really an office, but we gave out the phone number from where I was working as an articled student [legal apprentice]. And we just tried to reach out and connect with people who were interested. Richard and I did some speaking, some media interviews. We were very unsophisticated and amateurish; looking back I thought, 'Oh boy, we didn't know what we were doing. We were just going on enthusiasm.' But, more recently I have taken the more positive view that it was the expression of the MSF associative spirit. We said, this is something we think should be done and we are going to do it, and if people say no you can't do, we are going to do it anyway.

James Lane, MSF Canada Co-founder,
President 1989-1992 (in English)



Richard Heinzl and I had dinner. He was talking about the principles and the values of MSF, and I was immediately pulled in. I said, 'Well, I would imagine that nursing is a strong element in these settings,' and he smiled and said, 'Yes, do you know anyone who could help

me?' and I said: 'Yes, me!' That's how it began. At that point, a few people had discovered MSF and gone out, mostly from Quebec with the French. But when Richard decided to try, he started recruiting people, mostly friends, to get involved in the project of bringing MSF to Canada. At first we were just trying to generate a momentum, and it was all just talking to friends. Richard got a few radio spots and he was on TV a couple of times, talking about MSF. We didn't have an office at the beginning; we just moved around, church basements, people's living rooms, and things like that, but, bit by bit we gained momentum. We knew we had something when we recruited somebody we didn't know!

Marilyn Mac Hargh, MSF Canada Co-founder
(in English)

In order to create MSF Canada and use the name Médecins Sans Frontières, the Canadians had to negotiate with MSF France, who owned the trademark in Canada and refused to issue a license. MSF France was still opposed to creating a new section in Canada. Instead, the Canadians turned to Jacques de Milliano and MSF Holland, who took them under their wing. The first step was to create 'MSF Holland Associates in Canada,' a Canadian organisation that allowed the group to develop some activities without the brand.



'Associates of MSF Holland in Canada,' **Update** 24 January 1990 (in English) (edited).

Extract:

The group Associates of MSF Holland in Canada has been working for the past year to inform doctors, nurses and others about MSF. There has been significant interest from health practitioners. More than one hundred people were contributing to the growth of MSF in Canada. In June, Richard Heinzl and Bill Graham were in Europe to create links with MSF. There was some press coverage and fundraising; and Canadians will be leaving shortly to work abroad.

[...] The Associates of MSF Holland hope to eventually launch MSF Canada. MSF Canada will meet the MSF mission objective and be fully approved by Europe. It will operate in a co-operative fashion and will grow in a way that will allow it to become strong both nationally in Canada, and internationally in the developed and developing worlds. Recently, other MSF organisations have recognised the Associates of MSF Holland. A tentative agreement has been reached for Canadians to proceed, and we would like to name the organisation, Associates of MSF Canada.



Minutes from the MSF International Meeting, 18 April 1991 (in French)

Extract:

b) Canada: the Toronto office is moving forward slowly. Its name: The Friends of MSF Holland.

- Recruitment: Six people are on training and others have been sent to the field.
 - International fund-raising: two projects under way: Jordan and South Sudan.
 - Good relations with the media.
 - The office is fully funded and managed by MSF Holland.
- FYI – Jacques de Milliano notes that the three-year moratorium on this office began in June 1990.

When it expires, formal candidacy must be submitted to the International Board.



In 1990, I went over to Holland, and Jacques was able to teach me how to do this properly and what can happen. We found out through a legal search that the name MSF Canada was already owned by the French, by a company that wasn't active in Canada, but that had franchised the name, and by a couple of other people and some Canadian lawyers. It was there simply to hold on to the name and not let somebody like us get it. So I hopped on a plane to Paris to convince everyone that Canada was an ideal country for MSF: we are French and English, we have a long track record of being active internationally in the global humanitarian sense, and more importantly younger people in Canada are looking for something just like this.

I had waited until the end of the day to see Francis Charhon. He won't remember this story but it changed my life. He was smoking a cigar, white hair, moustache, and he stopped me in the middle of my big speech and said: "There is not going to be an MSF in Canada, it's not going to happen." But at the end of the meeting, he leaned over, winked, and said: "If you have a will there is a way."

I called up Jacques de Milliano and said: "They don't really want to back us." He said: "So keep it quiet, don't announce anything, and come and see me." And I went up to Amsterdam and we hatched a plan to work very closely with Holland. We had to keep it quiet, but Jacques and others knew that Canada had a great resource of nurses and doctors and great money. I came to Holland several times and Jacques came two or three times to Canada ; Every time we had meetings with 50 or 100 people up because there was so much interest in it. We called ourselves "the Associates of MSF Holland in Canada". A terrible name, but it was legally accurate because we were under the Dutch and they were watching us.

Dr Richard Heinzl, MSF Canada - Co-founder,
President 1989-1991 (in English)

Eventually MSF France relented. The MSF Canada organisation gradually included Canadian board members and in November 1991, Doctors Without Borders Canada/ Médecins Sans Frontières Canada became a registered user of the trademark.



Register User, **application for a non-related company**, to the Registrar of Trade Marks, Quebec, 25 November 1991 (in English).

Extract:

The undersigned, Médecins sans Frontières, the registered owner of the following trade- marks: [...]

2. 2. The relationship between the said registered owner of the said trademarks and the proposed registered user and any conditions or restrictions with respect to the permitted user are as follows:

(a) The registered owner of the said trademarks authorises the proposed registered user to use the said trademarks in relation to its business activities, so long as use by the proposed registered user is in accordance with the standards and specifications approved by the registered owner from time to time;

(b) The proposed registered user undertakes to use said trademarks in strict accordance with the standards and specifications supplied by the registered owner from time to time, and to use the said trademarks only in relation to the services for which each of the respective said trademarks is registered;



Minutes from the MSF Holland Board of Directors Meeting, 10 December 1991 (in Dutch).


Extract:

MSF Canada is officially registered as a Canadian (association) organisation (with tax number etc) as of 1 January 1992 and is independent for its fund-raising and partial spending. The board of MSF Canada is composed of Alfred Page, Jacques de Milliano and Annedien Plantenga. The office is managed by Jos Nolle and a Canadian office manager.




We would have liked the whole of North America. But the problems we had with setting up MSF USA took up a lot of energy. We had to keep the impetus going, make appearances, keep things fired up and meet many people. I don't see how we could have dealt with Canada as well. Canada was a different ball game, even if they are geographically close. I don't think we could have managed it.

Dr Rony Brauman, MSF France - President 1982-1994
(in French)

 Jacques was keen on seeing MSF in Canada. He had the relationship with MSF France to be able to negotiate some space for us, and it was understood that we would be under Dutch supervision and we were not initially allowed the use of the name. We were the Associates of MSF Holland in Canada. That allowed us to use the MSF name without the French being in a position to object.


There was already an MSF Canada corporation controlled by the French but gradually its officers and directors started to bring in Canadian representatives. Eventually, that corporation became the MSF Canada organisation, the charitable corporation recognised by the Canada Revenue Agency for tax purposes, so that we could issue donation receipts. This was very important at that early stage in terms of legal structure. We weren't terribly concerned about legal formalities, but that one was crucially important.

James Lane, MSF Canada - Co-founder,
President 1989-1992 (in English)

 We were relatively few because the Netherlands is quite a small country. But we had the Canadians. There we could get started fast, we could have done it. We started off with Richard and his friends in Toronto.

Dr Jacques de Milliano, MSF Holland -
Co-founder, President 1984-1985, then 1996- 1997,
General Director 1985-1996 (in French)


At the same time, Jos Nolle, a former MSF Holland coordinator in Mozambique moved to Toronto and became MSF Canada office head. The MSF Canada founders' objective was to rapidly set up an independent and operational entity, and they did not like how this head was imposed on them by MSF Holland.

 Jos Nolle, who'd worked with MSF Belgium and MSF Holland in Mozambique, was about to marry a Canadian and live for a while in Canada. It was the opportunity to set up the office the Canadians wanted. I supervised from Amsterdam, but Jos was on the spot, and he found and organised the office. I used to go over twice a year to sort out legal things. At the time, the MSF movement didn't have a clear idea about what the office was actually going to do.

I think the Canadians hoped for a while that they'd become an operational MSF office with more responsibilities, whereas for us at MSF Holland it was an office for recruiting human resources and raising funds. That was very clear. We weren't authoritarian, so we didn't say right off, "You can forget it. You're never going to be an operational centre".


It took some time for the idea to trickle down. There was some frustration at MSF Canada because they couldn't have full responsibility or participate much in strategic projects. At the international level, it became clear that we wouldn't be opening more operational centres, and that delegate offices would be integrated within the strategies of the operational sections they depended on.

Annedien Plantenga, MSF Holland -
Coordinator of Delegate Offices 1990-1993 (in French)

 We started working on basic fund-raising and recruitment, and Jacques de Milliano said, that's what you need to do, you need to recruit, recruit, recruit. Just bring in people and build your capability, you will send people to the field, they can return, MSF Holland needed personnel so it suited their purposes, and we had a group of about a dozen or so people. Jos Nolle - a Dutchman with experience in the field and Mozambique - was hired by MSF Holland, and came over here where he was responsible for recruitment.

We were getting people interested, and he was interviewing them and feeding on the information. There was a great deal of conflict with him. He was stuck in the middle because he was here, but was not especially interested in building MSF Canada. We were saying: "MSF Holland said it would support us. You are that support and your interests don't meet ours." He also told us that when he told MSF Holland - "let's do things that help build MSF in Canada" - they said he was going native, and was forgetting where his responsibilities lay.

James Lane, MSF Canada - Co-founder,
President 1989-1992 (in English)

 The very original intention was to be an operational section. This was before there were any other of these partner sections, which I think makes Canada a bit unique.

Marilyn Mac Hargh, MSF Canada - Co-founder
(in English)

MSF Canada created antennas in various Canadian provinces. In 1992, following a misunderstanding between the MSF Canada team in Toronto and some representatives in Montréal, those in Québec asked that a MSF Québec be created as a branch of MSF France, however, MSF France refused. Eventually, MSF Canada dismissed the Montréal team leaders from their responsibilities as MSF Canada representatives in Québec, and rebuilt the Montréal office team from scratch.



Letter from Jos Nolle, MSF Canada administrator to Alain Destexhe, MSF International Secretary General, copies to Bernard Pecoul and Jacques de Milliano, MSF France and MSF Holland General Directors, 6 March 1992 (in English) (edited).

Extract:

We all agreed that with our limited budget [...], we couldn't yet afford to do our promotional material in English and in French. After a long discussion, Pierre appeared to be satisfied with our promise to work on French material as soon as we had raised additional funds in Canada (maybe in the second half of 1992). But, back in Montreal, he obviously lost patience, and tried to get his way by contacting Bernard [Pecoul, General Director MSF France] to ask for a separate budget from Paris or Brussels for the activities in Quebec. In his fax, he wrote that MSF Canada wasn't respecting the "demands" from Quebec. I hope it is clear that this wasn't the situation.

This action by Pierre and Vincent felt like a slap in the face. Coming from Europe, I am completely unbiased about the Canada/Quebec debate. All I am trying to do is to manage on a limited budget. Although you recommended in your letter that we sit together with Pierre and Vincent, I didn't feel like it. So I asked Jim Lane to send them a letter asking them to stop representing MSF Canada in Quebec. Jim is MSF Canada's vice president and coordinator of Canadian volunteers. This letter should come from him with my agreement as president.

I have recently been to Montreal (February 19 and 20). Although I urged Pierre and Vincent to meet me, they wouldn't. I had to conclude that they had announced that MSF was not active anymore in Quebec. I corrected this immediately, and am in the process of getting a new team of volunteers in Montreal. For the time being however, our activities there will be low key. I sent a letter thanking Pierre and Vincent for their efforts.



There was one unfortunate meeting where the only representative from Quebec had very limited English and misinterpreted what was said at the meeting. We had decided the year before that we were going to be a bilingual organisation, but this required a significant cost at a time when we had almost no money. It was a big commitment. It meant that a very large proportion of our budget would be spent on translation services. But this was very important for the team in Quebec and we talked about the practicalities. We knew that if this was going to be a national organisation we had to have French translations from the start.

The next year, representatives from Quebec were there, and there were several new people at the meeting who were asking questions like: "Why are we spending so much money on translation when we have almost no money left for anything else, what's going on?" The representative from Quebec interpreted this to mean that we were trying to withdraw from our commitment. He didn't get it that the questions were coming from newcomers.

Several days later a letter was sent to MSF France, saying: we in Quebec are deeply offended by the refusal to accept the French reality of Canada. The English-speaking MSFers are trying to marginalise us and we want to be MSF Quebec, linked to MSF France. Will you endorse us?" MSF France contacted Jacques de Milliano who calmed things down. We ended up saying: "We don't want to continue working with the people who wrote this letter. And so the Quebec presence shrank considerably and we had to rebuild from scratch."

James Lane, MSF Canada - Co-founder,
President 1989-1992 (in English)

Two years later, in 1994, another group of MSF people from Québec managed to have Xavier Emmanuelli, the MSF France Honorary President, start registering Médecins Sans Frontières Québec as an organisation. The MSF France board was not informed about this initiative and refused to endorse the registration.



Letter from Philippe Biberson, President of MSF France, to the MSF team in Montreal, October 1994 (in French).

Dear Friends,


I am writing to express my surprise and to ask you to explain the following: I have just learned that you are in the process of filing a request for "a memorandum of agreement and certification of incorporation" with the appropriate agencies of the Government of Quebec in the name of Médecins Sans Frontières Québec. This request includes a form for consent to use the proposed corporate name Médecins Sans Frontières Québec, signed by Xavier Emmanuelli. If these documents are to be believed, you have undertaken to create a Quebec entity of Médecins Sans Frontières.

Your initiative raises two problems. The first is legal and statutory. Xavier Emmanuelli is Honorary President, and not President Emeritus, of the French section of Médecins Sans Frontières and, in that capacity, has no statutory role in our association. He has neither the power nor the authority to grant the use of the name, Médecins Sans Frontières. The name belongs to MSF International, represented by its secretary, Alain Destexhe. Only the International Board of MSF can make decisions regarding its use. For this reason I ask you to submit your request to the International Board if you wish to pursue it. In my view, the second problem is much more serious.


In recent years, Médecins Sans Frontières' development has been based on the notion of the universality and unity of the movement. It is unthinkable that the Médecins Sans Frontières name could be used against the will of the whole or to serve particular interests.

It is your way of proceeding I find most shocking. It is inconceivable that Xavier [Emmanuelli] would be willing to play along with or encourage something like this. He misled


you and sought only to exploit your desire to assert your distinctiveness, about which I make no value judgment. By his own admission, he saw this manoeuvre as a way to sow discord as the international MSF movement begins to take shape. In doing so, you are serving neither subversion nor irredentism – both dear to MSF – but discord and conflict. I regret to inform you that we, the French section of MSF – named as “sponsors” – separate ourselves entirely from your initiative. We cannot support this undertaking and ask that you withdraw it. I do not wish to address here the underlying problem that you raise.

 *Emmanuelli went to Canada, I don't know what for. They'd invited him, rolled out the red carpet and they tricked him. While he was there, he announced that MSF France had opened the office but that the people in Quebec saw themselves as independent. Somebody had registered the name. I don't think it could have been Emmanuelli because he wouldn't have known how to do it. It was more likely his Quebec contacts. The board of MSF France did bring it up, but they thought it was no big deal and they had a laugh. When I asked him, "But why did you go there?" he replied, "Listen, I didn't think I'd get tricked like that".*

Xavier Descarpentries, MSF France -
Director of Fund Raising, 1990-2000 (in French)

 *Paris had no control over Xavier Emmanuelli who'd gone to Quebec and said, "Quebec belongs to France" and then registered the MSF name over there. I don't think Xavier was even a member of the board of directors at that point. He was honorary chairman and he did it off his own bat, without telling us.*

Dr Bernard Pécoul, MSF France -
General Director 1991-1997 (in French)

 *I may well have registered it. I never met any Canadians. It was a paperwork thing. We had to register to avoid having too many sections. But that didn't work. We wanted to prevent MSF Holland from becoming too dominant.*

Dr Xavier Emmanuelli, MSF France - Honorary President
May 1988 - May 1995 (in French)

4. MSF Japan (1992)

In the early 90ies, Japan's economy was flourishing. Having an office in this country was perceived as a very good opportunity to raise funds. Both MSF Holland and

MSF France started to explore the possibilities of setting up a branch office in Tokyo.



Minutes from the MSF France Board of Directors Meeting, 19 October 1990 (in French).

Extract:

Japan

Francis has just attended an NGO meeting in Osaka. This trip was more productive than the previous ones. He made many contacts, particularly with businesses and foundations, which should be followed up. MSF received extensive coverage in the press. He would like the Board of Directors to decide whether to follow up these contacts. He would also like to be sure that this would not be in conflict with any steps other sections might have taken (MSF Holland is scheduled to go there in December). He pointed out that he always introduces the organisation as MSF, not MSF France. After a brief discussion, it was agreed not to hold a vote on the matter. It is still in an exploratory phase and there are no decisions to be made yet. If there were question of opening a Japanese office, this would be a European initiative. A meeting with Francis and the International Board has been scheduled on the question.



Minutes from the MSF International Meeting, 1 February 1991 (in French).

Extract:

3) Working group 3

Subject: Fund-raising

a.3. Japan: the initiative came from MSF France, later joined by MSF Holland; they will be pursued jointly in the coming months (March and April 1991), and will be coordinated by MSF France. [...]


b) Proposal for fund-raising: (by the three sections that had already taken concrete steps in this area) [...]

- Canada to work with MSF Holland
- Japan, coordinated by MSF France.




Rob Boom [MSF Holland President] and I went to Japan to open a section and to raise funds. It was an exploratory mission. We had invitations from Keidanren [Japan Business Federation] and embassies, which gave us access. That's not easy to obtain in Japan. The mission paid off. But MSF France was also there, so we decided, "OK, we'll leave Canada to the Dutch, and Japan to the French!" At MSF Holland we felt that launching an office in Japan would be a long drawn-out process, whereas recruitment was actually more important than funds.

Dr Jacques de Milliano, MSF Holland -
Co-founder, President 1984-1985, then 1996-1997,
General Director 1985-1996 (in French)


 Japan was very much like Europe, a natural area for expansion. Back then, it was the super power for sustained growth and a phenomenally fast-growing economy. The 1980s and 1990s were the Sony and Toyota years. Japan was a new model, the leader of the Asian Tigers poised to swallow up Hollywood and Europe. Charhon, always the entrepreneur, convinced us to look at Japan because there was money there. I didn't really get it, but I had nothing against it. I don't think I underestimated Japan's nationalistic side because I know the country's history. That said, these were very general arguments I didn't feel I had to oppose. I was sceptical but I'd been equally sceptical of other ventures that had turned out very well. And I didn't view my scepticism as an argument. So, having no other arguments, I left them get on with it.

Dr Rony Brauman, MSF France - President 1982-1994
(in French)

 I was often told that fund-raising wouldn't work in Japan because the Japanese don't donate. My answer was, "The Japanese don't give because nobody asks them to. If we ask them, maybe they will. If they don't, that's their problem, not mine." I'd been told that Catholics give because they're Catholic, and that Buddhists don't, which isn't true. Buddhists have their own way of giving. We may not end up in the same paradise, but we get some return in the end.


Dominique Leguillier, MSF Japan - Co-founder,
President and Executive Director 1992-2003 (in French)

From 1990, Francis Charhon, one of the MSF France leaders went regularly to Japan to develop a network. His first contacts in Japan were provided by the MSF France Foundation's 'Committee of CEOs' members, whose companies had branches in Japan.

 **Minutes** from the MSF France Board of Directors Meeting, 15 November 1991 (in French).

Extract:


Francis reported on his last trip to Japan. Relationships there are highly personal. An office can't be opened until it has an Honorary Committee. It's only then that we can count on a commitment from the manufacturing industry, which is very difficult to penetrate. Toshiba and Toyota may be willing to fund projects if they focus primarily on Asia. The MSF idea is spreading and has been well received by the media. A trip is scheduled for February 1992. The Honorary Committee could be created this year, with the opening of an office to follow.

 I spent a week in Japan three or four times a year. At the time, the Foundation's CEO advisory committee included French companies like Dior and LVMH³⁰ with branches in Japan. So I went to see the CEOs of these companies in Japan to tell them my story. I didn't know anyone at first, then one and then two people. Gradually my French contacts introduced me to Japanese business people. Some of them were very nice. "I'll get you a chauffeur-driven car today if you want." I explained what I was doing to the business leaders on the Foundation committee because they knew these people. I ended up with quite a large network. In Japan, before you can set up an organisation, you need to have an honorary committee. I worked on that. And one day I came along, and the honorary committee was there, waiting for me. That was in 1991.

Dr Francis Charhon, MSF France -
President 1980-1982, member of management team
1982-1992 (in French)

In 1992, Dominique Leguillier, a MSF France fundraising department member, took over the establishment of MSF Japan. On 15 November 1992, he opened a small office in Tokyo.


As for MSF USA, the MSF France leaders were keen to take all safeguarding measures to avoid a takeover by the Japanese.

 **Minutes** from the MSF France Board of Directors Meeting, March 1992 (in French).

Extract:

Francis's [Charhon] trip to Japan

Dominique Leguillier will take over from Francis in building the presence in Japan. A meeting was held with key figures that could serve on the Honorary Committee. Francis recommends that the membership of this Committee be international to avoid exclusively Japanese control. Based on progress so far, an office should be opened by the end of the year. We are looking for free space. The statutes of the MSF association are nearly ready. In future, we recommend that this association be turned into a foundation, which is more open and would thus avoid a Japanese takeover.

 Médecins Sans Frontières Japan, **Report** on opening, Dominique Leguillier, 25 December 1992 (in French).

Extract:

It's done - Médecins Sans Frontières is starting up in Japan.

30. Louis Vuitton Moët Hennessy – A French luxury goods conglomerate.

No red carpet, it's straight to the factory, and the underground, the crowds, Tokyo, an enormous city of 30 million people, and a first comment: the 124 million Japanese are not wildly interested in the internationally known association, MSF. People know us, of course. First of all, the 200-300 people Francis Charhon has met since 1990, and those I met on visits in March and June 1992. They include journalists, ambassadors, NGOs, travellers, francophones and francophiles. People associated with the ministries and philanthropic experts know us, yes, and they even like us. But what about the others, the public at large, the average citizen, the local reporter, the company director, the small or large employer? Do they know MSF? They don't, never heard of it.

And yet...

During these first years, Dominique Leguillier conducted painstaking work to develop MSF recognition in the Japanese society by building a network of supporters through social events and media presence. The Vice-President of the National Association of Japanese Physicians was assigned the role of Honorary President of MSF Japan.



"New to humanitarian action, the Japanese are in the grip of MSF fever" Philippe Pons, *Le Monde* (France), 1 September 1994 (in French).

Extract:

Despite Japan's poor reputation in the humanitarian field, Médecins Sans Frontières (MSF) will be setting up a regional office in Tokyo in 1992. From year one, revenues exceeded expenses (one million francs) and then they sent their first doctor into the field. Over the first six months, after the national channel NHK, the private network Asahi dedicated two prime-time programmes to the association. Not to be left behind, the written press published some 150 articles in 12 months. In Nagoya, Kyoto and soon Hokkaido, non-profit associations are springing up.

The success of the aid sector can be attributed to changing attitudes. Back from Sri Lanka after six months in a refugee camp, Dr Tomoko Kanto confirmed as much: 'At first I was pessimistic and cynical, but in the end the experience restored my faith in humanity.' Like Dr Kanto, many Japanese are taking an interest in humanitarian aid. 'Today, the Japanese seem more open to a universalist message,' says Dominique Leguillier, director of MSF Japan. Indeed, the response from the parent of the young volunteer killed last year in Cambodia is symptomatic. Despite the opposition of some to Japan's participation in United Nations peacekeeping operations, the young man's father said he was 'proud of [his] son' and announced he was going to take up the cause. As the country opens up to global realities, the younger generation — often as uninterested in politics as everywhere else — is wanting to give something back and re-establish

allegiances. Japanese society is aspiring to a renewed, traditionally rich, associative life. Indeed, the volunteers' network comprises some six thousand 'citizen movements' that were powerful in the 1970s when civil society mobilised in significant numbers to oppose environmental pollution. Voluntary contributions to humanitarian aid have been collected by direct debit from postal accounts (the biggest savings account in Japan contains \$14,000). As a result, non-governmental organisations (NGOs) have increased their budgets two- and fourfold in some cases. In a year or two's time, tax incentives for humanitarian aid may be introduced. For MSF, which in Japan is made up of a core team of 60 people from diverse backgrounds, most of its funds are collected from the public.

Companies (about a dozen) are also helping it grow, and may contribute to setting up an MSF Foundation. One of the obstacles in MSF's way is the Japanese medical education system, which tends to consider doctors who take time off for several months as 'deserters' who will have lost any chance of advancement on their return. 'The appointment of the Vice President of Japan's Order of Doctors as honorary president of MSF Japan sends a message to doctors and nurses that things can change,' explains Dominique Leguillier.



At the time the Japanese had absolutely no idea of what MSF could be. It all went incredibly fast. A week after I arrived, François Jean came to speak at a press conference on 'Populations in Danger', the book he'd written for MSF. Held at the foreign journalists' club in Tokyo, the conference was attended by around fifty journalists and immediately led to interview requests from lots of Japanese media networks.

A team from NHK, the leading Japanese TV network, filmed me over ten days and their report was shown in January 1993. In fact, they made a report out of a non-story, that of Médecins Sans Frontières in Japan. Over the following 18 months, I gave roughly five interviews a week to TV networks and newspapers. I accepted all offers, except for one or two from members of extreme splinter groups or sects I really didn't want to get involved with. This ambiguity regarding MSF lasted years. I gave press conferences about non-stories, people who'd gone on mission but who hadn't come back so there was nothing they could say. So we'd talk about Rwanda. We've never actually been there but we can tell you what other MSF sections have said. It worked and besides, I had no choice.

Dominique Leguillier, MSF Japan - Co-founder, President and Executive Director 1992-2003 (in French)

On 15 November 1994, after two years of probation imposed by the law, MSF Japan earned the status of non-profit organisation. Then Dominique Leguillier worked to create a foundation, which he believed could help MSF obtain stronger recognition in Japan. He

managed to obtain funding from some of the biggest Japanese companies. However, in 2002 the Japanese law on recognized public-interest association was enacted and MSF Japan was immediately granted this status. Therefore, the project of creating a foundation was abandoned.



Project Statutes Fondation Médecins Sans Frontières Japan, 26 December 1992 (in English) (edited).

Extract:

Article 1. Denomination

The name of the Foundation will be Médecins sans Frontières Foundation Japan.

Article 2. Purpose

The Foundation is created under the provisions of the Civil Code of Japan. The purpose of the Foundation is to promote humane and social actions anywhere they are needed in the world. For that purpose, the Foundation will support the actions of the French association Médecins sans Frontières in any of its activities, which are (though not limited to):

i) To aid populations in distress as a result of natural disasters, collective calamities, or situations of belligerence, by means of national and international assistance;

ii) To mobilise all human and natural means available to bring relief to these populations as soon as possible with efficiency, skill and commitment, through the existing operational structures of 'Médecins sans Frontières';

iii) To fund relief projects in all parts of the world where medical or public health needs or crises may exist and for which a project grant has been approved by the Board of Directors of the Foundation, including grants for projects sponsored, organised, or supervised by or in cooperation with Médecins sans Frontières;

iv) To hold educational forums and conduct any and all lawful activities that may be necessary, useful or desirable for the furtherance, accomplishment of attainment of the forgoing purposes, which activities would not endanger its not-for-profit status. No part of the activities of the Foundation will be devoted to propaganda, or otherwise attempting to influence legislation, and the Foundation will not participate in or intervene (including the publishing or distribution of statements) in any political campaign on behalf of any candidate for public office.

v) The Board of Directors may, in contributions or otherwise, give financial assistance to or for any or all the purposes for which funds are requested.

2. Number, election and term of office.

The Board of Directors of the Foundation will have five directors: the President of the French association Médecins sans Frontières who will be the President of the Foundation; the President of the Honorary Committee as set forth in Article 9 below; two members of the French association Médecins Sans Frontières, elected for a three-year term by its Board of Directors; one person elected to the post by the four members mentioned above, for a three-year period.



In 1992, Japan didn't yet have laws governing associations, but it was understood that after two years it would be accorded official recognition by a prefecture. So, on 15 November 1994, exactly two years after setting up the Tokyo office, the Tokyo prefecture recognised us as a non-profit organisation. In 1995, after the sarin gas attack in the Tokyo underground by members of a sect, the Japanese government started looking into a law to provide a framework for associations.

This is when the law recognising associations' public utility originated, although it wasn't enacted until 2002. It stipulated that an association had to be 10 years old before it could be granted donor tax-exemption status. MSF had notched up the 10 years and was therefore in the first wave of five or six associations to be recognised of public utility. The Japanese don't donate for tax exemption purposes. They simply donate. But any association that wants to be viewed as serious and reliable must have public utility status. This gave MSF moral recognition, which was very important.

Meanwhile, while waiting for the law to be enacted and enforced, I thought a foundation would be a good way of enhancing our reputation.. So I visited 55 of the largest Japanese companies to ask them each for one million yen. It worked. Toshiba, Mitsubishi, Bank of Japan — they all paid up. And then the law governing associations was passed and I no longer needed the foundation.

Dominique Leguillier, MSF Japan - Co-founder,
President and Executive Director 1992-2003 (in French)

MSF France did not want to invest as much financial resources to develop the fundraising in Japan as they did in the USA. Therefore, it was through the construction of a dense associative network that MSF recognition in the Japanese society was progressively implemented to prepare the field for fund-raising.




I considered it was really important to set up an association. I wanted Médecins Sans Frontières Japan to be both international and Japanese. Japan has a form of citizenship that works quite efficiently. People take on responsibilities. It's a way of life. There are many associations. After school, children take part in activities at sporting associations, even on Saturdays and Sundays.

So, as soon as I arrived, I set up a support committee, a sort of committee of wise people that included the Belgian ambassador and CEOs of various companies. I'd bring these directors together every three months or so, either at an embassy or the office. I'd tell them what we'd been doing, they'd say nothing at all, but that is the way you set up networks.

To really give MSF its place in Japanese society we had to


recruit volunteers. But Paris didn't send them on missions because many of them had very poor English, and some none at all, and they didn't think the same way as European volunteers. In the end, I went to Paris for three days to tell the president, Philippe Biberson: "If you want to destroy the association I'm setting up, keep going. If that's not what you want, let some Japanese volunteers work in the field. I don't care about quotas, but we need five or six volunteers at least to go mission. MSF Japan can't exist if there are no Japanese volunteers in the field. It doesn't make sense. Things changed little by little.

Dominique Leguillier, MSF Japan - Co-founder,
President and Executive Director 1992-2003 (in French)

 Dominique was completely loyal to Paris. "Paris says what must be done and I do it." So we developed quite amusing and really interesting things, because that's what Japan wanted, because the resources we had were theirs. It wasn't the same as in the US. Whereas in the US we'd adopted a large-scale and highly professional strategy, in Japan we set up the simplest and most human associative office possible.


The people working there were fairly atypical and unconventional Japanese, who had an interest in the outside world. Two or three young French eccentrics living in Japan for different reasons also joined the team. Via the associative system, we created quite quickly some robust support from major Japanese players, like the vice-president of Toshiba, a French lawyer who'd been working in the country for a very long time and proved very helpful in setting up MSF, and Philippe Pons, correspondent for French daily newspaper Le Monde.

Xavier Descarpentries, MSF France - Director of Fund
Raising, 1990-2000 (in French)

 Dominique also succeeded in establishing an incredible support network of highly committed Japanese people. Even though it was totally counter to Japanese culture, they understood why MSF Japan had to be a non-governmental organisation. It was very risky but we managed to find atypical Japanese people who helped us to find the way in we needed.

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

For years, the association was run by the French president and founder, who served as the director of the office along with the kind and continuous vigilance of the Japanese board members.


 Nobody ever said: "It's an association, it's in Japan, the leadership has to be Japanese." In Japan, there's so much respect for founders that if anyone steps out of line and tries to challenge that person, well, it just doesn't happen. It's virtually impossible.

But it wasn't a dictatorship. It was a real association! I was close to all the members of the board and the association I'd set up over the years and they supported me. In Japan, somebody has to be leader and they're not challenged so long as there are no mistakes. There's no room for error or and you can't insult anyone. If I'd gone against their way of thinking, I'd be dead. So I never took a decision without being sure it was going to be accepted. When I wasn't sure, I'd get advice from a third party. "If I do this, will it be accepted?"

Dominique Leguillier, MSF Japan - Co-founder,
President and Executive Director 1992-2003 (in French)

5. MSF Sweden (1992)

In 1989, Johan and Susanne von Schreeb, a young French-speaking Swedish couple studying tropical medicine in Paris, contacted MSF France, and went to Afghanistan for six months, to volunteer as medical doctors.

 In 1985/86 I saw an article about the French doctors in Afghanistan in one of the Swedish newspapers. I felt that this was really being a doctor. In autumn of 1988, Susanne (my wife) and I were studying tropical medicine in Paris. We still had two years of work to get our licence to practice. In Sweden, we had tried to find an organisation to go abroad to work with. But, at the time, either they had a very strong political agenda, close to these African movements for the liberation of Mozambique, Angola, so you would go there, [and] work with the leftist parties, or you do missionary work, because there's a long Swedish tradition of missionary doctors. And then, [there was] SIDA, the Swedish Aid Authority, but they didn't want anybody as inexperienced as us. At the time we wanted to be doctors, we didn't want to do politics. Then we went to the MSF France office for one of those briefings on MSF. Here people thought just like us: they wanted to change the world, but to be doctors. The political left/right aspect was not in the driver's seat, neither was religion. There was really this humanitarian spirit of 'doing it.' I knew basic surgery and Susanne knew basic obstetrics, so she could do C-sections. They said: 'We need a surgeon in Afghanistan.' I said: 'I'm not a surgeon really.' 'It doesn't matter, we need somebody to go there.' The whole spirit in that rue Saint Sabin³¹ was very special. Then we went back to Sweden for Christmas, just to pack our bags. We met with a Swedish journalist who had just done the same journey from Pakistan through Afghanistan to Iran. We got to read his manuscript

for his new book. It seemed so dangerous, and our family was saying: 'What are you going to do? Afghanistan is dangerous.' We started getting nervous and when we came back to the office in Paris, we asked: 'Where is the insurance? The MSF people just looked at us and said: 'Well, you decide. You haven't signed any contract, if you don't want to go, you are free to go home.' They added: 'We haven't heard anything about the project for many months, we don't know where they are, but we know they need a new team to come.' Finally we said: 'Let's at least try.' We flew to Pakistan from where the whole convoy left for Afghanistan on 15 February 1989, the same day that the Russians were leaving. Everybody was evacuating and we were going inside the country! It was a tough mission, where we were stuck for 6 months. Then we got out and it took us a few years to recover from that!

Dr Johan von Schreeb, MSF Sweden -
President 1993-2000 (in English)

In 1992, having completed his internship, Johan began discussions with MSF regarding the creation of a MSF entity in Sweden. He attended a conference organised by Hans Rosling, a well-known specialist in public health and public supporter of MSF. Georges Dallemagne, one of the MSF Belgium's managers, made a presentation at the conference. There, he met two other French speaking Swedish doctors, who were very interested in the setup of a MSF entity in Sweden; such organisations did not exist.



In 1992, I had made attempts to contact MSF. Hans Rosling, a well-known global health specialist, arranged a conference in Uppsala, in Sweden. He was brought up with this political African [anti-colonial] movement, and he knew all these missionaries, and for him all those were out-dated and MSF were the only ones doing efficient work in these contexts. He had done an evaluation for SIDA (the Swedish Development Authority) and told them: 'Give all the money to MSF' and 'We need this organisation here.' He was almost ready to start it himself, although he didn't have any experience. I attended this conference. Georges Dallemagne from MSF Belgium came to present and he was really attacked by the old political and missionary organisations: 'MSF, you don't think about [things], you are just cowboys, etc.' Afterwards we said, 'OK, everybody who is interested in potentially starting MSF in Sweden, let's go to the cafeteria.' We were maybe twenty people or so going to the cafeteria and everybody was talking. But suddenly we were just three people left: me, Stefan Peterson, and Anna Vejens. So we said: 'Let's start MSF in Sweden.' Stefan, Anna, and me spoke decent French, which was something new in Sweden, where everything is very Germanic. There was also so much political and religious guilt, whereas MSF for me was passion. In the field, with MSF, if you have wine, you drink wine. But that would be totally unacceptable for these other organisations: if you go to Africa you have to suffer with the people. I think

it came very much out of that passion, which, I think, attracted a lot of people.

Dr Johan von Schreeb,
MSF Sweden President 1993-2000 (in English)

In 1991, MSF Belgium reviewed the opportunities to access institutional and private funds in Scandinavian countries, as well as the establishment of offices.



Minutes from the MSF International Council Meeting,
18 April 1991 (in French).

Extract:

C. Nordic countries (Norway, Sweden, Finland) Italy

Stéphane Devaux wrote two reports about the public funds he raised and the contacts he developed with foundations (these reports are freely available).



'Report on the Visit to Denmark, Sweden, and Finland,'
Stéphane Devaux to the Directors of MSF Belgium,
the MSF International General Secretary, and the
Managers of the MSF Holland Delegate Offices,
September 1991 (in French).

Extract:

Direct marketing

This is clearly something that should be looked at seriously as the Nordic countries are the most generous in terms of private contributions. However, we must take certain precautions. First, we should never embark on a campaign without already having a presence, even if it's just a representation office (for legal, tax, and psychological reasons) and after becoming known and accepted both by other NGOs and the general public. A market study should then be conducted.

MSF offices

Opening MSF offices in these four [three] countries could be an attractive undertaking in the medium term (six months, one year). It was, and is still, important to first gain the confidence of funders, our colleagues, and other NGOs so that we don't marginalise ourselves from the outset by provoking others and leading them to reject us. Next, it's not easy to find someone, overnight, with the right skills and background to effectively develop the public relations, fundraising, hiring, and lobbying activities in MSF's name. We should not rush that.

Resources and objectives

Following these meetings, as well as the prior ones, I am convinced that we should focus our message on our competence in emergency situations, operational capacity, experience, and expertise in this area.

In 1992, the Swedish doctors registered MSF as a Swedish NGO. An office was created in Stockholm and Göran Svedin, a former Amnesty International director, was hired as a manager/administrator/odd job man. Only afterwards was MSF France informed, and in turn, informed MSF Belgium. Under the MSF international agreements, MSF Belgium was responsible for 'monitoring' Nordic countries. However, Ulrike von Pilar, the newly recruited officer-in-charge of MSF Belgium's delegate offices, managed to negotiate an agreement, once she discovered that the spirit of the Swedish founders was associative, aimed at gathering Swedish volunteers for MSF missions.



Minutes from the MSF International Council Meeting, 26 June 1992 (in French).

Extract:

Sweden office: Proposal from a doctor to open a Médecins Sans Frontières office in Sweden in accordance with International Board rules, that is, profile, fundraising, and recruitment. No opposition in principle, but to be reviewed. MSF B will follow up



We registered MSF Sweden as a Swedish NGO in 1992, though it was officially founded in 1993, before we had any clearance, and they were really upset. We owned the name because they had not protected the name here. They sent somebody immediately from Brussels. We said: 'We want this to happen now.' There was a lot of fighting. We knew what we wanted and we were quick. And then they understood that we were not like Hell's Angels wanting to hijack, but that we had some ideas. There was an associative spirit at least, based a lot on our experience from Afghanistan. We wanted a vehicle for Swedish nurses and doctors to go to the field and then also, of course, to do some advocacy and speak out about the situation. The fundraising, we were not so interested in.

Dr Johan von Schreeb, MSF Sweden -
President 1993-2000 (in English)



In September 1993, an Amnesty colleague told me some doctors in Sweden were about to launch something called Médecins Sans Frontières. All I knew was that it was an organisation that went into the field to treat people. Back then Sweden had only development agencies and missionaries, which I viewed with some suspicion. MSF was looking for someone to open the Swedish office. During the interview I already had a good feeling. When you've worked for Amnesty International, you know, for example, what speaking out is about. I was taken on by Johan, Anna, and Stefan - three young doctors. Johan was the only one who had experience working with MSF, in Afghanistan. I was handy to have around. I could repair a photocopier, draft statutes,

and hold my own in discussions. They hired me, but they'd forgotten to check with Brussels to ask if they could launch MSF. They'd already set up MSF in Sweden, without getting permission. I had to go to Brussels to get approval from Jean-Pierre Luxen (the General Director).

Göran Svedin, MSF Sweden General Director 1993-1997
(in French)



A fax arrived from Paris. 'Here's a letter from a group of Swedish doctors who've just set up MSF Sweden. They told us politely, but Sweden's your responsibility so you need to respond and tell them it's not OK.' The reality was three Swedish doctors had already set up MSF Sweden. I wrote to them, 'Great, but that's not the way it works. It's up to MSF, but we're ready to meet you to discuss the terms.' I met the three doctors, Stefan, Anna, and Johan von Schreeb, in Stockholm and we spent months negotiating. They were passionate about MSF. All three spoke French, which is rare. In Sweden, only the French-speaking doctors knew anything about MSF. A year later, Johan, by then President of MSF Sweden, went with MSF to Bosnia. He called me. 'This is a bit scary. I think I'm the first Swedish doctor since the time of Napoleon to go to a war zone!'

Ulrike von Pilar, MSF Belgium Delegate Offices
Coordinator 1991-1997 (in French) .

The MSF Sweden team was keen to develop public advocacy and recruit volunteers, while MSF Belgium was interested in fundraising. All these activities consolidated rapidly, thanks to synchronised efforts of both teams.

The first fundraising operation was based on Anna's speaking out about her mission in Liberia, where a civil war was raging. She was one of the founders of MSF Sweden. Her account was presented to a group of employees at a former plant of a Swedish firm in Liberia, who were keen to help people in Liberia. They became the first donors of MSF Sweden.



Minutes from the MSF Sweden/MSF Belgium Meeting, 24 August 1993 (in English).

Extract:

Résumé of the discussion


1. The objectives of MSF Belgium concerning MSF Sweden are the same as the ones drawn up by the support committee (except the order of importance of these aims. For MSF B the most important is the fundraising and for the support committee the most important is the recruitment, at least with regards to presentation of the objectives [...])
4. Formally Göran is employed by MSF Sweden but as long

as the office is financed by MSF Belgium, no major decisions will be taken without the agreement of MSF B. During the first six months, Anne Simon is the MSF B representative.

5. Anne and the support committee think that Göran should first participate at the October training before leaving. For the first steps, it is felt that it is important for him to work together with Anne. [...]


7. The support committee will participate in carrying out practical tasks and in developing MSF presence in Sweden. The members of the committee will have to discuss how to organise that work. [...]

REMEMBER: WE WILL REPRESENT INTERNATIONAL MSF, NOT ONLY THE BELGIAN PART OF IT.

 *I fitted out a small office. Brussels sent someone over to help us get going. But she gave up quite quickly, saying, 'They don't need me.' We were all super-motivated and MSF Belgium gave us a great deal of independence. They had decided, somewhat audaciously, to invest in the long term and allocated us a fairly big budget at a time when they didn't have a penny to their name. Fledgling NGOs don't get that kind of support in Sweden. Our objective was to recruit and raise funds. Anna, one of the founders, went to Liberia. Thousands of Swedes had worked for a Swedish company in the metal industry in the Liberian town, Nimba. They had close ties with the country. We found lists of their names, contacted them, and told them our colleague was there. 'You were in Liberia during the good years, and now the country is in a state of civil war. Perhaps you'd like to make a gesture.' Our first fundraising initiative, and we got 300 to 400 donors. To recruit, we used medical publications, and it became apparent there were people out there just waiting for MSF because we received a wave of applications. We collected the CVs and called Brussels to ask them to send up a recruiter to interview. We learned as we went along.*


Göran Svedin, MSF Sweden General Director 1993-1997
(in French)

For the founders of MSF Sweden, public advocacy/speaking out was definitely a key activity to support the actions of the organisation. In 1994, MSF was accused in the media of leaving the Rwandan refugee camps in Zaire in order for its staff to return home for Christmas. A press officer was recruited and the president reacted publicly. MSF quickly became a whistle blower regarding humanitarian issues in the Swedish public debate. This stance successfully increased fundraising. Most of the funds were allocated to Brussels for operations rather than the development of MSF Sweden.

 *In April 1994, there was the genocide in Rwanda. We engaged a press secretary and she was definitely*

effective. Göran and I wrote an article in a Swedish newspaper. Then MSF was being accused of leaving the Goma camps, going home for Christmas.³² It was the Lutheran Presbyterian Church aid that attacked us, because they were feeling threatened. We got so upset! We had to at least define responsibilities. So we said the Church was actually part of the genocide. There was a lot of debate on the television, I had to go and speak there. And suddenly from being nothing, we were actually becoming some sort of important actor in Sweden. And with that type of approach, of being the muckraker, the pain, we entered the scene - not like a traditional Swedish charity. So, people sent a lot of money to the new organisation. We said that we were not interested in the money. It's more to attract human resources and ensure that people can go to the field and work. We gave the money to Brussels. They were interested in fundraising to spend the money on operations.


Dr Johan von Schreeb, MSF Sweden President
1993-2000 (in English)

 *Speaking out was pivotal for Johan. We hired Lovisa Stannow who'd been press secretary for Amnesty. She was excellent. Johan went down really well with the media as a spokesperson. We quickly became the 'enfants terribles' of the world of Swedish NGOs and development, and we liked it.*

Göran Svedin, MSF Sweden General Director 1993-1997
(in French)

Though MSF Sweden was created by a group motivated by an associative spirit, it took some time to set up adequate statutes for the association. While Swedish associations are generally open, MSF Belgium, like MSF France with the USA association, was anxious to avoid any possible hijacking by a political or activist group. Therefore, some criteria for admission to membership were imposed. Some leaders of MSF's oldest sections were also appointed to the board, which helped to acculturate the Swedish to MSF's spirit and customs. Similar to most of the MSF entities in their first years, the executive and the associative members worked closely together and the board was the place where most of the executive decisions were taken.


32. More details in *Rwandan Refugee Camps in Zaire and Tanzania 1994-1995*, Laurence Binet in MSF Speaking Out Case Studies
<http://speakingout.msf.org/en/rwandan-refugee-camps-in-zaire-and-tanzania>

 **Minutes** from the MSF Sweden/MSF Belgium Meeting, 24 August 1993 (in English).

Extract:

6. The most important thing to do right now is to establish the legal statutes in accordance with Swedish law, Swedish NGO culture, and MSF tradition. We think it would be very helpful to invite Françoise Saulnier [...]

10. Long discussion on open or limited membership. Although open membership seems to be the normal way of organising the things in Sweden, the task of MSF, its tradition, etc., will be of more importance for the time being and therefore, we agreed on a limitation of the membership. As there are several advantages with the open membership (democracy, public relation, fundraising...) in Sweden, a decision on limited membership has to be explained in a way that suits the Swedish society. The final decision will be made only after consultation of legal advisors (Swedish and MSF) [...] The composition of the board of directors will depend on the future decision on the membership.

 **Report** from Board Meeting of the Swedish Branch of Médecins Sans Frontières/Läkare Utan Gränser/MSF Sweden), 17 March, 1994 (in English) (edited).

Extract:

Johan von Schreeb is elected President of MSF Sweden, Stefan Peterson Treasurer, and Anna Vejlens Secretary. The elected functionaries will act as the executive committee (arbetsutskott) until next general assembly.

§3. Division of responsibilities


Decision: The executive committee is responsible for day-to-day decisions and policies within the framework of the budget, plan of action, and general policies of MSF International. Executive committee decisions are carried out by the executive office. Issues of major policy and strategic importance have to be decided by the full board, that is decisions on, for instance plan and budget, major publicity campaigns, and formalised cooperation with governmental or inter-governmental bodies.

§4. Right to speak on behalf of MSF Sweden

Decision: Johan von Schreeb is the official spokesperson of MSF Sweden with the right to delegate this function [...]


Statutes of MSF Sweden

The board is going through the statutes as amended by the Extra General Assembly 21 December 1993 and a general discussion on membership policy is taking place. Although Swedish NGOs have a strong tradition of being popular movements with an open membership, and that open membership is strongly linked to the goodwill of public opinion, MSF Sweden will adhere to the established membership policy of MSF. It is considered crucial, particularly in the first developing phase, to have members with experience from the field for keeping MSF S an action oriented organisation with a strong field perspective. In order to gain public support it is important to recruit support-members as defined in the statutes §3.


 **Minutes** from the MSF Belgium Board of Directors Meeting, 5 July 1995 (in French).

Extract:

Sweden: The opportunity to have a well-established Swedish president - this position in Sweden involves replacing Xavier Emmanuelli, but the goal is to find someone from MSF France (Rony Brauman or J.L. Nahel). Board meetings every three months.

 *When we first founded it on paper, it was a Swedish NGO called Läkare Utan Gränser. Brussels of course, wanted to be part of it. We always wanted to have a good selection of people. The first board was Xavier Emmanuelli [MSF France Honorary President], then Éric Goemaere [MSF Belgium General Director], then us three, so the five of us. That was very interesting, to have Xavier. He came once or twice, really talking about what MSF is, giving a historical dimension to MSF. Sweden has a very strong tradition of associative life. The huge discussion we had at the beginning was: 'Is this going to be associative or not?' And we really insisted that this is what it should be, but not in the Swedish sense that anybody could become a member. There had to be some membership criteria. And, of course, there is always this fear of the 'mother' sections of losing power. We had some very good general assemblies and everybody knew everybody at the start. At the beginning in that first year there were maybe four or five recruits, next year ten, the following year another ten.*

Dr Johan von Schreeb, MSF Sweden - President 1993-2000 (in English)

 *The Swedes said, "We're willing to negotiate, we understand. But there's something that's quite unacceptable in Sweden. You can't set up a closed association. MSF's legitimacy must be based on the fact that it's a real civil society organisation that has members. I understood their position completely and we spent months drawing together the statutes, which to some extent became a model for the associations that came later. In reality, we set up an association with membership criteria, which meant that people had to have worked for MSF for six months or a year - I don't remember exactly - like the operational sections. The members elected the board of directors, but with one condition. At least two had to be MSF International members. It was usually the General Director of MSF Belgium and somebody else. That's how Xavier Emmanuelli from MSF France came to be on MSF Sweden's first board of directors. All decisions or modifications to the way the organisation functioned had to be voted unanimously, which meant that in effect each member had a right of veto on major decisions. This was to safeguard against any operational aspirations the section might have. It was acceptable to the Swedes and to the government, who had to ensure that the status of the new organisation complied with the law. We signed our*

statutes. MSF Sweden now belonged to the MSF family, with two international members on its board of directors. This marked the extending of the MSF association beyond the first 'big' sections.

Ulrike von Pilar, MSF Belgium Delegate Offices
Coordinator 1991-1997 (in French)



From the outset, MSF Sweden was an association. Some people frowned on us because we imposed conditions for membership. It wasn't enough to pay a membership fee, experience with MSF was also required. This was not common in Sweden. Along with the budget and a certain degree of freedom, MSF gave us the support of its 'thinkers.' On the board of directors we had Philippe Biberson, President of MSF France, and Éric Goemaere, General Director of MSF Belgium. They visited two or three times a year and put a lot into discussing our small projects with us. It was rewarding. We also had Xavier Emmanuelli [MSF France co-founder] during the first three years. It was really good for MSF Sweden because it taught us about MSF and helped us identify with the organisation. Having those people on the board was really important. We didn't really make any distinction between the associative and the executive. Johan was in the office every day, we held board meetings and we acted on the decisions.

Göran Svedin, MSF Sweden General Director 1993-1997
(in French)

6. MSF Italy (1993)

In 1991, with the same intent as for the Nordic countries, Stephane Devaux was tasked by MSF Belgium to explore fundraising and recruiting possibilities in Italy. At the same time, MSF Belgium and MSF France fought for access to Mogadishu, the capital of Somalia³³, where a civil war broke out. As Italy was the former colonial power, and could therefore have some influence on Somalia, MSF sought recognition in the Italian media.

A press conference was organised in Rome with the help of Sergio Solomonoff, an Italian press officer, who also helped the team meet Italian officials. He accompanied Stephane Devaux on his exploratory tour of various Italian regions for an eventual MSF setup.



Minutes from the MSF International Council Meeting, 18 April 1991 (in French).

Extract:

Regarding Italy:

- the contacts are proving productive (press conference on Somalia held recently in Rome)
- in practical terms, one person (Sergio Solomonoff) on site is handling media relations (following the information sent by Brussels) and recruitment development.



'Trip with Three Objectives: Italy' Memo from MSF Belgium, June 1991 (in French).

Extract:

- Extend our network of contacts
- Help boost MSF's profile
- Improve our knowledge of the Italian associative landscape to open new avenues to support our initial objectives and assessments
- Fundraising
- Human resources
- MSF's image

This trip gave us an opportunity to reassess our objectives after three months of our satellite (one person working part time (one-third time) who serves as our intermediary for these three objectives). Visit: Italy isn't only Rome so we went to Milan and Bologna to meet heads of medical NGOs interested in MSF, managers of regional political bodies, journalists, and social-cooperative movement managers.

First report

- Confirmed that the Italian humanitarian scene is specific to the country (politicisation, manipulation and co-optation, high dependence on public authorities).
- No emergency structures in place. High demand for our experience (gov. and NGO).
- Sergio Solomonoff helped establish a very extensive network (NGOs, regional and governmental authorities, journalists). This approach is very important to sway distrustful colleagues.
- Excellent preparation and penetration work [...]


9. Practical aspects

Money no doubt, but not right away. We're going to have to show imagination and vigilance. But a section will inevitably be set up in two to three years. We are therefore responsible for the legacy we are leaving them.


Human resources most definitely, if we invest a bit of energy. So, it is important to maintain a presence and develop activities that aren't immediately revenue generating [...] Our presence will no doubt have to be extended (at the moment, one third of the time with a monthly budget of 2,500 USD and a fax machine, but no office or any other equipment). We can carry on like this from September to December, then expand the team (one more person), find premises, and make a more definite schedule of activities. Basic principle: self-funding, as much as we can, i.e. don't do

33. See *Somalia 1991-1993: Civil War, Famine Alert and an UN "Military-Humanitarian Intervention*, Laurence Binet in MSF Speaking Out Case Studies, <http://speakingout.msf.org/en/somalia>.


absolutely anything to find money but keep this requirement firmly in mind. With the objective of strengthening and developing the network already in place, register statutes so we have access to operations and greater recognition (reconcile the absence of programme management with programme sponsorship). We will also have to conduct a market study to identify marketing opportunities in Italy more clearly [...] We also have to improve our capacity to quickly provide Sergio with fresh info on our operations. Italians, especially the media, are, of course, very interested in us. An excellent way to become better known. Radio stations, especially, are looking for eyewitness accounts from our people. Radio is very popular in Italy.

 *Given Somalia's history with Italy, MSF wanted to hold this press conference in Rome. Alain Destexhe looked for someone in Rome and found Sergio Solomonoff, an international communications expert with knowledge of Africa. His background was more on the communications side than the humanitarian aid side. They did their press conference with him and he stayed on. He had a tiny office in his bedroom, which became MSF's first office in Italy.*

Ulrike von Pilar, MSF Belgium Delegate Offices
Coordinator 1991-1997 (in French)

 *There were one or two organisations in Italy I thought had the profile to provide us with information. I did a couple of speedy preparatory missions on my own. These organisations put me in contact with Sergio Solomonoff, 'He'll be able to help you.' It was just as well because I didn't speak a word of Italian and he spoke perfect French. That's how I came to meet Sergio, a brilliant, open-minded guy with contacts everywhere. He spent a week guiding me through organising the press conference on Somalia and then we embarked on a car journey together that was an almost complete tour of Italy. We stopped off in the big cities to talk to representatives of doctors and associations similar to MSF. He was super interested, so he stayed on board and we were ready to set up the Italian regional office.*


Stéphane Devaux, MSF Belgium Coordinator of
Institutional Fundraising, September 1990 - April 1992
then 1993, for MSF International April 1992 -
January 1993 (in French)

 *At the time I was press manager for one of the three Italian NGO federations. I got a phone call from my federation informing me people from France were looking for somebody to organise contacts with the press. I knew MSF was involved in humanitarian aid. Civil war was breaking out in Somalia and, as Italy had been the colonial power, Stéphane Devaux was coming to Italy with two people from MSF France to raise public awareness and hold a press*

conference with all the leading Italian newspapers. I also organised contacts with the Italian Congress's foreign affairs committee. As they left they said, 'Listen Sergio, we don't have anything in Italy. You work hard and you work well. Would you like to manage an information point in Rome?' I accepted and they offered me a twelve-month contract, which of course turned into several years. They offered to pay half my rent and phone bill and for a laptop. Then they told me I would be managed by MSF Belgium.


Sergio Solomonoff, MSF Italy Head of Office
1991-1997 (in French)

Sergio Solomonoff was tasked to create a MSF office in Rome under the sponsorship of MSF Belgium, which was endorsed by the international council. It became rapidly clear that Italy, being such a huge European market, was ripe for both communication and advocacy on the Somalia issue as well as fundraising.

 *The great thing about MSF was there was still a lot of room for initiative. I went to Italy where we'd found someone who knew about MSF. We told him, 'Here's a budget to rent an office and for expenses.' We did it on the back of an envelope. We put money into it with no idea of what it would bring. We could have got it completely wrong, not have the right person, etc. But it was a total success. MSF Belgium struck lucky with Italy. It was the country that brought in the most.*

Dr Jean-Pierre Luxen, MSF Belgium President
1984-1987, General Director 1988-1994 (in French)

In March 1993, MSF Italy was registered as an association. This was essentially motivated by the necessity to reach the Italian society and strengthen MSF's visibility to increase fundraising.

 *MSF Belgium's main interest in Italy was fundraising and it worked incredibly well. I was MSF Belgium's fundraising star. MSF Italy's marketing division was the best, but the Belgians were constantly looking down on us and there was still some distrust. MSF Italy couldn't move an inch without asking permission from Brussels. It was they who asked us to form an association for tax purposes and our institutional relationship with other organisations and the state. This was necessary to facilitate our integration, as the opinion was a board of directors would establish a bridge with Italian society. As director I had a more operational and less formal relationship, and so a president – a doctor or someone*

with field experience – was needed. We therefore set up an Italian board of directors with an Italian president, Italian board members, and representatives from MSF Belgium.

Sergio Solomonoff, MSF Italy Head of Office
1991-1997 (in French)



MSF Italy was established in stages. But we realised very quickly it was a good fit. The Italians had a real passion for MSF. Whatever NGO we went to see, including direct competitors, they'd say, 'OK, go for it!' This was the exploratory phase and in theory, everything was possible. We met everyone. We were given a royal welcome wherever we went, including the Vatican. It didn't take long to see this was a country where we could recruit doctors, enhance MSF's reputation, and mobilise institutional and/or private funding. We got down to drafting the statutes (which have probably changed thousands of times since) in French. Then I went to the Italian consulate in Brussels to find a sworn translator and registered them with a solicitor in Italy.

Stéphane Devaux, MSF Belgium Coordinator of
Institutional Fundraising September 1990 - April 1992
then 1993, for MSF International April 1992 -
January 1993 (in French)

7. MSF United Kingdom (1993)

In 1991, MSF Holland organised an assessment mission to the United Kingdom, focusing on recruitment, the media, and fundraising. Gabriela Breebaart, a former MSF Holland volunteer, was appointed as the representative of MSF in London and created a tiny office. It was from here that she started to develop a network of professional medical institutions, representatives of specific government departments, and parliament. Anne-Marie Huby, the international office press officer came regularly to London to organise some MSF visibility with the UK-based international media. She started working closely with the small London team while targeting the British media.



'Short Outline of the Activities of MSF Holland in the UK in 1992,' **Memo** from Rosalind Wisser and Jacques de Milliano (MSF Holland), to Alain Destexhe (MSF International), Stéphane Devaux/Jean-Pierre Luxen (MSF Belgium), Bernard Pécol (MSF France), 4 February 1992 (in English) (edited).

Extract:

At our request Nick Cater (English PR specialist) carried out an 'Initial Assessment Mission' of the British aid-related market during the second half of 1991. The investigation focused on recruitment, publicity and press relations,

network building, and fundraising. We have decided on a 'low cost' and 'low key' strategy, using a 'step by step' method. We have appointed Gabriella Breebaart as 'representative of MSF (International)' in London who will carry out some supporting organisational and administrative activities, functioning as a general contact person. She has opened a PO Box number and a telephone line. We plan to open a modest office in London within two months. Concerning our activities we defined the following priorities.

Recruitment

The outcome indicates major possibilities in recruitment. MSF Holland has already been contracting ± 30 British volunteers over the last few years and has developed an extensive network with British institutions. Our recruitment department visits the UK every 6-8 weeks. Based on very positive results, they have expressed the wish to enlarge the number of British volunteers this year. These activities will be carried out directly from Amsterdam (only a short distance) with support from the representative.

Press and publicity

London is a very important international press centre. Building up relations with the press will be an important tool to raise the profile of MSF as an international organisation in the English-speaking world. Since this is also an important task of the international office we want to do this in close cooperation with the PR department of the IO. Specific publicity will be used when relevant to our activities, for example in the medical trade press in relation to recruitment activities (interviews of British volunteers). The unexpected screening of the French MSF documentary by the BBC on 22 December 1991 has led to nationwide publicity and over 400 reactions through our PO Box.

Network building

This will include relations with professional medical institutions, government departments, and members of parliament. In close coordination with the international office when relevant, we are planning to set up a British advisory board of professional people, who will contribute on a voluntary basis, within three months.

Fundraising

Considering the economic recession and the full British 'charity market' we have decided to move carefully. Reactions from the public indicate there is a 'minimum awareness' of the work of MSF. We seem to have quite a good reputation with ODA [Official Development Assistance]. We have started legal procedures for registration and are investigating further possibilities. Some volunteers have offered their cooperation



For MSF Holland, it was about access to talent, there weren't enough experienced doctors in the Netherlands, and to the echo chamber that the UK media represented. Nowadays the power of the press is online, but back then it was all about the BBC. I was working for the international office, but managing relations with the international press just from Brussels wasn't very effective. So, I was often in London, getting to know what journalists needed and giving them ideas. When I needed it, they would

pass on information. I was able to call them because they knew me. I was building a network.

Anne-Marie Huby, MSF International Press Officer
1991-1993, MSF UK General Director 1994-1999
(in French)

Patrick Bishop, a foreign correspondent for the *Daily Telegraph*, who met MSF while in the field, took a year off to offer some help in publicising MSF and setting up the infrastructure of a MSF UK organisation.



In the early 1990s. I went on a trip down to Beira in Mozambique through this contested territory when Renamo were at war with the government. No one went there because it was a very dangerous place. I set off from Harare in Zimbabwe, and someone had told me that there was an MSF team down there. I knew vaguely about MSF, but not much. So I went off to see them on the way, and I was very impressed by what I saw: a doctor and a nurse, basically doing primary health care in the middle of this war zone, with very little support. So I had this idea of trying to replicate it in a British way. Then I discovered that Merlin were already doing this and had some talks with them. They did some very good work, but they were small and very specifically British at that point. I quite liked the international aspect of MSF. So I went to talk to MSF people in Paris and wrote a long article about MSF for the Telegraph magazine. I discovered that there was already a kind of nascent association between a putative MSF UK and MSF Holland. At that point Gabrielle Breebaart was sent over as a kind of advance party to try and scope out the possibilities. I took the year off and we tried to set up the infrastructure of the organisation. My role in it was basically trying to find board members and premises and doing some publicity about it. It was not that there was much to publicise at that point, but it was creating a bit of a buzz about it when the time came.

Patrick Bishop, MSF UK Co-founder, President
1994-2000, Board Member until May 2003 (in English)

The legal set up was quite complicated as in 1986, MSF France registered as an overseas organisation in the UK and stopped following up on the administrative duties after 1990, risking the loss of the registration.



Letter from MSF Holland to MSF International Secretary General, 10 February 1992 (in English).

Extract:

In the case of the UK it is a bit more complicated, I am

afraid. MSF France started registration in the UK in 1986 as an overseas company (not as an incorporated British company) and has filed statutes and accounts till December 31st 1990. As far as I can make out from their files they have not filed for 1991 and are in danger of losing the registration. You would have to contact Francis Charhon about this and maybe make an agreement. However, from what I understood from a lawyer in London, this kind of registration is not enough, MSF would have to apply for official trademark registration. Otherwise, MSF does not have enough protection. You could ask your lawyer in Brussels to make contact with Mr David G.V. Hudson and ask him how to apply as MSF International, protecting the three names as done in Canada and other countries. I have only had an informative meeting with him and have not started any procedures, because I understood that should be done through the international office (please correct me if I am wrong).

Eventually in July 1993, Médecins Sans Frontières UK registered as a charity and as a company limited by guarantee. The council of management of the company (directors of the company/trustees/board members) were the guarantors. According to the statutes, MSF UK was to be strictly controlled by MSF Holland. The membership was limited to persons who have worked for or made a contribution to the company or to one or more of the organisations represented in the international council of Médecins Sans Frontières.



'Memorandum and Articles of Association of Médecins Sans Frontières (UK) incorporated,' 14 September 1993 (in English).

Extract:

Memorandum of Association of Médecins Sans Frontières (UK)

1. The Company's name is "Médecins Sans Frontières (UK)."
2. The Company's registered office is to be situated in England and Wales.
3. The Company's objects are to relieve and promote the relief of sickness and to provide medical aid to the injured and to protect and preserve good health by the provision of medical supplies, personnel, and procedures calculated to overcome disease, injury or malnutrition in any part of the world and in accordance with the principles espoused in the Charter adopted by the International Council of Médecins Sans Frontières in October 1990, which states as follows: [...]
Provided that in pursuance of the foregoing objects:
(i) The Company shall not send medical teams or equipment abroad without the written approval of Médecins Sans Frontières Netherlands (Artsen Zonder Grenzen) or the International Council of Médecins Sans Frontières;
(ii) the Company shall not undertake any activities which cause the company to cease to be a charity under English law.
4. In furtherance of the above objects the Company may (inter alia) carry out any of the following actions:

(a) fund relief projects anywhere in the world and collaborate with other charitable and benevolent organisations to provide relief particularly (but not exclusively) to organisations represented within the International Council of Médecins Sans Frontières;

(b) at the request or with the approval of Médecins Sans Frontières Nederland to provide emergency medical teams, public health programmes, medical or surgical equipment or medicines anywhere in the world. [...]

Articles of Association [...]

Members

3. The subscribers to the Memorandum of Association and such other persons as the Council shall admit to membership shall be members of the Company. The Council or any member of the Company from time to time may nominate any person for membership. However, the Council shall admit to membership only those persons who, having regard to the principles espoused in the Charter, have worked for or made a contribution to the Company or to one or more of the organisations represented in the International Council of Médecins Sans Frontières. With a view to maintaining the essentially medical character of the Company, the Council shall ensure that at all times the majority of members shall have a medical or paramedical background or training. Every member of the Company shall either sign a written consent to become a member or sign the register of members on becoming a member. The Council may make provision for contributors (whether or not they are members) to make annual or other periodic financial contributions, subject to a minimum level of financial contribution to be fixed by the Council from time to time [...]

Council of management

29. The Council of Management shall consist of not fewer than five (5) members of whom at least one shall be designated by the International Council of Médecins Sans Frontières [...]

Powers and duties of the council

- a) The business of the Company shall be managed by the Council, who may pay all expenses incurred in promoting and registering the Company, and may exercise all such powers of the Company as are not, by the Act or by these Articles, required to be exercised by the Company in General Meeting, subject nevertheless to the provisions of the Act or these Articles and to such regulations being not inconsistent with the aforesaid provisions, as may be prescribed by the Company in General Meeting; but no regulation made by the Company in General Meeting shall invalidate any prior act of the Council which would have been valid if that regulation had not been made.
- b) In the exercise of the aforesaid powers and in the management of the business of the Company, the members of the Council shall always be mindful that they are charity trustees within the definition of Section 46 of the Charities Act 1960 as the persons having the general control and management of the administration of a charity.

Jacques de Milliano and Jos Nole, from MSF Holland, Eric Vreede, a Dutch doctor with long MSF and British health system experience were members of the first MSF UK management council. Patrick Bishop, a management council member, proposed that Lord Owen, a British doctor and a diplomat with a national and international reputation, be chosen as President. He was proposed for his involvement in peace negotiations in the Former Yugoslavia, in particular. Bishop thought that Owen's talents and political network could be useful to MSF.

Several members of the international council opposed this choice, considering that no active politician should be a member of the board of a MSF delegate office. However, Lord Owen remained a simple member of the MSF UK board until 1997.



Minutes from the MSF International Council Meeting, 16 September 1993 (in French).

Extract:

President of MSF UK - Lord Owen was earmarked for the Presidency. Owing to his political activities, MSF Holland, the sponsor of this office, was asked to inform him that he wasn't wanted as President of MSF UK. He mustn't represent MSF at the international day. Generally, several international council members believe it would be a good idea to set a rule that active politicians cannot sit on the board of an MSF Office. This proposal will be discussed at a future IC meeting.



Letter from Maggie Smart, Lord Owen's Private Secretary to Gabriella Breebaart, MSF UK, 7 May 1997 (in English).

Extract:

Lord Owen has asked me to write to you to let you know that he believes it is time that he stepped down from the board of MSF. Given that your Annual General Meeting [General Assembly] is shortly to take place it would, I think, be appropriate to inform that meeting of Lord Owen's decision. As you know he was not able to devote time to the affairs of MSF during his three years' hard labour in former Yugoslavia and he is finding now that his time and energies have to be devoted mainly to the business interests, which he is pursuing. He believes it would be preferable for your organisation to have someone on the board who can more fully involve themselves in the activities of MSF.

I hope you understand.

Lord Owen, of course, wishes MSF all the very best for the future.



Jacques de Milliano was on, as the lead man from MSF Holland. Eric Vreede had connections with the

Netherlands and he had spent a lot of time in British hospitals. I tried to get political sponsorship. I knew [Lord] David Owen from years back when I was starting out as a journalist. He seemed to be a good person to lead the thing as a medical doctor with an international reputation. He was already a controversial figure because of his role in the Bosnian peace search. He certainly was much disliked by the Bosnians themselves and regarded as being not an honest broker. I was going to Bosnia the whole time, so I knew that it wasn't nearly as straightforward and black and white as it was sometimes presented.

However, he came up with lots of ideas and he loved the work of MSF. But, I had to go to him and say: 'Look, very sorry about this but we don't think you are the right man for the job.' He saw the point and said 'fine' and gave up without any fuss. I was a little bit disappointed about that because he had a lot of political clout in Britain still and, for the fundraising and things like that, he could have been extremely useful.

Patrick Bishop, MSF UK Co-founder, President 1994-2000, Board Member until May 2003 (in English)



I saw the role of the board as an overseer of what the office was doing, as it says in charity law. As members of the board of a charity, we were legally responsible for what was happening, for financial management, and all those things. I was one of the few who actually saw that, so we looked critically at what the office was doing, especially financial matters. What we didn't do in our board and with the office is actually have a clear plan of what we were going to push. So, although I represented UK on the MSF Holland board, I wasn't always quite clear what I represented.

Dr Eric Vreede, MSF UK Board Member 1991-2000 (in English)

Anne-Marie Huby assumed the responsibilities of Executive Director and the team jointly developed a recruitment process and a media network to raise MSF visibility in the UK. Pro-active fundraising started in 1996, once visibility was established. The recruitment of the fundraising department was closely monitored by the board, including formal plan presentations.



That's how it came about, by a natural process. I don't remember having an interview for the director's position, which speaks volumes! It was a very small team, made up of people all doing very different things. Gabriella, who was there several months before me, loved human resources and did excellent networking in the different departments in the British healthcare system, which is publicly funded. As for me, as a former journalist, I was interested in more public operations. The nascent MSF board realised that we needed a coordinator for all these activities. We realised

quite quickly that recruitment and media relations were connected. If we wanted to be taken seriously by the British health system, so it would release doctors, nurses, and others for a year to come and work for MSF, we had to sell them the idea, the Médecins Sans Frontières myth. When we do press relations, we do so for two reasons. For operational reasons, we call the international department of a media group and say: 'Don't fire at our convoy.' But we are also interested in finding ways to make the organisation appear slightly more eye-catching, slightly more glamorous. So, to get things started, we set about establishing relations with the press and a recruitment strategy, trying to find high-calibre volunteers who would allow others, including comms people, to speak loudly on their behalf.

We were surprised at the immediate impact of the MSF brand on the British charity scene. Until 1996, when we hired a fundraiser, we merely responded to needs rather than proactively collecting money. Then, after running some tests, we took some risks. While most British NGOs were asking for £2 a month in the hope of asking for more in the future, since we were young and ambitious and didn't want to insult people's intelligence, we decided to ask for £25 right off the bat! To make this happen, we needed to be able to tell them a fascinating story about the beautiful and talented British doctors we were sending into the field! We smashed it! In those seven to eight months, we ran various campaigns that all brought in funds.

Anne-Marie Huby, MSF UK General Director 1994-1999 (in French)



The board, as well as Anne-Marie, realised that fundraising could be a high stakes, high cost thing to do. Therefore, for his recruitment interview, James, the head of fundraising, was asked to give a presentation to the board. Then the board said: 'Yes, we will go ahead with this.' We didn't want to be too micro-managing, it was just an idea to have an overview, and let the office get on with it. Over time, it probably fluctuated a little bit, but the big decisions, like the recruitment of James, were taken by the board. That was not so much his recruitment, but his plan for the development of fundraising, which was very successful.

Dr Eric Vreede, MSF UK Board Member 1991-2000 (in English)

8. MSF Denmark (1993)

Camilla Bredholt, a Dane working in Brussels, contacted MSF Belgium at the same time they were assessing the Nordic countries. Later on, she went to the field for a couple of missions. After which, she worked for the international office in Brussels, where she participated in discussions regarding the opening of a MSF office in Denmark that would be based in Copenhagen.



'Report on the Visit to Denmark, Sweden, and Finland,' Stéphane Devaux to the Directors of MSF Belgium, the MSF International General Secretary and the Managers of the MSF Holland Delegate Offices, September 1991 (in French).

Extract:

Denmark [...] early lessons.

First, there must be a Danish organisation if we expect to take advantage of support from the Danish government beyond emergency situations. In terms of emergencies, the Danish government is very satisfied with the services of the Danish Red Cross and certain NGOs, such as DanChurchAid. Consequently, it sees no reason to support the operations of an NGO such as MSF if we do not have a presence in Denmark, and not simply an office, but a real section managing its own programmes. Our meetings with Danida [Denmark's development cooperation] addressed the concerns of some Community Member States regarding the large sums received by MSF from the European Commission for emergencies, particularly for activities supporting the Kurdish populations. They do not share that criticism and believe that we are one of the few organisations worldwide that can respond quickly and appropriately to disasters.



Letter from Stéphane Devaux, MSF International Office, to Camilla Bredholt, 10 July 1992 (in English), (edited).

Extract:

The official idea of the MSF International Council in terms of international development is to limit the operational structure of MSF to the three most important sections in order not to dilute our efficiency and know-how and avoid wild competition. Volunteers from other countries, who will have worked in the field, will be able afterwards to work in the different operational offices, and all nationalities will be represented at the international council. This is the future in its ideal version. If we are not clear enough, actions such as those in Canada, in particular, risk putting an end to the quick setting up of new sections. Personally, I have nothing against the opening of new sections but, as we have decided not to open any more, we should not at the same time foster strategies, which could quickly lead to the same result. We should remain coherent. Furthermore, a dual attitude is impossible to hold with our donors. So, for example, the representative office will not manage recruitment, it will inform and orient requests to the operational sections. The Nordic regional office, following the subdivision decided two years ago, would rely on MSF Belgium for its management. But as with its little cousins, Canadian, US, Japanese, and Italian, it will be an international office for all sections and represent the most international image possible of the MSF movement. It will also benefit from the experience of other offices. Among other things certain running procedures are fairly standardised now. A lot of mechanisms have still to be invented, but we have already made some progress. Here is a global description. You might have had the impression

that things weren't always clear, but we are in a sort of trial period during which many mechanisms have to be created, and preferably not lightly, as these are choices that will influence the whole future of MSF. We are pioneers on rather slippery ground. That is also what makes it interesting. Give me your opinion and let me know about your projects.



Letter from Camilla Bredholt to Stéphane Devaux, MSF International Office, 17 July 1992 (in English) (edited).

Extract:

The idea of a representative for MSF in four Nordic countries is very good and I agree with the decision made by the international council NOT to open an operational office in Denmark. It is important to keep MSF as small as possible with respect to operational sections, hence avoiding the risks of becoming too bureaucratic and possibly being considered a threat to other existing NGOs.

Some suggestions:

- 1) The representative needs full respect and credibility, as an MSF employee, of the Nordic NGOs, other organisations, and various ministries. To obtain this he/she will have to be fully informed about actions and decisions taken by the operational MSF sections. That is to say, attend meetings and other relevant occasions, whenever possible. The representative would also need to visit the relevant MSF missions to discuss seriously the proposals put forward eventually by any of the Nordic countries. In other words, his/her job can be described as information officer. In Danish we would call it 'having a finger on the pulse.'
- 2) To enable the representative to carry out the aforementioned duties, he/she does not necessarily have to be based in one of the Nordic countries. Since the job is to provide information about MSF and to establish good relations with the different institutions, and not to open up an actual office, two-week trip every three months would be sufficient.
- 3) The representative could be based in Brussels at the international office and carry out all the administrative duties: following up, phone calls, letters, requests, etc., and at the same time do the lobbying among the different Nordic representations, members of parliament, embassies, etc.
- 4) The representative would be even better informed by being based in Brussels. MSF would also avoid problems regarding office facilities, office materials, etc.



In the beginning, Jean-Pierre Luxen, the General Director of MSF Belgium, asked me to do the whole of Scandinavia and I said: why not? And then later on, when I saw them again, we decided one country was more than enough.

Camilla Bredholt, MSF Denmark Founder and Head of Office 1993-1996, then member of the board of directors 1996-2003 (in English)



I think that at the start the idea was to have an office just in Copenhagen working on behalf of all Scandinavian countries. But I believe MSF Sweden upset this plan.

Göran Svedin, MSF Belgium Liaison with the Partner Sections 1997-2003, (in French)



In the summer of 1993, when I started working at MSF Belgium, Camilla Bredholt, a Danish woman who'd worked with MSF in Kosovo, was in the process of planning a new office in Denmark, requested by MSF Belgium. As a move, I felt Denmark was more opportunistic than strategic.

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997; MSF Germany President 1995-1997, General Director 1997-2005 (in French)

who I thought had a good network. He thought it would be very cool to be part of MSF, and agreed to be the chair of the board. At that time, the board had Ulrike von Pilar, our Coordinator, and Jean-Pierre Luxen, as well as a lawyer, and an accountant who was a non-voting member. There was also a Danish woman who had good contacts, and who before I even came up and registered MSF in Denmark, had read an article in a women's magazine [about MSF]. I was 26 years old, coming to Denmark to set up this charity. I got a lot of free PR because of my age and gender that helped us a lot. So this lady organised a charity in honour of MSF. She knew people from the royal family and she invited the Prince Consort of Denmark and other rich card players, and they would pay to come and play cards, and all the money was given to MSF Denmark.

Camilla Bredholt, MSF Denmark Co-founder and Head of Office 1993-1996, then member Board of Directors Member 1996-2003 (in English)

In January 1993, Camilla Bredholt returned to Copenhagen to open a MSF office that would cover Denmark only. In order to benefit from a charity status, the MSF Danish entity was initially created as a foundation, with a self-appointed board. It was not possible to create an association since the initial MSF network was too small to comply with the Danish law, which required an association to have at least two hundred members.



Minutes from the MSF Denmark Board of Directors Meeting, 25 August 1993 (in English) (edited).

Extract:

The creation of Médecins Sans Frontières/Læger Uden Grænser Foundation in Denmark took place on 25 August 1993. The administrator submits the budget and the objectives for the following year to the board once a year. An evaluation of performance is made twice a year.

2. The role of the board members [...] The board members will assist the administrator in her daily work when required, and also use their own initiative help to promote the objectives of the Foundation. Approved by the board: The Danish board members meet a maximum of four times a year with a minimum of one Belgian member attending. The board receives an evaluation report four times a year on the general work, as well as the minutes of each board meeting [...] AB [Aage Beyer] informed that a letter asking that Læger Uden Grænser be recognised as a charity organisation was sent on 24 August to the Danish tax authorities.



First of all, I had to find members for the board. And I wanted to have a Danish doctor, because I myself am not a doctor. I got hold of a very nice old friend

9. MSF Germany (1994)

Despite the obvious potential in both human and financial resources, Germany did not arouse a rush of the large MSF sections' consideration of creating an entity. Even MSF Switzerland did not make a move, in spite of Switzerland's geographical and cultural proximity to Germany.



One day, during a meeting about setting up MSF International, Doris, the President of MSF Switzerland and a German by birth, stood up and said, 'We absolutely must not open MSF Germany because the Germans will swallow us up.'

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997; MSF Germany President 1995-1997, General Director 1997-2005 (in French)



That was a time when I could easily have said, 'We should open in Germany.' But we in Switzerland, maybe because we're taken up with our own internal problems, never had any inclination to expand. We weren't saying, 'MSF Switzerland should open another office now. Where should it be?' But it was a done deal.

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998; MSF International Council President February 1994 - February 1995, September 1997 - June 1998 (in French)

Eventually, in late 1991, MSF Holland implemented a market research assessment in Germany. Yet, it was only three years later in 1994 that a MSF office was opened in Germany and a MSF association officially created. The main objectives were to raise awareness about MSF and raise funds from both the general public and the government.



'Market Research Germany, an **Initial Assessment**,' Jeroen Jansen, MSF Holland, December 1991 (in English) (edited).

Extract:

Conclusions

It can be concluded that Germany is an interesting market for fundraising and not so much for recruitment. For fundraising purposes Médecins Sans Frontières will have to create a German association and preferably obtain non-profit status. The statutes must be drawn up very carefully. The whole procedure will take approximately three months. Médecins Sans Frontières has a certain profile in Germany already: the market is prepared for further intervention. Médecins Sans Frontières will have to present itself as a professional international (pan-European) organisation.

11. Proposal

The creation of a German association and the acquisition of non-profit status are essential for fundraising activities. Recruitment can, however, be started straight away from Holland and/or Germany. The first year (especially during the first two steps), a part-time staff is envisaged. Two staff members and volunteers could ensure a permanent presence at the office. The proposal identifies four steps. After step two, Médecins Sans Frontières can evaluate the situation and decide whether and when it finally wants to be fully engaged in Germany, i.e. to invest considerably. Should Médecins Sans Frontières not wish to proceed with phases three and four, it can still continue with recruitment out of an existing section. In order not to offend other organisations, which already envy the profile of Médecins Sans Frontières, the German market should be approached carefully.



'MSF Germany, **Report** on General Activities,' Bonn, September 1994 (in English) (edited).

Extract:

Introduction:

The official launch of Ärzte Ohne Grenzen was via a press conference on Liberia, opening the doors of a German MSF and presenting the national version of the PID [Populations in Danger] book. No survey was needed to realise that awareness of MSF in Germany was indeed very low. So, the main focus was on changing this, especially to make journalists aware that we are not only a group of French doctors.



Suddenly, it struck Annedien [Plantenga] and me, 'But there's still Germany!' We had to move fast and we went on an exploratory mission to look into the potential.

Dr Jacques de Milliano, MSF Holland Co-founder, MSF Holland President 1984-1985, then 1996-1997, MSF Holland General Director 1985-1996 (in French)



Even if, generally speaking, we Dutch don't really like being compared to the Germans, we were aware that our countries are culturally close and of the huge economic potential. And, MSF Holland wasn't satisfied with having one or two delegate offices. So, during an international meeting, Jacques [de Milliano] announced we had some suggestions to get started in Germany. My opinion was that it was mostly a bluff to prevent others getting in there instead of us! The main purpose of opening the office in Germany was to raise funds rather than to recruit volunteers. No German had approached us about working with MSF and we even wondered, 'Are there enough Germans who want to go on mission for MSF?' But, we did think we could raise a lot of money in Germany. We also realised early on that by getting ourselves known to the general public we would not only be able to raise funds from private donors, but also convince the government to finance us. In 1991, we sent Jeroen Jansen, who has dual nationality and speaks German, to test the waters regarding fundraising and recruitment and see what the possibilities were for setting up in the country and establishing a legal entity.

Annedien Plantenga, MSF Holland Coordinator of Delegate Offices 1990-1993 (in French)

MSF Holland had some difficulties staffing the German office and board of directors with Germans. Since the General Director was Dutch, MSF Holland asked Ulrike von Pilar, the Coordinator of MSF Belgium Delegate Offices' development, to be the President of MSF Germany Board. Thanks to her former experience with MSF Sweden, she managed to create an open membership association, allowing the election of the board of the association by members at the annual general assembly. Thus an associative life quickly developed even though this was not the first intent of creating MSF Germany.



The Dutch were determined to set something up in Germany and were interested in the possibility of raising private funds. But they had to find seven founding members. There were already five Dutch members and they asked us, a German nurse working with them and me who was project leader with MSF Belgium, to complete the founding group. I said yes as it was totally in my area of expertise.

They'd already chosen a director, a Dutchman who understood German but couldn't really speak it. They needed somebody in the office who could communicate in German, so they asked me if I wanted to be President. That's how I became president of MSF Germany. In 1993, the post of President was entirely voluntary. The Belgians gave me their authorisation to occupy the post and keep my job with them. I was a two-hour drive away, so it was possible. I participated in telephone meetings and was in the office at least once a month. It was enough for a small, expanding office. But I was still far more involved than I'd imagined I would be. I occasionally participated in meetings with the government because our General Director wasn't comfortable in German. Thanks to my experience with setting up MSF Sweden, I was able to convince the Dutch that we could allow real members in the MSF Germany association who would have the right to elect the board of directors. It took a while but, right from the start, I insisted something be done for the associative dimension. We held a kind of annual meeting to which we invited all those who'd been through the office but hadn't officially been members at the start. There were more and more logisticians and doctors. We tried to incorporate into the association the few Germans already involved in the movement. We modified the statutes as we went along and it all worked out.

Ulrike von Pilar, MSF Belgium Delegate Offices
Coordinator 1991-1997; MSF Germany President
1995-1997, General Director 1997-2005 (in French)



Ulrike von Pilar, Coordinator of Delegate Offices for MSF Belgium, who is German, no doubt already had some idea that the destiny of MSF Germany did not lie in being a partner section, but something rather different, something more ambitious.

Dr Eric Goemaere, MSF Belgium General Director,
1996-1998 (in French)

10. MSF Hong Kong (1994)

In 1993, Anne Decortis, a former MSF Manager in the Vietnamese refugee camps in Hong Kong, proposed that MSF open an office in Hong Kong. She put forward, as justification, the wealth of the Hong Kong inhabitants, still under British rule. According to her, Hong Kong's welcoming of thousands of boat people proved their generosity.



*'It's Hong Kong's Turn,' Anne Decortis, **Contact** No. 35, MSF Belgium's Internal Publication, January 1993 (in French).*

Extract:

126 As MSF opens representative offices around the world,

sometimes in countries experiencing unprecedented economic crises, the Australians certainly will not contradict me, I am surprised that no one seems to be considering Hong Kong as a representation office in Asia. It's less expensive and more central than Tokyo, and also offers tremendous potential. What would a 'Hong Kong office' do?

Fundraising: This would, of course, be its core activity. Hong Kong is one of Southeast Asia's 'economic dragons,' and a financial and commercial hub for all of Asia. Per capita income there is among the highest in the world. Hong Kong can also boast for being the city with the highest density of Rolls-Royce cars! There is a lot of money there and it's a shame that we are not benefiting from that, given that we are physically there. For the Chinese, who are obsessed with their brand identity, a contribution represents much more than an unselfish act of solidarity. The 'charity business,' composed primarily of local organisations, brings in millions. Would an international organisation generate the same enthusiasm? My sense is that MSF could play the international recognition card that holds great appeal for Hong Kong. To the people of Hong Kong, it's been a bit too easy for the international community to forget that, for more than 10 years, Hong Kong has accepted responsibility, as best it can, for tens of thousands of Vietnamese boat people. Rather than acknowledging that contribution, the territory has been criticised for its forced repatriation policy, by the same people who themselves are driving Haitian refugees back into the sea. Hong Kong suffers from a very negative image as a result of its unsought and poorly rewarded generosity. In addition, Hong Kong is in a very unusual political situation. Wedged between the former colonial power and the communist monster, which refuses to accept any hint of democracy, Hong Kong faces a full-blown identity crisis and does not want the international community to broadcast that fact. In Asia, perhaps more than elsewhere, there is no such thing as a free lunch. However, we have something to offer Hong Kong that few other organisations can provide; namely, a more generous image than the one of a pitiless and frenetic businesswoman that seems to cling to it.

Recruitment: So far, the Hong Kong mission has only been able to recruit doctors from Commonwealth countries, and the inquiries we receive tend to come from primarily English-speaking doctors and nurses. In addition, some have already been 'signed up' by MSF and are on their second mission.

Communications: Most of the major Western and Asian newspapers have a permanent correspondent in Hong Kong. *The Far Eastern Economic Review*, the Asia-watchers' go-to publication, has its main office in Hong Kong. MSF has been working in Hong Kong since 1988. Currently, we expect to close the camps within three years. After that point, MSF Hong Kong will no longer have a reason to exist. It would be a shame not to take advantage of our presence and experience here.



MSF Hong Kong 20th anniversary video 2014.

Interview with Anne Decortis: I wanted to present MSF the

way it was, not through charities or whatever [...] I wanted to show MSF as a bit fresh and young, backpacker style, but at the same time a very professional organisation, you know, doctors and nurses, people who knew what they were doing.



Hong Kong came much later. It was a bit of a bolt from the blue led by a young Belgian project administrator based in Hong Kong, Anne Decortis. She suggested setting up an office for MSF in Hong Kong saying that there were possibilities, that the government wanted to create a humanitarian fund to which we might be able to have access, and that there was an opportunity, even after 1997 [the year Hong Kong was handed back to China]. The other MSF sections said that if MSF Belgium thought it was worth it, we should go for it. Obviously, it became a gateway into China and the region.

Ulrike von Pilar, MSF Belgium Delegate Offices
Coordinator 1991-1997 (in French)

In 1994, MSF Hong Kong was formally registered as a limited company and a charity. Its first general assembly took place in June 1995.



Minutes from the MSF Hong Kong First General Assembly, 27 June, 1995 (in English) (edited).

Extract:

- MSF Hong Kong was registered with the company's ordinance and received charity status from the Inland Revenue Department [...]
 - Dr Dallemagne pointed out that MSF HK, which is only one year old, is nearly on a par with MSF Sweden in terms of the proportion of fundraising and office operation costs [...]
- This First Annual Meeting is also the first election of members. Then, every year, one third of the board should resign. Qualifications of the members: the majority need to have a medical background and have worked for MSF for about 6 months [...]
 - Georges proposed to have two members designated by MSF I[nternational] and to give a vote to the international council. This will give coherence to all delegate offices, especially because offices like MSF Canada or MSF Australia are very different [...]
- Ulrike proposed having a medical doctor from MSF B as president of MSF HK for the moment, and hope that later we can get a local doctor with sufficient MSF experience. Georges is elected unanimously as president of MSF HK. [...] Changes made to articles 29 and 46 of the Memorandum and Articles of Association of MSFHK Ltd (29) The Council of Management shall consist of not fewer than three members of whom at least two shall be designated by the International Council of Médecins Sans Frontières upon proposal by MSF B.



MSF Hong Kong 20th anniversary **video** 2014.

Interview with Peter Perowne, MSF Hong Kong President:
The team was very small. We had a great brand that we were starting with but we had to start from zero, we had no budget to advertise, we had no donors, we had no project. We were just MSF. And we managed to get space in specific places through connections. So our launch was a big launch for something with no beginning and we managed to get Chris Patten, Governor of Hong Kong then, to come and make the opening ceremony and make a speech. This whole thing had just come from an idea, "Let's start in Hong Kong," and suddenly we were making this big presentation.



MSF Hong Kong was about the same size as MSF Sweden. That was a small office, too. The approach was completely different, obviously, because nobody in Hong Kong understood what 'non-profit' meant. From a legal perspective, they had limited company status. Later, they pushed the status as far as they could to turn it into an association, but I think it's still a 'company' even today.

Göran Svedin, MSF Sweden General Director
1993-1997; MSF Belgium Liaison with the Partner
Sections 1997-2003 (in French)

One month after the opening of the office, the newborn MSF Hong Kong organised a chartered aircraft of relief to Zaire with Cathay Pacific, the Hong Kong airline company.




MSF Hong Kong 20th anniversary **video** 2014.


Interview with Anne Decortis, MSF Hong Kong Founder:
there was a very big cholera crisis in Goma [Zaire], just a month after we opened the office. I had a contact with Cathay Pacific and an hour later he called me back and said "I have a plane for you, if you load a 747 of material that you guys need in Goma, then the plane is yours." The British army gave us five big cars and water tanks.

11. MSF Australia (1994)


In 1992, Peter Hakewill, an Australian doctor and an experienced MSF France volunteer in the field, returned to Australia after a career with the UNHCR. He proposed to set up a MSF office in Australia. He was completely trusted by MSF France leaders, to which, he maintained close links.

 *In the mid-1970s, I had taken a year off my medical studies to have a sabbatical year in Paris doing political science in Sciences-Po [University for the study of political science in France]. One night I went to a lecture, from the 'Nouveaux Philosophes,' [New Philosophers]³⁴ where André Glucksman was talking about new ways of interacting with the Third World. Bernard Kouchner got up and spoke about MSF. No one in the audience knew about MSF at that time. I had always wanted to work in Africa and the Pacific as a doctor, and when I heard Kouchner speak I was inspired about this idea of MSF. I got in contact with them and they said: 'Unfortunately, as a student you can't really work with us, but come back when you are a doctor.' Eventually I did, in 1982. I did that for a few years and then I came back to Australia and did my master's in public health. Then I worked with United Nations High Commissioner for Refugees (UNHCR) in the Philippines and then in Geneva. I still maintained very close contact, mainly through friendships with the MSF people in Paris. We did a lot of things together and, during that time, I was also involved in the course called PSP [Populations in Precarious Situations]. I left Geneva, because by then I had one small child and another on the way, and came back to Australia. I started working with the idea of setting up an office there. My major support from Paris in setting up what was called then, a guild or branch was, Bernard Pécoul, the MSF France General Director at the time.*

Dr Peter Hakewill, MSF Australia Co-founder,
General Director 1993-1999 (in English)

 *Australia got under way thanks to Peter Hakewill, who was over there, someone totally dependable. He was an old hand from the old MSF guard; he'd worked in the field. I think he had a great deal of experience in the humanitarian sector. Also, he was close friends with Bernard Pécoul [General Director of MSF France]. And so there was nothing to discuss, Bernard was sold. And then, at that time, everyone was curious about everything. When someone said to you 'Why not?' you just did it.*

Xavier Descarpentries, MSF France Director of
Fundraising, 1990-2000 (in French)

 *Regarding Australia, we thought it would be a good source for human resources and we recruited people very quickly. The few Australians who came on missions made a great impression; they were well-trained. Afterwards, we set up a slightly more sophisticated system.*

Dr Bernard Pécoul, MSF France General Director
1991-1997 (in French)

MSF France believed an Australian office offered a good opportunity to recruit more Australian human resources. Soon thereafter, an assessment of the fundraising possibilities was organised in June 1992.



'Overview of Australian Possibilities,' **Report** from the 24-30 June 1992 Mission to Australia, Joëlle Tanguy, 15 July 1992 (in French).

Extract:

Initially, the objective of my trip to Australia was defined solely in terms of identifying institutional funding opportunities, in the context of European interest in diversifying our funding sources. I chose not to limit myself to government sources [...] but, rather, to expand the scope of my investigation to the broader international NGO sphere (NGOs, recruitment, media, etc), so that I could better understand the government's decision-making context and MSF's potential in Australia. I worked closely with Peter Hakewill, a former MSF doctor, who is now an [Epicentre](#) partner, having worked for the UNHCR in the Philippines and in Geneva in the intervening five years. Subsequently based in Sydney, he can play a key role in terms of Médecins Sans Frontières' interests in Australia and, at this preliminary stage, can serve as 'Honorary Representative of Médecins Sans Frontières in Australia' [...]

Why?

In the short term, given the distances, the concern over funding from the AIDAB (Australian International Development Assistance Bureau) and other Australian organisations justifies the presence of a contact person close to Canberra (in Canberra or Sydney) to at least provide the same kind of services as those handled by Chantal and Jos, respectively, in terms of government agencies and NGOs. We will quickly see the benefits of sending Australian doctors on missions, both in terms of their skills and the impact on media, both publicly and privately owned, as is being currently proved in the US and Canada. I think that the information in this document shows that the MSF concept would be very well-received in Australia. The country is also characterised by a pool of qualified volunteers, a need on the part of the media to project Australia's image in the world, and give Australians a leading role in terms of current events (which other NGOs cannot do), an established pattern of giving, a longstanding tradition of aid, etc. [...] The idea is that, relative to a market that appears to be mature and somewhat saturated, we are focusing on a niche that has not yet been exploited and that we can appeal to the Australian public by 'boosting' an image that is important and familiar to them, their Flying Doctors, by linking current events and international adventure.

Who?

Peter Hakewill's presence in Sydney is a trump card. He is a doctor and has previously worked at MSF and UNHCR, who offered to set up MSF in Australia. Peter has in-house experience with MSF, international organisations, and even


34. The New Philosophers is a term which refers to a generation of "French philosophy" French philosophers who broke with "Marxism" Marxism in the early 1970s. https://en.wikipedia.org/wiki/New_Philosophers

of recruitment, if that comes into play. He, his brother, their network of contacts, and the collective of Australian former MSF workers (to be identified from the missions and the archives) will be valuable advocates with the media.

How? When?

We can pursue this very gradually, starting by making sure that Peter has the resources needed to take the first steps:

- File the trademark
- Open a bank account and create a basic legal structure
- Create an 'Australia' compartment in the communications department
- Send basic documents and a video library and then deal with him as a partner in terms of:
 - Support from AIDAB for funding requests, with the short-term objective of improving our targeting
 - Possible negotiations with Australian NGOs on projects for which AIDAB might not provide us direct funding.

 *Regarding the fundraising there was quite a lot of resistance, and if it wasn't for Bernard Pécoul I think I would have given up. But he never let me give up, and I kept quoting to them the example of World Vision Australia, which would raise 80 million Australian dollars, which in those days was a phenomenally large amount. They had this enormous machinery for raising funds by their telethons and crowd sponsorship. I used to quote that all the time. In Paris, they said quite rightly that MSF never did that sort of thing, but I said there is that market there and all those people want to give to overseas aid.*

Dr Peter Hakewill, MSF Australia Co-founder,
General Director 1993-1999 (in English)

For several years, MSF France focused on the creation and development of other delegate offices, mostly MSF USA. As MSF France was not focused on Sydney, there was only one MSF representative, Peter Hakewill, working there.

 **'Regarding MSF Representation in Australia' Letter** from Peter Hakewill, MSF Representative in Australia to Bernard Pécoul, MSF France General Director, copy to Alain Destexhe, 14 May 1993 (in English).

Extract:

With reference to our discussions over the previous week concerning the activities of MSF in Australia I have reconsidered all the elements and wish to make a proposal based on the following summary of the situation:

1. There is a definite potential for a fruitful outcome to the eventual setting up of an MSF delegate office in Australia. Already, even given the absolutely minimal attention that we have given them so far, the four related domains of

interagency liaison, fundraising, public information, and recruitment, have shown themselves to be fertile.


2. As I understand it, MSF France is at present overcommitted in terms of supporting delegate offices and cannot envisage opening one in Australia at present. This situation may evolve over the coming year or two.

3. My present role as part-time MSF representative in Australia is untenable. I am unable to respond adequately to the interest that my presence has generated and this has a negative impact both on the image of MSF and my own motivation.

4. Given my very strong personal commitment to MSF, I naturally find it impossible to limit myself to the role of a passive or latent presence. I expend far more time and energy than is reflected in the two days per month that I am officially retained. As a result, my MSF role is impacting negatively both upon my family and my other professional activities.

In conclusion, it is my estimation that the current arrangement is bad for both MSF as an institution and for me as an individual. I wish therefore to resign from the position as part-time MSF representative, with effect from 30 June 1993. Evidently, I remain at your entire disposal if during coming years MSF should decide that it wants to open a full-time delegate office in Australia. We shall in any case remain in regular contact through my ongoing engagement as a consultant for Epicentre for the PSP course.

In October 1994, MSF Australia was eventually created as a 'company limited by guarantee' with the same legal structure as MSF UK. MSF France instituted all possible safeguards to keep control on this new entity, having learned lessons from MSF USA, and to ensure that the private funds raised, would be used for MSF France operations.

 **'Comments on the Legal Status of MSF Australia,'** Françoise Saulnier, MSF France Legal Advisor, 5 October, 1994 (in French).

Extract:

The draft Memorandum and Articles of Association, which Peter Hakewill submitted on 10 August 1994, includes a version of the MSF Great Britain statutes, adapted to reflect Australian law. Australian non-profit law is quite close to English law. Thus, this model addresses the control criteria for Representation Offices as established by the MSF International Board. MSF Australia is a company limited by guarantee, which has no capital. This is the traditional form of charities under the British and Australian legal system. Charity status is granted to limited liability companies by public authorities based on the goals and non-commercial nature of their activities. The maintenance of the non-operational status of MSF Australia is overseen by the following Articles of the Memorandum of Association of Médecins Sans Frontières Australia Limited:

Article 2/4.a The Company shall not send medical teams abroad without the written approval of the International Council of Médecins Sans Frontières.


Article 3.a The Company may: fund relief projects anywhere in countries and collaborate with other charitable organisations to provide relief in such countries; at the request or with the approval of the International Council of Médecins Sans Frontières, provide emergency medical teams, public health programmes, medical or surgical equipment or medicines in the countries.

Article 37 of the Articles of Association confirms this limitation: "With a view to reinforcing the operational coordination of the field activities of the international Médecins Sans Frontières movement, and thus to optimising the effectiveness of the actions of the Company within that movement, the Council must not send medical teams or equipment abroad without the written approval of the International Council of Médecins Sans Frontières." The continuing nature of this restriction is guaranteed by Article 5, which prohibits amendments to the text of the Memorandum of Association without prior approval by the MSF International Board.


- Internal control of the Australian entity is ensured by the permanent presence, within the MSF Australia Council of Management, of:
- The President of the International Board of Médecins Sans Frontières or its representative,
- One person appointed by the MSF International Board, and
- Three people elected by the members of the Company (Article 31 of the Articles of Association). I conclude that the MSF Australia structure provides all the guarantees required by MSF International and that it may thus file its statutes.

Additional control by MSF France: In addition to the guarantees required by MSF International, MSF France seeks assurance regarding the investments it will make in terms of private fundraising in Australia. Taking the MSF USA precedent into account, I propose to add the following provisions in the Article of Association:


Article 51 bis : All net unrestricted funds raised by the Company by direct mail campaigns in Australia, will be applied towards funding grant requests submitted by MSF France for support of operations both in the field and in Paris, provided that the Company retains discretion and control over grants made from such funds.

 *I had many problems getting MSF Australia off the ground. First of all, in order to have an associated structure in Australia that had tax deductibility, the Australian regulations wanted the majority of the board members to be Australian. However, MSF France wanted the majority of the board members to be French. I had to call people to start as a board and it took me about two years to sort that out. I don't know how we managed to map that out and we got our board together and we structured.*

Dr Peter Hakewill, MSF Australia Co-founder,
General Director 1993-1999 (in English)

 *Setting up the section from a legal standpoint wasn't very complicated. There were some constraints regarding funds that had to be transferred, but since we'd learned our lesson with the USA, we hadn't imagined doing anything other than allocating these funds to the field.*


Xavier Descarpentries, MSF France Director of Fundraising, 1990-2000 (in French)

 *Peter Hakewill really wanted me to be much more involved in the running of MSF Australia. Initially, he asked me to be on the board. His brother was the treasurer and Peter was very worried about how that would be perceived. So he asked me to be the treasurer and it was really a joke, because I don't even know what a treasurer is supposed to do. I was a bit worried about that, especially when we went through some of the legal stuff and I realised that if anything happened in MSF Australia, like money was stolen, I would be personally liable. Then Peter had another suggestion, which was: 'well, take over as President and we'll get somebody who can count to become the treasurer.' At the time, in Australia, MSF was very small. I was just a lowly beginning PhD student and the figures in the aid crowd in Australia were significant people with big personalities. I was a little bit worried about that, but Peter was not. He said: 'You have come out of the field, you are the face of the field, this is much more MSF. These other organisations have these big former prime ministers who have never had to try to work out these dilemmas in the field. It would be great for you to do it.'*

Fiona Terry, MSF Australia Board Member 1994-1997,
President 1997-2001 (in English)

12. MSF Austria (1994)

In Early 1993, Doctor Polak, In-charge of international affairs at the Austrian Medical Council, contacted MSF France and MSF Holland to propose the provision of experienced medical staff to MSF. For years, MSF Switzerland focused on developing operational capacity and did not participate in the race to open delegate offices. Therefore, when the international council proposed that the Swiss section be the MSF interlocutor with Doctor Polak in Austria, they accepted.

 **Minutes** from the MSF Switzerland Board of Directors Meeting, 5 March 1993 (in French).

Extract:

Austria: Monette Cherpit [member of MSF Switzerland Board of Directors] went to Austria several weeks ago, at the invitation of Dr Polak, the doctor responsible for

international activities at the Austrian Medical Society. His department identifies employment opportunities for doctors and can recommend qualified and experienced staff for our missions. We do not plan to open an office in Austria for the time being. We need to take a step-by-step approach and first develop our contacts with recruitment in mind. Dr Polak works with MSF and other organisations (Medicus Mundi, etc) as part of his job and cannot be considered MSF's 'bridgehead' in Austria. Up to now, Dr Polak's contacts were MSF France and MSF Holland. Will we become his preferred contact? [...] The meeting unanimously accepted the proposal to become the MSF contact in Austria.



Minutes from the MSF International Council Meeting, 2 April 1993 (in French).

Extract:

ii) [...] MSF Switzerland will be in charge of activities in Austria.



We had Austria. We had affinities in terms of language and geographic proximity. The French weren't very interested because Austria isn't a large country. I think that at one point, everyone said, 'OK, you Swiss, if you want Austria, you can have it.'

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998 (in French)



We were always 'the cute little Swiss.' It was sweet, but tiresome. We tried to create our own identity, and projects that matched. So, at that time, we didn't think we needed delegate offices. But we did need money. So it was a little unpleasant to see the other sections jump on the 'profitable countries.' MSF Austria appeared on the scene thanks to Doris. We needed to keep up and find a country. That's how Austria ended up in Switzerland's hands. But there was no real hope of raising a lot of money there.

Dr Jean-Dominique Lormand, MSF Switzerland Association Member since 1981, President 1987-1989, Vice-President 1995-1997 (in French)

In the meantime, Clement Vasich, a young Austrian doctor carried out several missions with MSF and was keen to help create a MSF entity in Austria.



I always felt that Austria needed a medical humanitarian organisation like MSF. We had only the

Red Cross and when I wanted to take part in a mission with a humanitarian organisation, I couldn't find the right contact there. I had heard of MSF during a tropical medicine training in Marseille, at which I met people who belonged to the organisation. I stayed in touch with them and, when I finished my general medical training, I contacted MSF in Paris and went on a mission. Later, between two missions, I met with Dr Polak in Paris. But MSF France wasn't particularly interested in Austria. So, still between missions, I worked with Dr Polak to organise two MSF information events in Austria, one in Vienna and the other in eastern Austria. Representatives of various MSF sections were invited, including an HR person from MSF Switzerland, who was clearly looking for people. It was probably when the MSF Switzerland Board of Directors realised that there was a core group to work with, that they started considering the prospect of setting up an office in Austria. At the same time, I attended an MSF International meeting, where they introduced the new offices and those being set up. They talked about Austria. I was very surprised. I looked into it a bit and, in fact, there was just Dr Polak and MSF Switzerland's idea of setting up an office in Austria. So I contacted MSF Switzerland and explained that I was keen to get involved.

Dr Clemens Vlasich, MSF Austria Co-founder, General Director 1994-1996, President 1996-2006 (in French)

In July 1993, Clement Vasich was appointed as Representative of MSF Austria and the collaboration with the Austrian Medical Society was terminated. He started to explore possibilities for opening a MSF entity in this country, which was done on 25 June 1994 with the creation of the MSF Austria Association. MSF Switzerland was not keen to have a strong association in Austria. Nonetheless, MSF Austria developed, partly thanks to the commitment of volunteers who would help in the office and animate associative life.



Minutes from the MSF Switzerland Board of Directors Meeting, 2 July 1993 (in French).

Extract:

Austria

Clemens Vlasich, an Austrian doctor, who returned recently from an MSF France mission in Somalia, discussed his interest in helping us set up an office in Austria. He is currently working with Dr G. Polak, the doctor responsible for international activities at the Austrian Medical Society. Together with Benoit, Monette, Nanete, Michel Desser, and an Austrian lawyer, Clemens is reviewing the legal issues involved in setting up an MSF office in Austria. He will present concrete proposals this autumn. We note that this project is entirely independent of his responsibilities with Dr Polak.



Minutes from the MSF Switzerland Board of Directors Meeting, 2 September 1994 (in French).

Extract:

Minutes from the MSF Austria Management Council Meeting
The Management Council of MSF Austria, which was officially created on 25 June 1994, held its first meeting at our office in Carouge today. Doris Schopper is the President. Members include: Ulrike von Pilar, Bé Meijer, Gerhard Polak, and Nanete Avila-Desser. The two MSF International representatives with veto power are Doris and Ulrike. Clemens Vlasich and Christiane Roth also attended. Various items were addressed; specifically, the work Clemens has already done and presented in his reports, and what will be undertaken in the future: guidance, fundraising, etc. We note that institutional fundraising is relatively limited in Austria; on the other hand, private fundraising remains largely unexplored territory. Clemens and his colleague, Otto Zwisa, are recruiting actively. The interaction among the various offices and the prerogatives of the MSF Austria Management Council, the MSF Switzerland office, and the MSF Austria office were defined in order to determine the responsibilities of each. The Management Council will meet twice a year, with the next meeting in Austria in March 1995. Clemens will continue to come to the Geneva office monthly and will standardise the production of documents in German with MSF Germany (journals, Populations in Danger book, etc.) Clemens reminded us that Austria offers an opening to the east and that Vienna is the third city in the world with a United Nations headquarters office.



Things didn't work out well with Dr Polak, even though we had a shared interest. So, in July 1993 MSF Switzerland decided to appoint me as MSF's representative in Austria, with the responsibility of analysing opportunities for creating an entity there. I was paid and able to work completely independently of the medical society. There were only two employees at the office and we couldn't possibly do everything we wanted to do. So we quickly put out a call for volunteers. At the beginning, I didn't think it would work. But Geneva was pressuring me, so I tried, and it did work. The support from Austrian volunteers for setting up an NGO was really impressive. As soon as we started talking to them about MSF, they were convinced and got involved. Little by little, the organisation, which these volunteers were members of, just like those who went on missions, let them participate and showed them that they had an important role to play. In fact, at the beginning, MSF Switzerland wasn't really interested in creating a real association in Austria, but just wanted to control the office. So, it was an association on paper only because there were no members, just a board of directors, composed of representatives of MSF International, MSF Germany, MSF Belgium, the president of MSF Switzerland, and Dr Polak. But, after a few years we had a core of members and it worked out. People came to the general assemblies.

Dr Clemens Vlasich, MSF Austria Co-founder, General Director 1994-1996, President 1996-2006 (in French)

MSF Austria had been set up mostly for recruitment. However In 1996, to prevent MSF Switzerland from closing the Austrian office for lack of funds, the MSF Austria team conducted an assessment of the fundraising market and began recruiting professionals to organise communication and direct-marketing activities.



MSF Switzerland's primary motivation was to recruit people and not sit on the sidelines as the international movement expanded. In the beginning, we all agreed not to fundraise. Our role was just to do communications to introduce MSF to the Austrians and recruit future workers in the field who, when they returned from a mission, could continue to spread the word. From the start, we also accepted applications from people from Central and Eastern Europe, because we didn't want to recruit only Austrians. However, in 1996 MSF Switzerland was in a difficult financial situation. At that point, all they saw were the costs of the Austrian office and they questioned whether they should maintain the office. For the first time, we looked carefully at the potential for private contributions in Austria. It did exist, but we had to start by working on communications and fundraising. We convinced MSF Switzerland that it was worthwhile to continue to invest in the Vienna office because there would be a return. So we hired professionals who could really develop these activities.

Dr Clemens Vlasich, MSF Austria Co-founder, General Director 1994-1996, President 1996-2006 (in French)

13. MSF France's Antenna/ Branch Office in the United Arab Emirates (UAE) (1995)

As early as in 1991, thanks to a friend of a director who had contacts in the UAE, MSF France became interested in opening a fundraising office in this wealthy country. The Emirati states, perceived as tolerant and anti-fundamentalist were also perceived as a good starting ground in the Middle East to introduce MSF principles of humanitarian action. However, MSF France never considered the creation of an associative entity, since this concept was uncommon in UAE culture.

Due to the specificities of UAE society, and its political system, fundraising was impossible to organise in the usual MSF ways. It took some time to create an entity that would at the same time meet the interests of MSF and those of the UAE leaders. In any case, the new office was considered only as an antenna/branch office of MSF France, and not a delegate office.



'Requisition of Charitable Organisations under UAE Law,' **Memo** from Afridi and Angel³⁵ to Dominique Leguillier, MSF France, 24 February 1993 (in English).

Extract:

Resolution 17 states that no entity operating in the UAE may collect funds from the public unless it has been licensed pursuant to federal law no. 6 of 1974 Regulating Public Welfare Societies (the 1974 law). The 1974 law (as amended by Federal Law no. 20 of 1981) imposes a number of substantive requirements on so-called 'public welfare societies' seeking licensing in the UAE. Among other things, a public welfare society must have at least twenty (20) founding members, all of whom must be UAE nationals. In addition, all 'active members' of the society (as opposed to 'honorary members') must also be UAE nationals. A public welfare society is managed by a board of directors, which is chosen from among the active members of the society. Consequently, all members of the board of directors would have to be UAE nationals. In addition, the 1974 Law and Resolution 17 limit the ability of a public welfare society registered in the UAE to collect charitable contributions in the UAE [...] We recognise that the foregoing restrictions, if applied to MSF, would render it difficult for MSF to conduct activities it desires to conduct in Abu Dhabi. Although it could be possible to request the Ministry of Labour and Social Affairs to exempt MSF from some or all of the particularly burdensome requirements imposed by the 1974 Law and Resolution 17, there can be no guarantee that the Ministry would respond favourably to such a request.



'Evaluation of the Benefits and Risks of a Representation Office in the UAE,' Report by Guy Hermet, Member of the MSF France Board of Directors, 12 April 1995 (in French).

Extract:

I. Benefits for MSF: These benefits are always medium- or long-term, never immediate.

Medium-term (two years):

- 1) Diversification of funding sources: very long and unwieldy process; nothing to expect from private donors; only institutional or royal sources likely.
- 2) Logistics facilities at the Abu Dhabi freeport (not Dubai, as has been said on occasion). Ensure above all that the facilities opened are not used for anything other than crisis situations, to avoid giving the Emiratis an opportunity to boast that an international logistics base has been set up in their country.

Long-term (three years and more): Fertile ground (tolerant and anti-fundamentalist Emirate) to disseminate MSF's concept of humanitarian action throughout the Middle East in schools, colleges, and universities; professional training courses; the press, or through events. However, local adults could remain very disengaged, so the focus

should be on young people aged from ten to twenty-five.

II. Our contacts' expectations:

Explicit:

1. Two Emiratis will go on mission with MSF, for example as logisticians/interpreters. This would attract considerable press attention, certainly benefiting Sheikh Nahyan, perhaps, but not necessarily MSF.
2. Maintain MSF representation, benefiting the Emirates' international image.
3. The idea, at least in principle, that Abu Dhabi would serve as a logistics base, to the same ends.

Implicit:

4. MSF's presence would strengthen Sheikh Nahyan's personal prestige and even that of the young and apparently modern-minded crown prince, to whom he is linked.

III. Identifiable risks:

1. Financial cost of the office long-term if it does not produce significant financial returns. MSF is not holding out its hand, but [...]
2. MSF's presence used to showcase Abu Dhabi, without possibility of control.
3. Risk not so much of blockage, but of conflict that could result in withdrawing the representation if we intervened somewhere that did not suit the Sheikh.
4. Expect a counter-attack from Islamic aid organisations, which could lead Sheikh Nahyan to disengage and would mean writing off MSF's commitment.
5. The MSF office could not exist without constantly reaffirming its allegiance to the Sheikh. This is the 'patrimonial' approach in a setting where the public/private distinction is not understood, and where everyone must be the 'client' of a prince. This is the essential constraint. We have to take it or leave it. But there is no other way to establish an MSF presence in the Middle East. However, accepting this constraint vis-à-vis a tolerant prince-as-patron could enable us to pursue our vital goal: disseminating MSF's concept throughout the Middle East in an acceptable environment, given Abu Dhabi's relatively liberal outlook.



Minutes from the MSF International Council Meeting, 5 May 1995 (in French).

Extract:

Bernard [Pecoul, MSF France General Director] told us that MSF France has an outpost in the Emirates, with a man on the spot, whose job is to fundraise. He is conducting a market study. Thus, this does not constitute a delegate office.



Our first footprint in the desert sand came about in 1991. I don't think it had ever occurred to anyone in the Paris office. A friend of one of the directors was working as a doctor in Abu Dhabi and apparently had a vast network of contacts. She told us we had to check it out because there was a great deal of money, and so lots of opportunities open to us. In terms of strategic positioning, and with MSF missions based across the Horn of Africa and Asia, the region


35. Law firm based in Dubai.

presented an interesting option, particularly Dubai. Also, we didn't yet have an office or small section in a Muslim nation, whereas lots of our missions were based in these countries. Sadly, the friend died in a plane crash. The project hadn't progressed, but contacts had been made and we didn't want to let them drop, if only out of courtesy to the people concerned. There's no difference between public and private in the United Arab Emirates, because the inhabitants own it. An Emirati sponsor is required to set up in the country and ours was Sheikh Nahyan, nephew of founder and emblematic leader of the Emirates, Sheikh Zayed. Sheikh Nahyan met with us to discuss our sponsorship and when we laid it out, he announced, 'I'll do it.' Our contact was his bank's general director, a Pakistani. Sheikh Nahyan knew and liked MSF's work. Even then, the Emirati leadership was very concerned about the threat fundamentalists posed to all areas of life, and particularly worried about ultra-fundamentalist religious groups who had managed to get into the country. So they saw sponsoring MSF as a way of bringing in a certain type of NGO to offer an alternative and counter their influence. That was our analysis and it was later confirmed to be correct. So that's how we came to set up in the country. The usual rules that apply in OECD³⁶ countries, including Japan, do not in the Emirates because they own the country. There are no addresses, making it very difficult to run our usual fundraising initiatives! So we gave conferences, particularly in the world of education that had a lot of support from Sheikh Zayed. There were therefore, lots of schools and training courses willing to host MSF. But MSF France's management was uncomfortable with the country and the impression was there was no real will to have an office there. There was also some apprehension about having offices springing up all over the place. But it would have been embarrassing to tell Sheikh Nahyan that the office we'd opened on his territory wasn't a real office! It was all a bit of a muddle. But, an office in the Emirates offered MSF three undeniable advantages: the possibility of being able to call on some extremely large fortunes, to set up a logistics base in Dubai, and of securing legitimacy for MSF in the Muslim world.

Xavier Descarpentries, MSF France Director of Fundraising, 1990-2000 (in French)


14. MSF Norway (1996)

MSF Belgium's first Nordic country under exploration for a delegate office was Norway. This exploration was conducted by Stéphane Devaux and began in 1991. Thanks to the oil industry, it was a wealthy country, well known for its generous policy regarding development aid, and it was not a member of the European Union. Thus, raising institutional funds would help to diversify the funding sources that were too EU-oriented, especially for MSF Belgium.

 As a non-member of the European Union, we viewed Norway as an interesting player in Scandinavia. Its government is a generous contributor to humanitarian aid; the country was considered a somewhat less compromising donor than the US or the UK. But, with the Norwegians now conducting a good deal of their foreign policy via humanitarian funding, maybe they're not quite so innocent!

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997 (in French) .

For several years prior, MSF was trying to earn the **Nobel Peace Prize**, which is awarded by a Norwegian committee. Establishing MSF in Norway was seen as an opportunity to support this approach. However, the Norwegian diplomats and humanitarians who welcomed Stéphane Devaux advised him to take time to establish a solid recognition before setting up an entity, in order to avoid being perceived as a Nobel hunter.

 I went to the OECD to consult an enormous directory listing all the NGOs and foundations in the world. I met with the Second Secretary at the Norwegian embassy to the OECD, who gave me the keys to his country by putting me in contact with the Norwegian Medical Association and the Stoltenbergs, a family with a prominent role in politics, diplomacy, and humanitarian action, who opened a good many doors to parliament and other organisations in Oslo. The Norwegians immediately made it clear that, because there was money to be had, we could doubtless raise funds in Norway and recruit doctors, because Norwegian doctors were very interested in working with MSF. But, they advised us against setting up an MSF section straight away, as it might give the impression we were somewhat opportunistic and that we were chasing a Nobel Peace Prize. They suggested we go instead for robust but discreet advocacy, while maintaining a low profile. We took this advice, so we were in no hurry to open an office.

Stéphane Devaux, MSF Belgium Coordinator of Institutional Fundraising, September 1990 - April 1992 then 1993, for MSF International April 1992 - January 1993 (in French)

During the first years, Devaux visited Norway regularly with MSF spokespersons that participated in conferences and met political leaders regarding international issues of interest to Norwegians. This was to build MSF's credibility.

36. The Organisation for Economic Co-operation and Development (OECD) is an intergovernmental economic organisation with 35 member countries, founded in 1960 to stimulate economic progress and world trade. <http://www.oecd.org/>



We talked about MSF during press conferences and met officials to discuss implications of crisis situations that the Norwegians were interested in. We were in contact with then Deputy Foreign Affairs Minister, Jan Egeland, who had previously been Operations Director with the Norwegian Red Cross. Aged between 35 and 38, he was a rising star. He later became Director of OCHA [United Nations Office for the Coordination of Humanitarian Affairs]. Rony Brauman, who held MSF International's rotating Presidency, came to Oslo to meet him. They hit it off straight away and launched into a discussion on international issues. Fascinated by MSF, Egeland said, 'MSF really gets it.' He apologised because he kept leaving the room, 'I'm dealing with another complicated affair.' We realised later he'd been working on the preparatory talks for the Oslo Accords... Thanks to this good understanding, we were able to organise a hearing before Norway's Parliamentary Foreign Affairs Committee, as well as a couple of press conferences on the emergency situations in Mozambique and Angola.

Stéphane Devaux, MSF Belgium Coordinator of Institutional Fundraising, September 1990 - April 1992
then 1993, for MSF International April 1992 - January 1993 (in French)

In 1995 by coincidence, Stéphane Devaux met two doctors, Eric Hankø and Morten Rostrup, and a nurse, Ragnhild Lindgaard who were keen to join a medical humanitarian organisation and ready to help establish a MSF branch in Norway.



Stéphane Devaux was tasked with finding people to constitute a board of directors. We had no doctors.

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997 (in French)



It started, in a way, by coincidence, in 1995. In my old Volvo, I was going with a good friend of mine, a paediatrician, Eric Hankø to a meeting of doctors about high altitude climbing, because I was a mountaineer. Then he said that his brother had met Stéphane Devaux [MSF Belgium Coordinator of Institutional Fundraising], a guy from MSF, in a bar. This guy came from the Belgium section and he was sent to Norway on a kind of reconnaissance to get in touch with the Norwegian government and obtain funding. I said to my friend 'Wow, MSF! I've heard about MSF.' I never thought I could join MSF because it was not in Norway. I didn't even think I could go to Paris, to Brussels, and join, as a Norwegian! But then I got that feeling, 'OK, I have to engage in this, we need to meet this guy.' And then Eric and I met Stéphane. I understood that he was not only interested in being a kind of mailbox, to have funding from the Norwegian

government, but that he was thinking a bit broader, maybe to have an association. So he was interested in making contact with doctors or nurses interested in MSF as an association. He had been in touch with a nurse called Ragnhild Lindgaard, who had been on one mission with MSF Holland in Liberia. She was the only Norwegian we knew who had been with MSF, at that time. Then we met her, and we thought, 'Why not create MSF Norway?' It was fascinating to get to know MSF, with maybe the chance to go abroad and work, and also to really start something new in Norway, from scratch, and build something here. Stéphane lived in an apartment in central Oslo that was made a kind of office as well. He hired a press officer, to start with, who had a desk in the living room there. Then we got in touch with Ulrike von Pilar, the President of MSF Germany, who was still associated with MSF Belgium. She was also eager to get us together and create an association. There were some meetings, and I went on a field visit to Peru to see an MSF mission.

Dr Morten Rostrup MSF Norway President 1996-2000
(in French)

Eventually, MSF Norway was founded as an association in autumn 1996. Its board was composed of three Norwegian medical people, and representatives of the MSF International Council and MSF Belgium.



Statutes of the Association Médecins Sans Frontières, Norway, 1996 (in English).

Extract:

§ 3 Principles

Leger Uten Grenser Norway has a humanitarian purpose. The Association shall cooperate with, and be guided by the same principles, as the international organisation Médecins Sans Frontières (MSF). The members of the Association shall only act according to the following founding charter of the organisation.

§ 4 Objectives

The main objectives of the Association shall be to:

- Recruit health personnel and any other operational staff to work in accordance with the principles of MSF International.
- Spread information and attract public and financial support for its international 'Médecins Sans Frontières' work and collect funds for the activities of the association.
- Contribute to the implementation of projects initiated by MSF International and thus participate in the worldwide activities of MSF.

§ 5 Active Membership

All who in accordance with the above conditions have worked for the Association, in Norway and abroad, and who apply for membership, may become members. Membership is also open to individuals. In order to become a member, one of the following criteria must be fulfilled:

- A minimum of six months' work as an MSF volunteer on

a mission or experience from at least three missions as an MSF field volunteer.

b) A minimum of one years' regular volunteer work in the office of MSF Norway.

c) A minimum of one years' work as an employee in the office of MSF Norway.

d) Co-opted on specific criteria defined by the General Assembly.

The Board of the Association shall judge the acceptability of applications.



In autumn 1996, we decided to found MSF Norway, and we wrote and signed the statutes. Eric, Ragnhild, and myself, we were the only Norwegian Members of the Board. Stéphane was the Secretary General and we had one more person in the office. We had an association from the very beginning. It's a Norwegian tradition to have associations, so it was not difficult to think about this as an association to start with, and not a kind of registered company or something. At the same time, as MSF Norway was founded, the refugee crisis really blew up in Zaire. The Norwegian government was donating BP5 biscuits [High calorie nutrition] to Rwanda. And it was a big trip in every sense, going from Norway to Rwanda. Everything was organised a bit through the MSF Norwegian office, and the logisticians came from MSF in Brussels. So suddenly we were linked to the operational part. And Stéphane was obviously eager to promote the three of us and try to do something more. So he said: 'Why don't you go to Rwanda? There's a crisis going on. The plane is leaving tomorrow.' I called my boss, but I didn't let the phone ring too much. So I hung up before he was able to answer, but at least I could say I called him. And I went!

Dr Morten Røstrup MSF Norway President 1996- 2000
(in French)

The MSF International Council meeting of 5 May 1995 addressed the confusion created by the mushrooming entities' creation and the various legal statuses. A new moratorium on delegate office creation was put in place. For several years, MSF Norway remained the last born of the MSF associations.



Minutes from the MSF International Council Meeting, 5 May 1995 (in French).

Extract:

6. Delegate offices

We learned recently that the Belgian section was about to open an office in Norway [...] Doris [Schopper, President of MSF International] confirmed that we need to redefine our policy regarding new delegate offices. We already have plenty of problems under the current situation and that's

with 18. Why should we rush to open new offices? What is our long-term policy? [...]

Discussion: The International Board notes that a delegate office has opened in Norway, which the board had already approved. The board also established an absolute moratorium on other proposals to open delegate offices.



Neither MSF International nor MSF Belgium's Board of Directors were convinced Norway was worth it. We already had four delegate offices in fairly small countries. But Éric Goemaere [MSF Belgium General Director] and I insisted, as we thought we were doing some very good work with the four offices, so why not open a fifth.

Ulrike von Pilar, MSF Belgium Delegate Offices
Coordinator 1991-1997 (in French)

E. DEFINING COMMON RULES (1991-1995)

The now formal international council and its team in the international office continued working on the common issues that were raised as the sections were created throughout the eighties and early nineties. In the subsequent years, the IC essentially worked to find joint solutions in three main, intertwined areas that would seriously impact several MSF sections while implementing crises operations:

- **The trademark, the name, and the logo**
- **The principles of action: charter, advocacy (témoignage), code of conduct**
- **The resources: recruitment, institutional funds, and fundraising.**



You shouldn't think that everyone agreed about advocacy or financial independence right away. What I was trying to do was spread the culture of MSF France throughout the international movement, and further develop its approach to humanitarian principles and the independence of the MSF movement. The international council had a lot of quasi-philosophical discussions about these issues. It was also pretty interesting, because we saw the various perspectives gradually come together.

Dr Alain Destexhe, MSF International Secretary
General 1991-1995 (in French)

1. Trademark/Name - Logo

a) *The Trademark*

The Médecins Sans Frontières name/trademark issue began in 1985, when MSF France lost a court case aimed at depriving MSF Belgium of its name. Then, in an attempt to ensure control over the emerging movement, such as what was in place for MSF Switzerland, MSF France attempted to establish a convention on the use of the name with MSF Holland, which was refused.



The whole episode with the Belgians was only conclusive in one respect: when a section exists and, more to the point, is completely in line with MSF's charter or framework, we need to forget the idea of ownership. They are the de facto owners in the sense that it will be a local court that will judge on any dispute regarding the trademark, and the local court Judge find against the local association. That's exactly what happened with the Belgians. However, this doesn't mean much for a country in which MSF does not yet exist, but where people want to appropriate it for one purpose or another. And so we entrusted the case to a specialist law firm, and it was left in the hands of Malhuret and Charhon. I dealt with all this any old how, I didn't feel very responsible when it came to these issues. Françoise [Bouchet-Saulnier] took over all that in her own way.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

In 1992, the lawyer Françoise Bouchet-Saulnier was tasked by the international office to address the trademark issue, starting with a review of all the registered MSF trademarks. Eventually, the six first sections (MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Luxembourg, MSF Spain) were allowed to keep their trademark in their home countries, providing they would release their trademarks in other countries to the international office.



Minutes from the MSF International Council Meeting, 10 January 1992 (in French).

Extract:

5. Logo, trademark

e) Legal problems involving the international offices. Regarding the legal problems involving the international offices, please note that MSF has filed for its name in many countries. There is a risk of trademark dilution when filed for by several sections. The International Board has thus

asked the International Secretariat, that is, Alain Destexhe, to analyse how to standardise the sections' statutes in order to determine whether MSF's statutes can be filed in new countries in the name of MSF International to create consistency among the trademarks already filed.



Presentation: 'Structure of the MSF Movement,' Françoise Saulnier, 16 March 1992 (in French).

Extract:

To address the growth of the organisation, Médecins Sans Frontières, its operational expansion in Europe, and the increasingly international nature of its funding, while preserving the authenticity and specificity of the spirit of this movement, the relationships among the MSF entities will be governed, going forward, by the following principles: The International Secretariat will manage the Médecins Sans Frontières trademark in the spirit of movement cohesion and in the interest of simplification. The six founding sections retain the right to the trademark within their countries. For the other countries, the offices or sections must assign the MSF trademark back to the International Secretariat, which will oversee international protection overall. The trademark will be filed in Belgium in the form of a bloc of text to include:

- MSF, Médecins Sans Frontières
- Doctors Without Borders, DWB
- Artsen zonder Grenzen, AZG
- Médicos Sin Fronteras

And, the Russian and Arab translations (or I don't know what at this point).

This all will be filed and protected at one time. The protected class numbers will be standardised (a model letter of reassignment will be provided to the sections, with a model procedure to follow). A budget will be drawn up in the next few weeks. This procedure can be undertaken only after the MSF International statutes are finally registered (currently in process). The statutes of all of the 'offices' without an operational component will be revised in the interest of consistency within the movement; that is, these offices will operate under a system of 'controlled autonomy.' They will participate in promoting MSF's work overall, and no longer on behalf of one section. Model statutes will be provided for the new offices, based on the MSF Japan model. In any event, three model articles must be included in the statutes of the existing offices by vote of their board of directors. These articles will be protected against any later amendment by the unanimity requirement. The protected provisions concern:

- The composition of the board: five people, including three selected by the MSF International Board, thus ensuring a clear majority for MSF International: (article 7§2 of the Japanese statute).
- The use of the Médecins Sans Frontières name will be granted by MSF International to the national office, which may use it only for the benefit of MSF International and in compliance with the MSF charter (this right may thus be withdrawn under certain circumstances) (Art 11).
- The fact that certain articles of the statutes may be amended only by unanimous vote of the board. That is, with

the agreement of the MSF International representatives. (Article 12).

This should provide reassurance and an acceptable framework for the largest number of MSF members. It should also provide a way to entrust the protection of MSF's principles to a restricted group (the International Board).



Minutes from the MSF International Council Meeting, 10 April 1992 (in French).

Extract:

2. International office

2.3 Protection of the Médecins Sans Frontières name:

Françoise Saulnier carried out an inventory of the procedures that had already been effected. We then met up with a lawyer specialising in trademark law. The current situation is confusing:

- Trademark application made by MSF France essentially, but by other sections too (MSF Holland in Canada);
- Applications made under the name 'Médecins Sans Frontières' as well as 'Médecins Sans Frontières Europe' and 'MSF International';
- The classes registered are not identical in all countries; MSF USA registered the name in the US;
- Doctors Without Borders is protected in the US, but not in Canada;
- No protection in the UK.

Proposal (drawn up with F. Saulnier). Two options:

1. Keep the current system with several urgent amendments (protection in the UK, handover from USA to France). Simplest and least expensive solution.

2. Harmonise applications and protection from the international office:

- The six sections retain the right to use the trademark in their national territory;
- For the other countries, handover to the international office which assumes all international protection responsibilities;
- The trademark will be registered in Belgium as a bloc composed of 'Médecins Sans Frontières, MSF, Doctors Without Borders, Medicos Sin Fronteras', and possibly others. The entire bloc will be protected;
- Harmonisation of classes to protect;
- The 'offices' may be able to use the name on the authority of the international office;
- Protection will be requested for the following countries:
 - All countries in the EC
 - USA, Canada [...]
 - Countries of Scandinavia
 - Countries of Eastern Europe (TBD)

The second proposal was adopted. A budget of 25,000 ECU (European Currency Unit) was voted in for international protection. Françoise Saulnier is tasked with overseeing this project.

trademarks all over the place. I wonder even whether MSF Belgium didn't at one point try and counter MSF France's initiative, by registering trademarks too. The proof of this new-found trust, at some point or other, was that they all accepted the logical decision made by the international council that the international office act as the depository of the trademark. One of the first tasks of the international office, led by Françoise Bouchet-Saulnier, was to protect the trademark everywhere, by registering the trademark at the international level, and in a whole series of fields. It was possible to register an international trademark, but it didn't yet offer the same type of protection. Some countries accepted the international recognition, but others required national protection still. So, we had to write some letters to say that we didn't agree. At one point we also tried to protect 'Sans Frontières.' But that didn't work, because there was already Pharmaciens Sans Frontières [Pharmacists without Borders], Vétérinaires Sans Frontières [Veterinarians without Borders], etc., who we obviously didn't want to go after.

Dr Alain Destexhe, MSF International Secretary
General 1991-1995 (in French)



When I joined MSF, I didn't know that MSF France and MSF Belgium had been involved in legal action. MSF France lost the case for neglecting the fact that a trademark is something that needs to be protected and there are very precise rules in place regarding its usage. For example, to 'constitute' a trademark, you must, while complying with the visual guidelines, be using what was registered as the trademark and take action each time someone tries to use it without consent. In Paris, Claude Malhuret (who was no longer in charge of MSF, but whom I contacted to get the full story) and Rony Brauman told me that protection by registering trademarks didn't work. The proof, in their opinion, was that they'd successfully managed to frustrate the International Committee of the Red Cross (International Council of the Red Cross) for years, and when the managers at MSF Belgium wanted to frustrate them too, they'd managed to do it. I told them that trademarks did provide protection, provided they were well defended. I added that it would also have another effect, i.e. internally it would structure the rules of all those bearing that name and would therefore become a matter of internal governance. I told them that what was important was to create a brand identity that we could protect as a trademark, since we didn't have an international agreement in place that protected us like the ICRC [International Committee for the Red Cross]. Their response was that they didn't think that was the case, but since it was the international office's role to handle it, I could put forward my recommendations. At that time, Alain Destexhe had already registered lots of trademarks on behalf of the international office. There was already a portfolio, but no real policy behind it.



When MSF France lost its case against MSF Belgium, they tried to get around the problem by registering

I explained that the trademark wasn't an explorer's flag that made whoever planted it on virgin territory the owner. It implies a legal act, but also effective and compliant usage.

So I suggested we streamline the portfolio, to ensure the trademarks in our possession within the territory, had legal worth, since they had to be correctly registered, managed, used, and protected. I therefore proposed a coherent policy that we could test as we went along to protect MSF's visual and institutional identity through this trademark and make consistent applications. We offered the six sections the chance to do in the collective interest what they hadn't managed to do in their own interests. The aim was to test the trademark application as a tool for internal goodwill and external branding. At the time, we registered a multilingual bloc in a certain number of fields, which created economies of scale. This gave us the power to act in the event of any problem in countries protected by this multilingual bloc.

Françoise Bouchet-Saulnier, MSF Legal Advisor
then Director from 1991 (in French)

In the following years, the protection of Médecins Sans Frontières' trademark became a real concern for the movement. MSF decided to bolster this protection and internal unification by moving the sole ownership of the trademark to the international office.



Minutes from a Meeting on Protection of the MSF International Trademark, 21 November 1995 (in French).

Extract:

Introduction

Françoise Saulnier was hired by MSF four years ago for an international role in the field of humanitarian law. Given the non-operational nature of the international office, she resigned a year later and was hired in Paris where legal affairs hadn't been addressed for a long time. Françoise suggested working on a legal policy for the offices; it would be more effective, in practice, to have an internal policy (which would allow us to settle problems in advance) rather than spend our time settling disputes. In principle, it would be the international secretary [general] who oversaw this; the GDs [General Directors] have done a number of things. Today, things are ticking along, but decisions have to be made. At the beginning, Françoise was based at the international council; later, she stopped. The work entailed a lot of correspondence. The GDs and representatives of the DOs [Delegate Offices] are involved, and following and responding to the linguistic sensitivities of everyone is no easy feat (Françoise has no authority over S. Solomonoff [Director of MSF Italy] or J.-P. Luxen [MSF Belgium General director until January 1994]) [...]

III. Protection of the MSF name = patent/trademark registration + use of this trademark (otherwise protection is lost); (e.g. the French wanted to register the trademark in Belgium: stupid because it would then have been used by the Belgians [...])

Today all the statutes have been filed; they provide for control over the non-operational side and justify that the trademark belongs to MSF. We need to get hold of the minutes from the governing bodies and make sure that the decisions respect the general balance of the agreement. [...]

C. Usage agreements

The international office must now sign a usage agreement with the delegate offices who say that the Delegate Offices' [DO] use the MSF trademark to the benefit of MSF International. Today, signing with Canada and if all goes well, with Italy (on standby). Signed by the president/representative of the delegate offices and international secretary [general]. Trademark usage agreements: this kind of agreement is important for MSF to give authority to the DOs; this authority can be withdrawn should the DOs become operational.

Remark: the status of 'international NGO' does not exist; the status of 'international association' does. Giving the DOs USA the idea that, for example, it will start a programme in the Bronx one day isn't honest. We need to take a position and we need to be open about our intentions. In a first instance, the international council could say that the decision must come from the IC not the DOs. In the case where the Delegate Offices crosses over into the non-operational side of things, it is conceivable we could attack them from a financial perspective, for misuse of the MSF name, and cancel the board's decision authorising the operation [...] American jurisdictions will examine whether there has been an abuse of the associative dimension. Remark: politically speaking, after Chantilly³⁷, not the right moment; As most of our trademarks have been filed but not registered, no need to panic: [...]

Conclusion:

- 1) Regarding the statutes: the technical specs still need to be drawn up;
- 2) Regarding the trademarks: Françoise is finishing up;
- 3) Regarding the agreements: international office.

The trademark licence agreement is in place to protect operational cohesion (in relation to the DOs); in the long term, it should forge links between the sections. To link the sections, we might imagine a 'federation of trademarks' kind of system: possibility of MSF Belgium, F[rance], and Holland accepting the existence of an identical/common trademark and adopting a common charter (current charter + 'MSF is not...' + penalties/sanctions). Currently, the charter is not legally protected; the charter is included in the statutes, but differently.



'Questions Related to the Protection of MSF Name,'
Mémo from Françoise Bouchet- Saulnier , MSF Legal advisor to MSF International Council, 29 April 1997 (in English).

Extract:

- 1) Brief overview of the situation regarding the protection

37. On 5, 6 and 7 October 1995, more than 120 members of MSF, both from the associations and from the executives gathered in Chantilly (France) and started an in depth discussion on MSF identity. See: 2. Chantilly I & II p 147

of the name

There are currently six owners of the MSF trademarks within the movement:

- International Office
- MSF France
- MSF Holland
- MSF Spain
- MSF Greece
- MSF USA

We are sometimes faced with situations where the name is protected more than once. At the same time, there is no protection at all in some countries (e.g. in Africa).

2) Which name should be protected?

Because the name of our association is composed of words of common use, we not only use Médecins Sans Frontières and MSF but also its local translations. In the USA only 'Doctors without Borders' is used. *Question: We have to be clear on which name we want to protect around the world. Do we only want to focus our protection on the logo + the French name or (possibilities that problems with local translations arise)? On the logo + MSF? This decision is linked to with which name we want to communicate.*

3) The protection of the name and the legal structure of MSF

The protection of the name seems to be a good way of organising internal control within MSF. At the last international council (31 January 1997), it was decided that: "The international council shall have a specific responsibility to control the use of the MSF name. It delegates exclusive ownership of the MSF name to the International Office." Here, there are examples of organising internal protection of the MSF name within the association:

- Transfers of the trademarks to the International Office (MSF International). But it could be expensive for fiscal reasons. To register a collective trademark in the name of MSF International (which would be the property of all sections) and to define the respective rights and obligations of the MSF entities. However, that would not solve the problem of old brands. This solution does not exclude the above one.
- We can also study the possibility of MSF International being the owner of all trademarks, but without usufruct. This would be very close to the present situation where each MSF entity uses the name.
- Each MSF entity would have the property of the MSF name in its territory and MSF International would only be the owner of the brands in all other countries. However, there are perhaps other solutions [...]

Question: do we really want to use the protection of the name as an instrument of control and cohesion within MSF? In the case of an internal conflict within the movement, you must decide whether you would find it acceptable for one MSF entity to leave MSF but to continue to use the name. Technical solutions will be studied afterwards.

4) External protection

An international policy regarding the protection of 'Sans Frontières.' Until now, no policy has been decided internationally. In the Netherlands, there is a policy in force. The Dutch section has decided to sue other organisations, which use the name 'Zonder Grenzen.' In other countries, and especially in France, nothing has been done, and it would appear that it is perhaps too late to initiate such a strong

policy. This situation has started to become problematic, as there are already several organisations using the name. This is particularly sensitive with regards to 'Pharmaciens Sans Frontières.' MSF Holland has asked them to change their name, and at the same time, PSF [Pharmaciens Sans Frontières] was authorised to use the name 'Sans Frontières' a long time ago in France and elsewhere. They have asked us to come up with a solution. At the same time, EURO RSCG (an advertising conglomerate) has asked MSF whether they could use the name 'Sans Frontières' or not for one of their advertising agencies. We have presented them with legal arguments, urging them to find another name. *Question: Do you want to define an international policy regarding the protection of 'Sans Frontières'? Furthermore, do you want to follow the Dutch policy regarding the use of the MSF trademarks?*



I discovered that MSF France had filed trademarks in 1983: Médecins Sans Frontières International and Médecins Sans Frontières Europe. So there was already an idea that they would exist, but particularly a sense of the ownership and control of this international MSF. From a legal point of view, these trademarks were irrelevant because they were no different from the simple Médecins Sans Frontières trademark. So there was no trademark superiority if an MSF entity already existed in the country in question. I thus suggested that we stop filing competing trademarks (we were paying a lot for nothing) and that the issue of the MSF trademark be assigned to the MSF International Office so that the political discussion could be structured to address the organisation of the MSF movement.

We asked the MSF entities to return all the trademarks that could not be justified to the International Office to support fundraising campaigns at the national level. For political reasons, we couldn't ask the longstanding sections because that would have ended up taking away their right to exist under that name in their own country. So we pushed back the return of the trademark to the International Office for later. However, all trademarks registered on the ground were done so in the name of the International Office. I suggested to the International Office that they protect the trademark in respect of a limited number of criteria: to prevent any risk of confusion in the field for activities that could be mistaken for aid. If we were talking about people who wanted to call MSF for mediation in a company, this wouldn't incur any risk to our lives on the ground. But, if it involved humanitarian aid, or a political activity, or whatever, something that might impact our fields of intervention, in that case we'd take action

Françoise Bouchet-Saulnier, MSF Legal Advisor then Director from 1991 (in French)

b) The Logo Saga

In 1971, the first MSF logo was a brown cross, the usual symbol for medical aid including the MSF letters. The International Committee of the Red Cross (ICRC) felt this was too similar to its emblem, which was protected by the Geneva Convention, and asked MSF to change it. In 1985, MSF France's logo was changed to a shaded white and red cross. In 1986, MSF Belgium created its own green logo. A year later, the new team in charge of MSF Belgium pleaded for a logo common to all sections. In May 1987, the Swiss government asked MSF France to change its logo because it was too similar to the Swiss national flag. The Swiss authorities threatened to prosecute MSF France and lawyers on each side started to work on the case.



Minutes from the MSF France Board of Directors Meeting, 4 January 1986 (in French).

Extract:

The MSF logo: The Swiss government asked us to change our logo, as it was too similar to the Swiss colours. We have decided to seek counsel from a lawyer.



Minutes from the MSF International Council Meeting, Amsterdam, 28 February 1987 (in English).

Extract:

Common MSF logo

MSF B[elgium] is not happy with its present logo. It is in favour of a common logo for all sections. All present agree on the desirability of a common sign. At the moment the French sign, in use by [MSF] F[rance], [MSF] H [Holland], [MSF] CH [Switzerland] is posing problems because of resemblance to the Swiss flag. MSF F[rance] is considering a new sign but no decision has been made so far.



Minutes from the MSF France Board of Directors Meeting, 22 May 1987 (in French).

Extract:

4) The MSF logo: Francis Charhon shared a letter sent by the Swiss Embassy in Paris, with us. The Swiss government reiterated its claim that our logo is too close to the Swiss colours. A discussion ensued on this matter and on the possibility of changing our logo.



Minutes from the MSF France Board of Directors Meeting, 4 March 1988 (in French).

Extract:

4. MSF logo

Regarding our logo, the case is ongoing with the Swiss Red Cross and the Helvetic Confederation.

It took MSF some time to find a new design, as it required all the MSF sections' agreement. However in April 1990, the MSF International Council chose a new logo, a tilted version of the previous one, and voted in favor. After which, the Swiss government dropped the case. However, once again, the ICRC found the logo too similar to its own logo and threatened to prosecute MSF. In addition, several national Red Cross Societies took the same path, notably the Dutch and the Swiss ones. Therefore, while temporarily using the brand new logo, MSF started to search for another design again.



Minutes from the MSF International Council Meeting, 7 and 8 June 1990 (in French).

Extract:

Logo: A new logo was presented, visually close to the previous one and no longer legally contestable by the Swiss government. Sections agreed.



Letter from Francis Charhon, MSF France to the Presidents of the MSF Sections, 25 July 1991 (in French).

Extract:

The matter of the logo has resurfaced, not from the Swiss this time, but from the Red Cross.

During a conversation that Rony and I had with Dr Russbach and the Director of the Legal Department at the ICRC, they shared their 'disapproval' of our logo. I don't think they'll come after us directly, more likely any action will come from the national Red Cross associations. A first offensive was made by the Dutch Red Cross, followed by the Swiss, apparently. I think that, concerning this matter, we need to take concerted action and approach this as a united front. As you know, the international council hired Françoise Saulnier, a lawyer by trade, to assist our association with this type of problem. I'd like to suggest we organise a European meeting with Françoise at a time and place to be decided if you think this is a good idea. Contrary to what the different representatives of the Red Cross might infer, we don't have as bad a case as they suggest, based on Françoise's initial assessment. The study done by the Swiss section has already provided us with some elements for our case.



Minutes from the MSF International Council Meeting, 26 September 1991 (in French).

Extract:

7.6. MSF logo: Following a letter from the ICRC asking us to change our logo and indirectly threatening legal action, Rony went back over the reasons why it was chosen in the first place: the logo evokes the ideas of aid and medicine, it creates almost deliberate confusion with the ICRC; it was chosen 'by default.' On the other hand, this logo evokes the Christian West and so isn't very satisfactory. Jacques [de Milliano] summed up three possible approaches:

- Change it
- Start a fundamental dialogue with the ICRC on protection of humanitarian teams
- Start legal guerrilla warfare (we'd lose in France, but in Nicaragua?)

We need to give a quick response to the ICRC otherwise we'll be taken to court. Jean-Pierre is all for a real logo in the medium term, but is against submitting to pressure. Rob [Boom, MSF Holland] is strongly against changing the logo until we're obliged to. Alain [Destexhe, MSF International] wonders whether we have a lot to lose from legal action. MSF Switzerland isn't very thrilled with the prospect of going to court with the ICRC. Olivier [Strasser, MSF Switzerland] is worried about negative repercussions on the entire humanitarian movement. Jacques de Milliano insisted on the victim protection side of things. Rony confirmed that theoretically, MSF can use the red cross in some countries where we work. Several members of the international council are convinced that it's in our interest to change our logo to assert our identity and image.

Conclusion:

- We are going to start a dialogue with the ICRC on the basis of protecting humanitarian workers.
- The ICRC is to be our sole point of contact (no contact with national Red Crosses).
- We explore a new logo. A budget of 200,000 Belgian francs was granted to MSF Spain.



Minutes from the MSF International Council Meeting, 10 January 1992 (in French).

Extract:

8. Logo

- Relations with the ICRC: Doris regrets that relations with the ICRC are still so difficult in Switzerland. The ICRC has just launched an offensive media campaign, which in parts, levels criticism at MSF. Mr Sommaruga, President of the ICRC, welcomed the excellent collaboration with MSF but regretted the problems concerning the logo.
- Search for a new logo: MSF Spain will be ready to present a new logo in a month's time. A proposal will be sent to each section and will be presented at the next international council meeting. Regarding MSF H, the search for a new logo has been suspended.



When I joined MSF, I discovered that there was a lawsuit under way in France and legal complaints in other European countries seeking to force us to change our logo because it looked too much like the Red Cross logo, which is protected by international law. We were in a legal guerrilla war and MSF's arguments were based on trademark law. They went like this, "Our cross is angled. It's not white, but cross-hatched, so there is no risk of confusion." As a lawyer, I had two reactions to the lawsuit. First, I asked myself, "Does MSF really want to choose the ICRC as its enemy? Don't we have a more significant opponent than that?" Then, I said to myself that, as to the substance, it was nonsense. MSF couldn't win these lawsuits using this legal strategy; it would only prolong the conflict. This idea of being mistaken for the ICRC had served us for quite a while. But now that we were really visible, couldn't we close the file with the ICRC and quit playing innocents with trademark law? I got permission from Paris to move forward, to end this guerrilla warfare over trademark law and tell the ICRC that we were going to come up with a logo that was really different from theirs, but that it would take a little time.

Françoise Bouchet-Saulnier, MSF Legal Advisor then Director from 1991 (in French)

In April 1994, after years of back and forth between design agencies, the Communication Directors of the various MSF sections and the international council, agreed upon the 'running man' with 'Médecins Sans Frontières' written beneath him, as the final MSF logo.



Minutes from the MSF International Council Meeting, 26 June 1992 (in French).

Extract:

9. Presentation of proposed logos

Eight logos presented: one by MSF Belgium, two by MSF Switzerland, two by MSF France, three by the International Office. All graphic and symbolic proposals (flag, doctors, globe, hand, etc) were swiftly rejected. The participants didn't identify with these. Two proposals were finally selected (one with the current red background with MSF overlaid in white, and a second one with the MSF letters separated on a white background). After a vote, the white letters on a red background was chosen, mainly because it was considered the easiest to read. The Paris-based agency that put forward the logo will be in charge of creating the final logo. The logo will be submitted to the boards in each section for approval.



Minutes from the MSF International Council Meeting, 11 February 1993 (in French).

Extract:

The logo was rejected by MSF Belgium and MSF Holland. Both sections are currently working on designing a new logo. The communications managers promise to come up with a firm proposal before the end of March. The ICRC is aware of this delay. The new proposal will be circulated around the different sections and the next restricted international council will approve it (2 April).



Minutes from the MSF France Board of Directors Meeting, 24 September 1993 (in French).

Extract:

Logo [...] The latest version of the logo, adopted by the Communications Directors of the different sections, has been unanimously rejected by the international council, with the exception of France. According to Jean-François Alesandrini, Communications Director at MSF France, the logo was rejected for totally subjective reasons, without any reference to the specs. The logo selected (already approved last year by the IC but rejected by the Belgians) now needs to be ratified by the different boards. The board follows the recommendations put forward by Jean-François Alesandrini: not to adjudicate on the adopted logo, start the design process again with more detailed specs.



Letter from the ICRC to Jacques de Milliano, MSF Holland General Director, 8 October 1993 (in French).

Extract:

Dear Sir,
At the meeting which took place on 9 and 10 November 1992 between the representatives of Médecins Sans Frontières and those of the International Committee of the Red Cross, we were informed that Médecins Sans Frontières had agreed to change its logo with a symbol that would no longer cause confusion with the red cross or red crescent emblems. In a letter dated 2 February this year, your Secretary General, Dr Alain Destexhe, informed us that the process of choosing a new logo was ongoing and would take a further six months. You are aware, from our correspondence and our meetings, of the importance of this matter to us and how we are frequently contacted by national Red Cross societies who are unhappy about the confusion caused by the logos still being used by Médecins Sans Frontières. As this is such a sensitive matter, it is important that you inform us in writing of the status of this matter before the meeting of the Council of Delegates for the entire movement taking place in Birmingham on 29 and 30 October 1993.



Minutes from the MSF International Council Meeting, 7 April 1994 (in English).

Extract:

The new logo was adopted unanimously. There was a discussion on the translation of the logo and how it is to be used. It was decided to take advantage of a new logo to promote the name of the organisation, 'MÉDECINS SANS FRONTIÈRES,' to the maximum.

Regulations regarding use of the logo: The name shall be an integral part of the logo. Use of the logo on its own (without the name) not to be permitted.

For the field:

- Logo accompanied by the name 'Médecins Sans Frontières' (in French).
- Logo accompanied by the name 'Médicos Sin Fronteras.'
- Exceptions to 1 and 2: Logo + 'Médecins Sans Frontières' and a translation of that name into the language of the country (in the same size, or smaller characters) for reasons of security or recognition and understanding.

For the sections:

It is recommended to promote the logo with 'Médecins Sans Frontières' in French.

For the delegate offices:

- Generally speaking: the logo with the name in French and a translation into the language of the country in same size characters underneath.
- For large-scale mailings: either as above, or with the name only in the language of the country.

Jacques de Milliano will consult with MSF H's delegate offices before the next international council, when a final decision will be taken. The new logo must be approved as quickly as possible by the boards of the sections so as to respect the following deadlines:

May-June: the boards of the sections will vote on the logo.
June-July: a common 'graphic charter' will be drawn up for all the sections.

Autumn 1994: official presentation of the new logo.

The IO will inform the Red Cross. The communications' directors must agree on a date for the employment of the new logo (discussion as to whether there should be a simultaneous launching by all sections or the choice of date left to the sections).



Presentation of the New Logo, 25 May 1994 (in French).

Extract:

The logo: The fundamental elements, the red and the black, have been kept. The new logo had to have universal appeal, with no religious or cultural connotations, with a simple and neutral design. It can be easily rolled out to stickers, T-shirts, and headed paper. On the ground, the logo sends a clear message, a rallying call in the face of danger, at the heart of action. The logo is the distinctive sign of the association for all its members to the outside world (press, donors, subscribers, potential warring parties in the field, other organisations, etc). The figure is drawn as a very simple

pictogram. The figure acts like a symbol. It is placed in the middle of the sketch, which gives the whole logo a dynamic look and feel. It is in motion, in *action*. The typography is placed to the right of the sketch. The arm covers a part of the typography, giving it a protective feel. This image is not a thousand miles away from the old logo, thus allowing easier integration into the organisation. It has a well-balanced, dynamic design in which the idea of urgency is clearly expressed. The logo is therefore very MSF.



Letter from the ICRC to the MSF International Secretary General, 27 May 1994 (in French).

Extract:

The ICRC is pleased and satisfied to learn of MSF's plans to adopt a new logo. You are aware, of course, of the importance the ICRC and the various national Red Cross societies attach to this matter in light of their concern to protect the Red Cross logo and avoid any confusion caused by the logos, above all when conducting aid operations both nationally and internationally. Aware of the difficulties involved for an institution such as yours to find an emblem which, while conveying its various characteristics, achieves consensus across the movement, we are delighted that the efforts made in this regard, following the requests of the ICRC and national societies, have come to fruition.



We were unable to find a new logo. What was preventing us moving forward, among other things, was that we were constantly revolving around two or three symbols considered universalist or universal: the globe, the caduceus, and the cross. Finally, a small design agency came up with one and I fell in love with - our little guy. I knew we wouldn't find anything better than that. I liked it especially because it followed on or broke away from our previous logo exactly where it needed to. And we don't know if the little guy is someone running away or an aid worker arriving somewhere, it's an ambiguity I really like. The medical dimension is no longer there, of course, but the cross wasn't particularly medical either. I persuaded my colleagues in the other sections that we had to act urgently, that they needed to take advantage of the fact that we had a proposal with a really good chance of reaching a consensus. I asked them to perform an act of trust of the sort you bestow on people who simply head out and have nothing left to prove. It worked, they all came on board. They all understood we had something good to show, that we shouldn't sit around waiting for it to blow up in our faces. Plus, a logo comes alive by being used, by being photographed, filmed, getting grubby on a flag. Basically, it's all of that which creates the story. And I don't think anyone today can deny that. So, finally, all the obstacles and the naysaying came to an end, thanks to this proposal that was a cut above the rest. No caduceus, no cross, no proffered hand or anything else, no clichés.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

2. Principles, Code of Conduct, Charter, 'Témoignage'

Discussions about renewing the first charter, and thus, the principles of action were ongoing for several years. The sticking points appeared clearly in situations when MSF spoke out publicly or did not.³⁸ At that time, the word 'témoignage' was used to describe the activity of public advocacy, but it was not written in the principles *per se*. Therefore, the MSF international meetings' agenda was largely influenced and sometimes even dependent on the various quarrels between the sections concerning public speaking.

In December 1988, in Paris, there was an agreement on the code of conduct of operations that was already implemented for several months. It mostly covered the guidelines of exploratory missions.



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

Extract:

2. 'Operations' sector: Code of Good Conduct

Now we're seeing where we are at with the code of good conduct introduced several months ago and analysing any glitches that may have arisen along the way. The glitches are considered to be minor and we reconfirmed the mutual interest in applying this code of good conduct. We gave a recap of this code together.

- Exploratory mission in a country WITH NO pre-existing MSF section. Once an exploratory mission is in the calendar, notify the other sections. For some 'sensitive' countries (e.g. Iran, Cambodia, etc), find out exactly which contacts might already have been made by other national sections.
- Exploratory mission in a country with a pre-existing MSF section.
 - Country with no trouble (e.g. Niger, Guinea, etc). Notify the European office of the section already there. On the ground, must contact the coordination team on arrival and relay the objectives of the exploratory mission.
 - Sensitive countries with guerrilla warfare (making an action in both camps possible) (e.g. Somalia, Angola, Afghanistan, Sudan, Mozambique, Salvador, Nicaragua, etc). In this case, any exploratory mission, whether in the same field or in the opposing camp, needs to be carried out after information is exchanged with the office that already organised a mission, but there is no right of veto.
 - Ultra-sensitive countries, two such countries have been identified: Lebanon and Sri Lanka. In this case, for obvious security reasons for the MSF teams in place, a new section that wants to establish itself can only do so in line with the conditions met by the pre-existing

38. More details on <http://speakingout.msf.org/en>

section. And here the section present on the ground has right of veto over the others due to the critical risk incurred by the teams. The list of these countries changes over time and is obviously kept to a minimum as much as possible.

The charter was discussed in the international meetings throughout 1989 and 1990. Together with the issue of 'témoignage' or advocacy, it was put on the agenda again at the first European Convention of Médecins Sans Frontières. This convention was held in Toulouse, France on 3 & 4 June 1989, and brought together associative and executive members of the various MSF sections.



Minutes from the MSF International Meeting, 21 April 1989 (in French).

Extract:

1. Charter

Each section presented its proposal to amend the Charter drawn up in 1971, generally drawing on the conversations held by the respective boards. The fundamental question is whether or not to remove the principle of non-interference. Since it is clear that the charter often serves as a 'business card' for the authorities of the country where we want to begin working, we agreed that it needs to be relatively open and, at the very least, non-aggressive. This eliminates propositions such as 'MSF reserves the right to condemn.' We also agreed that it should be based on the principle of 'right to humanitarian assistance.' MSF Holland defends the idea of keeping the principle of non-interference in the charter. The five other sections agreed to remove it (i.e. take out point 4 completely and the related part in point 2), on condition that we create:

- a code of good conduct defining the procedures to apply, in the case of one of the sections interfering in the internal affairs of a given country, to factor in the repercussions on other MSF sections before action is taken.
- a set of internal rules to 'control' individuals' urge to speak out at any given moment.

Rony [Brauman, MSF France President] is in charge of the actual formulation of this agreement and faxing it to the others, if possible in time to present the final text to the respective General Assemblies, the first meeting in Brussels the last weekend in May.



Minutes from the MSF France's Board of Directors Meeting, 26 May 1989 (in French).

Extract:

Several points have been added to the charter, which has been given a new title to convey its European scope and is as follows:

Draft charter observed by the national sections of Médecins Sans Frontières: France, Belgium, Switzerland, Holland, Spain, Luxembourg.

Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions, which might help in achieving its aims. All of its members agree to honour the following principles:

1. Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions.
2. Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.
3. Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic, or religious powers.
4. As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

In Toulouse, the témoignage policy was discussed again, then re-discussed when it came to the discussion on the charter article on public denunciation, on whether to remove it or not. The policy was brought up again during the discussion on internationalisation of MSF. MSF France took a stance in favor of public positioning while the other sections reserved public speaking only to crisis ignored by the media.



Minutes from the Médecins Sans Frontières' European Convention, Toulouse, 3 and 4 June 1989 (in French).

Extract:

After these presentations, a discussion was held on 'témoignage'

Position of Médecins Sans Frontières France: Médecins Sans Frontières' vocation is to provide medical assistance in the field, not an exclusively medical service, but a humanitarian one also, which means being sensitive to basic human rights and factoring in the concept of humankind and human dignity. Not systematically speaking out, but not systematically staying silent either. Example: in the case of Sabra and Shatila, we did not speak out because there were 150 journalists on the ground and there was nothing more for us to say. We reserve our 'témoignage' and advocacy actions to those times when we are the only and/or main observers. At these times, our 'témoignage' carries more meaning and clout. Médecins Sans Frontières France believes discretion in 'témoignage' should be the exception not the rule. We speak out loudly and clearly, but when we do so

is decided on a case by case basis. For the other sections, the opposite is true.

Position of Médecins Sans Frontières Luxembourg: As expressed for Holland in the introduction by Rob Boom [MSF Holland President]. The conditions need to be discussed for each case. On the basis that Médecins Sans Frontières is the only witness to abuses and Médecins Sans Frontières does not turn into an association for the protection of human rights.

Position of Médecins Sans Frontières Spain: Within Médecins Sans Frontières Europe, the speaking out policy needs to be formulated. We're being asked more and more frequently to go and investigate to bear witness. Need to speak about it and find out how far we want to go.

Position of Médecins Sans Frontières Switzerland: We mustn't get caught up in this spiral of 'témoignage.' We mustn't diverge from our usual practices or be scared to attract media coverage from speaking out. There needs to be mutual support between the Médecins Sans Frontières sections such that speaking out is not shoved from one section on to another [...]

Amendments to the charter: Three important points were discussed concerning articles 2 and 4 of the charter: non-interference in the internal affairs of states (article 2) and reporting of human rights abuses (article 4) on the one hand, and the right of intervention for humanitarian reasons on the other hand. This last point, unanimously agreed in this group, should be added to the charter. Regarding the first point (non-interference), there was not much discussion on the need to remove this article given that it is no longer observed in practice. Regarding the second point (public denunciation), there is a huge divide between Médecins Sans Frontières France on one side and Médecins Sans Frontières Holland and Médecins Sans Frontières Belgium on the other. While MSF France wants to remove this article, which no longer reflects actual practice, the other two sections were less inclined to do so. MSF Holland is totally against the idea, along with some representatives of MSF Belgium. We discussed the idea of whether it would be acceptable by everybody to delete this article on the understanding that it would be replaced by a code of 'témoignage' on the denunciation of human rights abuses. All the representatives agreed on the need to have a charter adopted by everyone that would serve as a common denominator. [...]

Témoignage on human rights and publicity: "To sign or not to sign, that is the question." Médecins Sans Frontières France says "yes, without exception," Médecins Sans Frontières Belgium and Holland "no, without exception," to sum up the discussion. The group recognised on this matter there was no middle ground. Médecins Sans Frontières France will continue to publicly denounce human rights abuses, Médecins Sans Frontières Belgium and Holland will only do so when 'silent diplomacy' and disclosure of news to the media do not work, the situation is deemed to be extremely serious, or no other organisation is talking about it. If all the sections want to cooperate and integrate more closely, this can only happen when agreements have been established between them on how to behave in regard to this issue, so that each section does not step on the toes of the others.

This is considered a matter of mutual concession for all sections for which mutual respect is a prerequisite. Rony Brauman proposed forming an executive committee which monitors the same line of enquiry as was done for the code of conduct for exploratory missions, and new projects in countries where each had programmes, i.e. the classification of regions from ultra-sensitive to normal. There is a veto on publicity for countries defined as ultra-sensitive, and there is an obligation for everyone to check with each other before making a decision on action to take in any case. There was a discussion also on the need to establish a code of conduct for activities involving lobbying international organisations and international fundraising after 1992.

In the following meetings, the debates focused on the appropriateness of keeping concepts of 'refraining from public denunciation and of non-interference in the internal affairs of States in the charter, as policy regarding territories and states where MSF operates. MSF France provoked the discussion with a statement regarding the Khmer Rouge's posing threat in Cambodia. MSF Holland asserted that a MSF section should not speak out on a country without permission of the other MSF sections working in the same country. They asked for a modification of the code of conduct to reflect this proposal. MSF Holland also pleaded for the concept of non-interference to remain in the charter. MSF France disagreed, fearing that it would give too much visibility to the issue.



Minutes from the MSF International Council Meeting, 5 October 1989 (in French).

Extract:

1. Charter

J[ean]P[ierre]L[uxen] [MSF Belgium] said that for internal reasons (other priorities, in particular internal restructuring) this matter was not addressed in Belgium. The revision of the charter according to the terms formulated in Barcelona has been added to the agenda of the next extended board meeting of MSF Belgium taking place on 8 October. O[livier] S[trasser] [MSF Switzerland] said that the new Charter was voted at MSF Switzerland's last general assembly with the reservation of adopting a code of good conduct and internal regulations, in line with what was said in Barcelona (see in the appendices the letter dated 26/5/89 from Rony [Brauman, MSF France] to Reginald Moreels [MSF Belgium] on this matter). R[oelf]P[adt] [MSF Holland] said that a consultation meeting was held in Amsterdam: the principle of adopting this new charter was agreed upon with some regrets, since Holland still stands by the non-interference articles: in the interests of not hampering MSF's European development, the motion was carried. R[oelf]P[adt] reminded us that the internal regulations on speaking out and the international code of good conduct are an integral part of the process,

which was unanimously agreed by all participants. J[osep] V[argas] [MSF Spain] shared his regret that the European spirit of MSF was not more clearly enshrined at MSF Spain's General Assembly, during which Europe wasn't represented, and said that a majority was in favour of revising the charter.

Discussions on several detailed amendments: J[osep] V[argas] remarked to O[livier] S[trasser] that the latest version of the Charter is slightly different from the version voted in by the Swiss: in particular the addition of 'political' (so irrespective of [...]) in §1 and 'impartiality' after neutrality in §2. These few isolated amendments are not significant since they don't change the general meaning of the new Charter, on the one hand, and because it [the Charter] needs to be made statutory, i.e. approved at the Extraordinary General Meeting on the other hand.

R[ony] B[rauman] thinks that, following repeated requests, it is preferable to add the word 'political' to §1, even if the idea is contained in the word *philosophie* (in the French understanding). However, regarding the addition of 'impartiality,' even though the meaning is different from 'neutrality,' the word just makes the sentence longer without reinforcing the meaning. Agreement in principle on these points.

R[oelf]P[adt] shared a question raised during an internal discussion at MSF Holland on §3: can we, when working on long-term programmes in true cooperation with the country's official authorities, claim 'complete independence from [...] all powers.' R[ony] B[rauman] believes there is no fundamental contradiction here. The notion of 'political independence' relates to control over major decisions, such as setting up missions, the main principles of running them, the possibility of bringing them to an end for ethical reasons. This is not incompatible with collaboration, even close collaboration, with regard to action. Everyone acknowledged their satisfaction that, in this area that was still quite sensitive until recently, we have made great strides and are now on the verge of completion. Next step: adoption of a common Charter by the national sections.



Minutes from the MSF Belgium's Board of Directors Meeting, 9 October 1989 (in French).

Extract:

2. New text proposed by MSF Belgium's board:

- In bold: to add or amend [...]

Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers, and is also open to all other professions that might help in achieving its aims. All of its members agree to honour the following principles:

1. Médecins Sans Frontières provides assistance to populations in distress, to victims of natural, man-made or environmental disasters and to victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions.
2. Médecins Sans Frontières observes neutrality and

impartiality in the name of universal medical ethics and the right to humanitarian assistance, and claims full and unhindered freedom in the exercise of its functions. Reserving the right to speak out if they cannot carry out their operations.

3. Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic, or religious powers.

4. Being impartial, they assess the risks and dangers of the missions they carry out, and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.



Minutes from the MSF International Council Meeting, 9 January 1990 (in French).

Extract:

I-II 'Témoignage' Debate - International Secretariat

R[eginald]M[oreels] opened the debate, clarifying from the start that points I and II in the agenda (speaking out and MSF Europe's status) are interrelated. He clearly presented the question to find out whether the MSF sections intended to create an International Secretariat exclusively aimed to tackle overarching problems such as fundraising for a supranational structure also tasked with managing differences of opinion which would include a decision-making body in these areas.

Debate on 'témoignage': Following MSF France's public advocacy on the Khmer Rouge threat in Cambodia, R[oelf] [Padt] defended the suggestion that a section should not publicly speak out on behalf of a country without first obtaining authorisation from the MSF section operating in the country in question. To this end, MSF Holland's board recommended revising the best practice code [...] R[eginald] M[oreels] made a distinction between 'investigative advocacy' (with no direct contact with the events, for example the mental asylums in the USSR) and 'direct advocacy' (for example, reporting from the field with supporting evidence). R[ony] B[rauman] stressed the importance of investigative advocacy but without making it MSF's primary objective, since the association isn't looking to become the medical arm of Amnesty International. Furthermore, he stated that until now, whenever MSF France has spoken out, this has never caused any practical problems to other MSF sections in the field (e.g. Ethiopia). Luxembourg and Spain still have not given their official position on investigative advocacy through their board. R[eginald] M[oreels] clarified the point made by Belgium, whose board made the decision to include the obligation to speak out in the charter, i.e. point 4 of the new charter ending with '[...] will speak out on medical abuses of human rights and non-observance of the right to humanitarian assistance.' Nevertheless, while speaking out now seems to be unanimously accepted and despite the persistent differences of opinion on this, above all between France and Holland, Belgium agrees not to include this point in the charter. R[oelf] [Padt] reiterated that MSF Holland didn't give up the former charter easily and that a

portion of its board made a proposal to replace “prohibits any interference” with “avoid any interference.” R[ony] B[rauman] claimed that this reformulation doesn’t change anything fundamentally, but merely draws attention to the principle of interference vs non-interference. R[oelf] [Padt] specified that MSF Holland would accept a supranational structure with decision-making power, and the new charter, but only if the charter included a best practice code as proposed by its board. It was therefore decided that MSF France and MSF Holland continue the discussion of the matter among themselves and that R[ony] B[rauman] review MSF Holland’s document and produce a document to satisfy both sections.

In October 1990, proposals to include gender discrimination and to replace ‘natural disaster’ by ecological disaster in the charter was rejected. Eventually, a final version of this charter was officially adopted in February 1991 as well a European policy on témoignage.



Minutes from the MSF International Council Meeting, 11 and 12 October 1990 (in French).

Extract:

Charter and internal regulations [...]

B. Declaration of intent

MSF Spain: charter accepted at the General Assembly [Annual General Meeting/General Assembly] with one small amendment:

- Change: add ‘gender’: [...] irrespective of gender [...]
- Best practice code is important
- Fully agreed on direct advocacy

MSF Switzerland: charter accepted at General Assembly

- An Extraordinary General Meeting is required to accept the proposed amendment

MSF Belgium: not yet officially accepted by the General Assembly

MSF Holland: on the agenda for the AGM in November 1990
MSF Greece: first General Assembly for founding members to take place on 13 November 1990 where they will decide on statutes and the official legal status. Regarding the charter, no problems envisaged.

MSF France: proposed deleting environmental disasters

Conclusion

- ‘Gender’ in: ‘Irrespective of gender [...]’ was not added to the charter. The international council accepts that MSF Spain is the exception
 - ‘Environmental disasters’ has been deleted
- The charter will be distributed around the sections



Minutes from the MSF International Council Meeting, 31 January and 1 February 1991 (in French).

Extract:

Final version of the MSF charter, unanimously accepted: cf. appendix 3:

Médecins Sans Frontières Charter

Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions, which might help in achieving its aims. All of its members agree to honour the following principles:

- a. Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.
- b. Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.
- c. Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.
- d. Volunteers understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them [...]

Appendix 2 European advocacy policy

Introduction.

Regarding public advocacy, MSF does not define itself as a human rights organisation and has no intention of replacing human rights organisations, does not consider it to be a rule for action. In the framework below, Médecins Sans Frontières does not prohibit advocacy or taking a position publicly, taking into account the fact that the impact of its public advocacy is due to its exceptional and non-political nature.

Framework.

Public advocacy and taking a position publicly must:

- Relate to abuses against human rights or humanitarian principles
- Relate to situations directly experienced by Médecins Sans Frontières in the field, where others cannot investigate, or where it is very difficult to do so (no investigative advocacy). Wherever possible, Médecins Sans Frontières will start with ‘silent diplomacy’ before going to the media.

Method.

Information from other sections must be sent systematically. When public advocacy extends beyond the framework described above, and/or when the stability of a mission of another section is at stake, an agreement needs to be reached through dialogue between the sections. The right of veto granted to other national sections can be legitimately invoked when the vital safety of people in the field is at risk. To act outside of the defined framework, solid arguments must be presented. The president in office at the international council can be called upon to arbitrate on any disputes if he or she is not a member of the section that brought the dispute. In this case, the previous president, or

failing that the representative of another section, will make a ruling. If arbitration fails, no sanctions will be imposed. N.B. This code will be in force for a test period of one year, at the end of which an assessment will be done to identify any necessary changes.

3. Financial Independence

Financial independence was one of the main issues discussed at the international level. Aside from MSF France, most of the MSF section budgets were essentially funded by institutions, particularly the European Commission. The MSF movement decided to reduce this dependency by diversifying institutional donors and developing private fundraising. A mechanism of financial solidarity within the movement, to help the poorest sections, was also considered.



Minutes from the MSF International Meeting, 7 and 8 June 1990 (in French).

Extract:

Opinion of each section regarding corporate donors
MSF France: Considers them as partners. This is why, in principle, MSF France would prefer to retain its independence by not accepting corporate funding above a specific limit (currently one third of resources).

MSF Luxembourg: 50% funded by the Ministry of Cooperation. No major problem in this matter.

MSF Spain: Difficult to obtain government funding given the high number of Spanish NGOs. However, 75% of operations funded by the EEC.

MSF Switzerland: 65% funded by corporations (Swiss Cooperation and UNHCR) but going through a transitional period that intends to shift the balance over to funding from public donations. No direct access to EEC funding.

MSF Belgium: Currently, two thirds comes from the EEC, no problem of alienation thus far. But keen to diversify sources. Proposal: Think about aid or solidarity systems between sections.



At the time, 50% of MSF Belgium's funding was from the European Commission. They believed fundraising with the general public would be too expensive and weren't sure what the return would be.

Ulrike von Pilar, MSF Belgium Delegate Offices
 Coordinator 1991-1997; MSF Germany President
 1995-1997, General Director 1997-2005 (in French)

In 1992, the European Community created the European Commission Humanitarian Office (ECHO) to fund emergency programs. Though the European Community had approached individuals of MSF Belgium and MSF Luxembourg to be part of a Liaison Committee, the movement decided that MSF International would be the only interlocutor for ECHO. A Funding Charter was created in order to harmonise the approaches of the various sections regarding institutional fundraising.

It was not easy to ignore the generosity of the European Community, and thus to resist its political pressure, particularly regarding programme funding to help victims of war in the former Yugoslavia. Within the movement, there was confidence regarding MSF's current level of fund dependence and their ability to refuse program funding if MSF's spirit was compromised. Nonetheless, MSF set an objective to reduce institutional funds to twenty-five per cent of the total funds raised.



Minutes from the MSF International Council Meeting, 26 September 1991 (in French).

Extract:

3.a European humanitarian aid office: Alain Destexhe [MSF International Secretary General] presented the current project run by the Commission: it is a European office that would deal with emergencies and essentially heavy logistics, either with the support of the armed forces of Member States or with operational structures directly (pools of volunteers). [...]

Rony [Brauman, MSF France President] described this project in a more general framework of 'ousting the ICRC and NGOs' and handing over these responsibilities to governments and the United Nations.

Jacques de Milliano [MSF Holland General Director] suggested that MSF produce a position paper.

Jean-Pierre [Luxen, MSF Belgium General Director]: behind the idea of being a partner, the EEC [European Economic Community] is demonstrating its desire to control the aid it funds.

Robert thinks the United Nations agencies are more targeted by the European project than NGOs.

Olivier and others raised the matter of MSF's vulnerability in respect of the EEC. Some sections are more dependent than others. However, the EEC also needs us, as we saw in Kurdistan.

Jacques dM sees a contradiction between what we say and what we do. The reality is that our growth is largely thanks to EEC funding.

In conclusion: Rony will formulate a recommendation for a position paper for the international council within 10 days. This position paper will include the following points:

- The positive experience of having a new partner on the humanitarian scene;
- The fact that in our opinion humanitarian action in periods of crisis should only be provided by neutral and

impartial organisations. This position paper will be used when contacting managers at the UN, the EEC, ministries of foreign affairs, personalities, etc. Regarding the media, the international council prefers to elicit articles, interviews, etc, explaining our standpoint rather than distributing the position paper.

International council will hold another discussion during the weekend meeting on the 'growth of MSF' (relationship with institutions, independence, etc).

3.b Liaison committee: Jean-Pierre [Luxen] explained how the committee, whose members are NGOs from 12 countries in the EC [European Community], operates. Its aim is to represent all NGOs within the EEC and it already enjoys some recognition. The EEC is delighted to have a single partner and not a multitude of NGOs. Four working groups have been formed (co-funding, emergency aid, Lomé³⁹, women). Each country has a 'leading' NGO in charge of coordination. Luxembourg is represented by MSF Luxembourg, which is therefore a committee member. Jean-Pierre Luxen has been invited to join the emergency committee as an expert. The committee NGOs proposed creating an office through which all requests for emergency aid would be channelled. MSF Holland has been invited to join the Dutch group. Molinier [Echo] would obviously prefer to have just one contact. Jean-Pierre suggested that we position ourselves properly as an international organisation and differentiate from the other NGOs. Rony and Alain feel MSF shouldn't join the committee. Jacques dM suggested formulating it positively by promoting the International Office in Brussels. He wondered what the consequences for MSF would be if it refused to take part. Jean-Pierre added that we needed to promote our operational processes applied in emergency crisis situations. There is no equivalent to MSF among other NGOs from an operational perspective. In conclusion:

- MSF will not take part in the liaison committees, either at national or European level.
- All requests will be handled by the International Office.
- MSF Luxembourg will leave the liaison committee.



Minutes from the MSF International Council Meeting, 26 June 1992 (in French).

Extract:

5. MSF's financial independence: Presently, MSF is too dependent on the European Economic Community, which funds nearly half of programmes. Alain [Destexhe, MSF International Secretary General] presented how funding is distributed between the sections.

Bernard [Pecoul, MSF France General Director]: At MSF France, if the trend continues, its own funds will only be enough to cover the costs of headquarters. The main objective is to increase its own funds where growth is limited.

Jean-Pierre [Luxen, MSF Belgium General Director] believes that institutional funds are available in huge

quantities and forsaking these is to refuse operations we have the capacity to undertake. We need to put pressure on European institutions for them to allocate funds to genuine humanitarian organisations and in accordance with humanitarian priorities. Jacques [de Milliano, MSF Holland General Director] feels that we cannot possibly put pressure on decision-makers if we're financially dependent on them. Jean-Pierre: "Real dependence is not being able to say no." Public collections are very expensive, while institutional funds are comparatively less expensive. Bernard says we've lost control of spending on several occasions: Albania, Moscow, and Mozambique. He reiterated that one of MSF France's objectives is to manage growth. Alain: relying on institutional donors, especially the community is standard practice in the growth phase (e.g. MSF Belgium and MSF Holland). Diversification is a must as you mature. Stéphane Devaux's efforts are starting to bear fruit.

In conclusion:

- The international office is preparing a best practice code for institutional funding.
- Raising our own capital is a matter for all sections.
- The international council wants the amount of funding we receive from the European Community to go down over the coming years.



Minutes from the MSF France Board of Directors Meeting, 30 October 1992 (in French).

Extract:

Development of the European Community Humanitarian Office (ECHO) [European Economic Community]: Bernard Pécoul.

After the problems encountered with the EEC, in particular with regard to payment of funds at the time of the Kurdistan operation, discussions were held with ECHO to restore a climate of trust and find practical solutions to the problems identified (contracts, MSF logistics centres). A volunteer external consultant has been hired, Jacques Hempel. His role of neutral mediator between MSF and ECHO should help improve relations. On 12 November, MSF International will be presented to ECHO's managers. Pierre Harzé explained the increasing political pressure exerted on the back of funding and the red tape at the EEC. Rony Brauman told us that presently EEC funding accounts for 30% of total funding, with the aim being to bring that down to 25%. Gérard Bollini emphasised the need to protect ourselves against overdependence. Rony Brauman believes that in the current scheme of things, relations with EEC are equal and we still have the option to refuse operations incompatible with the MSF spirit.

Funding Charter: A draft funding charter has been put together with the aim of creating more harmony between all sections. Board members are invited to think about the points put forward.

39. The Lomé Conventions are trade agreements between the European Economic Community and 46 African, Caribbean and Pacific (ACP) countries signed between 1975 and 2000. The Fourth Convention was signed in December 1989.

In December 1992, the MSF International Secretary General negotiated the MOU framework between the newly created ECHO and NGOs.



Minutes from the MSF France's Board of Directors Meeting, 4 December 1992 (in French).

Extract:

ECHO (European Humanitarian Office)

Bernard Pécoul: a meeting between the heads of the various MSF sections and their counterparts at the EEC's European Humanitarian Office has helped to establish a climate of trust. The disputes over the various contracts have been settled. The EEC has asked all members of MSF to contribute to the development of a new framework agreement with NGOs.



When I became International Secretary General, it was at the time when the European Union was becoming much more important as a donor of humanitarian aid.

It was really at an embryonic stage. And then came the crisis in Yugoslavia and suddenly their resources just exploded. They wanted to negotiate a framework agreement with just four partners to raise funds more quickly: UNHCR, MSF, and, I think, CARE and Save the Children, and that was all. And so I spent a very long time negotiating this framework contract with a new director, an Italian. It was actually pretty significant for MSF because, broadly speaking, the European Union wanted us to become a distribution operation. The substance of their message was: "We've got 100,000 ECU of blankets, so hand out blankets." And for us, the whole negotiation was about maintaining our position, which was: "No, we choose the programmes, which are run based on the principles of humanitarian aid. We're going to carry on acting independently. What are you putting into medicines?" We had endless discussions. Afterwards, they created ECHO, the European Union Humanitarian Office, to deal with this sort of decision. I did most of the negotiating of the contract with ECHO, with the support of Bernard Pécoul, the General Director of MSF France. The others weren't particularly interested. And my contact at ECHO said to me: 'But Mr Destexhe, you're joking, surely? 5 million ECU? The EU Council of Ministers has just approved 100 million ECU and I'd be happy for you to take 20.' I said to him: 'No, our programmes don't need that kind of money.' And again, within the MSF movement there were tensions, because some sections were ready to play the game, saying, 'OK, if they want to give us all this money, let's take it' (to the point of doing almost anything with it). Others (like MSF France) were saying, 'No, we have to run our own programmes.'

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)



We mustn't forget that Brussels is also the location of the European Commission and this proximity isn't insignificant. The revolving door between MSF Belgium and the Commission was constantly turning. The Commission finally gave them Europe as the horizon and a very concrete Europe full of money and resources.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

In the meantime, in April 1992, Stéphane Devaux was recruited by the International Office as the Institutional Fund Coordinator. He was tasked to source institutional funds outside of the EU and to create an institutional funding guideline and request procedures. Devaux started to assess these possibilities for MSF Belgium, particularly in the Nordic countries and in Italy and had put them at the disposal of the movement. However, in early 1993 his contract was not renewed and the international council decided that this task should be completed by each section.



Minutes from the MSF International Council Meeting on 'Institutional Fundraising, 17 March 1992 (in French).

Extract:

Decisions: An 'institutional fundraising coordinator' post has been created at the International office for a six-month period. It will be filled as quickly as possible (1 April?) by Stéphane Devaux. The objective is to: (1) seek funding (outside the EEC) for the most important unfunded programmes currently underway, and (2) develop guidelines for institutional funders as well as procedures to follow for the use of office headquarters and field coordinators, and (3) explore the main institutional funding opportunities in order to diversify the organisation's resources. Stéphane will work closely with:

- Joëlle Tanguy, Annedien Plantenga, and others recommended by the other sections;
- Chantal Firino and Jos Nolle for the United States and Canada. Stéphane will present an action plan in one week. An initial performance review will be conducted in three months and an overall review in six months.



Minutes from the MSF International Council Meeting, 10 April 1992 (in French).

Extract:

2.2. Institutional Fundraising

MSF receives significant funding from the European Community (55% of budget). This might be a threat to MSF's independence. Consequently, the working group has

proposed appointing an institutional fundraising coordinator at the International Office for a six-month period with the following objectives:

1. To raise funds outside EEC [European Economic Commission] for the biggest current programmes lacking funding.
2. To establish institutional funding guidelines and procedures to use by headquarters and field coordinators.
3. To explore the main opportunities for receiving institutional funding to diversify the organisation's resources.

MSF H[olland] insists that this post not be an additional instrument to promote growth, but rather a real attempt to diversify. Quality over quantity. For MSF B[elgium], dependence on the EEC isn't a big deal. For MSF F[rance], dependence isn't just a financial matter, but also a question of mindset. This point will be discussed in more detail at the next international council meeting scheduled for June in Paris.



Minutes from the MSF International Council meeting, 15 and 16 October 1992 (in French).

Extract:

Stéphane Devaux's appointment in the International Office as 'grant coordinator' has been extended for three months (15 January). After that, this activity will be directly managed by the sections.



In September 1990, Jean-Pierre Luxen [MSF Belgium General Director] invited me to come to Brussels and do a small piece of exploratory work on the issues around institutional fundraising, particularly in Scandinavian countries. Based on the work I'd done, he asked me to look at it in more detail and to start exploring the possibilities of setting up offices and branches, and developing a strategy. The people at MSF Belgium felt they were too dependent on European funds. They wanted to be more independent, not necessarily by raising more funds from private sources but by diversifying their institutional partners. And then, in early 1992, I moved to the International Office. It was a two-stage process. The initial idea was to develop some kind of guideline for identifying more diverse institutional funding sources. I produced some information sheets on each potential institutional donor: limitations, requirements, strategies for approaching them, etc. The guideline was the preparatory stage. After that, we decided to try it out on some major current issues, which could be interesting to share with the different sections on big cross-cutting issues, which would be interesting for the whole MSF movement.

We tried to do it so there would be a basis for allocating funds based on demand. So the French would say to me, for example, 'There's a major operation in Somalia: the Italians are interested, so let's do some communications in Italy and see how it works.' I worked for an operation that was led by the French, but we organised it so that there was a balance

with the other sections that were also operating in Somalia. The same thing could happen with certain operations that people felt strongly about or which were important, and where raising funds could help to increase the resources available and diversify where they came from. So I worked regularly with the three sections, openly supporting all of them. I shared all the information that was available: there was no copyright on it. But you had the feeling that, to a certain extent, MSF France wanted to turn the situation to its own advantage. In the end, MSF France told me that my post in the International Office was pointless and MSF Belgium was asked to take me back.

Stéphane Devaux, MSF Belgium Coordinator
of Institutional Fundraising September 1990 - April 1992
then 1993, for MSF International April 1992 -
January 1993 (in French)

Beyond the dependency on institutional funds, the other critical issue was MSF's growth. While some sections wanted to grow as much as possible in order to implement as many programs as possible, others were in favor of limiting growth to maintain control over the spirit of actions.



It was really part of the discussion. The Belgians were saying, 'All these principles about independence are nuts. MSF is about growth. The more money we have, the more we will do.' There was tension between these two groups. Paris still dominated at that time, so they often imposed their point of view and had allies. In the Netherlands, Jacques de Milliano [MSF Holland General Director] often took positions very close to Paris on many issues. The Swiss, too. But, there were still major differences in terms of development. [Jean-Pierre] Luxen [MSF Belgium General Director] was a visionary. When Rony and I recommended limiting growth, he would say, 'We're not going to limit MSF's growth. In any event, it's inevitable. MSF is going to become very big, so we need to organise on that basis.' He was right and we were completely wrong.

Dr Bernard Pécoul, MSF France General Director
1991-1997 (in French)



MSF's growth and scale were already issues. But at the time, it wasn't very complicated to manage. It wasn't a major source of conflict because we were still limited by the funds available.

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

F. MOVEMENT WIDE BRAINSTORMING MEETINGS (1994-1996)

In the following years, the issues of *témoignage*, principles of humanitarian action, and financial independency, remained on the agenda of IC meetings as they continued to pose serious concerns for the international movement. In the mid-nineties, these concerns were enlarged by the Former Yugoslavia crisis (1991-1995)⁴⁰, the genocide of Rwandan Tutsis⁴¹ (1994-1997), and its aftermath in the Great Lakes of Central Africa. With these crises, the MSF movement experienced a series of serious internal disagreements, mostly due to cultural differences in operational approaches.

According to Jacques de Milliano from MSF Holland, at that time the movement's internal disagreements were managed by applying the concept of 'benign neglect' that is avoidance of addressing issues. The crises brought to light a need to better shape MSF's identity.



In the course of operations in the Great Lakes of Africa region and in the former Yugoslavia lots of problems arose, especially between France and Belgium. But we handled it by informally applying the principle of 'benign neglect' [the lesser of two evils strategy]: we don't want the problems to multiply, so instead of clashing head on, we let things pass and say: 'OK, it is what it is.' We started to think that we had to shift away from 'benign neglect,' we really had to stop saying to ourselves that we could ignore the problems and we had to start taking the bull by the horns.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

1. Royaumont (1994)

In December 1994, the disagreements seemed to be reaching a point of no return. The members of the international council retreated to a former abbey in Royaumont, France for an informal weekend meeting. The objective was to use this difficult moment to make a real diagnosis of the problems and have in-depth discussions. The debates, which focused mostly on

operational differences, were tough and poisoned by caricatured perceptions.



'MSF International,' International Council, **Key Points** from the Royaumont Seminar, Discussion Minutes, 1 to 3 December 1994 (in French).

Extract:

This is an unusual period for MSF. There are questions being asked and we need to pull together. We sense people's frustration about our international investment, which doesn't always translate into results. However, we mustn't make pretence of consensus when there are priorities in the field to be addressed. We need to take advantage of this difficult time to get right to the bottom of our problems. The best approach would be to listen to each other about the main issues, differentiate between symptoms (crises) and causes, what are they, see how deep these differences run (fundamental problems – growth, advocacy, financing, etc), and identify the lines we absolutely cannot cross: the differences to be managed. Is there a general desire to get through this TOGETHER? There might be conflicting solutions, such as to engage more or disengage. There is also the standpoint taken by each section and the standpoint taken together within the international council. If people aren't on board, they won't be able to tackle the priorities within their own section. The problem facing us lies in the contradictions seen at the international level, which are echoed within each section. So, casting the international dimension aside won't solve anything, instead we need to manage the contradictions.



There was a pretty strong clash between the sections in Royaumont, almost a split. If we'd failed at Royaumont, the movement would have broken apart. There were differences of opinion on several fronts: our missions, our actions, how we talked about what we had seen. It had all become a series of caricatures. The French saw the Belgians as an annex to the European Community because of the amount of institutional funding they attracted. We, at MSF Holland, were in the hot seat because in Goma, we had to coordinate with everyone, which meant cooperating with the Dutch military as well. So we were caricatured as 'cooperating with the military.' In the end, things turned out OK, because there was a desire to see how we could get beyond it. Royaumont was critical because we asked ourselves what brought us together and what separated us. We said to ourselves that there were more things bringing us together, and we had to strengthen and clarify that element of our identity. And we also had to establish some criteria, on ratios, on independence, and on funding.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

40. See *MSF and the War in the Former Yugoslavia 1991-2003*, MSF Speaking Out Case Studies by Laurence Binet 2014, <http://speakingout.msf.org/en/msf-and-the-war-in-the-former-yugoslavia>

41. See *'Genocide of Rwandan Tutsis,'* MSF Speaking Out Case Studies by Laurence Binet 2014, <http://speakingout.msf.org/en/genocide-of-rwandan-tutsi>



The Royaumont meeting was critical. It was a turning point, a key moment when the movement could have broken apart because there was such mistrust of the Dutch. We were at a 'the Dutch have green ears and the French have red noses, we're cut from different cloth and we can't talk to each other anymore' stage. We had decided we should speak behind closed doors because there was a sense that the whole thing was going to blow up. Alain Destexhe, the International Secretary General, and the members of the international council were there. But it wasn't a formal meeting of the international council. It was a retreat for members of the international council for a weekend, in this magnificent abbey. There wasn't an agenda. I knew what both sides thought but, when it came to the discussions, they didn't tell the truth. So there were false accusations, and things that were left unsaid. And at one point I said, 'I'd like you to say what's really on your mind because I'm hearing this and that, but I don't know what you're really thinking?' And suddenly, people managed to start talking to each other. It was quite a magical moment. It was after the meeting in Royaumont that people said to themselves: 'We need to do something.'

Dr Doris Schopper, MSF Switzerland President
1985-1987 then 1991-1998; MSF International
Council President February 1994 - February 1995,
September 1997 - June 1998 (in French)

At the end of the Royaumont retreat, the will to overcome disagreements prevailed. A break from further construction of the MSF international movement was agreed for 18 months, until the 25th anniversary of MSF, in 1996. During this break, the MSF identity foundations such as values, principles of action, were reviewed and discussed.

As soon as 3 February 1995, the international council decided to have a large MSF member gathering, a 'second Melun,' to reflect on MSF's identity and vision for the future. The pow-wow was planned to take place on 6 and 7 October 1995 in Chantilly, France.



Minutes from the MSF International Council Meeting, Brussels, 3 February 1995 (in English).

Extract:

Follow up Royaumont: During the 18 months of 'active interval' the foundations of our organisation's identity (guiding principles, basic values) should be reviewed and discussed. The importance of the circulation of people between the sections and the circulation of information seems vital for the internationalisation process. The meeting of the boards of MSF Holland and France in Paris has been considered as a very positive signal. A first important issue that will be discussed is 'l'aspect associatif' [associative dimension] within our movement.

Associative dimension: Decision - a working group consisting of the members of the international council plus two additional board members per section will meet on 1 April to discuss and define standards of the associative dimension of the organisation. Those standards could serve as a basis for the development of the associative structure of the organisation [...]

Melun bis: It has been decided to organise a broad international meeting (à la Melun) to discuss internationalisation. About 20 people of each section will be invited. This meeting will take place on 6 and 7 October in Chantilly.



Minutes from the MSF France Board of Directors Meeting, 10 February 1995 (in French).

Extract:

Minutes from the international council meeting, 19 and 20 January

Bernard Pécoul [General Director]: [...] The international council meeting in the strict sense of the term began by addressing how we wanted to follow up on the crisis we had experienced in December, with a focus on Royaumont, where the differences and divergences between the sections had emerged. We have taken a proactive decision to pause the development of MSF International. In 18 months' time, we are going to celebrate the 25th anniversary of MSF, and a pause will allow us to see whether, in celebrating this anniversary, we are going to be able to strengthen the MSF International project, and it will be the 25th anniversary of all of MSF. During these 18 months, we are going to talk to each other and work on the fundamental elements of MSF's identity, our values, and the principles that guide our actions.

We are going to determine the values and criteria that define the association and which should be reflected in the articles of all the national sections. There are going to be discussions on these topics in the weeks to come [...] One of the steps in thinking about the principles that guide our actions will be to define how we rank these principles in relation to each other: independence, impartiality, compared with neutrality. Independence, impartiality, compared with neutrality. During these 18 months of taking an active break, we are going to work on bringing people together. We are going to ensure there are more exchanges between sections and offices. All our human resources projects will be run more dynamically. We are also going to work on improving our internal communications processes within the international network.



We had a common charter, but it wasn't enough. We needed to go beyond the charter and build the organisation on a solid foundation. And Paris was pushing very hard for that.

Dr Bernard Pécoul, MSF France General Director
1991-1997 (in French)



To some extent, Chantilly is the result of the fact that we had differing views on the crisis in the Great Lakes and Bosnia. There was a degree of mistrust. There were criticisms in some sections that would only have done humanitarian work and others that just wanted to speak out. So, Chantilly was really devoted to MSF being rooted in both humanitarian action and speaking out.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996- 1997, General Director 1985-1996 (in French)



Bernard Pécoul and I had developed a personal friendship and that helped a lot. Jacques de Milliano was less involved in the argument, which was mainly between Brussels and Paris. So, when things had calmed down and people had changed, we said to ourselves, 'Let's start from scratch, let's run a kind of congress where we can talk about what MSF is and our vision of it; let's see if we disagree on that – people were still flinging criticism at each other and blaming each other for our differences – and what kind of collective representation MSF might have.' So, that's how we came up with the idea of the congress, which was finally held in Chantilly. Then we decided what we were going to talk about.

Dr Eric Goemaere, MSF Belgium General Director, 1996-1998 (in French)

During the 3 February 1995, international council meeting, concerns regarding the role of the international office were raised again. Some believed the international secretary general should not act as the MSF international spokesperson. Moreover, some international council members wanted to maintain this spokesperson prerogative at the national section level. They did not welcome the international secretary's efforts to speak out in the name of the movement.

A few months later, the International Secretary General, Alain Destexhe, resigned from his position and began a political career. He was criticized for this move, particularly in MSF Belgium, as they thought he was using his MSF position and recognition as an election tool. Jean-Marie Kindermans became the new International Secretary General.



Minutes from the MSF International Council Meeting, Brussels, 3 February 1995 (in English).

Extract:

It has been confirmed that the International Office is NOT the spokesman of MSF (International). The development of

the International Office has to be seen in this light and Alain will come with a new proposal before the next international council meeting.



The International Secretary General was supposed to provide common representation only when that was the wise thing to do. In fact, none of us [the presidents of the national associations] was prepared to give up our representation role and the ability to speak on our own behalf. Alain wasn't some obscure bureaucrat, and he was a great speaker. He'd even contributed to defining the position, saying that he wanted to take it to a political level, support public advocacy, and any lobbying processes we could do. Advocacy didn't yet have a legitimate place at MSF, but there was still this idea we'd instilled with Ethiopia, Somalia, and Yugoslavia in 1992 and 1993, etc. But with Somalia as well as the former Yugoslavia, I was the one who acted as MSF's spokesman. Alain had his area and it was granted to him. He was 'International Secretary', a post he wanted to change to 'General Secretary', since it obviously added lustre to the position.

Dr Rony Brauman, MSF France President 1982-1994 (in French)



I left my position as International Secretary General at MSF International almost exactly four years to the day after taking the role. I left because I'd come to fundamentally disagree with the humanitarian approach, but not with MSF especially. I've written a lot subsequently about the humanitarian role in Bosnia and Rwanda. The instrumentalisation of humanitarian action by the US and the international community added four more years to a war we could have stopped at the outset.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)



Alain was criticised for 'using' his position in MSF to campaign and get himself elected by referring to MSF in several of his articles. And Brussels was especially sensitive to these issues, because the same thing had happened with others who had used the MSF name to get elected. Everyone agreed that there was a mix of styles and he had to go right away. He didn't contest the decision either.

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

2. Chantilly I & II (1995-1996)

On 5, 6 and 7 October 1995, more than 120 members of MSF, both from the associations and from the executives gathered in Chantilly, a city one hour north of Paris. The objective was to openly discuss all issues and to solve them. A reflection on MSF's identity was supposed to lead to the production of a common set of principles and policies that would complete the charter.



'Preparatory Documents,' Chantilly meeting, 5 to 7 October 1995 (in French, in English).

Extract:

Objective

The objective is to reach an agreement on one or more documents that would be common to the various MSF sections and set out MSF's ambitions for the years to come, the common perspectives on which we agree, and the steps that will be taken to achieve our aim: the creation of a movement that is truly 'Without Borders.'

To achieve this, we must use Chantilly to:

- Express the common principles that have forged our identity and differentiated us – not only to strengthen cohesion internally, but also to promote a strong identity in the outside world;
- Define the implications of these principles in concrete terms;
- Implement, or at least start working on, mechanisms that are as simple and non-bureaucratic as possible, to improve cohesion internally (communication, discussions, research, operations, training, etc.).

Though the participants were members from both the associative and the executive teams, the agenda of the Chantilly meeting and the drafting of most of the outcome proposals were drafted previously, by a group of General Directors from the main operational sections. Their decisions were to be endorsed by the association boards.



When we realised that we had to set the bar for a compromise somewhere, we decided to meet in private first. I don't think it would be fair to say that everything was decided in advance. Even so, quite a few questions were raised in the debate, but to avoid it descending into a free-for-all, we decided we needed to meet in advance and work out how much room for manoeuvre we were going to give each other: 'I give you this and you give me that.' In the end, Pécoul wanted us to go for 80% private funding and I said it was impossible, so we compromised on 50/50 and I can't remember what we got in return. The executive prepared the meeting and the agenda. The boards of directors were only involved

later on. You have to remember the atmosphere at the time. If we'd left it to the boards of directors to sort out, it would have gone off the rails and we'd have been right back in the 1980s. We really needed it to work. What also helped – if I can say this – was that with the increasing number and scale of crises, especially in Rwanda, we were really starting to need each other. It was very healthy to have to turn to the others and ask them to get their hands dirty.

Dr Eric Goemaere, MSF Belgium General Director,
1996-1998 (in French)



We were very close to each other. The day before Chantilly, we spent a long evening in Éric Goemaere's [MSF Belgium General Director] kitchen, preparing points where we agreed on policy. The meeting itself went very well. People worked together in small groups. Jean-Marie was the International Secretary General and he organised Chantilly. His method was to bring people together to talk things through.

Dr Bernard Pécoul, MSF France General Director
1991-1997 (in French)



I arrived in Chantilly the evening before the meeting and Éric [Goemaere], Jacques [de Milliano], and Bernard [Pécoul] said to me: 'We have a charter, but it isn't enough. We need a statement of principles. That's what we want to do tomorrow.' I got it straightaway and I said to myself, 'That's great.'

Dr Doris Schopper, MSF Switzerland President
1985-1987 then 1991-1998; MSF International
Council President February 1994 - February 1995,
September 1997 - June 1998 (in French)



In reality, although there were widely differing views, we had the huge advantage of three general directors who got on very well. Bernard [Pécoul], Éric [Goemaere], and Jacques [de Milliano] were friends. It might seem a bit cosy, but it was essential, because it gave us a way out. The four of us prepared all the texts, and the final policy agreement on the Chantilly document, word for word, was sorted out before we even started the meeting. Every word was carefully chosen and gave everyone a way out. The anthropologist Jean-Luc Nahel [a member of MSF France's Board of Directors] said that in Chantilly we moved from 'the time of the prophets to the time of the churches.' That was exactly right! Bernard, Éric, Jacques, and I are better managers than we are prophets. We didn't come up with the original idea. We weren't like Kouchner, or Bérès. But we did build the church, actually several churches! So, in that sense, Jean-Luc was absolutely right. That's how institutions work: they all need prophets and builders. It's less exciting than being there

at the start of an idea, but it's the reality. And so, in Chantilly, we agreed on the reality of MSF and its identity.

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

According to most of the participants, the first Chantilly meeting was a success. It allowed the MSF movement to discuss sticking points and to establish a series of principles that would go down in MSF's common history as 'the Chantilly principles.' The 'duty of information' principle on situations and fates of populations in danger was highlighted. MSF's associative spirit was reiterated and that transparency between MSF structures must remain. After creating a common mission and principles for all the MSF associations, the attendees discussed how to concretely implement these principles together.



Editorial, 'Chantilly' Special Edition, **Messages**, MSF France Internal Bulletin, October 1995 (in French).

Extract:

Welcome aboard! Chantilly was an important step in our international development and marked a new chapter between the mistakes of the past and a future that is, admittedly, still unclear. To the first question: do we have a common mission and principles? Chantilly answered 'yes.' To the second: what mechanisms will make us a more cohesive organisation? Chantilly was the starting point for a work in progress to which everyone will contribute. The aim of this special edition of the bulletin is to share with you three days of fascinating debate and pass on the torch to continue the race. Because Chantilly is not the final destination, but merely the starting point. So, welcome aboard to you all!



'Chantilly Spirit' **Memo** from Doris Schopper, President of the International council of MSF and Jean-Marie Kindermans, Director of International Office [MSF International Secretary General], 11 October 1995 (in English, in French) (edited).

Extract:

Chantilly spirit: On 5, 6, and 7 October 1995, more than 120 MSF participated in an international meeting which presented two main objectives:

- 1) To analyse the possibility of agreement on the identity of MSF: it concerns the mission of MSF (its objective), the action means (assistance, presence, witnessing, [...]), the principles (independence, impartiality, neutrality, medical ethics, human rights, voluntary work, associative [...]) as well as their concrete implications (priorities, codes [...]);
 - 2) If the first objective is reached, then to propose mechanisms of international cohesion in order to keep a common identity.
- It is not easy for 100 people to agree on a six-page text

proposal on identity: a common definition and interpretation of each word are often necessary. But, it was noticed during the debates that the majority of the remarks and objections did not basically question the proposal. Indeed, the text spirit was globally approved: that was formally decided during an international council [meeting] on the night before the last day [...] After we came to an agreement concerning identity, we debated the cohesion mechanisms to be implemented in various working groups. Among the suggested measures, here are the main ones:

- To internationalise training and to exchange people; specifically, to internationalise the preparation of existing courses and their implementation (in 1996), to set up international trainings for the future coordinators (in 1997), to increase the exchange of personnel between headquarters;
 - To improve internal communication, to write daily or monthly SITREPs (according to need) common to all sections in the field, from next month onwards; to install an electronic mail network for everybody (in progress) and to start up a common internal newspaper by the beginning of next year; to organise international mini-general assemblies in the field and international coordinators' days from next year onwards;
 - To maximise the resources of operations: to decrease the number of sections when they are more than three per country; the plan is to start this measure in three countries, next year, to rationalise the means everywhere, and to suppress the national reference in order to call ourselves 'MSF' (delegation of powers to the other sections, common technical posts [...])
- An important step was undeniably taken in the process of the internationalisation of MSF. The spirit was very positive in all debates. It is the responsibility of the international council to ensure that the commitments are honoured and to follow up the various projects. An international coordinators' day in May 1996, ON the occasion of the 25th Anniversary of MSF, will also be a good occasion to analyse progress. For now, we can only rejoice and wish you enjoyment of the Chantilly spirit.

Doris Schopper, President of the International council
Jean-Marie Kindermans, Director of International Office
[Secretary International]



'**Chantilly Principles** on MSF Identity,' MSF International, 20 November 1995 (in English, in French).

Extract:

Who are Médecins Sans Frontières?

I. The principles: Médecins Sans Frontières (MSF) was founded to contribute to the protection of life and the alleviation of suffering out of respect for human dignity. MSF brings care to people in precarious situations and works towards helping them regain control over their future.

1. Medical action first

The actions of MSF are first and foremost medical. This primarily consists of providing curative and preventive care to people in danger, wherever they may be. In cases where this is not enough to ensure the survival of a population, as in some extreme emergencies, other means may be developed, including the provision of water, sanitation, food, shelter, etc.

This action is mainly carried out in crisis periods when a system is suddenly destabilised and the very survival of the population is threatened.

2. Témoignage (speaking out) – an integral complement

Témoignage is done with the intention of improving the situation for populations in danger. It is expressed through:

- The presence of volunteers with people in danger as they provide medical care which implies being near and listening
- A duty to raise public awareness about these people
- The possibility to openly criticise or denounce breaches of international conventions. This is a last resort used when MSF volunteers witness mass violations of human rights, including forced displacement of populations, refoulement or forced return of refugees, genocide, crimes against humanity, and war crimes.

In exceptional cases, it may be in the best interests of the victims for MSF volunteers to provide assistance without speaking out publicly, or to denounce without providing assistance, for example when humanitarian aid is 'manipulated.'

3. Respect for medical ethics

MSF missions are carried out with respect for the rules of medical ethics, in particular the duty to provide care without causing harm to either individuals or groups. Each person in danger will be assisted with humanity, impartiality, and with respect for medical confidentiality. In other respects, this ethical consideration provides that no one will be punished for carrying out medical activities in accordance with the professional code of ethics, regardless of the circumstances or the beneficiary of the action. Finally, no person carrying out a medical activity can be forced to perform acts or operations in contradiction to the professional code of ethics or the rules of international law.

4. Defence of human rights

Médecins Sans Frontières subscribes to the principles of Human Rights and International Humanitarian Law. This includes the recognition of:

- The duty to respect the fundamental rights and freedoms of each individual, including the right to physical and mental integrity and the freedom of thought and movement, as outlined in the 1949 Universal Declaration of Human Rights;
- The right of victims to receive assistance, as well as the right of humanitarian organisations to provide assistance. The following conditions should also be assured: free evaluation of needs, free access to victims, control over the distribution of humanitarian aid, and the respect for humanitarian immunity.

5. Concern for independence

The independence of MSF is characterised above all by an independence of spirit, which is a condition for independent analysis and action, namely freedom of choice in its operations, and the duration and means of carrying them out. This independence is displayed at both the level of the organisation and of each volunteer.

- MSF strives for strict independence from all structures or powers, whether political, religious, economic, or other. MSF refuses to serve or be used as an instrument of foreign policy by any government.
- The concern for independence is also financial. MSF endeavours to ensure a maximum of private resources, to diversify its institutional donors, and, sometimes, to refuse financing that may affect its independence.

- From their side, MSF volunteers are expected to be discreet and will abstain from linking or implicating MSF politically, institutionally, or otherwise through personal acts or opinions.

6. A founding principle: impartiality

Impartiality is fundamental to the mission of MSF and is inextricably linked to independence of action. Impartiality is defined by the principles of non-discrimination and proportionality:

- Non-discrimination in regard to politics, race, religion, sex, or any other similar criteria.
- Proportionality of assistance as it relates to the degree of needs – those in the most serious and immediate danger will receive priority.

7. A spirit of neutrality

MSF does not take sides in armed conflicts and in this sense adheres to the principle of neutrality. However, in extreme cases where volunteers are witness to mass violations of human rights, MSF may resort to denunciation as a last available means of helping the populations it assists. In these cases, simple assistance is rendered in vain when violations persist. For this reason, MSF will drop its strict observance of the principle of neutrality and will speak out to mobilise concern in an attempt to stop the suffering and improve the situation for these populations.

8. Accountability and transparency

Faced with populations in distress, MSF has an obligation to mobilise and develop its resources. Aiming at maximum quality and effectiveness, MSF is committed to optimising its means and abilities, to directly controlling the distribution of its aid, and to regularly evaluating the effects. In a clear and open manner, MSF assumes the responsibility to account for its actions to its beneficiaries as well as to its donors.

9. An organisation of volunteers

MSF is an organisation based on volunteering. This notion principally implies:

- An individual commitment to people in precarious situations. The responsibility of the organisation is based on the responsibility taken by each volunteer;
- Impartiality, attested to by the non-profit commitment of volunteers.

Volunteering is a determining factor in maintaining a spirit of resistance against compromise, routine, and institutionalisation.

10. Operating as an association

The commitment of each volunteer to the MSF movement goes beyond completing a mission; it also assumes an active participation in the associative life of the organisation and an adherence to the charter and principles of MSF. Within the different representative structures of MSF, the effective participation of volunteers is based on an equal voice for each member, guaranteeing the associative character of the organisation. MSF also endeavours to constantly integrate new volunteers to maintain spontaneity and a spirit of innovation. Linked to the idea of volunteerism, the associative character of MSF permits an openness towards our societies and a capacity for questioning ourselves.

II. Practical rules for operating


1. Organisation and decision-making

MSF is made up of 19 national sections, with overall coherence ensured by an international council. The majority of members


are volunteers who work or have worked for MSF. They constitute the general assemblies of each section, and they elect a board of directors whose members are mainly doctors or medical professionals. Almost all are unsalaried. The board of directors names the executive team. The board guarantees respect for the MSF Principles, ensures that decisions taken at the General Assembly are executed, and controls the management of the organisation.

2. Non-profit

Each section is founded on the not-for-profit principle. The principle of impartiality is part of the commitment of all MSF personnel. In their work for MSF, staff are not entitled to additional remuneration from the organisation, its satellites, suppliers, or any other individuals or legal entities with whom the organisation has relations, other than salaries or allowances. By choice, the proportion of salaried positions remains limited. Management staff salary levels are lower than those in comparable sectors of the employment market. All salaries are public. The financial reserves of MSF are intended to ensure the smooth functioning of the organisation and to allow the organisation to rapidly react to emergencies and periodic shortfalls. In no case will they constitute a means for perpetuation. For this reason, the reserves, including property holdings, never exceed the annual operational expenses.

 *The discussions in Chantilly covered all the key words: impartiality, independence, and the impossibility of disassociating speaking out and action. At the time, the role of speaking out and the attitude to take in situations like Rwanda was one of the major discussion points between sections. The Dutch tended to favour silent diplomacy. We also reaffirmed the importance of volunteering, which was another issue we were discussing with the Dutch. We put the emphasis back on the fact that MSF was an association and the benefits that brought, with members who could challenge each other and discussions that produced clearer, and even new, ideas.*

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

 *Chantilly gave us an opportunity to listen, even though we were far from agreeing on everything. We had got to the point where every section was developing its own dynamic in similarly complex contexts, which was endangering the lives of people in other sections. We were very conscious that we needed to work together [...], that we couldn't allow ourselves to go off on our own.*

Dr Marleen Bollaert, MSF Belgium President, 1995-1998 (in French)

In the first meeting Chantilly, the MSF movement committed to raising fifty per cent of its financial resources

from private funds and in limiting administrative and development expenses to twenty per cent of the budget of each section. The movement agreed to assign eighty per cent of resources to operations and committed to increased transparency through each entity's accounting and auditing records.



'Chantilly Principles on MSF Identity,' MSF International, October 1995 (in English, in French).

Extract:

3. Management of Resources

At least half of the global resources of MSF must come from private funding

MSF directly carries out its operations for populations in danger, so 80% of the resources of the organisation are exclusively dedicated to operations. MSF retains continuous and direct control over the management and delivery of its aid. Funds received by MSF are allocated as the organisation considers them most useful, in conformity with its principles. However, if a donor wishes his or her donation to be used in a specific mission, MSF will respect this request.

4. Financial control and transparency

The use of MSF funds is regularly controlled. In addition, each section makes public its audited financial reports. Different categories of expenses are clearly identified in the accounts, clearly showing the disbursement of funds. It is therefore easy to distinguish the expenses for operations, administration, communications, or fundraising. The accounts are then published and provided to all donors through different newsletters and communications support materials produced by MSF. The accounts are also available to anyone upon request.



There were discussions about growth, and dependency on institutional funds. Brussels was seen as absolutely wanting to grow until it was huge. Half of MSF Belgium's funding came from ECHO. When Éric Goemaere, the General Director of MSF Belgium stood up to speak in Chantilly, you heard people joking, 'Hey, hello ECHO!'

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



One of the problems was that the Belgians were too dependent on European funding. Instead of saying to them, 'It's your problem,' we asked ourselves how we could solve the problem at the international level. And then we said, if the Belgians can't secure their own funding, we're going to transfer some funds to help them raise money from the general public.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)



Another extraordinary decision was ratified in one of the ten principles in Chantilly, a very important one about funding. Bernard Pécoul, who could see the danger of dependency, suggested that we set ourselves the objective of ensuring that each section only got 50% of its funding from institutions. It was obviously aimed at the Belgians, who had a very large amount of funding from ECHO. But it was accepted, and frankly MSF only exists today because of it. For me, Chantilly was very positive. There was support from the whole movement.

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998; MSF International Council President February 1994 - February 1995, September 1997 - June 1998 (in French)



Fortunately, people got on very well. Éric got on very well with Bernard. Jean-Marie worked with the moderators. There were a lot of highly intelligent people in these groups. We often got a lot out of the discussions, particularly with the Dutch and with Jacques de Milliano, an extraordinary man. But when you got back to Paris, there was also someone who would take you to one side and say, 'I hope you gave the Belgians a piece of your mind after what they did in such and such a place!' We were caught between a rock and a hard place. At an intellectual level, it was pleasing to reach a compromise with the others and open up to each other, but once you got back to base you were torn. Finally, there was no real sense of internationalism among the operational teams. People thought it was idiotic to send four or five sections to an emergency, but there was no one to think through how to do it any other way.

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

At the end of the first Chantilly meeting, some people proposed that operational sections conduct joint operations. A second meeting, named Chantilly II, was organised to reflect on how to practically implement the ideas raised at Chantilly I.



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 put all of this into practice.'

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

The second Chantilly meeting, took place on 8 and 9 May 1996 with approximately 200 MSFers, mostly operational coordinators and various section managers. The debates were tough and the outcomes were somewhat disappointing.



Chantilly II **Minutes**, 8 to 9 May 1996 (in English, French) (edited).

Extract:

This International Meeting gathered approximately 200 Médecins Sans Frontières, mostly coordinators. The working group discussions on the first day reported on the different types of MSF operations (in acute conflicts, chronic conflicts, destabilised countries, or those under reconstruction, social projects, endemic diseases, and AIDS). The summary showed the difficulty of coming to definite conclusions and discussing matters calmly and without caricatures about certain issues (speaking out/témoignage, independence [...]). We may conclude that the variety of approaches may be seen as enriching in spite of the difficulties that this entails; that there is a need to define better the 'needs' which we answer to (or choose to answer to) in an ever changing environment (Eastern Europe, big cities, [...]); that there is a need to explain and better convey what we understand by speaking out/témoignage (denunciation being just a small part, the most visible); that there is a mutual wish to be more open in our operations (taking note that Zaire is a typical country for MSF intervention, the will to do more social work, [...]) but also that, nevertheless, MSF will find it hard to move from long-term action to long-term commitment.

It has become clear that there is a need to go into more detail in all of these questions, not in general terms or in theoretical terms (which entails stereotypes during the debates, and a lack of real relation to the subject), but about genuine cases, and in particular in the participating countries themselves: furthermore this will allow an increase in confidence and tolerance towards others during these discussions. Finally, it was admitted that there is a joint responsibility to reduce costs (especially administrative costs in the capitals [...]) in the individual countries and to find a common communication: a better coordination in the field is absolutely essential in order to succeed. Nevertheless, the following day, the coordinators took the initiative to erase any confusion and discuss in more concrete terms than on the first day, in order to recall that the framework defined at Chantilly I seemed reasonable and sufficient: "The field representatives confirmed their agreement on the directions decided in the meetings and in the Chantilly I documents; in incorporating the reports from the mini-general assemblies, we approve the Chantilly I documents and we insist that they must be put into practice swiftly and decisively on all levels."

The mini-general assembly's minutes were read out and presented as a topic for discussion. Besides remarks about

MSF's identity, already taken into account, the different working groups discussed the proposals on the international construction of MSF: mechanisms of collaboration in crisis and/or in stable countries; decentralisation between head offices and the field; the Emergency Team; the regrouping of human resources; the regrouping of supporting services; the mechanisms of international 'non-decision'; the mechanisms of international communication, independence, and financial backing. Certain working groups came up with more tangible recommendations than others, which can be summarised as follows and which were approved during the plenary session:

Collaboration in the field

1. No exploratory mission is to be opened without consulting the section(s) present in the country;
- 1.2 a rationalisation study (in terms of economies of scale) should be carried out in each country by the coordinators, the conclusions should be accepted by all the coordinators, and the result should be put into practice during 1997, at the latest;
- 1.3 there should be a policy paper, in writing, between the sections present in the same country, by 1997 at the latest;
- 1.4 the proposal to internationalise the field cannot be frozen by the head offices (a one-year trial period is proposed);
- 1.5 when a second section arrives in a country, the first must be accepted as the MSF representative; however, this does not imply that the second section is subject to its coordination;
- 1.6 continue the progress initiated with the Emergency Team (ET) and better define the next stages of action beyond the ET.

2. Regrouping Human Resources

1.1 Head Offices

- 25% of key posts in the head offices must be international by the year 2000;
- Increase the rotation between the offices and the field (for example by limiting the length of the mandates in the headquarters);
- Increase access to field posts to the personnel recruited by the delegate offices by installing a mutual database.

2.2 Field

- Exchange coordinators between sections;
- Define a policy about local personnel (salaries, responsibilities, MSF participation, [...]) mutual to all the sections in each country.

2.3 Board of Directors 07/06/96 [...]

- Increase the international presence on the boards of directors, by invitation, election, or co-opting, in order to get more international participation.

2.4 Training

- Internationalise all training programmes and develop languages training [...]

4. Communication

4.1 introduce international SITREPS [situation reports] in missions between now and September 1996: under the responsibility of the operations directors;

4.2 create a Médecins Sans Frontières data bank between now and September 1996: under the responsibility of the communication directors;

4.3 create a team of field press officers between now and

June 1996: under the responsibility of the communication directors;

4.4 include working group meetings on the media during the coordinators' training programme;

4.5 produce an explanatory document for the coordinators' use regarding speaking out/témoignage.

5. Independence

5.1 clarify and explain the concept 'independence:'

5.2 create an international fund to guarantee independence;

5.3 ask the international council to supervise the independence in general and in specific cases (audits [...]), and to decide on allocation of the international funds.



Minutes from the MSF France Board of Directors Meeting, 31 May 1996 (in French).

Extract:

c) Chantilly II saw 220 people (140 to 150 coordinators) attend, and managing them was difficult. The theme of day one: our differences and differences of opinion in the MSF movement. However, no single problem was singled out and the day was disappointing. It would have been interesting to be able to illustrate problems with concrete examples from the field. The plan for day two was to continue with the same topics with a workshop approach, the result being that the discussions felt more constructive and more in line with the concerns of coordinators. The resolutions stemming from the lines of inquiry (at the international council, at head offices, and among coordinators in the field) were voted on at the end of the session forming a kind of opinion poll. Odysséas said it was a shame we voted on each point, because after 35 (!) votes they didn't make any sense, and the votes all cancelled each other out. [...] The Chantilly minutes aren't an accurate record of what was said, especially the part on 'MSF's structure.' Odysséas wants the minutes he drew up to be attached also.



We organised Chantilly II with the idea that we needed to develop a few themes in practical terms. We had drafted some guidelines of a sort and it was down to the operational managers to implement them and say what their approach was. We really had to push them to get them to come up with something tangible. Things weren't very dynamic at that level.

Dr Jacques de Milliano, MSF Holland Co-founder,
President 1984-1985, then 1996-1997, General Director
1985-1996 (in French)



Chantilly II was extremely laborious, because it was about seeing how the decisions made at Chantilly I were being implemented in practice. I'd say it was only half successful. The French had started planting their flags again. The process wasn't right. At one point I said to myself: "If we leave here without a decision on anything, it's over." So I tried

to get people talking and vote point by point, as if we were in a United Nations meeting. And as a result, obviously, there were French people who wouldn't even shake my hand any more.

Dr Doris Schopper, MSF Switzerland President
1985-1987 then 1991-1998; MSF International President
February 1994 - February 1995, September 1997 -
June 1998 (in French)



So at the second Chantilly, we weren't talking about all these issues of identity any more, but about how we worked. And it was pretty half-baked. There were more people, mostly people from the field. It was too ambitious and we weren't up to it.

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

Some of the decisions taken at Chantilly II were the first common effort steps to pool support activities from the headquarters, particularly for the medical activities.



Chantilly II **Minutes**, 8 and 9 May 1996 (in English, in French).

Extract:

3. Regrouping the technical departments

- 3.1 support the installation of the international medical coordinator and the integration of the medical departments during the coming years;
- 3.2 standardise the equipment and tools (computer software and hardware) is recommended;
- 3.3 assess the feasibility of the purchasing departments (MSF Holland Logistics dep.; MSF France Logistique Bordeaux; MSF Belgium Transfer) to come to a functional integration. Hans Grootendorst is asked to report to the international council in that regard;
- 3.4 integrate the departments for humanitarian affairs of the different sections as soon as possible, in order to come to one single approach and policy for advocacy; both in general and in country specific situations;
- 3.5 set up more regional posts.



Chantilly was at least a trigger for sharing materials. In terms of sharing medical techniques, it went relatively well. It's fair to say that the international medical working groups came out of Chantilly. But that was going to happen in any case. It's like legislation: how far does it support something that was happening anyway?

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

Others efforts lasted only for a while. This was the case of the international [Emergency Team \(ET\)](#), which brought together volunteers and means from all the operational sections to intervene as one team on big emergencies. Quickly created in January 1996, the ET lasted a year and a half. The ET ran several emergency operations in the Central African Great Lakes in the wake of the genocide of Rwandan Tutsis. But little by little, the Operational Centres regained their prerogatives over the most serious emergencies, depriving ET of its raison d'être.



Chantilly Spirit' **Memo** from Doris Schopper, President of the International council of MSF and Jean-Marie Kindermans, Director of International Office, 11 October 1995 (in English, in French).

Extract:

Among the suggested measures, here are the main ones: [...]
* to set up an emergency pool: it would consist of MSF people, to 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 programmes to set up and will choose the section to 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 thinks it can start on 01/01/96.



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

Extract:

Origin and setting-up of the Emergency Team

July 1994, Goma: a humanitarian catastrophe of unprecedented scope. MSF intervenes massively. This emergency intervention involving different sections shows that as far as collaboration between MSF sections is concerned, there is still room for improvement. The MSF intervention was strong, but could have been more efficient.

October 1995, international meeting in Chantilly, theme: internationalisation. The idea is launched to define a way to intervene in an emergency with different sections so as to be able to respond to one of the basic principles of our internationalisation: to unite so as to become better, more independent, and better able to bring relief to the victims. We thus decided to set up a common dynamic in case of emergencies to pool our resources without falling into uniformity or a superstructure. A working group has been drawn up of people from different sections, with work experience with MSF and experience in emergency interventions. This group has had to devise the working modalities at headquarters level for an inter-section emergency intervention.

ET [Emergency Team] was born in January 1996: Its main objective is to pool our efforts in the field in order to provide more efficient assistance to the populations in need. We have to keep in mind, though, that for MSF an international dynamic in emergencies has existed since 1988. Many joint emergency interventions have been a real success (Armenia, Kurdistan [...]). Some important problems have weakened the operational capacities of MSF in the past. This has justified the search for a new international approach: ET.

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 appoint 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 recognised 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 programme officers have to justify actions towards their peers and the 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. These are the classic emergency fields of MSF. The directors of operations asked ET to be always ready for exploratory missions and on the lookout for information. On the other hand, the intervention of ET must only be considered if it really brings added value with regard to the intentions that could have been implemented by the different sections on their own. Enlarge the representation of delegate offices in the international council. In conclusion, there remains the follow-up, such as the propositions from the mini-general assemblies, as well as the recommendations from the meeting Chantilly II. At present, there isn't any other international organ to make decisions or to supervise, apart from the international council (the first working group on the decision mechanisms showed the complexity of setting up new structures). It is the reason why the national general assemblies will discuss the different recommendations raised. Then, the international council will examine these recommendations in June in order to follow them up, to implement them, and to schedule them [...]

First results of the ET interventions

Since the start of ET in January 1996, six 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 the Back Up Section to 'grasp the essence of' the ongoing mission, to make the section align with the intervention. We have to try to improve the system [...]

ET and internationalisation

It is important to keep in mind that internationalisation is not the sole 'property' of the 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. In this process of internationalisation, the ET is only a step along the way, albeit an important one.



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 boys. 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. In the end, 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 Member
1995-1997 (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 Emergency Team
Member 1995-1997 (in 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)


 *We tried the 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)

Then, 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 Heads of mission came up with this idea and pushed it to Europe headquarters 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 headquarters 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 General, 1995-2000 (in French)

III. NEW INTERNATIONAL AMBITIONS (1997-1998)

The Chantilly debates and their outcomes highlighted the international and associative dimensions of MSF identities. They finally had to be acknowledged and developed at the level of each entity and for the international movement. There was a clear and expressed need for increased participation and representation of all the entities in international structures.



Chantilly II **Minutes**, 8 and 9 May 1996 (in English, in French).

Extract:

6. MSF Structure

Enlarge the delegate offices representation in the international council. Conclusion - The follow-up, such as the propositions from the mini-general assemblies, as well as the recommendations from the meeting Chantilly II.0 still remain. At present, there isn't any other international organ to make decisions or to supervise, apart from the international council (the first working group on the decision mechanisms showed the complexity of setting up new structures.) It is the reason why the national general assemblies will discuss the different recommendations raised. Then, the international council will examine these recommendations in June in order to follow-up, to implement, and to schedule them.



In Chantilly, people began to talk about the association as a key element of our identity.

Ulrike von Pilar, MSF Belgium Delegate offices Coordinator 1991-1997; MSF Germany President 1995-1997, General Director 1997-2005 (in French)

A. MSF ASSOCIATIVE DIMENSION

The associative dimension of MSF was not embodied in the same fashion by all the MSF entities. In the original associations, such as MSF France, associative life had to be reactivated from time to time, in order to actually challenge the executive.

In the new entities, often for legal reasons, the associative dimension either did not exist at all or was embodied in informal social gatherings composed of former field volunteers and supporters of MSF in the country, but with no legal basis.

In the field, associative participation was just beginning through the [mini-general assemblies](#), which were international field-based meetings. For example, MSF Belgium, Holland, and France in Sierra Leone would hold a mini-GA in country that was governed by a few headquarter association members, usually board members.


1. Legal status

The choice of MSF entity legal status depended on both the law of the country where the entity was created, and on the initial objectives of their creation.

The first MSF entities, MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Spain, and MSF Luxembourg were created in countries governed by civil law where the legal status for a group of persons who want to associate in order to act with a not-for-profit objective, was an association status. Later, MSF France was granted the status of an association recognised as a public utility. Other MSF associations obtained an equivalent status, which allowed donors to make tax-deductible donations.


In the early nineties, when the original MSF associations created new MSF entities, the main objective was to raise funds. Therefore, for each entity, they chose the legal

status, which would be most beneficial for attracting donors, the one which granted them tax-deductions for donations. Since most of these new entities were based in countries ruled by common law, the most adapted status was the status of charity.


 *The 'droit de tradition civiliste,' a legal system based on written codes, establishes both 'associations' and 'associations reconnues d'utilité publique' [associations known as having a public utility or public interest organisations]. The purpose of the association is simply to facilitate freedom of association. Public-interest-non-profit organisations are tax-deductible entities and thus offer a means for fundraising. When MSF was created in France, it was simply an association focused on taking action. In 1985, it was recognised as a public-interest-non-profit organisation, and this status enabled it to develop fundraising activities based on tax-deductible donations. In Anglo-American countries, governed by common law, many public benefit activities are carried out by legal entities known as 'charities,' rather than by the state. These charities are distinguished by their general interest mission and their public benefit objective, rather than by the fact that people work together through them. Thus, the charity's very mandate allows donors to deduct contributions from their taxable income. The charity is not required to show that it is a collective of individuals that can challenge the mandate because that mandate is imposed by the nature of the charity. When MSF established its organisations in Anglo-American countries, the key objective was to fundraise. We thus used the structure provided in these countries to raise funds on a tax-deductible basis, that is, as a charity. So, while Anglo-American systems provide for creating an association, this was not the priority objective when these entities were established.*

Françoise Bouchet-Saulnier, MSF Legal Advisor
then Director from 1991 (in French)


The founding sections either directly or indirectly, through the international council, shaped new entities' statuses in order to maintain control over their development. In the charities, they simply named the board members, which were not supposed to be elected. In the associations, where some of the board members were supposed to be elected, the founding sections manipulated the vote via membership rules, and the size and the composition of the boards, where they imposed a seat quota allocated to founding association representatives and/or the IC. The control issues were to prevent the possibility of coups that would lead to diversion of MSF principles, or drift of an entity toward autonomy.

 *So, while Anglo-American systems also offer the opportunity to create an association, this was not the key objective when these entities were established. I remember because I was the one who wrote the statutes, that when the entities were created, we called for between five and ten members on the associations' boards of directors. We blocked opportunities for membership because we wanted to maintain a majority of representatives from the parent associations. A charity can have members or choose not to. At the start, we allowed them a very limited number of members to preserve the international movement's majority and control over the entity. It was really an issue of control.*

Françoise Bouchet-Saulnier, MSF Legal Advisor
then Director from 1991 (in French)

 *We always asked ourselves the same questions: Do we want members? How many members? What rights should members have? Is it too dangerous? Should MSF International have the right to be present and influence the decisions of these small new entities? We did a lot of work with the delegate offices over four years to negotiate the statutes. A law similar to the French Law of 1901, which requires a minimum of seven founding members, exists in Germany and Denmark. It was easy to find seven founding members and set up an association, but that was not the case in Great Britain, Hong Kong or the USA. All western European countries governed by civil law can easily create a civil society organisation, which is an association. In Denmark, there were five or six founding members, whatever, but it was completely closed. MSF International and the large sections were concerned that, given these less restrictive statutes, by opening up to other members, as in Belgium or France, we could be exposed to 'coups d'état.' Their greatest concern was that the delegate offices would become operational. They wanted to limit them to a completely administrative role, just fundraising. In Hong Kong, the idea of associative status like we have in western Europe didn't exist. It's not in the English tradition. So, we created a sort of limited company, something more Anglo. There, too, we had to see if we wanted members, if we wanted to keep the organisation at a certain distance from the government, etc.*

Ulrike von Pilar, MSF Belgium Delegate offices
Coordinator 1991-1997; MSF Germany President
1995-1997, General Director 1997-2005 (in French)

 *In Denmark, we are under the common-law system. To set up a foundation you need a certain amount of money, but you are not obliged to have lots of members; you just point at whomever you want. In our case, we couldn't get enough members, so that was the reason we choose to open up MSF Denmark as a foundation. I never heard that it was about controlling, which is a very Swedish thing.*

Camilla Bredholt, MSF Denmark Co-founder and Head
of Office 1993-1996, then Board of Directors member
1996-2003 (in English)



Victoria [Bjorklund, the MSF USA lawyer] made sure to set up safeguards. Under the statutes, a defined number of members of the Board of Directors are co-opted to ensure that MSF could not be 'hijacked' by an external interest group, as can happen in the USA.

Dr Juliette Fournot, MSF USA Board Member
1989-2001 (in French)

However, this strict control was not sustainable, particularly in countries like Sweden, where associations' memberships were traditionally open. According to MSF Sweden's statutes, membership was limited to people that either participated in MSF's work in Sweden or abroad. Support members could pay a membership fee but had no voting rights, which was something unusual for Sweden. The international movement viewed the MSF Sweden association statutes as the most effective. They were used as a model for other MSF entities. In 1995 the MSF Sweden President raised the issue for the international movement.



'Re-membership Policy for Delegate offices,' Memo from Johan von Schreeb, MSF Sweden President to International Working Group, International Office, 2 May 1995 (in English).

Extract:

In 1993, draft statutes of MSF Sweden were worked out by MSF Belgium and Sweden following the guidelines set up by the international council. These were later confirmed by Françoise Saulnier on behalf of the IC and finally adopted by an extra general assembly of MSF Sweden in December 1993. According to the statutes any person can become support member by paying a yearly fee. Support members have no democratic rights and it is merely a way for people to express their support of MSF's work. According to the statutes only persons who have participated in MSF's work in Sweden or abroad and in line with the MSF charter can apply and be granted full membership with democratic rights, i.e. voting right at the general assembly and eligibility to the board [...] Since then the number one question (How many members do you have?) has been answered as follows: "MSF Sweden will adhere to MSF's international standards with a strong field perspective among its members, and will thus not look like a traditional popular movement with masses of members. Only those who have been working in the field for a certain time can be members and those sent on mission have not yet returned. So, be patient." It is not possible to go on answering like this any longer without losing credibility.

We know that delegate offices were not intended to be part of the associative life of MSF but that they were rather to be seen as functions for fundraising, recruitment etc. However,

if MSF Sweden is to fulfil these functions, there has to be a minimum of democracy. The board has to be elected by three other members than the three board members themselves; the board has to be accountable to a general assembly consisting of some more members than the three board members themselves, etc. According to the statutes, board decisions are valid when three board members are present. This means that when one board member is on mission or otherwise absent, formal board decisions cannot be taken. The actual situation cannot be defended any longer and, unless a change is made, the MSF movement will not be able to benefit from the potential the creation of a delegate office in Stockholm offers.

With this letter, we stress the need for discussions within the Working Group and prompt decisions within the international council opening up for members within the delegate offices. Please note that this will not have any practical implications as the statutes continue to give full control to the IC on issues of operational issues and other important questions, i.e. through the IC appointed members and the requirement of a unanimous board vote on these issues. Here, we have only focused on the practical and functional aspects of the issue of membership and we have intentionally avoided discussion of the more general associative aspects of it. The reason for doing so is that it might help to decide on a pragmatic approach, i.e. opening up the possibility of membership for the delegate offices with NGO status, although it might not be necessary to do so for delegate offices set up as foundations. Criteria which can be applied objectively have to be developed, either by the IC for all of the delegate offices, or by the board of each delegate office. In the meantime, we suggest using the criteria applied by MSF Belgium.



Sweden has a very strong tradition of associative life. Everybody is a member of four or five different associations, which means that anybody can become a member, anybody can actually become the president of an association; it's equal. So, the huge discussion we had at the beginning was: is this going to be an associative structure or not? And we really insisted that this should be, but not in the Swedish sense that anybody could become a member. There had to be some membership criteria. In the beginning, the general opinion in the movement was that the partner sections should not have members. They should be like a letterbox for fundraising and maybe also for recruitment. So, it was very clear that Brussels did not want this type of Swedish association, because it was just going to make things difficult, etc. But we fought for it a lot and we played a very important part in having the right to membership and defining who can become a member and what are the criteria, so much that you have to work in the field.

Dr Johan von Schreeb, MSF Sweden President
1993-2000 (in English)

2. Associative Life and Balance of Power

a) The Case of MSF Holland

MSF Holland continued to struggle to identify a framework that was adaptable to Dutch Society's reality, where the associative concept was not as developed as in Belgium or France. Associative life and membership in the MSF Holland association remained weak with little challenge to the executive, that worked more and more autonomously.

In 1991, the MSF Holland board started to think about changing the structure of the organisation. Eventually, they decided to create two different entities. A foundation would host the executive, while a 'Friends of MSF Holland' played the associative role. This separation was formally adopted with a vote in January 1996.

This issue was discussed at the international level, particularly between MSF Holland and MSF France's boards.



Minutes from the MSF Holland Associative Board Meeting, 28 May 1991 (in Dutch, summarised then translated into English).

Extract:

Future structure of MSF Holland

- Should the current structure of the association change?
- Current structure causes one big entanglement of needs.
- Should MSF Holland become a foundation?
- Still have the possibility to create a 'friends of MSF Holland' association.



Minutes from the MSF Holland Associative Board Meeting, 22 October 1991 (in Dutch, summarized, then translated into English).

Extract:

Arguments for MSF Holland to become a foundation:

- Dissatisfaction amongst the members about the current structure of the association.
- We have tried to streamline this but never succeeded.
- Changing the structure to a foundation is a better solution at this point.



Minutes from the MSF Holland Associative Board Meeting, 24 March 1992 (in Dutch, summarized, then translated into English).

Extract:

Foundation: Draft statutes on the creation of a foundation

and the creation of a volunteer-association are approved by the board. The Works Council now needs to give a positive advice [recommendation] and then it can be presented at the GA statutes.



Minutes from the MSF France Board of Directors Meeting, 13 January 1995 (in French).

Extract:

Philippe Biberson [MSF France President] thanked the Board of Directors of MSF Holland, nearly all of who were present, along with several leading members of the management team, for attending. Introducing the discussion, he provided a brief history of the development of the MSF movement. Over the last ten years, MSF has grown rapidly, adding many operational sections and representation offices. Actions in the field have also expanded and increased in scale and MSF has played an increasingly active role in the world of humanitarian action. The growth and energy of the operational sections is the source of the success of the MSF idea. This idea has grown and expanded by crossing borders with the founding of additional sections. As sections and offices have developed, differences in perspective and associations' functioning have emerged. This raises the question of differences in approach among the sections. Today, the differences between MSF France and MSF Holland appear to be the most significant. And, the breadth of those differences requires that we clarify the discussion by rejecting preconceived notions, cultural presuppositions, and caricatured perceptions of the 'other's' flaws. The main points to be discussed are:

The way in which our organisations operate as associations [...] Dick Van Geldere, President of MSF Holland. Dick believes that this meeting is important in order to carefully review, together, the differences that emerged last month in Royaumont and that are due, primarily, to a lack of communication. We failed to express our point of view and you did, too. The translation this evening may help us better understand each other because in addition to cultural differences, we also have language differences. Perhaps that is why we do not always understand what each of us is really trying to say. As president, he is a volunteer and knows his association very well. He feels – as does MSF Holland – that he is an integral part of the MSF movement, even if the ways in which we operate and think may seem different.

Philippe Biberson: [...] This raises questions about the way that associative life operates, how it is organised, how to make the spirit of the association a reality, and the values that are the basis of MSF's associative life. One of the fears of MSF France is that MSF Holland moved away from this associative life from the start, from the representation of its base, the volunteers within the association, that is, the opportunity to elect the board of directors, to have its voice heard, to challenge decisions. In France, we worked hard to maintain this associative life. We value it highly, even if we don't always succeed, as operations always threaten to take priority over associative life. What is MSF Holland's position

in that regard? How are you thinking about the future?

Dick: MSF Holland would like to operate increasingly like MSF France. Several years ago, we were having problems in terms of operations and we wanted to set up a management structure. It neglected associative life, which fell by the wayside. But now we want to revive it based on the MSF France model, but built on structures that reflect the Dutch culture. We chose the 'stichting' [Dutch legal entity for a foundation] structure. This is completely different from what is referred to as a 'foundation' in England, France, or Switzerland. It was chosen with the goal of creating a large, vibrant association composed of volunteers. Dick will be a member of this association, which, despite its more Anglo-American approach, will operate with an elected leadership and employees. Only 65 members remain. We also want the new board, which will include a majority of elected volunteers, to include members appointed by the other sections and members of delegate offices. Why appointed? Because we don't want to run the risk that Dutch candidates are elected in place of candidates from the other sections and delegate offices. Similarly, MSF France members sit on the MSF Belgium board. This will be good for MSF Holland and for its internationalisation.

Jean Luc Nahel [MSF France Board member] asked for a precise definition of a Dutch foundation to clarify its relationship to an association and for an explanation of how it differs from a French foundation.

Hans Bolcher [MSF Holland Board member]: There are differences at a technical level, due primarily to the differences between Dutch and French law. In an association, by definition, the members constitute the highest authority. This is not the case for a foundation, but its members may have an influence on, speak out on, and constitute the highest authority on those issues where we want them to have that authority, particularly in terms of MSF's basic principles. Of course, members will not have responsibility for or oversight of finances, control, and operations. However, whenever there is a problem, whenever they feel that an issue is creating a problem, the members will be able to speak out. So, there will be a kind of board that is responsible for the association's daily functioning, finances, salaries, etc. But, whenever the members believe that they need to be heard on an issue, they will have that authority. The Dutch foundation model can be structured so that it is more democratic than an association. That will depend on what we make of it. That's one of the key reasons that we chose this approach. It provides us with the flexible legal opportunities needed for our structure. We chose this foundation approach to facilitate foreigners, that is, people from a different country, serving on the board, not to reduce democracy.

Hans Emans [MSF Holland Board member]: We've been discussing this for years. At the beginning, we were a small organisation and we moved ahead by trial and error. Then we grew very quickly and ended up with increasing responsibilities. Since we wanted to become professional and felt responsible for the future of the organisation, we looked for other forms of organisation. There is a lot of competition among charitable organisations in Holland. Because the media and the public, which is very generous in Holland, demand considerable transparency from

humanitarian organisations, we had to identify and choose an approach that would be the most professional, in terms of the office and its operations, and that could handle the financial responsibilities. At the same time, we wanted to revive associative life, which had shrivelled, bringing in members who wanted to make the original idea of MSF Holland a reality and perpetuate it.



Minutes from the MSF France Board of Directors Meeting, 9 June 1995 (in French).

Extract:

B. MSF Holland: It's a transitional year for them. Last year, there were 14 participants at the general assembly, which went on for two hours. The dynamism of the associative sector was made central to discussions. This year, there were 70 participants at the GA which went on for five or six hours. A new president was elected, who this time is not a doctor.



Minutes from the MSF Holland General Assembly, 29 January 1996 (in Dutch, summarised then translated in English).

Extract:

General Assembly

Historical meeting, as the voting on the change in structure (foundation with association) will take place. Little recap of the points discussed at the 11 November 1995 meeting:

- **Per centage (para) medics:** minimum and aim are taken up in the new draft minutes. Foundation and association board: minimum of 50%, Dutch Board: at least two members.
- **Contribution from members:** yes. Donor money cannot be used, for example, for correspondence to members. The contribution will be 25 guilders a year. The board can be exempt.

- **Membership office staff:** Provisionally no.

The GA authorized the board to execute the proposed statutes. MSF Holland will change to a foundation with an association.



It was an association, what we call a 'vereeniging' which, changed to an association and a kind of 'stichting/foundation,' a kind of cooperative type of structure. This kind of division was made partly because there were not many members in Holland. You could only become a member once you have been to the field, unlike in other MSF sections where you were a member as soon as you went to the field. Also, we changed the membership so that people from the office couldn't be members of the association anymore. That also meant that we didn't have many members, which made it a bit dangerous. It was felt that the influence of the few members that came to the general assembly could have an enormous impact on the direction that MSF Holland had to go. So that's why they said that the dimension and

the meaning of MSF were to be discussed in the association. The majority of the board of the 'stichting' came from the association board, but there were also members co-opted, for example, from MSF France, and from our partner sections. By co-option they were also on the board and they were more responsible for what the office and the operations were doing. So, that made it a bit confusing. Jacques became the first President, and a paid President (we never had a paid President before). The President of the association is the President of the 'stichting'. The members of the association elect the board, while for the 'stichting' they are named by the founders, then renewed by co-optation.

Dr Bart Meijman, MSF Holland President, 1997-2001
(in English)



The issue was, 'Are we associations or organisations with a different kind of governance?' At that time, the Dutch had a foundation and didn't see an advantage in being a non-profit. But they were very concerned with legitimacy. So, when the majority of the movement said to them, 'You need to be an association,' they said, 'OK, we'll be an association.' It didn't work because that's not their culture, but they did it.

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



The associative culture in Holland was not nearly as vibrant as in Paris. When I went to the general assembly in Paris, it was really very French, with debates and discussions. It was like that in Belgium, too, in a way. But it wasn't like that at all in Holland.

Anne-Marie Huby, MSF UK General Director 1994 -1999
(in French)

b) The Case of MSF France

In MSF France, associative life historically took place in the regional offices, in addition to the annual general assembly and within the board. In the eighties, the regional antennas were largely autonomous, would manage programs in the field, and recruit the staff for these programs. In the late eighties, the Parisian headquarters began to take over control.

From 1993, the regional offices resisted, and continued to manage programs until they were progressively closed. Afterwards, their activities were re-organised by Paris, who used various keystone events to consolidate.



Minutes from the MSF France Board of Directors Meeting, 31 March 1995 (in French).

Extract:

The role of the regional offices [...]

Relationship problems between the regional offices and headquarters go back a long time. Philippe, assisted by Odile, tried to find examples during the board meeting and general assembly minutes from 1985 onwards, research which demonstrated the problem had persisted despite being raised repeatedly. In 1985, the issue of appointing a manager of the regional offices at headquarters was raised in Rony's annual report to the General Assembly. In 1986, the regional offices' decrease in momentum was highlighted and discussions were held on improving communications between the regional offices and headquarters. Discussed possibility of regional offices participating in operations but excluding regional offices from operational management. In 1987, confirmation of regional offices sponsoring/supporting operations was given. Also, remarks made about the state of disrepair of regional offices since they stopped managing operations. Rony likened this to intensive resuscitation or futile medical care [...]

In 1988, the 'France Solidarité [French Solidarity]' mission was set up. In 1989, a distinction was made between the regional offices and the France mission. This led to the separation of the two in Marseille. The problems addressed today are therefore chronic, recurrent and cyclical. The aim is to define the role of the regional offices, harmonise the image between the regional offices and headquarters, revive MSF regionally, and increase HQ's involvement in the work of the regional offices. Last year's weekend in Bordeaux and other meetings highlight a feeling of non-inclusion.




When I became president in 1994, the regional offices still existed but they were dying off, except Bordeaux because the logistics centre was there, along with Philippe Dabadie, who was a leader. There were no more demands for autonomy. We had made it clear, in relatively peaceful fashion, that the regional offices had a role to play in local leadership, fundraising, and recruiting volunteers identified locally, but that they didn't have an independent mission as such – managing missions or representing a region. We also involved them a little in preparing for the general assembly. Those who wanted to contribute to the association by electing members to the board of directors. There were representatives of the regional offices who came to the general assembly. Some of them were still a part of things and carried a bit of weight. The members of the regional offices were not perceived as a nuisance but as associate members, like others.

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




I was hired in 1993 to manage the regional offices. But, it was very quickly decided to end their operational

activities and bring everything back to headquarters. It was a turbulent period during which we closed the regional offices. This was a holdover from that operational period and we didn't know what to do with them. It was no longer a matter of having power bases in the regions, but a space for the association and for communications. I wanted to make these regional offices meaningful by building on activities that already existed and functioned well. The high-speed train, Internet, and email were not yet very well-developed at that time. So, the regional offices were the place where future volunteers could come for information, meet people in operations, get recruited. The regional offices were responsible for more than 50% of recruitment. Two years after I arrived, I organised a major event – the traveling refugee camp exhibit. The idea was to use it to unite the regional offices. It lasted more than 10 years. In the end, it circulated internationally and more than four million people visited the exhibit. 

This created a kind of buzz between people who had returned from mission and the volunteers from the regional offices, who managed the exhibit in their region. We also held bimonthly meetings, where the volunteers talked about their missions. It was a good way to keep the flame alive. That lasted several years, until the human resources management decided that the regional offices would no longer do any recruiting. In the meantime, developments in communications and transportation meant that it was easier for people interested in volunteering to come to Paris to be recruited.

Alain Fredaigue, MSF France Regional Offices' Manager from 1991, then Associative Life and Events Coordinator from 1993 (in French)

 All of this change wasn't necessarily thought out carefully. It was related more to Alain's personality – he enjoyed it. If there was a strategy, it was to ease the tensions between the executive and the association. The executive wanted to be left alone; allowed to organise its operations, make decisions, etc. That's completely normal for an operational organisation like MSF, but it's a disadvantage if the executive does not question itself. I supported this entire change, which strengthened the role of the association as a way to ensure that the organisational mission was implemented. A balance of power is necessary. But most often, you give the association members plenty to do, you keep them busy, so that they don't question.

Dr Bernard Pécou, MSF France General Director 1991-1997 (in French)

From 1996, the MSF France general assemblies were re-organised to allow for exchanges and debates between associative members, including the regional offices.



Minutes from the MSF France Board of Directors Meeting, 31 May 1996 (in French).

Extract:

The General Assembly [of MSF France] is, said Bernard, one of the least participatory compared to that held by Belgium and Spain, for example:

- Take a system of prepared motions as a model? (Bernard) GA) and use them as a foundation for discussion at the GA, but without preparing them to leave more room for questions? (Maurice)
- Find a format for the meeting that won't be obstructed by a high number of participants (500)? (Bernard)
- How can the field participate? Coordinators? (Philippe)
- Plan questions to guide the discussion after a long report (Odysséas)
- A balance needs to be found, i.e. avoid being overly prepared which might come across as manipulative (Philippe)
- GA in two parts:
 - Emotional dimension, i.e. annual and financial reports
 - Focusing on the field (Eric)

For things to change, we need to deal with problems right now. Bernard suggested a committee get to work on this matter. To do:

- Form a working group
- Plan mini GMs
- Prepare minutes from the mini GMs to be distributed before the GA



The place where the general assemblies were held was not a very pleasant gathering space because you couldn't hold a dinner there in the evening. So everyone went home for dinner, getting together in their own little clans. Then, in terms of democracy, it was a bust. A half-hour before voting ended, the candidate would invite everyone for free drinks at the local bistro, and he'd be elected. Given its history, MSF France never had a particularly 'associative' character, in the sense of people who come together to make decisions. There was no counterweight to the executive. When Philippe Biberson arrived in June 1994, he wanted to change the general assemblies, which he didn't like either. He asked me to reorganise them. I created a two-day format, in a friendly atmosphere, with meals, a party, and an event.

Alain Fredaigue, MSF France Regional Offices' Manager from 1991, then Associative Life and events Coordinator from 1993 (in French)

c) The Case of MSF Belgium

In MSF Belgium, the executive did not consider the associative as much more engaged than in MSF France. However, it was at least developed as a counter-balance to the executive. In the mid-nineties this counter-balance managed to resolve a crisis within the executive that threatened to impact on the whole organisation.



In the early 1990s, Jean-Pierre Luxen, the General Director of MSF Belgium, said, 'For me, the more motions that go to a vote of the general assembly, the calmer I'll be in the future because the more motions there are, the less control there will be over me.' He was afraid that there would be only three major motions that would influence his executive plan. He would rather see 25, 30, or 35 motions discussed. And that's what happened. The members of the association discussed everything and even managed to create motions that, in practice, contradicted the other motions. Too much 'association' killed the association.

Dr Bernard Pecoul, MSF France General Director
1991-1997 (in French)



In Belgium, we had always wanted an active association as a counterweight to the executive. It didn't have anything to do with controlling operations or managing the missions. Rather, we wanted to ensure compliance with the charter of principles by taking strategic action to ensure that the permanent headquarters staff didn't organise into a kind of business operation. But in reality the headquarters staff was 'invested,' too. In our general assemblies, they were still the ones who spoke up the most. Even so, we never wanted to exclude them. At MSF, the directors, including Jean-Pierre Luxen, never agreed to a union. So, we had to make sure that the associative governance was not used to put union-type demands on the table. The MSF model developed in Brussels made it possible to ask questions on a regular basis about major issues. And even if these same questions were asked repeatedly, it was very healthy. What are the principles guiding our intervention? If we go there, what risks are we taking? What do we want to achieve? What is our accountability? When Réginald [Moreels] ended his term as President, I was asked to run. I received 98% of the vote – like Stalin. It was a little difficult. Just before I was elected, the position of General Director opened up, to replace Jean-Pierre Luxen. The team that had worked with him expected that Pierrot Harzé would succeed him. But the then-board of directors had chosen Éric Goemaere. Before leaving, Réginald made the mistake of placing Georges Dallemagne in the position of Deputy General Director, although he wanted to be General Director, too. Eric and Georges had different political visions. Georges came to see me and said, 'I'm leaving.' I didn't object because, in fact, I thought it wasn't a good arrangement. But, the group at headquarters that was very close to Georges was terribly disappointed. Seeing that support, Georges let himself be convinced that he shouldn't leave. So, there was a split at headquarters between Éric's supporters and Georges'. It was a hellish situation for Éric and it was very difficult for me because the board of directors was divided on the issue. In the end, we decided to go with Éric and we negotiated Georges' departure. Then those who opposed that sought to take power by showing up, en masse, at the elections for the board of directors. But that didn't work out and none of their candidates won. It wasn't me, as President, who was in control. It was the members of the association who thought

about things and said, 'We don't want the kind of MSF that they are proposing.'

Dr Marleen Bollaert, MSF Belgium President,
1995-1998 (in French)



The board of directors took on an associative role, but it was still the body that chose the executive, in any event, its general director, who is responsible to the funders, etc. We created a certain margin of autonomy, which was not within the purview of the executive and that was associative, but continued to handle this initial role, relative to the executive. There was a good reason that a large part of our time between 1995-1997 was taken up with succession problems within the executive. Those problems were pretty difficult to manage. And that had nothing to do with the association. It clearly had to do with decision-making with regard to the future of an operational centre. In the mid-1980s, we had to kill the father. Then a new team was put in place; but at one point, we had to say to them, 'It's not because you set up this organisation and that there's tremendous growth that you have to hold on to this sense of fatherhood.'

Dr Pascal Meeus, MSF Belgium Board Member
1995-1999, President 1999-2001 (in French)

3. Mini-General Assemblies (mini-GA) in the Field

In 1992, MSF Belgium started to organise Mini-General Assemblies (mini-GA) in the field. Those meetings were supposed to encourage the field staff to meet and reflect on MSF and to issue motions, if needed, for the General Assemblies in Brussels.

In December 1995, the international council decided that international Mini-General Assemblies, which had been organised in the field by MSF Belgium since 1992, should be organised in all the MSF operational countries to include all sections present. The first international mini-GAs were held in March and April 1996. Their outcomes were presented and discussed at Chantilly II, and some of their recommendations regarding the associative were integrated in the Chantilly Documents.



Minutes from the MSF Belgium Board of Directors Meeting, 14 February 1992 (in French).

Extract:

3. Mini-general assemblies

The directors are leaving soon to go to the field to hold mini-general assemblies and demonstrate that there is a desire for discussion at the peripheral level. Those directors who

wish to travel with a member of the executive may do so. These trips have been delayed slightly because the operations department wanted to coordinate the directors' arrival with meetings on site. [...] Please note that Jean-Pierre Luxen will go to southeast Asia, a region that the directors do not cover. Other countries will not host a director's visit, and we all send our regrets. The materials on the discussion topics have not yet been prepared.



Preparatory Document for the MSF International council Meeting, 20 June 1996 (in French).

Extract:

Between March and April 1996, 21 mini-general assemblies were held. Each involved 10-50 people. A report on the discussions held during these meetings was presented at Chantilly II. [...] Organisational problems aside, which should easily be addressed in the future, in general, these mini-general assemblies were a success for several reasons:

- For the first time, MSF field staff had a chance to discuss, together, the issues debated within MSF;
- This created a sense of being part of an organisation and being able to influence some of the decisions (although there was still scepticism regarding the real power of the recommendations made at the mini-general assemblies);
- Board members had a chance to meet and to assess and compare their ideas about MSF's development;
- Board members were exposed to the 'field' more intensively than during normal field visits; and,
- The concrete recommendations that emerged from the 21 mini-general assemblies were surprisingly similar.

Most of the recommendations will either be incorporated in the 'final Chantilly text' (document on identity) or will be taken up during the international coordinators' meeting. However, there are a host of recommendations that should be addressed separately. The discussions on the voluntary and associative character of MSF led to concrete requests [...] such as to:

- Provide better and ongoing information on MSF developments throughout the year;
- Brief all volunteers on the structure and operations of the MSF movement, with particular emphasis on the association;
- Standardise the rules for members and voting rules across all MSF entities (primarily the sections, but the delegate offices as well, if possible);
- Give the field greater weight in the association, make membership automatic after six months' work in the field and de-co-opt members who have shown no interest after three years;
- Establish direct democracy: all members may vote directly (vote by mail from the field);
- Allow national staff (local) whose duties are similar to those of expatriate staff to participate in internal MSF discussions and become voting members; and,
- Hold meetings like the mini-general assemblies regularly to allow the field to participate in discussions and MSF's development.



With Pascal Meus and others, we said that the field should be allowed to have a more direct impact, to be able to submit motions to the MSF Belgium general assemblies. We also had to review who could be a member. So, we held mini-general assemblies. Discussions were held within the missions, with comments forwarded to the general assembly. It's very easy today, with online connections, but back then we went into the field to lead those discussions. It wasn't always easy to organise, but it was always great. The discussions focused a lot on operations.

Dr Marleen Bollaert, MSF Belgium President, 1995-1998 (in French)




The objective of the mini-general assemblies, thanks to the proposals forwarded from the field, was to find a balance to ensure that the executive and its proposals did not dominate the work of the board of directors. We tried to bring in proposals from the grassroots. We wanted the board to discuss topics other than purely executive issues. At that time, the board's agenda reflected the needs of the executive. Starting in 1995, we created a balance between the issues the board and the elected directors wanted to discuss and the executive's issues. So, the agendas were relatively balanced between the problems that the executive wanted to place on the agenda and those issues that we felt were important to discuss within the association.

Dr Pascal Meeus, MSF Belgium Board Member 1995-1999, President 1999-2001 (in French)


B. THE DELEGATE OFFICES AWAKENING

In the MSF movement, the non-operational entities created in the early/mid-nineties were named 'liaison bureaux' or 'international offices' then renamed 'delegate offices.' This evolution was a sign of their ambiguous status: they were perceived as delegate offices of the movement as well as those of the "mother" sections.

 We played a kind of double game. For us, it was obvious that they were international offices. Whether they were managed by a section or not, in the end, it came from the MSF movement. So, for me, the New York office was not an MSF France office, it was MSF in the USA. Similarly, the Rome office was 'MSF in Italy,' it wasn't 'MSF Belgium in Italy.' Imagine the Director of MSK UK introducing herself as the representative of MSF Holland in England!


Dr Alain Destexhe, MSF International Secretary
General 1991-1995 (in French)

The delegate offices were not authorized to run operations. However, they were keen to be associated with the MSF operational project, in one way or another. They argued that their national assets, talents, and cultural openness that was lacking in Paris, Brussels, or Amsterdam, would be of service to the movement. Among these assets was their access to new networks (resources, advocacy, medical, etc.) that were otherwise unknown to the operational sections. However, it took time for operational sections to change what partner sections called imperialist behaviors.

 It was painful, this imperial or colonial side. In the late 1990s, it was difficult for the MSF communications department in London to take direction from MSF Holland colleagues on maintaining press relations, on the pretext that the latter represented the parent organisation. We wanted to say, 'We are just as clever as you. Get lost.' It also upset the Anglo-American countries to see that MSF still took a very Parisian-, Brussels- and Dutch-oriented approach. Sections like Canada said, 'If you really want to benefit from the impact of your investment in a country like Canada (and, by extension, England), stop treating us like flight attendants.' In the UK, despite our small size, we felt that we had an influence – not at all at the operational level but, rather, as an international sounding board for the entire MSF network. At the time, London was really the hub of the international media. So, we had a particular capacity in terms of the media, but also in the area of public health. Gabriella and others had created a network with a group of influential people in the field of tropical medicine, which operated here in the UK, rather than in the French-speaking world. We also realised right away how white MSF still was at that time. It was quite shocking. I was happy to have representatives dealing with the London media who were not white men. One of the assets of the international movement was that the people working in small sections, but who had access to these international networks, showed that the world did not necessarily operate in the way that people in Paris, Brussels, or Amsterdam imagined, where everything was incredibly provincial in many areas. Culturally speaking, that's the huge paradox of MSF (that's no mystery). With the partner sections, the movement

thus became slightly more porous and open to different cultural and political influences.

Anne-Marie Huby, MSF UK -
General Director 1994 -1999 (in French)

 To the USA members of the MSF USA board of directors, who were frustrated because the section did not have its own operations, I emphasised that this advocacy capability represented, in itself, critical leverage for the missions in the field and that this unique role was, in a way, a form of operations, which could not exist anywhere else.

Dr Juliette Fournot, MSF USA Board member
1989-2001 (in French)

MSF Greece was the only group that wanted to become an independent MSF section and run operations. In June 1992, based on a common proposal by MSF Greece and MSF France, the international council decided that MSF Greece's exceptional status as neither a section, nor a delegate office, would be extended until 1994.

 **Minutes** from the MSF International council Meeting, 26 June 1992 (in French).

Extract:

2. Presentation by Sotiris [Papaspyrosopoulos, MSF Greece President] and Bernard [Pecoul, MSF France General Director] of the proposal to extend the status of MSF Greece until June 1994. Rony [Brauman, MSF France President] noted that a decision must be made in 1994 on whether to create a section, extend the current status, or close the office. Jacques [de Milliano, MSF Holland General Director] noted that a certain level of quality must be met before deciding on autonomy. Bernard asked if we should create a status that falls between an office and a section because the offices do not all have the same goals. Bernard and Sotiris' proposal was accepted, with a few secondary modifications. [...]

Annex 1

Joint MSF France/MSF Greece proposals to the June 1992 International Board

General objectives: The MSF Greece office was created in June 1990 under the sponsorship of MSF France for a period of two years, with the status of a section under formation. We propose that this period be extended to June 1994, with the following objectives:

- 1) Increase awareness of MSF in Greece;
- 2) Increase the number of Greek volunteers on MSF missions;
- 3) Under the coordination and technical supervision (medical, logistical, and financial) of MSF France, Greek teams may conduct field projects and exploratory missions; and,

- 4) Increase the capacity of the Athens office to obtain its own funds and institutional funds.



In 1992, the Board of Directors of MSF France, to which I belonged, told us that everything was going fine and that we had met the criteria but that because of the internationalisation process, we could not obtain the status of section and that this was a difficult situation.

Dr Sotiris Papaspyropoulos, MSF Greece Founding Member and President 1990-1996, MSF Greece Honorary President 1996-2000 (in French)

In June 1994, four out of six sections represented at the international council were in favour of MSF Greece's desire to become operational. This support was given despite MSF Greece's political position on the war in Former Yugoslavia, which raised a few questions within the movement at that time⁴². However, they were denied operational status when MSF Belgium and MSF Holland used their veto rights.



Minutes from the MSF International council meeting, 21 June 1994 (in English).

Extract:

6. MSF Greece

Sotiris [Papaspyropoulos, MSF Greece President] reported on how the work of MSF Greece has developed (a document is available). MSF Greece currently has 15 people in the field. They have raised more than one million dollars from private sources and have 13,000 donors. The discussion evolved around the history of MSF Greece within MSF, the positions taken by the international council, the criteria fixed for MSF Greece its operational capacity, political independence, the consequences for the delegate offices, and the general cohesiveness of the movement and possible alternatives. Four sections were in favour of the creation of a seventh independent section (CH[Switzerland], S[Spain], F[rance], Lux[embourg]), with two against (Belgium and Holland). MSF Belgium and Holland used their veto. Josep [Vargas, MSF Spain President] regretted the way in which the final decision was taken. It seemed to him to show once again that there is an inequality between sections when it comes to taking important decisions.

Decision: The international council decided not to create a new section. MSF Belgium will draw up proposals for integrating MSF Greece into the new international framework of the delegate offices which will be put to the next international council.



Minutes from the MSF International council Meeting, 9 September 1994 (in French).

Extract:

3. MSF Greece:

Decisions: While awaiting the MSF International reform project, MSF Greece will enter an intermediate phase, as follows:

- MSF Spain is the parent section of MSF Greece;
- MSF Greece may participate at International Board of Directors' meetings only upon the invitation of MSF Spain;
- The International Board of Directors adopts Jean-Pierre Luxen's document of 4 August with the exception of the last paragraph. MSF Greece may launch new projects only in those countries where a MSF section is present and under the coordination of that section.



Minutes from the MSF International council Meeting, 14 September 1995 (in French).

Extract:

8.2 Status of Greece

Jean-Marie [Kindermans] asked: Given that Greece is not a section or a delegate office, how do we resolve its unclear status without creating continuing mini-conflicts?

Doris [Schopper] explained that Jean-Pierre Luxen chose this intermediate delegate office/section compromise; in the meantime, the Greeks will attend the international meetings, like a section, which will strengthen during this intermediate period. It's been a year and we haven't given them any clear guidance, do this, don't do that, so we need to give Greece a framework and examine the implications at the international level. If they continue to be operational, it will be even harder to go reverse course. We also have to address the issue of the relationship with the section (Spain) that is supervising Greece.

Éric [Goemaere] stated that we do not have enough information to make a decision and that we do not have a defined framework.

Bernard [Pécoul] commented that they agreed to the postponement of section status. There is a real association in Athens and a genuine movement has been created.

Decision:

*Concrete proposal from the International Board before year-end 1995;

*Doris will visit, in her capacity as International President (neutral).




In 1994, I visited all of the sections with Dimitri Pyrras, who was Vice-President. We went to Switzerland, Spain and Luxembourg. They told us that we should be a section. The French, who had sponsored us for four years, said that they would support us. The Belgians and the Dutch didn't say anything. But, even so, we assumed that we had a majority. When it was discussed at international Board meetings, I left the room. According to the official version,

42. See *MSF and the War in the Former Yugoslavia 1991-2003*, MSF Speaking Out Case Studies by Laurence Binet, 2014, <http://speakingout.msf.org/en/msf-and-the-war-in-the-former-yugoslavia>


there was a disagreement. The Dutch and the Belgians said, 'What will we say to the Germans and the Canadians, especially the Canadians, if Greece becomes a section?' A vote was held: four supported and two opposed granting MSF Greece the status of section. But the MSF International statutes include an article giving the three major sections a veto right over a decision. Belgium and Holland used their veto, so we could not become a section. Since the 'major' sections were not capable of managing the internationalisation process, they chose not to keep the promises that had been made to MSF Greece.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder,
President 1990-1996, Honorary President 1996-2000
(in French)

 I'm not sure that when MSF Greece was created, everyone agreed that it should become a section. Nor had it demonstrated, in its development, that it was ready to become one. We couldn't really see the added value of Greece becoming a section. The other issue was that we didn't want a new operational section. In any event, we didn't think that the MSF Greece team was capable of leading operations.

Dr Pascal Meeus, MSF Belgium Board Member
1995-1999, President 1999-2001 (in French)


In September 1994, the international council decided that MSF Spain would supervise MSF Greece's operations. In December 1995, MSF Greece was allowed to conduct operations only in countries where MSF was already working. They were only allowed to participate in IC meetings if invited.

 **Minutes** from the MSF International council Meeting, 14 September 1995 (in French).

Extract:

Conclusions:

- The supervisory role of MSF Spain was reaffirmed (a MSF Spain candidate to their Board of Directors);
- The International Board should be clearer regarding the rules:
 - International Board participation: they may be invited only when the International Board has a specific reason;
 - MSF Spain shall decide whether they may participate at other meetings;
 - They will maintain their current mode of operation until MSF International's new overall organisation is complete.


 I think that this was the board's decision that MSF Greece would remain under supervision. We couldn't continue with MSF France, of course, or with MSF Belgium, or Holland. And the President of MSF Spain at the time, Josep Vargas, said to me, 'If you want to, you can come with us.' I agreed because I had in mind that we would continue to carry out missions with someone who would let us do our work. MSF Spain did not have a partner section, so we went with them. The International Office agreed and we started conducting missions in Georgia and Armenia with MSF Spain, but we had our own operations director.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder,
President 1990-1996, Honorary President 1996-2000
(in French)

C. Letting go and reform (1996-1997)

1. The Process

In June 1996, the president and the international secretary general were tasked by the international council to organise working groups to make proposals for the evolution and structure of the organisation, for the rules of the MSF movement, and for the role of the IC.

 **Minutes** from the MSF International council Meeting, 20 and 21 June 1996 (in French).

Extract:

International Board – Paris – 20 and 21 June 1996

Structure of MSF International: Philippe Biberson, the International President (from 21 June 1996), presented his agenda for the Presidency of the International Board. The members of the International Board addressed the issue of the MSF movement (including bureaucracy, decisions, and structure), MSF's five-year vision (what kind of international?), the role of the International Board, the place and composition of the International Board vis-à-vis the Boards of Directors, and suggestions for the 1996/1997 International Board. Because opinions were divided, and the discussion addressed many issues that should appropriately be addressed separately, the members of the International Board made the following decisions:

*The International Board directs the International President (Philippe Biberson) and the International Secretary General (Jean-Marie Kindermans) to develop proposals regarding the development of the international movement, specifically its purpose, structure, and rules of operation. They will conduct their work in cooperation with the presidents and in consultation with all entities:

*The first phase will address the composition (including of the delegate offices) and the future roles of the International Board. The proposals will be discussed at the next International Board meeting in October, which will be the last one with the current make-up. It will be followed, at the end of the year, by a meeting of all the MSF branches, which will constitute another phase of the discussion. This kind of meeting, creating an enlarged International Board, should be held annually going forward.

In September 1996, in a letter to the leaders of all the MSF entities, the President and International Secretary General proposed to strengthen MSF's international nature by re-structuring the international council. They proposed to create a international council composed of 19 members, each of them representing one entity.



Letter from Philippe Biberson, President of MSF International, and Jean-Marie Kindermans, MSF International Secretary General to Presidents and General Directors of MSF Entities, 6 September 1996 (in English, in French).

Extract:

In preparation for the next international council meeting on 3 and 4 October, we are beginning an initiative aimed at facilitating the development and structuring of our movement. In line with the decision taken at the June IC meeting, the October meeting should be the last meeting held with the IC as it is presently composed. That meeting must prepare for the future and this letter is intended to encourage you to put forward what you think about it. Enough of rules and regulations! Let us know what your ambitions are for the future and assure us that there is a mutual confidence between us. 'Internationality' is an intrinsic value for MSF. It belongs to no one in particular. It is a strength that can always be denigrated (and there have been many attempts at that during the course of our history), but it always rises again because it is to be found in each of us individually, just as much as in our name. Today, we must convert this 'internationality' into organisational terms. This ambition would be implacably refuted and discredited if all of those who call themselves and recognise themselves as members of MSF could not be associated on an equal footing. It therefore seems to us that it would be better, despite difficulties linked with the number, to now envisage a IC of 19 members.

As internationalism will not progress in an uncontrolled and irresponsible manner, we can already confidently anticipate that, MSF will be enriched by those who join in the future. This is why we want to propose setting up a international council of 19 members as soon as possible, to function as a real instrument for building and organising the MSF movement. It follows from this that the present distinction between operational sections and delegate offices will have to disappear. The evolution of the notion of a group, as

well as the operational character of each branch of MSF, should be envisaged calmly and without fearing the worst either now or later. The mission of this enlarged and newly formulated IC would be:

- The international development and organisation of the movement: coordinating actions, rules and codes of conduct, development and growth policies, creating new branches, etc.
- The elaboration and evolution of the MSF 'doctrine,' as well as follow-up on how it is applied: Charter, Chantilly texts, etc.

It is clear that the exact composition of the group, how decisions will be reached (what majority will be required?), the frequency of meetings, the importance of its decisions for each one in the movement, etc. – all this remains to be determined, and we would prefer to let the debate be wide open from the beginning. However, a group of this size will find it difficult to make decisions and react on detailed points. A restricted, functional 'executive committee,' emanating from the group but remaining representative of the movement as a whole, will therefore have to be considered. The constitution of this committee will also have to be defined, the type of delegate from the international council what authority it will have in regard to all in general and national boards in particular, its eventual role as a referee, the kind of decisions it will take, and the extent of the involvement in operations. This is why we are looking for reactions, suggestions and alternative proposals from you that can be debated in October. A more detailed proposition could then result, which would be discussed by national Boards of Directors and, finally, adopted in a definitive format at the meeting of all the branches foreseen for January 1997.

In the following weeks, the various entities worked with their boards to feedback and propose roles and compositions of the potential new international council and the association.



Letter from Doris Schopper, MSF Switzerland President to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, September 1996 (in English).

Extract:

- In order to enable the delegate offices (DO) to participate in the process of change, they should be represented in the International Office. Including a representative from each DO would be unwieldy and would not necessarily lead to an 'equal' representation of all MSF entities. I would rather suggest that four to five representatives of the delegate offices be chosen. The size of the DO in terms of number of nationals having gone to the field in the past year and in terms of financial volume could be criteria for selection. The delegate offices who become full members of the international council would have the responsibility

to inform, discuss and represent the views of the other delegate offices (i.e. by geographical proximity).

- It must be acknowledged that the process of internationalisation can only be implemented if the existing sections participate fully at all levels (board and office). In this process all sections will lose power and autonomy. To accept this loss will be difficult and will need the active commitment of the presidents and directors of each section. It thus seems obvious that the current members of the international council have to remain. Of course, this means that all entities of MSF will not be represented in the same way and with the same strength during this process of change. Although this is a far cry from Swiss-style democracy, it seems more realistic and acceptable, at least as a first step.
- There has been much debate with often quite emotional overtones about the veto right. Although the Swiss section never had a veto right, I have always taken the position that it was a good thing as it allowed the sections to work along the lines of consensus and being equal partners in decision making although our relative weight in the organisation is obviously quite different. I much prefer a veto right to a proportional voting system! As you know, the veto right has been used only once in the history of the international council. It has thus clearly not lead to any abuse of power. On the contrary, I would argue that it has been a useful 'last resort' that often helped us to push towards a consensus. I would thus propose that we leave it as it is until we have reached agreement on a new and 'final' decision-making structure for MSF.
- The main task of the new international council, besides dealing with urgent matters that always occur, should be to develop a proposal for a new decision-making structure within MSF, including a redefinition of the respective roles of the national boards and the international council; addressing the representation roles of the different MSF entities and their relative weights in decision-making and voting; and creating a system which would make decisions of the international council binding and give it the power to ensure their implementation. [...]

3. **The associative:** the delegate offices should be encouraged to develop their national base and to create national boards. If this is an important part of what MSF is about, it holds for all of MSF! It may then become clear that some Delegate offices are actually not leading to an associative movement, but that their main 'raison d'être' is fundraising. This may lead us in the future to a different type of categorisation.



Letter from Jacques de Milliano, MSF Holland General Director to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, September 1996 (in English).

Extract:

Another point of discussion is the timing and chronology of this restructuring process. Is the restructuring of the international council the starting point of this change

process, or should it be the result of well-expressed common ambitions? The enlargement of the board now – without empowerment and clarity of its specific authority – could lead to a vacuum and paralysis in the international functioning and a disintegration of the international movement instead of the foreseen integrative leap forward. We think that the authority of this governance body and the decision-making rules have to be organised and to be crystal clear before we change the international council in its actual form. This does not mean that we cannot enlarge the IC by giving, for example, the status of observer to the delegate office members.



Letter from Olaf Valverde, MSF Spain General Director to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, September 1996 (in English) (edited).

Extract:

2 - MSF always won when taking risks. The present situation is seen as 'conservative.' We may think further than about the present 19 entities, perhaps even about entities from the south (not necessarily for fundraising, but to provide human resources or act as 'counterparts' in recipient countries). [...]

6 - The different weights of the delegate offices must be taken into account when deciding about structural changes. Not all of them shall be represented in the international council (one advantage is that if some delegate offices represent others, they are obliged to coordinate among themselves and to feel as a 'group').

7 - There are some concerns in our section about losing 'share' because we have no DO attached to us and we are not allowed to create one.

8 - It is important to clarify the different roles of DGs and Presidents. In our board, there is concern about too much power concentrated in the hands of the DGs. Beware of making an 'executive committee' without representation of Presidents.



"Some Thoughts Regarding our internationalisation, Submitted to the International council in October 1996," **Memo** from Odysseas Boudouris, MSF Greece President, 30 September 1996 (in French).

Extract:

1. The international council is a body founded on the willingness of its constituent member structures. Each national board has final decision-making authority on whether to stay in or leave the international council. As things stand, the international council's authority is not founded on a legal basis. Its authority is exclusively moral. This situation is liable to evolve over time depending on the degree to which the various structures integrate.

2. The international council has been extended to all MSF associations (which includes the delegate offices with an

associative structure but not the delegate offices which are 'representative offices').

3. The international council defines the general guidelines for MSF at the international level and has taken on an ethical scrutiny role, which includes auditing the financial accounts of each organisation.

4. The international council has an IO with the capacity to coordinate its work and apply its decisions. The IO includes members with the capabilities to monitor the various departmental activities (operations, logistics, communications, etc.).

5. The composition of the International council and IO in terms of numbers reflects the reality and diversity of MSF's constituent parts.



Letter from Johan von Schreeb, MSF Sweden President to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, 2 October 1996 (in English).

Extract:

If the setting up of a new international council is to be meaningful and successful, everybody involved has to be pragmatic and realistic rather than dogmatic in the approach. Whatever the purpose, we cannot neglect the MSF history of totally independent and powerful sections and the fact that sections and delegate offices are not equal. Also, we share common values; whatever the form chosen for our common work, it has to be based on mutual trust and confidence rather than on rules and regulations. This statement is just a starting point for the comments (based on discussions held by the Swedish board and office staff) given below.

Authority: It is crucial that the authority, areas of decision making and responsibilities, of the new international council is carefully elaborated. Decisions taken by the international council should, of course, be binding to all sections and delegate offices. The current veto situation has to be formally abolished, but will in practice only disappear if the decision-making is limited to areas which can reasonably be expected to be respected by all sections and delegate offices. The international council should be the owner of the MSF name and logo, and thus have the power to exclude sections and delegate offices. As far as we can see the possibility of exclusion is the only possible sanction, although such a measure would probably be more of a basis for pressure than a measure actually carried out (just look on other NGOs).

Executive committee: The enlarged international council should meet once a year but 19 persons are too many to form an efficient group. The international council should therefore elect an executive committee (maybe seven or nine people) among its members. Although election is supposed to be free, we believe it is crucial to ensure that the three big operational sections are among those represented in the executive committee. This should not be a formal rule but, hopefully, the result of an election with realism [...]

Associative aspects: The 19 bodies (sections and delegate offices) referred to in your letter are different in character and new bodies may emerge in the years to come. We suggest that future criteria for the right to be represented at the international council should be based on the associative life of each MSF body. People in the international council should be members of a national MSF association and elected by other members, rather than hired staff. However, for the time being, we agree that the currently existing sections and delegate offices (whether with associative life or not) are the ones to be represented in the new international council. However, in the next few years these bodies should develop an associative life to remain in the international council.

2. International Structures' Reform

a) A New Associative Structure

On 31 January 1997, an international council meeting including representatives of the 19 MSF entities was held in Brussels. Using the outcomes of the preparatory process, a series of reform proposals were prepared by the MSF International Council President, the general directors of MSF Holland, and MSF Belgium, and was submitted to all the participants.



Message from Jacques de Milliano, MSF Holland General Director to Philippe Biberson, MSF France and MSF International Council President, cc to Members of MSF Holland Identity Board, Management Team, Eric Goemaere, MSF Belgium General Director, Marleen Bollaert, MSF Belgium President, 17 January 1997 (in English).

Extract:

This document is the result of a meeting between Jacques and Philippe and input from MSF Belgium. It is not complete, but it reflects a clear willingness for reform and this is, in this document, translated in organisational terms. If this proposal, and the amendments, are adopted by the international council in January, it can be submitted to the boards of the sections (and if necessary, the general assemblies) and the changed international statutes can be signed by the Presidents in June, together with the nomination of the new President of the international council.

Proposal for reform of the international council **MSF, a dual organisation: international and national**

MSF is an international private humanitarian organisation and is composed of national movements. We have chosen to be an international movement because we are convinced that a coherent and decisive international organisation is

in a better position to serve populations in danger than purely national entities with a large variety of missions and messages. The state of the world is such that purely national organisations will either be subcontractors of governments or marginalised action groups without real influence. Besides our medical assistance role, we are medics with a universal mission; we have a 'world' message about solidarity and against exclusion of the most vulnerable. Our channels are more and more global, *Herald Tribune*, *Le Monde*, *El Pais*, and our audiences are political leaders, opinion leaders, and the citizens in this world. On the other hand, we are convinced that a strong and dynamic international MSF can only be a reality if it is composed of strong human commitment and strong roots in the civil societies, the national sections. The national associations safeguard the human dimension of MSF and its roots in society. So, each structure we design has to include this dual character of our movement: the willingness to be a national movement and an international movement. The challenge is to find the right balance.

A need for reform

There are several reasons to reform the international functioning of MSF:

- MSF these days is not composed of six entities but 19; the internal MSF reality has changed since 1989, but its governing structures enabling us to function as an international organisation have hardly changed.
- In Chantilly, we formulated the willingness to have a common (international) identity, mission, core values, type of actions, and we agreed on a number of common mechanisms (ET, international human resources policy, international internal communication), which eventually enables the organisation to function in daily life as an international organisation. The problem we have now is that the functioning of the international council is not in line with the MSF reality and our international ambitions. It does not represent the different entities and it lacks authority to make decisions. This situation is not sustainable. It creates bureaucratic paralysis and we risk falling back to the pre-Chantilly period (chaos, unsolved crises, frustration, and nationalistic reactions), which eventually will compromise the credibility of the whole movement and lead to disintegration. Now, we have the opportunity and responsibility to redesign the international functioning, which takes into account the national and international reality of MSF, not an international bureaucracy as we have now, but a more effective international body.

Proposal for Reform

First remarks:

- I will not speak about sections and delegate offices, but all entities will be called sections;
- I will speak about sections carrying the responsibility of an operational centre and being at the same time the centre of a functional group (S+OC) and simply sections (S-OC). The boards of the national sections delegate specific authority to the international council, the executive committee, and the president, and entrust those bodies with the authority to deal with a specific set of issues to guarantee effective international functioning. At the same time, the national

boards always have the ultimate possibility to disagree with their decision; nevertheless, those disagreements on fundamental issues should be exceptional; if not, the common willingness to function as an international organisation will be at stake [...]

Eventually, the main proposals were adopted. The 19 entities became formal sections with equal voting rights. The entity presidents composed the international council, while the presidents of the six operational sections and the international secretary general were part of a restricted committee. The executive/general directors of the operational sections were to meet regularly in an executive committee that would evolve 'in line with the operational evolution of MSF.'



Resolutions Passed During the Extended International Council Meeting Held in Brussels, 31 January 1997 (in English).

Extract:

1. MSF is an international movement supported by national entities.

Médecins Sans Frontières is an international movement with one charter and one mission: to contribute to the health, safety, and dignity of populations in danger. In support of this mission, the national sections decided to change the format of the international council (international council). Recognising the need for a dual system of authority, the boards of the national sections ratified this decision and will delegate authority to the international council in certain areas, as defined in paragraph 6 below.

2. All MSF national entities share the common designation of 'section.'

Each national entity of MSF will be described as a section. Furthermore, when speaking of a national entity, the designation to be used both in the field and in the sections shall be 'Médecins Sans Frontières,' coupled with the local translation where necessary. If it is required to distinguish one national entity from among the others, the designation shall take the following form: e.g. Médecins Sans Frontières - Greek section.

3. A functional partnership between sections.

All sections are to serve the whole movement. Nevertheless, 'functional partnerships,' composed by grouping sections together, assist with the development of all sections and facilitate international functioning (for example, coherence in the allocation of funds to missions, sharing human resources in the field, etc.). These functional partnerships are established when necessary on the request of the international council as transitory functional bodies. As interaction between sections from different groupings will be encouraged and will increase, other mechanisms for collaboration will have to be worked out.

4. The decision to create any new section is the exclusive domain of the international council.

Only the 19 existing sections are currently entitled to the

name MSF. The international council will be responsible for defining a coherent and future-oriented policy in regard to the creation of new sections or any 'privileged alliances.' An international council working group will prepare this policy. The international council will be specifically concerned with extending the socio-geographic and cultural base of the movement.

5. Operational MSF sections.

All MSF sections must actively participate in MSF's actions in favour of populations in danger according to their capacities and abilities. Operational is defined as the power to make decisions with regard to MSF missions. In emergencies or complex crises, there should be a very limited number of decision-making centres. The operational project needs to be clearly defined and should remain limited as regard the type of operations, the number of operational centres, the means employed, and the support structures. Existing structures shall be 'denationalised,' complementary, coordinated, and improved sharing of structures. The international council has the authority to decide about all those matters linked to operations.

6. Creation of a new MSF international council of 19 members representing 19 sections.

The International Council

The international council will focus on producing an international blueprint ('architecture') for the movement and defining an individual identity. The international council will be both a platform and a network for discussions and decision-making.

Composition

The Presidents of the 19 sections' objective: within two years, all presidents must be elected by their associations. Presidents may not be replaced by substitutes at international council meetings.

Authority

- To safeguard the 'identity' of MSF (its mission, core values, type of activities, and international norms) and take decisions on how this should evolve.
- To give final approval to the international blueprint for MSF, including the emergency team concept, international human resource management, internal communications, a common fund for private resources, etc.
- To take decisions in regard to common long-term advocacy/witnessing themes (such as landmines, forgotten wars and populations, exclusion, misuse of humanitarian aid, etc.) and international advocacy projects of strategic importance (such as 'Populations in Danger').
- To take decisions on issues concerning MSF's expansion policy (increasing the number of sections) and on the division of certain basic tasks (number of operational centres). The international council shall have a specific responsibility to control the use of the MSF name. It delegates exclusive ownership of the MSF name to the international office.
- To give advice in regard to the annual plans of the sections, in particular of the operational centres, as these affect MSF's identity and the international blueprint for the movement.

Voting procedure

- One section, one vote.
- Decisions require a significant majority (to be defined, but at least a two-thirds majority).

Practical organisation

- A three-day meeting will take place once a year. To start off, a preliminary meeting will take place this autumn (1997), followed by the first annual meeting in March 1998.
- A number of thematic working groups will be active during the year, led by the president of the international council and the director of the international office.

Restricted committee

Authority

The restricted committee (RC) will have a dual authority. It will:

- closely follow up on the execution of international projects approved by the international council and the proper functioning of agreed international mechanisms, and will intervene if necessary through consultations with the executive directors;
- be an international arbiter in exceptional cases where there is a serious international disagreement between executive directors in regard to either MSF's operational response in major crises or MSF's advocacy/witnessing response.

The restricted committee is also responsible for preparing the agenda for international council meetings.

Composition

- The presidents of six to eight sections.
- The international president will propose the names to the international council for approval by a two-thirds majority.

Voting procedure

Decisions will be taken on the basis of a simple majority and the president will have a second deciding vote if votes are split.

Organisation

A two- to three-day meeting will be held twice a year and ad hoc meetings or ad hoc consultations will be organised where necessary. Executive directors, directors of operations and other management team members may be invited to attend.

The president of the international council and restricted Committee

Role and authority

The president will represent the international movement to the outside world; s/he should inspire the international development of MSF; s/he will have the right and the duty to take initiatives within the mandate of the international council and the restricted committee.

Nomination

The president will be elected by the international council for a two-year period on the basis of a two-thirds majority. S/he will try to be present at board meetings of the sections. S/he will be financially compensated by the international council.

The Executive Committee

Composition

The executive committee will be composed initially of the executive directors of current operational centres, but the composition will evolve in line with the operational evolution of MSF. The director of the international office will be a member of this group.


Organisation

The group will decide its own working procedures.


Role and authority

The executive directors will form the keystone of international coordination.

- They will be responsible for the preparation and execution of the decisions of the international council and restricted committee.
- They will inform the restricted committee of any serious delays in the execution of those decisions or of any serious disagreements with possible consequences for the MSF identity or the MSF international blueprint.
- They constitute the first point of arbitration in case of disagreement on operational issues (interventions and advocacy issues).


 During my time as president, I pushed a great deal to give more of a voice to the delegate offices, to involve them more. In January 1997, the system was up and running. We all felt that's what needed to be done and the international council made the decision that all delegate offices would become distinct sections. All credit goes to Philippe Biberson, who was president of the international council, for having the courage to pass this decision. I think that somewhere along the line he thought: 'There's something we need to try and it won't cost much.' It was the international president, who happened to be the president of MSF France, who accepted this initiative. So, he could say: 'It was MSF who did that,' and thus reinforce the driving role of his section. If I'd attempted to do so when I was president, I don't think it would have been accepted. He must also have thought that it would appease the regional offices.

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998; MSF International Council President February 1994 - February 1995, September 1997 - June 1998 (in French)


 I found that it instilled a sense of purpose for all the small sections without taking too many risks. It was important to prevent the spiritual or ideological disintegration of MSF. There was also a risk of burnout, of sterility, among the long-standing sections as a result of being self-segregated and always doing the same thing. But I think there needed to be new blood. In the USA and elsewhere, there were intelligent, highly motivated people who had ideas to contribute. I thought, too, that we have a very rich and complex history and I wondered how we could carry on. We needed, a bit like at a nursery, to let the young plants grow, even at the risk of being shoved aside and pushed out like old weeds. But I much preferred this scenario to that of a conveyor belt rolling out humanitarian aid (which many Belgians dreamed of, a really efficient system in which we didn't bother with public advocacy, etc.) or that of an ideological machine (which was more what we were criticised about, the group of thinkers and ideologists that we were),

which would be just as sterile at the operational level. Yet, in spite of all this, we still had some advantages: operational men and women who weren't ideologists, like Brigitte Vasset or Jacques Pinel.

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

 For me, January 1997 was like when you smoke a spliff, a runaway train, the unexpected watershed moment, the big surprise! It wasn't a 'locked' meeting like the ones in Chantilly or those held by the international council, which until then happened behind closed doors. It was quite a big audience, in a way the first international general assembly. It was the meeting when the associative contingent spoke out with a very clear intention of getting the directors out. We, the operational section directors, had just recommended that the international council be extended to two or three representatives of the regional offices. We said that this reform would result in a system that wasn't even up to going as far and wide as was needed, a system that was unnecessarily complex. And then, after the meeting, we found we were obliged to show willingness and good intention, and to apply a whole series of recommendations. We weren't entirely ready to move so quickly, but at the end of the day it forced us to move forward.

Dr Bernard Pécoul, MSF France General Director 1991-1997; MSF Access Campaign Director 1999-2003
(in French)

 The autonomy given to the partner sections to develop was one of the decisions that contributed to the success of MSF. Until then, the international council was made up of general directors and/or presidents of sections. It was a mixture. In practice, there wasn't any division between the executive and the associative levels. In January 1997, we created the executive committee, which comprised the general directors of sections and the international council, made up of the association presidents. Of course, as usual, all these decisions had been planned by the president of the international council and a few others. But they were taken with everybody's approval. We brought in the representatives of the regional offices to record the decision. For them this was a big win, so they had no reason to say no. Aside from the Greeks, none of them wanted to become operational. However, they did all become sections. In their communications and in the image they themselves and those outside the organisation had of the movement, this changed a great deal. They weren't dependent offices any more, but were now autonomous. This decision confirmed a process started at Chantilly I and then at Chantilly II, despite some fierce arguments at the operational level. It went ahead and everybody understood it was in their interest. Then we had the Balkans period and each section continued to do more or less what they wanted. But we started to

understand that the interdependencies within the movement were very strong.

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



This decision on behalf of the movement told us: 'You are no longer offices, you are sections.' In a way, it was a bit paternalistic. The 'junior' sections got the impression that the intention was: 'We need to let go a bit. We'll be nice to the partner sections'. It was all a bit superficial, symbolic. But sometimes symbols can inform reality. This situation opened perspectives, which prompted our successors to create specialisations for each section. Symbols are important. This also opened MSF UK to other perspectives, particularly in regard to the field, which is the most important.

Anne-Marie Huby, MSF UK General Director 1994 -1999 (in French)

In the following years, the role of the international council was refined and clarified. It became an associative body distanced from the executive and from the operational daily tasks.



Minutes from the MSF International Council meeting, November 1998 (in English).

Extract:

Opening presentation and discussion emphasised that the international council is to distance itself from day to day executive and operational issues, see the MSF movement in relation to the larger human context, and focus on how MSF can best serve populations in danger. While sectional views will certainly be represented, this is done in the context of the larger MSF movement. Our primary responsibility as members of the international council is to promote and protect the principles and values of the MSF movement, while taking into consideration individual sectional views.

The purpose of the international council is to serve as a legislative counter-balance to the executive functions and operations of the MSF movement, and to preserve and encourage cohesion and initiative within the MSF movement. It is also expected and essential that decisions made in the international council will be decisions honoured. The role of the international council as described in the January 1997 international council meeting was referred to and re-endorsed. The opening discussion also emphasised the responsibility of section presidents to bring the debate and resolutions of the international council to their home sections. The discussion also emphasised the importance of ensuring follow-up on commitments given in the

international council to its various positions, resolutions, and commissions.

It is expected that in the international council members will engage and debate freely, respect each other intellectually, and see beyond self-interest and do what best serves populations in danger through the vehicle of MSF. To accomplish this, we must be disciplined and respectful in our willingness to be open and to engage debate. Openness to debate is seen as central to informed decision-making, and only in a climate of openness can the idealism that drives the MSF movement find its reality through both humanitarian medical action and advocacy.

b) The International Council's First Permanent President

In January 1997, the enlarged international council had decided that the president of the international council should be elected for two years and granted a salary for the full-time position.



At the outset, the international board was connected to the executive, strictly speaking. It was only later, starting in 1997, that the international board was composed only of the presidents. The rotating presidency was ended and presidents were elected from the partner sections. In my view, to keep the executive from dominating, we wanted to establish the international board as an institution representing the association and we would achieve that by selecting a permanent president who was distinct from the executive.

Dr Pascal Meeus, MSF Belgium Board Member 1995-1999, President 1999-2001 (in French)

In September 1997, there was no candidate from the international council to commit to the presidency for two years, despite a real need for leadership. The President of MSF Switzerland was temporarily elected until the next general assembly process, planned for June 1998. She was tasked with identifying candidates for the presidency. Qualifications included necessity to be a medical doctor, a minimum four year field experience with MSF, bilingual in English and French, and available for at least three days a week.



Minutes from the MSF International Council Meeting, 19 and 20 September 1997 (in English).

Extract:

[...] 8) International Presidency

No candidate was prepared to commit for two years. This provoked two reactions and proposals.

1) There is a need for a president who can be very present, working at least three days a week, and who might be looked for from outside the current international council.

2) At the moment, the president should be someone from the international council, whose principal task would simply be to organise meetings or events for discussions.

A discussion followed and a vote was taken in favour of the first solution. There were eleven members in favour, three against (France, Greece, and Hong Kong), and one abstention (Italy). Doris Schopper was then unanimously elected as President until the next General Assembly. Her task over the next few months will be to carry out research for possible candidates for the presidency.

Each board will be able to propose a candidate in line with the following criteria:

- a medical doctor;
- a minimum of four years' experience within MSF;
- bilingual English/French;
- available at least three days a week.



At the time, I was thinking of leaving the presidency of MSF Switzerland. But everyone on the international board said, 'Doris, you have to run. Otherwise Philippe will run and that can't happen. It's got to be you.' This was the first secret ballot election. In the end, I agreed. I said, 'I'll serve for one year, but no longer. I'll use that year to establish a record of everything that's happened at the international level and to find a successor, but for a longer period, two years, and this international president will have to be paid.'

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998; MSF International Council President February 1994 - February 1995, September 1997 - June 1998 (in French)

In January 1998, the role of the MSF IC President and the nomination procedures were agreed.



Email from Doris Schopper, MSF International Council to MSF International Council Members, 26 January 1998 (in English).

Extract:

It was decided that for the next term of the Presidency (mid-1998 until mid-2000), any person making him/herself

available for this task and fulfilling the above criteria could be a candidate. Thereafter, MSF's structure and functioning will have hopefully changed, the role and job profile of the international president will have been redefined and new mechanisms for selecting him/her will be in place. [...]

Based on these discussions and decisions of the international council, I would like to propose the following procedure:

1. Each board of the 19 MSF sections proposes one or two candidates for the International presidency. The candidate must at least fulfil the above mentioned criteria. In addition, we should strive towards proposing candidates who have the legitimacy and natural authority to fulfil this position within MSF. Each board also revises the terms of reference of the international president as proposed by the commission on jurisdictions⁴³ [...]

2. The international council member of each section has the responsibility to forward the name of the potential candidate to myself (by e-mail) at the latest by **15 March 1998**.

3. During its meeting in March, the international council will revise the list of proposed candidates and finalise the terms of reference of the international president based on the comments of the boards.

4. The international council then invites suitable candidates to an oral presentation at an extraordinary international council meeting in May and elects the next international president to take up his/her position in June or July 1998.

The Role of the President of the International Council

1. The president of the international council has the duty to monitor, and to remedy in times of concern, the activity of sections within their countries and the activities of the operational centres in the field in their adherence to the MSF Charter, core principles and values.

2. The international council president independently or on the advice of members of the international council, or at the request of senior field management may call the executive committee to account for severe functional complications of MSF activities in the field.

3. For both points 1 and 2, the president shall seek the advice of the restricted committee before taking substantial action.

4. The President shall show no favour to any one office and function according to international ideals of the organization. The president will be present regularly at board meetings of the sections.

5. The president will represent the international movement to the outside world. Especially during acute emergencies, the international council president shall speak for all MSF to international large-scale media. During such a time, the international council president shall be facilitated by and shall supervise the international communications coordinator and team directly. The president shall direct the international MSF campaign(s) on long-term advocacy issues as established by the international council. The president shall represent MSF on these issues publically (e.g., Ottawa Conference on Landmines). The president shall be supported by the international secretariat, the

43. This commission was set up in September 1997 to define "How an international council of 19 sections can work effectively, how it will work, how it will make decisions".


international communications team, and the international medical department. Please note there is no international humanitarian affairs department.

6. The president shall inspire the international development of MSF. The president shall also be responsible for internal cohesion within MSF, and to proactively remedy fractures in cohesion.

7. As the chairman of both the international council and the restricted committee, the president will have the right and duty to take initiatives within the mandate of the international council and the RC. The president, specifically as chair of the RC, shall be responsible for the timely and substantial completion of the international commissions undertaken within the jurisdiction of the international council. The president shall prepare the agenda of the international council meetings.


The president shall be financially compensated by the international council and is expected to spend at least three days per week working for MSF.

On 28 June 1998, the international council discussed three points that were unresolved: the acceptability of a co-opted international president, the salary, and the job profile. MSF France wanted to reduce the role of external representation and arbitration, and was reluctant to grant him/her a salary, which was deemed a huge expense for a small added value. Those who thought the international president must be properly paid to complete the responsibilities of the job, objected to those who thought that more time was needed to assess.


 *During the first years of the international movement, I think that the international president completely fulfilled his role. We had a rotating presidency system in place, and so the sections that brought them over had a responsibility to show slightly more leadership over the others, and to take constructive measures with regard to our rapprochement, our own joint ventures. There were naturally operations with the Kurdish⁴⁴ model that was extremely promising because we were the first ones to mobilise, and that was something we were proud of. We'd become the world humanitarian medical organisation and we were proud of that. Plus, we'd also found a good model for dividing up the fields and exchanging information, but without a guide, because a guide would have been a good idea in theory but ultimately not the right way to go. The big mistake was the decision made in 1997 to make the international presidency a permanent role. I don't know how this decision was taken, but it was absolutely the decision that set us on the wrong path. I even said as much to Bernard and Philippe. I really chastised them for not putting that to more of a discussion. I could practically see what was going to happen. Today, the*

role of president is to seize on any tiny thing and turn it into some hollow, solemn, emphatic, and empty message.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

 *There had long been this idea that the president of the international board would not also be the president of a section. It was specifically intended to give the international dimension greater weight and presence. Appointing a president who was no longer linked to an operational centre, that wasn't a mistake in terms of MSF's development. Perhaps there were mistakes in terms of certain political positions that were taken, but you can't have both. In any case, that freed up energy, relieved the tensions among operational centres and gave visibility to a common image of MSF. I wasn't asked to speak out about the forced population regrouping in Burundi. The operational centres handled it. And starting in 1999 and 2000, the international president was asked to do it. That appealed to the people in the field because the President could represent several MSF groups that were working in the field. It was more cumbersome but it gave greater visibility and reduced tensions to the extent that we had to agree on the message. And the person who delivered the message, was thus responsible for it, was an international president who, on the face of it, had no conflicts of interest and, thus, no biases in terms of the operational centre(s) concerned. So, it was accepted more easily. We were a movement of associations united in an association, with a president at the head. That person was not a president of one of those associations specifically in order to avoid internal conflicts of interest. Obviously, some of the operational sections were afraid that these presidents would upstage them in terms of external representation.*

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

 *Ultimately, it was really two camps. It was one that the movement needed a person who was not just nominally designated but was materially enabled, who had the time to actually do these things. Because you can be named, but if you don't have the time or the resources, or the ability to engage in an issue, it doesn't matter; it's a charade. The other position was that, well, you need to be embedded in the issues in order to actually understand and to be able to take a perspective that is good for the entire movement. I remember, in various ways we had this discussion with Philippe Biberson and I said to him, 'You are unique in the movement in the sense that you have a full-time position, paid full-time, you have an office, you have a staff, and you are part of an organisation that enables you. Whereas, for most if not all, of the other presidents, they don't have the same resources that you had. So, the argument holds for you but it doesn't hold for everybody else. And if this is genuinely an international movement, then the movement has to enable*

44. Reference to MSF inter-section intervention in Kurdistan in 1991

itself, it has to make a decision and it has to create a mechanism whereby the collective interests of the movement can actually be seen and pursued. And that requires resources.' At one point, he said, 'I disagree but I will not oppose.' And I thought, 'That is a very good perspective, because it's an experiment. Let's see how it goes.' And that's how it went.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)

Eventually, a team with a president and two vice-presidents was established. James Orbinski, a physician and member of MSF Canada was elected President for two years. Odysseas Boudouris, the President of MSF Greece and Morten Rostrup, the President of MSF Norway became Vice-Presidents.



Minutes from the MSF International Council Meeting, 28 June 1998 (in English).

Extract:

The September international council meeting decided to open the post of international president and to reconsider the job profile. Three people applied for the position: Odysseas Boudouris, Eric Goemaere, and James Orbinski. Eric later withdrew his application on Friday, 26 June.

Various questions remain in suspense, mainly in regard to three points:

- the acceptability of a co-opted international president;
- the salary;
- the job profile. [...]

Co-option

Attention was drawn to the decision made at the international council meetings in September and March allowing for the international council president to be co-opted during this exceptional phase in the evolution of MSF. Some members considered that this decision ran the risk of creating an undesirable precedent. Philippe also stressed that the French section is opposed to a co-opted president. As a majority voted in favour of opening the post to outsiders, this was finally accepted. Bart then proposed that the presidency should be composed of three people: James would be President while Odysseas and another person, still to be determined, would be vice-presidents. This solution, for a maximum period of two years, would allow the installation of a definitive structure for the international council (all members would be elected presidents). At the end of this period of transition an international council member should hold the presidency. This proposal seemed to be a good compromise in the sense that it would allow a rapid decision to be made. The members present considered it important, however, that absent members should be consulted on this proposal as well as on possible candidates for vice-president.

Only Philippe Biberson was opposed to the job profile proposed by Doris. He considered that the role of external representation and arbitration should be reduced. He also feared that providing a complete salary would increase bureaucracy and result in a considerable expense for a much lower added value. Marleen was of the opinion that providing a complete salary would guarantee satisfactory contact with the field.

The final proposal

Considering that not all international council members are presently elected section presidents, it was agreed to have a transition period of two years. During this period the president may be co-opted. As from July 1998 three people will assume the presidency: James Orbinski to be President of the international council and Odysseas Boudouris and another person, to be determined, as Vice-Presidents. The job profile prepared for the international council by Doris Schopper was accepted, but extended to include the whole 'presidential team.' This team should prepare a proposal for the international council on how it considers it should function. In order to preserve the principle of voluntary service, the president will not be paid a full-time salary only for this role. It was agreed that a significant part of his time would be used for the presidency, the remainder to be employed in research work for MSF and in field-level activities. The vice-presidents will not be salaried. The three people will be nominated for a 12-month mandate, at the end of which an evaluation will be made. The mandate may be renewed once and will have a maximum length of two years.



We really needed to find someone. That's when James Orbinski appeared. In fact, he was just a regular member of MSF Canada. The Dutch said to me, 'Go see him, talk to him. We think he's a really good guy.' At one point, the French wanted to propose a counter-candidate. Éric Goemaere, MSF Belgium's General Director, said, 'If they do that, I'm putting my name in.' Then, when he saw that James Orbinski was the only other candidate, he withdrew. In the end, Orbinski was elected. Most of the lobbying was done within the operational sections, which were, nonetheless, the heavy hitters. That was my last victory. I said to myself that I had to win because I could see that what they needed was someone who was above the whole melee. On one side, the French were saying, 'We need the international, otherwise things will be worse.' On the other, they saw it only as damage control, without ever really committing to it, without really participating in the spirit of collaboration within the international.

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998; MSF International Council President February 1994 - February 1995, September 1997 - June 1998 (in French)



I remember, at the end of the process, going around the table and getting every single person to say that they will support this experiment, and that they will allow the experiment to run and not obstruct the experiment. On that basis, I accepted the election.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)



We international council, we wanted to have a vice-president and then Odysseas Boudouris, the President of MSF Greece wanted to be vice-president. There were discussions and they said, 'Okay, we will have two vice-presidents,' and they asked me, I think because I was new; I didn't have any bad history with anyone. I became Vice-President of the MSF International Council, which was to be part of a type of group team around James, but also to replace him in certain circumstances. It was a new position and not really well defined.

Dr Morten Rostrup, MSF Norway President 1996- 2000, MSF International Vice-President 1998-2000 (in English)

c) Unsuccessful Proposal for an International Executive

In January 1998, Doris Schopper, the President of the IC and Jean-Marie Kindermans, the International Secretary General, provided the IC and the various sections' general assemblies, with a state of play for the internationalisation process. They also submitted a series of recommendations for reform of the executive that would actually implement the decisions taken in January 1997. Though it was considered visionary by many general assembly participants, MSF France leaders rejected it, thinking most of the reform was already done in January 1997.



'Next Steps Ahead,' **Memo** by Doris Schopper, MSF International Council President and Jean-Marie Kindermans, MSF International Secretary General, January 1998 (in English).

Extract:

Sharing a common operationality [sic]

More coherence in the field [...] In the future, heads of mission should have clearly defined decision-making powers. As was already decided in Chantilly, but never fully implemented, in each country of intervention, a single head of mission should be nominated to represent the whole of MSF. [...] The head of mission would answer formally to the group of directors of operations for all activities related to his/her status of international head of mission. With regard

to the activities he/she implements for a specific OC, he/she responds to the director of operations of that centre like any other coordinators present in the country. [...]

A single emergency response

There is general agreement that we need one unique approach in emergency situations. As described previously, the emergency team experience has been only partially successful, due to the fact that often the sectional logic prevails over the common interest, whether at headquarters or in the field. A truly international emergency team should thus be autonomous and independent of the administrative structure of the operational centres. [...]

The operational centres

[...] The decision as to the operational model to be adopted for a specific country, the nomination of the international head of mission and the number of OCs present in that country would be taken by the group of directors of operations. In case of disagreement, the director of the international office would have the casting vote as the only neutral member of the group of general directors. [...]

Technical support to operations

[...] Regarding medical/public health expertise and research, the direct support to field activities needs to be in close relationship with operations and should thus be located within each OC. Medical services could specialise in certain areas and be available to all OCs. [...] Each OC would have a logistics unit to provide ongoing support to operations in the field. Joint logistics policies and strategies would be developed on a yearly basis and adhered to. One person would be responsible for coordinating the logistic units; this could be one of the heads of the logistics units of the OCs, or a separate international coordinator. [...] The communications units of all sections should thus work under the coordination of an international communications director. [...]

Conclusion and recommendations

There is no time to be wasted! Once we have reached an agreement on the main tenants of the reform, its implementation must be rapid. Much frustration has been building up at almost all levels within the organisation over the past two years, and too much energy has been wasted on trying to harmonise our work without changing the heart, operations. There is a major risk that the 'new sections' will become increasingly impatient if they are not fully recognised as equal partners and given access to operations. This would lead to the development of more operational centres and an increase of 'nationalistic' attitudes within MSF as described earlier. On the other hand, those most plagued by the current situation – namely coordination teams in the capitals of the countries where we work, and mid-level management in the headquarters of the operational centres – will react to a highly unsatisfactory situation either by leaving the organisation, or by adopting negative, counterproductive attitudes in their work. People committed to MSF need to have a good sense of the objectives and ultimate goal of the functional and structural changes that are going to happen. They need to feel involved in this change process at their own level. They need to feel that this is not a painful process that will last forever, but that after a difficult transition period we will have gained strength, coherence and a structure that allows to develop

our common and our individual potential fully. The transition will be difficult. We should not pretend otherwise. It will be painful to abandon old schemes and habits, to accept loss of influence and power at the individual or group level, and to think in broad terms about MSF and *the populations it wants to help* in the first instance. But we should try to go through this process rapidly and gracefully, while at the same time not jeopardising the day-to-day work.



When Jean-Marie and I said to Philippe Biberson, 'It's time to reform MSF,' he said, 'What reform? I implemented the reform.' But to me, what had happened in January 1997 was only the start of a reform! So, Jean-Marie and I wrote a memo to try to show how we saw the next steps. We sent it to everyone so that it could first be discussed and validated at all of the sections' general assemblies. We thought it would at least motivate people to think about things. I was the International President again, for a year, so I went to lots of general assemblies, as well as to mini-general assemblies in the field. People responded enthusiastically everywhere. 'Finally, we have a vision!' There was momentum to grab hold of. But the French refused to send the memo to their field locations for the mini-general assemblies. They completely refused to discuss it. Some of the ideas in the memo were taken up and were implemented, but very long afterwards.

Dr Doris Schopper, MSF Switzerland President
1985-1987 then 1991-1998; MSF International
Council President, February 1994 - February 1995,
September 1997 - June 1998 (in French)



We quarrelled with Philippe about the memo that Doris and I wrote. He said, 'This isn't what we need.' But the proposals for joint representation were relevant. I was surprised. I didn't find his arguments very convincing. I didn't understand.

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

d) No New Operational Entities

Following the January 1997 International Council decision, MSF Greece, formally became a section of the MSF international movement, as would all former delegate offices. However, the international council did not grant Greece operational status, in keeping with its agreement against new operational sections. However, this did not prevent MSF Greece from continuing operations already underway. This created some confusion in the movement about the new international rules.

On 1 May 1997, the international council formally asked MSF Greece 'to provide evidence that it respects the MSF international rules and regulations of operational engagement.' If this evidence were not provided, the international council would consider excluding the Greek section from the movement.



Minutes from the MSF International Council Meeting,
1 May 1997 (in English).

Extract:

3) Operationality of sections

Following the last international council meeting, there were some discordant interpretations of the recommendations made, especially regarding operationality of sections, despite the fact that this has been discussed for a long time. This raised problems in the field as people did not understand the rules of the game, some of them saying they had radically changed. This happened specifically with the Greek section, especially in Palestine and Albania. This provoked several discussions between Greek representatives and several members of the restricted committee of the international council, before and after the statement was made by the executive committee, on its interpretation of the present rules. Therefore, the RC [Restricted Committee] makes two statements unanimously:

A. "Following the international council meeting of January and the six-point statement defining the structure and functioning of the international movement, the restricted committee of the international council has noted with concern that the statement has given rise to various interpretations, in particular on point no. 5 on operationality.

The RC wants to clarify the following:

a) The question of how all sections will "participate actively in the actions in favour of the populations in danger" could not be further developed at that stage and a commission was created to work on the issue. A first proposal on operationality will be prepared and discussed at the next meeting of the international council in September 1997. By March 1998, a new framework for operationality within MSF should be adopted.

b) Until a new decision is taken by the international council, all sections are bound to respect the current baseline principle, which was reaffirmed at the international council, that no new operational centre will be created. The operational centre has been recently defined by the executive committee as a centre where decisions can be made to open, close, or re-orient projects, and to install a head of mission (any head of mission answering to an operational centre). As of today, such operational centres exist in Amsterdam, Barcelona, Brussels, Geneva, Luxembourg, and Paris."

B.

a) "The international council is greatly preoccupied by the current actions of MSF Greek section because of:

- The creation of an operational satellite called MEDECO (a separate association using MSF funds and human resources and management);

- The development of autonomous operations in Albania and Palestine;

- The clear intention to be a de facto operational centre; and

- The disrespect of MSF international rules and regulations.

b) It should be recalled that until a new decision is made by the international council there will be no new operational centres. An operational centre is a centre where decisions can be made to open, close or re-orientate projects, and to install a head of mission. Today the Greek section is not an operational centre. The past and current agreement between the international council and the Greek section is that its operability is defined as follows:

- In emergency and crisis contexts (i.e. Albania and Palestine) operational input must be channelled through emergency team or one of the five⁴⁵ operational centres.

- In medium term contexts (i.e. Malawi and Georgia) operational input can take the form of Greek modules under the responsibility of one of the live operational centres.

It should also be noted that other new sections have sacrificed some of their national aspirations for the sake of internationalisation and conduct themselves within the rules and regulations.

c) Therefore, the international council requests MSF Greek section:

- To provide legal proof of the dissolution of MEDECO, and
- To provide evidence that it abides by the current rules for its operability to the international president of MSF by the 20 May 1997.

If such evidence is not provided by that date, the international president will ask the general assembly of the MSF Greek section to clearly position itself in or outside the international movement and consequently, he may propose to the international council that the Greek section be expelled." This second statement will be proposed for approval to every member of the international council. Each member of the international council is asked to respond quickly, in order to forward it, if approved before the end of next week, to the board of Directors of the Greek section.

In March 1998, the international council agreed on a framework for the partnership between MSF Greece and MSF Switzerland. MSF Greece abstained from the vote but embarked in the partnership set up process.



Minutes from the MSF International Council Meeting, 19 March 1998 (in English).

Extract:

The Greek section

Philippe Biberson presented a proposal to the international council on a possible framework for a contractual agreement between the Greek section and an existing operational

centre. Since the merging of MSF Belgium and MSF Luxembourg operational capacities, we have currently five operational centres and we decided not to exceed this number. After having denied the status of autonomous operational section in 1994, the Greek section of MSF is awaiting a solution. As a consequence, we have to accommodate MSF Greece into an operational centre. His proposal is made to integrate the operational capacity of MSF Greece into an operational centre. After discussion and amendments, the international council agreed on the following framework. [...] The partnership between the Greek section and one operational centre must abide by the following rules:

1. The aim of this partnership is an integration of all operational programme activities of both sections under one single operational direction based in one existing operational centre.

2. The operational partnership is exclusive, implying that the Greek section cannot enter into this type of partnership with more than one operational centre, that most of its financial resources devoted to operations will be attributed to projects managed by this common operational centre, and that there should be a privileged relationship between the two partner sections. However, all international MSF standards apply to both partners, and human resources should be shared with all operational centres. [...]

5. Accountability and delegation of power. The boards of each section remain fully autonomous with regard to national issues such as public relations, communication, private fundraising, recruitment, and internal management issues of headquarters. But, for issues related to the operational centre, they have to share responsibility (to avoid having two different bodies in charge of deciding, it has to be further defined by both partners how an 'OC board' can be constituted), in order to define and review:

- Annual operational plan and budget.
- Long-term operational policy and strategies, including human resources issues.
- Policy on project funding, in particular the proportional attribution of private versus institutional funds and the origin of institutional funds.
- Major political decisions, e.g. to leave a country/region for political and/or security reasons.

Both boards of both sections combine to nominate the general director and the operations director of the operational centre and delegate authority on daily operational matters to them. As a member of the executive group, the general director is accountable to the international council in addition to the board of the operational centre. The partnership between the Greek section and any one operational centre will be globally evaluated after one year. Amendments to the rules described above can only be made with the agreement of the international council or the restricted committee, after proposals by both sections. In case of failure of the partnership, it is the responsibility and right of the international council to decide about next steps within the overall framework of MSF operability. This proposal was approved by 13 votes, with three abstentions (out of which the president of the Greek section). Three members of the international council did not take part in the vote.

45. MSF Luxembourg's operations are integrated with those of MSF Belgium. So MSF Luxembourg is not considered an operational center.

3. A Step Forward for the 'Young Associations'

a) A Strengthened Associative

Until 1997, many former delegate offices/partner sections with no formal associative legal structure had developed a network of volunteers with activities aimed at recruitment and communication, rather than an actual associative life that would challenge the executive.

In January 1997, the international council decided that all the MSF entities should have an associative structure. In November 1998, the international council adopted a set of associative criteria. All of the prior informal networks strengthened efforts to build associative life. They progressively became the formal associations of the MSF new sections and their members given the right to elect board members.



Minutes from the MSF International Council Meeting, November 1998 (in English).

Extract:

Item 6: Associative Criteria

Tine Dusauchoit [MSF Belgium President] gave an overview of the history of this issue in previous international council meetings, and an explanation of the meaning and importance of the 'associative dimension' for the MSF movement (see the prepared reference report). The need for international harmonisation regarding the associative dimension of the movement was highlighted. A final set of associative criteria were presented, and after debate, the international council made some minor modifications, and these were adopted as follows:

1. The international council unanimously adopted the following associative criteria:
2. Each MSF section subscribes to the MSF charter and each section subscribes to the Chantilly text on MSF's identity and guiding principles.
3. Each section delegates authority to the MSF international council in its fields of responsibility.

Persons who accept the MSF charter and have demonstrated their commitment become, if they so wish, members of the MSF section(s) of their choice.

4. Through annual general assemblies, the members participate in decision-making.
5. Board members are elected by [association] members, during the general assembly. Subsequently, the president is elected. So as to ensure the cohesion of the international movement, the board cannot be homogeneously national.
6. The section ensures its anchoring in society.

The international council acknowledges that legal or cultural constraints may make it difficult or even impossible for a section to fully abide by these associative criteria.

If this is the case, the section concerned must explain its

particular situation to the international council, including how it will ensure that the overall principles behind the associative concept are still guaranteed. The international council will then decide if this particular situation is acceptable or not.



We needed a membership to vote for the board and have general assemblies and a structure and all of that. We gathered people for the board and various others that we would call 'friends' that heard about MSF and appeared to help us. There was a volunteer that came in and did our administration and another volunteer that did our accounting and another volunteer who was a lawyer who helped us with some legal issues. Other people, like major donors that gave us relatively large amount of money, became friends and members of the association, and of course the previous volunteers, and some family members of volunteers. We got quite a small group and that grew naturally.

Dr Peter Hakewill, MSF Australia Co-founder,
General Director 1993-1999 (in English)



It's not the spirit of MSF to be a foundation, so in 1997/1998 it became an association. They had seven seats on the board. All of them would have to be elected and there was only one chair that would be appointed. When I stepped down as Head of Office, they asked me if I would come in as that appointed board member.

Camilla Bredholt, MSF Denmark Co-founder and Head of Office 1993-1996, then Board of Directors Member 1996-2003 (in English)



In Great Britain, it's relatively rare, among charities, to have a genuine association, with people who vote. In the international movement, the associative aspect provided legitimacy because that's what Paris, which dominated the movement, promoted. All the others were considered somewhat as bastard children. We felt a little bit like second-class citizens. The MSF founding group in the UK was fairly timid in its efforts to develop the associative dimension. It's much less universal there than in France. So there really wasn't a taste for it. I didn't see how we were going to infuse a group that was formed by people who wanted to go out into the field with the associative spirit. People had very diverse motivations for wanting to join MSF, but they weren't necessarily associative in nature. We had been saying for a long time that you can't force this kind of commitment. We were going to create the structure and invite people, but we didn't want the office to manage them. Unless this was really going to have an impact on operations, it seemed somewhat false to us. People realised later that, in the end, MSF UK could have an associative life. First we created an association in legal terms, separate from the company, from

the charity. So, we had the 'Friends of MSF' on the one hand and MSF on the other.

Anne-Marie Huby, MSF UK General Director 1994-1999
(in French)



The associative structure was launched to maintain links with returning members from missions and involve them in communications events in their region. We developed communication kits to support them. Events were organised with the communications department in New York to maximise the impact of their return from the field. The idea was that the mission didn't stop when they came back from the field, but continued with their return home. We had to reimburse the cost of their travel to get them to the general assemblies, but we also had to organise 'high added-value' discussions, in keeping with the American participatory approach, to justify this travel.

Dr Juliette Fournot, MSF USA Board Member
1989-2001 (in French)



At the start, we created a sort of intermediate structure to show the French that it was possible to create an associative structure (they had to be shown). We called it the 'return volunteer network.' It was the outline of an association; that is to say, it looked just like that, except that the room was perhaps a bit smaller because there weren't so many people. But it was exactly the same idea. For us, the associative structure, what people do, it's what they do on a daily basis during the 360 days of the year when they're not at the general assembly. And contrary to the European associative model, where people participate only two days per year, in the US, it's year-round. As soon as we found someone who was able to express him/herself clearly, we gave them a whole itinerary of meetings to attend. Whenever we received a request for someone to speak publicly in their home state, we would ask that person if he or she would go. And they were all willing. So we really used the associative structure to build recruitment. And then, it wasn't just our initiative. They organised events themselves at their university. There was a very clear demand. People were completely committed to the international idea of the movement. Everyone who joined Médecins Sans Frontières did so because they didn't want to be part of the US Red Cross or the American Refugee Committee. They were drawn by this international project. Ultimately, we were in the spirit of the times. This globalised humanitarian effort was the only visible activity of its kind in New York and in the US. We brought it to life, but that was thanks to the volunteers who were involved and insisted on it. They were even more militant than the French in terms of Médecins Sans Frontières' independence relative to USA power and USA money. In my view, this was really one of the factors that allowed the MSF movement, overall, to finally accept the notion that, 'Yes, we can have an associative structure in all countries.' And in fact, if the USA

were 'dangerously associative,' there would've been negative consequences for the association.

Joëlle Tanguy, MSF USA General Director 1994-2001
(in French)

They also developed links with other partner sections, mostly to exchange ideas regarding specific topics such as fundraising and on topics regarding the movement.



Minutes from the Meeting of Non-operational Sections in Lillehammer (Norway), 5 March 1998 (in English).

Extract:

Purpose and focus of the meeting

For the first time in several years, MSF non-operational offices, or 'new sections' decided to meet to take stock of the recent developments within MSF, review the reform document by Doris Schopper and Jean-Marie Kindermans, and make practical proposals for improving and speeding up 'internationalisation.' There was a surprising degree of consensus among new sections, not only on issues of organisational charts and structures, but also on matters of principle (which operational and ethical principles should guide MSF's work, financial independence, etc.). We also agreed on one crucial point: structural and managerial solutions ARE NOT the only answer to MSF's problems; a clear, common sense of direction and a principled operational strategy are far more important.

However...

There was also an overwhelming sense that MSF could no longer avoid tackling and solving its *highly irrational* and wasteful structure, which is one of the main causes of MSF's current loss of operational (and some even said *ethical*) direction. This is why some of our main conclusions inevitably focus on structural reform, and a more accountable and effective system of decision-making in operations and advocacy. Our recommendations are not at all perfect or technically fool-proof. We simply hope that they will serve to highlight the profound malaise that is felt in all the offices at the 'periphery' of MSF, and to contribute to real and meaningful change.



These meetings, such as Lillehammer, were an opportunity to discuss our common problems, options, and possibilities, and to bring greater creativity to the international board. At that time, we had an international structure that was not standardised or institutionalised in a way that required very confining or bureaucratic decisions. Our work involved building, in the intellectual and operational sense. We were looking for agreement and were trying to invent the means of the future. We had diverse models. Holland managed its partner sections very differently from France. We

didn't want to create a kind of union. On the contrary – our message was universal and non-hierarchical. I think that Médecins Sans Frontières would not have disseminated its humanitarian values nearly as widely – if at all – at that time, if we had not created this international network.

Joëlle Tanguy, MSF USA General Director 1994-2001
(in French)



Even so, the non-operational sections talked a lot among each other. At MSF, that was a matter, as always, of personalities. It depended a little on the issues. If it had to do with communications, it was primarily between London and New York. If it dealt with recruitment, there were other alliances.

Anne-Marie Huby, MSF UK General Director 1994-1999
(in French)

b) Agreement on Brand Issue

Questions emerged in the early nineties regarding the translation of Médecins Sans Frontières into English, and of using the section name with the MSF logo. These issues became more acute as the partner sections' roles strengthened.



Minutes from the MSF International Council Meeting, 11 October 1990 (in French).

Extract:

***Name:** MSF International, instead of MSF Europe, because 'Europe' has political and cultural connotations and is too restrictive. MSF International, with national offices. The distinction among the sections in the MSF International logo can be preserved by using small letters below that.

***English name:**

Important

- Name should not be too long
- Avoid a literal translation
- Proposal for the English name: 'Doctors without Borders'
- The various communications departments should standardise the house style

Conclusions

1. Name: MSF International
2. English name: Doctors without Borders
3. Press conference after the January 1991 international board meeting



Minutes from the MSF International Council Meeting, 15 November 1990 (in French).

Extract:

1) Updates and corrections to the minutes from the 11-12 October 1990 international council meeting [...]

6. Page 8: [...] We may need two series of logos in a country where there are multiple European missions;

- A MSF International logo (to emphasise the common MSF identity)
- A MSF International logo that specifies the country sponsoring the mission (for functional reasons)!

Decision by common agreement that the respective communications and operations departments should address this issue.



Letter from Peter Hakewill, MSF Representative in Australia to Rony Brauman MSF France President, 11 January 1993 (in French).

Extract:

This is not, of course, an urgent matter but I have a proposal regarding the English translation of 'Médecins Sans Frontières,' with regard to both documents and the names that the MSF regional offices adopt in English-speaking countries. Typically, no translation [is needed]. The MSF acronym is recognised around the world. If you want to see the name plainly, then the French term 'Médecins Sans Frontières' is fine. Unlike Romance languages, English is filled with foreign (and, particularly, French) neologisms and we'll get used to it. I've known MSF for 19 years now and have been looking for an equally brilliant English translation since that time. I don't think it exists. However, if we want a translation, I suggest, 'Doctors Beyond Borders,' with the acronym remaining [MSF]. It's sounds pretty good and it also has meaning and conveys energy. The typical translation, 'Doctors Without Borders,' is meaningless in English. It's stupid. And what's more, it doesn't have an appealing ring and it's cumbersome. You can never manage to say it without stuttering in the other person's face. Every time I see it written, I want to crawl in a hole. It's as bad as the original French is good.



Minutes from the MSF International Council Meeting, 21 June 1994 (in English).

Extract:

Alain proposed the following regulation for the delegate offices: "The preference is for the exclusive use of the name 'Médecins Sans Frontières.' If 'Médecins Sans Frontières' cannot be used on its own, the two names ('Médecins Sans Frontières' and the local translation) must be used conjointly, in the order that is judged the most suitable by each delegate office.

All the sections, except MSF Holland, agreed to this proposal. Jacques pointed out that it is difficult to always follow this

rule in Germany. There is a willingness to associate the name 'Médecins Sans Frontières' with 'Ärzte ohne Grenzen,' but it is not always realistic to use the two names together, especially in regard to the public at large. Jacques considers that the international council cannot impose the use of both names on all the delegate offices. Based on experience in the US, Bernard thinks that it is important to always use the two names together so as not to encourage the national name. The more the national name is used, the more difficult it becomes to use the international name. Each and every communications effort represents an occasion for pointing out the link with the international organisation. However, this does not exclude the use of the national name in the media. At the conclusion of the discussion, there remained disagreement between MSF Holland and the other sections. MSF Holland agreed, however, to promote the use of the name 'Médecins Sans Frontières.'

Decision: The international council strongly recommends that the delegate offices use the name 'Médecins Sans Frontières' on its own wherever possible. Where it is not possible, it recommends the use of the two names conjointly ('Médecins Sans Frontières' and the local translation). However, exceptions (use of the local translation exclusively) are accepted.



Letter from the Director of Communications of MSF France to the MSF International Office, 29 June 1994 (in French).

Extract:

Given the major issues confronting our fine organisation, the use of the logo may seem petty. However, when reading the minutes from the International Board meeting, I find MSF Holland's difficulty over the use of the logo referring to 'international' to be unacceptable. And the international board's decision is a spineless consensus. The 'preference' and, subsequently, the recommendation to use both names simultaneously, is so vague that it creates inaccuracy. Where is the consistency of the international movement? Where is its identity? Clearly, this is a detail, but I think it's extremely revealing of the difficulties associated with building an international communications approach based on a common minimum.

The issue of translating the name was particularly acute in English speaking sections, which had not agreed on a solution. MSF USA argued that in the United States, people would not adhere to a cause with a French name they did not understand. They wanted to be able to use Doctors Without Borders, though this was not considered an accurate translation of Médecins Sans Frontières. On the contrary, MSF UK argued that in the UK, the French name Médecins Sans Frontières gives a strong identity to the organisation and therefore, was an asset to

attract supporters. For years, each section camped on its positions while the issue was raised in other non-French speaking countries. On several occasions, decisions were made but never applied.



Letter from the International Office to the Coordinators, 24 October 1994 (in English).

Extract:

Section Rules: In April 1994, the international council decided to take the opportunity to promote the name 'MEDECINS SANS FRONTIERES' to a maximum when introducing the new logotype.

1. The international council recommends using the logotype with 'Medecins Sans Frontieres' written in French.
2. Mailings to the general public: either the same as usual or the name written in the local language only.

Field Rules:

1. For all sections, except MSF Spain, the logotype with the text 'MEDECINS SANS FRONTIERES' (in French).
2. For MSF Spain the text should read 'MEDICOS SIN FRONTERAS.'
3. Exceptions to points 1 and 2
Graphic element + 'MEDECINS SANS FRONTIERES' and the local translation (if possible, in the same font) for reasons of recognition, comprehension, or security.

Delegate Office Rules:

1. Normal usage. The text reads:
 - 'MEDECINS SANS FRONTIERES' in French + underneath
 - 'MEDECINS SANS FRONTIERES' in the local language in the same size characters
2. Mailings to the general public: either the same as usual (cf. point 1) or the name in the local language only (should be an exception).

Restrictions: It is forbidden to change the colours or the typography as it would destroy the cohesion of the MSF logotype and its international recognition. In the graphic charter, you will find a few examples.

Basic Principles

- The fonts specially designed for the logotype and those chosen for the stationary cannot be replaced by any other fonts whatsoever.
- A special version of the logotype has been designed for when the graphic is used exceptionally without the heading.
- It is then obligatory to use this logotype.
- When the logotype is used in one language only, the heading is always written on two lines with the word 'Medecins' on its own on the first line. The proportions between the graphic element and its heading are precise and should always be respected.
- When the logotype is used in more than one language, each language is written on one line. Each line is separated by a red line in the colour version and a black line in the monochrome version. The proportions between the graphic element, the headings and the separating line are precise and must be respected.
- When the logotype is on a dark-coloured background (monochrome or photographic) the graphic element is always

outlined in white. The title, depending on the background, is either black 100% or white as desired.



When I first joined, MSF was already surprisingly well known and attracting quite a bit of media attention.

But there were also problems – essentially branding issues. One day you'd see an article in the papers about 'Medecins Without Frontiers' and the next day it would be 'Doctors Without Borders,' or even 'Physicians Without Lines.' There were all kinds of concoctions! So, we clearly needed to rethink our brand image in the United States and introduce the concept of 'Doctors without Borders.' Unlike in the UK, the French version just didn't work in the States for a number of reasons. Some of these reasons were unacceptable in Paris, where they were busy promoting the 'French Doctors' image. Meanwhile, in the States, Médecins sans Frontières quickly became the 'American Doctors.' In fact, it became even more than that. It became the 'Global Doctors.'

Joëlle Tanguy, MSF USA General Director 1994-2001
(in French)



After some research, we realised that it's the name that gives a cause its 'appeal.' And in a British cultural context, a French name is sexy. When people are at a trendy meal with their friends and say they support 'Médecins sans Frontières' [with a British accent], it's much sexier than saying 'Doctors without Borders' [with a French accent]! We got advice from Bill Marlowe who had done a lot work on the branding issues for a number of very British consumer goods. He used to tell us, "If you translate Médecins Sans Frontières into English, it's going to lose its character!" At the time, our strongest support came from a very specific demographic group made up of people who thought that being European was classy and interesting, that it made them stand out. Whereas in the United States, the democrats, even the very rich ones, wanted to be able to pronounce the name in English. There was quite a lot of argument about it, especially between Joëlle Tanguy and me, we just couldn't agree. Today, it would only take us five minutes, but at the time it all got very heated! I went to New York with Bill to try and persuade them to keep the French name to no avail. I then tried for a compromise, suggesting everyone use the acronym MSF, and that was the idea that won the day. But it was also a form of elitism, as you really need to know what MSF means. It was a bit of a shaky solution.

Anne-Marie Huby, MSF International Press Officer
1991-1993; MSF UK General Director 1994-1999
(in French)



The fact of having a name as well as a translation was already a bit difficult to manage. We tried outlawing the use of 'Doctors without Borders,' but

had to give up on that one. The Americans always used it, but not officially. They couldn't pronounce Médecins Sans Frontières. Joëlle Tanguy fought tooth and nail to use 'Doctors without Borders,' but in the end it was no. Anne-Marie Huby took the opposite view. There was a certain amount of tolerance, but we sometimes saw articles where we wondered how on earth people could tell it was the same organisation. 'Doctors without Borders' had really taken root, but so had MSF. So, people didn't see the connection and thought they were two different organisations. We finally agreed to use Médecins Sans Frontières and the local translation. So it's 'Médecins sans Frontières/Doctors without Borders,' under the logo.

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




The name issue came to a head in 1998 after the movement had been through its second mutation and all the entities had become sections. The sections were all 'equal,' but no one really understood what that meant politically. So, power relations started to revolve around symbolism again, especially linguistic identity. It was really a debate about MSF's identity, about 'principles' versus 'effective marketing.' Joëlle Tanguy's position was, 'You want money? Let us communicate using Doctors without Borders because we can't raise funds with a French name that the journalists can't even pronounce.' The issue was crucial because there was a danger of people thinking there were two different organisations. So how could we ensure a single identity, our uniqueness? What is Médecins Sans Frontières? It's an organisation born in a specific place, in a specific context, with specific thinkers and a language that is a marker of its identity. Yet, if we follow Joëlle's reasoning, which was 'if you want money, you'll get it, but give me autonomy,' legitimacy [that she put forward] is based purely on financial criteria. In the United Kingdom, however, Anne-Marie Huby approached things from a completely different angle: 'We represent a movement, an organisation which has a name and a history, and our work is not to make it easier to raise funds, but to make people understand what this organisation is about.' Enhancing an identity can be a winning strategy when it comes to fundraising. Fundraisers know only too well that to make money, you need a really strong identity and image. You shouldn't start by watering down your image. So, this argument brought us full circle: the image, logo, and brand mustn't be weakened if you want a strong fundraising tool. That's why we decided on 'MSF,' which is easy to pronounce, relatively well understood and with reasonably clear associations. It was a major turning point because the language issue could really have scuppered everything.

Françoise Bouchet-Saulnier, MSF Legal Advisor then
Director from 1991 (in French)

D. ABOUT THE PROPER USE OF SPEAKING OUT (1999-2000)

1. The Nobel Peace Prize (1999)

On 15 October 1999, the media announced the Nobel Committee's decision to award the Nobel Peace Prize to MSF 'in recognition of the organisation's pioneering humanitarian work on several continents.' 



'Doctor's Group of Volunteers Awarded Nobel,' **The New York Times** (USA), 16 October 1999 (in English).

Extract:

Doctors Without Borders, which sends medical personnel to some of the most destitute and dangerous parts of the world and encourages them not only to save lives, but also to condemn the injustices they see, was awarded the Nobel Peace Prize today. Founded here in 1971 as Medecins Sans Frontieres by a band of French doctors disillusioned with the neutrality of the Red Cross, the volunteer group now has more than 2,000 personnel who are treating the wounded, the sick and the starving in 80 countries, including 20 war zones. Over the years, the group has been expelled from several countries for denouncing what it saw as wrong. In 1985, it was banned from Ethiopia for saying the Government had diverted aid and forced migration. In late 1995, the group withdrew from Zaire and Tanzania and denounced the operation of the refugee camps, because, it said, the camps were being controlled by Hutu leaders, who had been responsible for the genocide in neighboring Rwanda. In recognizing the work of the organization, the Norwegian Nobel Committee highlighted the willingness to send volunteers quickly to scenes of disaster, regardless of the politics of a situation. And it praised the group for drawing the world's attention to the causes of catastrophes, which "helps to form bodies of public opinion opposed to violations and abuses of power." "In critical situations marked by violence and brutality, the humanitarian world of Doctors Without Borders enables the organization to create openings for contacts between the opposed parties," the citation said. "At the same time, each fearless and self-sacrificing helper shows each victim a human face, stands for respect for that person's dignity, and is a source of hope for peace and reconciliation."

For the MSF leaders who, for several years, had given up any hope to get the Nobel Peace Prize this award came out of the blue.



That day I was sitting with Bernard Pécoul in a meeting in Paris and my phone rang, it was Geir Lundestad, Chair of the Nobel committee, and he said I'm pleased to tell you that MSF has been awarded the Nobel Peace Prize. I said, 'Give me your phone number, I will call you back.' I called Delphine, the MSF International Office Assistant, and asked her to check the phone number, because we had been pranked before. She called me back and said yes that's the Nobel Committee. I called them back and they said, we are going to make the announcement in 15 minutes.' I went to the bathroom, sat, and I thought, 'This is happening. What are we going to do?' The rest is history. The press was there in 15 minutes. As I was in Paris, Philippe Biberson and I went to his office and we talked for a few minutes.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)



James Orbinski [MSF International Council President] was in Paris for a meeting and it was great that he was around. I remember I was in my office with Jean-Hervé [Bradol, MSF France Director of Operations] and Karim [Laouabdia, MSF France General director] when I saw hordes of journalists arriving on their motorbikes, brandishing their microphones. Jean-Hervé said to me, 'You know, [Jean-Paul] Sartre⁴⁶ turned down the Nobel Prize!' I replied, 'Yeah, right, any other ideas? What other options have we got?' People were knocking on my door, there was a huge commotion going on outside, with the journalists getting really worked up. We were in a bit of a panic; we could see the proportions this thing was going to take. We were trying to decide how to accept it but we'd been caught completely on the hop. My head was empty. Like always, when you're caught off-guard, you're thinking, 'It's no good, I'm not ready.' In the end, we got Rony [Brauman, President of MSF France from 1982 to 1994] on the phone and he said, 'It's great, it's fantastic,' and what have you. So, we emerged from the office saying, 'It's great, it's fantastic,' and took it from there. There were journalists everywhere and I spent the whole day on my scooter going from one TV or radio station to another.

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



Ever since I first arrived at the international office in 1995, we'd been preparing a press release just in case. Then, in 1997 or 1998, I said: 'That's it. I've had enough, no more of that.' And that same day I was out of the office in a meeting when I got a phone call from someone saying, 'There's someone from the Nobel Commission on the line for you.' My reaction was, 'Stop messing around!', and I put the phone down. In fact, it had been the secretary of

46. The French writer and philosopher Jean Paul Sartre refused the Nobel Prize for Literature in 1964.

the Nobel Commission calling me on the morning of the announcement to tell me we had won the Nobel Prize and I wasn't even there! In earlier years, that would never have happened. I was really caught short. I hadn't prepared anything to say! My communication wasn't up to par that day. But anyway, nobody cared. They don't listen to what you say on the day, anyway. They just want to hear you say how pleased you are.

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

The movement initiated a reflection on the meaning of the award and on the best use of this prize. Questions about the ceremony arose. Some in the French section argued that the historical importance of their section should be reflected. Ultimately, the international council decided that the international dimension of the movement should prevail in both form and content and that the prize money would be used to bolster the access campaign to essential medicines, which had just been launched.



Minutes from the MSF France's Board of Directors Meeting, 29 October 1999 (in French).

Extract:

Philippe Biberson [président] proposes a debate on our winning the Nobel Prize in order to hear everyone's reactions and comments and discuss the best use to make of the prize money and the pitfalls to avoid. [...]

Philippe Biberson: As luck would have it, there was an international meeting going on in Paris that day about the [access to essential] medicines campaign. James Orbinski (President of MSF's International Council) and Samantha Bolton (International Communication) were both there. So, we made the most of the coincidence to be really 'international' in our response to the Nobel Prize announcement. We were not at all prepared. [...]. We did ask ourselves what the Nobel Prize had to do with MSF, what could it bring to the MSF project and, if we were to accept it, in what spirit would we do so? We did consider saying no. But MSF isn't Jean-Paul Sartre, and we decided we could probably find ways of using this prize intelligently. Because thousands of anonymous and not so anonymous people who will benefit from the recognition it brings and it wasn't up to us to take that away from them. [...] So, we all more or less agree on the fact that we should use it for something really symbolic, so there's no way the million dollars will simply be paid into the MSF kitty. One of the ideas we've had is to use it for the medicines campaign, for access to medicines in underprivileged countries. It's a real issue for the missions, it's an international project, which has unanimous support from all the MSF sections, and it's also something people will remember. And, with this kind

of money we could really do something worthwhile on this project, make some serious advances. [...]

Marc [Gastellu-Etchegorry, Director of MSF France Medical Department]: What will be remembered of the Nobel Prize is the speech. That's what we need to start working on now. Our stance must be perfectly clear, deliberately provocative to show them we're not part of their military-political complex.



Minutes from the MSF Belgium's Board of Directors Meeting, 5 November 1999 (in French).

Extract:

7. Nobel Prize

Alex [Parisel, General Director] sums up: James [Orbinski, MSF International Council President] is in charge of preparations (speech, attendance, etc.) for the award ceremony on 10 December in Oslo. Each MSF section can send a quota of people to represent MSF (total of 60). We need the right balance between voluntary workers, volunteers, national staff, former MSF staff, and so on. In terms of our communication strategy, we are clear on the fact that we won't be using this prize to make money. At the operational level, winning the prize doesn't reduce the number of challenges and issues we're faced with. In fact, it draws attention to the right to intervene, which – in a way – we have now come to symbolise. Yet some of the countries we work in or want to work in are not particularly in favour of this right. So, we shouldn't stress this point too much. At MSF Belgium, we want to encourage a tripartite collaboration with GRIP (Group for Research and Information on Peace and Security) (impact of light weapons on civilians) and the International Peace Information Service (diamond trade) in order to conduct research on links between humanitarian aid, the military, and failing states (Kosovo, Timor...). And we would like the general manager and coordinators to be able to hear people like [David] Rieff, [Noam] Chomski talk at a major conference that would make the whole humanitarian aid sector reflect on the roles NGOs now have to play. Internally, MSF Holland is going to launch a Nobel magazine called 'One Shot.' We would like to see it launched internationally. The other sections are interested. The money from the prize should be used to finance a high-profile project on a specific subject, such as forgotten conflicts [...]



Minutes from the MSF Belgium's Board of Directors Meeting, 19 November 1999 (in French).

Extract:

A. 1. What does receiving the prize mean for MSF, why have we got it, do we deserve it?

For James, we deserve this prize. The Nobel Committee is known for its independence and other candidates were perhaps too 'controversial.' As for the theory that we were

chosen to avoid any diplomatic friction with China⁴⁷, the committee made its decision at the end of September, before this kind of issue arose. The Nobel Peace Prize: are we a peace organisation? For James, we can't change the world, but we can attempt to bring a bit of humanity to situations where human dignity is not respected: to 'relieve suffering.' But we're not peace workers; we don't try to bring about reconciliation. Humanitarian aid is not a panacea. There are situations in which we can't take action. Nor are we a substitute for political action. So, it's important to define our limits. By awarding us this prize, the Nobel committee may have wanted to mark the end of this century in the same way it marked its beginning, when it awarded it to H. Dunant, by re-launching a concept of independent, civilian humanitarian aid, but in a much-changed context. [...]

A.2. Dangers of accepting this prize

Fear that the Nobel Prize will 'go to our heads' or institutionalise us even further (Marc). For James, there is indeed a danger, and also a paradox here: we are being 'Nobelised' because we show non-respect for everything that puts populations in danger and we are outraged by non-respect for human dignity, yet the Nobel Committee is the most respected committee in the world. We have suddenly become respectable because we show non-respect. We must be careful to stay faithful to who we are and not allow this recognition to change us. If we are aware of the dangers, we should be able to avoid them. This prize can only make us stronger, give us more voice, more credibility. [...]

A.3. Challenges [...]

This event must serve as a catalyst for reinventing ourselves, analysing the hypotheses and paradigms that drive us, and ensuring they are still adapted to the world we live in today a world, which is constantly changing. What we do is good, but we could do is better. [...] To this, James replies that there may still be many shortcomings and much left to be done, but there is more coherence and sharing than there used to be. The international levels work well, with the operations directors and the general directors. James is optimistic that if we continue along the same lines, the other entities will follow.



Minutes from the MSF France's Board of Directors Meeting, 19 November 1999 (in French).

Extract:

Philippe Biberson [President]: We've spent the last month talking to the other sections, James Orbinski (President of the International Council), the International Office in Brussels, and the Nobel Committee about how best to represent MSF at the award ceremony. Most people here, in the French section, would like to see MSF France feature prominently, given the organisation's history and the important role played by Paris in MSF's construction. We have let it be known that we would like to be there, either when the prize is awarded or

(especially) for the speech. There hasn't really been any direct discussion on the subject, but there is general consensus on the medal being received by someone from the field, a representative of our volunteers, and for the speech to be made by the President of the International council, James Orbinski. I met with James a few times to work on the idea of making the speech together, but apparently this arrangement didn't suit some sections, or the Nobel Committee. This point wasn't settled until mid-November when I decided to settle it myself, voluntarily, by accepting the consensus that had emerged. I felt it was about time to start focusing on the content rather than the form. I will therefore be part of the small delegation (James Orbinski, Jean-Marie Kindermans, Samantha Bolton, Eric Stobbaerts, and me) who will have more significant and specific contact with the officials and the press than the other representatives. [...] Each member of the Board and people from the floor then gave their opinion on the practical and symbolic issues surrounding the choice of speaker, the content of the speech [...]

Denis Pingaud [MSF France Director of Communication]:

Form matters here. With this choice of speaker, we're seeing a shift in legitimacy. The French section is the most legitimate because of our history, and our legitimacy is being swept aside to follow a kind of bureaucratic logic that I find demagogic. I'm sorry we're not fighting harder for our rightful place and I'm worried that the form we've adopted will also affect the substance of the speech, that it'll lose its provocative edge.

Philippe Biberson: I don't want this board to think it can tell the other sections what to do. I know that's not François and Denis' intention, but we all know that's how the other sections will see it. In my view, there are hundreds of other much more effective ways of getting our ideas across: the Nobel isn't the opportunity we're looking for. I think your resentment is due to living in the past. We can't just forget all the work done by the other sections. If we follow your way of thinking, we might as well ask Kouchner, Emmanuelli, and crew to give the speech. For all these reasons, I won't support these challenges to an international consensus [...]

Decision in Brief: Philippe refuses to turn the question of MSF's representation in Oslo into a legitimacy issue. The choice of representatives (James Orbinski and a volunteer) provides a solution that he and most people at MSF see as dignified, symbolic – both of the primacy of the field and of the non-national nature of the movement – and honourable. However, in light of fears about a lukewarm consensus, Philippe proposes that we react by producing a text that is a true reflection of the ideas the organisation holds dear.



Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:

Item 3: The Nobel Peace Prize

On October 15, 1999, it was announced that MSF had won the Nobel Peace Prize. The award ceremony will take place

47. Wei Jing Seng and Wang Dan, two Chinese dissidents were also nominated for the Nobel Peace Prize in 1999.

on 10 December 1999. Discussion centred on themes and issues to be addressed in the Nobel speech, how MSF will be represented at the ceremony, and how the Nobel Prize money should be spent. The international office is coordinating all Nobel activities and representation in Oslo. Field persons, national staff, representatives from the various headquarters, board presidents, and key historical figures will make up the MSF delegation to Oslo. The current list was reviewed, and in principle endorsed. Pascal Meeus [MSF Belgium President] wanted it noted for the record that the delegation should represent primarily field volunteers and national staff, and that, as it stands now, it has too many people from boards and headquarters. Marie-Eve Ragueneau will receive the Nobel Peace Prize on behalf of the MSF movement, and James Orbinski will give the Nobel speech. James Orbinski has consulted widely in the movement and has established an informal committee to define themes for the speech.



Some people suggested that, because MSF was originally a French organisation, the prize should have been awarded to MSF France. But Rony [Brauman, MSF France President] and I didn't think that way, it was the rank and file. They thought that the Nobel Prize had been earned by Rony's generation. It's true. We had been on the list for a long time because Claude Malhuret [former member of MSF management team] had been lobbying hard to take us down that road. I think it was because of the attitude, the philosophy developed back then, and that year's media exposure that we got the Nobel Prize. But it was important not to personify the event. It was good that nobody hogged the limelight.

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




There was some turmoil around the French wanting to be the ones doing the speech. Passions were what they are. It was just very clear that it just wouldn't happen because, for the rest of the movement, there was no way. Quite rightly, MSF, is a movement. It was one of the ideas that emerged in these moments.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)



There were these discussions: Should the International President receive this prize and give the lecture or should it be the French one, Philippe Biberson? Would it be naturally because MSF was created in France? But, by that time the international [movement] was pretty strong. There was no way that the international [movement] would have let a national president do it.

Dr Morten Rostrup, MSF Norway President 1996-2000,
(in English)

On 10 December at the Oslo City Hall, Dr Marie-Eve Ragueneau, a MSF volunteer from the field, accepted the Nobel Peace Prize medal in the name of MSF. James Orbinski, the International Council President, read the acceptance speech, which started by a MSF call to the Russian Ambassador in Norway for the Russian army to stop the indiscriminate bombing of civilians in Grozny. In the room, the MSF people were wearing tee shirts with the word Grozny written in bloody letters. Later on, a group of MSFers, wearing the same tee shirts rallied in front of the Russian Embassy with members of Amnesty International and reiterated their call. MSF wanted to use this opportunity to advocate and not simply accept the prize, in the spirit of the organisation. 



Nobel Lecture by James Orbinski, MSF International Council President, 10 December 1999 (in English).

Your Majesties, Your Royal Highness, Members of the Norwegian Nobel Committee, Excellencies, Ladies and Gentlemen:

The people of Chechnya, and the people of Grozny, today and for more than three months, are enduring indiscriminate bombing by the Russian army. For them, humanitarian assistance is virtually unknown. It is the sick, the old, and the infirm who cannot escape Grozny. While the dignity of people in crisis is so central to the honor you give today, what you acknowledge in us is our particular response to it. I appeal here today to his Excellency the Ambassador of Russia and through him, to President Yeltsin, to stop the bombing of defenseless civilians in Chechnya. If conflicts and wars are an affair of the state, violations of humanitarian law, war crimes, and crimes against humanity apply to all of us. [...]

The honor you give us today could so easily go to so many organizations, or worthy individuals, who struggle in their own society. But clearly, you have made a choice to recognize MSF. We began formally in 1971 as a group of French doctors and journalists, who decided to make themselves available to assist. This meant sometimes a rejection of the practices of states that directly assault the dignity of people. Silence has long been confused with neutrality, and has been presented as a necessary condition for humanitarian action. From its beginning, MSF was created in opposition to this assumption. We are not sure that words can always save lives, but we know that silence can certainly kill. Over our 28 years we have been, and are today, firmly and irrevocably committed to this ethic of refusal. This is the proud genesis of our identity, and today we struggle as an imperfect movement, but strong in thousands of volunteers and national staff, and with millions of donors who support both financially and morally, the project that is MSF. This honor is shared with all who in one way or another, have struggled and do struggle every day to make live the fragile reality that is MSF.

Humanitarianism occurs where the political has failed or is in crisis. We act not to assume political responsibility, but firstly to relieve the inhuman suffering of failure. The act must be

free of political influence, and the political must recognize its responsibility to ensure that the humanitarian can exist. Humanitarian action requires a framework in which to act. In conflict, this framework is international humanitarian law. It establishes rights for victims and humanitarian organisations and fixes the responsibility of states to ensure respect of these rights and to sanction their violation as war crimes. Today this framework is clearly dysfunctional. Access to victims of conflict is often refused. Humanitarian assistance is even used as a tool of war by belligerents. And more seriously, we are seeing the militarisation of humanitarian action by the international community. In this dysfunction, we will speak-out to push the political to assume its inescapable responsibility. Humanitarianism is not a tool to end war or to create peace. It is a citizen's response to political failure. It is an immediate, short-term act that cannot erase the long-term necessity of political responsibility. [...]

The 1992 crimes against humanity in Bosnia-Herzegovina. The 1994 genocide in Rwanda. The 1997 massacres in Zaire. The 1999 actual attacks on civilians in Chechnya. These cannot be masked by terms like 'Complex Humanitarian Emergency,' or 'Internal Security Crisis.' Or, by any other such euphemism, as though they are some random, politically undetermined event. Language is determinant. It frames the problem and defines response, rights, and therefore responsibilities. It defines whether a medical or humanitarian response is adequate. And it defines whether a political response is inadequate. No one calls a rape a complex gynecologic emergency. A rape is a rape just as a genocide is a genocide. And both are a crime.

The work that MSF chooses does not occur in a vacuum, but in a social order that both includes and excludes, that both affirms and denies, and that both protects and attacks.

Today, a growing injustice confronts us. More than 90% of all death and suffering from infectious diseases occurs in the developing world. Some of the reasons that people die from diseases like AIDS, TB, Sleeping Sickness and other tropical diseases is that life saving essential medicines are either too expensive, are not available because they are not seen as financially viable, or because there is virtually no new research and development for priority tropical diseases. This market failure is our next challenge. The challenge however, is not ours alone. It is also for governments, international governmental institutions, the pharmaceutical industry, and other NGOs to confront this injustice. What we, as a civil society movement demand is change, not charity.

We affirm the independence of the humanitarian from the political, but this is not to polarize the 'good' NGO against 'bad' governments, or the 'virtue' of civil society against the 'vice' of political power. Such a polemic is false and dangerous. As with slavery and welfare rights, history has shown that humanitarian preoccupations born in civil society have gained influence until they reach the political agenda. But these convergences should not mask the distinctions that exist between the political and the humanitarian. Humanitarian action takes place in the short term, for limited groups and for

limited objectives. This is at the same time, both its strength and its limitation. The political can only be conceived in the long term, which itself is the movement of societies. Humanitarian action is by definition universal, or it is not. Humanitarian responsibility has no frontiers. Wherever in the world there is manifest distress, the humanitarian by vocation must respond. By contrast, the political knows borders, and where crisis occurs, political response will vary because historical relations, balance of power, and the interests of one or the other must be considered. The time and space of the humanitarian are not those of the political. These vary in opposing ways, and this is another way to locate the founding principles of humanitarian action: the refusal of all forms of problem solving through sacrifice of the weak and vulnerable. No victim can be intentionally discriminated against, OR neglected to the advantage of another. One life today cannot be measured by its value tomorrow: and the relief of suffering 'here,' cannot legitimize the abandoning of relief 'over there.' The limitation of means naturally must mean the making of choice, but the context and the constraints of action do not alter the fundamentals of this humanitarian vision. It is a vision that by definition must ignore political choices.

Today there is a confusion and inherent ambiguity in the development of so-called 'military humanitarian operations.' We must reaffirm with vigor and clarity, the principle of an independent civilian humanitarianism. And we must criticize those interventions called 'military-humanitarian.' Humanitarian action exists only to preserve life, not to eliminate it. Our weapons are our transparency, the clarity of our intentions, as much as our medicines and our surgical instruments. Our weapons cannot be fighter jets and tanks, even if sometimes we think their use may respond to a necessity. We are not the same, we cannot be seen to be the same, and we cannot be made to be the same. Concretely, this is why we refused any funding from NATO member states for our work in Kosovo. And this is why we were critical then and are critical now of the humanitarian discourse of NATO. It is also why on the ground, we can work side by side with the presence of armed forces, but certainly not under their authority.

The debate on the 'droit d'ingérence,' [right of interference] the right of state intervention for so-called humanitarian purposes, is further evidence of this ambiguity. It seeks to put at the level of the humanitarian, the political question of the abuse of power, and to seek a humanitarian legitimacy for a security action through military means. When one mixes the humanitarian with the need for public security, then one inevitably tars the humanitarian with the security brush. It must be recalled that the UN charter obliges states to intervene sometimes by force to stop threats to international peace and security. There is no need, and indeed a danger, in using a humanitarian justification for this. In Helsinki this weekend, governments will sit down to establish the makings of a European army, but to be available for humanitarian purposes. We appeal to governments to go no further down this path of dangerous ambiguity. But we also encourage states to seek ways to enforce public security

so that international humanitarian and human rights law can be respected.

Humanitarian action comes with limitations. It cannot be a substitute for political action. In Rwanda, early in the genocide, MSF spoke out to the world to demand that genocide be stopped by the use of force. And, so did the Red Cross. It was however, a cry that met with institutional paralysis; with acquiescence to self-interest, and with a denial of political responsibility to stop a crime that was 'never again' to go unchallenged. The genocide was over before the UN Operation Turquoise was launched. [...] There are limits to humanitarianism. No doctor can stop a genocide. No humanitarian can stop ethnic cleansing, just as no humanitarian can make war. And no humanitarian can make peace. These are political responsibilities, not humanitarian imperatives. Let me say this very clearly: the humanitarian act is the most apolitical of all acts, but if its actions and its morality are taken seriously, it has the most profound of political implications. And the fight against impunity is one of these implications.

This is exactly what has been affirmed with the creation of the international criminal courts for both the Former Yugoslavia and Rwanda. It is also what has been affirmed with the adoption of statutes for an International Criminal Court. These are significant steps. But today on the 51th anniversary of the Universal Declaration of Human Rights, the court does not yet exist, and the principles have only been ratified by three states in the last year. At this rate it will take 20 years before the court comes into being. Must we wait this long? Whatever the political costs of creating justice for states, MSF can and will testify that the human costs of impunity are impossible to bear. Only states can impose respect for humanitarian law and that effort cannot be purely symbolic. Srebrenica was apparently a safe haven in which we were present. The UN was also present. It said it would protect. It had Blue Helmets on the ground. And the UN stood silent and present, as the people of Srebrenica were massacred. After the deadly attempts of UN intervention in Former Yugoslavia and Rwanda, which led to the death of thousands.

MSF objects to the principle of military intervention, which does not stipulate clear frameworks of responsibility and transparency. MSF does not want military forces to show that they can put up refugee tents faster than NGOs. Armies should be at the service of governments and policies, which seek to protect the rights of victims. If UN military operations are to protect civilian populations in the future, going beyond the "mea culpa" excuses of the Secretary General over Srebrenica and Rwanda, there must be a reform of peacekeeping operations in the UN. Member States of the Security Council must be held publicly accountable for the decisions that they do or do not vote for. Their right to veto should be regulated. Member States should be bound to ensure that adequate means are made available to implement the decisions they take.

It is not only about rules of right conduct and technical performance. It is at first an ethic framed in a morality. The moral intention of the humanitarian act must be confronted with its actual result. And it is here, where any form of moral neutrality about what is good, must be rejected. The result can be the use of the humanitarian in 1985 to support forced migration in Ethiopia, or the use in 1996 of the humanitarian to support a genocidal regime in the refugee camps of Goma. Abstention is sometimes necessary so that the humanitarian is not used against a population in crisis. More recently, in North Korea, we were the first independent humanitarian organization to gain access in 1995. However, we chose to leave in the fall of 1998. Why? Because we came to the conclusion that our assistance could NOT be given freely and independent of political influence, from the state authorities. We found that the most vulnerable were likely to remain so, as food aid is used to support a system that in the first instance, creates vulnerability and starvation among millions. Our humanitarian action must be given independently, with a freedom to assess, to deliver, and to monitor assistance so that the most vulnerable are assisted first. Aid must not mask the causes of suffering, and it cannot be simply an internal or foreign policy tool that creates rather than counters human suffering. If this is the case, we must confront the dilemma and consider abstention as the least of bad options. As MSF, we constantly call into question the limits and ambiguities of humanitarian action, particularly when it submits in silence to the interests of states and armed forces. [...]

Independent humanitarianism is a daily struggle to assist and protect. In the vast majority of our projects it is played out away from the media spotlight, and away from the attention of the politically powerful. It is lived most deeply, most intimately in the daily grind of forgotten war and forgotten crisis. Numerous peoples of Africa literally agonise in a continent rich in natural resources and culture. Hundreds of thousands of our contemporaries are forced to leave their lands and their family to search for work, food, to educate their children, and to stay alive. Men and women risk their lives to embark on clandestine journeys only to end up in a hellish immigration detention centre, or barely surviving on the periphery of our so-called civilized world. Our volunteers and staff live and work among people whose dignity is violated every day. These volunteers choose freely to use their liberty to make the world a more bearable place. Despite grand debates on world order, the act of humanitarianism comes down to one thing: individual human beings reaching out to their counterparts who find themselves in the most difficult circumstances. One bandage at a time, one suture at a time, one vaccination at a time. And, uniquely for Médecins Sans Frontières, working in around 80 countries, over 20 of which are in conflict, telling the world what they have seen. All this in the hope that the cycles of violence and destruction will not continue endlessly.

As we accept this extraordinary honor, we want again to thank the Nobel Committee for its affirmation of the right to humanitarian assistance around the globe. For its affirmation of the road MSF has chosen to take: to remain outspoken,

passionate, and deeply committed to its core principles of volunteerism, impartiality, and its belief that every person deserves both medical assistance and the recognition of his or her humanity. We would like to take this opportunity to state our deepest appreciation to the volunteers and national staff who have made these ambitious ideals a concrete reality.



Initially, a group of five or six people was formed to write the speech. But five people can't write one text; it's just not possible. In the end, Françoise [Bouchet-Saulnier] wrote a lot of it and James added his own stories, the bit about Rwanda. We wanted to ask him not to include that part, but we had to go along with it. I went to see the representative of the Nobel Committee and said, 'I'm sorry, we're a bit disorganised.' And he said, 'Don't worry, last year it was the Palestinians and the Israelis! With you there are zero problems!' Even going into a room and standing in front of the Russian ambassador wearing 'Stop bombing Grozny' tee-shirts, our way of being rebellious, was not a problem for them. And all that went a long way towards legitimising the office of international president. Since then, nobody has ever been heard to say, 'No, we don't need a permanent President.'

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



There are many dimensions to that story of the speech being finalised during the night. For me, it was very important that we have broad consultation and that a lot of people have an opportunity to participate. So, that went on for many weeks; there were several drafts that we were working with. At the end of the day, we finished it the night before. The other thing that isn't well known in the collective memory of MSF is that, in fact, the speech was lost. I gave a floppy disk to Samantha Bolton [MSF International Communication Officer] to print at 4 am. First of all, her computer crashed and we had to get somebody in who could re-install the software at 4 am. Norwegian software - it was impossible to do. In the process of doing that, somehow the disk had been erased. I was asleep. Samantha pounded on my door weeping! Everybody panicking. I just took my computer, I took the garbage pail, which had all these printed versions, drafts, notes, and I had a working draft, it wasn't completely lost. I literally locked myself in the bathroom and just did it. We printed it out and got it to the Nobel committee so they could give it to translators. And then I had a version, where I put in all these little notes, when to pause, and that was that. The idea of appealing to the Russians came very much around the last day or so. We needed something to really anchor it in the reality of that moment. The actual war in Chechnya at that time was a huge issue inside MSF, and yet it was so difficult to find the right opportunity, the right communication strategy on it.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)

2. The Campaign for Access to Essential Medicines

The Nobel Peace Prize money was given to the MSF Campaign for Access to Essential Medicines, which was launched at the same time. Actually, one of the first events of this campaign was underway in Paris, when MSF was informed about winning the Nobel Peace Prize.



Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:

Item 3: The Nobel Peace Prize

A vote was held on where the Nobel Peace Prize money should go. Eric Vreede presented a number of options, based on a canvassing of the movement conducted in the last month [...]. After extensive discussion, it was agreed that the prize money should be used for a practical purpose that has symbolic significance. The international council voted in favour of allocating the prize money to the MSF Drug Campaign. The Drug Campaign Steering Committee is to decide on the terms of reference for use of the money. The number of votes for: 15; against: 1 (MSF *****); abstentions: 1 (MSF *****)⁴⁸. The number of absent international council members: 1 (MSF Australia).

The resolution was adopted.

This project was initiated after several years of investigation.

The Access Campaign was started in the mid-nineties because MSF operational leaders realised that it was too difficult for medical teams in the field to get adequate drugs to treat the patients. More and more drugs had become ineffective and had not been replaced with new ones. Initially the Access Campaign had four objectives: restart research and development for tropical diseases and related areas; make new drugs and vaccines affordable for disadvantaged populations; ensure the production and commercialisation of targeted orphan drugs; and humanise the World Trade Organisation (WTO) and the trade-related aspects of intellectual property rights, which was an agreement between all the members of the WTO.

The Campaign was fully endorsed by the international council in November 1998. An international committee, composed of operational section representatives, and an internationally autonomous team were created to run the project. This was one of the first completely international projects to be funded by the MSF movement.



48. The names of these sections were not mentioned in the minutes of this MSF International Council meeting.



Minutes from the MSF International Council Meeting, November 1998 (in English).

Extract:

Item 1: Drug Campaign

Bernard Pecoul presented an overview of the planned MSF Drug Campaign [...] The three-year campaign is to focus on a pragmatic approach to improving access to essential drugs with a view to bridging the growing health gap for populations in danger. This gap is now exacerbated by globalised market forces and trade agreements. These threaten to reduce further the availability and economic viability of old, new, and orphan drugs deemed essential for public health, particularly in developing countries. The campaign will use an active *temoignage* strategy around at least 20 MSF field-based demonstration projects for a selection of priority diseases. The primary goals of the campaign are to:

- 1) Restart research and development for tropical diseases and related areas;
- 2) Make new drugs and vaccines affordable for disadvantaged populations;
- 3) Ensure the production and commercialisation of targeted existing orphan drugs; and
- 4) To humanise the World Trade Organization and Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreements. The campaign will target the worldwide general public, international health, trade and funding institutions, governments, the private sector, and the medical and scientific community.

Given:

- a) MSF's independence from governments and institutions,
 - b) The fact that it has over 400 projects in the field with over 1,000 permanent field volunteers working with populations in danger, and
 - c) Its ability to speak out using its worldwide network,
- the campaign was seen by the international council as an ideal expression of the principles, values and purpose of the MSF movement. The potential benefits of the campaign, its eventual political and *temoignage* implications as well as the risks for MSF as a whole were discussed.

The international council endorsed the campaign fully. It noted that, as a campaign, it represents a new approach for MSF; that for MSF the strength and the fragility of the campaign lies in the fact that it is rooted in field-based projects, and that as long as culturally specific approaches to ethical questions are used, most of the potential risks to the campaign itself, and to MSF can be minimised and managed. The international council gave a full and strong endorsement to the campaign, and noted further that it is an example of the kind of project the MSF movement should develop and implement in the future.



With 15 years of MSF behind me and rather good relations with all sections, there wasn't much of a challenge when I presented the campaign to the international council in 1998, but rather it was seen as a unifying element. James [Orbinski, President of the MSF

International Council] was immediately seduced by the campaign.

Dr Bernard Pecoul, MSF France General Director 1991-1997, MSF Access Campaign Director 1999-2003, DNDI General Director 2003 onwards (in French)



The launch of the access campaign was a wonderful time. I experienced this with euphoria because there was so much stimulation and debate. All the people who had worked in the field, especially in the Great Lakes region of Central Africa, knew that there were many cases of AIDS among refugees. This frustration has been channelled into this campaign project and I think it helped Bernard a lot.

Dr Anamaria Bulatovic, MSF USA - Member of the Board of Directors 1997-2000, President 2000-2002 (in French)



The access campaign came at a time when the movement was at a certain kind of maturity and readiness, but also in the world, there were certain issues that were emergent. There was this kind of convergence of MSF's abilities, its focus on the campaign, and then what was happening in the world: the WTO, the UN, this kind of expectation that multi-lateralism had responsibilities, that it wasn't just about high politics at the multilateral level, but that it's about human beings, that these institutions have responsibilities and that the law as it is, for example, intellectual property rights, this matters. It doesn't just matter to corporations, it matters to R and D, to individual people and the kind of access to medicines that they will or will not get. So there was this kind of convergence, multilateral readiness, MSF's exploration of these issues, its clear commitment, the presence of many other NGOs that had varying levels of expertise, and the world was ripe for a campaign, and MSF was the right vehicle to really advance it.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)

3. The Temoignage Case Binder/ Speaking Out Case Studies Series⁴⁹

In March 1998, the International Council recognised the need to complete the Chantilly paper on 'témoignage' and the code of conduct, and to 'build a live memory' of the MSF experience.

In November 1998, the international council acknowledged that MSF's approach to témoignage could not be defined in purely instrumental terms, that 'the debate on témoignage in principle, must be removed from the heat of current témoignage issues' and that there was a need to 'develop a better institutional memory' on this issue. A commission was tasked to oversee the creation of a Témoignage Case Binder project.



Minutes from the MSF International Council Meeting, 19 March 1998 (in English).

Extract:

4) Further work on témoignage

It was decided and recalled during the Restricted Committee meeting that there is a need for a complementary text to the Chantilly paper and to the recently revised code of conduct for témoignage. P[hilippe] Biberson [MSF France President] was in charge of presenting a framework accordingly, but he could not do it. He added that unfortunately, there was no summary of the témoignage workshop organised in Brussels. There was an agreement in the meeting to reaffirm the necessity to build a live memory by writing on [about] our experience. This could be done by describing some typical situations for MSF, show how MSF reacted in terms of assistance and 'témoignage,' and give our perception of what happened. This would be useful for the field teams and in training sessions.



Minutes from the MSF International Council Meeting, 6 November 1998 (in English).

Extract:

Témoignage

James Orbinski [MSF International Council President] briefly reviewed the importance of témoignage for the MSF movement and highlighted the importance on following through on previous IC commitments to this issue. A discussion and clearer formulation of objectives followed. The IC [International Council] strongly reaffirms that témoignage for 'populations in danger' is central to the identity, principles, values and purpose of the MSF

movement. It also recognises that each context varies too much to create strict guidelines for témoignage, and that MSF's approach to témoignage cannot be defined in purely instrumental terms. The exact nature of témoignage action in a particular circumstance is often contentious. The broader debate on témoignage needs to be taken out of "the heat of current témoignage issues" so that we can learn from past témoignage experiences, and develop better institutional memory on this core MSF activity.

To this end, the IC mandates a commission to oversee the preparation of a Case Binder of Témoignage over the next year. The Témoignage Case Book will be primarily for internal use. It will emphasise témoignage as a core activity of the MSF movement, will focus on lessons learned, and will serve as a source of institutional memory for the movement. Both internal and external sources will be used to chronicle témoignage milestones in the MSF movement. These can include for example MSF témoignage actions in Cambodia, Kurdistan, Somalia, Rwanda, Zaire, Afghanistan, and North Korea.

The challenge of 1) témoignage in non-emergency situations, and the new challenges of addressing our independence 2) relative to field-based co-ordination with other actors and 3) to NGO coalitions around issues of common concern will also be addressed in the Témoignage Case Book.

The Témoignage Case Book will be managed by a single coordinator under the supervision of the Executive Committee, which will be overseen by the IC Commission composed of four IC members who will monitor the progress of work. Those IC members who volunteered and were accepted are James Orbinski, Fiona Terry [MSF Australia], Jens Shillingsoe [MSF Holland] and Phillipe Biberson [MSF France]. The commission will have the responsibility of ensuring that the Case Book reflects appropriate representation and input from across the MSF Movement, including particularly from the operational centres. Joelle Tanguy [MSF USA General Director], who has made a commitment in the past to the Case Book, reaffirmed this commitment and will also contribute. The Témoignage Case Book will be prepared for final presentation at the November 1999 IC meeting, with progress reports to the interval RC [restricted committee] and IC meetings.

In November 1999, the international council selected MSF representatives with experience and expertise to compose the Témoignage Case Binder Editorial Committee⁵⁰. They were to serve 'intuitu personae' and not to represent the MSF entity they were linked to.

Laurence Binet was nominated as coordinator of the project, in charge of researching and writing the studies. The MSF France Foundation was tasked with the administration of the project.

In June 2000, the Editorial Committee proposed a criteria

49. TCB was later changed to 'MSF Speaking Out Case Studies' in the late 2000s (SOCS)

50. Françoise Bouchet-Saulnier, Michiel Hofman, and Fiona Terry. Later on, the Editorial Committee was enlarged by co-optation. The International Secretary General and a representative of the IB serve ex-officio.

list to identify cases to study. The main criteria was that cases should address crisis where speaking out posed a dilemma for MSF⁵¹.

The scope of projects, the singularity of each study, and the time estimated to conduct rigorous and proper research of cases were largely underestimated.

Thus plan to have the whole case binder published for the 30th anniversary of MSF in 2001 was unrealistic and eventually abandoned.

Nevertheless it remained an international project at the highest level which would be developed in the coming decade as an in depth research project. In 2013, it was posted on <http://speakingout.msf.org/en>, thus publicly accessible.



Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:

Update on IC Commissions on Finance and Témoignage
Work on the 'Témoignage Case Binder' [project] has started. The editorial committee is made up of Françoise [Bouchet-] Saulnier, Fiona Terry, and Michiel Hofman. Laurence Binet has been hired to write the Case Binder. The Foundation [of MSF France] is responsible for administering the project. Fiona Terry has resigned from the IC [International Council] Commission to join the editorial committee. A replacement will be sought. The role of the IC Commission now is to mediate and decide in the case of an irresolvable dispute in the editorial committee. The Finance Commission, in consultation with the Executive Committee and the Financial Directors, defined a TOR [terms of reference], and hired a consultant. Data gathering has started, and will be presented for discussion at the June 2000 IC meeting in Paris.



Minutes from the MSF International Council Meeting, 10 June 2000 (in English).

Extract:

Témoignage Case Binder

Fiona Terry made an update on the Témoignage Case Binder.

The aim of the Témoignage Case Binder is to document missions where MSF engaged in Témoignage, as well as creating an institutional memory. It is to show dilemmas MSF faced throughout its history and highlight the results of Témoignage within each context. A list of criteria 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 Case Binder 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 [Belgium] and MSF F [France]
Liberia 1993	Access denied, & témoignage reached the highest level of the UN
Bosnia 1993	Example of the dilemma of denouncing v. operationality [maintaining operations]
Rwanda 1994	MSF B [Belgium] declared a situation of genocide
North Korea 1998	Pull out

The process has now reached interview level throughout the different sections. The Témoignage Case binder 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.



It was about going through MSF History, case by case, going in detail to show what was the debate going on within the movement, within the sections, between the field and the headquarters at the very moment that choices had to be made. So it was decided to go for a sort of chronological presentation, each day after each day, cross-referencing the information and the documentation to make sure that we were as close as possible to what was really happening and not to what was said later on.

Françoise Bouchet-Saulnier, MSF Legal advisor then Director from 1991, member of the Témoignage Case Binder/ MSF Speaking Out Case Studies Series Editorial Committee from 2000 (in French)

51. This first list was refined as the project moved forward.

IV. A STORY OF EXCLUSION (1999-2000)

A. THE KOSOVO ISSUE⁵² (1999)

At the end of March 1999, as the war in Kosovo was already raging in the region for a year, NATO launched an airstrike campaign against Serbian forces in Yugoslavia. On 30 March, MSF Belgium, the only MSF section based both in Serbia and Kosovo, withdrew its teams but kept in touch with national staff in Belgrade and tried to get visas for an MSF team to enter Serbia, in vain.

According to March 1998 international council's decision, the MSF Switzerland/MSF Greece common operational center (COC) was managed by a common operational director, under the responsibility of the MSF Switzerland General director, and both MSF Switzerland and MSF Greece boards.

In late March 1999, MSF Greece President Odysseas Boudouris⁵³ and the MSF Greece board expressed their wish to James Orbinski, the MSF International Council President that MSF Greece be involved in the MSF operations in the Balkans's region. On 2 April, Orbinski confirmed that MSF Greece's expatriates were already involved in various MSF operations in the Balkans and that active efforts were currently made to get visas and re - enter the area via Belgrade or surrounding regions. He reminded that there was "a clear, transparent and effective system of co-ordination for the movement in dealing with the crisis." He highlighted that "all sections are deeply aware of the need to remain focused on our humanitarian objectives and to avoid these being used by any party to the conflict for their own political purposes."



Letter from James Orbinski, MSF International Council President, 2 April 1999 in 'Fact Finding Mission Regarding the MSF Greece Mission to FRY and the Breakdown of the MSF Greek-Swiss Common Operational Centre Agreement,' **Report** by Stephan Oberreit and Morten Rostrup, presented to the MSF International Council, 11 to 13 June 1999 (in English).

Extract:

Dear AC [administrative Council /Board of Directors] of MSF Greece: Firstly, thank you for your letter of March 31, which I received this morning [...]. In your letter you rightly identify that the crisis underway in the Balkans is of major humanitarian and political significance, and that an effective and co-ordinated response is required of MSF at an international level. You also say that it is necessary to define without delay a clear procedure for the co-ordination of the different sections of MSF in the area of Kosovo. Finally, you say that it is necessary for the Greek Section, which is de facto implicated in this crisis to have an active role. This concerns the circulation of information, funding and most of all the engagement of expatriates. A clear procedure for the co-ordination of the different sections of MSF is in place, and has been in place for over one week. At this time MSF Belgium, Holland and France are active in Albania, Macedonia and Montenegro with exploratory missions and operational activities. In Kosovo proper, there is an active effort to re-enter via either Belgrade or surrounding regions. MSF Switzerland is co-ordinating daily teleconferences among all operational centres (which have been taking place daily for over one week. and which will continue). MSF Spain is today preparing a draft analysis regarding a possible public position that MSF can or should take regarding the ongoing humanitarian issues and crisis. This will be reviewed by all Operations Directors and General Directors when ready, and an appropriate decision made. Finally, there is a daily report of both the teleconference and joint situation report going to all offices of the MSF movement, including MSF Greece. Teams on the ground are also sharing information, resources and expatriates. Thus, there is at this time a clear, transparent and effective system of co-ordination for the movement in dealing with the crisis.

Regarding MSF Greece and its need to have an active role: I spoke with Odysseus Boudouris (President of MSF Greece) on

52. For a detailed account see *Violence against the Kosovar Albanians, NATO Intervention 1998-1999*, in MSF Speaking Out Case Studies, Laurence Binet: <http://www.speakingout.msf.org>

53. Odysseas Boudouris declined to be interviewed unless he would be allowed to respond to any comment of other interviewee about his action. The editorial committee decided that the conditions of production of the study did not allow that privilege to be granted.

Sunday March 28, on Monday March 29, and on Wednesday March 31 to review MSF Greece's perceptions. I discussed these with various section Presidents, General Directors and Operational Directors. At this time MSF Greece has an active role with three expatriates working with MSF Belgium in Albania, and two expatriates who are today conducting an exploratory mission in Skopje under the auspices of MSF Holland. All sections of MSF- as a humanitarian movement- are de facto implicated in this crisis. All sections in the movement are looking for ways to place both private and institutional funds that are available to them. As well, all sections are deeply aware of the need to remain focused on our humanitarian objectives and to avoid these being used by any party to the conflict for their own political purposes. This is, as always a difficult challenge. I trust that this letter adequately addresses the questions that you raise. I am available anytime to discuss these or any other issue further. [...] Sincerely, James Orbinski President, MSF International Council

According to Thierry Durand, Operational Director for the Greek-Swiss common operational centre (COC), it was on April 19 or 20, 1999 MSF Greece President, Odysseas Boudouris told him, during a telephone conversation, of his section's decision to launch an exploratory mission in Kosovo and Serbia. MSF Greece had contacts via the Greek Orthodox Church and with the Serbian Red Cross – at the time the wife of Slobodan Milosevic⁵⁴, the president of Serbia was the president of the Serbian Red Cross – via the Greek government.

When Durand refused to assume the operational responsibility, the president of MSF Greece offered to make it an 'observer mission' by members of the MSF Greece Board of Directors.

The following day, Durand informed him of his decision to give up his responsibilities as Operations Director for MSF Greece. Boudouris claims that he didn't learn of his resignation until 22 April 1999.



'Fact Finding Mission Regarding the MSF Greece Mission to FRY and the Breakdown of the MSF Greek-Swiss Common Operational Centre Agreement,' **Report** by Stephan Oberreit and Morten Rostrup presented to the MSF International Council, 11 to 13 June 1999 (in English).

Extract:

18-19/4 (?): [...] T. Durand [MSF Swiss/Greece operational director] recalls talking on the phone with O. Boudouris

54. Slobodan Milosevic, president of Serbia then of the Former Republic of Yugoslavia, from 1989 to 2000, was charged by the International Criminal Tribunal for the former Yugoslavia (ICTY) with war crimes including genocide and crimes against humanity in connection to the wars in Bosnia, Croatia, and Kosovo. His trial, ended without a verdict when he died in his prison cell in The Hague on 11 March 2006.

[MSF Greece president] who told him of the Greek Board decision to go to Kosovo. As T. Durand refuses this option, O. Boudouris proposes 'an observatory mission' done by members of the Greek Board.

20-21/4: T. Durand recalls announcing to O. Boudouris his decision of resigning as O[perational] D[irector] of Athens. [...]

21/4: T. Durand announces at the Geneva Directors committee that he no longer is O[perational] D[irector] of MSF G[reece]. [...]

22/4 evening: O. Boudouris recalls calling T. Durand about the Program Manager position in Athens. It's during this discussion that he recalls being told by T. Durand of his resignation.

26/4: letter of O. Boudouris to T. Durand

Acknowledges and accepts the resignation. He does not find in the letter the reasons for the time chosen for it and the immediate character of it. He asks if there are any other reasons.

On 21 April 1999, Vincent Faber, General Director of the Swiss section, proposed to launch an international exploratory mission in Serbia and Kosovo to his counterparts in the other sections. He suggested that it be carried out by a team from the Swiss section, and include Greek volunteers.

On 22 April 1999, the executive directors of the MSF operational sections decided to launch an international exploratory mission in Kosovo and Serbia. Since MSF Belgium had received an invitation for five people to go to Belgrade, the operations directors from the Belgian and Swiss sections decided to get visas using this route. That same day, the general director of MSF Switzerland informed the president of MSF Greece, by telephone, of the decision to launch the international exploratory mission; the latter claims that he did not learn of it until early May.



'Fact Finding Mission Regarding the MSF Greece Mission to Former Republic of Yugoslavia and the Breakdown of the MSF Greek-Swiss Common Operational Centre Agreement,' **Report** presented to the MSF International Council, 11 to 13 June 1999 (in English).

Extract:

22/4: Executive Committee (Ex-Com) meeting (GD of the 5 operational centres and not 20 as written in the minutes). Extract of the minutes: An exploratory mission will try to go inside Kosovo under the Geneva operational centre. This mission will include Swiss and Greek volunteers, and will not be the beginning of a mission or distribution (no equipment for the exploratory mission). MSF will be ready to explain that there is no humanitarian space in

case of this likely outcome of the mission. The Brussels operational centre will try to return to Belgrade with the objective of: renewing contacts with the Serb society, in order not to isolate the Serb population which could lead to more nationalism and radicalisation; getting a better understanding of the situation; possibly have operation for Serb population (not of great magnitude) in Serbia; monitor events in Kosovo. [...] The Geneva/Greek partnership is in a bad way, as T. Durand has resigned from his position as Operations Director of Athens. This will be discussed apart and will be transmitted to the I.C.

22/4 18h30: V. Faber [MSF Switzerland general director] (from Brussels airport) calls O. Boudouris to inform him of the Ex-Com decision concerning an explo mission to Kosovo.

On 23 April, Thierry Durand, operational director of the Swiss/Greek common operational center sent his letter of resignation to the presidents of MSF Suisse and MSF Greece.



Letter from Thierry Durand, Director of Operations of MSF Switzerland to the Presidents of MSF Switzerland and Greece, 23 April 1999 (in French).

Extract:

Dear Olivier [Dechevrens, MSF Switzerland President] and Odysseas Boudouris, [MSF Greece President],
After long and difficult deliberation informed by a year's work on the feasibility of locating part of the operations for which I assume responsibility in Athens, I owe it to myself and to Médecins Sans Frontières to admit that this mission is impossible and immediately relinquish the responsibilities entrusted to me.



Odysseas [Boudouris, MSF Greece President] called me one evening and said: 'the Board of Directors had a discussion and we decided to go to Pristina. So that you won't have any problems, to circumvent the criteria, we're going to organise this operation as a Board of Directors mission and not an operations department mission under the supervision of the operations director.' He told me that they had contacts via the Greek Orthodox Church and with the Serbian Red Cross – at the time Milosevic's wife was the president of the Serbian Red Cross – via the Greek government. I asked him if they had contacts with the Yugoslav embassy and he told me that they had met with them. That evening, he told me about a number of steps that they had secretly taken over the past eight or ten days. That was completely crazy. They had lied to me and now they were asking for my support! I told him that it wasn't possible, that I had to think about it. I talked to Doris [Schopper] former President of MSF Switzerland and a member of the Board of Directors. The next day, I reluctantly resigned; giving reasons other than these

[as described above] because I couldn't prove what he had told me. In fact, with this resignation, I was trying to slow down and reveal this independent process that they had started. At least if they were setting it in motion, no one should have covered for them. My resignation did slow them down a bit but they still went ahead. By resigning, I took away the president of MSF Greece's opportunity to use me to calculate, to fabricate a position based on my arguments. He was forced to make his intentions clear, to show his true face. For months, we had been trying to get visas from Federation of Serbia and Montenegro embassies in Paris, Brussels, Geneva and other cities. We were all watching each other. There was probably the Belgian-French dispute, but there was also a lot of mutual distrust: "Careful, you're going to collaborate with the bastards! Did you really pay attention to this or that? What guarantees do you have?" When you constantly question people like that, you end up not accomplishing anything at all. In any case, we weren't real crazy about going there. If we had had visas, maybe we would have tried. Then, undoubtedly in Pristina, assuming we could even get there, we would have realized that we were being manipulated. We weren't fools.

Thierry Durand, MSF Switzerland/MSF Greece
Operational Centre Operational Director, in Violence
against the Kosovar Albanians, NATO Intervention 1998-
1999 in MSF Speaking Out Case Studies (in French)

On 5 May, Nikos Kemos, MSF Greece general director announced that MSF Greece board had created an emergency committee, that named a new operations director, and began requesting visas for an exploratory mission in Kosovo and Serbia.

On 6 May 1999, in a letter to its counterparts of the other sections, the general director asked that the MSF international bodies make a decision regarding the continuation of the common operational center.

For him the appointment of a self-proclaimed operational director in Athens was breaking the rules set up by the international council in March 1998 regarding the operational activities of MSF Greece.



Email from Nikos Kemos, MSF Greece General Director to all MSF General Directors, 5 May 1999 (in English) (edited).

Extract:

Dear all,
I would like to inform you that given Thierry Durand's resignation, Dr Dimitris Richter (Member of our Board of Directors) will be our new Director of Operations. It's the second time that Dr Richter has taken responsibility for leading the operations department of MSF Greece (he was first in the position from 1994-1995) and he has already been in the field several times.



Email from Vincent Faber, MSF Switzerland General Director to all MSF General Directors, 6 May 1999 (in English) (edited).

Extract:

As a matter of clarification, the appointment of a self-proclaimed operational director in Athens is clearly and explicitly opposed by Geneva, as it is de facto a unilateral breach in the resolutions taken in 1998 by the international council defining the common operational centre. It is no secret that the common operational centre is going through a severe crisis. Geneva has made a clear proposal to MSF Greece to try to solve the situation and to maintain the existence of the common operational centre. It will be up to MSF Greece to accept or refuse the proposal. In the latter case, MSF's international bodies will have to make a decision. In the meantime, we in MSF Switzerland cannot and do not accept the unilateral decisions of MSF Greece, and we deny any legitimacy to the role given to Dimitris Richter. We hope that the whole movement will refrain from accepting the validity of this appointment until the situation is clarified.

On 6 May 1999, James Orbinski, the MSF International Council President spoke twice over the phone with Odysseas Boudouris, the President of MSF Greece who was leading the MSF Greece exploratory team, who was at the time, already in Skopje, Macedonia. According to Orbinski, Boudouris agreed to put a hold to the exploratory mission. He also agreed that MSF Greece would apply for visas for MSF international expatriates that would be added to the exploratory team. The results of these discussions were secured in a letter sent by email immediately by Orbinski to Boudouris and to the general director of MSF Greece.

In this letter, Orbinski stated that MSF Greece's actions contravened the "spirit and character of the MSF movement" and the "existing MSF International Council resolutions that govern the operational activities of MSF Greece". He asked MSF Greece to "stop immediately all unilateral exploratory missions [...] in Kosovo and in any other location " and to choose between two options : "accept the proposal for operational management prepared by MSF Switzerland or ask the international council to revisit how MSF Greece operational interests are incorporated into the MSF movement. He warned that if MSF Greece did not comply with this request, "the most severe of sanctions by the MSF movement would have to be considered."

However, on 7 May 1999, the MSF Greece's exploratory team composed of five Greek volunteers entered Yugoslavia, via Macedonia without approval of the international council. They brought 18 tons of supplies which they dropped to the Pristina hospital without any prior assessment.



'Email from James Orbinski, MSF International Council President to MSF Greece President and General Director,' 6 May 1999 (in English).

Extract:

By telephone this afternoon I discussed the issues outlined in this letter with Odysseas, who is in Skopje, Macedonia. I was informed yesterday that following the resignation of Thierry Durand and despite the assumption of his duties by Vincent Faber MSF Greece has appointed its own operations director. I have also been informed [by email] today from Odysseas that MSF Greece is making efforts to launch a unilateral exploratory mission (in Kosovo). This is without the approval of MSF Switzerland's General Director, Vincent Faber. Both actions are unacceptable on five points.

1) Globally, MSF Greece's actions contravene the spirit and character of the MSF movement, which is central to the cohesion and coherence of the movement.

2) MSF Greece's actions contravene existing MSF International Council resolutions that govern the operational activities of MSF Greece. Essentially, these conclude that all operational activities of MSF Greece must be under the responsibility of a director of operations of a common operational centre. In this case, given that Thierry Durant has resigned, this means that responsibility now falls under his immediate superior, the general director of MSF Switzerland. Any operational actions not under his supervision are not acceptable.

3) MSF Greece's actions, de facto, create a sixth operational centre in the movement. This is not acceptable as the number of operational centres in the MSF movement is strictly limited to five.

4) MSF Greece, in seeking to unilaterally launch an exploratory mission of any kind without the approval of the operations director, or in this case his superior, contravenes the existing framework for management of operationality [sic] for the Greek section.

5) MSF Greece's actions in seeking to launch unilaterally an exploratory mission in Kosovo or surrounding region has broken the transparent, collaborative and cooperative system of operational management between the five operational centres. This system has been established for Kosovo and surrounding region, a region where humanitarian issues are complex and require clear operational collaboration. Particularly, in Kosovo, the executive committee decided on 20 April 1999, that an exploratory mission will attempt access to Kosovo under the Geneva operational centre, and that this mission will include Greek and Swiss volunteers, and will not be the beginning of a mission for distribution of humanitarian assistance (therefore, no equipment or supplies for the mission). The mission is to explore the viability of humanitarian space in Kosovo, and is to be prepared to make a public statement on this after consultation with the executive committee. A unilateral exploratory mission outside of this agreed framework for the MSF movement is unacceptable. This framework guarantees coherence to the MSF movement's approach to operations and communications for the Balkan crisis.

In pursuing this course of action, MSF Greece's actions have not been transparent, are directly in opposition to the spirit

of the MSF movement, and are directly in opposition to the existing international council resolutions to integrate MSF Greece's operations. May I remind you that the MSF movement has made strong efforts to address the issue of MSF Greece's operationality, and these have until now been pursued openly and transparently. These current actions by MSF Greece break existing rules that MSF Greece agreed to, and amount to actions that are both structurally and politically unacceptable to the MSF movement. In pursuing these actions, MSF Greece is itself walking away from the MSF movement. I strongly urge you to come back. To come back to the MSF movement, MSF Greece must cease immediately all unilateral exploratory missions. This means in Kosovo and in any other location that is not now expressly approved by the MSF Switzerland general director. In addition, MSF Greece has two options. It can accept the proposal for operational management that MSF Switzerland has prepared. Or, it can ask that the international council revisit the means by which MSF Greece's operational interests are incorporated into the MSF movement. If MSF Greece does not immediately cease unilateral exploratory missions, and does not choose one of the above two options, this will mean that it is walking further away from the MSF movement, and that the most severe of sanctions by the MSF movement will have to be considered. I have discussed this issue with all members of the restricted committee, including Odysseas. All members of the restricted committee except Odysseas are in agreement with the full position and conclusions I have outlined above. Please inform me immediately of your decision.



Email from James Orbinski, MSF International Council President to the Members of the MSF International Council, 7 May 1999 (in English).

Extract:

Dear all,

This letter is to inform you of developments over the last days involving MSF Greece. Yesterday, MSF Greece announced and launched a unilateral mission to Pristina and Belgrade. They entered this morning via Macedonia with two trucks, 18 tons of supplies, and a team of five Greek expatriates which includes two surgeons and a doctor. This is without the approval of the executive committee of general directors. It runs counter to the policy that MSF actions in Kosovo and Yugoslavia must be according to transparent humanitarian principles that are not open to manipulation by any party to the conflict. MSF Greece organised the action through its links with the Greek Government, which has an agreement with the Yugoslav government to allow access of Greek NGOs to Yugoslavia. Médecins du Monde Greece has acted on this agreement, and has operations in Pristina. For MSF, this is not an acceptable means of achieving humanitarian access in this situation, as independence and the freedom to assess, monitor, modify, and deliver humanitarian assistance is not assured. MSF has and is making ongoing efforts to enter Yugoslavia through official channels in Belgrade. These efforts have been persistently stalled by the Belgrade authorities. [...]

I have discussed the situation with members of the restricted committee. I also discussed these issues with Odysseas Boudouris, the President of MSF Greece, last week and in two lengthy discussions yesterday afternoon, when he was in Skopje, Macedonia. The results of the discussions are in the attached letter, which I sent to Odysseas and the general director of MSF Greece yesterday. As well, yesterday Odysseas agreed in my discussion with him that the unilateral exploratory mission would be put on hold, until other MSF international expats could be added to the team. He also agreed that MSF Greece would apply for visas for these expatriates to the Yugoslav embassy in Greece, and that the terms of reference for the mission would be according to those described by the executive committee on April 20 1999 (that it is an exploratory mission to explore the viability of humanitarian space, that no humanitarian assistance is to be delivered, that no media attention would be sought, and that the results of the mission would be considered by the executive committee before deciding on how to proceed with further actions in Kosovo). I spoke again with Odysseas, who then said that while he agrees with this, the decision is not his, but that of the executive of MSF Greece, and that he has global responsibility for MSF Greece, not executive responsibility, and that he could not guarantee that our agreement would be respected. With the launching this morning of the unilateral mission, clearly the agreement was not respected.

At this time, then, there are two issues that emerge from these events. The first is one of governance and will be dealt with in the coming days and weeks, and at the international council in June 1999. The second is more immediate, and deals with potential political implications for MSF's humanitarian actions in Kosovo and the surrounding region. We will not react publically at this time to this action. However, we may be confronted with statements from the unilateral mission that are not in accord with our principles and strategies for the region. If this happens, we will react publically as required.



There's a black spot on transparency. I'm not at all sure that Odysseas, the President, played the game openly. I've learned things that showed that he wanted to obscure the situation. He didn't tell the other sections that he had requested visas and that we were going to enter Kosovo, even though he had talked to them by phone a few hours earlier. We presented them with the fait accompli, once we had entered Kosovo. When we began sending situation reports, we were already inside.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder, President 1990-1996, Honorary President 1996-2000 in *Violence against the Kosovar Albanians*, NATO Intervention 1998-1999 in MSF Speaking Out Case Studies (in French)

On 9 May 1999, as MSF Greece's president was the international vice-president, Tine Dusauchoit, MSF

Belgium's President, called for Boudouris' suspension from this international position. She argued that he and the Greek section, by their lack of openness and transparency regarding the exploratory mission in Kosovo, had not respected the spirit of the international movement.

On 17 May 1999, Odysseas Boudouris answered her in an open letter addressed to the all members of the international council. According to him, it was Dusauchoit who had failed to respect the spirit of MSF by not waiting for the return of the exploratory team before asking for his suspension. He also criticised the international council for not taking a position on the war in Kosovo, and instead, put the blame on the Greek section, which was the only one to actually act. Boudouris insisted that he always informed the various MSF officials of his moves and stated that he would not resign from his position in the international council.



Email from Tine Dusauchoit, MSF Belgium President, 9 May 1999 (in English).

Extract:

Dear friends,
Considering the events of the last few days, considering especially the lack of openness and transparency of Odysseas and of the Greek section (although it is not clear at this moment in time to which extent this is a personal or sectional approach); Considering the obvious non-respect of the 'esprit' [spirit] of the international movement (I use this word because 'esprit' goes far beyond agreements, procedures, and structures, and I consider that what happened is far more than not respecting agreements and structures); and considering the possible far-reaching consequences for the international movement after having discussed this at the board meeting of MSF Belgium last Friday, and having received their full support for this proposal, I call for the immediate suspension of Odysseas as Vice-President of the International Council. The international council should consider at its June meeting, what needs to be done further. I would request you to send your approval or rejection of this proposition to James, and if this proposal is acceptable I suggest James informs all presidents of the international council of this proposal, which by then will have become a proposal of the international council.



Open Letter from Odysseas Boudouris, MSF Greece's President to Tine Dusauchoit, MSF Belgium's President and the Members of the International Council, 17 May 1999 (in French).

Extract:

I have learned [...] of Tine's proposal to relieve me of my position as vice-president, effective immediately. I confess that I was hurt and offended by this letter. It hurt me for

one reason: the day the letter was dated, 9 May. In other words, just when our team was somewhere between Pristina and Belgrade, in a dangerous area and on a difficult mission. Precisely the mission that Tine's section has been trying to embark upon for weeks, without success. Has our great international organisation become so inhumane? Couldn't it have waited until I got back, or at least until you had heard that our team was safe? Have we become adversaries to the point of forgetting the fraternity that constitutes precisely the 'spirit' referred to by Tine? [...] We have a responsibility – essentially a moral one – to the movement. We are supposed to represent a large organisation that can only function by adhering to democratic rules. Dear international council friends, are you aware of the fact that we are required to respect the basic rules of democratic procedure?

Tine has appointed herself prosecutor and accuses me of violating the MSF 'spirit.' But isn't it in the spirit of MSF to act first and foremost on behalf of populations in danger? That is what, in all conscience, we are doing. Wasn't it necessary to explore the humanitarian needs within Kosovo and Serbia? Wasn't it necessary to try and assess the humanitarian space we might find? If Tine thinks not, she is at odds with her own section and with the executive committee. She's at odds with what any sincere humanitarian aid worker might think, and ultimately with the MSF spirit. If she thinks so, then she should congratulate us for embodying 'the MSF spirit.' Tine accuses the Greek section of a lack of transparency and of having violated procedure. On what grounds? Right from the beginning of the crisis, we clearly expressed our concerns to Thierry Durand, our Operations Director – right up until his resignation. After that, we went to James Orbinski ([International Council President]) and Jean-Marie Kindermans [International Secretary General] to re-establish operational contact with the other sections. We have continued to inform all the parties concerned of our progress. Should we have stopped everything in the midst of a crisis because Thierry Durand abandoned his post without warning? We didn't think so.

At the risk of offending those who would prefer the big sections to retain the monopoly over operations our main concern was the situation, of the populations in danger. Dear friends at the international council, is that so hard for you to bear that you're prepared to remove me overnight, with no debate on the matter and in violation of all democratic procedures? One last comment. A while ago, I wrote an article in 'Dazibao,' entitled 'Does the international council really exist?' I analysed the lack of legitimacy of this body and outlined how I thought we should go about strengthening it. Today, we are forced to a horrifying conclusion. The international council, which hasn't adopted a single stance on the most serious humanitarian crisis in Europe and which, while armed forces are wiping their feet on the very idea of humanitarian aid, has slept through a war that has been raging for two long months, only awakening to dismiss someone who has made the mistake of acting in accordance with his humanitarian conscience. [...] You can fire me whenever you want, with just a couple of phone calls and three [emails], if you like. But don't count on my resignation.

I still believe in MSF and its internationalisation, but not based on paralysing procedures and sordid power games; based on our original ideas, our fundamental principles, now more valid than ever and applied in radically different conditions.

On 7 May 1999, MSF Switzerland decided to suspend its partnership with MSF Greece. However they made a proposal in an attempt to maintain this partnership. They received no answer to this proposal.

Therefore, on 18 May 1999, the MSF Switzerland Board decided to end its partnership with MSF Greece, and asked the international council to take a position on the continuation of the MSF Greece exploratory mission in Kosovo, which was outside of the international framework and rules.

On 2 June, the MSF Greece general assembly voted 99% in favour of continuing the Greek mission in Kosovo. The behavior of MSF Greece leaders within the partnership between MSF Greece and MSF Switzerland was widely debated on 5 June 1999 by the General Assembly of MSF Switzerland. The members of MSF Switzerland general assembly voted in favour of excluding MSF Greece from the MSF international movement.



Minutes from the MSF Switzerland's Board of Directors Meeting, 7 May 1999 (in French).

Extract:

i. Minutes from the closed session [...]

MSF Greece

By deciding to pursue its exploratory mission in Kosovo, MSF Greece is violating the terms of reference established by the international council with regard to the common operational centre agreement between MSF Switzerland and MSF Greece. Consequently, MSF has decided to suspend the Greek/Swiss partnership and make a final proposal to MSF Greece in an attempt to save this partnership.



Letter from Olivier Dechevrens, MSF Switzerland's President to the Members of MSF Greece's Board of Directors, 18 May 1999 (in French).

Extract:

Dear Friends of MSF Greece,

Further to the message received from Odysseas this morning, MSF Switzerland's Board of Directors considers that you have issued a firm refusal to the final proposal made to you on 9 May in an attempt to save our joint Greek-Swiss common operational centre agreement. We therefore consider our partnership to be over, all the more so as:

- We have not yet received an answer from you on this

proposal, not even an acknowledgement of receipt, despite my telephone calls to Odysseas and Sotiris.

- The Greek section has decided to pursue its action in Kosovo without MSF Switzerland's consent and outside the framework established by the international council. We therefore request that the international council deliberate on the future of the Greek section's activities within the MSF movement at its next meeting in Amsterdam on 11 June. In the meantime, we support James Orbinski's proposal to set up a neutral fact-finding commission. We are meeting the members of this commission in Geneva today and we ask that MSF Greece rapidly do likewise.



Minutes from the MSF Switzerland's General Assembly, 5 June 1999 (in French).

Extract:

Partnership between MSF Greece and MSF Switzerland [...]

Debate:

Comment - A fax containing the resignation of Odysseas Boudouris and the withdrawal of Sotiris Papaspyropoulos' candidacy arrived on 4 June 1999.

Discussion: In response to questions concerning how the Greek section is currently perceived by the international MSF movement, the meeting was told that certain sections were asking for MSF Greece to be expelled. The problem stems from the fact that MSF Greece has a different interpretation of the Balkans crisis from the rest of the movement. As a result, it is difficult to find a 'modus vivendi.' The point was made that Odysseas does not represent the whole Greek section and it would be unfair to exclude MSF Greece on the basis of one person's actions. In response, the meeting was informed that Olivier was just back from Greece where, at an extraordinary general meeting on 2 and 3 June 1999, the Greek association voted 99% in favour of continuing the Greek mission in Kosovo. Questions were then asked about the practical aspects of MSF Greece's exclusion. For example, will they still be allowed to use MSF's logo? Jean-Marie Kindermans [MSF International Secretary General] was mandated by the international council quite some time ago to ensure that all the sections transfer registration of the MSF 'trademark' back to the international office for the precise purpose of protecting it. The Greek section has not yet done so – but it is not the only one. The international council must therefore study the practical modalities of this procedure.

Questions were raised about how MSF should sanction the Greek section's non-respect of the requirement for international cohesion. The meeting was told that the International President, James Orbinsky, had asked a neutral fact-finding commission, comprised of Morten Rostrup (International Council Vice-President) and Stephan Oberreit, to draft an impartial report on the reasons for the breakdown in the agreement between MSF Greece and MSF Switzerland and on MSF Greece's mission in former Yugoslavia. This report is not ready yet but will be available soon. It was then asked whether the Swiss section was not partly responsible for the

Greek section's operational autonomy and whether, given MSF Greece's evident lack of technical competence, as shown in its mission in the Caucasus, this partnership had not lacked the necessary rigour. In response, the meeting was informed that the international council had drawn up a framework with which the two sections were expected to conform, but that the Greek section had not done so. Furthermore, MSF Switzerland owed it to beneficiaries to provide actions of the same level of competence with the Greek section as those provided by the Swiss section alone [...]

With the international council meeting due to take place shortly, the Board also asked the Swiss General Manager's opinion on the exclusion of MSF Greece from the MSF international movement. It was pointed out that the Greece section is likely to be excluded *de facto*, given that it had not complied with international directives, i.e. MSF Greece was not authorised to unilaterally launch a mission in a country other than Greece. This point led to another question: should there be open debate on such important issues within a movement like MSF? Members deplored the fact that official guidelines on good conduct were not part of inter-section operating procedures. It was suggested that not excluding MSF Greece from the movement would leave the door wide open for everyone to do whatever they like, and that the international council would serve no further purpose either. It was further felt to be dishonest for a section to isolate itself from the rest of the movement in order to take advantage of being MSF, and that this illustrates the absence of any real desire to be part of the MSF movement. On the contrary, the desire to be 'visible' in Greek society was clearly more important for MSF Greece than working in the general interest of the international movement. It was felt that MSF should not allow itself to get bogged down in rules and that the problems raised by MSF Greece today would probably be raised by MSF USA or MSF Germany tomorrow. It was then suggested that the Greece section be given a two-year moratorium.

While there is indeed a real need for an international-level debate on the role of 'non-operational' sections within the MSF movement, the problem here is that, in its approach to the Balkan crisis, the Greek section adopted an attitude that was in direct opposition to that of the different sections active in the field. Nor had it behaved in a transparent manner. Placing it in 'quarantine' would be a meaningless gesture: it would be like saying that the international movement is willing to approve the actions of a section whose interventions in the field it knows nothing about. The dishonesty of certain members of the Greek section was also emphasised. Indeed, even without delving into the details, it is difficult to ignore the fact that MSF Greece deliberately lied and that apparently this isn't the first time; it is thought to have done the same with other sections. A vote was taken so that Olivier could convey the opinion of MSF Switzerland's general meeting members to the international council: "Who is in favour of excluding MSF Greece from the international movement?"

Votes:

212 For: 68; Against: 7; Abstentions: 25. The general meeting voted

in favour of excluding MSF Greece from the MSF international movement.

B. THE INTERNATIONAL COUNCIL ULTIMATUM (JUNE 1999)

The international council tasked a fact-finding commission to investigate the crisis and asked the MSF Greece management team to give an explanation. An overview of the commission's report was presented to the international council meeting on 11 June. It mentioned the IC's poor monitoring of the various MSF Greece operational partnerships. It also put forward that MSF Greece had been under pressure from Greek society to adopt the prevailing political interpretation of the Kosovo crisis. Thus, MSF Greece interpreted the MSF humanitarian principles differently than the rest of the movement.



Minutes from the MSF International Council Meeting, 11 June 1999 (in English).

Extract:

Morton Rostrup then presented a 15 minute overview of the fact-finding mission report (see attached). He emphasised that the options and recommendation were those of the fact-finding team (Morton Rostrup and Stephan Oberreit), and that the international council would have to make its own determination as to what possible options existed and what action, if any, to take. Morton emphasised his view that the Greek section wanted to carry out this mission to the F.R.Y [former Republic of Yugoslavia], whatever the conditions or risks, and that this was imposed on the MSF Movement as a *fait accompli* without regard for the range of consequences that followed. [...]

The report, the options it outlines, and the main recommendation were discussed.

The five and a half hours of discussion that followed, emphasised the issue of operational principles, and if and how MSF Greece's unilateral mission to Kosovo violated these. The main conclusion was that independence and impartiality were sacrificed, ignored, or naively applied. The discussion also emphasised that:

- 1) The application of humanitarian principles in a particular situation is never easy, as the individual humanitarian principles can often contradict one another;
- 2) Therefore there is a need to always nuance these to a particular situation where choices as a movement have always to be made;
- 3) It is therefore essential that debate within and across

the movement at all levels is central to determining a particular application of humanitarian principles.

- 4) That the TOR for an exploratory mission to Kosovo was explicitly stated by the executive committee on April 20, 1999 that implicitly recognised and prioritised humanitarian principles in this context;
- 5) That transparency is central to the MSF movement;
- 6) That the minimal structure that exists to manage operations across the movement must also be respected;
- 7) That this was ignored by the MSF Greece section;
- 8) That MSF Switzerland considers the common operational centre partnership as now over; and
- 9) The history of MSF Greece in the movement and particularly their operationality [sic] and how this has been monitored poorly by the international council, and how each successive partnership with the French, Spanish, and Swiss operational sections/centres since 1990 have failed.
- 10) The procedure established and followed to deal with the unilateral mission of MSF Greece to Kosovo and the breakdown of the Greek-Swiss common operational centre was seen as having been fair at all times, however the timing of Thierry Durand's resignation as the Operations Director for the joint common operational centre was at best, inopportune. This procedure was also seen as having provided more than adequate space for discussion and arbitration. MSF Greece has been informed at an early stage in writing and verbally of the risks they incurred with this action, and strong efforts were made to discuss and arbitrate around this issue. MSF Greece itself has knowingly avoided responding to these normal and established means of communication.

On 11 June 1999, the international council decided that the common operational centre between MSF Switzerland and MSF Greece no longer existed and that MSF Greece should cease operations outside of Greece. The IC stated that they wished MSF Greece to remain in the movement "as long as they respected the responsibilities and privileges that go with membership as a partner section." The IC issued a resolution asking the Greek section to comply in writing with this decision, by 28 June 1999. The possibility of expelling the section from the movement was considered if MSF Greece were to refuse to abide by the international council decisions by the end of June. MSF Greece decided not to participate in this debate, as they felt they had not been notified sufficiently in advance, to prepare arguments.



Minutes from the MSF International Council Meeting, 11 June 1999 (in English).

Extract:

Item 3: MSF Greece and the Breakdown of the MSF Greek-Swiss Common Operational Centre Agreement

Because he is implicated in these issues, James Orbinski

[MSF International Council President] asked Michael Schull [President of MSF Canada] to chair this item. Odysseas Boudouris arrived for the opening part of this discussion with a guest, Kostas Papaioannou [Member of MSF Greece Board of Directors]. Odysseas refused to participate in the debate around these issues, and instead wanted only Kostas to make a statement from the Board of MSF Greece to the international council. Before Kostas gave his prepared statement, Odysseas was reminded that he had a responsibility to participate in the debate at the international council. According to the statement given by Kostas, the board of MSF Greece considers the main issue to be the isolation of MSF Greece from the international MSF movement, which comes from discussions with James Orbinski and the report of Morton Rostrup and Stephan Oberreit. The report outlines 5 options and favours that MSF Greece should not have operations outside of Greece.

MSF Greece will not accept loss of operations. MSF Greece will not participate in the discussion as there is no clear accusation, and it is not clearly stated in the agenda. The Board of MSF Greece will leave a series of questions and remarks in the form of a written submission [...], and then leave the international council meeting, but will be available to discuss these. Odysseas was then asked to define the key issues of the statement, which he emphasised was procedural in that he heard from James Orbinski orally, [about] what would be debated and has not had time to prepare arguments. This was countered by James Orbinski, who reminded Odysseas that he has a responsibility and opportunity to explain the actions of his section and offer other options to the international council; that any option, including doing nothing is open to the international council; and that Odysseas and his board had been informed by letter on May 6, 1999 of the gravity and consequences of the situation. This was in addition to numerous phone calls from James Orbinski to Odysseas Boudouris since then, and in the extraordinary general assembly in Greece on June 2, 99 by Jean Marie Kindermans, as well as in Board meetings with MSF Switzerland, and [also] at the MSF France General Assembly. Odysseas and Kostas left the meeting after Odysseas was again reminded that he has a responsibility and is welcome to participate in the debate now, as it is occurring, and that contrary to his request, he will not be contacted by cellular phone. [...]

After carefully considering the best interests of the movement and the desire of the international council for the Greek section to remain in the movement, the following resolution was adopted with two abstentions (MSF Switzerland because it was not strong enough, and MSF Japan, because Dominique Leguillier argued that it was not a customary way of resolving an issue in Japan, and he wanted to reflect the spirit of the culture he represents): Resolution: The international council was presented with and accepts the report of the fact-finding mission of Morton Rostrup and Stephan Oberreit on 'The MSF Greece Mission to the F[ormer] R[epublic of] Yugoslavia and the Breakdown of the MSF Greek - Swiss Common Operational Centre Agreement.' The international council deeply deplores the

explicit decision of MSF Greece not to respond or participate in the debate at the international council meeting of June 12th, 1999, in Amsterdam. The international council of MSF resolves that given:

1. The unilateral MSF Greece mission into Kosovo lacked the independence necessary to facilitate an objective evaluation of the needs of the population and that unacceptable conditions of access were agreed to by MSF Greece which compromised the mission and undermined future attempts by any MSF section to enter into the F[ormer] R[epublic of] Yugoslavia
2. That the actions of MSF Greece were carried out without respecting prior decisions of the international council as to how MSF Greece would carry out field operations;
3. That the actions of MSF Greece were carried out with a total lack of transparency, were deliberately misleading to members of the international council, and deliberately avoided international debate and co-ordination, and
4. That the actions of MSF Greece violated the specific decisions taken by the executive committee with regard with the objectives and conditions necessary for a MSF exploratory mission into Kosovo,

The international council considers that the common operational centre between Greece and Switzerland has ceased to exist and therefore MSF Greece can no longer carry out operations outside of Greece, effective immediately. The international council wishes MSF-Greece to remain within the MSF movement, so long as they accept the responsibilities and privileges that go with membership as a partner section. Should MSF Greece refuse to comply in writing with this decision by June 28th, 1999, the international council considers MSF Greece to have forfeited their membership in the international council and to have excluded itself from the MSF-movement. In that case, the international council and all its sections will cease all formal collaboration with MSF-Greece and demand that MSF-Greece ceases all use of the MSF logo and the name 'Médecins sans Frontières' in any language.

On 26 June 1999, two days before the end of the ultimatum, MSF Greece's General Assembly questioned the international council's process, rationale, and legitimacy. Thus, MSF Greece decided not to comply with the international council resolution and refused to stop operations. They proposed to set up a working group composed of members of MSF Greece and the international office, if agreed, to work on the issue.



Resolution of MSF Greece's General Meeting, 26 June 1999 (in French).

Extract:

In consideration of the international council's decision of 12 June 1999 and the broader issue of relations between MSF

Greece and MSF's international office, the members of MSF Greece's general meeting would like to bring the following facts and remarks to the attention of the members of the international council:

1. Concerning the 'Rostrup-Oberreit report': The 'Rostrup-Oberreit report' was sent to us just three days before the date fixed for the international council meeting. Contrary to the undertakings made by its authors, this report was disseminated before we had a chance to read it and comment on it, which explains why it contains so many inaccuracies and untruths. Despite this, we were not opposed to discussing it and drafted an initial statement, which we sent to all the members of the international council. We also appended a series of questions to this statement concerning the events in question and their context. However, the international council decision totally ignored the documents and questions submitted.

2. Concerning the international council on 12 June: It is true that our representatives on the international council refused to take part in the debate on this particular item at the meeting on 12 June. Our refusal was fully justified as the international council president had officially stated that the subject of MSF Greece's exclusion would be discussed at this meeting. Yet, this subject could not be discussed without following procedure to ensure the requisite fairness and transparency, including the provision of a detailed formulation of the 'accusations' drafted by the competent international office bodies, [and to ensure] enough time for our association to draft a response and for the international council members to study this response, and the formal inclusion of the exclusion proposal on the agenda. The item, 'MSF Greece's Exploratory Mission,' inexplicably detached from any discussion of MSF's general action in Kosovo (although it is impossible to understand one without the other), rather than a specific item on the subject of MSF Greece's exclusion, did not meet these conditions. As the president of the international council had not followed fair and transparent procedure, there could be no valid debate on this subject, hence our refusal to take part in any discussion of it. Consequently, the international council decision of 12 June could not be and is not a decision to exclude our association, thereby justifying our position.

3. Concerning the accusations made against MSF Greece:

Concerning the accusations made in points one to four, we consider that the conclusions drawn are arbitrary and unsubstantiated in the international council's decision. It is therefore difficult to respond to them. That said, we would like to remind members that, in a context complicated by the sudden and unforeseen resignation of the operations director of the Geneva-Athens common operational centre and the emergency situation in Kosovo, the Greek section pursued its action in support of populations in danger in strict compliance with our charter and principles, especially with regard to neutrality, impartiality and proportionality. Our exploratory mission was conducted in a totally independent manner. The conditions for accessing Serbia did not violate any of the fundamental principles of MSF's action. Our aim was to facilitate access to this country for all MSF's missions.

We made and are continuing to make every possible effort to achieve this aim. From the outset, our action was conducted in a fully transparent manner and we communicated all available details to MSF's different bodies. It should be noted that neither the international council nor its sub-committee were convened during the entire duration of the war, despite a request from its vice-president, which we consider to be completely unacceptable. These facts are duly reported in the documents we submitted to the last international council meeting. Finally, we would like to remind members that in emergency situations the priority is to take action without delay to assist the populations in danger.

4. Concerning the status of MSF Greece within the international office: The international council decision refers to "partner sections" with specific "responsibilities and privileges" and we have been asked to accept this status. As far as we are aware, the international office is an association of national associations and there are not two categories of members with different "responsibilities and privileges."

5. Concerning the conclusions of the international council decision: In light of the above, it is clear that the conclusions of the international council decision are not acceptable and cannot be accepted by our association. Indeed, the reasoning behind the decision is as follows: "Given [...], the international council considers that the common operational centre has ceased to exist and therefore MSF Greece can no longer carry out operations outside Greece." This presentation is incoherent. There is no explanation of how the exploratory mission is linked to the breakdown of the common operational centre agreement, and yet one is presented as the consequence of the other. Nor is there any explanation of why the breakdown of the common operational centre agreement should result in MSF Greece being unable to carry out operations or of how the distinction between programmes outside or inside Greece is made. Let us not lose sight of the fact that the breakdown of the common operational centre agreement is exclusively due to the resignation of its director, Thierry Durand (according to the international council framework drawn up by the international council in March 1998, there can be no common centre without a common director). The conditions surrounding this resignation were particularly unclear and it pre-dated the exploratory mission by two weeks. According to Thierry Durand's own letter, his resignation was not due to the Kosovo crisis. Furthermore, there is no reason why the breakdown of the common operational centre should mean the termination of our programmes. On the contrary, ending our missions is practically impossible and ethically unacceptable. We have made commitments to the beneficiary populations and to our donors to whom we are accountable. However, we would like to stress that we are not necessarily opposed to changes in the way our missions are managed. But, any changes should be programmed sufficiently early on, bring duly evaluated and proven added value to the beneficiaries and concern all the associations (and not be limited and discriminatory.) And, we would also like to point out just how paradoxical it is to ask our association

to stop its MSF action ... so that it can remain part of MSF's international office!

6. On the crux of the matter: Having clarified these points, we feel it is important to examine the crux of the matter, which unfortunately the international council decision doesn't do. The intention of this decision is to side-line our association. The reasons given are our exploratory mission and the breakdown of the common operational centre agreement. These reasons are clearly a pretext. After all, since when has a mission, and an exploratory one at that, been a motive for exclusion from the international council? If it were, all the MSF associations would have been excluded several times over! What about the Swiss section's 'unilateral' missions to Afghanistan and Angola, the blatant fraternisation between MSF Holland's teams and Dutch soldiers in Goma, MSF France's 'unilateral' testimony on the massacres in Kivu, which endangered the lives of the expatriates still on site, the accusations of instrumentalisation and endless anathema, especially between the French and Belgian sections, about Burundi, Zaire, Rwanda, Sudan, etc., to cite only the most recent examples? The unilateral termination of the common operational centre is due exclusively to its director's inability to carry out the tasks he was asked to assume. In no way is it evidence of a change in our desire to collaborate with the other associations. Again, we assure you of this. The real reason for seeking our exclusion has been masked by these pretexts. This reason is the freeze on MSF's internationalisation and the monopoly over operations that some people wish to impose to the exclusive benefit of the five big sections. In these conditions, the existence of an association, even a small one, with its own dynamics, in other words, not just a former 'delegated office' re-baptised a 'section,' represents an unacceptable danger. In such a context, any divergence, any event of whatever kind, is deliberately 'criminalised' in order to be used as an excuse for imposing sanctions. This attitude is not worthy of a humanitarian movement like MSF. It is clear that any exclusionary procedure in these conditions would be tarnished with illegitimacy and considered null and void.

7. To find a solution to this crisis: Finally, we deeply regret the threat implicit in the international council's decision: that we shall be considered to have excluded ourselves from the international office should we not terminate our missions. Such inventions are not only totally illegal and in breach of our articles of association, they are also unworthy of an aid organisation which is expected to comply with basic principles of democracy and transparency. It goes without saying that we haven't resigned and that we haven't the slightest intention of resigning, either from MSF's international office or from its international council. In any case, we will remain faithful to our commitments and to our charter and we will intensify our action as Médecins Sans Frontières. If the international council wishes to find a solution to the recent problems, as it claims in its message, this will require peaceful and transparent dialogue and a reasonable timeframe. In this spirit, we suggest a meeting between members of MSF Greece and members of the International Office, in which we will work on fair and consensual proposals for resolving the problems

raised, proposals that will then be submitted to the next international council meeting.

On 1 July 1999, James Orbinski, the International Council President considered that by not complying with the international council resolution, MSF Greece excluded itself from the movement. All formal contacts between the movement and the Greek section stopped. Odysseas Boudouris sent James Orbinski a letter in which he contested the legality of the decision. He also sent a letter to the MSF France board of Directors, of which he was a member, in which he explained that 'the role of the associative structures of all MSF sections was being progressively taken over by an almighty executive.' He asked for a debate on this issue during a board meeting.



Email from James Orbinski, MSF International Council President, to MSF International, 1 July 1999 (in English).

Extract:

Dear All: [...] MSF Greece held a general assembly on 26 June, which Morton Rostrup attended. It has decided to not comply with the international council resolution, and in so doing, it has taken its final step away from the MSF movement. This is very sad indeed; however, as a movement, we must respond accordingly. I have asked Jean Marie Kindermans to ensure that as of 1 July 1999, that all formal contact between the MSF movement and the former MSF section in Greece be stopped. Any and all contact via [email] is to stop, donors are to be informed, and expatriate personnel working in the former MSF Greek section are to be informed of the international council decision so that they can make their own decision as to whether to continue working with them or not. This is a sad moment in the history of MSF. However, it is one that we must face. In having pursued this course of action, the former MSF Greece section has left the movement with no good options, and only the reality of choosing from 'bad' options. I believe the decision of the international council is the best possible one, given the circumstances. Jean Marie Kindermans will take the necessary steps in the coming weeks to ensure that the international council resolution is met.



Letter from Odysseas Boudouris MSF Greece's President to James Orbinski, MSF International Council President, 8 September 1999 (in French).

Extract:

[...] With regard to your letter of August 1999, which was only brought to my attention after my return from a mission in Turkey, I would ask you to take note and inform all the members of the international council of the following: [...]

2. MSF [Greece] is legally still a member of the international office. It is therefore entitled to attend the meetings of the international council. Consequently, could you please send me the minutes from the meeting held on 12 June and inform me of the date of the next international council meeting.

3. We feel it is important not to exploit legal niceties to prevent in-depth discussion and democratic dialogue. I therefore ask that you put the questions raised by MSF Greece on the agenda of the next meeting. But any discussion must be organised and prepared in a spirit of equity.



Letter from MSF Greece's Board of Directors to the MSF France Board of Directors, 9 September 1999 (in French).

Extract:

Dear Friends of MSF France:

Please find attached our reply to J. Orbinski's last letter and the response from MSF Greece's general meeting to the letter from the international council dated 12 June, which doesn't seem to have reached international council members. We would like to take this opportunity to share some of our reflections with you. We very much regret the way the last international council meeting was prepared. We were hoping for an in-depth discussion on the Kosovo crisis and instead we found ourselves on trial, the indirect objective clearly being to exclude our section from the MSF movement. Because of the conditions in which this trial took place its outcome has no legal value. Furthermore, the sentence seems disproportionately heavy for the 'crime.' If a section deserves to be excluded for an exploratory mission, how many other sections should have been excluded? It is our wish to re-establish dialogue as rapidly as possible. We think it is in the interests of the whole movement, and especially of those who, like us, are attached to the idea of real internationalisation. There is no reason not to have this dialogue today. On the contrary, it has been a few months since we last met and we have all had time to cool off a bit, which should make it easier for us get to the root of our problems.

We know that, unfortunately, there are some people, especially on the executive committee, who would like to prevent a peaceful dialogue. Indeed, they would do anything to replace open and democratic dialogue with a legal procedure. James Orbinski has taken this task in hand. Of course, these people know they are fighting a losing battle with this procedure. But they also know that it could go on for years. And, that's what they are counting on. All the while legal proceedings are underway; there will be no dialogue with MSF Greece. It won't matter if in three or four years' time, the international office's pretentious arguments are thrown out of court. In the meantime, they will have achieved their goal: to replace the debating of ideas by legal proceedings and convince everyone that the conflict is between MSF Greece and all the other sections. In reality, this conflict is between the Greek section and a group of people who are seeking to prevent the participation

of the different MSF sections in order to concentrate power and, above all, keep control over the financial resources of the whole movement. We don't believe that this how you see things. Besides, the main victim of these developments would not be MSF Greece, but the former delegate offices and associative structures of all the sections whose role has gradually been eroded and replaced by an all-powerful executive.

We hope that the next international council will provide an opportunity to re-establish dialogue and that this dialogue will lead to real progress towards internationalisation. To this end, we hope to be given a chance to present our point of view to your board of directors in person, to hear your reactions and suggestions and, at long last, have a constructive discussion.



It was too late for the other sections – and for us. I took sides with MSF Greece without knowing all the details and despite understanding why the Belgians and the French were so furious. But for me, all that was secondary. The priority was to safeguard the section. And what other way was there to safeguard the section than by deciding whether or not the cause was just? If the cause was just, and to my way of thinking it was, then you had to side with the Greek section. Regardless of the lies, the goings-on, who cares? Because that was the priority. That was the criterion and we all pushed in the same direction, with Odysseas who was President. And I supported him.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder, President 1990-1996, Honorary President 1996-2000 in *Violence against the Kosovar Albanians, NATO Intervention 1998-1999* in MSF Speaking Out Case Studies (in French)

C. THE VOTES FOR EXCLUSION (SEPTEMBER 1999-JANUARY 2000)

On 16 September 1999, because of the non-compliance of MSF Greece, the MSF international council voted in favor of exclusion by email. The international council asked the Greek section to stop using the MSF name and logo. This procedure was contested by MSF Greece.



Letter from James Orbinski, MSF International Council President to Odysseas Boudouris MSF Greece's President, 27 September 1999 (in English).

Extract:

I have been informed that you have contacted several, if not all, sections of MSF through a letter dated 9 September 1999 and received, on various dates throughout the MSF movement. I am replying to that letter here for the MSF movement. I am also replying here to the letter you sent to me by fax on 14 September 1999, and which I received by post on 21 September 1999. Please be advised that no section will reply to your letter, and that all discussion with the MSF movement must be through the office of the international council president. The terms of any potential discussion will only be according the parameters defined in the June 12, 1999 international council resolution [...] Please also be advised that on 16 September 1999, 17 of 18 MSF sections voted to formally exclude the Greek section from the MSF movement.

The resolution, for your information, states that, "Because of non-compliance with the 12 June 1999 MSF international council resolution, the MSF international council expels the Greek section from the MSF international council and association. The MSF international council consequently demands that the former Greek section:

- a) Immediately ceases use, in any way whatsoever, of the logo and name of 'MSF/Médecins Sans Frontières' and of any related distinctive sign, publicly or privately, in or out of Greece, and
- b) Refrain from making any misleading representation that they are affiliated, in any way whatsoever, with MSF International or the MSF movement generally.

Finally, the former Greek section is required to immediately withdraw the trademark 'MSF/Médecins Sans Frontières' which was filed in the Greek Trade Mark Office in bad faith, without MSF International's expressed or implicit consent." I look forward to future discussions with you on the parameters defined in the 12 June 1999 MSF International Council resolution.

On 27 November 1999, the international council confirmed the exclusion in a formal second vote. Once again, MSF Greece contested the exclusion, refused to handover the trademark, and asked to remain in the movement until courts ruled on the case.



Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:

Without prejudice, the members of the current assembly are formally confirming the informal cc-mail [MSF internal email network] vote of September 16, 1999, establishing the

exclusion of the Greek section of Médecins Sans Frontières, based on the issues discussed and resolution passed at the MSF International Council on June 12, 1999. The September 16, 1999 MSF International Council cc-mail [internal email system] resolution reads: "Because of non-compliance with the 12 June 1999 MSF international council resolution, the MSF International Council expels the Greek section from the MSF International Council and association. The MSF International Council consequently demands that the former Greek section:

a) Immediately ceases use, in any way whatsoever, of the logo and name of 'MSF/Médecins Sans Frontières' and of any related distinctive sign, publicly or privately in or out of Greece and

b) Refrain from making any misleading representation that they are affiliated, in any way whatsoever, with MSF International or the MSF movement generally. Finally, the former Greek section is required to immediately withdraw the trademark 'MSF/Médecins Sans Frontières,' which was filed in the Greek Trade Mark Office in bad faith, without MSF international's expressed or implicit consent.

The number of votes for: 17

The number of votes against: 0

The number of abstentions: 0

The total votes cast: 17

The number of absent international council members: 1 (MSF Australia).

The resolution was adopted.



Update on MSF Greece by Jean-Marie Kindermans, MSF International Secretary General, 7 December 1999 (in English).

Extract:

Please find the latest events regarding the former MSF section in Greece:

1) Exclusion procedure

MSF Greece is suing MSF International before the Belgian courts. The summons we have been served is for next Thursday. Whereas the procedure on the form and substance of the exclusion procedure of MSF Greece should last a minimum of one and a half years, MSF Greece is asking for provisional measures (to be re-included in the cc-mail, to have access to training programmes for expatriates, to participate in the international council, to have access to MSF procurement centres). These measures would be enforceable two weeks after the summons. Fortunately, our lawyer has negotiated with MSF Greece lawyers for the postponement of the hearing on provisional measures on 22 January 2000. So, for the moment the issue is in the hands of our lawyers.

2) Trademark issue in Greece

Last week we submitted a memorandum with evidences to the Greek Trademark Administrative Committee. We are asking for a cancellation of MSF Greece's registration of the 'trademark logo + Medecins Sans Frontieres + the Greek translation' which was done in bad faith. It is the first step before going to the Administrative Court of First Instance.

At this stage, we do not have much chance, as the three members of the Trademark Administrative Committee are appointed by the government. That is why we tried to distinguish very clearly this issue from the one in Belgium related to the exclusion procedure. We should expect an answer between three weeks and four months.

3) In the media

a) In the Greek media: The debate organised by the French magazine *Marianne* between Rony Brauman and Odysseas has raised some discussions in the Greek media. The Greek Ambassador to UNESCO has published an article in favour of MSF Greece. Ten days ago, we published an article entitled 'MSF explains its position' [...] Sotiris Papaspyropoulos has prepared a response, which should be published in a few days, as well as Rony Brauman's comments on this issue.

b) In the international press: Only a few articles were published in the last weeks (in Swiss newspapers, in the Belgian newspaper, *Le Soir*, and last Saturday in the *Financial Times*). These articles are not really good for MSF. It is possible that MSF Greece's representatives will travel to Oslo. I will keep you informed of the above issues regularly.

In October 1999, just a few days after the Nobel Committee announced that MSF was awarded the Nobel Peace Prize, the press echoed the expulsion of the Greek section from the movement. The Greek Government and the Greek media disapproved of the exclusion and urged the movement to review its position. MSF issued a press release on 9 December, on the eve of the Nobel ceremony. The Greek section, which was not invited by the rest of the movement to attend the Nobel ceremony, held a press conference in Oslo.



'Doctors Operating in a Divided House,' *The Financial Times*, (United Kingdom), 4 December 1999 (in English).

Extract:

They deliver emergency medical aid wherever and whenever it is needed and they have been awarded the Nobel Peace Prize for their efforts. But while the doctors of Médecins Sans Frontières (MSF) know no geographical borders, internal divisions threaten to cast a cloud over next week's presentation ceremony in Oslo. [...] The cause of its rift is the expulsion of the 200 doctors of the Greek section for having entered Kosovo during the NATO bombing campaign, launched in March this year, without the go-ahead from MSF headquarters. The Greeks were deemed to have compromised the organisation's fundamental principle of independence and impartiality. They see the accusation as "unjust and offensive." The three largest and most influential sections of MSF (France, the Netherlands and Belgium) are united in condemnation of Greece. They claim their colleagues in Athens were not only helped by the Greek government, but

that their expedition bore Greek flags. Furthermore, another MSF mission was awaiting visas for Kosovo (which were not forthcoming), when Belgrade gave visas to the Greeks, who went ahead alone. This compounded suspicions within MSF that the Greeks were not “impartial” towards the Serbs (it was feared that their medical supplies might end up with the Serbs), and that they were not acting “transparently”.

Odysseas Boudouris, 46-year-old President of MSF Greece, is horrified by the charges. Although some of the protocol may have been dispensed with, the Greeks were acting according to their deeply held beliefs. “For us there is no distinction between good and bad victims: there is only the moral objective to offer our contribution. We acted under the gaze of media reporters in Kosovo and our conscience is clear.” Boudouris stresses that Serbia would have been unlikely to give visas to doctors from NATO countries that were bombing its people, and that the Greeks took advantage of their neutral status. [...] Boudouris denies that MSF Greece was acting under the protection of its government, which he claims merely helped to establish a “humanitarian corridor.” [...] At the time of the conflict NATO praised the work of the Greek doctors, and the alliance spokesman Jamie Shea mentioned their contribution at several press conferences. He hoped that the Belgrade authorities would not impede them “from carrying out their extremely important mission in the present circumstances.” But the Greek doctors’ pleas have cut no ice with 17 out of the 18 MSF sections, which voted them out of the organisation (Japan was their only supporter).

According to Austen Davis, the British general director of MSF Holland, “there was deep insecurity surrounding the situation” in Kosovo, and it became more important than ever that the “principles of impartiality” should be followed. Whenever MSF, or other humanitarian groups, enter a war zone, “they are encountering difficult, violent, foreign environments, and young, often inexperienced medics are extremely open to manipulation,” he explained. Therefore “there has to be a consensus, and an agreement to abide by the will of the majority in an organisation like ours. Sometimes that means not going in.” [...] This kind of behaviour is inevitable “with committed, often militant, people, who are unwilling to compromise,” argues Jean-Marie Kindermans, General Secretary of MSF’s International Bureau. With an international staff of 2,500 in 80 countries, and about 10,000 local staff, there are bound to be disagreements. According to Kindermans, the Kosovo episode was really only “the straw that broke the camel’s back.” Initially, the doctors were given the option of staying in MSF as a non-operational centre, but they chose not to comply, and were therefore expelled. Speaking for his colleagues in Athens, Boudouris believes they still belong to MSF and that the work of the Greek doctors has contributed to the Nobel Peace Prize. He and his colleagues therefore intend to be at the awards ceremony in Oslo.



‘MSF Explains,’ Press Release from Médecins Sans Frontières by Jean- Marie Kindermans, MSF International General Secretary, 9 December 1999 (in French).

The expulsion of Médecins Sans Frontières’ Greek section has been the object of considerable media attention in the wake of the Nobel Prize and has led to an outpouring of impassioned and often partisan statements in Greece. Hardly surprising when the heads of MSF’s former Greek section are running such a virulent campaign of disinformation and defamation [...] Still, many people have sought to understand how and why virtually every MSF section (one abstention), as different as Australia, Spain, Norway, or the United States, made this decision of a common accord. Despite the simplistic way in which events have been presented, this decision was not taken by a handful of representatives in remote corner of our organisation. Nor was it ever a debate for or against the Serbs or for or against a NATO intervention.

It should be said that relations between the Greek section and the 18 other MSF sections have always been complicated. In order to work in a coherent and effective manner, MSF’s international council, composed of representatives of all our sections, has established common operating procedures which also take into account the national context of each of its members. According to these procedures, which also apply to 12 other MSF sections, MSF Greece was not authorised to open or close missions of its own initiative. Operations are managed by a limited number of centres in order to prevent waste and cacophony. Representatives of MSF Greece often challenged this method of organisation, triggering internal crises (by opening missions unilaterally), resolved at the very last moment when MSF Greece would finally agree to play by the rules [...]

The mission they launched was made up exclusively of Greek volunteers, carried out under the Greek flag, negotiated with the Greek government, and justified by the pressure of Greek society. It took with it material that was ‘distributed’ in Pristina and then headed back a few hours later. This mission provided no information on what was happening in Kosovo except that the communities were co-existing, and it allowed journalists to quote them saying that reports of abuses were exaggerated. While trivialising what was happening in Kosovo, this mission reported only on the Serbian casualties caused by NATO bombing, without mentioning the crimes being committed against humanity. Far be it from us to imply that Serbian civilians were not suffering (which is why we were asking for access to Serbia), but this should not have been allowed to mask the mass deportations underway, or the fact that the Serbian authorities were in a position to meet the majority of needs (a fact confirmed by the Greek mission).

Humanitarian action must be independent, meet needs proportionately and avoid being manipulated or used. The one-sided initiative of our former Greek section did not avoid these pitfalls, common as they are in humanitarian action.

But worst of all, it scuppered any chances of our conducting a mission in Kosovo, in keeping with the principles which guide Médecins Sans Frontières' action, and in accordance with the above conditions. Furthermore, in an organisation like ours, we debate the issues before taking a decision and we require complete transparency on the actions undertaken in order to maintain trust and collaboration within the movement. All these conditions were ignored, and the representatives of Médecins Sans Frontières' other sections lost confidence in MSF Greece's management.

Nevertheless, because we still wanted to maintain links with Greek society, all the MSF sections asked MSF Greece to relinquish direct operational responsibility on a day-to-day basis until trust had been re-established and the disagreement that had just occurred could be discussed. The 'partner section' status offered to Greece was exactly the same as that of 13 other MSF sections, including the United States, Germany, Canada, United Kingdom, and Italy. Unfortunately, and to our great disappointment, the Greek section's management rejected this proposal and in so doing wittingly opted to leave the movement. They chose to develop the Greek section at the cost of international cohesion. We bitterly regret their decision, which has severed our ties – temporarily we hope – with Greek society. The decision by Médecins Sans Frontières' international council to exclude the Greek section dates back to last June and has since been confirmed on several occasions (as we can prove), both in writing and orally. Mr Boudouris himself has sent us a number of letters challenging it. MSF Greece has thus, been excluded from the rest of the movement since the beginning of July. All the institutional donors and operational partners of our headquarters and field offices have been informed. It is therefore, absolutely not true that managers of the Greek section only discovered they had been excluded from MSF when they read about it in *Le Monde*. But, why did they wait for the journalists to reveal the news?

The disappointment of Greek opinion comes from not being informed of the situation by the former Greek section. Today, MSF is being portrayed in Greece, in a defamatory and insulting manner, as an anti-Serb organisation. MSF works with all civilian populations without discrimination of any kind and obviously has no intention of treating Serbs differently, and has thus benefited from our movement's now worldwide recognition and legitimacy. But, it has always wanted to play according to its own rules, which is why, at its own initiative and without informing the rest of the movement it registered the Médecins Sans Frontières trademark, which does not belong to it, in an attempt to claim ownership of the name. This was already a means of profiting from Médecins Sans Frontières' reputation without respecting its rules. The former Greek section joined the MSF movement quite late on, at the end of the 1980s. If it now believes it made a mistake, the honest thing to do would be to start afresh under a new name and stay out of such bad company.

On 26 January 2000, "an extraordinary general assembly of the international association and the international office of Médecins Sans Frontières abbreviated to MSF international" took place in Brussels. As an argument against the exclusion of MSF Greece, the representatives of the Greek section presented the issue as a 'difference of opinion' and not a 'breach of obligation.' They had previously sent an alternative proposal before the exclusion and asked for the alternative to be discussed and put to vote. A battle on procedure ensued, fueled by lawyers from both parties, who attended the meeting. For a third time, the exclusion of MSF Greece was voted by 18 votes in favor, 1 vote against, and no abstention.



Minutes from the MSF International Extraordinary General Assembly, 26 January 2000 (in English).

Extract:

1. Vote on the exclusion of Médecins Sans Frontières – Greek section (MSF Greece) for the following reasons:

- Violation of the resolution passed by the International council meeting of 11 and 12 June 1999 calling on MSF Greece to immediately halt its operations outside Greek territory;
- MSF Greece's violations of the fundamental principles of the movement. The said violations are based on the report of Stephan Oberreit and Morten Rostrup of 3 June 1999 [...]

IV. Statement on the validity of the International council extraordinary general meeting

The president's opening remarks were recognised as correct by the meeting, which was validly constituted to deliberate on the different points on the agenda. However, Odysseas Boudouris for MSF Greece, expressed reserve in regard to the validity of the proxies.

V. Summary of discussions

Statement by Morten Rostrup: Morten Rostrup presented his report, [...]

2) Statement by the Greek party: O. Boudouris declared that the report did not reflect reality. He invited members to take note of the memorandum distributed by MSF Greece and sent to international council members the previous day by e-mail [...]

b) Background: Sotiris used a metaphor to describe the relationship between MSF Greece and the rest of the movement (MSF should be seen as a country with a very small minority on its southern frontier, which is MSF Greece [...]) He then developed the argument contained in the memorandum presented by MSF Greece and transmitted by e-mail to other members. A copy was distributed during the meeting.

MSF Greece would like to open up an unconditional dialogue with all subjects open for discussion. But the international council must make known whether it wishes to exclude the section or whether it wishes an intensive dialogue. If the international council wants an exclusion procedure, it cannot be prevented from this, but the problem will not be resolved; two conditions are required for this:

- There must be a serious breach of obligations, not merely

a difference of opinion. In the recent history of MSF there have been greater failures of transparency and more serious violations of principles that those for which MSF Greece is reproached (he gave two examples: the article entitled 'J'accuse' in Libération and the fact that 60% or more of MSF Belgium's funding was institutional); each case was resolved by dialogue.

- The right of defence must be respected, which is not the case here as MSF Greece has been cut off from cc-mail system [MSF internal email network] for seven months and therefore cannot make its side of the dispute known. Therefore, if the international council opts for exclusion, MSF Greece will contest this on the basis of the two points listed above. A procedure must be found to re-launch a dialogue, even if exclusion has to be postponed to a later date. He invited the international council members to read the memorandum distributed to all participants [...]

Replies from MSF Greece (Sotiris Papaspyropoulos [MSF Greece Honorary President])

[...] The Nobel Prize vindicates MSF's history and we should therefore not be excluded from it. What would be the sense of this exclusion? MSF Greece has an obligation towards its donors and towards the populations for which it has a responsibility to continue to exist. Within MSF Greece there is a desire to find a formula for continuing with five operational centres. If we are excluded, we wish to continue for several years as MSF. We propose that all legal procedures should be terminated and a working group nominated to find possible solutions to the existing problem, which began eight months ago [...]

VI) Summing up

Odysseas Boudouris for MSF Greece raised a procedural question about the proposal of MSF Greece, which must, according to him, be put to the vote. Sotiris Papaspyropoulos: the proposal from MSF Greece is an alternative to exclusion and must therefore be voted on before the exclusion itself. Lawyers debated over the procedure: should the proposal by MSF Greece be regarded as an alternative to the vote on the exclusion procedure (view promoted by the lawyers of MSF Greece) or a new point on the agenda (view promoted by Mr. Druylans, lawyer for the international office)? Sotiris Papaspyropoulos for MSF Greece undertook to respect international council decisions and defend them to MSF Greece. That was the extent of the undertaking that could be taken by those present for MSF Greece. But, international council decisions are binding on all sections, unless a national annual general meeting decides otherwise. Romain for MSF Luxembourg reminded the meeting that either a vote should be held on exclusion or MSF Greece should immediately accept the June 1999 international council decisions.

James Orbinski asked the meeting if the proposal of MSF Greece should be voted on, as well as a second vote on point 1 on the agenda on the exclusion of MSF Greece. The lawyer for MSF Greece rejected this and said that each member present at the extraordinary general meeting [General Assembly] should be able to submit a proposal. P. Druylans, lawyer for the international office: an annual

general meeting decides on the points on the agenda. There is disagreement on whether or not the proposal of MSF Greece is contained in the agenda so the international council must, as an annual general meeting, rule on this matter. Sotiris Papaspyropoulos proposed that his proposal should be reformulated:

- MSF Greece not to be excluded this day;
- All legal or administrative procedures by one side or the other to be halted;
- A committee to be formed to undertake a dialogue.

James Orbinski then reformulated the motion on the agenda. Odysseas Boudouris refused to vote.

-> The President asked the international council if it agreed to add a new point to the agenda, which would be the new three-point proposal of Sotiris Papaspyropoulos. Objection from Sotiris Papaspyropoulos, who said that this was not another subject on the agenda. Voting: two in favour, one abstention, 16 against. Odysseas Boudouris expressed reservations regarding the legality of this vote.

-> Then, on a proposal put forward by the president, the following resolution was submitted to a vote: "The International council votes to exclude Médecins Sans Frontières – Greek section, on the basis of a violation of the fundamental principles of the movement and a violation of the international council's resolution passed at the meeting of 11 and 12 June 1999."

Voting: This resolution was adopted by 18 votes in favour, one vote against, and no abstentions. Odysseas Boudouris asked for the list of participants and expressed reservations on the voting.



For me, the meeting when MSF Greece was excluded was really hard. It was the first time ever at a meeting in Brussels that I had had to identify myself before going into the room. Odysseas, the President of MSF Greece, had come with his lawyer and James Orbinski [MSF International Council President] had come with his. Before entering the meeting, we had to show our passports and sign the attendance list. We had the meeting and unanimously decided to exclude MSF Greece. The President of MSF Greece refused to sign the minutes from the meeting so they wouldn't be legally valid. It was really horrible, sad, and almost violent.

Dr Miguel-Angel Perez, MSF Spain President
1998-2003 (in French)



Before Kosovo we had sorted out MSF Greece's status, we had agreed to a director of operations and we had agreed to common management methods. But, there were still problems. We wanted a bit more than they were willing to give, but at least we had found a framework. I think certain individuals deliberately stirred up these past disagreements as an excuse. There were three votes, for legal reasons, because no one was willing to budge. We felt like we were in court. Our lawyers told us that they couldn't exclude us from the MSF family, that we had the name, the logo, and

that we were keeping the lot. This approach had been used in Greece where the courts said we could keep the name, but not the logo.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder,
President 1990-1996, Honorary President 1996-2000
(in French)



The Greeks probably paid dearly for the fact that we had to consolidate our identity when we were awarded the Nobel Prize. We had to show a united front. Well, that's my interpretation anyway, but I think the Greeks did us a big favour at the time, because they really screwed up over Kosovo and that united the rest of us against them. I think we were all unhappy about excluding the Greeks, especially people like me and Rony [Brauman, President of MSF France from 1982 to 1994], because we thought it was stupid. But I reckon it was tactical. At the time, it was useful for us to say, 'What's the real issue with bearing witness?' because that dispute about bearing witness, speaking out, and engagement had been going on for years.

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

EPISODE TWO: 2000-2011

In the years following MSF's 1997 international structural reform, the Nobel Peace Prize in 1999, and the exclusion of the Greek association in 2000, the MSF movement was continually shaken by internal waves of doubts and questioning.

This questioning was anchored in practical operational and organisational differences between the associations, who had divergent approaches and internal cultures, yet use the same name, logo, and principles as stated in the charter and in the Chantilly agreements¹. The five operational sections struggled to cope with multiple claims from fifteen partner sections to be associated with operations, in a way or another.

Most of these partner sections experienced increasingly successful fundraising outcomes but this was not reflected in similar increases in operational activities. However, this growth challenged MSF's ethic that the availability of funds is not the driving force of its operations. The growth and the social mission discrepancies were aggravated by the movement's lack of organisation to ensure fair and efficient distribution of financial resources and professional management of human resources.

It would take almost a decade to implement a step by step reorganisation of the associative and executive governance of the movement. This reorganization was based on an updated political agreement that completed the Chantilly principles.

1. The Chantilly principles, resulted from the debates of the international meetings held in the city of Chantilly (France) in 1995 and 1996 (see Episode I).

I. FROM OPERATIONAL CENTRES TO GROUPS (2000-2009)

During the 2000s, the financial and institutional growth of the MSF movement was mostly created by the executive. 'Groups' were composed of an operational section and an increasing number of partner sections and offices organized and developed for executive purposes: operational sections were looking for resources while partner sections were keen to share operability.

The building of collective internal governance mechanisms to share operability differed from one group to another depending on specific histories and cultures.

Both MSF Belgium and MSF Holland proposed an involvement in the daily management of operations through the construction of a super structure with partner sections. While MSF Belgium strived to organise a co-ownership of operations, the Amsterdam group opted for a co-management model that was experienced as an MSF Holland-managed operational centre.

For years, MSF France relied on bilateral agreements with partner sections that focused all resources on the MSF France operational project. A more formal partnership, enshrined in a Memorandum of Understanding and allowing the joint validation of a strategic operational plan, was only established at the end of the 2000s.

MSF Spain and MSF Switzerland, which had almost no partner sections in the early 2000s, endeavoured to secure more resources and develop their operations. They focused

on attracting partner sections in secondary partnerships and supported the creation of new entities to provide resources. They organised group governance structures open to all the movement's entities.

Beyond the race for resources, new entities - mostly associative - were created in efforts to diversify the movement by operational centres or regional groups national staff.

A. OPERATIONAL CENTRE /GROUP AMSTERDAM (OCA)

In 1994, MSF Holland and its three 'delegate offices,' MSF Canada, MSF United Kingdom and MSF Germany founded the 'Amsterdam group' with the objective of formalising their relationship. The office in Amsterdam was to remain the operational centre, supported and supplied by the four partner sections (Holland, Canada, UK, and Germany).



Amsterdam Group Presentation, May 1994 (in English).

Extract:

I INTRODUCTION

With the growth of MSF Canada, MSF United Kingdom, and MSF Germany, and the intensified relationships with HQ in Amsterdam, it becomes increasingly important to describe

and formalise the structure and the functional work processes of what we will call the 'Amsterdam group'. [...]

II STATEMENT OF DIRECTION

Objective

Within the terms and conditions set by the international council, MSF Holland, MSF United Kingdom, MSF Canada, and MSF Germany agree to engage in a collaborative structure aimed at providing humanitarian relief to victims of conflicts or natural disasters in need of urgent medical assistance, this collaborative structure should aim at optimal cooperation between MSF Holland and the offices in the United Kingdom, Canada, and Germany. We will refer to this structure as the 'Amsterdam group'.

Structure and activities Within this structure MSF Holland, MSF United Kingdom, MSF Canada, and MSF Germany will form an integrated organisation. The goal of this organisation is to provide emergency medical assistance to populations in danger. The current strategy of the group is set out in the policy memorandum 'MSF Holland in the 1990s: Decisiveness, Involvement, and Independence'. After the construction of the group, and when it is appropriate to update this strategy, the group will work together to do so.

Within this group, the office in Amsterdam functions as the operational centre. The four parts of the group – Holland, United Kingdom, Canada, and Germany – provide resources to this operational centre. They are responsible for recruitment, fundraising, and public relations and awareness building. The operational centre undertakes the operations and provides control functions, much as a holding company would to its corporate entities. It would supervise the inflow and outflow of funds from the components and provide them with the necessary 'corporate' services.

The activities of each of the four parts of the group and the operational centre will be described in Annual Plans. These Annual Plans should complement each other and be geared to meet the primary objective of the group.

1. Operational Partnership and Group Governance

In March 2003, each section of the Amsterdam group presented an operational model fitting the section's aspirations and possibilities:

- MSF Canada asserted that there was no benefit to them to become operational except that in doing so they would contribute to "break the European monopoly on operations." They proposed to focus on developing an HIV/AIDS unit and recruiting Francophone human resources for the group.
- MSF United Kingdom set up the 'Manson Unit,' a medical unit named after one of the fathers of modern tropical medicine, Sir Patrick Manson. This unit would send out experienced doctors to tackle the most difficult clinical issues in MSF's projects. They started with an effort to promote the most effective combination therapy to combat resistant strains of malaria.

- MSF Germany stated that their key objective was to set up an operational unit/desk in Berlin which would work under the authority of the MSF Holland's operational director.



Minutes from the Amsterdam Group Meeting, 4–5 March 2003 (in English).

Extract:

MSF (Canada) Operational Model – Presented by DM [David Morley, MSF Canada Executive Director]

DM expressed a commitment to a greater integration between MSF (Canada) and the Amsterdam operational centre. He identified three ways in which MSF Canada was seeking to consolidate a consultancy operational model:

- to contribute to the medical capacity of MSF Holland
- to increase capacity to develop an HIV/AIDs unit in MSF Holland
- to build a unit, tapping into the resources and expertise of Canada's population [...]

MSF C[anada] stated that for them one of the reasons to share operations was to break the European monopoly on operations and start to shake up the movement so it could become truly international. There was no inherent benefit for MSF C[anada] to become operational in itself except in so far as to contribute to this development. MSF C[anada] believes that people from other regions and places have a lot to offer the MSF movement. [...]

MSF (United Kingdom) Operational Model – presented by JMP [Jean-Michel Piedagnel, MSF UK Executive Director]

JMP reported that MSF (United Kingdom) intended to focus on specific operational issues and cited the 'Manson Unit' for malaria treatment as a key example.

He noted that through placing staff on short-term field missions there was a growing field culture in the United Kingdom office with significant achievements.

JMP proposed that requirements for a delegation of responsibilities to work effectively were:

- the right of initiative
- procurement of additional resources (such as a laboratory technicians)

In order to manage disagreement, JMP stressed the importance of the six-monthly reviews. [...]

MSF (Germany) Operational Model – presented by UVP [Ulrike von Pilar, MSF Germany Executive Director]

UVP [...] identified the key objective [...] is the creation of an Operational Unit in Berlin, adopting the 'desk model' of MSF (USA).

UVP stated that the reasons for proposing the development of the desk model were to:


- adopt a more generalist approach to operations
- take direct operational responsibility
- maximise HR [human resources] potential

UVP emphasised that this was not a move to 'nationalise' operations in Germany and noted that the proposed unit would fall under the authority of the MSF Holland's


Operational Director and be part of the Amsterdam portfolio. But the 'desk' would also be a member of the MSF G[ermany] management team.

The group registered a number of reservations regarding this proposal, as it seemed to promote a national section, operational portfolio, and a resource pool. The group also questioned the distance between the 'desk' and the field, and the overall operational efficiency of this model.


It was recognised that, while this model presents some of the greatest challenges, there are reasons why in Germany we have opportunities to develop MSF further and thereby contribute to MSF's operational capacity. The 'desk model' is a major step forward but something we are committed to working out over the next 6 months as a viable project.

 Around 2000/2001 the three main partners of Holland – Canada, Germany, United Kingdom – had grown so big and experienced, with many experienced field people in their executive and in their boards that they said: 'actually we want to do more than just to deliver people and money to MSF Holland who do the operations.' From our side, we were a little bit slow, we said: 'OK, well, but you should not only want the benefits of responsibility, you should also accept the burden of responsibility, which means work and train yourselves.' And that was a discussion. They felt we were overcautious and overanxious, and we felt they were oversimplifying things.

Pim de Graaf, MSF Holland, Board Member from 2005 to 2008, President and OCA Chair from 2008 to 2013 (in English)


 The majority of volunteers used to go to Amsterdam and the majority of the funds were just transferred to Amsterdam. There was always this question of direct operationality for the United Kingdom office. Most people said we shouldn't do this. But Patrick Bishop (MSF United Kingdom Founder and former President), who we invited to come to one of the general assemblies, said, 'Well why not? If people want to do it, just do it. Essentially, it's a matter of setting up a desk within the OC.' This was important for some people. But I always thought that actually there was so much opportunity for people to be involved in the operation department in Amsterdam if they wanted to. It was a very porous movement between the two [UK and Amsterdam] offices. I didn't feel very strongly that we had to have a national operational centre. But, I felt that we needed to be more independent within the movement, partly because I felt the Amsterdam office was too controlling of things and needed some challenge.

Dr Greg McNulty, MSF United Kingdom, President from 2001 to 2007 (in English)

 It was my field experience that gave me the idea for the Manson Unit. My medical coordinator in Sierra Leone saw advisors from the medical department pass through, making their rounds, their report, and would then just leave saying: "That's what needs doing, good luck!" So the idea was to have advisors who would stay on and give technical support for an extended period and help the medical team implement their proposed system, until it worked, say three to six weeks.

We recommended really decentralising the responsibilities and not physically sending in people like the relocated desks that were all the rage at the time. We started working on malaria. We had to provide chloroquine treatments combined with artemisinin therapy. It was really practical to send technicians who were proficient in the new protocols and could help the teams put them in place. Same thing for HIV treatment. Combining Dutch logistics and British pragmatism, the Amsterdam group's plan was intended to provide training. And the Manson Unit was a good fit with this plan.

Jean-Michel Piedagnel, MSF United Kingdom, General Director, from 2001 to 2008 (in French)

 We decided that we probably did not need to have another operational centre in the United Kingdom. I don't remember there being anybody who really wanted to do it, actually. But the idea was discussed, because all the other partner sections were discussing it. Almost from the very beginning the feeling was that the special value that the United Kingdom office could bring to the movement was the fact that it's got the London School of Hygiene and Tropical Medicine and a lot of good medical schools, the Liverpool School [of Medicine], and all the other universities that could bring this medical expertise to the movement. Probably it's the fact that the majority of the board members were medical that led to a consensus to push the medical side forward in terms of operational support. There was also the political and advocacy side of it, and the answer to that was to create the programmes department. So, we were doing advocacy. It was the same with communications because London is a major global communications hub.

Frances Stevenson, MSF United Kingdom Representative on MSF Holland Board from 2005 to 2009 (in English)

In April 2004, the MSF Holland and MSF Germany boards signed a memorandum of understanding (MoU) that led to the creation of an operational desk in Germany that started with two programmes in Nigeria and Bangladesh. The boards agreed to allow a co-opted member of the other boards, while the MSF Holland board was again reorganised, downsized, and reformed.

Both parts acknowledged that the steering of this process should be integrated within the 'group system' and thus,

change the nature of the Amsterdam group. Therefore, new processes of conflict management and decision-making would be necessary.



Minutes from the MSF Holland and MSF Germany Board Meeting, 22 April 2004 (in English).

Extract:

The German board confirms: MSF D [Deutschland = Germany] is not aiming at becoming a 6th operational centre. Sharing operationality should first of all aim at improving the quantity and quality of operations of MSF as an international movement. Building a desk in MSF D within the portfolio of MSF H[olland] is a chance for a different contribution of MSF D to the whole movement and to develop something new within the Amsterdam group. MSF D is highly committed to work within the Amsterdam group but will also continue to cooperate with the other sections. [...] The Dutch board supports the idea of 'shared operationality' in order to increase operations. [...]

What is the boards' responsibility within the process? Will the cooperation affect the two boards? How can a closer collaboration be organised? Is the current system sufficient or is there a need for a change? [...]

The Dutch board will be reconstructed and downsized from 25 to 13 members. Instead of two boards there will be only one, consisting of seven elected members, three co-opted from PS [partner sections], (MSF Canada, United Kingdom, Germany), plus three co-opted experts. [...]

A more intensive cooperation at board level was considered to be necessary for information sharing, advice, and general trust building. The Dutch board will be the decision group with co-opted members of the PS. In order to increase the exchange between the two sections at board level it was agreed that ideally a Dutch board member will join the German board in the future. [...] Additional mechanisms, including and involving the United Kingdom and Canada, should be developed.

On 17 February 2006, the four presidents of the Amsterdam group issued a joint statement agreeing on the principles of a basic framework to ensure the operational co-ownership which included that:

- The strategic plan should be written by the four sections,
- The MSF Holland general director should be the apex of the OC management line.
- Appropriate executive and associative platforms should be created.

In December 2006, the OCA organisational principles and most of the governance structures were in place and were presented and endorsed by the MSF Holland extraordinary general assembly. They included an OCA board composed of 2 members from each Amsterdam Group national association, and an OCA management team composed of the director of operations and the four general directors.

The OCA board was not a 'supranational board' because it was not possible to give legal accountability to an international entity. Thus, the MSF Holland board was the legally accountable body. The Group preferred a supranational legal entity to be accountable but the law forced them to accept this approach.



Amsterdam Group President's Statement of Intent, 17 February 2006 (in English).

Extract:

The shared vision of 'co-ownership' has been agreed upon in terms of the understanding that this will involve 'real and meaningful' participation by all sections in the development and management, at strategic and operational levels, of the operations of the Amsterdam group.

a. The presidents agree that the development of the strategic plan including resources planning and the ensuing AP's [annual plans] for the Amsterdam OC [operational centre] and the monitoring of these plans should be the collective responsibility of all four partner sections (boards and GDs [general directors]) on the basis of equality.

b. The current agreement is to discuss further the formation of an appropriate platform at associative level to reflect these governance responsibilities. In addition, there is agreement on the necessity for an operational platform which ensures active engagement and responsibility at GD level.

c. Finally, we agree that we need a clear operational management line. Currently, this includes that the MSF H[olland] GD will be at the apex of this management line. However, the respective tasks, as well as the management team, will be selected in agreement with four sections.

The presidents of the four sections accept that this process needs to now focus on the development of the necessary platforms in order to facilitate the agreed vision of co-ownership.



Report of MSF Holland Extraordinary General Assembly, 16 December 2006 (in English).

Extract:

1. OCA accomplished structure

1.1 The OCA council:

The OCA participating sections remain accountable to their own boards according to their associative structure. The board of MSF H remains legally accountable for all operations. The OCA chair is accountable to the MSF H[olland] board as well as to the OCA council. [...]

The council may co-opt additional members when necessary, for example a treasurer (no voting status).

1.2. The OCA MT [Managing Team]

The OCA MT has been in function since 1 October. The OCA MT holds executive responsibility for all OCA operations [...], The OCA MT is accountable to the OCA council through the OCA MT chair.

1.3. Operational Platform

The Operational Platform has been operational since mid-October 2006 and consists of:

- Director Operations Portfolio (DoP)
- 6 Operational Managers (OMs)
- Head of emergency department
- Head of public health department

HoMs [Heads of Mission] can be invited to join MT meetings on ad-hoc basis as per required per topic. The Operational Platform implements the OCA social mission according to the strategic plan and Annual Plan. The Operational Platform reports to the OCA MT chair through the DoP.

2. OCA Guiding Principles

2.1. To clarify and stipulate its function the OCA council has adopted 'Guiding Principles' (GP). These GP consist of three paragraphs:

- a) Organisational Principles
- b) Authority and Structure
- c) Accountability [...]

2.2. Authority and Structure

- The OCA council has a delegated authority by the members of the associations of participating sections and their boards.
- The OCA council determines the overall strategy and approves the strategic plan, Annual Plans, and Accounts.
- The OCA council appoints the OCA MT chair who is accountable to the OCA council.
- The OCA MT is responsible for the implementation of the OCA Mission within the set frameworks.

2.3. Accountability

- The OCA council is accountable to the boards of all sections and through these also accountable to the national associations.
- The OCA council sets performance indicators for the OCA, in close cooperation with the OCA MT, to be critically reviewed every 6 months.
- The GDs of the participating sections are accountable to the OCA council for their section's contribution to the OCA but remain accountable to their own board with respect to obligations to other sections (non-OCA) and their home society activities.



We didn't have a separate structure. It was through our own board. Canada and Germany and United Kingdom were on the board of MSF Holland. When we had the annual plan, including the budget - it would be on the agenda. They would usually already have discussed in their own board. In fact, it was complicated because in all those boards people had to do double functions. They were on their own board and they were also on the board of one of the partner sections.

Albertien van der Veen, MSF Holland, Board Member from 2001 to 2004, Vice-President from 2003 to 2004, President from 2005 to 2008 (in English)



There were heated discussions about the need to have a separate OCA board because MSF Holland was not the OCA, although there were a lot of people on the MSF Holland board who thought they were! And they didn't want to give up that power. MSF Holland, MSF UK, MSF Germany, and MSF Canada, all were separate associations with separate boards. But in order to try and bring them together we were seconding onto each other's boards as a gradual kind of bringing together effort. It was almost the first thing that happened to me when I was co-opted onto the UK board. They said: 'you are going to Amsterdam next weekend for an MSF Holland board meeting.' There was somebody from Canada and somebody from Germany also on the Dutch board, who joined the same time as me. I remember feeling that we were a little clique. I had no idea what was happening! Actually, the legal structure had no influence at all. We felt that we deserved more influence than that and we wanted to have a proper structure, with a joint management team and joint strategic planning and joint governance. From the beginning that was always what we wanted to have.

Frances Stevenson, MSF United Kingdom
Representative on MSF Holland Board from 2005 to 2009
(in English)

The OCA partners wanted 'in' on operations management. They felt like they were only suppliers and wanted more control over the field as the 'prize' of their participation to the group. They were tired of the OC bickering and wanted a more cohesive international approach.

In July 2007, the OCA council and the OCA management team agreed that the OCA management structure had proved to be "slow, inefficient, and ineffective" inducing a lot of frustration on the meaning and scope of sharing responsibility.

They decided to implement a revision of the OCA model in order to find ways of functioning that would help to remove the tensions.

In September 2007, the OCA management team informed the OC council that they were not able to continue working together. They invoked a lack of common vision that was hampering the operations, each section having a specific view on each topic. They clearly stated that the current OCA structures had failed. A process to develop a common vision was then launched.



Minutes from the OCA Council Meeting, 7 July 2007 (in English).

Extract:

Functioning OCA MT [Management Team]

In order to avail better understanding of the working

relations within the OCA MT, the OCA council proposes an open hearing session of the GDs [general directors], without interrupting or allowing others to go into discussion or debate. In this hearing the GDs are asked to give their frank opinion of the working relations as they experience it, their frustrations and worries, the challenges they meet and the opportunities they see for improvement. [...]

The GDs of Canada, Germany, and the UK were very critical [of] the management of the OCA MT and mounted a succession of complaints about processes especially, but not only, on the reserves issues and the process related to it. Many of the complaints were directed at the OCA MT chair, though the examples were wider than that. In general the complaints of the GDs amounted to establish[ing] that the OCA chair is pushing his will on them. The three GDs express their frustration, that their skills and experience are not used and recognised, and specifically demand more delegation of tasks from Amsterdam.

The OCA MT chair counters this [...] saying that he feels that he (MSF H in Amsterdam) is responsible for the whole scope of the OCA and opines that in his view the [GDs of] the other sections had missed opportunities to take their share in sharing responsibility. [...]

From the presentations and the remarks made by the GDs the following is observed:

- It is clear that the collaborative work relationship within the OCA MT is disrupted. This is apparently caused/exacerbated by the present structure, which is unclear and proves to be slow, inefficient, and ineffective.
- The issues that cause tensions are not per se the operational or financial topics on the OCA MT agenda. It appears to be the OCA MT agenda setting and the way 'non-operational' responsibilities are shared or – as some GD's expressed – not shared.
- There is a lot of frustration on the meaning and scope of sharing responsibility.
- It appears that guidance from the OCA C[ouncil] to facilitate the working relations within the OCA MT is too reactive.

The OCA C and MT both agree that there's a need to (re)define what OCA is and what it is not. [...] The OCA C members feel that it is necessary to break the vicious circle of people feeling undervalued, leading to frustration and negatively impacting on output.



Minutes from the OCA council meeting, 28 September 2007 (in English).

Extract:

MT [Managing Team] meeting report (MT joined session)

The OCA MT joined earlier than originally planned in the agenda. They presented the status [...] of their group's work. They stated that they are not able to continue working together.

Positive aspects to judge the present situation within the OCA:

-The OCA is able to run operations from different desks (Amsterdam, Berlin, Toronto)

-The structure of the OCA allows input from different locations

-We do have a good (strategic) plan for the future.

Negative aspects:

-It has to be acknowledged, though, that there is no environment existing that either supports or guides operations in a way that is needed. This lack of progress is causing disappointment in every section.

-Symptomatically there are four different opinions, expressed by the four different sections concerning topics like legal entity, emphasis on hierarchy etc.

-At the same time [...] no common vision exists, whereto the OCA should proceed within the next five years.

-Though the motivation in all the section's offices is good in principle the dysfunction of the OCA starts to affect operations and is seen by the OCA MT as a further threat in the near future.

It is felt that a fundamental change has to be made within the next six months. The MT expressed clearly that they felt that the OCA in its current structure has failed. At the same time they acknowledged that they could not continue to work like this.



When I took over as general director at MSF United Kingdom, the incumbent management team at MSF Holland had a plan to set up a group made up of partners working together. But the team who replaced them were old school and wanted to control everything and didn't get the new MSF; the one based on partnerships and operationality, the one where the partner sections were true partners and not vassals. For them, the partnership was composed of different levels, with a boss right at the top and this boss was them. When they arrived, they invited us, my colleagues from MSF Canada, MSF Germany, and myself, to a work seminar. We went to the meeting to build the group, but the Dutch board explained that as far as they were concerned, legally the operational side of things fell under their responsibility, which would be problematic to change. They apologised profusely. The big machine was going in reverse, we got nothing. A bit of a blow! This result stuck in the craw of everyone who had made the effort to come, especially the Canadians who had crossed the Atlantic for the meeting. From there, we led a trench war, to try and build an egalitarian governance system which wasn't dominated by the Dutch. We didn't succeed in taking power, but we did try and maintain our vision of the partnership. We eeked out a management team for OCA composed of general directors. We organised meetings to try and address operational problems. But it was awful because there was a general lack of goodwill from the Dutch, who stood in the way of everything for three years. I think we got so frustrated that we were all asking ourselves, 'Why are we even bothering with this group?' In fact, it was their reticent attitude that kind of drove us to working with other OCs and to diversify.

Jean-Michel Piedagnel, MSF United Kingdom,
General Director from 2001 to 2007 (in French)



As the discussions heated up there was more contact between the partner sections because we were fighting the same [foe]. It felt a bit like a battle, the three partner sections fighting a battle for a share of power with MSF Holland.

Frances Stevenson, MSF United Kingdom,
Representative on MSF Holland Board from 2005 to 2009
(in English)



In the process, it was not only the boards that were having these kinds of discussions. It was even more so at the executive level. The four GDs [general directors] had all been appointed as a GD. They had not been appointed as a member of a management team of our MSF sections. The GD of Canada, of Germany, of UK, they suddenly became a member of a management team of which the MSF Holland GD was the chair who remained at the top of the operational line. The other GDs were GDs in their own country but also now had to fit into a management team for which they were not prepared. At the executive level this created also a lot of problems and within a couple of years of OCA, three out of four GDs left, because of that, including the Dutch GD, the German, and the British. The only GD that was staying on was Canada. And looking back, I cannot blame them. They were actually affected by this whole change. If you change some structure like this, and responsibilities or roles, tasks, you need to support your people very well. But Holland, UK, Canada, and Germany - all the boards - were not able to support their GDs really well in the process, because everybody was too much in it. The birth of OCA was necessary but there was some collateral damage on the road. It was a pity that we were not able to manage that better. That was also a period in which we see the limitations of the association, because those general directors and everybody else in the executive, they are full-time on it. And as president I was full-time on it. But the rest of the board was not. And then the board could not really be proactive or constructive. For them it was very difficult in such a crisis-like situation to keep anyone engaged for longer than a week while the problems at hand needed months or years.

Dr Pim de Graaf, MSF Holland, Board Member from
2005 to 2008, President and OCA Chair from 2008 to 2013
(in English)

From November 2007 to January 2008, the MSF Canada general director withdrew from the OCA management team, in order to protect herself from the “unhealthy environment” of a “dysfunctional, energy-taking” OCA management team.

In 2008, the MSF UK, MSF Holland, and MSF Germany director mandates ended and they were replaced. The OCA council seized this opportunity to try and improve

the management team structure. They initiated the production of a manifesto on “values and culture” of OCA. The relationship between the OCA council and the OCA management team remained challenging.



Minutes from the OCA Council Meeting, 15 November
2007 (in English).

Extract:

2) Feedback MSF Canada

The OCA council discussed the withdrawal of the Canadian GD [general director] from the OCA MT [management team]. [...] The Canadian president underlines, that the step to withdraw its GD was to protect her from the unhealthy environment of a dysfunctional, energy-taking MT. It is a consequence drawn out of many reasons, including the amount of transatlantic travelling, but especially the accumulation of meetings that are not worthwhile, with people not talking with respect and insulting each other.

It was stated by Tankred [Stoebe, MSF Germany President], that this is not a personal problem by the Canadian GD but that the GDs of MSF D [Germany] and MSF UK were at times close to withdrawing from the MT as well because of similar reasons. [...]

Summary:

- OCA council is aware of the dysfunction of the MT and is deeply concerned
- The restructuring of the MT was raised in London => no changes are seen so far
- OCA C [ouncil] is aware of unequal share of travelling between the 4 GDs
- OCA C does not demand the entire MT travel to Canada, because that won't solve the MT problem.

Decision: => OCA C requests the MT improve its working conditions with support [from] the council.

Decision: => Continue as OCA in the given framework in the best possible way until the OCA review by the external facilitator is done.

Action point: Think about concrete steps (time-frame, necessary changes, etc.), that makes it possible for the Canadian GD to return to the OCA MT. MSF C[anada].



Minutes from the OCA Council Meeting, 15 January
2008 (in English).

Extract:

Joanne [Liu, MSF Canada President] and Joni [Guptill, MSF Canada Board Member] reassure the council that Marilyn [McHarg, MSF Canada Executive Director] will be present at the meeting on 1 March. MSF C[anada] is willing to take a leap of faith. It's now important to work on a vision and initiate the process. MSF C[anada] explains they'd like a response from the council that includes support for their proposal on rules of engagement of the MT [management team], any initiative of the council to facilitate further

work on a vision for the OCA and agreement to use a new communication tool.



Minutes from the OCA Council Meeting, 11 September 2008 (in English).

Extract:

5) Manifesto, Culture & Values

After last small changes, the paper is agreed by all to be the final version. It can now be widely circulated in the sections.



Minutes from the OCA Council Meeting, 10 October 2008 (in English).

Extract:

1) Expectations from OCA Council towards OCA MT [Managing Team]

- a. OCA C needs to have timely and understandable deliverables, to be able to hold the OCA MT accountable. [...]
- b. OCA C is asking the OCA MT to communicate clearly about the added value of the OCA, and to give rationale of how the OCA is contributing to the international movement. [...]
- c. OCA C needs a different culture in terms of collegiality, respectful communication, sense of equality and facilitation of virtual meetings. [...]
- d. OCA C and OCA MT need to actively work on the next steps in the model/structure of the OCA, and solve the issue of double reporting. (Developing a legal entity is one possible approach). [...]

Arjan [Hehenkampf, Director of Operations] and Wouter [Kok, Head of Emergencies] feel that the issues discussed now are very far away from the daily reality of operations, and a waste of time. They perceive the expectations from the OCA C as sectional feedback, whereas they expect a common vision/unified message. Pim [MSF Holland President and OCA Chair] disagrees, the council is optimistic and the presented 'sectional points of views' are shared by the whole council.



We had weekly OCA management team meetings. All of the types of decisions that an operational centre management team would make were put in that forum for decision. I struggled with that quite a bit, because having been a director of operations, I knew what you needed to know to make decisions. And when you are sitting across the ocean and not having the information that was on one or two pieces of paper, for me it was a false set-up. I questioned the value of having all of these general directors involved, from the partner offices, in those kinds of decisions, because there wasn't enough information. You can't make a proper decision when you don't have access to the people directly, if you don't have access to the sites or opinions of others, other than that one group. There was the board of MSF Holland and then the OCA board, and then we had our own boards, and so to differentiate what each of the boards' roles was in

relation to the topics that were being discussed, and in relation to each other, was a bit of a maze!

Marilyn McHarg, MSF Canada General Director from 2006 to 2012 (in English)

In June and July 2010, the OCA council discussed how to adapt their structure to the next strategic plan. MSF Holland highlighted the problem that the OCA council was accountable to no one and this created legal and organisational issues. MSF Holland was the only legally liable entity regarding the OCA social mission and its board wanted to be consulted on specific matters like the strategic plan review. This posed a problem of double reporting. The majority of the council members did not see a problem with the accountability and considered that "the MoU" and "acting on good faith" were sufficient. MSF Canada insisted that MSF Holland and the OCA were too intertwined and proposed to create a "liaison" position between the OCA executive and associative. MSF UK and MSF Germany considered it more urgent to change the management team than the OCA associative governance. They all supported openness to other MSF partners.



Minutes from the OCA Council Meeting, 29 June 2010 (in English).

Extract:

MSF Germany [...] Re the associative level they concluded that they wish to maintain the current OCA Council structure with 2 reps per section plus the additional treasurer. [...] In general the German Board considers the OCA a transitional structure, meaning that they are open to changes and ambitions. The MSF Holland board wants to be more ambitious: apart from looking at the structure they want to take a step further. Regarding the associative, they are satisfied with the Council structure, having 2 reps from MSF Holland fully mandated. However, the Dutch board wants to be consulted on certain matters, such as the SP [Partner Sections] review, and there the double reporting problem appears.

Next, they considered the accountability of the Council ambiguous and therefore suggest exploring the establishment of 1 OCA association. OCA could be governed by the Council, composed of members from the OCA Association. The current legal status of the MSF Holland board could be used as a vehicle to create an OCA Association. Also, they intend to include MSF East Africa in the governance of OCA and search for an appropriate way to do that, and to explore how best to engage with MSF India. The MSF Holland board rationally accepted the mandate of the OCA Council, but in reality it is not always applied. They wish to make a clear split between home society and operations, and maybe reduce the number of board members. [...]

Formal reflection from the MSF Canada board: [...] They consider OCA and MSF Holland too much intertwined, esp. in the role of DirRes, and are open to add another layer/independent person (outside of the managerial line) that could be the link between associative and executive. Anyhow the structural change should allow for more visionary and strategic discussions at executive level. The Canadian board supports cross pollination with other sections.

The Board of MSF UK generally felt that the OCA within its structure should be left intact, allowing organic growth or adaptation. In the UK office there's no real sense of OCA engagement or involvement (more MSF International), however the platforms are in place and are functioning and appreciated, so the integration of the Manson Unit is no longer an issue. [...]

Tankred [Stoebe, MSF Germany President] summarises the feedback on the OCA Governance: => The current OCA Council structure is seen as appropriate, but with the following considerations:

- a. openness to include other partners;
- b. clarification multiple commitments of sections to OCs (primary and secondary partners);
- c. strengthening accountability of the council;
- d. diminishing duplication.

=> It seems that there is a more urgent need for changing the MT structure;



Minutes from the OCA Council Teleconference, 15 July 2010 (in English).

Extract:

Pim [de Graaf, MSF Holland President] and Wilna [van Aartsen, Board Member] are explaining the MSF Holland board's reservations about the accountability of the OCA council: [...] for supervising operations the OCA council is not accountable to anyone. The OCA council members are delegates, but the boards still have full responsibility, without being able to anticipate [...] what is happening (high turnover of OCA issues) and without having organised an official reporting system. The issue is both legal (shift of responsibilities from MSF Holland to OCA council is not working) and organisational (no consistency in pre-meetings and debriefings with/to MSF Holland board on OCA council decisions).

The majority of the council members however do not see a problem with the accountability: we are accountable to the Association/General Assembly (Paul [Foreman, MSF UK]); we are organised to consult with and report to our board (Katja [Kusche, MSF Germany]); the MoU suffices – we act in good faith, not on legal grounds (Paul [Foreman]); we are in-between being delegates and being accountable – we prefer maintaining the status quo (Joni [Guptill, MSF Canada]). MSF Holland will therefore come with a proposal that is acceptable to the partners (no radical or fundamental structural changes, and no questioning the MoU. The MoU will need re-discussion anyway at EoY [end of the year], but the accountability needs to be addressed separately). Bruce [Lampard] suggests inviting the presidents of the sections

that financially contribute to the OCA. The topic will be listed again on the next agenda, including a proposal of the MSF Holland board regarding accountability and involvement of secondary partners.

In February 2011, based on the outcome of an international review of the delocalised operational cells, the OCA operation platform recommended the relocation of the Canadian operational cell, set up in Toronto in early 2007 to "Amsterdam, Berlin or a location with better operational interest." This recommendation was supported by a majority of votes by the OCA management team, except MSF UK and MSF Canada executive directors, who were opposed.

In April 2011, the OCA council also challenged this decision. They questioned the process and argued that the institutional impact of the decision on the OCA partnership should be considered.

On 1st July 2011, MSF Canada decided to accept the relocation of the Toronto operational cell, to unlock the situation.

On 8 August 2011, MSF Canada announced their withdrawal from OCA executive platforms and on 1st October 2011 from the OCA primary partnership while insisting they would maintain their participation and contribution to OCA.



Minutes from the MSF Canada Annual General Meeting, 15-17 June 2007 (in English).

Extract:

The Ops desk was hired and assembled in the latter half of 2006. By November they headed to Amsterdam to receive a portfolio of 5 countries: Colombia, Haiti, Congo B [Republic of Congo], Nigeria, and Côte d'Ivoire, as well as aspirations for a 6th, North Korea. [...] Despite the challenges, the team has settled in. However, although there is a set of operational people on Canadian contracts, and their home address is in Canada, there is not much more than a physical presence.



Minutes from the MSF Holland Board Meeting, 5 February 2011 (in English).

Extract:

The Ops [operations] platform recommended bringing back the Canadian desk to Amsterdam or other location of interest for Ops. The OCA MT supported the recommendation by majority of votes (with 2 votes against by the GD MSF UK and GD MSF Canada). The decision was communicated to the OCA council, and will be further discussed and placed in

wider context, during the April council meeting (MSF Holland board can prediscuss in extra board meeting). Hans [van de Weerd, MSF Holland General Director] adds that operational and institutional interests were taken into consideration in the delocalised desks discussion, as well as the process and timeline as agreed with the OCA council. Hans concludes by stating that it was an open and transparent process, and that the majority of the MT is convinced that this is the way forward.



Minutes from the MSF Holland Board Meeting, 6 May 2011 (in English).

Extract:

Debriefing OCA Council meeting April 8-9

Pim [de Graaf, MSF Holland President] gave the following explanation of the current state of affairs. The OCA council has chosen not to endorse the MT [management team] proposal to retract the delocalised desk in Canada. It was decided by the council that the process used by the MT to come to their proposal was insufficient. One of the basic principles from the formation of the OCA in 2006 is shared operationality. This is now interpreted that all sections have operational functions. From this perspective, if the desk is removed from Canada another function may need to be offered to replace it. The Canadian council members would like a full review of all desks to be done to determine the optimal structure for OCA. Others in the council envisage a shorter process. This issue is now a sensitive one with the MT as the council decision sends the message to the MT that they have made a mistake. [...] Pim added that delocalised desks were part of building the OCA partnership and that it is only in the last two years that discussion of the delocalised desks has changed. Explicit agreements on pillars of partnership are not yet enough solidified. Debate as to how much institutional interest is or will be accepted has not yet been had. We need to return to a partnership discussion, refresh the OCA agreement, and then look again at delocalised desks. The council saw the MT decision as too thin on justification, but not necessarily wrong.



Minutes from the OCA Council Meeting, 1 July 2011 (in English).

Extract:

Bruce [Lampard, MSF Canada President]: the return of the desk was a decision of the MSF Canada Board with the GD [general director] fully involved. It was a difficult decision, but in order to go ahead with operations and to put an end to the uncertainty, and unhealthy state of affairs, the situation had to be unlocked. MSF Canada remains committed to the OCA. The executive engagement however will be reviewed in Canada. The engagement of the GD in the day-to-day co-management, on OCA MT [management team] level, and in the platforms is under discussion. These processes are perceived as (too) bureaucratic, as cumbersome

management. The engagement will certainly change; it is not clear yet what this change will look like.



Minutes from the OCA Council Meeting, 8 August 2011 (in English).

Extract:

1. The Canadian position, next steps for the OCA, implications of withdrawal and communications with stakeholders

A summary of the positions expressed:

Bruce [Lampard, MSF Canada President]: Canada is dedicated to seeing the partnership strengthened. At the executive and partnership level, there are issues that need to be addressed to achieve this. It is hoped that this decision will kick-start improving the OCA platforms. [...] Canada has decided to withdraw due to significant bureaucracy and the feeling that the significant amount of energy spent in these platforms was adding limited noticeable value. Following the experience of the recent Canadian desk process, the Canadian board and executive are firm in their resolve to withdraw from executive platforms. The board is open to discussions taking place that may lead to a better solution. However, should such a solution not be reached the decision to withdraw will stand regardless. [...] There is openness in the Canadian board to OCA council discussions along the same lines, but the most functional discussions are expected to be with the executive level. It should be up to the MT [management team] to propose models for the future. The executive should discuss the practical and the council the principles. [...] The exact details of the withdrawal and the consequences are not yet known by the Canadian board and will be further discussed with Marilyn [McHarg] once possible. It is expected that Canada will still be involved around the planning cycles. Information sharing will still exist, but Canadian input will be less and informal communications through the platforms will decrease. [...]

Sid Wong [MSF UK]: [...] At Council level, we need to re-evaluate the founding principles of co-management, co-ownership, shared operationality, and synergies, and decide whether they still form the basis of the OCA partnership. We do need to be realistic to what extent we can implement and achieve the principles. Maybe it is more realistic and honest to have a partnership based on meaningful relationships than on being equal partners. The English board welcomes the opportunity to think about improving the executive platforms. In the UK, the board has begun calling for proposals as to how OCA platforms can be improved. [...] The council will call for each partner section to provide a summary of current concerns about the functioning of executive platforms (supported by evidence), proposals for change, and analysis of the consequences these changes would bring about. These positions are to be discussed and a new MoU is to be negotiated at the October meeting.



Minutes from the OCA Council Meeting, 1 October 2011 (in English).

Extract:

OCA partnership. [...]

MSF Canada chose to remain a supporting partner in OCA but no longer regards itself as a co-owner and co-manager of daily activities. The practical terms of this area as communicated on 27 July and 22 September 2011 (attached). That is: MSF Canada is no longer a member of the OCA MT, considers that it is not bound by the terms of the existing MoU and will not sign a subsequent MoU. In the coming weeks MSF Canada, Holland, UK, and Germany will consider the practical details of how their relationship will continue, ensuring ongoing support to the MSF social mission. Further and more specific communication as to what this means for each department will follow in the near future.



We had a memorandum of understanding with Holland about how things were to be decided and about MSF Canada having an opportunity for engagement with the field and social mission in a practical way, and that the desk was an attempt to deliver that. And when MSF Holland wanted to have the desk returned, we were initially resistant to that, and were preparing to put up a fight. Then we decided that was not a fight that was worth having, and we returned the desk. But shortly afterwards, they said 'OK, it's time to renew the memorandum of understanding for your primary partnership with OCA,' and our feeling was that we weren't interested in a new memorandum of understanding because we thought that the previous one wasn't being respected. I think they viewed us as troublesome complainers, demanding, and we saw them as being disrespectful and not reliable in the sense of meeting the commitments that were made.

James Lane, MSF Canada Founder and Board Member from 2006 to 2018 (in English)



That is a history with two sides to it. As the OCA council, we said: 'We need a careful decision on this, we want a good explanation of the management team, why is it?' But we didn't get a good story, we only got minutes for the meeting of three months ago, and the results were not good. Then we said: 'We do not agree with the decision of the management team to take the desk back from Canada to Holland if we don't get a better story than this.' So we had a clash between the council and a majority of the management team, among them our own general director in Amsterdam. We said to the management team to give us a better story at the next meeting. The next meeting was delayed and four or five months later we had the next meeting in Toronto. And still the management team did not come with a good motivation for their decision. Meanwhile, there were those rumours about the desk leaving Canada. The Canadian board was very upset. I went twice to discuss with them but that didn't help. They only wanted a

decision that the desk would stay there. The whole council had said we don't agree with the removal of the desk but that didn't really make them happy. They felt that it might change anyway. Then during the 2011 summer holiday the Canadian board said: 'We are so tired of all this discussion and waiting and unrest it creates. We don't want the desk here anymore. We sent it back to Amsterdam. Hey we're fed up.' And then the rest of the council said: 'How can you do that? Collectively we said no, and now you sent the desk back. You are not the owner of the desk. We all, [on] the council, are the owners.' One month later the Canadians said, 'We leave OCA altogether. We are too fed up with all this, we don't have trust. We don't think the OCA model is good anyway, so we want to try another way. We withdraw from the OCA council, and we also withdraw our general director from the management team. We continue with the funding and sending volunteers to the field, but we don't want to be part of that governance.'

Dr Pim de Graaf, MSF Holland, Board Member from 2005 to 2008, President and OCA Chair from 2008 to 2013 (in English)

2. New Entities

a. Ireland

In September 2007, MSF United Kingdom got permission from OCA to open an office in Ireland where promising fundraising and recruitment activities had already started. The OCA however, refused to bring any financial support and recalled that it was up to the international council to decide on the offices opening.



Minutes from the OCA Council Meeting, 28 September 2007 (in English) [edited].

Extract:

MSF presence in Ireland (presentation by Christa Hook [MSF UK President])

MSF UK would like to strengthen and improve ongoing FR/HR [fundraising and human resources] activities in Ireland, as good potential is seen (expected fundraising in 2011: 7 million Euros). According to Irish charity law, there is a requirement to establish an autonomous office in Ireland. Additionally, the [currently] used name 'MSF UK in Ireland' does not have a positive reputation within the Irish population. The registration in Ireland should be started before the law changes. It should be figured out if it is possible to change the name after the law has been changed (from "MSF UK in Ireland" to "MSF Ireland"). All decisions about opening a new section as well as the brand 'MSF' (right on the name 'MSF Ireland') are within the responsibility of the IC [international council]. But, the OCA is optimistic

about the presented initiative. In addition, the OCA was asked for financial support, but answered that financial commitments can't be made at this moment. In general, a decision should be taken by the IC on the issue on how to deal with countries with similar wishes on autonomy but who are not turning into sections.

b. East -Africa Initiative

In October 2007, the MSF United Kingdom board decided to mentor the 'Africa Initiative,' launched in Kenya a few years before by a group of East African MSFers. Most of them had worked with OCA. They wanted to create an MSF international association based in Africa in order to strengthen the participation of Africans within the MSF movement.

The international council supported the project while requesting more clarity and rejecting both the idea of a continental approach and of this entity being named MSF Africa.



Minutes from the MSF International Council Board Meeting, 20 March 2007 (in English).

Extract:

MSF Africa

- The general opinion welcomes the idea as a response to the desire to involve national staff more at an associative level.
- There is a general rejection of the idea of any kind of 'continental' nationalistic approach (only Africans in MSF Africa).
- Request to further explore the intentions of people who developed the idea of MSF Africa and also explore potential ideas to profit from this initiative for the benefit of the international movement.
- A word of caution was given regarding the legal set-up that MSF Africa is planning.



Minutes from the MSF United Kingdom board meeting, 5 October 2007 (in English).

Extract:

Current status of the Africa Initiative [...]

Everyone acknowledges the African initiative should be supported but only within the framework of MSF international. MSF UK can mentor them but not invest money so if it becomes unstuck at International level then we have to step back. A discussion regarding the most appropriate name for the Initiative ensued.

Action Points: The steering group from MSF UK and Germany to mentor the African Initiative until an international decision is made on their future.



Around the years 2000, many of us who worked for MSF especially in South Sudan and other colleagues from the region, found MSF as an organization that we could really associate with. We developed this keen interest and were actually having small groups discussing about what else we can do for MSF. In 2004, I was for an international position in different countries and I met people from Africa who were always thinking about that: 'Why don't we do more?'. But everything seemed blocked. Nothing could be done apart from the 19 sections.

In 2006 we had the first GA, 15 people sitting down and saying what we really wanted. We wanted to start an initiative, the MSF Africa initiative. People would say: 'we know a lot about operations but what is lacking in this group is associative life; we don't participate to associative life unless a Medco in OCA participate in the GA.'

In 2006 we sent the first letter to the international office requesting for an associative entity in Africa. Then we went into a lot of discussion, in working groups, governance working group etc. MSF Africa was too broad; it also brought a challenge: 'Is it that you want now to be you Africa all against us?' Of course by then we mobilized about 25 African countries where we had many interested people who were keen to develop it. It was huge because it was almost the entire Africa missions. There was someone from South Africa, Liberia. We were spread out. But what we did not have was the structure.

And as we took on the idea, the discussion, we were supported by other MSF. MSF UK supported us in terms of creating a lobby, a place for us to engage in, and to get involved in an associative. I was co-opted on the board of MSF UK for 3 years and I could understand much more the way an associative works. MSF Holland also started supporting us. Then it was becoming huge and there was a dilemma about how big we could manage.

By that time as well the South Africa office decided to also include an associative. So it was natural that we have to break into East Africa and we followed up all the process that was put for us.

James Kambaki, MSF East-Africa Founding Member
(in English)

B. OPERATIONAL CENTRE /GROUP BRUSSELS (OCA)

In September 1998, MSF Belgium and its six delegate offices/partner sections, MSF Denmark, MSF Hong Kong, MSF Italy, MSF Luxembourg, MSF Norway, and MSF Sweden signed a first convention framing the relationship within the operational centre in Brussels (OCB). In order to ensure partner

section involvement in operational decision making processes, each was to be represented in the MSF Belgium board via a member either elected by the MSF Belgium general assembly or invited by the MSF Belgium's board. The new members would have voting rights.

During the 2000s, the Operational Centre Brussels, though adapted from the MSF Belgium's structure, developed in a co-ownership spirit, based on sharing information amongst all partners at both executive and associative levels. OCB supported the creation of new MSF entities in Brazil and South Africa, while striving to abide by the movement's growth framework.

1. Operational Partnership and Governance

In March 2002, the OCB partners' convention was revised, and then endorsed by all the OCB sections. This convention confirmed the main lines of a partnership based on co-ownership of the OCB as opposed to a vision of co-management of its activities. It set the baseline for all sections' participation in OCB decision-making processes and OCB operational activities. The finalisation of the executive convention was delegated to the general directors. The OCB general assembly and board were not separated from the MSF Belgium general assembly and board. The general assembly was open to every member of the partner sections with the same membership criteria. However, the convention requested a commitment to move toward "denationalisation" of OCB, with separate statutes for the shared MSF OCB and for the Belgian association.



Convention For the Functional Partnership Between the MSF Associations Running the Operational Centre in Brussels, March 2002 (in English).

Extract:

A. Introduction

This convention, which is an agreement on general principles, has been drafted in order to make more explicit the basic purpose and framework for the collaboration between the MSF associations who are running the operational centre in Brussels (OCB), i.e. MSF in Belgium, Denmark, Hong Kong,

Italy, Luxemburg, Norway, and Sweden (hereafter referred to as partner sections).

Given the current structure of the MSF movement, MSF Belgium differs from the other partner sections in that it also constitutes the legal body for the OCB. This situation, which is part of MSF's historical heritage, has led to confusion in the past and may hamper the future evolution of the partnership into a partnership of equal co-owners, unless clarified (see paragraph F below). This convention has its focus on the running of the OCB and not the running of MSF Belgium.

B. Goals

The purpose of the partnership as described in this convention is to gather the partner sections in a joint associative effort to develop the vision, identity and role of the OCB as an actor of MSF and to guarantee the good governances of the OCB. The major goals are to:

1. secure the best possible environment for the operations undertaken by OCB for populations in danger,
2. secure the future of and the coherence within the movement by providing for all members' participation in OCB decision-making and thereby build a shared operational and organisational vision, and
3. provide a room for debate and cross-fertilisation between the partners.

C. Principles

1. The partnership is a tool in the construction of the international MSF movement. The partner sections and the OCB are committed to the charter of MSF and aim to develop their respective sections according to the principles and goals as expressed in the Chantilly Statement (see annex I) and the Mission Statement (see annex II) and other reference texts that may be adopted by the international council (IC).

2. All partner sections are therefore committed to:

- develop a membership structure and an associative life (legally and/or in practice depending on national constraints) in their sections to ensure a strong link between MSF and the supporting civil societies,
- increase public awareness of the plight of Populations in Danger and of humanitarian principles and actions, as well as of the work of MSF,
- provide the OCB and thereby MSF with the appropriate human resources through the process of recruitment and training/continuing education,
- mobilise and develop their financial resources, and thus engage themselves to raise private and institutional funds in order to enhance operational flexibility and reactivity of the OCB, and thereby MSF.

3. The partnership is based on the IC decision to limit the number of operational centres within the MSF-movement and on the concept that an operational centre is defined by a concentration of knowledge and means for:

- coherent operational decision-making
 - o field support interaction, integration, and training of volunteers
 - o dissemination of information
 - o developing awareness
 - o coordination and optimal use of resources.

The definition will be further elaborated in parallel to the

review of the current organisational situation as foreseen in paragraph F below.

4. All Partner Sections share the responsibility to provide the human and financial resources necessary to the OCB. Partner Sections will therefore

- give priority to projects run by the OCB for placing its volunteers
- give priority to the OCB in allocating its private funds. The allocation mechanism will be specified in the executive convention (see D below) and will be included in the budgetary process of the OCB in its application.

The OCB will:

- give priority to volunteers from partner sections
 - subsidise the cost for activities in the partner sections except for costs that can be covered by the partner sections themselves.
5. The partnership is based on a vision of co-ownership of the OCB as opposed to a vision of co-management of OCB activities.
6. The partnership is based on the principle of delegation and a clear division of tasks and responsibilities between the associative and the executive.
7. This convention does not exclude the possibility of conventions being signed between the sections mentioned herein and other MSF sections as long as it does not conflict with the goals and principles of this functional partnership.

D. Running of the OCB

A consequence of the current structure of the MSF movement is that the general assembly and the board of MSF Belgium also constitute the general assembly and the board of the OCB. This convention has its focus on the running of the OCB and not the running of MSF Belgium.

There are 2 main platforms for the partner sections to participate in OCB decision-making [...]

1. The general assembly: Any member of a partner section who fulfils the MSF Belgium/OCB membership criteria is eligible for co-optation as a member of MSF Belgium/OCB and when co-opted has the right to vote at the general assembly under condition that they pay the annual membership fee. In addition each partner section (except Belgium) is a 'membre partenaire', represented by a person who has been given the right to act as proxy for the partner section.

It is the duty of each partner section to promote participation to the MSF Belgium/OCB general assembly as widely as possible among the actual and potential members. Facilities will be provided by the OCB to favour this participation.

2. The board: Each partner section is guaranteed one place at the MSF Belgium/OCB board. This representative – appointed by the partner section – will, as a result of a gentlemen's agreement, be considered as voting members in decisions on matters of shared concern.²

2. To be defined by the OCB board, but should at least include the appointment of MSF B/OCB president and general director and decisions on OCB budget/annual plan, timing, and agenda of the OCB General Assembly, use of the project fund, témoignage, and human resources, and other OCB policies and matters regarding the international development of MSF.

The daily management of the OCB is delegated to the OCB general director and he/she is held accountable to the OCB board. The OCB general director has an obligation to integrate the directors of the different departments of the OCB and the general directors of the partner sections in the OCB decision-making process. The framework for the collaboration between the executive bodies of the MSF sections who are running the OCB has to be elaborated in a separate Convention for the Functional Partnership between the Executives of the MSF Sections running the operational centre in Brussels. The elaboration of this convention is delegated to the general directors of MSF Belgium/OCB and the partner sections. It has to be in conformity with the goals and principles set in this convention and to decisions taken by the OCB board. In case of conflict the convention between MSF associations supersedes the convention between the executives. English is the working language of the OCB on all matters identified to be of shared concern.

E. Cross-fertilisation between sections

In order to ensure the input of operational centres into the partner section boards (except for the MSF Belgium/OCB board which is dealt with above) the international MSF movement should be guaranteed two places at each partner section board. At least one of the representatives, nominated by the partner section itself, should be a representative of the management of the OCB. In order to further promote cross-fertilisation to the extent possible at the level of the partner sections, debates will be organised in line with the OCB agenda and through a physical or virtual interaction between the partner sections and OCB debates.

F. Organisational structure

The signatories to this convention commit to undertake a review of the current organisational situation in order to reach a set-up, in year 2005 by the latest, where the OCB is functionally separated from MSF Belgium. The goal – to be confirmed once the information available allows for a more in-depth assessment of added value, additional costs, and evolution of the international MSF movement's structural development – is to have such a separation translated into a legal set-up with separate statutes for the shared OCB and the national section of MSF Belgium.



In 2002, following the first convention with the partner sections, we started to extend MSF boards to one representative from each partner section. We grew from 12 to 18 members. And then we started to have an association more linked to the governance of the OCB and creating our identity.

Stephane Goriely, MSF Belgium, Board Member from 1999 to 2011 and 2012 to 2015, Elected Board Member of MSF OCB from 2008 to 2015 (in French)

In 2003, MSF Italy pushed for a clear separation of OCB from MSF Belgium, which they saw as a way to get more equality in the group. For them, becoming more operational was also part of this equality. Eventually, the decision to decentralise an OCB operational cell in Rome was made in September 2004 and implemented in 2005.



Minutes from the MSF Sweden Board Meeting, 7 March 2003 (in English).

Extract:

MSF Italy and its view on the partnership with OCB:

MSF Italy has pushed strongly for the separation of OCB from MSF B[elgium] and they have requested feedback from other sections regarding this issue. Is this something that we should support?

What are the main arguments?

MSF Italy is arguing that the 6 partner sections should be co-owners and on the same level. The convention is legally and economically binding and according to MSF I[taly] there should be higher demands on the convention.

What will happen when there is a split between OCB and MSF B, who will be the head of OCB? What would it mean economically? Does it mean creating a new partner section? What would happen if one section should leave?

Decision: that the board needs to have further discussions to decide whether to support MSF Italy regarding their position in relation to OCB.



Minutes from the MSF Belgium Board Meeting, 24 September 2004 (in English).

Extract:

OCB GOVERNANCE

a) Shared Operationality with MSF Italy

Stefano Savi explains where we stand with the process:

- Problem of mistrust solved: at the beginning of the September meeting, frustrations from both parts were discussed openly. Lack of communication was obviously the source of many misunderstandings or frustrations.
- It was highlighted [because] we could improve the information and decision sharing at executive and associative levels for a real co-ownership.
- At the executive level [...]
 - Peru, Colombia, Haiti, and Ethiopia will be handed over to Italy. [...]
- At the associative level, better representation on the OCB board should be worked on (now: 12 MSF B, only 2 Italians). This point is discussed extensively in the following chapter. [...]

Decision/conclusion:

- The board acknowledged the reorganisation of the cells in the operations department and supports it.
- Many questions on shared operationality are still to be answered but have to be considered within the OCB governance discussion framework, as both are linked.



Moral Report by Jean-Marie Kindermans, President of MSF Belgium, May 2005 (in French).

Extract:

Furthermore, the shared operational capability (in the sense of the decentralised operations management) has now been extended to the Italian section in addition to the Luxembourg section, after some teething problems. We are still at the early stages but we hope this will contribute to a more equal and more satisfactory partnership. This falls within the framework of a broader choice for the international council, which intends to regularly assess the effects. This is an issue for the entire movement, with the main objective being that sharing operations will be beneficial in both quality and quantity to MSF's actions for vulnerable populations.



The Italians felt a little detached. They didn't have any operations and when they wanted operations, they were more inclined to ask the Spanish. There were some issues with the Italians which weren't helpful in building the OCB movement. As the Belgians were always seen in these moments as the central power – the baddies – we let the 'Nordics' pass on the message.

Stephane Goriely, MSF Belgium, Board Member from 1999 to 2011 and 2012 to 2015, Elected Board Member of MSF OCB from 2008 to 2015 (in French)

On 17 December 2004, the MSF Belgium board endorsed the setup of an OCB board with equal representation from all OCB sections. The OCB general assembly remained merged with the MSF Belgium general assembly. However, there was a proposal to organise a larger meeting, similar to the Nordic pow wow which brought together MSF Norway, MSF Sweden, and MSF Denmark volunteers once a year. A GD7 group composed of the general directors of the seven sections was created to ensure the OCB executive co-ownership.

In December 2005, an OCB board composed of the presidents of all OC's sections and six co-opted members was formed. Its first meeting took place in January 2006 where the rules of functioning were defined.



Minutes from the MSF Belgium Board Meeting, 17 December 2004 (in French).

Extract:

- OCB's governance [...]

4) Arguments against:

a. Would imply that the partner sections would delegate all matters except voting on the action plan, budget, etc. to MSF B[elgium]'s board, which is perhaps utopian?

b. A board of one nationality risks discouraging real co-ownership, each section defending its own interests, with greater capacity to express its disagreements

5) In favour:

a. Consensus in the other OCs [operational centers] not to overcentralise the association's decision-making process by restricting shared issues

b. At the executive level, power is already shared, there is consensus regarding the financial aspects, but this is not always respected at the associative level.

Decision:

The 'revised option 5' was agreed as follows:


The board of MSF B suggests developing option 5 by including the following points:

- to have the 7 sections represented by 1 or more individuals with voting rights
- the OCB board members must be elected PS [partner sections] board members with no executive responsibilities within the movement and will be designated by each board
- to have an OCB board to decide on the real strategic issues dealt with by the board (general director, balance sheet and objectives [B&O], budget, eventually DO [director of operations]); this means having an OCB board meeting about 3 times a year, open to any other board member of any the OCB PS
- to have rotating board meetings in the different sections when feasible, when there is a particular opportunity or need, etc.
- each board will have to ensure the stability of the OCB board members for a mandate to be defined
- to reinforce the interboard links amongst OCB boards (extended boards for PS B&O, for example)
- to have an OCB pow wow equivalent every 2 years
- to have one member designated among the OCB board members to represent the OCB at the international council board; it is not felt to be essential to have an OCB representative at the IC [international council] [...]

Vote: For: 8

Against: 1

Abstention: 2

 **Moral report** by Jean-Marie Kindermans, President of MSF Belgium, May 2005 (in French).

Extract:

For many years, the OCB's partner sections have actively supported operations by supplying multiple resources (human and financial). To make sure we all felt that we had a stake in the operations led by the centre in Brussels, MSF Belgium's board was extended to bring in a representative from each partner section for 2 or 3 meetings to approve the reports and common objectives put forward by the executive committee. But this didn't put the members of the Belgian board on the same level as those of the partner sections. It was also desirable that any major strategic decisions implemented by the executive committee through our operations be supported and observed by everybody. [...]

After numerous discussions, we reached a sort of compromise that combined institutional considerations and efficacy. [...] The basic principle is to have a representative from each section on the OCB board and to co-opt six people from our boards based on their experience, skills, availability, etc. We have not changed our legal status for the time being, and it will still be MSF Belgium's board which is legally responsible for the decisions and commitments made by the operations. This means that our Belgian board will be in charge of endorsing future decisions of the OCB's new board which will meet on two or three times as previously. We want to test this new way of working together from 2006, while understanding that international developments might require us to adjust this new common working framework if necessary. We are counting on our mutual capacity to operate effectively with these new conditions and to maintain our willingness to stay together.



Minutes from the MSF Belgium Board Meeting, 16 December 2005 (in French).

Extract:

7. OCB

Jean-Marie [Kindermans, MSF Belgium President] recounted the details of the constructive teleconference in November which aimed to name the co-opted members. [...]

It was also proposed that a group of treasurers centralised by Yves [Yves Zeegers-Jourdain] should prepare the finance part of the OCB meetings.

The 1st meeting will be held in Brussels, close to the operational centre. [...]

What is the relationship between the MSF B[elgium] board and the OCB board? What is the role of the OCB board?

Either the MSF B board has confidence in the Belgian representative or preliminary comments are given verbally or in writing. The MSF B board continues to have legal responsibility. Its members are therefore, collectively responsible.



Minutes from the OCB Board Meeting, 20 January 2006 (in English) [edited].

Extract:

1. Discussion on the role & how the OCB board will function [...]

9 main [approaches to] the OCB board functioning and role were defined as follows:

- Scope of the OCB board [...]

The OCB is built around shared operational concerns: the operational plan, the resources needed to achieve the plan (HR, budget) and the support structure (COM [communication] around operations).

The board will ensure this scope is respected.

- 2005-2006 overviews & forecasts outcome
 - o vote on the overviews & forecasts

- o vote on the OCB budget
- o identification of strategic OCB topics to be tackled in 2006 (the same as the executive or not).

- Shared debates:

Reference persons in the OCB board will follow, organise, and animate shared debates between national boards on the identified topics (see above) before decision-making.

- Spirit

All OCB board members commit to defend OCB operations before any national or sectional consideration (international mandate).

In this respect, the OCB board will not be a 'negotiation room' and OCB board members need full delegation of their national board (even if debating beforehand at national level enriches the debate).

They will also act as individuals at the IC level (not as delegated by their group).

- Decisions-positions

- o Decisions:

- board members will always seek full consensus.
- if not, decisions and recommendations will require a 2/3 majority.

- o Positions:

The OCB board will always try to come up with a joint position at the end of each discussion.

- In case of disagreement at executive level between the 7 GD, the OCB board will arbitrate in the interests of the OCB, this to be at the request of Gorik [Ooms, MSF Belgium General Director] or any other GD of the 7.[...]

- Information sharing

- o OCB board members will be given access at least to:
 - o 'Info Matin' [morning information bulletins]
 - o Debriefings
 - o Tukul [MSF International intranet] [...]
 - o MSF B associative website
- o OCB board members will share agendas and board reports.
- o OCB board members are grateful for and eager to continue receiving preparatory documents for meetings well in advance, in order to be able to read and discuss them beforehand.
- o OCB board members will proactively look for information (on issues relating to the scope of the board only) through physical/phone/mail direct contacts with the OC executive. This without being compelled to go through their respective GD and vice versa.
- o board members will try and go into the field as much as possible and will inform each other on their field visits.
- o meetings
 - January: overviews and forecasts
 - May: decision on accounts before the AGM [general assembly] (physical or TC) [teleconference]
 - September: mid-year overviews and forecasts
 - Besides closed sessions, meetings are open.
 - Teleconferences on an ad-hoc basis.
 - Meeting places will be chosen together with the Extended Codir [Committee of Directors].



The enlarged OCB board was actually a Belgian board of directors with a delegation of partner sections. This wasn't acceptable to the partner sections because they felt overpowered by the Belgians, and not acceptable to the Belgians because it meant there were tensions with the partner sections who were not brought sufficiently on board.

Stephane Goriely, MSF Belgium, Board Member from 1999 to 2011 and 2012 to 2015, Elected Board Member of MSF OCB from 2008 to 2015 (in French)

In the second half of 2007, a proposal to solve tensions and conflict of interests between OCB and national level was considered. The proposal included a "functional" split "between MSF Belgium and OCB" and a "denationalisation" of OCB. It was studied and debated by the national and OCB boards.



Minutes from the MSF Belgium Board Meeting, 12 October 2007 (in French).

Extract:

1. Functional split OCB or denationalisation of the OCB 'Why should we do this?' [...]

Göran [Svedin] then presented the results of the study with Marita Honerud. The objective was to analyse how the OCB currently functioned in relation to its structure and the overlapping of roles between OCB/MSF B[elgium] (see TOR [terms of reference]).[...]

It was explained that this document was simply a discussion document. The matter still needed to be addressed by the MSF B board, the OCB board and probably the GA [General Assembly]

A few members shared their concerns:

- What costs would be incurred by such a change? [...]
- How would this structure improve our operations? [...]

Some people think that it's delusional to believe that a split will reduce frustrations and power struggles between partner sections and MSFB. [...]

2. Regarding OCB's associative structure, questions were raised about representativeness of the OCB board:

- Currently the OCB board operates on the basis of indirect representation of its members, without being accountable to an OCB GA, in the same way that the IC [international council] is not accountable to any international assembly. However, the executive committee is accountable to these two entities [...]

- Haven't we put the cart before the horse in creating a board before creating an association (note: the partner sections refused the option of an OCB GA in case it undermined their national association)?

- Isn't there the risk of having an executive committee that answers to an OCB board that answers to no one, or else indirectly to the different GAs of the 7 sections, which would be very difficult to coordinate?

In March 2008, the OCB board agreed on the creation of an “OCB associative gathering” open to members of all OCB associations. The voting rights were limited to some members of the OCB associations: board members, associate members having worked at least one month in the field, national staff having worked in an MSF OCB mission now closed, member of one of 10 people delegation maximum from an OCB association not meeting the above criteria. These voting members would elect 6 members to the OCB board which was completed by the seven presidents of the OCB associations. This was a compromise between the desire to have an actual assembly for OCB and a will to keep some power within the national general assemblies of OCB associations.

This new OCB governance structure was endorsed by the general assemblies of all OCB associations in June and the first OCB gathering took place on 7- 8 November 2008 in Brussels. A motion asking for enlargement of voting rights to all OCB associative members of the seven sections was then addressed and approved. However, it took five years and another motion voted on in 2011 for this rule to be applied definitively. The five-year delay was largely due to OCB’s reluctance to accept partner associates lack of operational experience in guiding OCB operations.



Minutes from the OCB Board Meeting 14 March 2008 (in English).

Extract:

The OCB board agrees on:

- OCB associative gathering, open to all members, but with voting rights for specific members
- OCB board of 7 presidents and 6 members elected by the voting members of the OCB associative gathering
- any member of an OCB PS [partner section] can present him/herself for the OCB board (except members that are part of the executive)
- encourage the elected members to participate in PS boards
- approval of the 7 GAs [general assemblies] is needed for this proposal
- if approved, the first OCB associative gathering will be organised later on, at a time when maximum field presence can be achieved (to be discussed with ops). Till then, the current system stays in place.



Minutes from the OCB Gathering, 7–8 November 2008 (in English).

Extract:

The associative dimensions of the operational centre in Brussels (OCB)

In early November, some 250 people, including heads of mission, medical coordinators and other national and international field staff, board members, HQ [headquarters]

staff, returned field workers, etc., gathered in Brussels for the very first genuinely denationalised MSF OCB associative event: the OCB Gathering! On the agenda: debates, the election of members of the OCB board, and the motions to be voted on. [...]

The OCB Gathering

The OCB Gathering is for the OCB what a general assembly is for a section, with the exception of all the legal aspects. The OCB board will be required to provide reports to the Gathering which will discuss the various questions and set the main direction for operations. The decision to organise the OCB Gathering was made by the general assemblies of the OCB’s seven sections in 2008. All members of the OCB’s sections were invited to participate in the Gathering, but with voting rights limited to certain associate members:

- members of the field (national and international staff) of every OCB section who were present in the field for at least one month during this year
- all board members of the different sections in the OCB
- members sent by the mini-GAs (associative debates in the field) as representatives of field staff
- a delegation composed of a maximum of 10 members per section (office employees, volunteers, former field workers, etc.)

Associate members from countries where MSF closed its mission were invited to vote electronically. By these criteria, some 500 members held voting rights at the Gathering, but the participation rate was finally reduced to 200 members: 140 at the meeting in Brussels and 60 others voting electronically or by proxy. [...]

Motion 4: Voting rights

Introduction: In June 2008, a proposal was submitted to improve the OCB board structure in terms of responsibility and representation. This proposal included the election of six members to the board by an assembly of OCB members and the holding of an OCB Gathering with representation by all field members and representation of partner sections restricted to 10 members per section. The motion presented concerns this last point. Voting rights are restricted to particular members, who must be:

- a member of an OCB section who has worked for at least one month in the field (specified period)
- a member of the board of an OCB section
- a national staff member who previously worked in a now-closed MSF OCB mission
- part of a delegation of a maximum 10 people per OCB section or associate members not meeting the above criteria [...]

Motion: The OCB Gathering requests that voting rights at the OCB Gathering are given to all associate members of the OCB’s seven partner sections.

Vote: Approved

In favour: 71

Against: 67

Abstentions: 50



MSF Belgium General Assembly Motions in **Contact** no. 113, 2011 (in English, in French).

Extract:
Motion

In order to further democratise the structure of MSF OCB and to strengthen and revitalise the associative features, we urge the board of MSF B to work for an expansion of the voting rights to ALL associate members of the partner sections of MSF OCB without restrictions.[...] The motion was carried.



In late 2007/early 2008, we recommended putting in place a hybrid board system for the OCB with the representatives, a president, and the section presidents (seven at the time), plus, six or maybe eight people elected by an OCB general assembly. This would be the direct point of contact, and would no longer have any national affiliation and would therefore not protect the interests of any particular section. We would have a Gathering, a general assembly which would elect these six members. This is the model which was introduced in 2008 and which we have continued to work within since. At the start, the first OCB board meetings were weak. There was a general sense of fatigue around everything related to governance. Plus, at the first elections, we had to elect six people in one go and so we had people who weren't really comfortable in the position and who weren't really listening to the executive committee. It took about three or four years to build a strong OCB board. It took perhaps five years to strengthen the OCB Gathering, which was finding its feet at the beginning.

One of the biggest questions we had was knowing who could vote at the OCB general assembly. Because we wanted the OCB to be primarily the representative of operations and not resources and since the resources were held by the partner sections, we wanted the voters at the OCB Gathering to be only members who had spent at least one month in the field over the previous year. And it passed. But a motion was submitted that called for all members from every partner section to be able to vote at the OCB Gathering and the motion passed! When you want to build an OCB movement, it's a bit like the European Community, you can't say that only a portion of its members can vote. This caused some minor frustrations at the start but things went fairly well after that. Today every member of the OCB can vote at the OCB Gathering.

Stephane Goriely, MSF Belgium, Board Member from 1999 to 2011 and 2012 to 2015, Elected Board Member of MSF OCB from 2008 to 2015 (in French)

Created as an independent operational section in 1987, MSF Luxembourg set up a specific operational partnership with MSF Belgium in 1998 to comply with the 1997 international council's decision to maintain only five operational centers.

In March 2002, MSF Luxembourg signed the OCB convention and got the same status as the other sections within the Brussels group. However, a specific operational partnership agreement was signed to define the terms and conditions of the delocalised operational management cell based in Luxembourg.



Minutes from the MSF Luxembourg Board Meeting, 5 March 2002 (in French).

Extract:

Associative convention [...]

Decision: the board adopted the associative convention with a unanimous vote by present or represented members. This convention will be ratified at the next OCB board meeting on 19 April. [...]

A. OPERATIONAL PARTNERSHIP AGREEMENT

Aim: to define the principles and procedures for the relocation of the operational management to a number of countries from an operational unit based in Luxembourg. It also specified certain procedures for applying the executive convention specific to the MSF Luxembourg section, given its operational capability.

2. New Entities

a. China

In 2002, the board of MSF Hong Kong, a delegate office of OCB, created by MSF Belgium in 1994, discussed how to be more involved in operations in Asia and particularly in China, since Hong Kong was reunited in 1997.

Besides the options of remaining a passive support or of strengthening involvement in OCB operations, MSF Hong Kong considered developing their own project. Eventually, they saw more barriers than benefits in the latter option.



Minutes from the MSF Hong Kong Board Meeting, 17 November 2002 (in English).

Extract:

(ii) Operationality

Discussions evolved around 3 options for MSF HK [Hong Kong]:

- remain as a 'passive' support to field operations
- more involvement in OC [operational center]:
 - o segmented approach: participate in ad-hoc projects in ad-hoc ways (e.g. OCB project in PRC [Peoples Republic of China])

- o joint mission [...]
- MSF HK project:
 - o needs an assessment mission as a basis for MSF HK to become operational (potential issue if MSF HK goes operational [...])

Comments from various board members of the above 3 options were as follows:

- MSF HK has room to be involved more actively in operations other than just carrying out fundraising, recruiting, and public relations activities (Elaine)
- MSF HK office needs to be more developed first before considering going operational (Dirck [van der Tak, MSF Hong Kong General Director])
- Focus should be placed first building up the Association (Dick)
- MSF HK can possibly be involved in operations when needs are not addressed by other OCBs (Dick)
- Don't know if HK has the technical/medical/logistical expertise in HK and China [...]
- Don't know if MSF HK is ready to go operational given that the office can't even put forth an annual plan (without help)? [...] Is MSF HK the right office to handle operations in HK/China, expertise-wise. (Elaine)
- Is MSF the right organisation to help in the PRC? [...] Is it a risk for MSF HK to do a joint mission in China? Can MSF HK publicly denounce China and not get its fingers burnt? [...]
- Perhaps MSF HK can identify areas/countries whereby there are needs and put forth its plans to OCB without having to limit itself to just HK or China. [...] Logical to be more involved in OCB, but not in favour of doing a mission on its own for now. [...]
- A good idea to do joint mission if the right project is identified and if there is a 'model' or 'framework' under which MSF HK can be provided with technical and medical support. [...]
- Can MSF leverage MSF HK's expertise/connections/proximity to help the organisation penetrate China given that needs have already been identified. [...]
- The motive of MSF HK to go operational has to be clear to all.

In early 2006, MSF Hong Kong began marketing research in China. In September 2006, they presented a plan to open an office in Guangzhou, in the South of China to the OCB board.



Minutes from the OCB Board Meeting, 22 September 2006 (in English).

Extract:

3. NEW ENTITIES

1. China Presentation: [...]

The main discussions were around:

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

In March 2007, the board agreed to grant associative membership to the Chinese national office staff and for the MSF missions based in China.

In July 2007, they opened an MSF office in Guangzhou in China. To justify this opening, implemented while the multiplication of new MSF entities with poor operational impact was challenged at international level, this office was presented as an "antenna" of MSF Hong Kong, not as a branch office.



Minutes from the MSF Hong Kong Board Meeting, 31 March 2007 (in English).

Extract:

The board agreed that Chinese national staff could be included as association members of MSF HK [Hong Kong]. In principle, the same entrance criteria will be applied to both the Hong Kong office staff and Chinese national staff, as both categorise as 'national staff.'



Minutes from the MSF Hong Kong Board Meeting, 14 August 2007 (in English).

Extract:

Guangzhou:

We 'officially' opened the office on 19 July 2007.



Minutes from the MSF Hong Kong Board Meeting, 29 April 2008 (in English).

Extract:

2. Guangzhou Office Presentation & Experience Sharing

Joanne [Wong] and Anne [Lung] shared their recent experiences when attending the MSF Japan AGM [Annual General Meeting = General Assembly] fielding queries from other MSF sections regarding the Guangzhou office's purpose and function. They had to inform and dispel misconceptions, misunderstandings and general lack of knowledge of the history of Hong Kong and its relationship with China. They reaffirmed the MSF HK [Hong Kong] office's position that there is no intention to go operational in China and that the Guangzhou office is a department of the MSF HK Office. They explained why the office was located in Guangzhou instead of Beijing: proximity and commonality with Hong Kong; easier to register with the commercial bureau in Guangzhou and obtain tax exemption; [they] emphasised there is no fundraising function of the Guangzhou office. [...]

Catrin [Schulte-Hillen, MSF International]: MSF as a movement must come to an agreement on how they want to engage in China, taking into account MSF's strategic plan for growth, the reality of the political situation in the country, and the contrast with the office in Hong Kong. [...] Dirk [van der Tak, MSF Hong Kong General Director] reaffirmed Guangzhou office is the 'antenna' of the MSF HK office, and therefore agreed with the report's recommendation to discuss the presence of Guangzhou office outside of the framework for new entities and welcomed discussion for a 'shared vision' for engagement of MSF within mainland China. However, if there is a 'divided vision' within the MSF Movement, MSF HK would like to have an opportunity to address the issues. In reality, achieving a shared vision may be a challenge in itself. Also, resource considerations should not shape the [...] establishment of new entities. To maintain transparency in the process, it is recommended to develop clear quantitative and qualitative criteria for new entity categorisation to avoid arbitrary decision-making. MSF HK general opinion is to look for a longer-term and [a] more global strategy for MSF, not restricting the discussion to the existing structure.

In early 2009, MSF Hong Kong held a consultation with the whole movement about what could be an MSF "shared vision" regarding China, that was now considered a global player in the humanitarian field. Delivered in September 2009, this study did not recommend opening

an MSF office in China because it would have required MSF Hong Kong to refocus from the Asian region toward China specifically.



Minutes from the MSF Hong Kong Board Meeting, 30 August 2009 (in English).

Extract:

5. MSF HK [Hong Kong] Vision for China, presented by Dirk van der Tak [MSF Hong Kong General Director]

The feedback to the board is a follow-up after MSF HK office's consultative study conducted by Adrio Bacchetta on 'MSF's shared vision for China'. [...] The report was not in favour of developing our office into MSF China. We still have Asian office functions, not only [a focus] in China. Whilst HK enjoys a semi-autonomous position we don't want to change to concentrate only on China, as representative of the Asia region. Also, it's not the right time for acceptance in China.

b. South African Republic

In the early 2000s, MSF Belgium started to develop HIV/AIDS activities in South Africa and together with South-African activist organisations and the MSF Access Campaign, MSF advocated for affordable treatments



In 2004, during a field visit in South Africa, executive officers of MSF Belgium started to consider opening an office in this country to build on the population's skills and mobilisation capacities in civil society.

In November 2005, during an international council debate on the associative growth, Jean-Marie Kindermans, the MSF Belgium President also explained that the objective of a section in South Africa "would not be fundraising but a way to give a voice to Africa in MSF and speed up the process of obtaining African representatives in MSF."

Others in the movement argued that instead of opening new sections for this purpose, MSF should simply start empowering its national staff in Africa.



Minutes from the MSF International Council Meeting, 26–27 November 2005, London (in English).

Extract:

Associative growth and shared operationality.

What is the purpose of the current and future growth?

Main outcomes of the debate: The associative dimension - giving a voice to the South in MSF

Jean-Marie [Kindermans, MSF Belgium president] explained that the objective of a section in South Africa would not be fundraising but a way to give a voice to Africa in MSF, and speed up the process to get African representatives in MSF.

For Isabelle [Segui-Bitz, MSF Switzerland president], there is a risk in multiplying new structures and she wondered about the benefit and added value for MSF. Indeed, MSF already works with people in the South: shouldn't MSF start taking them into account instead of opening new sections? For Jean-Hervé [Bradol, MSF France president], with 20,000 national staff, if the voice of the South is not heard in MSF, it is because we miss it.



To be able to operate, MSF was registered in South Africa as a non-profit organisation. We carried out actions and managed programmes as we did in all the other countries. It was an MSF project, but there was no MSF association in South Africa. It wasn't an initiative led by South African doctors or others that went off with MSF and came together to set up MSF South Africa. This story is a myth! Also there weren't even many South African doctors who worked with MSF. There were hardly any. It was in 2004, during a field visit that Jérôme Oberreit and Christopher Stokes, who were programme manager and operations director, asked me: 'Why don't we set up an MSF section here?' South Africa was strategically located, but also a civil society with the right skills and capacity for action. This was the very early days of the idea to establish a section, starting with an office in Johannesburg, which had started recruiting. And, this recruitment created a critical mass which paved the way to set up an association.

Dr Eric Goemaere, MSF Belgium, Head of Mission in South Africa from August 1999 to September 2004, MSF OCB Medical Director in South Africa from October 2004 to August 2011 (in French)

In March 2006, the outcomes of an assessment regarding a potential MSF entity in South Africa were discussed at a MSF Belgium board meeting and later presented to the international executive committee. Several positive aspects favoured the creation of MSF in South Africa: skilled medical human resources, solid medical and technical expertise from universities, dynamic civil society, support from community leaders, as well as access to the African communication and advocacy hub.

According to the South Africans consulted for this assessment, this entity should be "autonomous with an African identity," provide "African legitimacy" in speaking out, and sensitisation to humanitarian culture. It should also allow for broadened operational responses beyond the current HIV/AIDS programmes.

Potential negative effects linked to the creation of an MSF office such "brain-draining" highly qualified medical resources were discussed. Questions were also raised about the risks of mission drift and political influence beyond MSF South Africa.



Minutes from the MSF Belgium Board Meeting, 17 March 2006 (in French)

Extract:

2. Opening of an MSF section in RSA [Republic of South Africa]: results of the exploratory mission

Presentation: Eric Stobbaerts

1) The study identified a series of opportunities:

- there is a need to establish a section and the idea garnered some support (mainly from personalities, AIDS activists, country doctors, etc.)
- there is momentum: discussions with La Mancha on internationalisation, credibility of the MSF name, engaged civil society, etc.
- give Africa legitimacy in advocacy and awareness of humanitarian culture
- promote initiative and South-South solidarity
- pave the way to new participative associative perspective
- represents an opportunity for medical staff seeking to enter the humanitarian sector (skills, activism, new perspectives)
- democratic country

2) Added value

- the academic and university sector could provide real medical and technical expertise
- dynamic international media, communication, and press centre that could act as an interesting base for press, comms, and advocacy activities
- existence of regional supply platforms
- excellent human resources
- very developed non-profit sector legislation

3) Some conditions have been expressed by the South Africans:

- [must] be an autonomous entity with an African identity (neo-colonialist ideas are certainly not appropriate) and clear mandate
- allow an operational response in RSA
- do not focus exclusively on the AIDS crisis

4) Risks:

- stability of the country (Zimbabwe)
- being just a European MSF section
- not having the right people
- be a win-lose scenario
- lack of vision and appropriation on behalf of OCB

5) Questions and dilemmas

- need to think outside the usual box and develop new internationalisation models
- develop an African and not South African character
- how to give autonomy while ensuring coherence and some level of control/monitoring?
- how can we be sure this project develops within an international approach (part of the OCB and the movement?)
- start small but think big

6) A number of taboos to deconstruct

- 'there's no real demand from South Africans'
- we will also contribute to the brain drain
- how to guarantee a mix of cultures?
- there's no room for more sections! [...]

Conclusion:

Contrary to what we had imagined, this matter raised lots of questions. Concerns, a sense of danger, and at the same time, a feeling that this would be a great opportunity and opening were heard. Even if there is not yet a green light for opening this section and if this matter still needs to be put to the board, the board agrees that we need to go ahead with exploring and studying the idea. The other sections in the OCB will also need to be consulted.



Minutes from the MSF International Executive Committee Meeting, 23 March 2006, Brussels (in English).

Extract:

e. International development of MSF [...]

MSF BELGIUM in SOUTH AFRICA => Gorik Ooms [MSF Belgium General Director]

MSF Belgium is investigating the possibility of opening a delegate office in South Africa that could grow into a partner section. The office would strive to be financially independent and bring a different perspective to the movement. They also want to explore the media potential of Johannesburg. MSF Belgium is doing a feasibility study. They want to understand the expectation of the civil society and the potential to recruit staff and raise funds for specific projects. MSF Belgium is also inquiring about the ethical dilemma of recruiting qualified personnel and expatriating them out of South Africa. According to initial evaluations from Eric Stobbaert, it would not be perceived negatively by society, on the contrary. A few questions remain to be explored. For example, if an association is formed in South Africa, could it be open to staff from nearby countries?

MSF Belgium is aware of the risk that a South Africa association could drift into political debates outside of the MSF sphere. However, they believe that there are ways to steer away from it. The composition of the association will have to be carefully examined. The community is mostly interested in the strategic approach and advocacy of MSF for HIV/AIDS treatment. Before opening an office, MSF Belgium will do additional assessments to evaluate the medical and communication possibilities in South Africa.

In January 2007, the OCB board unanimously voted in favour of creating an MSF entity in South Africa and appointed a temporary board until the formal legal creation of an MSF South Africa association. In June 2008, the MSF South Africa entity was endorsed as a branch office of the MSF movement by the MSF international council



OCB board meeting decisions, 19 January 2007 (in English).

Extract:

4. New entities [...]

The OCB board formally agreed with the strategic vision and framework for the RSA [Republic of South Africa] entity (including continued enforcement of pro-active transparency towards the international movement) and on the creation of an MSF SA [South Africa] board in order to allow legal registration of the entity. The board underlined that it will be up to the IC to give final approval for the RSA entity to become a section.

Vote:

In favour: 12

Abstention: 0

Against: 0

In addition, the OCB board is in charge of appointing the board members until MSF SA constitutes an association that can call for its first GA [general assembly] to elect its own board members. One half of the RSA board (4 members) will be composed of OCB representatives, the second half of national members.



Minutes from the MSF International Council Meeting, 28–29 June 2008, Rome (in English).

Extract:

Proposal on new entities – 4/5 IC [international council] majority in favour is needed to endorse recommendations of these proposals

The IC agrees with the ExDir [international executive committee] that considers that the international endorsement of entities needs to be informed by a broader vision including movement development (+ affiliation of new entities), resource sharing, governance structure, as well as the review of the current sections and their practice. The IC shares the ExDir support for the NEWG [new entities working group] proposal and the ExDirs concern that approval of the 6 entities as branch offices could lead to undifferentiated, uncontrolled growth. The IC therefore decides: [...]

South Africa: 18 in favour, 2 against (MSF Australia, MSF Germany).

In 2008, though the association was not yet formally created and endorsed by the MSF movement, the MSF South African office and programmes staff organised a general assembly that was attended by about 120 people, coming from South Africa and from MSF missions in the neighbouring countries. From 2009, most of the board members were elected by the general assembly except three appointed OCB members and ex-officio members.



Report of the President of MSF South Africa, 22 May 2009 (in English).

Extract:

In conclusion, I want to challenge the association to use this general assembly, maybe we need to think about appointing a volunteer who will work with the board and the office to look at building the association. I will go further and challenge the House to encourage [in this] general assembly those amongst us who have years of having worked with MSF, and there are lots of those around, to bring concrete ideas on how to build an association that will encourage critical debate. We have to create an association that will tap into the best traditions of advocacy and lobbying in South Africa, combined with a movement which remains at the cutting edge of medical humanitarian operations.



In 2009, I was sent to Johannesburg to help with setting up a general assembly and running it. They did not have an association coordinator at the time.

So, I was here for a month and amazed by the energy of mainly national staff. It looks different from other associations and all the energy from the people who were coming from the region were fantastic.

Monica Genya, MSF South Africa Associative Coordinator since December 2013 (in English)



Because of the office in South Africa, and because so many of our missions are in Africa, it made sense to have an association from where most of our work could be done. So, from the beginning, it was highlighted that people wanted to look at and see if an association would work. In the first year, there was much interest from almost every region. About 120 people attended the first general assembly, which was a lot. It was all new to us, and we were still trying to figure out what was it all about.

So, from the beginning, it was highlighted that people wanted to look at and see if an association would work. In the first year, there was much interest from almost every region. About 120 people attended the first general assembly, which was a lot. It was all new to us, and we were still trying to figure out what was it all about.

Zamele Dhludhlu, MSF South Africa, Supply Logistician then Administrator then Finance Coordinator from 2006 (in English)



Once the association started becoming more active, we started nominating board members. Then from 2009–2010 board members were elected by the association and not only appointed. We still had the three appointed OCB members and we had the ex-officio obviously, but it was mostly elected board members.

Zoria Naidoo, MSF South Africa, Head of Administration and Finance from 2008 on (in English)

In late 2009, the South African branch office was granted a status of delegate office by the International Council. Then, the OCB board gave an observer seat to MSF South Africa's president and voting rights to MSF South Africa associative members at the OCB Gathering.



Minutes from the International Council Meeting, 11–13 December 2009, Barcelona (in English).

Extract:

New Entities [...]

One branch office (South Africa) requested that the IC change its status from branch office to delegate office. [...] Christopher presented the definitions of the branch, delegate office as agreed by the IC in June 2008. The two stand-alone reasons for creating an entity are fundraising and representation. [...] All entities:

1. must respect international agreements on managing growth [...]
2. must respect plans and decisions of movement-wide optimisation & rationalisation initiatives (HR, fundraising, communications, advocacy, medical, etc);
3. agree to active accountability and transparency at international level with regular critical review of achievements and ambitions;

From now on any new entity initiatives be considered in light of defined international strategy on movement-wide priorities on managing growth and channelling interest in joining the MSF movement. The IC voted separately entity by entity. The voting results are as follows:

South Africa for status of delegate office: 18 in favour, 2 against (MSF Germany, MSF Norway). [...] The IC endorses branch office in South Africa as delegate office.



Minutes from the OCB Board Meeting, 8 January 2010 (in English).

Extract:

South Africa as a delegate office

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

- invite the South Africa board president to attend the OCB board meetings as an observer (while striving to ensure there is an OCB board presence at SA boards)
- consider the members of South Africa on the same footing as the members of OCB sections with regards to the voting rights at the OCB Gathering (including the 10 representatives).

Vote: abstention: 1 [...]

Building the SA [South Africa] association in coherence with the MSF identity requires a critical number of SA members to have experience in various contexts as a result of a critical number of 1st missions in the field. This was

recognised, but it is not realistic to give priority to one office over the others.

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

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

c. Brazil

In 1998 the moratorium on new entities thwarted MSF Belgium's desire to set up a delegate office in Brazil. However, the programme teams, boosted by the MSF Access Campaign links with the Brazilian civil society, developed some communication and fund-raising activities.

In October 2004, while the programs in Brazil were about to close, the MSF Belgium board decided to again explore the possibility of setting up a delegate office for communication, fundraising, and recruitment purposes.



Minutes from the MSF Belgium Board Meeting, 22 October 2004 (in French).

Extract:

7. Brazil

There are plans to close the Brazil mission. Six months of planning plus an 'exploratory mission' are scheduled to decide whether or not to leave Brazil with a communications unit, thereby turning the office into a 'delegate office.' Recruitment of relocated doctors is to go ahead there next month.



Minutes from the MSF International Council Meeting, 26–27 November 2005, London (in English).

Extract:

Regarding Brazil (MSF B[elgium] project to set up a delegate office), MSF B[elgium] had contacted the IO [international office] and ExCom about the rules and the process had therefore been transparent.



In 1998, the international council rejected MSF Belgium's proposal to open an office in Brazil. In 1999, a communications and fundraising study was conducted and a small communications/fundraising unit was set up. This was strengthened based on the extensive work

that the Campaign for Access to Essential Medicines was doing with Brazilian civil society. That worked pretty well, to the extent that MSF Belgium called that mission the 'partner mission.' The MSF programmes in Brazil were closed in 2004. At the time, I was working at MSF's think tank in Brussels and I decided to go back to Brazil. I started to conduct a feasibility study for an office in Rio in February 2005. In July, I presented it to Brussels and, in September, the OCB council approved it. So, we set up a delegate office that didn't really have a place within the association's governance. However, the executive still held discussions within the association about our expectations in terms of MSF Brazil and the movement. We even sent motions to the OCB general assembly and some of our motions on communications passed unanimously.

Simone Rocha, MSF Brazil General Director from 2005 to 2010, OCB Board Member from 2010 to 2012
(in French)

In 2006, MSF Brazil became a formal member of the OCB. In 2008, it was endorsed as branch office of the MSF movement.



Minutes from the MSF International Council Meeting, 28–29 June 2008, Rome (in English).

Extract:

The IC [international office] therefore decides to endorse Brazil, [...] as a branch office due to [...] existing activities and potential, provided that there is international involvement to benefit the movement, scrutiny of further development plans, and consideration of affiliation within groups.

In the meantime, MSF Brazil organised a first informal general assembly in 2007 with the objective of offering returned Brazilian expatriates more involvement in the MSF decision making process.



"New Associations" Memo from MSF International Council to MSF International General Assembly, December 2011 (in English, in French).

Extract:

The association, as it is today, was born at its 'unofficial' General Assembly in 2007, where the decision was taken by the 33 participants to take the first steps towards the creation of an independent Association, which could provide accountability for MSFBrazil's executive activities, and

give a voice for Brazilian associates in the movement. The Association was finally legalized in May of 2011. [...] The MSF Br[asil] Association is the associative counterpart to the significant activities of the MSF-Br executive, providing oversight and accountability, and a way for members of the executive as well as current and former Brazilian field staff to engage with the movement. [...] MSF Br has been a branch office of OCB since 2006, with an 'equal' participation in all of its executive platforms.

C. OPERATIONAL CENTER /GROUP BARCELONA-ATHENS (OCBA)

MSF Spain, which had only two branch offices in Portugal and Argentina at the beginning of the 2000s, actively participated in the reintegration of MSF Greece, which was excluded from the MSF movement in 1999³. MSF Spain created an operational partnership with MSF Greece. This reintegration process was quite complicated and lasted several years.

The Operational Center Barcelona-Athens (OCBA) then strived to set up a partnership structure built on commitment to an international operational network with direct associative guidance of operations and support to the operational project by all operational partners.

1. MSF Greece Reintegration

On 26 January 2000, an extraordinary general assembly of the international association and the MSF international office voted on the exclusion of MSF Greece from the MSF movement, by 18 votes in favour, 1 vote against and no abstentions, for "violations of the fundamental principles of the movement" during the Kosovo crisis. The former MSF Greek section was denied the right to use the MSF logo and name in French. However, they were allowed to use the Greek translation of "Médecins Sans Frontières." In June 2000, the international council agreed on three preconditions for a possible formal

resumption of relations with the former MSF Greece: compliance with the June 1999 resolution⁴; change of the leadership of MSF Greece; formal apology for false allegations made in the press regarding the role and intent of the MSF movement in Kosovo.

Meanwhile, the legal lawsuit launched by MSF Greece against MSF International in December 1999 in the Belgian courts⁵ was still running. This procedure was about the form and substance of the exclusion.



Minutes from the MSF International Council Meeting, June 10 -11 2000, Paris (in English).

Extract:

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 1999 IC resolution, it was agreed that the Greek association's leadership needs to be renewed [changed], 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.

3. See Episode 1 & Factsheet

4. "[...] the international council wishes MSF Greece to remain within the MSF movement, so long as they accept the responsibilities and privileges that go with membership as a partner section [...]"

5. At the time, MSF International Headquarters was based in Brussels

2. Steps to Reestablish Relations with Greece

In September 2000, Odysseas Boudouris, the MSF Greece President met with Jean-Hervé Bradol, the President of MSF France. Bradol expressed openness to restart dialogue. In the meantime, the Greek board of directors had a self-critical discussion regarding the behaviour of the former Greek section in the Kosovo crisis that led to the exclusion. This critical analysis was unsatisfactory for the international council.



Minutes from the MSF Greece of Directors' Board Meeting, 15 September 2000 (in Greek).

Extract:

International: Updates from the Meeting of Odysseas Boudouris (OB) with Bradol (Jean-Hervé, President of the French Section)

The members of the board were updated by (OB) about his meeting with Bradol. There seems to be a change in the relationships among the Greek section and some of the members of the other MSF sections. Bradol is an open-minded person and wishes to manage the issue essentially beyond mutual aggression. Bradol criticised the Greek section mainly about the issue of 'nationalism.' While he agrees that all the organisations are influenced by nationalist trends, he believes that in Greece we are 'especially nationalist,' mentioning as an example the Macedonia issue (something which shows the general impression that a lot of MSF people have outside Greece) and the 'flags'⁶ we painted on the roof of the vehicles which went to Kosovo. He also believes that the operationality is identified with nationalism and from that the impression is created that we are not satisfied with any status we have in the international movement. [...]

OB explained that the issues of Greek society cannot leave us indifferent, but that does not mean that we do not try to exercise self-criticism and dispel any influences which undermine the independence of the Greek section. As far as the 'flags issue' is concerned, OB explained the real reason (a pressing issue of security and, of course, not of nationalism). [...] Bradol [...] mentioned that we should also exercise self-criticism so that constructive dialogue exists. [...]

Bradol asked OB how he views the humanitarian movement. He replied that the main issue today is independence, and independence is impossible in an exclusive national context. The guarantee of independence is inclusion in an international movement. That does not mean that the Greek section cannot stand autonomous and survive in Greece (it certainly can), but the inclusion in an international movement guarantees the universality of the principles we advocate for. [...]

A discussion with all the board members follows. Kostas Papaioannou expresses the view that he [JHB] is party right to highlight the nationalism issues because, while the

autonomous operationality started as an issue of principles, we were defending a special interest. Thanassis Papamichos (TP) disagrees, as he believes that we tried very hard to expel currents of nationalism and we succeeded. OB believes that we should have exercised self-criticism on some specific issues and that, although the flags issue did not happen because of nationalism, maybe we should exercise self-criticism (if he could choose again, OB would probably risk not painting the white and blue stripes).



The lawyers told us, 'We launched a legal process, but our opinion is that MSF is such a political issue in Greece that the case could never be won. There will be a symbolic decision because politically they don't want to cause an argument with the international movement, but they won't get rid of MSF in Greece. So, are you ready for that?' The only thing we could do was develop a strategy to take back the brand, to start thinking about how we could bring MSF Greece into the movement. I asked the lawyers, 'And what if tomorrow we said we would reintegrate them provided they returned the trademark to the international office?' They replied that it was the only way to keep ownership of the MSF name in Greece and to guarantee that no other organisation named MSF was set up there. Then I said to Morten [Rostrup], who was our President, 'Morten, we have to reintegrate them, provided they give us ownership of the name in Greece.' Next I spoke with Jean-Hervé Bradol [MSF France president], with Jean-Marie Kindermans, MSF Belgium president, then with the entire executive committee of the movement (the general directors). They were just informal conversations, but right then everyone was saying we should let them back in. The only ones who were absolutely against the idea were the Swiss, who had experienced sharing operations with the Greeks.

Rafael Vilasanjuan, MSF International, General Secretary from 2001 to 2004 (in French)

In March 2001, a new team took the lead of the former MSF Greece section. In May/June 2001, they visited the headquarters of MSF Holland, MSF Belgium, MSF France and the international office and proposed to open a new dialogue with the MSF movement. They were told that before any talk regarding their reintegration, they would have to review their actions in Kosovo, that their added value to the movement would be evaluated and that they would never be an operational centre.

On 1st July 2001, the international council, considering that too much money had been spent on the ongoing court case, tasked the International council board⁷ to make contact with the leaders of the former MSF Greek section.

7. International council board, composed of the five presidents of the five operational sections; the presidents of two MSF non-operational sections; the president of the international council and the MSF International general secretary.

6. A Greek flag, not an MSF logo, was painted on the roof of the cars.



Minutes from the MSF International Council Meeting, Brussels, 29 June–1 July 2001 (in English).

Extract:

Item 11- Re: Former MSF Greece section

A quick discussion was held on our approach toward the former MSF Greece section. They have recently changed the president and DirOp [director of operations], and then made a 'tour' of Europe, visiting MSF Holland, MSF France, MSF Belgium and the international office. Their message was mainly that they were ready to review the past; they felt that, since the change in leadership of their association, they had gained maturity and would like to open a new dialogue with MSF. The general answer was that before any kind of dialogue can be addressed, they will need to address three issues:

1. their past decisions and actions during the Kosovo crises [...]
2. they will never be accepted as an operational centre
3. the need to elaborate on the added value they could bring to MSF as a movement.

Further comments were made on the fact that they are presently in a relatively weak position: they are quite isolated and struggling with their operations. They also seem to remain too nationalistic to integrate. Therefore, and in view of that fact that both a lot of time and money have already been spent dealing with this issue, and that we have an ongoing court proceeding (probably a final decision this summer), it was decided that the IC delegates to the international council board (IC board) would decide how further contacts with former MSF Greece will be carried out at their next meeting by the end of September.



Minutes from the MSF Greece Extra Administration Council Meeting, Athens, 12 October 2001 (in Greek).

Extract:

1. Information on international issues

THP (Thanassis Papamidos) informs the board that in the last IC [international council] meeting the Greek issue was discussed and the decision was taken to start a dialogue. The IO [international office] will be represented by Rafa [el Vilasanjuan, MSF International General Secretary] and the Greek section by Kostas Papaioannou [former MSF Greek section President]. A committee will also be formed to investigate the Greek issue. It is unanimously agreed that this is a positive development and this is underscored by the fact that there is no prerequisite for the dialogue to start this time (see 1999 and the requirement to close all the missions for the dialogue to begin).



Email by Morten Rostrup, President of MSF International Council, to Bart Meijman, President of MSF Holland, Jean-Hervé Bradol, President of MSF France, and Pascal Meeus, President of MSF Belgium, 5 November 2001 (in English).

Extract:

I hear that Kostas [Papaioannou], the new president of the Greek NGO, formerly MSF, is making a tour of European capitals to meet with you guys. I will not be in Brussels when he is coming, but Rafa [el Vilasanjuan, MSF International secretary general] will meet him. Kostas has replaced Odysseas [Boudouris] who now really seems to have started his political career. As we discussed at the Berlin meeting, we agreed to meet them, but not to be proactive. I would think Kostas would like to discuss the possibilities of reintegration in the movement. We have never ruled this out, of course, even though it will take some time for sure, probably some years, and in my opinion on the condition that they admit their wrongdoing during the Kosovo crises. They have to realise that they will, in any case, not be treated differently from the other partner sections in the movement. In my opinion, it should be stated clearly that an independent operational centre in Athens is not an option.



It was the Greek president at the time, who came back to certain members on the international council saying, 'I don't want to keep things as they are, I want to come back into the movement.' He first demanded a kind of agreement on principle, individual to individual, "Will you help me if I go down this road? What can I expect?" I didn't know him personally but I told him at our first meeting that I was totally in favour. A split is always a failure, especially in these circumstances. Sometimes it can be healthy when you separate two things that are too antagonistic to live happily together, but in this case, there was nothing substantial on which to justify a split that could last for several years. Plus, we were in proceedings about the Greek trademark, etc. It was painful. We had to get ourselves out of it.

Dr Jean-Hervé Bradol, MSF France President,
from 2000 to 2008 (in French)



We resumed conversations at the individual and associative level, but not at the executive level. We first wanted to see how things went with members of the association. The Greeks went and spoke with the presidents and the general directors of MSF France, MSF Belgium, MSF Spain, and MSF Holland. However, I don't think they went and spoke with MSF Switzerland, who didn't want to speak with them anyway.

Rafael Vilasanjuan, MSF International, General Secretary from 2001 to 2004 (in French)



I was not in favour of them coming back. But Rafa and Jean-Hervé were absolutely in favour of bringing them back in. I never understood why. I don't see what we had to gain from letting them back in. Plus, we had disowned each other. I guess that for the supporters of their reintegration, there was a sense of injustice, it was an emotional issue. But for those who thought we shouldn't exclude them, they only had to try working with Odysseas! He was always giving me the runaround. When I'd warned him we were going to exclude them, he replied, 'You wouldn't dare, you're a bunch of useless bureaucrats!' Of course, that team changed.

Dr Jean-Marie Kindermans, MSF Belgium, President from 2001 to 2006 (in French)

On 22 to 24 November 2002, the international council examined a fact-finding report on the current situation of the former MSF Greek section as well as a former MSF Greece section's memo settling their own analysis of the events that had led to exclusion. Despite considering that this memo actually "gave little analysis of the past," the international council decided to look into the possibility of a future reintegration.

The MSF international council issued a resolution which set three conditions for reintegration:

- **Sharing the Greek memo with the movement entitled, "A Thorough and Critical Analysis of the Former Greek Section's Actions in Kosovo During the Spring of 1999, and its Position on Other Major Crises."**
- **Incorporation of Greek operations into one of the current MSF operational centres.**
- **Surrender of the legal ownership of the MSF trademark to the MSF International office.**

The international office and the international executive committee appointed two people to present a report on the feasibility of this reintegration in November 2003.



"Analysis of the Past, New Perspectives," MSF Greece Memo, August 2002 (in English, in Greek).

Extract:

Our mistakes:

1. We failed to distinguish the delicate phase that the negotiations with the rest of the sections had entered, when the sole representative on our behalf was the president of the AC [administration council = board of directors]. The possibilities of misunderstandings and probably even concealment of information are considerable and possibly took place during this critical period. Likewise, it is also possible that personal conflicts and confrontations occurred.
2. After the sudden resignation of the DIROPS [Director of Operations], we did not seek the reestablishment of our communications with the international movement,

but instead, due to disappointment, we proceeded in an isolated manner.

3. The isolated manner of our mobilization, combined with the pressure of moral dilemmas regarding the discriminative or non provision of humanitarian assistance, the need for an urgent intervention in a suffering area, the lack of testimony from a 'hot spot' in which not long ago, the international movement was present, led us to:

- **Overlook the coherent stand that a humanitarian movement should adopt, especially during such a crisis, in order to avoid transmitting wrong messages but also the danger of being manipulated by local conflicts**

- **Be overly optimistic in believing that such an attempt would bring about the eventual positive response of the rest of the sections, when they would realize that the real motives of our action were indeed the very promotion of the humanitarian ideals and the principles of our movement, which laid much above any organigram and internal operational regulations.**

4. The above-mentioned belief was also shared by the majority of the MSF GR[eece] volunteers, who thought that in a possible intense reaction by the rest of the sections, that solidarity would eventually prevail, as it had done in many other fierce conflicts amongst MSF sections in the past, especially once the real motives behind our choices were understood (motives which by no means intended to disrespect the agreements reached with the IC). Of course, the events that followed demonstrated another dynamic altogether; that of confrontation and intense conflicts that led to rushed decisions and ruptures. We believe that within a movement, arguments and disagreements must be totally expressed. Moreover, the movement's maturity can be proved at any time when it is able to absorb every shock created by these disagreements through substantial and honest dialogue and not through rushed decisions. We take our part of the responsibility but we believe that so must all other parties from other sections that were involved in this case, as for example, the 'fact finding team,' whose condemning decision in its report demonstrated that neither solutions nor convergence was sought, but rather an exemplary punishment.



'Assessment Report on the Former Greek Section of MSF' by Laure Delcros and Kostas Moschochoritis, 30 October 2002 (in English) [edited].

Extract:

Relations with the international movement

During our mission, we raised with the former MSF section in Greece the contradictory attitude they had in the past, on the one hand criticising the international movement publicly at the 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[apaioannou, MSF Greece President] emphasised that a lot of the problems and reactions during that period could have been avoided

if the whole Kosovo crisis had not been handled by a single person (Odysseas [Boudouris, former MSF Greece President]), without proper information/involvement of the rest of the AC [board of directors] and office. Since Odysseas' departure from the AC, a more collective approach was drawn up, with 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 believe 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 by-laws in 2000 aimed at protecting the name for the Greek section. Today, the former Greek section is explaining their exclusion to first mission expatriates. They also stressed good relationships with expatriates from MSF sections as an illustration of the improvement of their links with the rest of the movement.

Conclusion

As a conclusion to our mission, we can assess that there have been changes by the former MSF section in Greece in terms of a more open attitude to 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 caused by their exclusion. During our discussions they didn't seem so keen on criticising the quality of their operations; but after pressing the issue, they accepted that they have to try harder and this will be the topic of the next conference of February 2003. The 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 a process and what the former Greek section would be ready to give up, as it was not in our mandate, but also it was too sensitive.



Minutes from the MSF International Council Meeting, 22–24 November 2002, Barcelona (in English).

Extract:

IV. Former MSF Greece [...]

The objective of this presentation and debate was to assess whether we feel confident to start negotiations with the former MSF Greece. [...] The international council board appointed a team of two people to go on an information-gathering mission. Their TOR was agreed with the former MSF Greece. [...]

Several comments were made:

Re: the consequences to the former MSF Greece of not being part of the movement

MSF Greece has activities/projects both inside and outside Greece. They now have 80% private money (wanting to align themselves on the trend decided within the MSF movement) – they can/could continue as a small NGO but they do not have an emergency capacity. Both Mozambique and India were quite painful experiences for them in that respect (too small for any impact). They seem to have reached a limit in the number of projects they can manage due to lack of experience and means (logistical support, etc.). They see themselves as MSF and followers of the same ideals/principles

and would like to re-access the support that comes with being part of a movement.

Re: humanitarian action versus the pressure of civil society

The problem with MSF Greece was that they positioned themselves against an intervention [NATO military] in Kosovo despite not having conducted any needs assessment but in direct osmosis with their civil society – this touches directly on the conception or role we give to humanitarian actors. There was a consensus in MSF that our role is not to oppose the use of force in principle. Still, we can question our own movement, this consensus is questioned from within the movement on a regular basis, suffice to see the debates presently being held on a possible intervention in Iraq. The former MSF Greece believes they are more independent than any other Greek NGO; they are appreciated in Greece and have a good reputation. [...] The key is that as part of the conditions for reintegration a debate needs to be held with them on the political aspects of humanitarianism. The paper they have presented contains little analysis of the past and all this needs to be addressed with a clear understanding that the debate needs to be two-sided.

Re: today versus the past

At the time of the Kosovo crisis it was obvious that Odysseas had all the power and was being very manipulative. His objective was to become operational – his idea was that post-exclusion, they would set up their operations and reintegrate the movement as a 6th operational centre a couple of years later. Meanwhile, a lot of things have changed: the three key-people in MSF Greece during Kosovo have gone [...]. The 'break' from Odysseas was not easy, Odysseas went on to become a minister [in the government] while using his former status within MSF⁸. The former MSF Greece went on to denounce this and clearly reiterated the impossibility for states to be humanitarian providers. Today, it seems to be the right time to open up a dialogue but based on very clear non-negotiable conditions (name/operations under 1 OC/critical analysis of the past). Furthermore, they are aware that they would have to give some things up in order for a possible reintegration to work. The question of whether the OCs are open to work with MSF Greece is too early to address.

Resolution on the former MSF Greece section

The IC recognises a positive spirit and change in the former MSF Greece section. Concerns continue to exist with respect to the former section's appreciation of humanitarian principles and the public positioning in Greece.

The IC decides to open up a dialogue with the former MSF Greece section to look into the possibility of a future reintegration of the former section as a member of MSF International. The IC states the following clear non-negotiable conditions for a future membership in the movement:

- 1) *The former MSF Greece must share with the movement a thorough and critical analysis of their actions in Kosovo during spring 1999, and their position on other major crises.*
- 2) *The operations carried out by the former MSF Greece section, if continued, must be fully incorporated in one of the current 5 operational directorates of MSF as stated in the IC resolution*

8. In 2001, Odysseas Boudouris was appointed to the Committee of the Ministry of Health for the study and management of health problems in the event of mass disasters.

on future growth and operationality of MSF.

3) The former MSF Greece must accept that the legal ownership of the name Médecins Sans Frontières, the acronym MSF, its Greek translation and the logo both inside Greece and internationally belong exclusively to MSF International, which is a common obligation of the partner sections*.

The IC asks the international office and the executive to appoint two people from MSF to discuss a possible reintegration of the former MSF Greece section. The commission should report back to the IC no later than November 2003. [...]

*the legal implications of this paragraph are:

The former MSF Greece should withdraw its Greek trade mark application no. 132649/12.11.96, waive any and all claims arising thereof and undertake to refrain in the future from registering in Greece or elsewhere, any trademark incorporating any of the above mentioned distinctive elements.

The resolution was unanimously accepted.



There was a clear reason why MSF Greece was put out of the movement. In order to revise that, we needed to think about under what conditions would we allow them in again. We tried to be quite firm on these conditions, because we didn't think it was very good to be too lenient. I think we were quite critical initially, at least, on should they come back, yes or no.

Dr Lisette Luykx, MSF Holland, Board Member from 1999 to 2000, President from 2001 to 2005 (in English)

3. MSF Spain/MSF Greece Operational Partnership

MSF Greece's operationality was the key issue of the reintegration process. Since its creation, MSF Greece was regularly denied the status of autonomous operational centre they were claiming, by the MSF movement. However, this did not prevent them from running operations. After the 1997 international movement governance reform, they agreed to operate within an operational partnership with MSF Switzerland, but abstained from voting in favour of this decision at the international council.⁹

During the period of exclusion, they continued running some international operations, which created difficulties in fields where other MSF sections were operating. For instance, in July 2002, though they were not authorised to use the MSF name and logo outside of Greece, their teams used the MSF logo and name in French in the Occupied Palestinian Territories. They also did not properly communicate/coordinate with the Israeli army.

This led to image confusion and potential insecurity for the MSF French and Spanish teams running operations in these territories.



Email Sent by Rafa [MSF International Secretary General] to Karim [MSF France General Director], Pierre Salignon [MSF France Programme Manager], et al.: Greece in Palestine, July 2002 (in French, in English).

Extract:

To: MSF Greece in Ramallah

From: 'MSF Jerusalem' <msfp@alami.net> to MSF

Date: 01/07/02 20:58

The fact that MSF Greece used the MSF logo from France, the MSF flag on their car (exactly as we do) not only in the Gaza Strip but now in the West Bank is causing us problems, like trying to pass at a checkpoint into Ramallah after an MSF Greece car (which is not coordinated with the IDF [Israeli Defense Forces]). End result, nobody got through! [...]

Regarding the question of the former Greek Section in Palestine, we can do very few things from a legal point of view. The usual procedure would be to prepare a letter to the Israeli government and the PA to inform them that they are not part of the MSF movement since their formal exclusion and that they are therefore an entirely different organisation (this has been done previously in other similar situations, see attached example of the letter that was sent to Ethiopia). [...]

Of course, we could try to put pressure on them to prevent them from going or using the MSF name, [...] is little chance that they will be accepting our request (as no legal back-up); or without an attempt by them to negotiate this with us (which I personally don't think we should do at this point). We could also attempt to appeal to their goodwill and try and address the day-to day problems this is creating. [...] Finally, we have just come upon a common NGO statement (MSF included) on the BBC World Service (online) condemning the Israeli government. Is this something done by our team in the field or is this also part of the ongoing confusion with the Greeks?

In April 2003, in order to maintain coherence in MSF operational and institutional growth, the international council reaffirmed that the former MSF Greece section would not be an operational centre and would share operationality with an existing operational centre.

In October 2003, based on an assessment of the former MSF Greek section's operations, MSF Spain was chosen to share the former MSF Greece operationality. They were tasked to work on the practical implementation of the reintegration of this section in the MSF movement. The final and formal reintegration was planned for the international council meeting of November 2004, providing that the former MSF Greek section "fulfill

the conditions stated by the international council in its November 2002 resolution.”



Minutes from the MSF International Executive Committee Meeting, 11 April 2003, Paris (in English).

Extract:

On Shared Operationality/the desk model

There is an understanding today within the movement to further operationalise the movement – but there is also a very clear understanding that we do not want to lose coherence, and that therefore there will be no more than five operational directions. This implies that MSF Greece’s operations will therefore have to integrate into the portfolio of one DirOp [director of operations] and therefore be subjected to the analysis of that DirOp – meaning that some operations could be closed down, changed, etc. How would MSF Greece, and its board, deal with this?

MSF Greece does understand that it would/could be so. We can consider the PS [partner section] status. We are willing to be flexible bearing in mind our commitment to the local populations. Our board does not decide on operational policies – can only make recommendations that touch on MSF’s image. We understand that our HR [human resources] will also be part of the evaluation. Also believe that MSF Greece today could bring an added-value to one OC [operational centre]. To us, being transferred under the responsibility of an OC is something conceivable. We are willing to discuss everything and would like to keep some operationality in Athens. We need to consider that even if small and imperfect we can bring something to operations.

Re: Integration into an existing OC

There isn’t much enthusiasm for the time being within the OCs to take on MSF Greece (time constraints, etc...) – nevertheless, it is on the table and it will therefore be addressed. Also need to be very clear that MSF Greece will never become an OC. Ambiguity was the main cause for all the frustrations of the past. [...]

Re: Practical arrangement

We (ExCom) will have to present one OC to the IC as ‘taker’ of the MSF Greece operationality.



Minutes from the MSF International Executive Committee Meeting, 21 May 2003, Barcelona (in English).

Extract:

Re: the Former MSF Greece

- A joint first phase assessment will be conducted by both MSF Switzerland and MSF Spain. The assessment will be conducted around four poles: operations, fundraising, human resources, and their headquarters. The cost of the assessment will be paid for by the international office. Furthermore, the ExCom commits itself to support the assessment team.



Minutes from the MSF International Council Meeting, Paris, 21–23 November, 2003 (in English).

Extract:

Spain: Asked their executive to look into ways of sharing operationality two months ago and the former MSF Greece is the option presented. [...]

VIII. The Former MSF Greece

The issue was introduced by Kostas [Papaioannou] – President of MSF Greece.

[...] As the president of MSF Greece, I bring with me the full support of the Greek AG [general assembly] and a unanimous approval from the board of Directors of MSF Greece to respond positively to the conditions set by the IC [international council]. Our efforts today will be in integrating with an OC [operational centre] – I believe that MSF Greece can be an added-value to the movement. The commitment is there on both sides – it is a big challenge we have ahead of us, there are many things to define such as decision-making processes, etc. [...] over the next year and I hope that this transition period will help us answer all these questions.

It is important for MSF Greece that the IC gives us a clear political commitment – it is important for us, for our association, our donors, and it will help frame the process until the end of the year. Reintegration is a critical priority in our agenda. We also need the IC’s support on the procedure – an agreement by 2 sections on rules is not enough – we need IC leadership on this issue.

Emilia Herranz/President of MSF Spain

There is clear commitment within our associative and executive to share our operationality with MSF Greece. It is our only way to grow operationally. To us this is a good opportunity, a challenging opportunity but we are willing to take the risks. We do need the IC’s back-up on this, to help us along on the process. We are accountable to the IC and need your commitment.

Eric Stobbaerts/GD [General Director] MSF Spain

This will mean a lot of work, time, energy, and mind-set change, but by going this way we also believe that we will be able to propose another way of sharing operationality.

Morten Rostrup/ICP [International Council President]

This is a historical moment even if this isn’t the final decision. The IC has been clear on the conditions of reintegration – I hope that MSF Greece clearly understands how this decision will impact the control of their operations. The pattern of accountability will change and the IC must state this very clearly. There must be no ambiguity – operational responsibility lies with the operations director in the operational section which integrates the former MSF Greece. I point this out specifically as it has been part of the reason for the split.

I would also like to say that there have been a lot of changes since this has happened, and I feel very positive about this reintegration. I believe in the contribution that can be made by MSF Greece – very happy to end this circle with a clear IC commitment towards reintegration.



Summary from the MSF International Council Meeting, Paris, 21–23 November 2003, (These are Not Official minutes) (in English).

Extract:

VIII. The former MSF Greece

In light of the feasibility report on the reintegration of the former MSF Greece into the movement and MSF Spain's proposal to be working on the practical implementation of this reintegration, the IC took the following resolution:

- The IC states a clear political will to reintegrate the former MSF Greece section in the international MSF movement.
- MSF Spain is assigned to work on the practical implementation.
- The pending court trials will be stopped.
- The final inclusion of the former MSF Greece section is foreseen at the IC meeting in November 2004 dependent on the feasibility and former MSF Greece's fulfilling the conditions stated by the IC in its November 2002 resolution.
- In the meantime, former MSF Greece is assigned an observer status in the movement.

The IC board has a special responsibility to monitor the integration process and all IC members express their commitment to support the process in various ways.

Unanimously approved



One of the conditions for the Greek section returning to the MSF movement was that it would be a partner section, with an operations desk, but only a partner section. MSF Greece would not return as an operational section. We spent a long time working with them on this condition because they didn't want to accept it. As soon as we made the decision to reintegrate the Greek section, there was a discussion to decide with who? MSF Spain was the only section to say yes. MSF France didn't want to or couldn't. They said that they already had a lot to do with decentralising their desks. MSF Belgium also had a lot of work and already many partner sections. They'd also had a history with MSF Greece, with Odysseas, and wanted no more dealings with the Greeks. MSF Switzerland also 'had enough' with the Greeks. Austin (Davis), General Director of MSF Holland, said it could be either Holland or Spain, but as Spain had no partner section it was the right time for them. MSF Holland promised to help MSF Spain, 'We are in favour and we will help you. We can give you money, resources, knowledge.' Eric Stobbaert, General Director of MSF Spain, found that it was a poisoned chalice, but relented. So this was the decision taken by MSF Spain's executive committee, which was then endorsed by the association. I took over from Eric from 2004 until 2006 as the General Director of MSF Spain, I oversaw the reintegration.

Rafael Vilasanjuan, MSF International, General Secretary from 2001 to 2004 (in French)



When we reintegrated the Greeks, we told them it was a difficult pill for them to swallow, that they would no longer be operationally autonomous. However, they considered themselves operational. In the 1990s, the movement had no regulation system which would have granted the status of 'operational section.' The Greeks were no more willing than the Luxembourgers to give themselves this label. Before being operationally aligned with the Swiss, they were already operational. They were a section, they had mounted operations - overseas missions in the name of MSF Greece. And that's the point they always wanted to put across.

Dr Jean-Hervé Bradol, MSF France President, from 2000 to 2008 (in French)



We couldn't just reintegrate them just because 'it wasn't nice they were excluded!' It was important that this reintegration fit in with the political vision of what the movement should be. However, knowing that today we are trying to limit the number of sections in Europe, or regroup them even, to be once again represented in Greece politically, wasn't very visionary for the movement! We could very easily work in Greece with the Greeks, without establishing a section. In my mind, this reintegration made no sense. But anyhow, I didn't say too much because I was too biased.

Dr Jean-Marie Kindermans, MSF Belgium, President from 2001 to 2006 (in French)

In January 2004, the boards and the general directors of MSF Spain and the former MSF Greece sections set up a transitional governance for the partnership. In February 2004, the former MSF Greek association put an end to the legal procedure launched against MSF International in 2000 and in return, received a status of observer at MSF international meetings.



Minutes from the MSF Spain Board of Directors Meeting, 23–24 January 2004 (in Spanish).

Extract:

1. Meeting with the President of MSF Greece

There are two different types of agreements to reach. On the one hand, agreements between both boards and, on the other hand, agreements between both general directors. While working on the proper collaboration between both GDs, the role of the boards is to supervise, support, and promote integration and, in case of tension or problems, meet with each other and discuss possible solutions to the problems. [...]

There will only be one director of operations for both Greece and Spain, namely Eric Thomas. The Operations Department in MSF Greece will hand over responsibilities in February.

Both boards rate the reintegration process as very positive despite the difficulties and wish that by 2005 MSF Greece and MSF Spain can start planning jointly.

A mixed working group, composed of Greek and Spanish MSF representatives, will be created to discuss divergences and find solutions to arising problems. The group will be made up of the two presidents, the two GDs, the director of operations and possibly also Manuel López and Panas Katrikis, coordinating MSF Greece operational integration. A newsletter will be issued and sent via the internet or as an internal release to inform all the sections within the movement on the progress and evolution regarding the MSF Greece reintegration process. The agreement is that a member of the Spanish board on a rotating basis participates in the Greek board meetings and MSF Greece is also invited to follow suit and thus participate in the Spanish board meetings.



Minutes from the MSF Greece Administration Council Meeting, Athens, 6 February 2004 (in Greek).

Extract:

6. Resolution of the MSF Greece Association and the International MSF Office dispute about the trade mark (logo) [...]

Following the deliberations, the board unanimously decided the association's resignation from the appeal dated 20 July 2000 before the Court of First Instance against the Greek State as legally represented by the Minister of Development and against the decision of the Trade Mark Committee with number 2421/2000, which has partially accepted the deletion/exclusion application of the Belgian Association with the name 'Bureau International des Médecins Sans Frontières,' which is based in Brussels, Belgium, Rue de la Tourelle 3, 1040, as it is legally represented.



Minutes from the MSF International Executive Committee Meeting, 19 February 2004, Geneva (in English).

Extract:

Re : MSF Greece

A message will be sent from the IO to the movement reconfirming that the former MSF Greece has observership status at our international meetings.

On 17 April 2004, the international council board committed to support MSF Spain in the reintegration process of the former MSF Greek section. They acknowledged that the former MSF Greek section should be encouraged to discuss and debate MSF principles at the associative and executive levels and called for self-criticism from both the movement and the former MSF Greek section.



Minutes from the MSF International Council Board Meeting, 17 April 2004, Barcelona (in English).

Extract:

Greece has observer status at our international meetings.

Specific discussion on the reintegration of MSF Greece:

MSF Spain has prepared a proposal for a framework for the integration process. [...] It reminds [underscores] the three preconditions to the reintegration. It also shows the main concerns and challenges related to the integration that have been identified throughout the meetings which have already taken place between both sections in order to build on the same lines at all department levels. In particular, MSF Greece has been out of the movement for the past 5 years and therefore out of the main debates that took place in the movement. How to stimulate effective debate, bring them up to speed and go through integration process integration not only at technical level but including also reflection on MSF principles? Debate should be encouraged at both executive and associative levels. They are willing to have these debates but need support to go further. General feeling is that they are on the way to comply with the first precondition. Another concern relates to systematic negotiations on the integration process and therefore tensions: indeed, MSF Greece has been operational and working alone for the past 5 years and they are not like any other partner section.

Decision:

- the international council board agrees to provide support to MSF Spain in the integration process
- sections are requested to invite MSF Greece executive (not only DG) to participate in their general Assemblies and to invite MSF Greece staff/expatriates to HoM weeks
- it was also mentioned that the process of integration should go both ways: it cannot only be them being self-critical; there needs to be a dialogue and also an effort from the movement to look back at the decisions made at that time and be also self-critical.

The former MSF Greek section's international projects were transferred to the MSF Spain desk. The Greece-based programs were transferred to a newly created Greek association named Prakxis that would be funded by the former MSF Greek section for a year and a half.



Minutes from the MSF Spain Board of Directors Meeting, 23–24 January 2004 (in Spanish).

Extract:

Concerning the projects that MSF Greece is currently implementing within its country, before the reintegration process started, they had decided to limit them to just their medical part, looking for other NGOs to whom hand over those projects



Minutes from the MSF Greece Administration Council Meeting, Athens, 1 March 2004 (in Greek).

Extract:

6. Greek projects

TzA [Tzanetos Antypas] informs the board about the handover of the projects to Eric Thomas [MSF Spain Director of Operations] and the timeline which was agreed for the transition of the Greek Projects to the new organisation which is called 'PRAKSIS'. [...] It was made clear that the objective of the new organisation 'PRAKSIS' will be advocating for the refugees and immigrants in Greece today through the necessary activities needed to justify the speaking out. MSF Spain has the same issues for the last 10 years with similar projects trying to persuade the government to take responsibility. That kind of project has been subject for discussion in all the sections that are active in Europe and for that reason there is a cell which is dealing exclusively with this issue, decreasing the medical activities and concentrating on advocacy.

TzA mentions that the statute is getting ready while a committee may already be set up for the legal representation of the new organisation. The funding issue of the new organisation should be resolved by end of November for our reintegration in the international movement. If MSF Gr[eece] funds the new organisation for the first 2 years they will keep the medical part and then the new organisation will be able to absorb all the activities that MSF Gr has put in place until today.



During the period of exclusion, we said we were going to keep the name and values of MSF and develop MSF in Greece, in particular with the long-term missions in Greece. In 2004, we feared that MSF International was going to demolish all these structures. When the reintegration went ahead, we therefore decided to take all these projects in Greece and set up another NGO outside MSF. We called it Praksis. Now it's a bigger NGO than MSF Greece.

Sotiris Papaspyropoulos, MSF Greece, Founder,
President and General Director from 1990 to 1996,
Honorary President from 1996 to 2000 then Association
Member (in French)



The separation of all national programmes managed by the former MSF section in Greece, which became Praksis in Greece, represented an important part of the reintegration process. These programmes occupied an important place in the operational portfolio. A large portion of the association members were working only on projects in Greece and had never been to the field outside of Greece. They represented an influence within the association, which wasn't the historic internationalist or international influence that Odysseas Boudouris was able to bear and they were likely to set obstacles when it came to a vote on their reintegration. The Greek directors also realised that it was going to be very

difficult to give a pertinent response to emergencies, without sufficient operational volume and the critical aspect provided by the movement. At the time, some of them told me they felt that, even medically speaking, they weren't thinking as critically or in any case weren't as committed to their AIDS programmes as when they were part of the MSF movement. The platform for planning and operational and medical engagement that the movement once offered them was the thing they were missing. Now it was a national programme based in Greece that had taken over. Some who had obtained a more international sense of engagement from MSF, but also a more innovative and creative mind-set, felt that they were in the process of losing the thread a little. They truly had, for all these reasons, a desire to join forces again. Plus, financially, it wasn't the panacea either, that didn't help.

Marine Buissonnière, MSF International, General
Secretary from 2004 to 2007 (in French)



In 2004, I took over as general director of MSF Spain. MSF Greece had 600,000 Euros in its coffers, and 80% of its budget was earmarked for projects based in Greece. However, all these projects were more or less influenced by the Greek Socialist Party [PASOK, ¹⁰ in power at the time]. To solve this problem, we said that we didn't agree with the fact that 80% of their budget was dedicated to projects in Greece, that we had to shut down these projects. But everyone was against these closures since there was a sort of clan-like attachment to these projects. We told them that before their final reintegration, we would give them all the funding, the 600,000 Euros, to transfer these projects over to an organisation other than MSF to manage them. But once this amount was spent, MSF wouldn't provide any more funding. We did some sums to work out how long 600,000 Euros would last for funding the projects in Greece. By our calculation, it would last a year and a half which was enough to support a handover to another association. All those who wanted to keep the projects in Greece and were working on these projects, so almost the entire office, except four or five people, were now working with this other organisation, independent of MSF. All the money they had left would be used to bring the projects in Greece to an end. MSF Greece would be back at zero, by integrating experienced Greek volunteers into projects in two or three countries that we were already managing in Barcelona.

Rafael Vilasanjuan, MSF International General
Secretary from 2001 to 2004 (in French)

On 25-27 June 2004, the international council endorsed the reintegration framework presented by MSF Spain and the former MSF Greek association, previously ratified by the general assemblies of both associations. The international

council strongly recommended that representatives of all MSF section associatives and executives spend time to support the former MSF Greek section.

The former MSF Greek association's general assembly voted to turn over the MSF Greece name and logo to the International office, representing the MSF movement. On 3 September 2004, the board of directors of the former MSF Greek section unanimously decided to engage the legal process to adopt the MSF name, its translation, and the MSF International logo.



Minutes from the MSF International Council Meeting, 25–27 June 2004, Amsterdam (in English).

Extract:

MSF Greece reintegration process

Among others, Emilia [Herranz, MSF Spain President] informed the IC [international council] members that the framework for the reintegration process was ratified by both MSF S[pain] and the MSF Gr[eece] AG, and that MSF Gr[eece] AG unanimously voted to give the MSF Gr[eece] name and logo back to the movement.

There are two levels of reintegration:

- MSF Greece into the international movement
- MSF Greece into MSF S[pain] operations [...]

Next operational steps include: finalisation of MSF S[pain] project evaluation, work on finances and logistics, and shared human resources. Final report will be presented at the November 2004 IC [international council] for final decision on the reintegration. It is expected that by 2006, both sections should have normal working conditions.

Emilia then presented risks and difficulties linked to the reintegration process:

- fear in MSF S[pain] of being overloaded by support work to MSF Gr
- issue of the difference in management culture in the field
- individual resistance
- lack of adequate HR for management
- fear of losing authority
- etc.

Emilia also specifically requested that other sections be involved in the reintegration process (in particular for the reintegration in the international movement).

Conclusion and next steps: The IC concluded that both executive and associative from operational centres and partner sections should go and spend time in MSF Greece; Rowan [Gillies, President of MSF International Council] will send a message to the sections calling for that.



Minutes from the MSF Greece Administration Council Meeting, Athens, 3 September 2004.

Extract:

Progress of the reintegration [...]

The board unanimously decides to start the legal procedure immediately for the delivery of the name of MSF, its translation, and the translation of the trade mark (logo) to the international office of MSF.

In late 2004, irregularities in the management of the former MSF Greece came to light. Irregularities included purchasing issues regarding a fund-raising database as well as the over-control of the executive by the board of directors. These red flags led the international council to request the implementation of a financial, administrative, and legal audit and require the inclusion of two members from the international movement on the Greek board. They asked for a former MSF Greece extraordinary general assembly to assume responsibilities and transparency. As a result, the reintegration process slowed as MSF Spain lost trust and considered that operations were at risk by these disfunctions.



Minutes from the MSF International Council Meeting, Geneva, 19-21 November 2004 (in English).

Extract:

Conclusion of the discussion and resolution (voted on 21 November 2004):

After a presentation on the developments of the integration process the IC recognises a very positive outcome of this process and of the work done by MSF GR[eece] and MSF S[pain]. Because of irregularities in MSF GR[eece] regarding the purchasing of databases in the past and the hiding of this information to MSF S[pain] and recently unveiled, and in the light of the severity of these irregularities the IC adopted the following resolution: Reintegration will be effective as for 15 of January 2005, provided that there will be a positive recommendation from the board of MSF S[pain], after studying the resolutions and recommendations from a committee consisting of members of [the] MSF S[pain] board, members of the reintegration team, and a member of the international council that will monitor and evaluate the evolutions of MSF GR[eece] during the next months, especially those concerning the unacceptable irregularities discovered during the last days or related ones. If the decision of MSF E [Spain] board at that time (15th of January) were to not recommend reintegration, the decision will be postponed to the IC meeting in June 2005. Unanimously approved by voting members present (16) – 2 absents (HK, Austria).



Minutes from the MSF Spain Board of Directors Meeting, 10–11 December 2004, Madrid (in Spanish).

Extract:

7. Meeting with the MSF Greece Board of Directors

The Greek board of directors provided its account of the facts and reasoning supporting the 28 November decisions. The Spanish board of directors presented the results it was expecting in order to be able to support effective reintegration on 15 January 2005, as follows:

- compliance with the prior conditions established at the November 2002 international council meeting to reintegrate MSF Gr[eece] into the international movement
- complete transparency on the part of the Greek board of directors vis-à-vis its association, which involves providing all information to the extraordinary general assembly in transparent fashion, without hiding anything, so that the latter has all of the information needed to make decisions
- be accountable for its decisions
- effective separation between the board of directors and the executive, enabling work to be carried out under normal conditions and without additional delays. Given the Greek ED's [executive director] membership on the current board of directors and the absence of certain directors who are key to the normal functioning of the executive, it is difficult for the two sections to work together. This has also delayed their collaboration just as the 2005 action plan is being drawn up.
- take all steps necessary to protect MSF Gr[eece] from the negative consequences of this crisis, both legally and in the media. These steps include clarifying and ceasing all the irregularities that were committed; and,
- rebuild the MSF Gr[eece] management team so that the 2005 annual plan can be implemented and operations are not affected.

The Greek board of directors accepts the conditions set forth by the Spanish board of directors and expresses its intention to work towards that. An internal working group has already been established for that purpose.



Minutes from the MSF International Council Board Teleconference, 15 December 2004 (in English).

Extract:

At a political level, the general feeling is that MSF Greece has fulfilled a lot toward reintegration. But on a practical level, due to recent crisis, it has become difficult for MSF S[pain] to proceed to the reintegration at this stage (loss of trust). [...]

MSF Spain board made clear requirement to proceed to reintegration:

- fulfil preconditions => they are so far not compliant on all
- transparent AGE [extraordinary general assembly] and board to assume their responsibilities. Indeed, they now put the reintegration process at risk although at operations level, the process was going on well. The agenda for the AGE does not leave space for resolutions to be debated => the points included in the agenda relate to the plan of action presented at the IC, and the risk is that the board presents the problems to the association in such a way that it will minimise the whole issue.

The big concern at the moment is that the operations are at risk because of what is happening at HQ level [...].

Rationale for a position from the international movement:

- There is a clear will in the international movement to have the Greek section back and the feeling is that the operational reintegration is going fine. But the international movement has to make absolutely clear that transparency and clear financial management are essential => their accounts should be transparent (compulsory in the framework of the international combined accounts) => necessity of an external audit for the accounts of the section for the years 2003 and 2004. [...]
- The transfer of the logo and trade mark should be part of the deal: it was one of the preconditions for the reintegration => reintegration and transfer of the logo should go together and be done at the same time.
- Assumption of responsibilities and transparency have to come out of the AGE to show things are moving in the right direction => as long as this comes out from the AGE [extraordinary general assembly], a lot can be done practically by 15 January 2005 (deadline put in the IC resolution – Nov 2004).



MSF Greece purchased (theoretically very cheaply) a huge data base. It was so big – they were speaking of approximately 3 to 5 million names/addresses (of a total country population of 10 million people). This extraordinary size of the database, additionally at minimal cost, raised huge questions of how that came into the hands of MSF Greece. Different hypotheses circulated. In any case, this database could only come from a state agency (e.g. the tax authorities) directly or from the ruling party (that was the PASOK).

Reveka Papadopoulou, MSF Greece, Internationally Appointed Board Member from 2005 to 2008 (in English)

Eventually, on 15 January 2005, the MSF Spain board of directors recommended to reintegrate the former MSF Greek section in the international movement. MSF Greece would be part of the operational center Barcelona-Athens (OCBA). An MSF Greece representative would attend the MSF Spain board meeting.

On 9 February 2005, having been granted by the international office a license to use all MSF trademarks, MSF Greece was officially reintegrated in the MSF movement as one of its nineteen associations. In March 2005, several representatives from the various MSF associations were appointed to the new MSF Greece board of directors.



Minutes from the MSF Spain Board of Directors Meeting, 14–15 January 2005, Barcelona (in Spanish).

Extract:

President's report

Reintegration of MSF Greece.

The Spanish board made a positive contribution to the reintegration of MSF Greece into the international movement and must continue to do so through next week. It also appreciated the considerable efforts made by all those who were directly involved in making this goal a reality. [...] With the establishment of the Operations Centre Barcelona-Athens (OCBA), a representative of MSF Greece is again required to regularly attend MSF Spain's board meetings.



Minutes from the MSF International Executive Committee Meeting, 16–17 January 2005, Brussels (in English).

Extract:

Update on the reintegration process of MSF Greece (Rafa [el Vilasanjuan, MSF Spain General Director]): [...] => The minimal conditions have been fulfilled => MSF S[pain]'s recommendation to proceed to the reintegration. But, the international movement should keep an eye in the coming months, push MSF Gr[eece] to respect their commitments, and start contacting people from the movement who are ready to commit to the MSF Greece association.



Minutes from the MSF Spain Board of Directors Meeting, 11–12 March 2005, Barcelona (in Spanish).

Extract:

MSF Greece: The international council board introduced Reveka Papadopoulou [MSF Switzerland programme coordinator] and Michel Farkas [MSF H[olland] human resources director], who represent the international movement on the new MSF Greece board of directors.

In 2005 and 2006, on the basis of the audit ordered by the international council, and with the support of experienced officers from the movement, new executive, and associative reorganised MSF Greece management and governance.

In February 2006, MSF Spain and MSF Greece set up a proposal for an OCBA basic structure which was approved by both boards in April 2006.

On 24 June 2006, the international council again set up deadlines to MSF Greece to comply with its requirements: resolution of the misappropriation of funds issue, identification of a new treasurer and implementation of a strict separation between executive and associative.



Minutes from the MSF International Council Meeting, 26–27 November 2005, London (in English).

Extract:

Session on MSF Greece audit:

NB: with the participation of Bruce Mahin who coordinated the audit on MSF Greece. [...]

Bruce then presented the main outcomes of the audit including recommendations from the auditors (board-related procedures, other procedures, and financial/accounting issues) and additional recommendations (e.g., suppression of the honorary president title, organisation of a public debate on the actions of MSF Greece during the Kosovo war, etc). [...] The outcomes of the audit have already been presented to the board of MSF Greece who committed to take action on everything and started working on actions and remedies. [...]

Main outcomes of the discussion:

- Re: separation of power between executive and associative: At the time of the IC [international council], Muriel Cornelis was just appointed a new GD [general director] of MSF Greece and was handing over. A paper defining the responsibility of the board vs. GD has been prepared and put clear limits.
- Re Financial issues: Financial issues should be cleared by next IC in order for MSF Greece to be on board with 2005 international combined accounts. Measures are taken for that matter. [...]

MSF Greece committed to report back to the IC right after.

- Re Name under which MSF Greece's projects are registered in countries: even if the operational direction is in Spain, projects decentralised in MSF Greece are registered under MSF Greece in the field instead of MSF Spain. The situation is similar with MSF Luxembourg (for historical reasons). This raises the issue of liability (in particular with the international combined accounts) and of the number of OCs (limited to 5 by IC decision).

=> There was a consensus among the IC that even if this is a survival from the past, it should no longer be the case in the future (for new projects, etc.).



Minutes from the MSF Greece Board of Directors Meeting, 10 February 2006 (in English).

Extract:

MC [Muriel Cornelis, General Director] then presented the proposed basic common OCBA structure [...], which for the OCBA MT [Managing Team] includes the two GDs [general directors], the four RECOs [cell coordinators] plus Emergencies' Responsible, the DirOp [director of operations], the Medical Director, the HR [human resources] Director and the Finance Director. It was suggested that the MT of OCBA could involve increased participation of the MSF Gr[eece] MT. It was also proposed that for the OCBA AC [board], all members of both ACs would participate in case the meeting is related with the planning and revision; if the meeting is in between, for other critical issues, the participation could vary according to the issue to be

discussed. The associative role has not been identified yet in the common structure, but the Greek AC is actively participating and this is the main link with the association. EK [Eleni Kakalou, MSF Greece President] commented that this is a big responsibility for the AC and we have to make sure we will be able to contribute.



Minutes from the MSF Spain and MSF Greece Joint Board of Directors Meeting, 8 April 2006 (in Spanish).

Extract:

1. The OCBA board

Both boards agreed with the proposal for the OCBA board [...], but the members of the Greek board had several questions/proposals [...] The following points reflect the main questions that were discussed and about which decisions were made:

- A joint body set up to implement an OBCA structure being a new experience for both boards, more time and more in-depth discussions on the subject are required. [...]
- The joint board must not duplicate the agreements of the national boards. The responsibilities must be grouped and not overlap.
- The composition of the OCBA's joint board must be founded on the skills and personal aptitudes of the members. Only the two presidents of the board will be automatically members of the new board. [...]
- It was deemed too early to propose the presence of members of other partner sections because this is the first time that two boards will be cooperating at this level. The model must first be implemented and consolidated then extended.
- The operational plan will be presented to the OCBA board, but it will be approved at one of the joint meetings planned for the two boards in the year. The common part of the annual plan will be presented at the joint meeting but each board will approve its own plan separately. [...]
- Work done under the plan will be a contribution to the international movement.
- The flexibility of both sections with regard to decision-making and execution of actions is a prior condition. [...]

4. How the association will function: GA with common debates – an action plan to reinforce the association's life and identity.



Minutes from the MSF International Council Board Meeting, 24 June 2006, Athens (in English).

Extract:

Bruce Mahin [MSF France former Financial Director] was asked by the IO [international office] to go to Athens to look into the implementation of the recommendations of the 2005 organisational audit. Marine [Buissonnière, MSF International general secretary] presented the outcomes of his visit and main recommendations.

The international council board agreed that there is a need for a strong signal from the IC [international council] since the section was reintegrated but with strong recommendations

along with it (including time frame and sanctions if the deadline is not met).



Minutes from the MSF International Council Meeting, 28 June 2006 (in English).

Extract:

Update on MSF Greece (Bruce Mahin)

3. Division of roles between AC [board of directors] and ED [executive director]

This ubiquitous and timeless issue throughout all organisations is particularly present at this point in time in MSF Greece. It had already been identified as a crucial issue during the reintegration process. A paper had been written up making it clear that a much stronger and more thorough delegation of power by the AC to the ED was mandatory. A stop had to be put to the previous era's micromanagement by the AC. In the present context where the ED is not Greek and where the majority of the AC is, there could be nationalistic undertones to this tug-of-war. The fact that in MSF Greece, as in all organisations, it is in the end the AC members who are responsible in front of the Greek law and that illegal activities (fraud/theft) have taken place once again understandably makes AC members jittery and desirous to get more involved. [...] What remains to be clearly underlined and defended in my mind is that, in keeping with the principle that responsibility can only be assumed if given the accompanying authority, it is the ED who has authority over the staff, i.e. who has the power to hire and fire. The present deterioration of the working relationship between the AC and the ED seems to be the result of several factors. One of the main reasons appears to be insufficient formal (and informal) communication between the ED and the president. [...] Resentment is felt and was expressed by the president following what she perceives to be direct channels of communication between the international movement (IO, IC [international council], MSF Spain) and the International Representatives and this at the cost of the de-legitimisation of the normal channel of communication with the president.



Letter from MSF Greece to The International Council Board, 4 August 2006, Athens (in English).

Extract:

Dear Rowan and members of international council board, As has already been communicated on 18 July the AC (administration council/board of directors) of MSF Greece has already taken actions in order to fulfil the conditions set by the international council during its last meeting in Athens and is expressing its commitment to the movement.



There had been problems of clientelism and manipulation both purely financially speaking but also politically too. Some people who had stayed in the

former MSF Greek section were very close to certain political parties in Greece. This called for an almost total review of the finances and staff organisation, to start from a healthy foundation that wasn't infected by years of relationships with wholly unlikely suppliers and others. And the collusion between MSF Greece and the political parties, in particular PASOK (Greek socialist party) was one of the problems that emerged at the time of reintegration. We hired a lawyer and Greek accountants that Bruce Mahin, a former MSF financial director, worked with to get the finances straight. In fact, the international office exercised an executive role but it was the international council that oversaw things. Its point of contact was the president of MSF Greece. There were people like Reveka Papadopoulou and Michalis Fotiadis who had stepped back from MSF Greece for a while, but who were still committed to MSF on a personal level. They agreed to return to a role to steer MSF Greece's transition. At the executive level, a number of members from other sections also agreed to come and play a role during this transition phase: Muriel Cornelis as General Director, Jean-Christophe Dollé as the interim HR Director. These people assisted with MSF Greece's reintegration because everyone wanted a positive outcome. And so a temporary board was formed with extremely solid people who knew MSF inside and out but who were also extremely competent in the areas of finance, human resources, and administration. They practically acted as auditors in the way MSF Greece had to be rebuilt to avoid the problems that emerged in the preceding period in terms of clientelism, nepotism, etc.

Marine Buissonnière, MSF International, General Secretary from 2004 to 2007 (in French)

In January 2007, an international debate on the Kosovo crisis that led to the MSF Greece exclusion was held in Athens. This debate was the last requirement for the MSF Greece reintegration in the MSF movement.



Report on Kosovo Debate – Extraordinary General Assembly MSF Greece, 13 January 2007 (in English).

Extract:

At the beginning, the president of the Assembly, Panos Katrakis, made a short presentation of the TCB [temoignage case binder] 'Violence against Kosovar Albanians, NATO's intervention 1998–1999', written by Laurence Binet, stating how:

- it complements the history of the MSF movement and
- describes the way the movement handled the crisis.

His desire is for the debate to be objective and open to all opinions, without tensions or hard criticism. [...]

Christophe Fournier [president of MSF international council]: MSF Gr[eece] is back in full in the international movement. Attesting to this is the presence of people from all MSF sections, having this debate. Maybe there is remaining frustration for

the expulsion, expressed by MSF Gr members, but self-criticism is very important and this is a way to maturity. Regarding expulsion: if the same decision was to be made again, it would be made differently & more carefully. Internationalism in the movement may work for impartiality but it doesn't provide a lot of independence for each section's culture and society.

4. OCBA Governance

In April 2007, MSF Spain's board of directors approved the executive agreement to create the Operational Center Barcelona-Athens. At associative level, the creation of a proper OCBA board was ruled out to avoid adding extra institutional layers at the expense of the operational activities. Instead, the MSF Spain and MSF Greece boards were to hold a joint board meeting twice a year. In September 2008, they adopted an OCBA board agreement.



OCBA Associative Agreement, 29 September 2008 (in English).

Extract:


OCBA (Operational Centre Barcelona-Athens) was created in 2004, during the reintegration of MSF Gr[eece] [with the] purpose [of] attaching the section to one of the existing operational centres. [...] The Aim of this Agreement is to gather all these common decisions in one official document, which is to be supported by both boards and serve the better functioning and exchange between the associations until its revision is deemed necessary. [...]

Partnership

OCBA consists of MSF S[pain] and MSF Gr[eece] as a primary partners co-owning OCBA operations. Other sections or entities of the movement, including OCs, offer support with resources under bilateral or collective agreements in the movement. Both associations are committed to safeguard the nature of MSF and to ensure the relevance, effectiveness, and quality of OCBA operations.

Accountability

Both sections are mutually accountable for the allocated resources. The overall operational accountability lies to the MSFS board, which is the governing body of OCBA, appointing also the GD [general director] of OCBA, who supervises the operations as the head of OCBA MT. Based on the principle of mutual and shared accountability, both sections are committed to exchanging resources and information, and meet regularly in timely way, in order to secure the support to operations and avoid any risk that might derive from any inconvenience whatsoever.

 **Minutes** from the MSF Spain General Assembly, 2–3 June 2007 (in English and Spanish).

Extract:

III A). Presentation of the President's Report [...]

Another of our priorities was understanding that we must support the executive in the spirit of internationalisation and find common ground with the rest of the movement on growth, distribution, and rational use of resources, assessment of operations, and so forth. To this end, over the course of the year we have endeavoured to strengthen the board's relations with the boards of other sections, particularly MSF Gr[eece] and MSF USA. These two were singled out because a process was already underway to establish a secondary partnership, seeking relations beyond the merely financial, that encompassed sharing operational visions and collaborating on other issues. [...] A task force is currently attempting to define exactly what the rules of play shall be on this issue. With the resolution that comes out of the next international council and the new response from the MSF USA board, we hope to be able to lay down the architecture of OCBA for forthcoming years.

With regard to the relationship between MSF S[pain] and MSF Gr[eece], we have at last made the executive agreement on the functioning of the Barcelona-Athens Operational Centre (OCBA) official. This sets down our commitment to work together on all matters that sustain operations. As far as associative relations are concerned, we have brought into force an agreement to exchange members of the board and hold two joint board meetings at key points during the year. We have ruled out the idea of creating an OCBA board made up of members of both boards as this entailed adding processes and decision-making levels which run the risk of removing us further from the field and our operational reality. Also of note is the end of the process of integrating the Greek section in the movement, which coincided with the debate on Kosovo in January. The only step remaining for them to be on the same footing as other sections is that the next international council suspends the obligation to have members of the board imposed by the international.

In 2007, MSF Spain requested financial help from MSF USA. Discussions about closer collaboration, or even a secondary partnership, between OCBA and OCP, of which MSF USA is a member, lasted several years. At that time, the international conversation was about the possibility of reducing the number of operational centers. But OCBA leaders, while being keen to share technical resources, were not ready to merge operations with OCP. The project was abandoned.

 **Minutes** from the MSF Spain Board and MSF Greece Boards of Directors Joint Meeting, 6 October 2007 (in English).

Extract:

8) UPDATE: 'PARIS GROUP' and SECONDARY PARTNERSHIPS PROPOSAL [...]

MSFE S[pain] and OCBA BoD [board of directors] general comments: [...]

- The idea of a possible 'merge' with MSF F[rance] is not acceptable or even to be considered
- What's most important is to discuss and agree upon a MoU between the 6 partners, focusing on the following areas:
 - Epicentre;
 - training;
 - logistics;
 - operational support;
 - resources/HR [human resources] (*Note: apart from training issues no further details were discussed*);
 - evaluation and accountability issues;

Transcript of the conclusion of Paris Meeting Minutes according to a meeting held on Thursday, 20 September 2007:

- General agreement on the objectives and intentions between the participants.
- Further need to be discussed at board and executive levels between MSF France, USA, Australia and Japan + Spain and Greece.

The MSF S + MSF Gr[eece] BoDs support the proposal for the operational agreement and with the firm purpose of analysing the dynamics and functionality, will attend the Joint Operations Meeting that will be hosted in Paris on the 16–17 November by MSF F[rance], MSF USA, MSF Japan and MSF Australia.

 **Minutes** from the MSF USA Board Meeting, 17 April 2009 (in English).

Extract:

I. Partnership Issues with OCBA

Unni [Karunakara, MSF USA board member] led the discussion on partnership issues with OCBA, noting that the objective was to decide if the board wanted the executive to move forward with collaboration. Unni gave background on the proposal, noting that it first came to the board in April of 2007, noting that at the time, OCBA was asking for US support, but not specifically a partnership. After further discussions, Spain presented a concept paper to MSF France for discussion in July 2008, with different areas that MSF USA could help in. France did not respond, and, though a presentation on the issue received a positive response at GA, no further action had been taken.

Unni said there were several reasons why a partnership would make sense. MSF USA could work with Spain to improve the quality of their action and efficiency with respect to resources and can bring operational tolerances between France and Spain. Medically speaking, both sections feel there is synergy in some areas and they could benefit from working together.

Sophie, responding to a question from John on the MT's perspective, said that MT's main concern is that what OCBA is proposing includes very technical matters. If they start a partnership, they need to work on operations together and not keep the operations issue to the side. The MT wants to hear a strong commitment that OCBA is ready to discuss cooperation with OCP and work on operations specifically. Unni clarified that Eric Thomas (MSF Spain Director of Operations) absolutely believes there needs to be a discussion about operations and thought that what they will probably demand is more respect and more willingness from French operations to work with Spanish operations either as partners or in handing over projects that work for Spain. [...]

Paula explained that they're a small section, and they feel that they'll encounter a cap on certain issues. For example, with logistics, they're already at capacity – neither [MSF] Logistique nor Supply can cover their needs, and they'll need to look for a solution. The solution is either to get [MSF] Logistique or Supply to increase supply or to develop their own system. They don't think own system is the right way to proceed (in terms of sharing resources). They need support from other sections, but don't want just financial support. Sharing resources and increasing efficiency was the approach that they took when approaching MSF USA to form a secondary partnership. Having another operational section and sharing certain expertise is a way of becoming more efficient and more transparent. [...]

Paula said that in first stage of discussions, operations were included. They know there are differences in the operational departments, but at this point it is probably a place where collaboration has been less developed. The idea of joining or merging operations was not in the original plan, and they have also made the point in last two GAs that they are worried about being 'eaten' by Paris. They have always said that operations are not merging, but they do want to see where there are duplications or complications. Her personal feeling is that it's easier to start on the other things, and then, when there is trust, work on operations after that (as that's where disagreements will be). [...] Paula said that the board and executive have been pushing for collaboration, also in operations. It was more of a hot potato from the Paris side than from the Spain side.

Rebecca noted that they (OCBA) could proceed, but more likely with technical agreements because she did not think that Spain seemed ready to commit to a joint operational plan. Unni said he did not think Paris was ready either.

In July 2010, MSF Spain and MSF Greece joint boards endorsed a proposal to move towards an operational network open to more MSF sections, called the "International Operation Network Initiative" (IONI). The idea was to move away from the resource-driven group logic and to set up a direct associative guidance for operations and support to the operational project by all operational partners. Then, they started to work on the establishment of an OCBA board that would give guidance to operations.



'Framing and Operationalising the International Operational Network Initiative' **Memo** from Eric Thomas, MSF Spain/OCBA 10 May 2010 (in English).

Extract:

Context:

Objective:

To Conceive and Execute an Operational Plan through broad-based formal participation in and commitment to an International Operational Network. As a true network and in adhering to the aforementioned principles, the Initiative should effectively remove the notion of Centre from Operational Centre, creating the most favourable conditions for the pursuit of medical-humanitarian goals, whose only bias and vested interests are those expressed or insinuated in the Charter, Chantilly, and La Mancha.

Strategy:

The Initiative will develop a network of those who want to contribute to the operational project. The network will be a basic configuration that could be modified and adapted to evolving needs of operations and the movement. This might also include relevant partners and institutions beyond MSF (e.g. carefully selected think tanks, university initiatives, foundations) that participate in different ways and at different levels. The nature of contributions to the Initiative will be as diverse as its very composition. Sections, Entities, and the Unclassified are asked to participate according to their own perceived attributes. Resources are good, thinking is better. The resource-driven group logic that has prevailed in the movement is irrelevant to the Initiative, though its existence in parallel to the Initiative is acknowledged. We appeal to the maturity of the movement to ensure that resource-driven group logic is neither a threat to nor threatened by the Initiative. [...]

The Initiative is to be shouldered by strong associative governance based on a system seeking greater direct input into the associative guidance of operations by operational partners, independently of resource concerns and based mainly on the interest in and support of the proposed 'operational project.' This concept institutionalises the shared ownership of operations as opposed to the current practice of informal and infrequent participation of different sections. Another desirable effect of this is that it broadens, diversifies and further denationalises the civil society support base.



Minutes from the Operational Center Barcelona Athens (OCBA) Joint Board Meeting, 10-11 July 2010 (in English).

Extract:

BoD Feedback on IONi [International Operation Network Initiative]:

- The IONi core idea is endorsed and welcomed by the BoDs [board of directors]. [...]

6. Associative agreement

The debate was focused on the idea of an OCBA BoD, a joined formation of the existing BoDs with an operational focus,

possibly open to other actors /partners from a possible future network [...]

- The exercise is to define the common ground and see the roles and responsibilities of an OC [operational center].
- It is a way to position ourselves in a better way towards the movement so we have to move forward. We need to review how we can formalize/institutionalize this sharing (decision making on Ops) [...]
- A political decision is needed on splitting the responsibility of operational plans between OC and national interest. How much we want to share the decision making of Operations of MSF ES [Spain] and MSF GR[eece] to others. [...] MSF ES is 80 % responsible for what is happening now, in few years the ops decision taken in BCN [Barcelona] will be less. If from the situations we have now we go to this model then our money will be used under the shared operational logic but, in the end, we will be accountable in front of Spanish society [...]
- Legal constraints should be studied before, not to lose the legal components (collecting documents, legal advice).

BoD Feedback:

OCBA BoDs positively reflect on the idea of an OC BoD acknowledging the fact that this concludes the perspective of sharing operationally.

5. New Entities

Opened in 2000, the office in Portugal presented as both an 'antenna' of MSF Spain and 'a one-person office solely in charge of recruitment' was endorsed by the international council, providing it would not become a section and would be integrated in the MSF Spain association. It was closed in 2005 out of lack of activity ¹¹.

In 2001, MSF Spain opened an office in Argentina. For several years as MSF Spain did not consider creating a formal MSF entity in Argentina: this office was only dedicated to recruit medical volunteers. In July 2008, the Argentinian office was put on hold due to the international council's decision that new entities should be opened only for representation or fundraising purposes.



Minutes from the MSF international Council, 24 November 2000 (in English).

Extract:

Item 10: Moratorium on new sections and Lisbon Office (J.Orbinski [President of MSF international council] & M. Angel Perez) [President of MSF Spain]

[...] The Spanish section was interested in recruiting Portuguese doctors, and following a study mission decided

that it was a worthwhile option. This office is not considered to be a delegation but a one-person office solely in charge of recruitment. An evaluation will be made after a year to evaluate the effectiveness of this initiative. MSF Spain has no desire to create a Portuguese section. This introduction was followed by a heated debate and the following points were made: [...]

- MSF Spain has delegations throughout the country that are in charge of HR [human resources], fundraising, and communications – the fact that they have projects in Portuguese-speaking countries meant that creating an antenna in Lisbon made sense. Furthermore, they argued that due to different constraints such as tax law and labour law, having an office in Portugal allowed them to recruit Portuguese doctors more easily than from Spain.
- There seems to be an inconsistency between the declared sole HR role of this office and the claim, in the paper justifying the existence of this office, that Portugal needs the presence of an international NGO within its civil society and that this office may fulfil this other role.
- The main concern in regards to the existence of this office is that it may trigger the opening of an MSF Portugal section. It is understood that this may not be MSF Spain's intention but it certainly will become a Portuguese one. It was suggested that one way of going round this problem would be by changing MSF Spain's name to MSF Iberia thus automatically including Portugal without the risk of a separate section being created. [...]
- Finally it was stressed that voting 'no' may further undermine the IC in this particular instance, and as the office is opened already agreeing conditionally may be the best way to create a decision that will be respected whilst allowing us to control expansion. [...]

Motion: 'The IC does not oppose the opening of a Human Resources Office in Lisbon on the condition that the office, now and in the future, be integrated in the MSF Spain Association.'

In Favour: Switzerland, Italy, Japan, Hong Kong, Austria, Sweden, Holland, United Kingdom, Germany, Canada, Spain

Abstention: Luxembourg, Belgium, Norway

Against: France, Australia



Minutes from the MSF Spain Board Meeting, 24 February 2001 (in Spanish).

Extract:

7. Office in Argentina

In light of the report compiled by Claudia Ermeninto and after hearing the arguments presented by the general director and human resources director, it was agreed to authorise the MSF Spain office to conduct recruitment in Argentina.

¹¹. In 2018, an office was opened in Lisbon and started recruitment, communication and advocacy activities as part of a joint project between MSF Spain and MSF Brazil.



Minutes from the MSF International Council Board and Executive Committee Joint Meeting, 21 October 2005, Geneva (in English).

Extract:

Growth and OCs' expansion plans

- MSF S[pain] (Rafa [el Vilasanjuan, General Director])

Perspective (fundraising) for new offices:

- a. Portugal: the office was opened some years ago mainly for recruitment. It is now closed (the only way to effectively achieve the objectives was to create a partner section there).
- b. Argentina: the office was also opened for HR [human resources] purposes. It is very efficient with very good retention of first missions. MSF S[pain] has defined its role along HR rather than thinking in building a partner section.



Minutes from the Operational Centre Barcelona-Athens (OCBA) Joint Board Meeting, 5 July 2008 (in English).

Extract:

IV. IC MEETING, JUNE 2008 [...]

- MSF S[pain] agreed on the first paper but blocked some decisions
- According to the New Entities paper, the two (2) stand-alone reasons should be:

1) Representation, and 2) Fundraising

However, 20% of OCBA HR comes from Argentina [...]

Argentina

- Frozen
- Final decision in the next IC
- FR [fundraising] assessment shows that even if the potential is not high, it is still worthwhile to proceed.

In December 2009, after a positive fund-raising test run by the international office in Argentina, the international council endorsed a MSF Argentina branch office to support the MSF social mission through human resource recruitment, fund-raising and representation of MSF in Latin America. Meanwhile, the Argentinian office strived to increase their expatriate staff's involvement in MSF associative life.



OCBA Statement of Intent for the Argentina Office for the MSF International Council Meeting, June 2009 (in English).

Extract:

1. Overall objective of the entity

MSF Argentina office's goal is to sustain the social mission of MSF by giving direct support to the operations carried out by MSF OCBA and other sections of MSF by:

- incorporating high quality human resources to improve MSF projects and thinking since 2001.

- developing a new source of fundraising based on the rationale of diversified sources, supported by active communication and awareness-raising activities.
- representing MSF widely in Latin America.

Hereby the Argentina office states its intention to apply for the status of branch office. In the mid-term, an Argentina branch office would envision becoming a delegate office at the service of the movement. [...]

4. Associative/board activities

As representative of one MSF section, the Argentinian office sensitises MSF workers on MSF associative identity, promotes interaction and associative debates. [...] At the present time there is no plan to create a formal associative body or board although we will pursue a greater involvement of Argentinian international staff in MSF associative life.

5. Representation

The office has focused its representation efforts on projecting MSF's humanitarian identity on the general Argentinian, Chilean, and Uruguayan public. At this point we see a clear added value in expanding and reinforcing the representation of MSF at a Latin American level. [...]

6. Fundraising

Recognising the fundraising potential in Argentina (up to 13 million Euros in a 10-year timeframe, according to the Assessment of FR potential report done by the IO), MSF OCBA wants to develop this potential in order to enlarge its capacity of generating private income and to reduce its financial risk by diversifying private income sources. [...]

7. Communication

MSF has become a key referent on humanitarian issues in Argentina. Buenos Aires is a media hub for Latin America Spanish-speaking countries. During the past 2 years, we have seen a sharp increase in demands and appearances in the national media for humanitarian related issues and in just 8 years MSF in Argentina has achieved 50% recognition among the population. [...]

8. Human resources recruitment

The Argentinean Office's HR activities started in 2001. Today it accounts for more than 80 active international staff currently working within the movement. High quality recruitment has been achieved [...]

9. Operational support [...]

Argentina has a relevant regional role in the MSF international advocacy plan for the '100 years of Chagas Disease Campaign.' In the coming months OCBA will explore the possibility of establishing operations in Paraguay and Argentina. The office in Argentina will definitely become a key support. [...] A particular field of interest with opportunities in the region is R&D in nutrition as well as debate and analysis on Migrations and Urban Contexts.



Minutes from the MSF International Council Meeting, 11–13 December 2009 (in English).

Extract:

New Entities

[...] Argentina for status of branch office: 18 in favour, 2 267

against (MSF Germany, MSF Norway). Following the voting results, the 4/5 IC [international council] majority in favour is reached only for two entities, namely South Africa and Argentina. [...] The IC endorses the entity in Argentina as a Branch Office.



We opened the Argentinian office for human resources and we really built it up. We made a good investment and it worked really well. We now have a sizeable cohort of Argentine doctors who have worked with us for over 10 years, When I started as president of MSF Spain in 2010, the Argentine office offered to do slightly more than HR recruitment. We started to have a healthy impact on fundraising generally and set down roots in Argentine and Uruguayan society. This was a simpler way to 'de-westernise,' by involving non-European civil societies. Civil societies in South America are really starting to gain ground.

Dr Jose-Antonio Bastos, MSF Spain, President from 2010 to 2016 (in French)

D. OPERATIONAL CENTER /GROUP GENEVA

MSF Switzerland entered the 2000s with a primary partnership with MSF Austria, which was not sufficient to sustain the development of their operational ambitions. All along the decade, MSF Switzerland strived to create new partnerships and new entities that they eventually organized in an Operational Center Geneva (OCG) and associated within the 'OCG Congress' open to other MSF entities. They also regularly addressed the issue of unequal access to resources, pushing for a movement-wide sharing of resources.

1. Looking for Partners

In 2001, MSF Austria declined to be involved in an operational partnership with MSF Switzerland and started to fund other operational sections. In 2002, MSF Switzerland considered having programmes financed and staffed by MSF Germany, a section with high resource-generating potential. MSF Germany was a member of the Amsterdam group.



Minutes from the MSF Switzerland Board Meeting, 3 August 2001 (in French).

Extract:

MSF Austria

Decline of 2% compared to budget (and 25% compared to 2000). 93% of funds earmarked for the year have been acquired (contracts signed). Various reasons for this decline: interpersonal problems and lowering of fundraising targets of this section. Furthermore, MSF A[ustria] has removed itself from its special relationship with MSF CH [Switzerland] and is financing other sections (MSF H[olland]) using institutional donors (proposals submitted to the board who decides on the allocation of funds, etc.). Currently, MSF A doesn't seem to want share operationality. Didier [Cavalleri, MSF Switzerland] met with MSF A last week and the loss of our special relationship with this section was confirmed. So, it is necessary to do everything we can to foster more contacts and strengthen our relationship with this section.



Minutes from the MSF Switzerland Board Meeting, 4 October 2002 (in French).

Extract:

Collaboration between MSF Germany and MSF Switzerland

In order for MSF Germany to be able to fund our section's projects, we need to supply them with more information on what's happening in the field and foster direct contacts with desks and missions so MSF Germany can respond swiftly in the event of an emergency. In the area of HR [human resources], Germany represents a very large potential pool of very qualified staff. 120 volunteers were sent to the field last year and links with the Swiss section were strengthened with the arrival of Patricia Foucault in Geneva.

In June 2004, in the annual/moral report, MSF Switzerland's President restated the unique nature of MSF Switzerland: it was the only operational section with no formal links to a partner section and hence having to finance all of its operational programmes from its own fundraising revenue. He presented this as an asset, allowing the section to develop pilot programmes on HIV/AIDS or on treatment of the consequences of violence.



Moral Report from the President of MSF Switzerland, June 2004 (in French).

Extract:

It seems opportune to give a recap of our section's situation with regard to the international movement. MSF Switzerland is a very particular operational section as we are the only one not to have special partner sections, which depending on who you ask can be a blessing or a curse. This gives us

greater independence and more room for manoeuvre than the other operational centres and we can then develop different programmes from the other sections or pilot programmes. Our HIV programmes and those against violence are a couple of examples.

On the other hand, we are obliged to manage our own fundraising activities for all of our programmes since we do not receive automatic contributions from any partner section, either financially or in terms of human resources. Over the past year, we have stepped up our relations with MSF Austria, while continuing to work and create links with other sections in areas where our skills can be improved. It seems obvious that the consequences of this situation, in the delicate phase we are going through, need to be assessed to find solutions that will help further develop our collaboration with the entire movement.

In June 2005, the MSF Switzerland general assembly voted in favour of the implementation of an operational partnership with MSF Austria. They asked MSF Switzerland's executive to set up an operational collaboration between both sections that would take into account their respective associative cultures. During the following year, the option of a desk based in Vienna was discussed, but eventually abandoned. MSF Austria carried on developing operational and medical support with evaluation, training, and recruitment of volunteers in Slovakia, Hungary, and the Czech Republic, where they opened an office.



Minutes from the MSF Switzerland General Assembly, June 2006 (in French).

Extract:

Partnership with MSF Austria, where are we?

Currently, we have operational collaboration on:

- the evaluation project
- training (PPD [first mission training], logistics)
- support for the medical department (surgeon) [...]

The possible developments for this collaboration concern:

- a) The opening of recruitment offices in Central and Eastern Europe. Owing to its geographic location, MSF A[ustria] has always had special relations with these regions. For some time, expats have been recruited mainly in Czech Republic but also Slovakia, Hungary, etc. For MSF A, opening an office in Czech Republic was a logical step which was already taking shape before collaboration with MSF CH [Suisse] was stepped up. That's why the Austrian board decided to move forward, even though the pace and priorities have not yet been entirely brought in line with MSF CH's executive committee. The Joint Steering Group is monitoring the development and trying to come up with the ideal joint project.
- b) Communications.
- c) A desk in Vienna and other possible decentralised operational structures.

d) A joint discussion on the new three-year plan and what the future Operational Centre Geneva might look like.

In 2005, the GA [general assembly] also voted on the collaboration at the associative level and instructed the board to develop an intensified form of collaboration up to the 2006 GA. This form of collaboration must be approved at the 2006 GA. During the course of this year, each board had a member co-opted by the other board (this member was given voting rights; we will have to make a change when reviewing our statutes). A group has been set up to monitor this rapprochement. It is a 'mixed' operational and associative transition body. And for the time being we have not put in place any additional associative structure. The perspectives, in terms of the collaboration at the associative level, involve clarifying the questions of governance and responsibility between the sections. This should also dovetail with the definition of the Operational Centre Geneva by balancing the role and responsibilities of the primary and secondary partnerships.



The Joint Steering Group really involved two parties – Geneva and Vienna. Later, we created a process to connect MSF Austria with MSF Switzerland's operations so that they could participate beyond the governance structure. We set up an evaluation department and the Swiss medical department's surgical contacts were based in Vienna.

Christian Captier, MSF Switzerland General Director
from 2004 to 2011 (in French)

2. Aftermath of Arjan Erkel's Kidnapping

From January to June 2004, the MSF movement was shaken by a crisis induced by strong disagreements over the management of efforts to free Arjan Erkel, a Dutch volunteer abducted in Dagestan while working with MSF Switzerland. For years, during and after the abduction, both the MSF Switzerland executive and associative remained impacted by these events.

In June 2004, the entire MSF Switzerland board was pushed to resign from their positions by the General Assembly because of a letter sent to the Dutch authorities agreeing to refund part of the ransom they paid to free Arjan Erkel. The MSF Switzerland heads of mission also addressed a letter to the board expressing disapproval of management's poor internal communications and manipulation of the crisis. They requested a more professional board and asked for the President to be remunerated in order to be properly implicated in the association's life. This motion was rejected by the general assembly.

In a move to reaffirm MSF Switzerland independence, the

new board of directors decided not to accept that the MSF Swiss section reimbursed the Dutch government, thus entering a period of legal trials that lasted four years. They also decided to position MSF Switzerland as 'an MSF section based in Geneva' as opposed to a 'little MSF France in Switzerland' or a purely Swiss organisation, i.e an 'MSF Helvetia' in an effort to reestablish Swiss independence and regain the trust of the Swiss association members.



Minutes from the MSF Switzerland General Assembly, June 2004 (in French).

Extract:

Eric Linder [MSF Switzerland general director] asked to speak and announced to the assembly that on Saturday 5 June, at the time of the board elections, there would not be 3 positions to fill, as each year, but 9, as the board resigned as a whole. This has not been announced publicly to protect the association's image. The decision to resign was taken a week earlier but the board had decided to do it at the time of the election of new board members after approval of the moral and financial reports so the general assembly could proceed as normal. In answer to a question, Eric Linder specified that the board had decided not to resign earlier as this would have required convening an extraordinary general assembly. [...]

Thierry Dumont, head of mission in Laos, read the following declaration on behalf of the heads of mission. He explained that this text is a response to the distress experienced by heads of mission who are not happy with the pressure put on them this week.

The heads of mission

- Do not appreciate what appears to be power struggles which are taking precedent over the general interest of our humanitarian mission.
- Are outraged not to have been informed of the "blocking" of the executive committee since January 2004 and, more generally, the poor quality of internal communications and the general lack of transparency.
- Do not find 'normal' this situation whereby directors at head office were driven to isolate the general director without setting in motion an effective mechanism for resolving the crisis.
- Have the sense of being used and even manipulated by the stakeholders involved in the crisis [...].
- Request a 'professionalisation' knowledge and expertise from the humanitarian sector of the board that can and must not be a simple echo chambers and/or fuse at times of crisis.
- Call for the board to fully assume its leadership and unifying roles and to commit to help develop the association.
- Call for the implementation over the next 3 months of a remuneration system for the board president giving them the resources to take a more active role in the association and the movement overall [...] Reassert their adhesion to the MSF charter and the Chantilly principles.
- Reassert their willingness to carry out their action within the framework of an international MSF movement.

- Request that the office members do not participate in voting at the general assemblies to avoid conflicts of interest as much as possible.
- Give their support and trust in the new general director and expect the entire head office to do the same. [...]

Motion 1: The heads of mission call on the board to examine and implement all the resources necessary to allow it to reinvigorate MSF Switzerland's association life such as integrating national staff as members, the board's participation in mini-general assemblies, monthly communications from the board with members, etc.).

It was emphasised that the board regularly participates in mini-GAs and that this year it had been more difficult to go as it coincided with the recruitment of the new GD [general director]. Regarding the integration of national personnel as association members, this isn't just a board matter, the managers in the field also need to be clearly willing to promote this type of life in this association. Vote on motion 1: 6 votes against, 21 abstentions, and a high number of votes in favour.

Motion 1 passed. [...]

Motion 4: The heads of mission call on the board to evaluate and implement all the resources necessary for it to pay one of its members so they can play a more active role. [...]

Vote on motion 4: 52 in favour, 65 against, 35 abstentions.

Motion 4 was refused.



When I started work on 1 June 2004, MSF Switzerland was in the midst of a major crisis, largely because of the worsening relationships within the management team after two years dedicated to resolving Arjan Erkel's kidnapping. People had stayed on to work on freeing him. But once that was achieved, the lid blew off the pressure cooker because everyone was completely exhausted. The executive director and the operations director left. At the 7 June general assembly, the entire board of directors, which had just hired me, was kicked out. People thought that the board had endorsed the letter from my predecessor to the Dutch authorities agreeing to reimburse part of the ransom that they had paid to free Arjan. So, the first decision that I had to make was whether to reimburse the Dutch. I said to myself, 'What's at stake here is the foundation on which we rebuild MSF Switzerland. That foundation has to be based on independence from the authorities.' The new board of directors felt as I did. It was re-established based on this opposition to reimbursement. That led to a resurgence of the association's strength. From the outside, or from the periphery of MSF Switzerland, people who had already been members of the MSF Switzerland board of directors – such as Isabelle Séguibitz and Chus Alonso and international heavyweights such as Jean-Marie Kindermans – came back and got involved again on the board, saying, 'This is a crisis, we're here for now, we're mobilising.' The other founding decision that this new board of directors took was to affirm the following: 'We are a section of MSF, an international organisation based in Geneva. We are neither a small MSF France, nor an MSF Helvetia.' Indeed,

while a large part of MSF Switzerland felt very close to MSF France in terms of operational thinking, undoubtedly because many of the managers came from MSF France, another part of the association identified as Swiss. But in reality, MSF Switzerland could not hire enough Swiss staff to support this position. The other major issue for MSF in Switzerland was to manage the imbalance between German-speaking Switzerland, which provided the bulk of the human and financial resources, and French-speaking Switzerland. The latter provided many fewer resources but that's where power was concentrated, with the headquarters in Geneva. To transform all of the problems into a strength, with the board of directors, our first decision was thus to present MSF Switzerland as 'a Geneva-based section of MSF.'

Christian Captier, MSF Switzerland, General Director
from 2004 to 2011 (in French)

3. From Joint Steering Group to OCG Congress

Late 2006, early 2007, the MSF Switzerland's board and executive committee formalised and endorsed the creation of the Operational Center Geneva (OCG), based on the primary partnership with MSF Austria. The OCG would be governed by a joint steering committee composed of executive and associative members of the Swiss and the Austrian sections.

Secondary partnerships were set up with MSF USA and MSF Australia and informally included in the OCG. At first, MSF Germany was not interested in a formal secondary partnership, however they agreed to contribute up to 20% of their private funds to the still under construction OCG. MSF Germany also proposed to lend non-voting board members for specific debates of the respective boards on budget and planning.



Summary of MSF Switzerland's Management Committee and Board Meeting, 16 September 2006 (in French).

Extract:

Growth and delegate offices [...]

• *Why have an OCG (Operational Centre Geneva) and until when? Is the OCG viable in the medium term (5–10 years) without developing other offices?*

An operational centre can only be justified if it provides an appropriate response to operational challenges. The important operational challenges for MSF usually relate to our response to emergencies, our responsiveness, our desire to improve the quality of our interventions while extending our service offering (e.g. development of surgical operations) and our presence there, the challenges are

significant (e.g. Middle East region). All this calls for more substantial resources. [...]

• *Objective: define the future stature of MSF Switzerland*

MSF Switzerland is in an urgent situation, we can't expect to wait another 10 years. The currently precarious situation is hindering our operational choices. The objectives identified need to be turned into a plan, into tangible recommendations, within priority:

- To review the operational policy;
- To make an assessment of the last three years with a particular focus on the following points:
 - Regarding human resources issues, including real career plans for professional development pathways from the field to head office.
 - Regarding logistics: MSF Switzerland needs to be given the logistical capacity on a par with its operational ambitions.
 - Regarding financial resources: to meet its operational ambitions, we know there is money within the movement, we need to find out where.
 - Regarding the ambition to build an OCG with MSF Austria, and MSF Switzerland's internationalist intentions.

This comes to a fair few priorities, we are going to have to make some decisions otherwise it is difficult to move forward with everything at once, we need to prioritise, do things in stages, balancing as best we can the short-, medium- and long-term challenges, which might be the first time for MSF CH since it was founded.

• *Who in the movement should this OCG be built with?*

This OCG will be built with MSF Austria, with as a second partnership MSF Australia, who wants to join forces alongside us but who currently does not want to get more involved. And why not others? [...] Discussions are being held with partner sections which expressed an interest to get more involved, namely MSF USA and MSF Germany, to examine the most internationalist solution possible, without blocking future partnerships and maintaining links between the groups. We are also waiting to receive analyses and points of view from the partner sections, so they become instruments for operational pertinence. These partnerships will fill the need to share the burden of responsibility when running operational projects. [...]

OCG's Joint Steering Group

For the OCG plans, the builders are Geneva and Vienna, other partners can come and get involved. We are in the process of deciding on the distribution of roles and skills and defining the mechanisms of this OCG by late 2007. The JSG (Joint Steering Group) is a validation and recommendation platform for the two boards and the executive committee to move forward with setting up the OCG, with the option of having additional partners later. Until now the function of the JSG was to oversee joint projects between Vienna and Geneva; from here on in its main objective will be to plan for OCG's governance. This will mean delegating skills to the JSG, acting transparently and clearly, and regularly communicating about what we are doing. The JSG must ensure work is carried out efficiently and transparently. The JSG's mandate would no longer be, therefore, to regulate relations, as it has done thus far, but to set down the groundwork for setting up the OCG, which will be endorsed by the board or the general assemblies, and decide on the

governance system since we need to make joint decisions on joint objectives. In the meantime, MSF CH will maintain legal responsibility. We are building from a practical and concrete foundation. With this JSG composed of members of the association and the executive committee, we have the guarantee that the boards and the executive committee will be involved as discussions progress. This is vital for leading this type of project. The working groups put forward to study the different aspects of this partnership are essential to move discussions forward and therefore realise the plans. [...]

Board's decision: [...]

Regarding the OCG's JSG:

Green light in principle. The board has asked the management to finalise a document on the JSG's mandate, which we are waiting on, and the due dates. To discuss at the board meeting in October or November. The board must name the people to sit on the JSG board.



Minutes from the MSF Switzerland Board Meeting, 3 November 2006 (in French).

Extract:

Update from the president, by Isabelle Ségui-Bitz, President of MSF Switzerland [...]

Last weekend, Christian Captier [general director of MSF Switzerland] and myself went to Berlin to meet the general director and president of MSF Germany with whom we are in talks to receive regular financial contributions over the next few years. They are prepared to do so to the tune of 20% of their privately raised funds. We talked to them about our secondary partnership plans, but they aren't ready for this and proposed instead that a member of our board attends several of their board meetings and vice versa. These individuals would come for the key moments of the section: budget, budget review, plan of activities preparations, 9-monthly review. They won't vote but can take part in discussions. Next week, discussions on the primary partnership to set up the OCG will be resumed in Vienna. Antoine Chaix [MSF Switzerland board member] and Christian Captier will participate. Regarding the association, one person (myself) will be a co-owner, and likewise at the executive level, a manager will be the equivalent. But for this, we first need to decide what co-ownership means.



Minutes from the MSF Switzerland Board Meeting, 2 February 2007 (in French).

Extract:

Architecture of the future OCG

The board approved the new architecture for the development of the OCG. Unanimous decision by all board members present.



There were sections that were reticent who were ready to cooperate with MSF Switzerland in connection with the OCG, either out of frustration with their operational centre, out of a positive desire to cooperate, or out of a mix of both. The Germans joined up with us in large part because for them, this was a way to put pressure on Amsterdam. The proximity in terms of geography and language also made sense. As for MSF Australia they weren't very satisfied with their relationship with Paris. So that was the time when the notion of primary and secondary partnerships was formed.

Christian Captier, MSF Switzerland, General Director from 2004 to 2011 (in French)

During 2007 and 2008, the MSF Switzerland and MSF Austria boards continued working on associative governance models for OCG, based on a review of the other group models in the movement and with the objective of a vote by both general assemblies in 2008.

Having ruled out any strategic alliance or merger with another operational centre, they decided to carry on with the OCG primary partners being MSF Switzerland and MSF Austria. MSF Australia, MSF Germany, and MSF USA were identified as secondary partners.



Minutes from the MSF Switzerland General Assembly, 11–12 May 2007 (in French).

Extract:

Progress of the new OCG. [...]

In September 2006, both boards approved plans to set up the OCG (Operational Centre Geneva) then, in February 2007, the organisational structure of this project, whose objective is defined as: to find a legitimate, viable, effective, and efficient co-ownership structure that has the capacities to support the development of the operational project, to be validated by the general assemblies in 2008. Since then, members of both sections have met up frequently to define the outline of this OCG, with the aim of submitting the final implementation plans to a vote at the 2008 general assembly. Until then, the board sessions will be split between sessions dealing with matters regarding the OCG with the participation of members of the boards of both sections and other partner sections (five sessions planned) and board sessions specific to each section on matters concerning these sections only. One of the central challenges of setting up the OCG is its governance, in both associative and executive terms. [...] For Roberto de La Tour [MSF Switzerland Associative Member], the fact of having a member from the medical department in Vienna (a surgeon) complicated matters, but he recognised that this partnership, in particular training for lab assistants, had positive aspects. Christian Captier reminded us that if MSF Switzerland was able to invest in surgery to improve its operations, it was thanks to support

from Vienna. Support to the field was stepped up which is most important.

In October 2007 for the first time, the two main partners of OCG, MSF Switzerland and MSF Austria discussed an operational plan for 2008-2011. The discussion was open to the members of the associations and to representatives of MSF Germany, MSF Canada, MSF Australia, and MSF USA.



Minutes from the MSF Switzerland Board Meeting, 19 October 2007 (in English).

Extract:

OCG Governance, by Frances Stevenson, consultant, and Antoine Chaix, OCG architect:

Frances Stevenson presents the report on associative governance models for the OCG (link to the report). Résumé: the three existing OCs [operational centres] with more than one additional partner have chosen quite different ways to organise themselves. [...] Looking back at these structures and the lessons learned over the years of partnership, the key for success seems to be trust and the fact of getting to know each other better through concrete common work. For the governance structure two possible scenarios were presented, with the pros and cons. In the MSF CH [Switzerland] + the model proposed, [there] is an operational partnership that is based on shared responsibility for the operational project but that minimises structural change. Adapting and expanding the existing MSF CH governance platforms and processes in order to integrate the partners would achieve it. The denationalisation model would create an operational partnership based on shared responsibility for the operational project by 'denationalising' the OCG and re-establishing MSF CH as a national partner section in the OCG group. There would be a separation of the functions of the OC and the functions of the national partners. A newly created organisation, the OCG, would be responsible for running the group's operations while the national partners (MSF CH, MSF AT [Austria], and others) would be responsible for providing the resources and other support needed by the OCG. This model depends on a clear distinction being made between the OC functions and the national section functions, in other words, there would be a split between the 'original' OC-section (in our case MSF CH) and the OC. This split can be purely functional (i.e. the final legal responsibility remains in the section of the OC) or even legal (i.e. a new legal entity is created). [...] Tomorrow, the board will discuss the models they favour for the OCG and on the following principles that, from the governance working group perspective, are guiding the building of the:

- The primacy of operation; there is no discussion of the primacy of operations, as operations are central. But we need to reflect on the mechanisms to guarantee it and solve the problems that might arise.

- Co-ownership and shared responsibility and risks; how can co-owners share their responsibility on the operations? We need to know each other better in order to all be committed to an operational project and support it.
- The international movement; if the OCG is to be international, it breaks the group logic by the inclusion of 'secondary partnerships'.
- The associative dimension; it will be a central point of the discussions tomorrow. All the individuals committed to MSF make it something more than just an organisation. The OCG structure should allow this commitment to continue.
- The accountability: OCG accountability to the sections is improving, and is central in an association, where the executive is accountable to the board and finally to the members. Should we have a direct accountability to the partner sections where the boards can challenge the executive or an indirect one, through representatives of the sections?
- Efficiency; this dimension is maybe the one most opposite to the associative dimension, as the associative discussions are in tension with the efficiency (quick response needed by operations).
- Legitimacy: The OCG's governance structure enables and ensures that the organisation is properly governed. The associative governance of the OCG needs to be recognised as legitimate by all stakeholders of the OCG. [...]

Decision on the construction of the OCG governance

The two boards unanimously agree to continue the process of the construction of the OCG governance structure and to extend the existing structure of the JSC [Joint Steering Committee], with a mandate to give a feedback on where we stand and what are the next steps for the general assembly of 2008.

On 16 May 2008, the MSF Switzerland General assembly voted in favour of the creation of the OCG congress, composed of 9 members of the MSF Switzerland board, 4 from the MSF Austria board, one from MSF Germany, one from MSF USA, one from MSF Canada, and one from MSF Australia. The OCG Congress would be chaired by the president of MSF Switzerland. The partner boards would delegate responsibility of the OCG to the OCG Congress. OCG partners would share responsibility for the decision making of the OCG's operational vision, plan, policies, and budget. They would ensure sufficient availability of resources for OCG operations. Partners would vote on the budget, the plan of action, the policies, and be accountable for OCG operations. However their decisions would have to be endorsed by the MSF Switzerland's board which remained legally accountable, since the OCG congress would have no legal standing.



Minutes from the OCG Board Meeting, 18 April 2008
(in English).

Extract:

OCG governance

By Antoine Chaix, MSF CH [Switzerland] Board Member and OCG architect

The OCG is an operational partnership in which MSF sections combine capacity, knowledge and resources with the aim of ensuring effective, high quality operations as described in the Operational Project 2008–2011. It comprises a partnership of MSF Switzerland, Austria, Germany, USA, Canada, and Australia. It is open to the possibility of associating other partners in the future. [...] The partnership allows for different levels of involvement in the OCG by different partners. The aim is to allow ownership and responsibility to be shared according to the level of engagement each partner chooses to have, and to ensure there is sufficient awareness and understanding between the partners for mutual trust and accountability. From last year experience, we have identified 5 meetings that allow covering the 5 operational circles. At these meeting, the idea is to have people from all OCG partners involved from the associative side, and to officialise the platform, this kind of OCG board, which we will call OCG Congress. This OCG Congress has no legal foundation. Its members will vote, but their decision has no legal value, the legal responsibility remains within MSF CH. Therefore we propose that at least 51% of MSF CH board members should be present to reflect this legal responsibility!! Its composition would be as follows (the composition of OCG Congress is meant to be flexible, to evolve accordingly to the partnership and involvement of the partner sections):

- For MSF Austria, 4 board members, to show their level of engagement, and involvement in designing what OCG could look like.
- 2 seats for MSF G[ermany], but they are not quite clear on how much they can involve themselves,
- And one seat for MSF USA, Canada, and Australia because of the distance.

The OCG Congress will vote the yearly OCG budget, plan of action, and any decision concerning the OCG. Then, the result of position has to be endorsed by the Swiss board. In this OCG board, there is a gentleman's agreement that the decision taken by the OCG board will be validated by the MSF CH board. We have to accept, as a Swiss board, to go to a place from where we might not have the majority of votes. This proposal is pragmatic, easy to use, and as it relies on a gentleman agreement, can be modified, should all the partners wish it. We are speaking of a 2–3 years commitment of OCG partner sections, we hope it will go for a longer term, but 3 years is a minimum. [...] This proposal will be finalised, but in the line of today's discussion, and presented for agreement before the MSF (CH) and MSF Austria GA [general assembly]. [...]

Cathy Hewison [MSF Australia representative]: From MSF Australia perspective, we have a first relationship with MSF France group, we are really committed, we are part of the operational plan, we participate in major decisions, and we choose the operations director. With MSFCH, the relationship

is different, we give 20% of our resources to the OCG, and we have specific relationships on specific medical issues, on HR [human resources], so I really like the flexibility. It's important to have a framework, and it's important that it continues to evolve. But you're right; we can't go into the same kind of involvement on two operations plan. Nevertheless we can give some input on the POA [Plan of Activities] of MSF CH and be present from time to time. [...] Christian Captier [general director of MSF Switzerland]: Without that partnership agreement, we will have to cut the projects by two in three years. This partnership allows us capacity on such issues as HR, medical, financial resources. It's what has been happening to MSF B[elgium] and MSF H[olland]. We are not yet there, but we are building for the coming years. It's important to do it right, in order to maintain the diversity.



Moral Report by Isabelle Ségui-Bitz, President of MSF Switzerland, 2008 (in French).

Extract:

Our actions are possible because other sections have engaged and are engaged beside us. We can no longer talk about operations led by MSF Switzerland but operations led by the operational centre based in Geneva, OCG, of which MSF Switzerland is one of the partners. [...] The first cornerstone of this new centre is our partnership with MSF Austria. Started in 2004, endorsed at the 2005 general assembly by a mandate given to the executive committee to develop and implement operational collaboration with MSF Austria by the 2006 GA, this collaboration continued through to 2007 and to today. [...]

The need to associate other sections in the construction of this operational centre to support the field also made it possible to include MSF Germany in the discussion process from 2006.

On 20 and 21 October 2007, the main OCG partners (Austria and Switzerland) met in Geneva and debated the 2008–2011 operational policy presented by the executive committee and the association governance. For the first time the partners had a chance to discuss, over two days, the plan and take recommendations to the executive committee. This discussion was opened to members and other close partner sections such as Germany, Canada, Australia, and the United States. [...]

In the spring of this year, we put forward a proposal for the American, Australian, Canadian, and German sections to join the OCG Congress. This governance body, established through a co-ownership approach, allowed the different partners to invest depending on their capacities. This associative management system will be presented today. It is designed to give a voice to all the stakeholders which allow the operational centre to pursue its social mission, which gives a significant voice because it is shared and understood by all parties. This associative governance system will profoundly alter the relations that MSF Switzerland has fostered with the operational centre since the decisions will be taken collectively within the OCG Congress. MSF

Switzerland, in this case, agrees not to have authority over operational decisions. This might be seen as us giving up our responsibility by partners who don't know what we do here. For us, however, it's an extraordinary challenge: the chance to enable all the operational centre's partners to engage, in accordance with their capacities, of course, but by bringing their expertise, knowledge and necessary questioning, thereby taking responsibility for operations led by the OCG, to be able to collectively defend it and be held exactly accountable to members and donors.



Minutes from the MSF Switzerland General Assembly, 16–17 May 2008 (in French).

Extract:

Debate on the OCG's (Operational Centre Geneva) associative governance; and the aims of co-ownership with a presentation by Antoine Chaix, the OCG's architect, and a framework recommendation for the associative governance, which will be put to the assembly's vote. Three of the OCG's presidents, Isabelle Ségui-Bitz (MSF Switzerland), Reinhard Doerflinger (MSF Austria), and Tankred Stoebe (MSF Germany), will participate in the debate. Antoine Chaix explained that the structure of the OCG Congress is adaptable, it can evolve depending on the OCG partners and their level of involvement. Tankred Stoebe appreciated this framework, the willingness and constructive mind-set to develop something new right from the start and the clear proposals, but was disappointed that the OCG vision wasn't integrated. Reinhard Doerflinger expressed how he appreciated how this structure went beyond the approach of the groups in the MSF movement. For Isabelle Ségui-Bitz, the structure proposed is a starting point, it needs to be fine-tuned, reinforced, and developed, but it clarifies the processes for the sharing of responsibility between the OCG's partner sections. Frédéric Meylan [MSF Switzerland Board Member] feared that this structure might encumber the decision-making processes as was the case for the operational group in Amsterdam, he would prefer a more informal structure like the one in Paris. For Christian Captier [MSF Switzerland General Director], it was important to shed light on the processes which is what makes this structure viable if not perfect. It provides a way to link sections from different groups without being hegemonistic. The OCG associative governance framework was submitted to the members to a vote and passed (87 votes in favour, 5 abstentions, and 5 votes against).



It was a question of trust. There had never been a memorandum of understanding between MSF Austria and MSF Switzerland. There had been what we called at the time, 'plug and play.' 'We're working on a joint project, we're creating a process, you can come and then you can leave when you choose. So, it would be great if this partnership turns out to be the right solution for you, but we're not going to start negotiating and ask you to sign a commitment to

provide this many staff or this much funding. We don't think this is the model for the future.' So, we had a general framework in which the partners worked together and held discussions at the associative level. We also had a platform for the executive directors who would review the agenda items before each meeting of the OCG Congress. We just set up a finance committee that met before each OCG Congress.

Christian Captier, MSF Switzerland General Director
from 2004 to 2011 (in French)

4. New Entities

The opening of delegate offices was part of a plan to strengthen the operational center in terms of resources, but also as a way to bring cultural diversity. In 2006, a small office was open in the Czech Republic under the responsibility of MSF Austria. On 2 February 2007, MSF Switzerland's board approved the opening of a Turkish representation office and to also pursue previous research done to open an entity in Mexico.



Summary of MSF Switzerland's Management Committee and Board Meeting, 16 September 2006 (in French).

Extract:

Growth and delegate offices [...]

In the long run, opening delegate offices will strengthen the operational centre through the sharing of resources, the sharing of responsibilities, the sharing of the workload, but also the sharing of risk-taking. It will become a structure through which we can further develop staff, give them other opportunities. Besides their support in terms of financial and human resources, we expect these offices to bring diversity, to see how the MSF idea will spread in other cultures, be understood, catch on, how much MSF's values will invigorate and integrate into the movement.

The opening of delegate offices will first require investment, they will only reach maturity in the medium term (5 to 10 years depending on the locations and amount of investment). New offices will give future OCG managers some room for manoeuvre. From there and moving forward, it is equally important to put something in place with the partner sections. In fact, the OCG entity, while virtual, has already opened a delegate office in the Czech Republic under the responsibility of MSF Austria: it is an office with a small budget and an action plan for next year which will focus on recruitment and communications. This office was opened to meet MSF Switzerland's growing HR needs and because the Czech Republic and Austria have a shared history. In addition to this, is the desire to actively seek staff from the former Eastern bloc. [...]

Board's decision:

Regarding the delegate offices

Turkey: scenario 1: board's green light. The board has asked for an action plan to be presented as soon as possible. Mexico: after the second visit, the discussion will be held at the November board meeting. A summary of the discussions will be sent to all the participants to continue the discussions in November.



Minutes from the MSF Switzerland Board Meeting, 2 February 2007 (in French).

Extract:

In camera, the board took the following decisions:

- **Turkey**

The board approved the opening of an MSF Switzerland representative office in Turkey.

Unanimous decision by all board members present

- **Mexico:**

The board agreed to continue the work in progress.

The board asked that all three legal options be studied in depth and presented at a future closed session. [...]

Unanimous decision by all board members present



The first thing we decided to push, because it existed already, was MSF in the Czech Republic, an office that would recruit for MSF Austria. Then we conducted a series of exploratory missions. We went to Taiwan, Turkey, South Korea and Mexico. In the end, we decided to set up an entity in Turkey. The atmosphere was very positive at that time. We thought that Turkey was a major player and a different one: a democratic Muslim country with the strengths that made it a country you had to reckon with. So, for us, to have a foot in that door, with an office, and perhaps an association tomorrow, that was important. But, the back story in terms of our relationship with the Turkish government did not work in our favour. Most importantly, we had gone about things in the wrong way. To prove that this was MSF, without borders, we'd put an Armenian, a Kurd, and a member of the Turkish elite on the board of directors. It didn't work. We chose Mexico for two reasons. First, at the time, it was a BRICS country,¹² with a strong potential for economic development. And most importantly, we had operations in the region in Central America.

Christian Captier, MSF Switzerland General Director
from 2004 to 2011 (in French)

E. OPERATIONAL CENTER/GROUP PARIS (OCP)

In 2000, the partnership between MSF France, MSF USA, MSF Japan, and MSF Australia was essentially based on sharing the resources of all the associations for the benefit of MSF France's operations.

Representatives of each non-operational section's board were sitting on the MSF France board but with no voting rights, while members of the French board were sitting on the partner's boards with full voting rights.

Like the rest of the movement, the Paris group evolution was driven by the non-operational sections' strong desire to be more involved in the operational decision-making processes. Decentralised operational and medical management teams in desks and units in Tokyo, New York and Sydney, were created as initial responses to these desires, but proved insufficient. Thus, in the late 2000s, a common executive and associative governance was eventually installed and formalised by a memorandum of understanding between all sections.

The OCP associative life was strengthened through a common website, built upon MSF France's association. Already well resourced by their current partners, OCP was not interested in creating new entities. Nonetheless, MSF France did attempt to reorganise MSF UAE in order to gain some efficiencies.

1. Efforts to Relocate Operational Management

Towards the end of 2002, a desk was setup in Tokyo which started to run missions based in Burma/Myanmar. This was in addition to the work conducted by the Japan-based Access Campaign and the Japan-linked DPRK work supervised by the program department in Tokyo.

12. Brics was an economic moniker for emerging economies: Brazil, Russia, India, China, South Africa.

In the following years, the involvement of partner sections in the recruitment of field staff and in the development of the operational project increased. In 2003, it was decided that fundraising in all Paris group sections would be based on the operational project needs.

In early 2004, following years of discussion, a desk was established in New York as part of the MSF USA programme department. In January 2005, MSF Australia hosted the Project Unit, delocalised from the MSF France medical department to support missions with a focus on women and children's healthcare. The operational support of the partner sections also extended beyond MSF France, to the movement with MSF USA allocating 30% of its fund-raising to non-MSF France projects while the MSF Australia medical unit supported other operational section's programmes.



Memo on a Relocated Desk in Japan, 8 February 2002 (in French).

Extract:

1 - Methodology

The profile of the relocated desk presented in this memo is the result of initial thoughts based on numerous exchanges with MSF France/Japan (discussions, job descriptions, etc.). It should be set up during the first half of 2002. To make this possible, a series of exchanges/input with MSF France and evaluation points have been put in place with the aim that responsibility for this desk could be gradually taken over from September 2002.

2 - Basic principles

- The relocated desk should contribute to enriching the MSF movement overall while maintaining excellent quality monitoring of missions.
- This desk is an MSF France entity in its own right governed by MSF France strategies.
- In Tokyo, it will absorb skills, resources, and engagement from MSF Japan.
- The desk will be required to fully assume all its responsibilities (cf. those fundamental for an MSF France desk) both in relation to the field and the MSF movement.
- The desk will be decentralised which will mean certain concessions will be made without undermining the principle of responsibility.
- The relocation of this desk will not change the principle of the distribution of country monitoring by the different desks; it is certainly not motivated by regionalism.
- It should be a tool for facilitation, a driver for exchange and quality assurance, strengthening the links and reliability of information between Asia and Europe.



Moral Report from the President of MSF France, 17 May 2003 (in French).

Extract:

The partner sections

There has been a marked development in relations with partner sections. We went from a relationship based on the sharing of resources to a relationship based on the sharing of responsibility for action conducted in the field and this has proved far more productive. Today we are receiving from the partner sections more significant support, be it in terms of staff recruitment, I'm thinking above all, of the place American doctors are starting to occupy in our field missions in terms of more active participation in formulating the annual operational project, the handling of emergencies by sending staff from offices to certain operations, the oversight of these emergencies, in particular vis-à-vis other institutions [such as the] United Nations and governments, a more effective dissemination of public alert messages, and the taking of direct responsibility on certain missions. Currently, the Japanese section has responsibility for two field programmes: Burma and Japan. The New York office has just recruited a person to do the same thing in the United States. Our relations are now far more oriented towards giving support to field action. We blamed the Americans over the last few years for growing too fast financially. Today, we have an agreement that funds raised by the American section as for the French, Japanese, and Australian sections, are adjusted to the needs of the operational project. Not simply a French operational project, since the Americans have the resources to allocate funds to other operational centres (30%). The American project is now anchored in field needs.



Draft 'Strategic Orientations 2006 – Key Questions and Issues for the Board of Directors, Oct 7–8 2006' Nicolas de Torrente, MSF USA General Director to MSF USA Board of Directors, 25 September 2006 (in English).

Extract:

In early 2004, a decentralised desk was established in NY [New York City] under the authority of MSF France operations.



MSF Australia Annual Report, 2005 (in English).

Extract:

With the aim of sharing operational responsibility, the Project Unit has been created to develop ownership of field operations and establish a direct link to field projects. Linked to that is the objective of taking an active part in debate on project related issues in Australia. MSF France, MSF Australia's privileged partner, put special emphasis on supporting MSF France-managed field projects with a specific focus on providing medical paediatric expertise, an area so

far not covered by the operational headquarters in Paris. This partnership with MSF France (MSF F) includes other MSF F partner sections, such as MSF USA and MSF Japan; however, it is not an exclusive partnership – the Project Unit's support is also being offered and utilised by other sections within the international MSF movement.

2. Decision-Making Process

By early 2005, there were still limits to sharing operations due to a lack of clarity and organisation on the partnership's decision-making process, which was based on consensus rather than formally structured. There was also a discrepancy in the level of information provided to the members of the boards of directors of the partner sections and that of MSF France and some reluctance of a part of the French executive towards the International.



Minutes from the MSF France Board Meeting, 29 April 2005 (in French).

Extract:

A series of formal links have been established between MSF France and the different partner sections which can vary from section to section.

United States: In the statutes of MSF USA, the President of MSF France is a member of the board; he is accompanied by another member appointed by the Paris board. [...]

Australia: The general director of MSF France is a member of MSF Australia's board.

Japan: [...] The co-opting of two members is set out in the statutes' appendices. One administrator from MSF France holds one of these seats on MSF Japan's board. [...]

Interdependence: [...]

Generally speaking, the partnership is well and truly exists. MSF France needs resources from partner sections and partner sections need opportunities for their donations. All the partner sections put operations at the heart of their activities. MSF France demonstrated its desire to share operationality as embodied by the decentralised desks and goes much further still. This implies sharing the risks and benefits of an operational project we are supporting through resources and expertise. For this to work, national interests must sometimes take a back seat for the good of the collective. [...]

Limits are often linked to the very frontiers of the operational dimension [...] In terms of communications, it seems that each section must retain its national options. Also, the voice and operational choices must be shared but it is not easy to know how to proceed; [...]

Nicolas de Torrente [MSF USA general director]: we only have informal representation with no votes or anything. The only time we are associated [with the OCP Board] is the board/executive meeting in November.

Guillermo Bertolletti [MSF France director of operations]: I

presented the same 2005 operational project to you as I did to MSF USA a few days later.

Nicolas de Torrente: Is it a matter of accumulating bilateral partnerships or to think about being a group with four sections? [...]

Debate [...]

Armand Virondeau [MSF Japan]: we wanted to join the action to avoid falling into institutional deviations, but to keep going in this direction, the partner sections need to be better integrated into the decision-making system.

Christine Nadori [MSF USA]: [...] I find that the French board isn't always aware that its decisions have direct repercussions on our board and on MSF USA.

Kate [Hewison, MSF Australia]: we are very far geographically and this affects our opportunities to work regularly with the French section. Logistically, fostering contacts is very difficult. [...]

Guillermo Bertolletti: [...] I got the feeling in the opening presentation that the sections [...] were asking for more opportunities to express their opinions in the operational project. I'd never understood our exchanges from this angle, insofar as I had always felt we all belonged to the same entity and that the consensus was reached from a debate between individuals and not between different sections.

Nicolas de Torrente [MSF United States]: You're right in part, we are a group of individual networks, therein lies our strength. So after discussing this with the Belgians, the OCB seems to be a very well-structured entity but, is rife with dissension. By comparison, in Paris exchanges are slightly less 'institutionalised' but we work effectively to reach consensus. [...]

Sylvie Lemmet [MSF France board member]: It is an inherent part of the MSF culture to repeatedly ask ourselves: where and when are decisions taken; occasionally we find ourselves making decisions without really knowing how, which doesn't at all preclude knowing what our motivations are. There might be a lack of debate, which I don't always like although I'm not sure where this comes from. However, I recognise at our monthly board meeting that we don't see clearly enough, how much we engage all partner sections in our choices. [...] I prefer the idea of a collection of individuals rather than a formalised process by section. [...] We need to create a common culture between our four sections and for this there's no other way than to circulate and meet. The operational project designed for 2 to 3 years would make it possible to include the partner sections from May when the main options are presented.



In Paris, the board meeting lasted six hours every month and there was a real audience who asked real questions. Among them, the colleagues on the executive committee of which half were not very enthusiastic about MSF's internationalisation. Even regarding our US colleagues, there were occasionally quite contemptuous declarations and behaviour.

As soon as it was a matter of making a decision with quite serious or substantial consequences, the members of the boards of partner sections would say, 'But I'm not up-to-date enough,

I don't have enough experience, it's unrealistic to address a group of people like us and expect to make decisions.' But when they missed the big important decisions, they woke up, they read the legal text about their responsibility, and they realised they weren't assuming at all their responsibility and they could either blame themselves or we could blame them. And they wanted guarantees. At the start, they had trouble identifying how much they wanted to handle. On the one hand, they were scared to make decisions they didn't feel competent to do and on the other hand they were scared about not fulfilling their role. But competent or not, they had a legal obligation to meet. From the mid-2000s, I felt that things were beginning to take hold. Issues relating to infectious diseases really helped the associations of partner sections to gain some confidence and promote integration. On medical subjects, American doctors couldn't say, 'I'm not competent, it's not my field, I've not been prepared for this.'

Dr Jean-Hervé Bradol, MSF France President,
from 2000 to 2008 (in French)



Paris was very good at recognising that there were real capacities and there was value to having more support to operations from the US especially, because we had some distinct capacities and some really extraordinary individuals who could contribute much. Making space and making it formalised, that was more challenging. Maybe part of it was just that we were not sure how to take that on, how to take the space that was given to us. There were frustrations about how much information we were getting from Paris and we knew that so much discussion about operations and planning goes on in the MSF France hallways, informally. So there was a feeling that maybe we didn't have enough information to ask the right questions or to insist on something. Also, some of the background documents we needed were often in French, and there were some on our board who didn't read French. At the time, this created some mild tension as we prepared for meetings. You had to ask, it wasn't obvious that it would be helpful if things were translated into English at the time. But I'm not sure that was the real limitation. Some of the real limitations were just that we weren't in Paris consistently, so we were being offered something that had a lot of the preparatory work, the discussions, all that was done for many months before we had our formal involvement, before we were there, face to face with our colleagues. I admit to being intimidated at times in that big meeting room in Paris. There you had our board, not so experienced, and many of the MSF France executive who were people that, I thought had extensive experience and had been discussing these concepts for a lot longer than we had. We were caught up in some of the details, and not the bigger picture. We likely could have asked, could have done things differently. We had an MSF USA executive that did encourage the board to do more, but it took us some time to figure how we were going to act differently. The steps we took were to try and change the conversation dramatically. I don't think we had all we needed to do that initially, but over time, as we had more individuals on our board and our section going to the field, with longer

experience, and the content of discussions and the questions we were asking started to change. It took years to do that.

Dr Darin Portnoy, MSF USA President from 2004 to
2008 (in English)

In September 2005, MSF USA was tasked to organise the operational part of the executive-associative meeting dedicated to the annual plan. In the following months, the general directors of the four sections met for the first time. So did boards and representatives of the executive teams.

During both meetings, a framework to better associate all the partners in a more formalised partnership was discussed and plans were developed to address financial and human resources issues. All partners agreed to focus on sharing responsibilities at a strategic level, instead of day-to-day management.



Minutes from the MSF France Board Meeting, 2 September 2005 (in French).

Extract:

Internationalisation of board/executive meetings

Jean-Hervé Bradol [president of MSF France] and Darin Portnoy [president of MSF USA] wanted to propose that the USA (in relation with the other partner sections) took political responsibility for organising the board/executive meetings leading to the adoption of a 2006 annual project. Physically, the joint meetings will be held in Paris, but since the organisational practices do not match the same work cultures, we propose delegating the debating architecture for the operational part to our MSF USA colleagues.



Minutes from the MSF USA Board Meeting, 17 October 2005 (in English).

Extract:

II. Executive Update

Nicolas [de Torrente, MSF USA General Director] said that Tokyo [meeting] was the first time that France, Australia, Japan, and US had met in a group. [...] The group tried to get an overview of the operational projects and the relationships among them. The discussions were general; they were a framework for working together. No specific concrete actions were taken, but Nicolas thought it was a good occasion to review the partnerships. Nicolas was interested in how much MSF Australia and MSF Japan were looking to have a group partnership around the French project and share more information and activities among partner sections. Japan and Australia have already had discussions about cooperation and collaboration. This is a

big conceptual shift, because relations have been bilateral in the past, and a group partnership would permit more sharing of information, including funding, recruitment, and management ideas. There is a plan to move forward on the finance side and on the human resource side. In terms of budgeting, the groups are discussing new ideas about ways to report to ensure accountability. There were discussions about a joint board meeting. The board members from the four sections still must determine the kinds of issues to have on the agenda.



Minutes from the Joint MSF France, MSF USA, MSF Australia and MSF Japan Board/Executive Team Meetings, 9 December 2005 (in French).

Extract:

Nicolas de Torrente [MSF USA general director]: the current situation of our partnership as analysed in Tokyo highlights a pragmatic decision-making process adapted to the interests of efficacy to avoid the Belgian sections' OCB model whose administrative set-up is not exempt from a degree of 'deception' regarding the reality of the weighting of how decisions are made. In New York, we are in favour of a decision-making system specific to MSF France and this means a joint operational project, but also a certain degree of independence, autonomy, regarding what we can and want to do in the rest of the movement. This is clear in terms of communications where we work on a case by case basis, choosing only to relay certain messages and not others. [...] *Sylvie Lemmet [MSF France board member]:* the decision-making structures common to the different boards are largely yet to be defined and Nicolas de Torrente's position surprises me as I think that all four sections must be involved in the budget votes and decisions which are occasions for making choices and putting operationality into practice. We perhaps need to think about a flexible system that isn't horrendously bureaucratic.

On 17 & 18 November 2006, the four boards and executive teams agreed that operations, management teams, and boards should share information throughout the year, at key points in time. These points in time called 'moments' were actually meetings during which the four sections were supposed to jointly make key decisions on operational orientations and resources. The director of operations for OCP would now be appointed and evaluated by the four general directors. However, beyond these 'moments,' permanent structures for common decisions as well as the nature and scope of these decisions remained undefined.



Minutes from the MSF Australia, United States, Japan and France, 17–18 November 2006 (in French).

Extract:

Summary:

Rowan Gillies [president of MSF Australia and president of MSF international council]: Two interesting points have emerged:

- we need to think about how best to integrate the association through the course of the operational project;
- the feeling is shared regarding the positive aspects of the operational partnership which will be managed through the following points:

- acceptance of the intentions and principles of the partnership;
- recommendations for the future: see the document written by the general director in appendices with above all the following points:

1. *Sharing of key decision-making moments on operational orientations and resources: 2/3 times per year*
2. *Operations, management team and boards (annual planning, mid-year review)*
3. *Joint appointment and evaluation of director of operations*



We had conversations between the four presidents, three or four times a year. And then some of our board members led different sessions of the MSF France board meetings. I chaired sessions at these meetings, where we discussed the operational plan. The inclusion and the development of the programming, the people that were from Paris that began to work in the US office, the development of the desk, all those things helped to give the board more information and more of an ability to participate in the discussions about the plan. It sounds really good, that you would have joint ownership, but we had some challenging times to figure out how we were going to jointly own, how we were going to ask questions, how we were going to contribute to the development of that plan. That was something that took quite some time.

Dr Darin Portnoy, MSF USA President from 2004 to 2008 (in English)

In November 2007, the OCP's joint boards endorsed the OCP partnership agreement. This political agreement encapsulated the existing practices of the group and anchored them on two core principles: joint responsibility and commitment to the operational project. Broad operational directions and strategies for the operational annual plan and budget would be now defined by the joint board of directors.



OCP Partnership Agreement, 2007 (in English).

Extract:

OPERATIONAL PARTNERSHIP

MSF France, USA, Japan, and Australia [...] Content of the operational partnership:

The operational partnership revolves around the following 2 key concepts:

1. the active participation of the partners in the elaboration, implementation, and evaluation of operations
2. the mobilisation of sufficient and appropriate resources necessary to carry out the operational project.

Active participation in the elaboration, implementation, and evaluation of the operational project

The partnership is based on co-ownership of the operational project, which requires joint decision-making about key operational strategies. All partners must thus participate in the elaboration and evaluation of the operational project that are then implemented under the authority of the operational direction. All partners are accountable for the outcome of the operations carried out by the partnership. [...] The partners also actively participate in the implementation of the operations. The operational partnership delegates responsibilities to the different partners to implement and support the operational project. [...] Delegation of responsibilities should not be understood merely as 'decentralisation' or 'delocalisation' from Paris towards New York, Sydney, or Tokyo. The decision to maintain the operational direction as well as the core of the operations and operational support in Paris for the time being is itself a delegation of responsibility to Paris by the partners. [...] Governance and functioning of the partnership:

As outlined above, the operational partnership is based on joint responsibility and commitment to the operational project. Strategic decisions about operational objectives and policies must thus be taken in common among the partners. The sharing of resources is derived from this sharing of operational, strategic, and institutional concerns. The joint decision-making process must accommodate initiatives, ideas, and proposals from the partners. At the same time, it must preserve overall coherence and maintain the authority of the operational direction to run operations in accordance with the operational project, thereby ensuring reactivity. [...]

Associative level – boards and presidents:

Boards include designated seats for members from other partners: the MSF France board has seats for representatives from MSF USA, Japan, and Australia, the president of MSF France is an ex-officio member of the MSF USA board and there are seats for MSF France members on both the MSF Japan and Australia boards. While board members participate and vote in their individual capacity, this 'cross-fertilisation' aims to increase information sharing and dialogue among partners. Joint board meetings held annually define broad operational directions and strategies. Decisions at these meetings are made in common by the board members present, preferably by consensus (as participation is unequal). The operational directions and strategies decided at the joint board meetings form the basis for the operational annual

plan and budget. The operations annual plan and budget is first presented to the MSF USA, Japan, and Australia boards for review and comment. The operations annual plan and budget is then presented and voted, for legal reasons, at an MSF France board meeting. Board presidents and board members of the partners who participate in the meeting express the position of their respective boards.

The 4 presidents play a key role in organising the joint oversight of the operational partnership by keeping each other and their respective boards updated about operational issues, organising joint board meetings and acting to address sensitive issues and resolve disputes throughout the year. They should meet regularly, if possible monthly, to discuss operational 'hot topics' and other partnership issues as they arise. The presidents also keep their respective Associations informed and mobilised concerning the achievements, needs and challenges of operational partnership.

It took several years to implement this step by step political agreement due to several obstacles, including resistance from the operations department, capacity gaps from some sections that were exacerbated by the predominance of the Paris-New York relationship.

In late 2007 and 2008, an MSF France internal institutional crisis led to the resignation of the general director, the director of operations, and a request for the president to step down from the board. The time dedicated to solve issues and the management team turnover induced by this crisis impacted the partnership's progress.



Implementation was the trickiest part. The four general directors really wanted to go ahead, the other departments didn't have an issue with it, but operations weren't very willing to move things forward. At the time, there was still this focus on keeping operations entirely centralised, so there was a certain amount of resistance we had to overcome. The partner sections didn't want to become operational. MSF Japan was alone in maintaining a fairly fixed position and wanting to take part in overseeing the operational project. MSF United States and MSF Australia were more interested in being given projects to which they could add value. The way in which we were operating made it really difficult to co-manage things because we had to work together on opposite sides of the globe, across four different time zones. Most significantly of all, there were huge differences in capacity between the sections, between the Paris/New York team and the others. Another thing that complicated matters was that this political vision was approved in 2008, by people who were no longer working with us. Nicolas de Torrente (MSF United States General Director until 2008) had left. I was familiar with this vision (I was on the MSF France board of directors when it was pushed through) and I think Filipe [Ribeiro, MSF France General Director from 2008 on] and I were in complete agreement on the subject. But having a vision didn't really mean we had a

direction in terms of avenues to be taken. Another factor was the chairs had changed and the boards were never completely clear on what the operational project actually was. So we tried to get this project up and running ourselves, organising our working methods intuitively, but without in my opinion everyone truly understanding the agreement behind it. The Paris crisis was another extra complicating factor. It was a real block, because we were waiting on Paris to get reorganised before we could start planning how to work together.

Sophie Delaunay, MSF France, Member of the Board from 2007 to 2008, MSF USA, General Director from December 2008 to June 2015 (in French)



Considering the scale of the crisis, the boards of the group's other sections reacted strongly, saying, 'how did the situation deteriorate to this extent without anyone realising when we were working on the same project?'

Dr Marie-Pierre Allié, MSF France, Member of the Board from 2004 to 2007, MSF France President from 2008 to 2013 (in French)



This was a time of real turmoil and it did impact a lot of my presidency. That was the time of the general director, the operational director, and the president's removal or resignation. Those were people that I knew and respected very well, so that had a lot of impact. And all the time afterwards, the evaluations that were done within Paris and the role of the US in those discussions was not a really great time. We did feel that we had to do something, because we saw it as a deep crisis. In the crisis, as it was happening, I wouldn't say they welcomed us, but it was obvious that we were going to have a role. We were going to help, we were going to react. We tried and assisted, both from the executive and the associative, also in the steps that were taken afterwards, for that complete evaluation that was done, in the areas that they were going to look at and in some of the conclusions for that.

Dr Darin Portnoy, MSF USA, President from 2004 to 2008 (in English)

3. Designing OCP Governance

In 2009 and 2010, building on the 2007 political agreement, a steering committee composed of the four general directors, the director of operations, and the medical director worked on a proposal for the OCP executive partnership governance. They proposed to base this governance on two main principles:

- **Subsidiarity:** making decisions at the lowest practical level

- **Substitution:** higher level duty to support lower levels when they reached capacity limits.


In November 2011, the eleventh version of a memorandum of understanding (MOU), based on this proposal and on the 2007 agreement was eventually endorsed that defined both executive and associative governance of OCP. A Group Committee composed of three members from each board, was now in charge of voting annual and strategic plans and budgets, and of following up the group's evolution. They were to meet three times a year to define and validate the broad strategic orientations of OCP. The four general directors' platform (DG4) would manage the group executive governance. Other board members of the four associations could participate in the debates as well as in the MSF France board's operational discussions. The MSF France president, as the most informed president regarding operations, would represent OCP in the international council while the MSF general director would be the 'lead general director' of OCP's general directors' platform. Thus, there would be no new legal structure created at OCP level and boards of the four associations remained the legally responsible entities for the group.




Moral Report from Marie-Pierre Allié, President of MSF France, 2 June 2012 (in French).

Extract:

Work on developing the OCP group is progressing. Collaboration between the United States, Australia, Japan, and France associations is coming along nicely and picking up speed. At the start of the year, our four associations signed an agreement, known as the MoU [Memorandum of Understanding], which lays out a common framework. It is based on our shared willingness to carry out operations more efficiently, in the most dynamic way possible, drawing on each individual's strengths to do so. A joint committee known as the Group Committee was set up: it encompasses three administrators appointed by each of the group's boards, but all administrators from all of the group's boards are invited to take part in all discussions. The Group Committee is tasked with establishing and approving the OCP's major strategic priorities, and will meet three times a year to debate and discuss key points. In order to involve colleagues from the group's other sections we have decided to open up the operational parts of the French section's board meetings to members of other sections' boards. The MoU is a crucial step forward, not just for our group, but for the international MSF movement. The OCP group is a major contributor to operations carried out by all operational centres, through their financial resources, human resources, specialist support in certain fields, the Epicentre, MSF Logistics, or the legal department, to name but a few examples. I'd like to thank my colleagues, the chairs of the Japanese, American, and Australian sections, without whom this agreement could never have been made possible. Through this process, we were able to rise above the insular interests of each individual section, building an ambitious, shared vision for the future.

 *The boards have always been extremely involved and proactive and have always supported us. At MSF USA, we encouraged them to take part, to publish opinion pieces on the associative site, and they did so. They stated their positions, and what's more, they put us under so much pressure regarding HR aspects that we were inevitably spurred on in other areas. They couldn't see into the future, they didn't tell us what to do and what not to do, but whatever we came up with they approved and supported, every step of the way. Everything related to the association was supported 100%. The international governance reform was another source of pressure. We believed that if we didn't get organised on a group level, the three partner section chairs would have no way of feeling reassured that the OCP was representing them to the international bodies. So it was a healthy, positive kind of pressure. I think that's why the four GDs and the four chairs quickly began working very well together.*

Sophie Delaunay, MSF France, Member of the Board from 2007 to 2008, MSF USA, General Director from December 2008 to June 2015 (in French)

 *It was a real melting pot of cultures. In the United States and Japan, these were people who had some experience of working with MSF, but had no experience of collaborative working within boards. So we needed to get them all together to see how we could start talking. It was a lengthy process, and it took us a long time to figure out what kind of association we might build together. We examined how the Dutch had done it with the Germans and the British, which hadn't worked and led to the Canadians backing out. We put together a system in which we were all closely bound, but with everyone having a right to vote on project and budget decisions once a year. A lot of work was carried out on an associative level, but we also asked executives to work together on implementation, which was a very complex process. We wanted everyone to feel involved and part of the process. Ultimately, we decided that we would all take decisions on the operational project collectively. For example, we would collectively decide which projects of the other groups, the OCP group (the wealthiest in the movement thanks to the Americans), would fund. This represented major progress. It meant that the Americans and the Japanese would no longer be taking decisions in isolation, but the group as a whole would be involved. This meant making concessions. Our goal was to avoid disrupting stability. We wanted everything to work in the same way throughout the international group, with operational projects overseen by a political body and executed by an executive body, in turn structured by each group as it saw fit.*

Dr Marie-Pierre Allié, MSF France, Member of the Board from 2004 to 2007, MSF France President from 2008 to 2013 (in French)

Over these years, efforts were made to strengthen an OCP associative spirit and a common associative life. These efforts were built on the activities of the MSF France GUPA (Guichet Unique du Pôle Associatif /One-stop Shop for Associative Integration) and its "association site" website, set up in 2006. In 2011, a common associative web portal was set up for OCP.



Minutes from the MSF France Board Meeting, 26 January 2007 (in French).

Extract:

Association life/GUPA (Guichet Unique du Pôle Associatif – Window to Associative Life) [...]

Marie-Pierre Allié: objectives were set for the first six months of the structure that we were experimenting with to reinvigorate the associative life.

Alain Fredaigue: these objectives were: to foster internal debate; to be able to come together to take action even when the field was no longer a daily reality; promote active democracy; support La Mancha. [...]

We therefore have an associative space which was first established by our office that fulfils a reception purpose; we were able to highlight real obstructions in the advocacy that seems hindered by the importance given to the hierarchy. [...]

The other site where the GUPA deploys its activities is the website (with an English version which needs to be adapted) that has received many hits, and which increased when the Dazibao Newsletter was launched. This Dazibao Newsletter is put together only with what is collected in the association's 'basket'. The content seems to be appreciated by users.



Minutes from the OCP Joint Board Meeting, 27 January 2012 (in French).

Extract:

Introduction to the Association Portal (Martin Searle, Association Coordinator at MSF USA). In November 2010, the joint board meeting voted to set up a shared website. [...] MSF members trying to access a national website will be redirected to the portal, where they will find news, articles, a discussion form, an association page, a toolbox, and data sheets for each of the countries in which the OCP is active. In addition to the menu, the homepage will feature all recent comments on articles, links to must-read articles, a forum preview, a list of open discussion posts, and ads. All content will be bilingual (French/English) with the exception of comments, the forum, and ads. Visitors will be able to comment on articles or click a 'Like' button. The portal will allow head office to share updates and news with the association, and will also make it easier to share on-the-ground experiences across the association, and feed these experiences back to head office. In the wider context, we will need to assess the portal's position with respect to the international associative space, the internal

TIBBR [international social network project] and the OCB's forthcoming portal.



I said to myself we had to find resources to build this associative dimension at the group level. So I recommended that my role and the team be restructured by creating the GUPA [Guichet Unique du Pole Associatif / Window to Associative Life] which would be supported by a site with a forum and texts dedicated to the OCP, a kind of counter-power. Lots of people didn't see it in a good light as MSF likes to control things. It was a real power struggle. I gave two or three presentations to the board. I gave one to the general assembly who then voted for the project. It was in my complete interest to bring it before the general assembly because I knew there were enough associative supporters in the room to swing the vote in my favour. But it wasn't that easy. I therefore got the go-ahead in 2006 to set up the GUPA, the associative site, a small structure, 'it won't cost much..., well, we'll cobble it together.'

Alain Fredaigue, MSF France, Initiator of GUPA, Associative Coordinator from 1995 to 2011 (in French)



I don't remember GUPA [Guichet Unique du Pole Associatif/Window to Associative Life] being presented as a counter-power. But that might be how some people saw it. Myself, I think that the moment you present yourself as an association, where you get people to vote on people or projects, where people are involved in the decision-making, it's important to bring them together as much as possible and keep them informed.

Dr Marie-Pierre Allié, MSF France Member of the Board from 2004 to 2007, President from 2008 to 2013 (in French)

4. United Arab Emirates (UAE) Office

Opened in 1992, the MSF France office in Abu Dhabi became an MSF France branch office in 1997.

In 2001, due to a change in the UAE legislation regarding NGOs, it was registered under the Red Crescent.

From 2006, with a new change in the UAE legislation, the MSF France executive team and the president worked on a proposal to move the MSF UAE entity from Abu Dhabi to Dubai. Though potentially bringing a consequent increase in resources, this change would put MSF in a minority position in MSF UAE board.

urged by Dubai representatives to give an answer to this proposal in a very short time. Both the MSF France board and international council, considering the level of risks for MSF independence, questioned the proposal, which was eventually abandoned.

The MSF UAE entity was endorsed as a branch office by the international council in June 2008 was again legally registered in Abu Dhabi and organised to serve the whole MSF movement in terms of communication and fund raising.



Minutes from the MSF France Board Meeting, 25 June 2008 (in French).

Extract:

Thierry Durand: [MSF France interim general director] A legal entity is currently being set up as a branch in the United Arab Emirates [UAE]. Many of us have been making regular trips to the UAE recently. Since 1991, we haven't invested much in getting a unit off the ground there. In 2006, Jean-Hervé Bradol [president of MSF France until June 2008] and Pierre Salignon [general director of MSF France until November 2007] gave the green light to step things up a gear in terms of development and tangible action, following the appointment of a new director (to the MSF Emirates office). There are significant potential opportunities over there with foundations, companies, and leading figures, all with a stake in development for philanthropic reasons and to boost the visibility of humanitarian action in the Emirates. The orders of magnitude are significant. [...] The legal entity we are trying to set up is under negotiation. [...] The office will be run by seven people, including two MSF colleagues with a special relationship with MSF France (but committed to working for the movement), and will meet four times a year. MSF France members will not be in the majority. We are still discussing a handful of points: the majority needed to appoint the executive and amend statutes (they are refusing board unanimity on these points as they consider that to be blocking). [...]

Philippe Houdart: [MSF France board member] Does 'no association' mean 'no members'?

Thierry Durand: Yes that's right, practically speaking it works like a board does for a French foundation. [...]

Jean-Hervé Bradol: We can transfer major areas of activity to Dubai, such as freight, diplomacy, medical (with referencing for injured parties we are struggling to get into the Schengen Zone, for example). Our office will be located in the medical zone rather than the humanitarian zone. In a context where growth is at 12%, the partnership here will operate differently and be much more dynamic. We will need to develop our Arabic language communications in a more concrete manner. I think setting up an association demonstrates their interest in the idea. What's preventing us here is our internal status, and for the time being we're offering them branch status. But within the next three to five years, we'll need an association with people working on the ground. Our policy of forging ties with emerging

countries results in relationships between wealthy and poor, and that's why our dealings with the Emirates often feel like pushing against the tide. [...] The members of the initial office were appointed by [...] the Emir's cabinet minister, and then the board co-opted its members as it would for a French foundation. Mandates are set for three years.

Jean-Philippe Legendre: [MSF France board member] This is about exchanging money for image, and we have to keep an eye out for issues surrounding independence in the sense that we have to watch out for collusions between business and politics. [...]

Françoise Saulnier: [MSF Legal Director] [...] Our contacts are seasoned businessmen, they have excellent business sense and we have to manage potential risks and hazards as dynamically as possible. [...] Their law firm is extremely hard-working and sometimes even goes beyond its clients' requests (that's their job). This is now pushing us to reflect on certain aspects: the name, the majority type, the appointment of the general director. We can't allow ourselves to become enmeshed. We have to stay lively and proactive. We have to protect ourselves in such a way as to ensure we can hold our ground as a minority, because our presence is symbolic. The issue of getting our voice heard, particularly with respect to appointing the general director, is a point that strikes me as crucial. With respect to amending the statutes, we'll request that unanimity be required, meaning our voice will count.

Jean-Hervé Bradol: [...] They want to own MSF Emirates – in other words, they want to run the show on their own turf. Elsewhere, an emerging group takes years to gain this right, and we're taking years to build a shared culture prior to seeing political autonomy. Things should be much quicker here. [...]

Françoise Saulnier: The political stakes here are transparent and we have to be very clear on our position, which works in their interest too. They want to assimilate MSF and we have to defend the idea of specificity to ensure we don't lose our footing. We have to emphasise the idea of reciprocal interests.

Jean-Hervé Bradol: It wouldn't make sense to think they are trying to 'steal' MSF away from us, because if the movement were to notice any sign of foul play, they would lose all benefits. They cannot allow themselves to generate public conflict on these kinds of issues. The risk isn't that they steal the brand, but that they choose a different one! [...]

Françoise Saulnier: We cannot waver from our request for the general director to be appointed unanimously. We have to stand firm on the idea that it's important to us. [...]

Marie-Pierre Allié: [MSF France President since June 2008]: We have to weigh up the risks alongside the incredible advantages it offers. [...]

Françoise Saulnier: I'd like to thank Jean-Hervé Bradol for discussing matters so directly. Indeed, they're interested in the structure. [...]

Jean-Hervé Bradol: [...] I'd like to draw your attention to the fact that this isn't just beneficial for MSF France, it works to the entire Movement's advantage, it won't be a 'captive' section. [...] There will indeed be a special relationship with the French section, but if the IC [international council] gives its approval for the development plan, we'll need a

4/5 majority, so everyone will need to profit from it. [...] *Board vote:* the board wants the general director to be appointed by unanimous vote and for this to be enshrined in the statutes (these two points were included in the initial version before it was revised by the UAE lawyers). One member of the board is asking for these two points to feature in the statutes (majority vote in favour, one vote against).



Minutes from the MSF International Council Board, 18 July 2008 (in English).

Extract:

UAE [United Arab Emirates] registration update [...]

As a matter of transparency on new entities, Marie-Pierre [Allié, MSF France president] updates the ICB [international council board] on the process of the registration of the entity in UAE. [...] Since the end of 2007, there were a number of meetings between Jean-Hervé Bradol [former MSF France president] and the advisor for external affairs at the Dubai Executive Office on the possibility of creating MSF as local NGO.

At this stage, this means [...]:

- Establishing by-laws (legal document) and a road map. [...] for the finalisation of the by-laws MSF France is still negotiating certain points, such as the rules for revision of the by-laws and the nomination of the executive director. Basically, today MSF continues to discuss, with not so much hope of having the unanimous vote in the by-laws. [...]
- Constitution of a board of directors of this entity: the board of directors will be comprised of 7 members. 2 members (Sinan Khaddaj [current Communication Director, MSF France] and Jean-Hervé Bradol [MSF France former President]) will be appointed by MSF and the Chief of Cabinet of External Affairs will appoint the 5 remaining members.

Some of the ICB members expressed their concerns with regards to the MSF principles of independence and neutrality. Already the fact that the list of the board of directors has been provided by the Chief of Cabinet of External Affairs is quite concerning. And in addition, it is not sure what will be the real weight of the 2 MSF seats in the board, even if they have very significant MSF experience.

According to Marie-Pierre, people that are proposed to become board directors of the future MSF UAE are some key and influential people of UAE, such as the Dubai Cares director, 2 MDs [medical doctors], 1 lawyer. These people do not have official positions within the Emirati Government. Jean-Marie [Kindermans, MSF Belgium President] shares the concerns that there are no guarantees on the people being proposed, as they are not known in MSF. But the board members may not be so involved in the day-to-day management. Though, for him, it is most important to know who will be the executive director of this entity. Some ICB members disagree with Jean-Marie as they believe that the board sets the strategy and the vision for the entity, and the executive implementing them. [...] The only control possible is the trademark, which is being registered at the

international office. If there are any problems, MSF can close the entity and take away the trademark. However, to be noted, this is very lengthy process, informed Christopher [Stokes, MSF International Secretary General] and it might end in Emirati Courts. The worst case scenario is that MSF could lose the case. Jean-Marie disagrees with Christopher, but should there really be this scenario, and MSF loses, MSF will make strong communications about it.

Though autonomy within MSF is one thing argues Christopher, but how autonomous will they be from a political side given the fact that the Emir is indirectly appointing 5 board directors out of 7?

From the discussion we've had with the Chief of Cabinet of Affairs, it did not appear that he wants to be involved so much in the management of the NGO. As already mentioned the main wish for them is to boost the humanitarian space/culture within UAE, underlines Marie-Pierre.

During the IC [international council meeting] we agreed to go forward and establish the legal entity in UAE, reminded Christopher. We will have to open our minds, we may have to change the way we see outside world and adapt the MSF approach a bit to the Arab world. Christopher suggested having international seats in the UAE board as MSF has in all sections.

Isabelle [Ségui-Bitz, MSF Switzerland President] feels uncomfortable with this process, as if MSF could be bought by UAE.



Minutes from the MSF France Board Meeting, 12 June 2009 (in French).

Extract:

United Arab Emirates

The MSF United Arab Emirates office was set up in Abu Dhabi in 1992 within a precarious legal framework, especially because since 2001, we've had to be registered under the Red Crescent: we began thinking of different ways to set up another structure in Dubai, but talks were limited and led to a dead end. Since the end of last year, we've signed another agreement with Abu Dhabi to set up MSF in the Emirates to diversify our funding sources as well as to improve our communications with the Arabic-speaking world.



Minutes from the MSF France Board Meeting, 28 August 2009 (in French).

Extract:

United Arab Emirates

For the time being and for another year, MSF is registered in the United Arab Emirates as a business entity. This temporary registration allows us to engage in medical training but doesn't enable us to seek funding. To do so, we need MSF to be registered as a local NGO, meaning enacted by order of the authorities (this is outside of our control). The president proposes to read and comment on the by-laws (statutes) that establish the Emirates office branch in Abu Dhabi.

II. TOWARD MSF INTERNATIONAL MOVEMENT POLITICAL AGREEMENT (2000s-MID 2006)

A. IMBALANCED AND UNCONTROLLED INTERNATIONAL GROWTH (2000-2006)

In the first years of the 21st century, the construction of operational groups led to a division of labour between the operational and partner sections. Operational sections were the only ones authorised to conduct operations in the field whereas partner sections were confined to financial resource procurement, recruitment, communication, and lobbying activities.

As a result, the financial growth of the MSF movement was increasingly driven by the non-operational sections. This financial growth was misaligned with operational growth, which was slower due to limited capacities of the operational sections.

However, the operational centres with few or no partner sections, particularly those without 'wealthy' partner sections (MSF USA or MSF Germany), attempted to open new entities in order to increase their resources and their operational capacities.

This institutional and financial growth contradicted the fundamental principle of

the organization, set out in the charter, that MSF operations should follow populations' needs and not by the organization's financial resources. At the international level, there was a general agreement that operationality should remain at the core of every MSF section and that reinforcement of synergies and mutualisation at movement level would help to stay on this line.

In 2001, Morten Rostrup, the former president of MSF Norway and Vice-President of the International Council, was elected International President, while Rafa Vilasanjuan, former Director of Communications and Interim General Director of MSF Spain was chosen as International Secretary of the MSF movement.

This new team took responsibility for MSF international structures and addressed both the institutional and financial growth issues. By building international frameworks, they strived to solve the contradictions between the interests of each group and the common interest of the movement. Their successors, Rowan Gillies and Marine Buissonnière took over in 2003, respectively as International President and International Secretary General and continued on the same path.

1. International Work on Institutional Growth

On 23 March 2001, the Joint Executive Committee and the International Council acknowledged the need to better involve the partner sections in operationality. This involvement included access to operational information and instilling adequate processes to facilitate inclusive brainstorming on the movement's priorities and objectives.

They recognised that these various international movement issues such as the number of sections, growth, shared operationality, and governance were interlinked and should be discussed in integrated manners both at executive and associative level.



Minutes from the Joint Executive Committee and International Council Meeting, 24 March 2001 (in English, edited).

Extract:

1. Operationality and Partner Sections [PS]

Morten introduced the debate by stressing the importance of good cooperation between the partner sections and the operational sections. In order to keep MSF's culture, there is a real need to share operational information between operational sections and partner sections, to involve them. There are different options possible and that is what needs to be discussed. [...]

Several comments were made:

1/ Although partner sections are very much concerned by having access to operational information or having some 'operationality' involvement, this has been a great concern for operational sections also. Austen [Davis, MSF Holland General Director] considers this one of MSF's greatest strategic challenges. Karim [Laouabdia, MSF France General Director] added that the concept of operational partnerships has been on their different annual plans since 1998. Operationality is at the heart of MSF and he therefore considers it vital that PS [partner sections] are able to go to the field, assess the situation and able to develop their own opinions. The challenge is to create involvement and to keep the culture.

2/ A concern was voiced by MSF Swi[tzerland] – will this lead to group objectives, i.e. MSF F[rance], MSF H[olland] and MSF B[elgium] creating three different approaches with regard to 'their' PSs – and where would this leave Spain and Switzerland? One answer was that not all PSs are the same and they all have different kind of relevancies, the relationship with the USA or with Japan are very different ones.

3/ Mention was also made of the Eurocentric nature of MSF. Pascal[Meeus, MSF Belgium President] questioned the coherence of the location of the OS [operational sections], there may be more efficiency, added value by moving them to other places. This raised the issue of why we should or should not do such a thing, analyse the opportunities or

threats attached to such decisions. Also mentioned was the possibility of gathering some sections together as e.g. MSF Scandinavia and/or the possibility of increasing the number of sections without increasing the decisional bodies. Ralf [de Coulon, MSF Switzerland Interim General Director] highlighted the fact that part of our essence is reflected in the way we function and that we should not dilute MSF's spirit in technocratic structures.

4/ Rafa [el Vilasanjuan, International Secretary] mentioned at this stage that indeed we should brainstorm on what we want to achieve, but in order to do that we need to make sure that processes are put in place to encourage these debates to take place. Methodology at this point may be the best way to help us define in the longer run what our objectives are. Austen added that to talk about the architecture at this point would not work – we seem to misunderstand our own organisation for the moment. There is a need to address certain issues first, such as universality, economic independence, the 'why' of things – do we need to have an association in each section, how does this integrate with operationality? It is by having these debates that we will be able to get to an idea of what we want. This raised the issue of what the PSs want. It is impossible to have an in-depth relationship with all PSs, at the same time, PSs want to belong to everybody. There will probably not be a general model of relationship between PS and OS [operational sections], but the different options must be looked at – and we should try to find out what the PS's views on operationality are today. One way of finding this out would be to give a questionnaire to the partner sections asking them how they view operationality, or how they would like to integrate some level of operationality into their section, what the value of such a move would be, while taking into account all the questions raised in this present debate. The answers may be able to help us open the debate in a wider way and help us define some kind of direction. Mention was also made of the need to retain the movement's interest above any national interest.

5/ Morten concluded this part of the debate by saying that a lot of the issues that have been raised are interlinked (i.e. of sections, growth, operationality) and maybe the objective should be to discuss all these issues in an integrated way, leading not necessarily to consensus but to a common commitment.

On 13-15 September 2002, during a retreat in Altafulla (Spain) the general directors of the five operational sections and the International Secretary General acknowledged the need to revise and complete the vision set out in the Chantilly principles.

They had a thorough discussion on the movement's weaknesses:

- **Growth in office positions, particularly in the partner sections not balanced by a substantial growth in operations.**

- **Increasing lobbying activities of partner sections not always linked to programs and supervised by operational directors.**
- **Associative not serving as a counterbalance to uncontrolled development trends, and various overlaps of executive on the associative.**
- **Lack of operational debates in the partner section's general assemblies.**

Insisting on the need to link the partner section's activities to operationality in one way or another, they mentioned MSF France's project to delocalise a desk (field operations management unit) to MSF USA as a trial, to develop operations without having to add resources at HQ level.

A few weeks later, Morten Rostrup, the President of the MSF International Council submitted a paper to the International Council, where he also addressed what he considered as the "unhealthy growth" of MSF. Acknowledging the lack of consolidated data, he proposed to implement a critical analysis of the growth of each section and to start a discussion on this issue.

In the following months, both the Altafulla meeting outcomes and the international council president's paper were discussed at length in all international platforms.



Minutes from the MSF Belgium, MSF France, MSF Holland, MSF Spain, MSF Switzerland General Directors, MSF International Secretary General Meeting in Altafulla, 13-15 September 2002 (in English, edited).

Extract:

Chantilly

Chantilly set a course of action for MSF through the principles it defined; that was in 1995 and there seems to be a need to review, or to complete the vision set out at the time. There seems to be many interpretations of what MSF does. Working on the criteria we use may help us be more creative operationally and adapt to a changing environment (and integrate different/new crises contexts, e.g. environmental disasters). [...] The movement now consists of 18 sections: our total operationality, both in size and scope is insufficient for the size and structure of the movement. We're underutilising our private-funding capacity, we're a hungry media machine, we have an inability to optimise our resources, and all this is affecting and reducing our operational capacity. [...]

Operationality & PSs

Why? Urgent need to link the present growth of the PSs to operationality, to keep them connected to MSF. All attempts, such as posting health advisors, emergency team members, etc., have failed so far. France is now introducing the delocalised desk model in the US and Japan as a way to respond to the frustration of the PSs and in order to put

operations at the centre of the section's expansion. This model has the added advantage to allow France to expand its operations without having to add resources at HQ level. This model will be evaluated as it develops, and therefore is not set in stone. Concern: although this may be a solution, this should not/cannot be valid for all PSs. PS should be able to contribute realistically to operations and not all PSs have the same potential. We should therefore reconsider the possibility for some PSs to return to a delegate office status.

Operational directions

It is agreed that MSF needs to maintain its operational diversity and that this one should not exceed five different approaches (this has proven to be a 'workable' number). This does not mean that these five different directions need to be based on the present five OCs (mergers, changes, etc. may take place). [...]

Re Moratorium

The ExCom can recommend to the IC that there be no more than five operational directions within MSF. Desks presently created, or other modalities created for sharing operationality must be under the absolute responsibility of the DirOps at OC level. This link may not be severed unless the PS decides to stop its operationality. Similarly, an OC cannot rescind an operational responsibility they may have taken in a PS.

Re opening new sections: We need to define exactly what we would expect of them and know why we would do this. [...]

Re: Governance issues this would raise

If PS operational influence grows, they will need to be somehow integrated into the ExCom or some new such platform: this and the role of the IC need to be addressed. [...]

Associative Dimension

Several concerns were raised:

- Blurring of the difference between the mandates of the executive versus the board.
- The associative is not playing the counterforce it should (and that is needed).
- GAs [general assemblies] in PS lack operational approach: some GAs sometimes ends up being about the section's strategic (management) choices with less global MSF discussions on issues such as TB, etc.
- Issue of executive allowed to vote in several GAs.
- Issue of having executives being elected or seconded to sit on boards: this slightly corrupts the nature of the associative.

IC board should look into this.

May be an idea to have an outside expert on associations look into the way we function in order to dynamize the associative. [...]

Growth: number one indicator within PSs is their overhead costs – and this justifies their own growth. But MSF operations are not resource-driven, fundraising therefore

needs to be controlled in order to avoid being overwhelmed and develop activities as ways of absorbing funds. To better analyse PSs, we also need to see their growth in fundraising as well as HR [human resources]/recruitment. This will enable us to better differentiate between the sections. Growth should be better controlled and this needs to be urgently addressed with/by the PSs.

The OCs should also set the example and several initiatives will be taken:

- avoid unnecessary duplications in operations (logistics/medical) or operational support
- all OCs need to think during their yearly operational planning process where tasks can be shared with others/where resources could be shared or pooled together (possible candidates would be the medical department, logistics and la Fondation/Centre de recherche/Humanitarian affairs department).

Activities: Lobbying is becoming a very important component of the PS activities. There is a need to have a serious and critical dialogue with the PSs on their activities. The principle should be that one can only lobby on the basis of a programme, and this should therefore be under the portfolio of the DirOps.



'MSF and its Unhealthy Growth' Discussion Paper, Morten Rostrup, 26 September 2002 (in English, edited).

Extract:

Conclusion

In my opinion we are witnessing an unhealthy, uncontrolled and fragmented growth in the movement. The farther we go from the field in our organisation, the more we grow. There has been a huge growth in number of people working in our partner sections, and the staff has also increased in our HQs without any obviously parallel increase in operational volume. More volunteers take coordinating positions, fewer volunteers work in direct contact with our beneficiaries. The proportion of medical doctors working in our movement is most probably decreasing rapidly during the current pattern of growth. Our increased private income does not justify an ever-increasing staff even though we can keep our non-operational costs a bit below 20%. It seems that our development is not defined by needs, but by ability. Why not aim for 10% or 5%? In my opinion we must seriously discuss reducing the number of employees in our offices. If the current development continues, MSF will change dramatically, and lose what was once its main asset, a non-bureaucratic field-focused medical-humanitarian organisation. Our culture will change we may face increased polarisation between field and HQ, and between OCs and partner sections. We now need a critical analysis of our growth and how the various sections are constructed. We should already start a discussion in the movement, in all sections and in the field, on our growth and the way ahead. With this paper I want to challenge the different boards to do so, and consider critically, the growth of their own

section. The issue will be part of the next IC meeting in November 2002.

In concrete terms I would make the following suggestions:

- Ask the executive to come up with a plan of how to use synergies between sections.
 - Get the diagnosis confirmed – all boards should analyse the growth and the composition of the staff in their offices.
 - Use the consolidated account process to understand and homogenise what the concept 'social mission' includes, so that the current 20/80 ratio [percent of budget spent on administration/operations] can be revisited.
 - Get a more detailed overview of operational volume. The typology study¹³ will contribute. This study will also give an overview of the operations and an understanding on how the money is invested and where.
 - Section-wise discuss whether there should be a no-growth policy in office staff in all sections until a thorough analysis has been done.
 - Enforce operational activities. Sharing direct operationality with big partner sections could be a way to increase operational capacity and counteract bureaucracy. Discussion here is necessary within the different boards. Shared operationality should imply a reduction of staff in the operational centre, if the capacity is not substantially increased by the sharing.
 - Counteract the tendency to have less and less expats in non-coordinator positions in the field.
 - No new sections or expansion of old sections by opening offices in new countries until we have agreed on a common direction for MSF as an international movement.
 - Find ways to re-medicalise the organisation.
- MSF has been a success story so far, but there is no guarantee that this success will continue into the next decade.



Minutes from the MSF International Council Board Meeting, 12 October 2002 (in English, edited).

Extract:

(Summary) JOINT international council board/international executive committee (ExCom) MEETING [...]

A presentation of Altafulla was made by the ExCom as a starting point to the discussion. [...]

1. ExCom reviewed the Chantilly principles. As far as the ExCom is concerned the feeling is that what we're tackling is not a question of creating a new vision. The ExCom went through the different principles set out in Chantilly and checked whether they felt that these were still valid today, and which of these principles need to be expanded on due to today's circumstances. All in all, the outcome was that the vision spelled out in Chantilly remains valid to the five sections present in Altafulla, but that some principles need to be clarified, e.g. is the notion of temporality fully integrated in our various operations? [...]. May be

13. Launched in 1998, the typological study or "programme typology" aimed at providing a yearly detailed description of all the programmes carried out by MSF's five operational centres.

interesting for the international council board to do the same exercise.

2. Second principle – Operationality “all we do should be centred around the field:”

- getting the whole movement back behind operations: shared operationality
- match our growth to our operational capacity
- stick to five operational directions (not necessarily defined by the present five OCs).

Partner section operationality:

Pointed out that not all PSs have the same profile. Need to define criteria for the ‘first wave’ accessing operationality, e.g. fundraising, potential to attract and keep good HR, etc. Should all PSs access operationality at some stage? Should some be redefined as delegate offices? Furthermore, there are several ways to create ‘shared operationality’ within PS, e.g. desk model as introduced by France in the US and Japan, the Belgian model, etc. Also, clear that any operationality in a PS must be linked to one DirOps – no other option. Must also pre-define the consequences of a break-up.

3. Growth

MSF has been subject to organic growth, fed by the needs of the OCs but with little overall management or strategy. Aim is hence to create a Growth Management Plan.

Is the growth we have experienced until now bad? Parts are very positive: there has been an increase in private funds raised, communication has improved – the question is whether this growth is linked to the field. The information we have is incomplete because we presently have little data on ‘output’ i.e. what we achieve in the field. We will be receiving more information through the typology study (should enable us to examine the projects we have, range of projects, size of projects, number of beneficiaries, etc. ...) and through the financial study being finalised by the international finance coordinator. Still, the feeling is that the data gathered so far gives clear enough indications in regard to the diagnoses, i.e.

-> There seems to be an imbalance between the growth experienced in the movement as a whole and our operational capacity.

Point is to examine where growth satisfies us and where it doesn't: has our increase in means increased our emergency capacity? Has it meant faster implementation of decisions regarding quality of treatments? Etc. [...]

Moratorium

The present moratorium is not in fact a policy – it needs to be defined by agreed parameters in order to put a frame around operational involvement:

Re: Operationality: no more than five operational directions within MSF and any modality created for sharing operationality must be under the absolute responsibility of the DirOps at OC level. This link may not be severed unless the PS decides to stop its operationality. Similarly, an OC cannot rescind an operational responsibility they may have taken in a PS.

Re: New sections: need to define exactly why we would do this and what we would expect of them. [...]



There was a very good spirit in the executive committee team. The operations group was also starting to function. We were beginning to think about pooling resources and structuring our vision of the movement. We thought that it was time to make choices but that we could not act individually. We started thinking big: how far could we go with 19 sections, with this growth? How could we stop, if we had to stop? How to share operations, if we wanted to share them?

We spent two days in Altafulla, but we had prepared a lot of documents before. It was an incredible meeting. We worked all day and then in the evening we went to the beach for dinner and talked until five in the morning. This meeting was the origin of several important actions for the future. The partner sections were very worked up about what happened there. The association representatives felt that the focus there of the operational sections' executive directors went well beyond the responsibility of the executive. Indeed, discussions addressed growth-related issues that fall, rather, under the association's responsibility.

Rafael Vilasanjuan, MSF International General Secretary from January 2001 to January 2004 (in French)

On 22 November 2002, the International Council acknowledged its duty to monitor the development of the movement and give guidance to the executive. They voted unanimously in favour of recognising that the growth in MSF offices was out of proportion with that of the field activities.

The International Council board was mandated to review the future expansion of operational units outside of the current operational centres. The International Council president was tasked to create a working group to examine the questions of future governance and growth of the movement, including expansion outside existing structures.



Minutes from the MSF International Council Meeting, 22 November 2002 (in English, edited).

Extract:

(a) Growth/Governance and Operationality

The IC, as a governance body, has the duty to set standards and goals for the movement, to assess the risks the movement is taking and to ensure that we have the means to achieve what we want to achieve. It is on this basis that the IC has to look at the present development of the movement, assess the present situation, and decide on the next steps. [...]

There is a general agreement within MSF today that operationality needs to be at the core of every section – and benefit to the field is the benchmark against which initiatives within sections need to be measured. Two issues were highlighted as needing to be addressed (first):

1) Synergies – we can concretely start by looking at the various duplications that exist between sections. Furthermore, we need to be clear that if certain aspects of OC management are delocalised (HR contract management), this should provoke a parallel decrease of personnel at OC level.
2) Lobbying – organisations, as they mature and grow older, have a tendency to become more lobby-orientated, and we seem to be following the same pattern. Is this on par with our commonly agreed objective for faster, better, increased operational capacity?

The Altafulla paper was then presented, after which the following resolution was drawn up and voted on:
Resolution on growth and operationality

The IC recognises that there has been a growth in offices, which is out of proportion with growth in field activities.

The IC asks the executive to develop a plan for sharing resources and use synergies efficiently between and among operational and partner sections in order to limit undesirable growth within our offices. A first proposal should be presented to the IC board by the end of March 2003.

Further, the IC asks the executive to focus on improving, increasing and enforcing MSF field operational capacity, reactivity, and quality by securing the current operational coherence. Thus, the IC position is that there cannot be more than five operational directorates in the movement.

The IC supports shared responsibility for field activities by having operational units in sections outside the current operational centres, if they are established on agreed common conditions including, but not limited to, that the host [partner] sections have:

- *satisfactory financial basis*
- *sufficient public support*
- *sufficient number of skilled and experienced people to secure a continuity of the operational unit*
- *proper governance structure in place*
- *and that the operational unit is under the direct authority of one of the five operational directorates*

The IC mandates the IC board to review future expansion of operational units outside the current operational centres ensuring that such expansion benefits the field and the movement as a whole, as previously stated by the IC in June 2001.

The IC mandates the IC president to appoint a working group who will look more thoroughly into the questions of future governance and growth of the movement, including expansion outside existing structures. [...]

The resolution was unanimously accepted.

In 2005, the international associative and executive platforms continued to deem the uncontrolled institutional and financial growth were unacceptable. At the same time, they insisted that sharing operationality was the best way to move forward.

The question of developing more potentialities in southern countries like South Africa and Brazil was put on the international agenda by MSF Belgium “not for purposes of growth but for sharing voices with others.”

Once again, it appeared that working on the growth was pointless as long as the goals of growth were not yet defined.



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English, edited).

Extract:

Associative growth and shared operationality: [...]

1. Introduction to the debate (Jean-Marie) [Kindermans, MSF Belgium President]:

MSF has 500 million Euros in income. Outcomes from the joint international council board+ExCom [International Executive Committee] meeting show the executives want to grow more. Do we have the capacity? Why should we grow more? ‘Because of AIDS,’ there is no other possibility than growing. [This] seems to be the only answer.

Internally, a way of growing is to share operationality: all sections want to participate in the operations and this is understandable. The ExCom had decided on three pilot sections for that. But where are we now? For Jean-Marie, shared operationality should mean to respond better to needs and improve quality. But is this realistic with 10 or 15 operational locations, which is what we will tend to do if nothing is done?

At an international level, developing more potentialities in Southern countries shouldn’t be decided for purposes of growth but for sharing voices with others.

2. What is the purpose of the current and future growth: main outcomes of the debate:

Emily [Chan, MSF Hong Kong President] debriefed the IC [international council] on a debate organised at the HK general assembly re growth: the section organises regional recruitment (India, Thailand, Malaysia, etc.). So many people want to join MSF and to have a section in their country (e.g., Malaysia) the feeling in HK is that the organisation still has

the capacity to manage and to support these initiatives. Rowan mentioned the experience MSF Australia has with New Zealand, where the section organises recruitment and has a lot of members. He is not convinced a section is necessarily needed there. In addition, do we need to have a section in all countries where we have members?

Stefan [Krieger, MSF Germany President] reminded that such a debate already took place some years ago with Morten Rostrup (former ICP [international council president]). At that time, shared operationality was seen as a tool to focus and share resources as well as to decrease bureaucracy. It seems the movement is back with the same questions. Re Morten's paper, Albertien [van der Veen, MSF Holland President] strongly feels it needs to be updated to include and address new issues that have come out since then (e.g., multiculturalism). This update is being prepared for the OC Amsterdam.

Is growth bad per se?

Generally, growth per se should not be perceived as bad as long as the organisation has the capacity to steer it and is clear with the reasons leading to growth (e.g. need for human resources). But from an executive perspective, projections show a continued growth and a potential doubling in the coming years. Marine [Buissonnière, General Secretary of MSF International] pointed out that this growth also meant in recent years having 20,000 local staff of whom we know very little. In addition, the fact that it is impossible to say where the growth of the past two years has gone is pretty concerning.

Growth in operations: the quality issue

Are we talking of growth in operations (increase in number of operations or operate more expensive projects) or growth in the quality of the operations? Growth in quality can also lead to decreasing the number of projects if there is bad quality. Joanne [Liu, MSF Canada President] indeed claimed that MSF should be careful with 'more is better' if there is no insight into quality.

Growth in the movement/opening new sections

Jean-Hervé [Bradol, MSF France President] warned on the cost of new sections in particular in the opening phase (pay for their development and invest in their fundraising capacity). To open a new section, one first has to invest a lot before any return on investment. In addition, do we want to continue with the current model, i.e., the partner section automatically 'belongs' to the OC which invested in its development?

Looking at all initiatives mentioned during the international council board+ExCom meeting, Darin [Portnoy, MSF USA President] raised the issue of the rules and standards (delegate office vs. section vs. recruitment office, what definitions?) and the fact that there seems to be little discussion going on at international level on these. There was a reminder that decisions on new sections (including setting up a national association) was an IC responsibility (referring to the moratorium on new sections). Regarding

Brazil (MSF Belgium project to set up a delegate office), MSF Belgium had contacted the IO and ExCom about the rules and the process had therefore been transparent. Stefan added it somehow looked like flag positioning and wondered if this was always done on humanitarian grounds [...]

The associative dimension: giving a voice to the South in MSF Jean-Marie [Kindermans, MSF Belgium president] explained that the objective of a section in South Africa would not be fundraising but a way to give a voice to Africa in MSF and speed up the process to get African representatives in MSF. For Isabelle [Ségui-Bitz, MSF Switzerland President], [she sees] a risk in multiplying new structures and wondered about the benefit and added value for MSF. Indeed, MSF already works with people in the South: shouldn't MSF start taking them into account instead of opening new sections? For Jean-Hervé, with 20,000 local staff, if the voice of the South is not heard in MSF, it is because we miss it.

At the end of the discussion, all agreed it is an IC responsibility to open the debate. [...]

Next steps:

The IC asks the executive working group on governance to provide the IC with feedback on the state of affairs on growth by the end of 2005. In addition, the document developed by Isabelle and Jean-Hervé on internationalisation and local staff of MSF will address the growth from a principle perspective including the impact on quality of the operations.

2. Financial Harmonisation, Framework and Accountability

a. First Steps of the International Financial Commission

The harmonisation of the financial systems across the movement was considered by the International Council in the aftermath of the 1997 MSF International structure's reform.

On 6 November 1998, the International Council discussed several proposals to frame the management of financial resources at an international level, acknowledging that this should be done according to an appropriate ethical framework:

- **Sharing of privately raised funds among operational sections,**
- **Diversification of private fundraising,**
- **Possibility of creating an international fund within MSF to fund emergency actions**

The International Council created an International Council Commission on Financial Independence (ICFI) which was tasked with working on how to share international

financial resources “to promote the overall development of independence and effective humanitarian action for the movement as a whole.”

The International Council also reaffirmed the Chantilly agreement decision regarding the need to stabilise and reduce institutional funds for the entire movement.



Minutes from the International Council of MSF Meeting, 6 November 1998 (in English).

Extract:

Item 8: MSF's Financial Independence [...]

The discussion was framed in the deeply held consensus that MSF's operational and political independence is linked to or hinges on financial independence. How this consensus around the importance and nature of financial independence for MSF translates into funding formulas and ratios among sections and operational centres was debated at length. Resolving these issues was acknowledged as critical to our future, particularly as nation states are increasingly using humanitarian assistance as an 'alibi' for avoiding their political responsibilities, and as their funding for humanitarian aid is becoming increasingly conditional on non-humanitarian political objectives. [...] The relationship between the type of funding sources, growth, and the independent actions of the MSF movement was raised as a key concern.

After discussion, it was agreed that these issues are of importance for, and a responsibility of, the MSF movement as a whole. It was also agreed that as per the Chantilly text, institutional funds should be stabilised and reduced for the entire movement. The sharing of privately raised funds among operational centres was also discussed, as was the need to diversify private fundraising, and pursue other non-institutional private funds in, for example, the private sector. That this should be done according to an appropriate ethical framework was acknowledged. The possibility of creating an international fund within MSF to fund emergency actions was also raised. [...]

After lengthy discussion, the IC [international council] agreed to create a commission with the following mandate: Given the need to maintain and protect MSF's operational and political independence and the clear link between this need and financial independence, the IC mandates a commission to examine in detail, and to make recommendations on the following tasks:

1. To examine and report on what are the best ways to define and understand financial independence. Are ratios (i.e. 80/20, 50/50) the best way to do this, and, if not, what concrete alternatives are possible?
2. To examine and report on the possible means by which privately raised funds can be increased, shared, allocated, and monitored within the MSF movement as a whole as a means of promoting and protecting its financial independence and reducing its dependence on institutional funds.
3. To examine and report on other private fundraising

options for the MSF movement, particularly in the corporate or private sector.

4. To define an appropriate ethical framework for corporate or private sector fundraising.

5. To examine and report on the appropriateness of existing tools for the preferential use of private funds relative to institutional funds within the organisation as a whole, and to formulate recommendations for potential new tools.

The commission is to be made up of four IC members and an independent consultant who is an expert in the issues to be addressed. These members are Tine Dusauchoit [Belgium Board Member], Bart Meijman [MSF Holland President], Philippe Biberson [MSF France President] and Johan von Schreeb [MSF Sweden President]. The executive committee will work with the commission to ensure that these issues are addressed at the appropriate levels within the movement (i.e. finance, fundraising departments). The commission has one year to complete its final report, and is to report quarterly to the RC [restricted committee] and the IC over this one-year period.

On 10 June 2000, the now renamed International Financial Commission (IFC) addressed the challenges facing the MSF movement to assimilate a rate of income growth that moved far ahead of the rate of expenditures, resulting in an accumulation of reserves, due to operations' inability to utilise the collected funds. They also highlighted the growth of the volume of funds transferred within the movement.

The IFC identified an urgent need for more proactive strategies regarding income growth and reserves and proposed to:

- Agree on financial definitions and standards,
- Develop an indicative financial plan for the movement,
- Manage income growth across the movement,
- Manage general reserves for the benefit of the movement.

Building on this proposal, the International Council requested:

- The commitment of all sections to implement the required structural changes in order to ensure the long-term financial governance and transparency of the movement.
- A mechanism for international emergency fundraising that would be put under the responsibility of the International General Secretary.
- The setup of an annual set of financial management accounts for the movement as a whole.
- The setup of an international financial framework for forward financial planning and coordination between sections.

A mechanism for international emergencies fundraising was to be set up.

The position of international financial coordinator was created that would report to the financial director's group.



MSF International Financial Commission **Report**, 31 May 2000 (in English).

Extract:

2.1. General overview: the challenges posed by 'success.'

Many of the challenges currently posed by MSF general finances are arguably the product of its popularity and profile in recent years. Income has been growing healthily across the movement in recent years. As income from private donations and partner sections has increased, MSF's dependence on institutional funds has decreased. As its total income has increased, so also has the volume of funds transferred internally within the movement. However, MSF expenditure has lagged behind income – resulting in a growing accumulation of reserves and cash and liquidity. While not yet a problem for the movement, the accumulation of cash and reserves indicates the problem the movement has in assimilating its current rate of income growth and suggests the need for more proactive strategies regarding income growth and reserves. [...]

2.7. Conclusions: four financial challenges

A number of discrepancies between MSF International's recent past financial performance and its financial forecasts emerge from this analysis – although these 'trend breaches' should be treated with some caution. [...] These discrepancies highlight some pressing financial challenges facing the movement i.e. the need to:

- *Agree on financial definitions and standards.*
 - o So that current inefficiencies and inconsistencies – for example, on the accounting of internal transfers – are rectified.
- *Develop an indicative financial plan for the movement.*
 - o So that the financial plans of MSF sections on key financial indicators – for example, income growth and reserves – are coordinated within an agreed framework.
- *Manage income growth across the movement.*
 - o So that it can plan income growth across the movement in line with its anticipated capacity to absorb the funds and coordinate MSF international fundraising efforts in response to a major emergency.
- *Manage general reserves for the benefit of the movement*
 - o So that it can ensure that the accumulation of reserves remains proportionate to the needs of the movement and meets any standards of public accountability.



Minutes from the MSF International Council Meeting, 10 June 2000 (in English).

Extract:

Major Strategic Reforms

- International Emergency Fundraising mechanism

All GDs [general directors] as a group should take this responsibility and make the decisions, ground rules should be created in order to install decision-making criteria and there should be a strategy with regard 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 with regard 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 example, to expand operationality within the sections. [...]

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 favour, 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 favour, 1 abstention (Japan)



Minutes from the MSF International Executive Committee (ExCom) Meeting, 22 December 2000 (in English).

Extract:

International Financial Coordinator

Following the debate of this proposal in various forums (amongst finance directors and general directors mainly), the need for an international financial coordinator has been unanimously recognised. His/her main duties would consist of:

- Coordinating and managing fundraising dossiers (including gathering information for emergency fundraising).
- Consolidating MSF accounts internationally.

- Supporting and participating in the works of the international finance commission.
- Preparing the Annual Financial Report.

Final responsibility remains at the executive committee level. Final decisions and the dissemination of information, especially in regard to emergency fundraising, would fall under the responsibility of the general secretary.

b. Institutional Funding

In June 2002, after a discussion, based on a paper written by Austen Davis, the General Director of MSF Holland, the general directors of the movement agreed that the decision to accept or not to accept funds from governments remained an individual section's choice. However, they acknowledged this could create contradictions for the international movement.



Minutes from the MSF General Directors (GD18) Meeting, 3 June 2002 (in English, edited).

Extract:

Austen Davis's paper on Institutional Funding

The paper aims to look at the notion of independence in different ways (notion of perceived independence, of accountability, ...). It also considers the arguments (pros and cons) on entirely dismissing institutional funding (IF). Several sections have decided to stop taking money from their governments, e.g. France: in this case no dogma but based on the fact that they can do without it. This does not impede regular discussions with the French government, considering that ECHO [European Community Humanitarian Office] is a very different entity. In the case of Germany, the decision to stop taking German governmental money was based on the bureaucratic burden linked to it – it has had the additional effect of giving an edge to MSF G[ermany] as it makes us one of the few NGOs that does not have a contractual relationship with the German government, and therefore reinforces the public's perception of our independence.

The problem stems from the fact that we are an international movement, and individual 'sectional' choices can therefore create a contradiction when looked at from an international perspective; e.g. France does not take French governmental money, same as Spain, but other OCs will take that same French money. Deciding on collective behaviour could help us avoid such contradictions. Nevertheless, some sections feel that it is their responsibility to green-light or not money coming from their own governments. Admittedly, they have best knowledge of their government's behaviour; on the other hand, they (PS sections in this particular case) may not be able to include operational needs into their decision-making process. Therefore, it was decided that:

In case of 'CNN' emergencies [publicised emergencies], with

reference to accepting, or not, governmental funds from a PS government, the PS is to submit good evidence to the ExCom and let them take a decision rather than decide such a thing unilaterally. Should be read as a sign of their commitment to the international decision-making processes. This decision implies that PS should always be consulted if any section wants to approach that particular PS government for funds. A discussion was also held on the 'good' or 'bad' nature of money coming from governments. One argument was that some governments do behave well and not all their money 'stinks,' furthermore they play a role in preserving humanitarianism. The counter-argument stated that the issue is not one of 'good' or 'bad' governmental money but focuses rather on the intrinsic nature of governments – they have a different role/responsibilities from ours, are not humanitarian, and never can be.

Refusing all governmental funds helps us avoid having to make (difficult) judgement calls on them. Nevertheless, 'good' or 'bad' can be applied in two cases, namely: war (belligerent country) and specific diseases (unacceptable policies in regards to them). Others stated that this debate was too ideological in comparison to our daily reality – the main point is finding the best funding policy that grants us the most freedom, and IF [institutional funds] give us some freedom in allowing us to not be entirely dependent on Private Funding (which can be fickle).

No agreement to change the IF ratio as agreed upon in Chantilly, even if this ratio has been reached for some of the movement.

c. International Combined Accounts

The production of MSF combined accounts, a first key step in building up an international financial framework, was a challenging process that lasted several years, particularly due to the difficulties to get reliable data. It created a momentum for the setup of an international financial architecture and a policy of reserve.

On 14 November 2005, the GD19, the International Council board, and the International Council were informed that, for the first time in MSF history, audited international accounts (for 2004) were available that showed MSF transparency and accountability towards donors.

Though having no means to verify the reliability of the combined accounts process, the International Council President and the International Council Treasurer – a newly created position – signed these accounts and certified they were consistent with the MSF standards.



Minutes from the MSF International Council Board Meeting, 17 April 2004 (in English, edited).

Extract:

Finance

1. Implications of the International Combined Accounts

Rémi Obert (IFC) and Bruce Mahin presented the implications of the international combined accounts and raised the main issue related to this project: is it just an accounting tool or more than this? Publication of approved international accounts will have consequences that should be taken into account. Indeed, accounts are just a measure of means and therefore not an efficient tool to know whether objectives have been reached. A joint operational and financial analysis is therefore needed.

After a short introduction on the process and levels of responsibilities involved in the national and combined accounts approval, Rémi and Bruce presented the different consequences and problems encountered:

1. Internally:

- Re common financial language: a common goal for transparency should be translated into action and international policies should be defined.
- Re Monitoring: international policies should be implemented and followed up. Moreover, joint analyses/assessments will be needed.

Setting up this process took quite a lot of energy and, for the time being, the only information that can really be analysed is related to money spent on staff or medical items or countries. But the precise activities or type of projects are not extractable for want of a sustainable typology for common projects: consensus was reached on financial aspects and on country typology, but not on a grid that categorises our operations. This could be of interest and could therefore be looked into. As part of the monitoring: forecasts (what are our financial needs and what money will need to be raised in the coming years?). Combined accounts should allow the projection of funding needed from private vs. institutional donors as well as reserves, and should also allow decisions as to who raises funds and where to allocate resources.

- Certification: should increase the credibility of our organisation and allow us to adapt what we have to what we need.

2. Externally:

- Combined accounts will increase MSF credibility and may also increase MSF attractiveness to big donors. But to reach this level of credibility, MSF standards and requirements have to be met.
- Accountability/transparency: national accounts do not give the true picture of what we do. Bruce and Rémi propose as a policy that national figures are no longer given without the international figures. This also relates to the social mission ratio (also incorrectly called 'efficient ratio'). [...]

Next steps: [...]

- Accountability/transparency (national figures to be quoted alongside latest international ones): international council board members to get back to their executive. [...]

International combined accounts have to be signed off at

IC level (International Council board treasurer and ICP). In practical terms, this signature means that accounts are correct and adhere to international standards, and that the person signing certifies that all sections have given a true picture (credibility).



Minutes from the MSF General Directors (GD19) Meeting, 14 November 2005 (in English).

Extract:

International Combined Accounts 2004 [...]

For the first time in MSF history, the international combined accounts for 2004 were audited and certified on the basis of MSF's own standards, which complies with most international standards. Because these combined accounts were a first in the world of NGOs, some of the international standards were not applicable to a non-profit organisation and others had to be created. These accounts show MSF's transparency and accountability toward donors. The president of the international council and the treasurer will sign a letter committing to the accounts and stating that they correlate with MSF's standards. However, due to the current financial structure of the movement, they do not have the means to verify that the combined account process is reliable. This letter will act as a waiver for the auditing firm, it is not legally bounding.

The auditors of the combined accounts noted that the numbers for local staff are unreliable, as exact data are not available. Some general directors expressed concern about the ratios between local staff and expatriates. Indeed, the number of local staff on the field is approximately 10 times higher than expatriates, while the spending for local staff is comparable to the spending for expatriates [in gross terms]. More systematic documentation is needed about who are the local staff, what they do, and what is their potential.



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English).

Extract:

Resolutions on the 2004 audited international combined accounts:

The IC approves the international combined accounts presented for 2004.

Unanimous [...]

Re accountability: Marine pointed out the fact that all IC members are responsible and accountable for what others do -> IC should be sure they have the proper tools to make this accountability effective [...]

In addition, the IC requests that the International Financial Commission work on a proposal for an International Reserve Policy to be presented at the June 2006 IC meeting.

Unanimous




We were thinking about how to give ourselves common tools at the international level. This was the very beginning of the international consolidated accounts.

The idea was that the future of this mutual accounting system would require the sharing of information. It was therefore necessary to provide ourselves with financial tools that would allow us to compare at least what the sections were doing financially, or even more. It was Rémi Obert, the first International Financial Coordinator, who began to formalise it.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)

d. International Emergency Fundraising Mechanism

In the wake of the tsunami that struck several countries surrounding the Indian Ocean on 26 December 2004, every MSF fund raising department received a huge amount of donations. However, most of the victims lost their lives. Thus, there was not a great need to implement medical activities and MSF operational sections were not expected to be able to spend all of the raised funds.

On 31st December 2004 several partner sections stopped soliciting funds for the tsunami victims. The media did not react. Then, in the first week of January 2005, several operational sections publicly announced they were stopping collection of funds for the tsunami crisis because the need for relief was not as massive as expected. This positioning initiated a public controversy in Europe where other NGOs, still fundraising, were embarrassed by MSF's actions and statements. 

In the following weeks, there was a series of discussions and tensions within the MSF movement, both in the executive and the associative, about how to use the surplus of earmarked tsunami funds: Could they be used to finance administrative costs for fundraising? Could they be put into reserves? etc. The issue was mainly ethical since for most sections, there was no legal barrier to using earmarked money for another purpose other than relief for the tsunami victims.

Eventually, MSF fundraising departments asked their donors to derestrict their donation, allowing MSF to use these funds for other emergencies. Most of them accepted.



Minutes from the International Executive Committee Meeting, 6 January 2005 (in English).

Extract:

Short briefing from Rémi Obert on the FR [fundraising] situation:

1. Euros 68 million as of 06 Jan 2005. But all mails are not yet opened -> still a lot is expected to come [...]
2. Analysis needed re use of earmarked funds: some sections can use a percentage to cover FR costs -> is it something we can do? -> to be discussed at next ExCom face-to-face meeting (17 Jan 2005)
3. Operational budget: [...]
Total operational budget known as of today: 17.5M€ [...]
4. Overview of constraints re earmarking: very few sections for which there is legal restriction. In most cases, therefore, it is an ethical issue. Our ethical standards are high -> only solution = to have a common ethical decision?



Minutes from the MSF International Council Meeting, 26 February 2005 (in English, edited).

Extract:

b) Tsunami update

- Communication on the cessation of fundraising played well in US and United Kingdom, providing an opportunity to start a dialogue on such issues. It was more difficult in France and Belgium, however the message did get through.
- MSF B[elgium] is having a meeting with donors before the next AGM.
- MSF F[rance] has approached the 'cour des comptes' [court of auditors] to start a discussion on the issue.
- Financial reporting and narrative will be led by the international office with IFC and DirOps.

Comments made:

- We have to be careful with the use of money: when you have too much, it still gets spent [...] have we been caught out by that? Potential risks in behaviour in other missions induced by money-spending in this field.
- How far should we be donor-driven? How far out of our core actions should we go to spend donors' money?
- Governance: for institutional reasons, five OCs felt they had to be in Aceh, had to be on the ground: what will it mean if there are 10 OCs? This should be looked at as part of the governance discussion.

Critical review of operations coordination being discussed (DirOps – international council board encourages that process, and will follow closely).

In June 2005, the International Council endorsed a series of decisions taken by the group of nineteen general directors (GD19):

- Non-earmarked funds to be used for Southeast Asia operations and for "emergencies and other forgotten

crisis” and partner sections to put these funds at the disposal of all operational centres.

- **Operational sections to commit to spend collected funds within two years.**
- **International Office and International Finance Coordinator to collect and coordinate flow of information regarding these processes.**

The international executive committee (ExCom) was to set up a three-year expenditure plan for all funds related to the tsunami. The plan was based on a multilateral decision within the MSF international movement about the distribution of funds. It would include a detailed tracking mechanism of these funds and aimed to reduce public institutional funds.

As a result of this exception policy, all the Tsunami earmarked funds were spent, as planned within two years.



Minutes from the MSF general directors (GD18) meeting, 14 March 2005 (in English).

Extract:

Decision and further steps:

- All sections agree to spend the unearmarked funds for continuing South East Asia operations and for ‘emergency and other forgotten crises.’ The definition of an emergency stays at the discretion of each operational section (such a definition of use with a common purpose, even though broad, should make tracking of funds easier).
- Operational sections commit to spending funds within two years.
- The international office will be responsible for collecting information from the MSF movement on tsunami expenditures and collate them. Sections are to ensure that they can properly track tsunami-related funds and inform Rémi Obert of spending to keep accountability and transparency a reality.

Partner sections are committed to making their unearmarked funds available to operational sections in need. Unearmarked funds from the tsunami are considered as being outside of the usual group logic. This specifically implies that MSF Swi[tzerland] and MSF Sp[ain] will have access to unearmarked funds.



Minutes from the MSF International Council Meeting, 24-26 June 2005 (in English).

Extract:

IC resolution on tsunami funds

The IC recognises and supports the swift decision-making by the general directors to halt accepting tsunami-restricted funds once the massive donor response far exceeded MSF operational assessments.

The IC is committed to ensuring that all funds raised as a result of the December 2004 tsunami will be spent on

emergencies/forgotten crises and will not have the effect of increasing reserves at the end of a three-year period.

The IC requests the ExCom [International Executive Committee] within a three-month period (from 26 June 2005) to establish a detailed plan for all funds related to the tsunami.

This plan should:

1. Be based on a three-year time frame
2. Include a detailed tracking mechanism
3. Aim at the reduction of public institutional funds
4. Be based on a multilateral decision within the MSF international movement on the distribution of funds

Unanimous

In June 2005, the International Council acknowledged that the management of the international fundraising during the tsunami crisis had uncovered underlying problems regarding financial flows in the movement.

Indeed, a partner section allocated funds to an operational centre they were linked to by a primary partnership. Then each partner section was free to decide by themselves to which other operational centre they would give their surplus, via a secondary partnership.

The result was an unbalanced repartition of funds within the five operational centres. Those with less or no partner sections, such as MSF Switzerland or MSF Spain were disadvantaged, with no guarantee they would eventually be funded through any secondary partnership.

The International Finance Commission’s work on setting up an international financial architecture was expected to address this issue by facilitating the financial planning and coordination at international level.

In November 2005, the International Council discussed the need to set up a different emergency fundraising policy for small partner sections. Indeed, collecting earmarked funds for specific emergency crisis remained for them a good opportunity to enlarge their donor database. However, MSF was increasingly perceived as one single entity, some pointed out that it might be difficult to manage divergent policies in different countries.



Minutes from the MSF International Council Meeting, 24-26 June 2005 (in English).

Extract:

Rowan then emphasised on the fact that the EFRM [Emergency Fundraising Mechanism] put in place further to the tsunami emergency crystallised the problems encountered with the flow of money within the movement.



Minutes from the MSF General Directors (GD19) Meeting, 14 November 2005 (in English).

Extract:

- International Financial Commission (IFC)

[...] The international financial commission was mandated in June 2005 by the GD19 and the IC to set up an international financial architecture to facilitate planning and coordination between sections.

[...] The typology from the directors of operations is an important element required to analyse the current financial architecture of the movement. It will give an overall picture of MSF's programmes and will allow matching operations with the budget. The typology should be ready in the coming months. In addition to the typology, it is important to have accurate medical data to clearly identify who are the beneficiaries and what illness is being treated.

[...] The general directors want a better tracking system for money transferred between sections. [...] Additionally, they want a clear policy between partner sections and operational centres in case of exceeding reserves. Finally, the GD19 asked for tools to analyse and regulate growth.



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English, edited).

Extract:

- Proactive earmarked fundraising [...]

Although recognising the overall need for MSF to move toward unearmarked fundraising, partner sections with a small donor base have a different perspective. They can use big emergency situations with high media coverage as an easy and low-cost method to increase their database. Indeed, some sections are struggling to establish an image and credibility within their society. It is costly for these sections to do a fundraising campaign through mailings and to collect new addresses of potential donors. Big emergencies are a good opportunity to be visible and collect data at low cost. Additionally, the earmarked funds raised by small partner sections are most likely to be a small percentage of MSF's operations cost and could easily be absorbed by an operational centre. If the movement allows flexibility within the general fundraising direction, small partner sections will become more visible and increase their donor base. Once established, these sections will be able to join the general policy of the movement.

Some general directors expressed strong reservations at having a different policy for small partner sections. They believed that all sections should respect similar fundraising criteria. Indeed, if some exceptions are granted, more will be requested, and the policy will be useless. Besides, as MSF is increasingly perceived as one entity, it may be difficult to manage diverging policies in neighbouring countries and explain it to home societies and donors.

3. Harmonisation of Compensation and Benefits (IRP)

At the end of the 1990s, the partner sections were recruiting more and more international staff. They addressed the need to harmonize the compensation and social benefits allocated by the various operational centres. Indeed, the operational centres engaged in a competition that favoured the orientation of international staff towards the centres offering the most attractive salaries and social benefits to the detriment of those with fewer resources.

In November 1999, the International Council set up a commission to support the human resources departments by establishing a set of principles to prevent internal competition in recruitment between sections.



Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:

Morton Rostrup [MSF International Council Vice-President] presented a brief overview of issues relevant to the question of "volunteerism versus professionalism". He noted:

- that motivation or intent is the key issue. The professional has a set of recognised and technical and process skills that may or may not be delivered to a person in need. The volunteer willingly and without regard for reward or financial gain, responds to the need of the other, and in so doing, can bring professional skills to bear. The motivation of the volunteer is not financial compensation.
- that the MSF Charter and Chantilly principles emphasise the medical and the humanitarian act, volunteerism, civil society, and populations in danger.
- that within MSF what we define as a volunteer is compensated for her expenses, while the benevol [unpaid volunteers] is not.
- that a number of contrasts or contradictions exist within MSF. These include
 - "*volunteer versus expatriate*" - are we "with" a population in need, or present but external in identity to them?
 - "*Indemnity versus salary*" - are we compensated for expenses or do we seek financial benefit or gain from our acts?
 - "*fresh blood versus professional*" - are these incompatible?
 - "*Proximity versus co-ordination*" - can we be with a population in danger, or do we simply now co-ordinate delivery of humanitarian action?
 - "*Field versus headquarters*" - What is the difference, and what is the reason for this? Is the ratio of 2:1 the right ratio?
 - "*Goodwill versus Quality*" - is goodwill enough, or do we have an obligation to ensure high quality?
 - "*MSF versus ICRC, UN, other NGOs*" - is there a difference in the volunteer versus the professional? [...]

The HRM departments are working to establish the above described strategies, and have initiated a study on an “International Indemnity Policy”. They ask the IC to:

- 1) establish a set of principles that give priority to volunteerism over professionalism and careerism within the MSF movement.
- 2) establish a set of principles that will prevent internal competition among MSF sections for human resources.
- 3) address the issue of “Salary versus Indemnity” or “Equity versus Equality” for the MSF Movement.

With this in mind, a commission was formed to address these three issues.



At the end of the 1990s, each operational centre had defined a “package” of social benefits and a remuneration of 400 or 500 euros for all expatriate volunteers. But this allowance, once transferred to certain countries, was of little value and the expatriates concerned were almost in the position of unpaid volunteers. In the Human Resources Department of MSF USA we shared our experiences with our counterparts from MSF Canada, MSF Germany and MSF United Kingdom. There were difficulties related to the weakness or even absence of medical coverage for expatriates in the event of a serious health incident, which lasts for a long time or occurs between two missions, a period during which there was no adequate social security coverage. The partner sections therefore began to push for a review of this system, which was not working.

Anne-Louise Jacquemin, MSF USA, Field Human Resource Director from 1997 to 2004 (in French)

In November 2003, the International Council approved the principles of the International Remuneration Project (IRP) proposed by the Executive. As a starting point, the executive’s proposal, based on the principle of equity, provides for a package of social benefits, the harmonisation of compensation and the decentralisation of contracts.

In the following years, HR Directors worked on a final proposal. The IRP started to be implemented in 2006.



Minutes from MSF International Council Meeting, 21-23 November 2003 (in English).

Extract:

IC Resolution

The International Council supports the proposal for the remuneration of its 1st year volunteers presented by the Executive. In particular, it recognizes the following principles underlying this proposal:

- harmonisation of remuneration across sections as a contributing factor for the retention of volunteers

- equity as a starting point for harmonization
- the concept of indemnity as opposed to salary
- MSF as a socially responsible employer
- decentralised management of the contracts of the volunteers in all sections

The IC encourages the executive to further develop this proposal in the light of recent discussions and decisions on the management of MSF growth.

Unanimously approved



Minutes from the MSF Executive Committee Meeting, 23 October 2006 (in English).

Extract:

3. International Remuneration Project (IRP) [...]

The year 2006 was the implementation year for the International Remuneration Project (IRP). As of December 2006, the 3 main pillars of the IRP, namely the decentralisation of contracts (D), the international field salary grid (S.H.), and the expatriates’ international insurance package (AON), will be implemented [...]

As of mid-February 2007, the IRP phase 1 will be completed. The proposition is that a Human Resources Coordinator be recruited at the international level for a minimum of 6 months to prepare the work for secondary benefits, insure the IRP maintenance, and explore needs to look at other international human resources topics.

B. ASSOCIATIVE GOVERNANCE

1. Evolution of International Platforms and Positions

Considering the growing interdependence between the movement’s sections and levels of growth, governance needed to be reorganised and improved to revise decision-making processes for the various associative, executive, national, and international bodies.

a. International Council (IC) and International Council Board (ICB)

According to the statutes, the International Council (IC) was the general assembly of the International Office, to which all MSF sections were members. The IC was

composed of the presidents of all associations and the International Restricted Council (IRC) was its board, composed of the presidents of the five operational sections and the International Council President. In this manner, the operational centre presidents maintained ultimate control of the order of things because they served both as the board of the IC and the general assembly members of the IC.

Each association had a seat and an equal vote at the International Council. Therefore, the majority of votes belonged to the 13 non-operational associations. The non-operational association presidents were volunteers, and as such, were sometimes less available for IC meetings than their operational section association presidents, of which, some were salaried. Partner section presidents were often replaced by a member of their respective executives, which weakened the associative.

More generally, the lack of information on the daily realities of the movement limited the ability of many associative international platform members to make well-documented decisions.

In June 1999, the International Council reiterated that in its meetings, the presidents could be replaced only in exceptional circumstances and only by another member of the board. To be more inclusive, the International Council decided in November 2000, that its board, the international restricted committee, renamed International Council Board (ICB) would be composed of the International Council president, the presidents of the five operational sections, for their operational legitimacy and two presidents representing partner sections' interests.

The ICB would act as a working board to prepare main decisions to be discussed and endorsed by the International Council during its bi-annual meetings.

In addition, to facilitate the relations between the executive and the associative the group of 18 general directors (GD 18)¹⁴ and the International Council would meet once a year. Two general directors from the International Executive Committee would attend the other biannual International Council meeting.



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

Extract:

Item 10: Representation at the IC

Further to discussions regarding the participation at the IC meeting, it is reiterated that boards can only delegate an

alternate board representative other than the president of the section board in exceptional circumstances. An explanation on these circumstances should be submitted to the international council president, and the final decision is at the discretion of the international council president.



Minutes from the MSF International Council meeting, 24 November 2000 (in English, edited).

Extract:

- There is a need to simplify and systemise executive meetings across the movement; because of the present size of the movement, it is becoming very difficult and cumbersome for all to be involved at all levels and at all time, the RC [restricted committee] should therefore become the working board of the IC. [...]
- There is a problem with regard to the effectiveness of IC decisions. It was commented that any decisions not backed by the general directors was in fact non-existent. How can this be addressed? In the past (i.e. for the first six years of the IC), both presidents and general directors would attend the IC together. It was decided to stop this and separate the GD bodies from the presidents' meetings, leading to a certain amount of confusion in the tasks assigned to each. The debate centred around the fact that some members of the IC felt a distinct lack of competence in certain areas due to their lack of information on the daily realities of the movement. Other members of the IC argued that this made them very representative of the average movement member. A third argument was put forward, highlighting the very distinct functions of the IC meetings as opposed to the general directors' meetings, namely that the IC is a forum for debate on the principles and values that drive the movement, whereas the general directors deal with 'executive' decisions linked to the daily running of the movement. The fact that the IC took some resolutions that might be called 'executive' over the past two years, and hence possibly beyond its area of competence as described above, may help explain the fact that these rarely carried any authority. This third argument was generally agreed with but

[...] It was felt that there needs to be a strong sense of legitimacy at the board level, i.e. that people sitting on it be experienced, informed and credible within the movement. It was suggested that it be composed of the five operational centres because of their operational legitimacy, as well as two partner sections whose legitimacy stems from their roles as representatives of the partner sections' interests.

A motion was proposed:

Motion: 'The Board of this general assembly will be made up of the ICP, the five presidents of the operational sections and two presidents coming from partner sections'

Outcome: Unanimously accepted [...]

Agreement:

It is agreed that the principle of an interface between the

14. GD18 became GD19 after MSF Greece reintegration in the movement in June 2005

GD18 meeting and the IC is a good one and should take place once a year, in the autumn; two general directors from the EC should be present at the other biannual IC meeting, in early summer.



Minutes from the Joint Executive Committee and International Council Board Meeting, 23 March 2001 (in English).

Extract:

Relationship between the Executive Committee and the IC & International Council Board

[...] The statutes of the IC leave the IC relatively little power and the question that Morten would like to be put to the executive committee is to find out what they believe the IC mandate is. The IC often feels that the debates or decisions it takes never go past the IC itself. Also, it seems that whenever the executive committee asks for a decision from the IC, the decision tends to take place and be respected, but whenever it is an IC initiative it tends to fail.

Rafa stressed the importance of issues being discussed or decided upon in the correct forums. It is a bottom-up process, technical issues are debated in smaller, more specialised forums and as the issue gets more political it goes up – matters of debate generally end up in the executive committee. Using the example of increased cooperation between PSs and OSs, the IC would set the vision, the model, and the executive would be dealing with the concrete issues of how to share finances, human resources, etc. The executive committee coordinates the executive part of the movement. But this means that we need proper information at both IC and executive level, hence the idea of an action plan with a chronogram.

Several comments were made:

1/ Presidents within the IC have different statuses [...] So different levels of information also. The presidents also have varying perceptions of their role. Furthermore, they seem to work on the assumption that the executive committee is the management team and therefore tend to flood it with requests, and do little follow-up.

2/ Issue of the IC's legitimacy regarding certain decisions that they have taken What are the issues the executive committee feels the IC should address? An example was given with the brand name issue. The IC's role should have been to decide to have a brand name, and to justify why this was needed. Their role was not to define what the brand name should be, or how it should be implemented, this should be up to the technical people. [...]

3/ Maybe certain issues should be figured out about a year in advance to leave room for discussion and feedback from the boards throughout the year, leading to more fruitful debates at the IC level, and possibly more informed decisions. A certain amount of frustration is also linked to the fact that some issues seem to come up again and again, and that even though some good debates are being held, they seem to fail in moving forward.

4/ A point was raised regarding the fact that the IC may not

be taking concrete decisions but it gives strong impulses that are very valuable; e.g. there is ongoing work being done in regard to HR following the IC's decision to address this issue, and the same is happening with the international finance commission. Furthermore, the IC is not powerless, if it agrees on a certain line and the decision fails to be implemented, the individual presidents can all go to their national boards and do the follow-up from there. One of the problems seems to be that so far the 'international' has not been a priority for the presidents, whereas international commitments made by the presidents should become a priority for them once back in their boards. Also, many issues need to be addressed at the IC level, e.g. the Access Campaign, some decisions or choices that have to be made have a direct impact on the MSF identity and therefore need to be addressed at the IC level. The orientation MSF takes in the future is an IC responsibility, the IC is the 'keeper' of the movement. Proper debates at the IC level give orientation that the executive committee then implements.

5/ An information issue was raised – there is a need to improve the bottom-up efficiency, to increase the operational awareness of the IC, the closer collaboration between the president of the IC and the secretary general can help improve that situation. Furthermore, there is a need to better inform the IC on what goes on at the executive committee/ International meetings level. With regard to the legitimacy of the IC, it exists by virtue of the fact that all presidents are elected by their national board (or in some cases general assembly). It could be further reinforced by improving the follow-up on decisions taken in that forum.

In November 2003, the dual accountability of the association presidents to both their national association and the international movement was still creating dilemmas and tensions between national boards and the International Council. The general directors' dual accountability to their national board and the International Council executive committee notably generated conflicts of interest.

The legitimacy of the International Council as a decision-making body to raise and enforce policies was reasserted as being the expression of the common will. Some insisted that in order to avoid becoming a "social club," the IC should have clear responsibilities and mandates.

In February 2004, a working group was set up to establish rules to organise the decision-making process and the accountability in the movement structure.



Minutes from the MSF International Council Meeting, 21-23 November 2003 (in English).

Extract:

Morten Rostrup [International Council President]

[...]

Since 1997

Changes this body should enforce [the IC]: growing interdependence between the sections (increase in the number of international projects [and] reflections on the existence of a common will) reinforces the need to have a strong IC that can/has the power/legitimacy to raise/enforce policies (e.g. malaria, TB, HIV, etc...). [...]

Finally, the roles and responsibilities of the IC are quite clear, they are defined by the resolutions of the extended international council of 1997, by our statutes, and by our practices over the years. The IC is a clear decision-making body whose legitimacy needs to be increased. We must acknowledge the dual authority system and members must understand that being part of an international movement/forum naturally implies that some national power is transferred to the international movement/forums. [...]

Re: Role of the national association

- The association is part of our legitimacy. It is the national board's responsibility to explain the allocation of resources to its general assembly. It is a very important responsibility and one that is not equivalent to that of a member of the IC. We have an accountability to our association and as such, the decision-making process of IC decisions should have more involvement from the boards in the preparation of these decisions. Decisions taken at the IC should take into account that we represent many other people. [...]

Re: Accountability

- Presidents are accountable to their association but also to the international movement, which is the expression of the common will. If there is no notion of taking collective decisions, then what would be the point of the IC? As someone else commented, "the IC is not a social club" – see Re: role below.
- The key element is the extent to which we are ready to support the common will/or we accept dissent, e.g. Iraq and peace marches – the impetus to go on these marches came from the associative – this does not make it right and the IC took a position on this.

Re: The role of the IC [...]

- The IC plays a role of checks and balances; it is also a forum for debate and decision-making. One of the issues this raises is that of decision-ownership by the association – this needs to be considered and built.

Re: Enforcement capacity/legitimacy of IC decisions [...]

- MSF Holland commented that the IC needed to improve its accountability and credibility – it also commented that members of their association would give up on the IC if forced to follow an IC decision or if dissent is not taken into account. The IC should leave a little room for the sections to decide what they want to do themselves, e.g. international innovative projects could be joined on a voluntary basis.
- The voting pattern over the past three years goes against

the idea that the IC may force people to do things against their will. The crucial aspect of IC decisions is that the undertakings adopted be respected. Prior to 1997 this was rarely the case. The resolutions that have come out over the past years are coherent, trigger actions – this also indicates that the statutes are not the problem.

- One of the problems of the present IC is that, as a group, it is not very homogenous (two full-time MSF (about a fifth), others purely volunteers). A comment was made that, in order to have the level of engagement needed, a greater time commitment and possible remuneration should be envisaged. Furthermore, there is not enough exchange of information before the meetings. [...]
- One of the very legitimate aspects of the IC is its medical make-up – it is one of the very few international medical forums in MSF.
- The IC will be faced with decisions it needs to take and in order to do so we need a minimum set of rules: the framework needs to be clear, we're too big to function by picking and choosing. And no credibility can be gained through such an à la carte system.



Minutes from the MSF International Council Board Meeting, 7 February 2004 (in English).

Extract:

IV. Working group on Internal Rules

Points made

- LL [Lisette Luykx, MSF Holland President]: [...] Need to clarify how the movement is governed, explain to the association the role of the IC [International Council]. To what extent does the IC decide/oblige a section to participate in certain projects? This is not clear.
- JHB [Jean-Hervé Bradol, MSF France President]: We now have only two ways to deal with decision-making. Either consensus, or two-thirds binding majority. MSF H[olland] concerns are very valid. If we keep the two-thirds binding majority rule for a number of fundamental issues for MSF, we have no process to deal with issues such as DNDI [Drugs for Neglected Diseases Initiative]. Do we need another type of mechanism for 'routine' projects? In any case, such a mechanism should encourage international projects (incentivise) but should not be so binding as to discourage minority opinions.
- LS [Leslie Shanks, MSF Canada President]: If the IC is going to look into international projects, we need to be careful as the IC [should] look into the identity issue, not to become another executive body and take on the role of the ExCom.

The terms of reference should include the 2003 IC resolution as a preamble, and address the following:

- clarify statutes that are potentially contradictory
- clarify what decisions fall under the responsibility of the IC
- clarify which topics require certain mandates and what decisions are binding
- clarify the position of dissenters in different situations
- review previous IC resolutions that were made on such issues.

It was made clear that the current statutes have been reaffirmed. [...]

VIII. International council board [....]

A brief discussion was had where the basic eight points mentioned in Morten's paper were felt to be a good starting point to define the role of the international council board. The major point being the International Council board acting as an informed counterpoint for the ExCom. An additional point was raised related to helping develop the vision for MSF.

b. International Council President (ICP)

In June 2000, the MSF International Council decided that their president should be chosen among its members. Should there be no suitable candidate, a search would be made outside of the International Council.

Morten Røstrup, President of MSF Norway and Vice President of the International Council was elected International Council President and took up his duties in December 2000.

He announced he would focus on facilitating the process of structural adjustment of the movement. He would also reduce the International Council President's representation duties, which had increased during and since the Nobel Peace Prize (1999) time.

He planned to stress the value of our medical acts, proximity to populations, the associated impacts on testimony/advocacy, shared operationality, human resources, and emergency responsiveness. In November 2002, he resigned from his position as MSF Norway President to dedicate more time to his International Council Presidential activities.



Minutes from the MSF International Council Meeting, 10 June 2000 (in English).

Extract:

Item 5: ICP Extension and Election

Discussions centred 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 favour, 1 against (MSF B[elgium]), 1 abstention (MSF I[taly])

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 six months before the expiration of the current ICP's mandate.

Proposed by Michael Schull, seconded by Eric Vreede

Outcome: Unanimously accepted

It was also agreed that the vice-president should be nominated with a view to standing 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) penalised a lot of potentially suitable candidates who did not fulfil these national conditions. This was rejected as premature at this time. The discussion then turned to the election of the new president. 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 uses his colleagues and vice-president whenever he so wished. [...]

Motion 5: Appointment of Morten Røstrup as the next ICP, as of 11 December 2000.

Outcome: Unanimously elected (less Morten Røstrup).



Minutes from the MSF International Council Meeting, 24 November 2000 (in English).

Extract:

Item 2: Goals for Morten Røstrup's term as ICP for 2000-2002

Morten Røstrup then took the floor and presented his vision and thoughts as the new president of the IC. [...] Drawing on these years of MSF experience, he presented a certain number of issues that he felt needed to be addressed. These issues are: lack of coherence between missions located within the same environment, the problem of access to people, the debate on quality versus quantity, the fact that in certain areas we have ended up running health systems (is this our role?), the problem of over-response as he feels was the case in Kosovo, which in turn raises the problem of earmarked funds, and the operational dependence that this triggers. The movement also faces structural challenges: partner sections are growing, changing the nature of the operational section's relationship with them – how can we share operationality with them? There is also a lack of international missions, how can this be addressed? He further concluded that according to his previous experience one cannot force structures upon MSF. What seems to be happening is that changes in attitude and mentality are followed up by behavioural changes leading to structural adjustment. An important task for the ICP will be to facilitate this process.

Personally, he will try to focus more on internal issues as opposed to external ones. The Nobel Peace Prize meant

that there was a strong demand for our presence on the international conference scene, but this should become less of a priority a year down the line. The 'external' issues that remain important are the field-based actions/témoignage and the relationship toward main actors in the humanitarian field. Internally, he would like to launch more debates, and also concentrate on intersectional relations, especially at board level. [...] He feels the following issues should also be addressed: the decrease in the number of doctors within the association, he would like to keep and enforce the medical focus and stress the value of the medical act; proximity and its impact on témoignage; shared operationality; human resources and emergency responsiveness. Finally, he would like input from the IC on the issues they feel he may want to tackle. [...] A discussion followed these presentations. Comments were made on the nature of the president's job. There had been a debate at the time of James Orbinski's election in regard to its 'representative' nature. Should one person, i.e. the president, be the representative of the whole movement? At the time there were very strong divergences. The Nobel Peace Prize concretely answered that question as it became necessary to have one person as a focus for the exterior. Morten Rostrup's objectives for his term should slow that aspect down and bring the job description to what it was two years ago.



Minutes from the MSF International Council Meeting, 22 November 2002 (in English).

Extract:

I. IC [International Council] Issues

[...] The IC agreed to Morten Rostrup's resignation as President of MSF Norway in order to enable him to focus exclusively on his mandate as President of MSF's international council. The international council will therefore welcome a new representative of MSF Norway at the next IC meeting.

In 2003, the election of a new International Council president was an opportunity to re-discuss the balance between the International Council president's institutional and operational (field visits and operational issues) tasks.

In November 2003, Rowan Gillies, the President of MSF Australia was officially elected and took over the position from Morton Rostrup, as International Council President in Early 2004.



Minutes from the MSF International Council Board Meeting, 4 October 2003 (in English).

Extract:

A discussion followed on the role of the IC [international council] president. Some felt that events during his term

had meant that most of his focus had to be based on the external. Several comments were made:

- The IC it was felt, gains credibility by having a president who is involved in the daily realities of MSF, i.e. a president who goes to the field and is proactive on moving issues forward, internally and externally.
- One comment summarised demands on the secretary general and the president on the three following points: they should be reactive to operations (and emergencies), create drive and pressure with regard to our medical agenda and work on our public positioning.
- We are action- and operations-orientated and their focus should be a reflection of this.
- Nevertheless, this reinforces the need to ensure continuity of the IC issues – what happens when the president is in the field? Who takes over? What is the role of the vice-presidents? Should there be only one or two as it now stands? This should be reflected on in the governance debate.
- Issues being discussed at national board level are rarely brought into this forum and this should also be addressed.
- There should be a balance between the ICP's institutional tasks and his 'operational' tasks (some mentioned a ratio of one-third v. two-thirds).



Minutes from the MSF International Council Meeting, 21-23 November 2003 (in English).

Extract:

The new ICP [International Council President]

Following the outcome of the elections, Rowan Gillies was officially declared to be the next IC President by the general assembly of the international council.



Morten had assigned the international association platforms a role that gave the international a lot of strength – that is, taking a critical look at how programmes were developed and carried out. This critical approach was based on field visits conducted by members of the International Board and the president, and also via reporting by the various presidents on their association's implementation of international council resolutions. Obviously, this provided the international council and the president a basis that wasn't purely formal.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)



The most important thing that convinced me it would be okay to do it with not much experience was that they were looking for someone to represent MSF and what MSF is, but not from the point of view of a highly experienced executive type. They were just looking for someone to represent MSF from the middle in some ways. I was medical, I had been on a few missions, I had been involved in the

associative, I had some understanding of how it all worked. I spoke to some people from different sections and said to them I was going to need a lot of help with this because I was not experienced. They said: 'we can help you and you may find that it doesn't work out but we are not looking for a president to tell everyone what to do. We are looking for someone to be a representative of the associative, which is the people doing the action in the field and bringing that point of view.' It was presumptuous of me to take that role in many ways, but the way it was framed was in that sense.

Dr Rowan Gillies, MSF International President,
from 2003 to 2006 (in English)

In June 2005, because of a growing desire to keep focused on the medical mission and the ground up management progression, an International Council resolution stated that "the International Council president should be a medical or paramedical and be an elected board member of an MSF section." To give more legitimacy to this election, board votes from the sections would be taken into consideration, in addition to board president votes. In September 2005, building on his own experience, Rowan Gillies insisted that considering the scope of responsibilities of the International President, this position needed more support and task-sharing from the IC Vice President and board members.

The International Council board agreed that the International Vice President mandate should be a minimum of three years in order to gain experience and be more effective.



Minutes from the MSF International Council meeting,
26 June 2005 (in English).

Extract:

- There was a clear consensus that eligibility should be extended to board members to allow more candidates to apply.
- Statutes do not clearly define the modalities of the vote [...]. In order to give more legitimacy to the elected candidates, it was proposed to have boards' voice somehow taken into account in the vote -> preferential voting system.
- Some IC members also suggested having vice-presidents following up on specific dossiers and backing the ICP up. [...].

The IC voted the following resolution [...]:

Resolution

The IC states that the ICP should be a medical or paramedical and be an elected board member of an MSF section.
Unanimous



"The role of the ICP," Memo from Rowan Gillies MSF International Council President, September 2005 (in English).

Extract:

Length of Mandate

Ideally the ICP position should be for three to four years, not two to three as it is now. Realistically it takes nine months to a year to settle into the position and learn how to manage the various issues both internally and externally. However, it is essential to have an absolute limit on the length of tenure. I would suggest five years.

Benefits of a longer term:

- longer 'useful' time after settling in
 - initiate and follow through strategic issues
 - provide stability to movement
 - allow a broader range of people to apply to the position.
- However, a longer term (or even the same length term) in my opinion requires a reform of the position. Currently, it is unsustainable for more than around two years, as the commitment involved means the ICP sacrifices two years of his or her personal life for 'the cause'. The two major causes of this consumption of personal life are the pressures of chronic crisis management and the extensive travel involved. This deters people with dependents, and other commitments, from taking the position.



Minutes from the MSF International Council Board Meeting, 22 October 2005 (in English).

Extract:

Length for the ICP's commitment:

Rowan [Gillies, President of MSF International Council] suggested a longer commitment in his paper: ideally four years, with vice-president leading more for the final year and be next ICP (Morten having been a vice-president was better prepared).

The length depends on:

- The availability of the person
- The role of the ICP, again.

It was also noted that none of the candidates usually have a senior management experience which is nevertheless required for such a position and the scope of the responsibilities is very broad (including representation of the MSF movement outside) -> it takes therefore time to get used to the machinery as well as to get familiar with the numerous dossiers the ICP / IC has to deal with.

Decision: The International Council board agreed that a 3-year commitment should be a minimum.



'President' is not a great word for that job. It's more the chairman of the international council. The work is about getting an agreement of some sort that will get people to not break away from the international movement. It is to get a compromise amongst sections, so they can live with it, hate me and the international office, and say: 'it's

the least bad, it's a bad option but I'll stay.' As long as you are not trying to get people to stay in MSF by having a compromise that denies MSF, you are fulfilling the role of president. There is no power in it or, if any, it's power of persuasion, ability to influence.

Dr Rowan Gillies, MSF International President,
from 2003 to 2006 (in English)

Having the whole International Council involved in the election of its president was a challenge and some candidates were disadvantaged by the changes in the recruitment process. The International Council committed to clarify election mechanisms and internal rules before the next International Council president's recruitment. In 2006, Christophe Fournier was elected International Council President and took over his duties in December of that year.



Minutes from the MSF International Council Meeting, 24-25 June 2006 (in English).

Extract:

Prior to meeting with the five candidates, Rowan [Gillies, President of MSF International Council] made a few preliminary remarks on:

- The process to date:

It was noted that the process had changed a number of times, which put the first two candidates in a difficult situation, and that the IC took responsibility for that. Legitimate remarks have been made reflecting issues such as the lack of internal rules and of a specific IC group to follow up on this election process (rather than having the whole IC to deal with it).

-> The IC apologised to Khaled [Menapal] and Tankred [Stoebe] and committed to clarify the election process and mechanisms in the internal rules for the next ICP recruitment.



Minutes from the MSF International Council Extraordinary Meeting, 2-3 December 2006 (in English, edited).

Extract:

Preamble:

In accordance with the result of the electronic vote organised within the international council between 5 and 19 July 2006 by which Christophe [Fournier] was elected, Rowan [Gillies] handed over his responsibilities as International Council President to Christopher at the beginning of the meeting on 2 December 2006. Christophe therefore, chaired most of the meeting and voted as International Council President while Rowan voted as President of MSF Australia (20 votes in total).

C. International Secretary General (ISG) and International Office (IO) Team

In November 2000, the recruitment of Rafael Vilasanjuan as MSF International Secretary General was an opportunity to revise the job description and the role of this key position, which had evolved during the previous mandate.

Rafael Vilasanjuan developed the MSF International Secretary General function toward facilitating and managing international projects. Various tensions between sections and personalities proved the importance and need for this role of facilitator.

In 2003 and 2006, with the appointments of Marine Buissonnière and Christopher Stokes as International Secretary General, respectively, the position's terms of reference were again revised. The role of the ISG now included a stronger focus on the management of international working groups and platforms.



Minutes from MSF International Council meeting, 24 November 2000 (in English).

Extract:

JMK [Jean-Marie Kindermans, MSF international secretary general] therefore sees the IS job as one of coordinator and facilitator, one of identifying the relevant or potential debates. He further commented on the fact that concrete situations seemed to be the trigger creating clear positions within the movement, e.g. the Kosovo crisis which led to a clearer position in terms of financial independence and a generalised voluntary decrease in institutional funding. [...]

Item 3: Goals for Rafa Vilasanjuan

Rafa Vilasanjuan introduced himself and made a brief outline of his objectives over the next years. He started by reminding the IC that MSF was a movement by choice and that this meant a certain natural reluctance toward structures. Nevertheless, structures do have a role to play, but on the sole condition that there is a direct link between the structures and the issues. He declared that he would work on continuity. His work will be structured around three main poles: Information, Debate and Coordination. Information is not just related to the issues we deal with but also to how we function. It is vitally important that the information is circulated within the DGs, that the IS be present at the operations and communications levels, and that the IS facilitate this information flow. This is not only a question of tools but also a question of culture.

We are at present lacking input coming from internal debates and this is also directly linked to an information flow problem. Furthermore, debates should be based on operational issues. The Drugs Campaign on the other hand is a revolution in terms of information.

Finally, coordination is an internal and external task. He would like the international office to become a point of reference, and for it to be proactive on this issue and not

simply reactive. Rafa concluded by informing the IC that he would be in this job for the coming four years and that he was looking forward to fulfilling all the expectations laid upon him.

Motion: Vote on the appointment of Rafael Vilasanjuan as International Secretary for a four-year period, renewable annually, and after an appropriate probation period to be established by the ICP.

Outcome: Accepted unanimously



Minutes from the MSF International Council Meeting, 21-23 November 2003 (in English, edited).

Extract:

New secretary general

The IC officially supported the nomination of Marine Buissonnière as the new Secretary General of Médecins Sans Frontières.



Minutes from MSF International Executive Committee, 13 September 2006 (in English).

Extract:

International Secretary General

Marine [Buissonnière, MSF International Secretary General] has proposed significant changes to the terms of reference for the next International secretary general. Indeed, some of the duties have changed in the past 3 years and new relationships have been formed.

Rafa [el Vilasanjuan, MSF Spain General Director] wants to add to the job description that the secretary general should be responsible for promoting and coordinating a stronger accountability system between operational centres. Christian wants the terms of reference to allow greater power to the secretary general, as he/she should have the possibility of influencing the ExCom's agenda. Marine shared her impression that this was already included.

The amount of work for the international secretary general has significantly increased in the past years. The number of international projects has grown and the development of synergies involving the coordination of the international office, the various working groups and the movement's platforms has created additional managerial work.



Rafa, my predecessor, told me, 'You'll see – every day is great!' And he truly thought that – he wasn't even kidding! Under the by-laws, the international secretary general was the secretary general of the international council. That person reported to the president of the international council, specifically regarding all matters that might bear on MSF's identity. That person was sort of the rapporteur in terms

of the executive issues to the international council, which supervised the organisation's mission (I think I'm the one who described it that way; I don't think that it was expressed like that). During my terms, MSF faced certain operational issues that raised issues related to identity.

Marine Buissonnière, MSF International Secretary General from 2004 to 2007 (in French)

In 2001, the International Office was reorganised in order to make the most of its resources: to improve coordination of international activities and better facilitate internal communication in the movement.

As part of the reorganization, three 'communication' positions: information coordinator, website editor, and activity report editor were strengthened. The position of international financial coordinator was created.

The international medical coordinator and European Union campaign liaison officer positions were reorganised hierarchically to fit within existing positions in the Access Campaign team.

In October 2002, the International Executive Committee (ExCom) proposed to revise the MSF strategy regarding the United Nations and thus the UN liaison positions in Geneva and New York were reassigned. The position in Geneva that was previously part-time became full-time and was assigned to the International Office. The New York-based position's link with MSF USA office was clarified as being an international position not an MSF USA position.



Minutes from the MSF International Executive Committee, 25 May 2001 (in English).

Extract:

ORGANISATION & OBJECTIVES (PLAN OF ACTION+INT'L OFFICE) [...]

The starting point with regard to the international office is that its role is to reinforce internal communication. It does not need to get bigger, but needs to be reassessed so that its resources are better used. The same applies to the present forums that we have; there is no need to increase that number, but there is a need to make sure that the right debates are being held in the right forums. International decision-making needs to be better coordinated, international accountability needs to be reinforced, MSF's intellectual output needs to be better shared amongst the sections, and these are issues in which the international office can play a role. For all the above-mentioned reasons, Rafa [el Vilasanjuan, MSF International Secretary General] proposes the following changes:

Supporting roles at the IO [international office]:

- * Administrator – [...]: Her job description will include the administrative management of trademarks.
- * Executive assistant to Rafa and Morten – [...]. Now full-time and also working for Rafa.

Coordinating roles at the IO:

- * Information Coordinator: this role is presently under evaluation.
- * Website editor: [...] job description will include the management of the photo-database.
- * Activity Report Editor: [...] will become a key player in the IIMP [International Information Management Project]. [...] The Activity Report should become a daily job (as opposed to a quarterly one). Will also be the information administrator for the IIMP.
- * Policy Coordinator: [...] this activity is becoming essential within the international office, this is something that she was doing a little of already but that should now represent a full post. Until now [...] post has been rather vague, taking care of trademarks, ECHO, financial issues, legal matters (Greece), etc. These tasks can be redistributed and reassessed, leaving her room to concentrate fully on policy coordination. MSF B[elgium] made a comment on the fact that it is essential that the IO keeps the relationship with ECHO (follow-up, information, etc.). It is understood but this can be done at different levels – negotiations should be done by somebody specialised within MSF and this has been mentioned before in this meeting; the political link on the other hand can be handled by the secretary general and will be about being aware of what goes on without necessarily getting involved. The MSF Greece dossier, since it has both associative and executive implications, will be handled by Delphine.
- * International Financial Coordinator: [...] This post will start soon and will need to be assessed in six months' time. Must make sure that he doesn't get too eaten up by the IFC [international financial commission].
- * International Medical Coordinator: [...] The executive committee asks the Medical Coordinators of the sections to evaluate this post. The issue of the link of this post and the Drugs Campaign also needs to be looked at.
- * EU Campaign Liaison Officer: [...] This is seen as a luxury in the sense that the campaign has a post entirely devoted to networking and lobbying the EU, and MSF as a whole does not. MSF needs to evaluate what their needs are in terms of EU lobbying and the results of this process can then be integrated into this particular job description.
- * Project Manager of the IIMP Project: [...] Contract is valid until the system is implemented. His job description will need to be reassessed.

UN Delegations

There seems to be a certain level of duplication between the two offices at present. The starting point is that NY should be more political and Geneva more operations based, and this should be reflected in their mandates.

1 US Office – [...] There is a problem – the present perception within the executive committee is that MSF

USA is giving itself the right to represent MSF at the UN and this is something the executive committee does not agree with. There is a certain amount of pressure to integrate this Liaison Office into the MSF USA Program Department – this is something that no one agrees with [...]. It was suggested that Catherine's [Dumait-Harper MSF UN Liaison in New York] assistant be paid by the international office as the present situation is ambiguous. Rafa reasserted the importance of keeping a link with the MSF USA office: it is via this kind of link that we involve national sections in international projects. Any ambiguity that may exist can be addressed by having very clear job descriptions, such as the fact that the UN Liaison Office's assistant works hierarchically under the UN Delegate on the UN-related dossiers.

2 Geneva Office

Decision:

The executive committee agrees that Robert Muller [MSF UN liaison in Geneva]'s post be replaced by someone who would be full-time, without an assistant. This post would have a very strong operational profile.



Practically speaking, the central task was to coordinate the platform of the executive directors of the five operational sections that formed the international executive committee, the executive committee platform, and its counterpart for the movement overall, the platform of the 19 executive directors. One of the issues was to understand the relationship among the movement's 19 sections and the five sections that controlled operations. The second and very practical dimension involved supporting, at the operational level, linkages among the five operational sections. To achieve that, Rafa had set up the platform for the operations directors, but its role and function now needed to be strengthened.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)

In April 2005, most of the International Executive Committee (ExCom) members acknowledged the legitimacy of the International Office and the need to strengthen its role. However, concerned that the International Office might over regulate and centralise power, MSF Holland stated it should instead play a lesser role.



Minutes from the MSF International Executive Committee, 4 April 2005 (in English, edited).

Extract:

MSF Belgium believes that the international office should be strengthened based on the DG19 (more meetings of the

DG19, video conferences, etc.) without minimising the autonomy of the operational sections. [...]

MSF France: [...]

- When it comes to the IO and the international decision-making, there are still strong discussions around governance and the respecting of the decisions taken, and grounds for improvement. MSF France also believes that the legitimacy of the international office should be strengthened, and this will include revisiting roles of international platforms and national associations, presidential availability, voting rights, minority rights, etc. [...]

MSF Switzerland [...]

- Additionally, MSF Switzerland believes that the international office is essential in centralising efforts and developing common strategies within the movement, such as combined accounts, research agenda and supply policy. All sections are interdependent and therefore need a common platform. Weakening the IO would be risking falling into a federal model. Interdependence is a fact today, and there is a need for an IO providing stability, a global view, and promoting changes. [...]

MSF Holland: [...]

- The international office should have a lesser role. MSF Holland is concerned that the international office could become over-regulating and centralise power. For decisions impacting all, consequences should be weighed and there should be clearer decision-making processes, with managed and coordinated processes. However, there should be fewer platforms for debate, as it is getting hard to manage so many meetings.

MSF Spain: [...] As regards the international office, it has a clear mandate to tackle international issues. It should be involved in choices of GDs.

2. New International Statutes and Internal Rules

In November 2000, the International Council and international office statutes were updated. The status of members, the voting procedures, and exclusion procedures were clarified. With these changes, members of the ICB could add topics to the agenda of the meetings drafted by the president and the secretary general.



Minutes from the MSF International Council meeting, 24 November 2000 (in English).

Extract:

Item 8: Statutes for the IC [International Council] and the international office (J-M. Kindermans [MSF International Secretary General])

The statutes needed to be updated as they had been written at a time when there were only six members on the IC, and the executive and IC were meeting together. The status

of members needed to be clarified, as well as the voting procedures and exclusion procedure. The main changes consisted of the following:

- the board – minimum requirement of three sections giving us flexibility in the composition of the board [...]
- the Presidency – gives us the possibility to have a president from outside the IC
- procedure for new memberships
- suspension procedure
- exclusion procedure
- proposes voting regulations
- rules of representation are also specified

Two alterations were made after a short discussion (below in French as that is the legally binding version):

Article 11, 2nd paragraph was changed from:

L'ordre du jour est établi par le Président et le Secrétaire Général, le cas échéant en y insérant les points proposés par le conseil d'administration et/ou les membres ayant fait usage de leur droit de convocation conformément aux statuts.

[The agenda shall be drawn up by the chairman and the secretary general, if necessary by inserting the items proposed by the board of directors and/or the members having exercised their right to convene in accordance with the Articles of Association.]

In November 2003, the International Council endorsed a proposal to move the international office from Brussels to Geneva, mostly to facilitate the international secretary general's task of external representation as many international institutions are based in Geneva.

On 26 June 2004, an extraordinary general assembly endorsed the dissolution of the old MSF International Association registered under Belgian law, allowing the registration of a new MSF International entity under Swiss law. The official transfer of the assets and liabilities occurred on 25 June 2005.



Minutes from the MSF International Council Meeting, 21-23 November 2003 (in English, edited).

Extract:

Move of the international office [...]

The move of the international office from Brussels to Geneva has been green-lighted by both the executive committee and the DG18. The legal implications of this green light are:

- A transfer of statutes as we will be changing from a Belgian association to a Swiss association.
- A liquidation of the Belgian association, which should take a year.

This therefore, requires an extraordinary general assembly of the IC and a four-fifths IC majority vote.

Some comments were made:

Re The risk of 'external aspiration' by the humanitarian community in Geneva

There is a risk, but it is considered to be a manageable one. [...] Rowan Gillies commented: if we agree with the overall direction taken by the IO, then I trust the previous team to be pointing in the right direction. People we serve should be our focus always. We have an obligation to represent them and push in the corridors of power to have their voices heard. The point is to have influence and use it as best as possible.

Re MSF's voice within the humanitarian community

The process started a year and a half ago when the job profile of the secretary general was rewritten. In terms of priority, internal coherence came, and remains, first. Meanwhile another issue came to light, namely MSF's voice within that humanitarian community – the risk of being isolated was raised in several forums. So, it was decided to add work on external coherence to the secretary general's functions. The objective is to improve our strategy, to better engage the various actors on the issues that we handle – to be as targeted as possible in our interventions in order to make them as efficient as possible. Location of the international office is a side-effect of this request. [...]

IC Resolution on the Move of the International Office from Brussels to Geneva

Due to the urgency of the matter, the IC, at its meeting in November 2003, endorses the decision by the executive to move the international office from Brussels to Geneva, and calls for an extraordinary general assembly, when appropriate, next year.



Agreement on the Transfer of Assets between the "International Bureau of Médecins sans Frontières" (Geneva) and the Liquidators of the "International Bureau of Médecins sans Frontières" (Brussels) 25 juin 2005 (in French).

Extract:

On 26 June 2004, the general assembly of the 'international office of Médecins Sans Frontières', established under Belgian law and based in Brussels (henceforth: MSF International (Brussels)), has unanimously decided to dissolve itself, announce its winding up and transfer the assets and liabilities of the association to the 'international office of Médecins Sans Frontières' established under Swiss law based in Geneva (henceforth: MSF International (Geneva)).



And then we moved the international office from Brussels to Geneva. Thank God, that was organised by Morten and Rafa before they left. In Brussels, the office was close to the European Union which was a big funder of MSF at that stage, when the international office was first opened. Moving to Geneva was more to be closer and to be available to speak to ICRC and the WHO and the UN

organisations. There was still this real fear that we would become part of this 'cocktail' round, but we were very careful not to. I went to WHO once only, I think.

Dr Rowan Gillies, MSF International President,
from 2003 to 2006 (in English)

The statutes of the new Swiss entity, drafted in 2004, were similar to those from 2000 but, there were a few changes made in order to comply with the Swiss law. The issues of statute consistency with regards to governance were raised.

In October 2005, the International Council tasked a working group to "improve the governance of the MSF international association through the revision of statutes and internal rules."



Minutes from the MSF International Council Meeting, 25-27 June 2004 (in English, edited).

Extract:

In order to create a new entity, the international secretary had to go through the exercise of drafting statutes which are almost similar to the older ones but with some differences due to specificity of the Swiss law. The new statutes were done by a lawyer and are as close and accurate as possible to the spirit and wording of the older ones. [...] The consistency of current statutes with regards to the issue of governance was raised. It was also proposed that new [Swiss] statutes be ratified by all sections through AGM [General Assemblies]. In answer to the first point it was stated that Rowan had already planned to raise, in the next six months, the issue of the consistency of current statutes with regard to governance. Therefore, it was felt inappropriate to engage in a ratification process by sections/AGM for new [Swiss] statutes: it was instead proposed to wait for revised statutes and then go through ratification.



Minutes from the MSF International Council Board Meeting, 22 October 2005 (in English).

Extract:

Governance working group

Rowan further explained the setting up of the Governance Working group (mentioned at the joint international council board+ExCom meeting). The main objective of this working group will be to 'improve the governance of the international association of MSF through the revision of the statutes and internal rules'. [...]

Decision:

The international council board formally approved the

ToR proposed for the Governance Working group with amendment made at the joint international council board+ExCom meeting.

3. Local Staff Integration as Employees and Associative Members

The need to better integrate the local staff in the MSF movement, both as employees and associative members was raised at the end of the 1990s by MSF expatriate field workers at the general assemblies of MSF Belgium and MSF France. However, it took several years and many debates for each association to step by step make decisions that would empower local staff in management and leadership and grant them with full associative membership.

All these steps towards integration of local staff were supported and even sometimes driven by the international platforms and singularly by the international Council whose guidance was crucial in pushing forward.

a. Associative Membership

In May 1997, the MSF Belgium general assembly voted on a motion calling the board of directors to propose, for the next General Assembly, a strategy to integrate the local staff in the MSF movement.

In June 1998, the MSF Belgium General Assembly voted on a series of motions aiming at improving the administrative management of local staff and their expectations both in terms of MSF employees and regarding their participation in associative life. They requested that an operational framework be designed as soon as possible to include already existing experiences of local staff empowerment and inclusion in the field operational process. They called for the development of associative participation schemes in missions for both expatriates and local staff.

However, in 1999, the MSF Belgium General Assembly rejected a motion proposing the setup of a co-optation

committee “in missions where the local staff plays an important role.” This would have authorised local staff to join the association. At that time, the association was still wondering how to assess the balance between personal commitment and self-interest regarding local staff’s motivation for associative membership. Some feared the creation of “local trade-unions” would put pressure on the board of directors regarding issues considered as irrelevant.



Minutes from the MSF Belgium General Assembly, 17 May 1997 (in French).

Extract:

Motion 8:

From the association’s perspective: at the next general assembly, the GA will ask that the board of directors develop a strategy to promote integrating local personnel into the MSF movement.

Vote: In favour: majority, against: 6, abstentions: 4
The motion is accepted.



Contact no. 55, MSF Belgium **Internal Newsletter**, July 1998 (in French, English and Flemish, edited).

Extract:

Extraordinary Annual General Meeting [...]

Motion 7:

In order to better understand the local personnel in the different countries and take better account of their ideas and expectations, the AGM asks that a human resources consultation be organised with local personnel in the different countries in order to find out:

- their view of MSF as an employer; administrative status [...]
- their wish to participate in the MSF association
- their expectations concerning their operational commitment to the MSF project.

[...] *The motion was accepted.*

Motion 8:

The AGM asks for the completion of the work looking at how to better manage local personnel in their countries, through the definition of a global framework, the preparation of guidelines and the setting-up of training [...]

The motion was accepted.

Motion 9:

Considering that a knowledge of MSF, its values and principles, and its actions, are a precondition for any associative participation in the movement by personnel in the different countries, the AGM asks that internal MSF communications be opened up to all local personnel.

Examples:

- explanations to the local personnel of the charter, the values, neutrality, independence
- explanations of the structures and functioning of the organisations
- information on the operational and associative life of

the movement (multilingual, international, internal MSF newspaper) and of the mission (internal local newspaper in local language). [...]

The motion was accepted

Motion 10

The AGM asks for the development of formulas of associative participation in the missions, both for expats and national [i.e. local] personnel [...]

The motion was accepted

Motion 11: The AGM asks the board to inform the heads of mission that they can propose [...] the co-optation of new MSF members, emerging from the national [local] staff, before the next AGM. [...]

The motion was accepted

6. Operational Role of National [i.e. local] Staff

Motion 14: [...]

Given that there are ongoing initiatives in which responsibilities are given to local staff, including decision-making in the field:

Approach A: This situation means that MSF must define an operational framework as quickly as possible in which these initiatives have their place. These practical applications will go hand in hand with the definition of a strategic framework: a questioning of the end target, 'why' we are doing it, and its implications for the organisation [...]

Motion Approach A was accepted



Contact no. 61, MSF Belgium **Internal Newsletter**, August 1999 (in French, English and Flemish).

Extract:

by Pascal Meeus, Vice-President of MSF Belgium's Board of Directors [...]

In the end, the GA did not agree on the procedures proposed for co-opting local staff. To recap the motion that was not adopted: in missions where the national [i.e. local] staff play an important role in the implementation of a project, a local co-optation committee composed of associate members should be created. This committee should be in a position to propose a limited number of members among the national [local] staff (for example one or two) [...]. To be accepted as a member of the association, these persons must adhere to the MSF charter and have expressed their desire to become co-opted members. In addition, they should be active in their own society and/or have worked with MSF in a position of responsibility for three years.



We wanted to evaluate the risk and benefits of integrating local staff into the association. At the time, we had not yet addressed the following question: 'Do local professional staff want to become members out of personal commitment or for personal advantage?' We didn't want to be overrun. It would have been easy, at a particular

moment, some kind of local union would be created and put pressure on the board of directors about a problem that no one wanted to see emerge, such as compensation or the choice between staying in the country or expatriation. All of that would generate a host of problems. It took some time to decide and set out the criteria. We had set the bar pretty high in order to ensure that this commitment was genuine. We didn't want to set the same criteria as those for expatriate staff.

Dr Pascal Meeus, MSF Belgium Board Member, from 1995 to 1999, then MSF Belgium President from 1999 to 2001 (in French)

In 1997, at the request of the field, the MSF France associative commission proposed to the board of directors to give to local staff the possibility to become a member of the association. These new members should share "MSF values of independence, impartiality, and a voluntary spirit."

In September 1999, three employees of the local staff in Yemen applied to join the MSF France association. This application was rejected but led to a wider debate on the membership criteria for all staff, including those employed in France. In April 2000, the board of directors set up a working group on the membership of local staff.

On 9 June 2001, the MSF France General Assembly endorsed a proposal from the board stating that being a member of MSF France association was a voluntary act. Candidates should apply in person and obtain approval of the board of directors, by vote after examination and opinion of the membership review committee; they also had to pay a membership fee. All the field salaried workers, members of the association, be they working in their own country or not, could vote at general assembly.



Minutes from the MSF France Board of Directors Meeting, 24 September 1999 (in French).

Extract:

MEMBERSHIP APPLICATIONS SUBMITTED BY THREE MSF EMPLOYEES IN YEMEN [...]

Philippe Biberson: I recall that, in 1997, an association committee had considered this issue and proposed to the board, at the request of the field, an expansion of membership to include local staff members who work on our missions and share our values of independence, impartiality, voluntarism, etc. The board of directors had responded positively to this proposal, emphasising that the validation (selection) method had to be considered and to move ahead, for example, by sponsorship. The 1998 general assembly was not able to make a decision on this issue, partly because certain items were not addressed and because the association committee's mission was to focus on the issue of the vote for headquarters

and satellite employees. This was achieved, but not enough work was done on the issue of membership from the field. So, we are now called upon to make a decision today, although a framework has not been established. Regardless of the decision, it will create a precedent that we will have to be able to follow, while not – while we're at it – contradicting ourselves. [...]

Didier Fassin: We need clear and impartial membership rules under which an individual's nationality cannot be the basis for discrimination. Because, while there may be no discriminatory intent, we must acknowledge that we could be dealing with a practice that could well be discriminatory. This deserves in-depth assessment conducted by a committee.

Marc Le Pape: Concretely, this means that, tonight, we are not able to decide on the cases before us because we lack clear rules [...].

Xavier Jardon: This discussion [...] also raises the issue of the value of membership: does membership – when someone is a doctor, French and from the west – have the same value as when someone is a doctor in a country in conflict, where such a commitment could have a host of major consequences – materially, politically or in terms of family? I also wonder about the value of the commitment that we are making collectively in terms of local staff who might become MSF members, in terms of protection; for example: when an expatriate is in difficulty, MSF mobilises by pulling out all the stops. Could these new conditions create a risk, in certain cases, that the perception of membership changes to the sense that an individual is entitled to protection? [...]

Bruno Corbé: I feel uncomfortable comparing the commitment of MSFers who go into the field [...] – when some of them join MSF seeking only an 'exotic' experience or another line to add to their CV – with that of local employees whose lives are involved and who really want to participate in the association. Obviously, our organisation does not allow them to have a rich life in the association because the board of directors and the General Assembly meet in Paris. [...] And so, for the same reasons that Xavier Jardon cites, I would say, on the contrary: yes, let's accept them. [...]

In conclusion, our response to the three applicants will state that, because our rules regarding membership are not adequately clear, the board of directors cannot make a decision immediately. However, the board members thank these applicants and their sponsors for having identified a major gap in our operating rules. As a result, we will establish a working group assigned to make proposals in this regard. It is open to individuals who are not members of the board.



Minutes from the MSF France Board of Directors Meeting, 28 April 2000 (in French).

Extract:

Membership of local mission staff (Philippe Biberson, President, MSF France)

A working group was formed [...]. A document (attached) provides an update on the group's meetings and raises three questions:

1. Should local employees be excluded from membership,

as is the case with headquarters and satellite employees?

2. Should we reconsider automatic membership for volunteers?

3. Should we adjust the membership amount based on living standards? [...]

Marc le Pape: [...] MSF's by-laws present matters clearly; regarding customary practice, it seems that automatic membership for volunteers leaving on mission leads us to forget the explicit commitment required by the spirit of the by-laws, which state that every application must be submitted to the board of directors with a letter of application; and last, the political aspect – which is the most important because it involves determining the extent to which the board is prepared to open up to the world. [...]

Conclusion:

Referring to the association's by-laws, which have stood the test of time, still seems like the best way to maintain its spirit. The question about automatic membership for volunteers needs to be addressed: a formal membership request, together with formal information, upon departure, before obtaining membership.



Moral Report from the President of MSF France, 9-10 June 2001 (in French).

Extract:

You will be asked a question about opening up the association today. *May a local staff member who is deeply involved in MSF's work become a member of the association?*

This question, raised by the team in Yemen two years ago, has still not been answered. The first observation is that the members of the Mission Solidarité France are already in this situation: they are employees in their countries, work in the field and, if they wish, are members of the association. Outside France, it's not a question of opening up membership to all individuals employed locally, but to those who, de facto, based on their skills and commitment in the field, are members of the MSF team, which we used to limit to expatriate volunteers. The goal is to improve the quality of our work. We know that the goals we have set – particularly for medium-/long-term missions – cannot be achieved with teams composed entirely of expatriates. These teams must become mixed – expatriates and nationals – in reasonable proportions, gradually, to enable us to achieve those goals.

In addition, as members of the board of directors, we consider the fact that members of the France mission may join the association and vote but that this is not done on missions abroad is, de facto, discriminatory. This was not our wish; rather, it is a practice that took root and we want to end it. Last autumn, the board of directors announced that it supports membership of the MSF association for certain local staff members. We will thus submit such a resolution to you this afternoon. This is occurring in nearly all areas – first missions and members of the local staff. There will be an effort to better formalise the ways in which we operate and, perhaps, review the association's by-laws and draw up an internal rule. Opening up membership is not without risks.

However, we want to promote this and also hope that the risk – specifically, the legal risk, is better managed.



In 2000, the board of directors of MSF France passed an initial resolution affirming that, essentially, nothing in the by-laws prevents a member of the local staff from becoming a member of the association. They thus pointed out that there is no regulatory obstacle and that this step should be taken to expand the association to include local staff. After this reminder about the regulations, the board initiated a series of actions – that is, by the association, not the executive, operations or general management. It was a pioneering move. For me, this was really the key decision of the MSF France association in the 2000s.

Dr Jean-Hervé Bradol, MSF France President,
from 2000 to 2008 (in French)

In May 2002, the MSF Switzerland general assembly asked the board of directors to set up a transparent membership policy allowing the integration of the local staff in the MSF movement.



Minutes from the MSF Switzerland General Assembly,
24-25 May 2002 (in French).

Extract:

Motion 5:

'The General Assembly asks the board of directors to ensure that a transparent membership policy seeking to integrate local staff into the associative movement is established.'

Accepted: In favour 82, against 0, abstentions 10

In May 2003, the MSF Spain general assembly endorsed a motion from the mini general assemblies held at country level in the field requesting that the association "provide the tools and the necessary information to render the co-optation of the local staff, already in place, in theory, easier and effective."



Report on MSF Spain General Assembly, 31 May - 1 June 2003 (in Spanish, in English, edited).

Extract:

Motion number 10 comes from Honduras:

'Provide the tools and the necessary information to render the co-optation of our local staff easier and effective.' [...]

Miguel Ángel Pérez [MSF Spain President]

I think that what they are asking for is a right which already exists, i.e. any local worker can be part of the association. It is widely known that the actual application of this right is questionable. First of all, because of mobility problems, the fees, that though a trifle here, can be rocket high in some of the countries where we work. [...]

Luís Cremades [...]

It is clear, though, that there is no participation of our local staff because they lack information, because they do not even know this is possible and because they do not even know what it means. We were asking for tools and information promoted by the board of directors, and the associative body. [...]

Venancio Cermeño

I have the feeling that all the MSF sections, the entire movement, lack maturity to understand that everybody working in our projects has that right. [...]

Carlo Ruggeri [...]

In the mini-GAs in which I participated, I was amazed by the fact that even those workers who had been many years with MSF were unable to talk globally on MSF, but rather kept on focusing on local actions. This pedagogic task is a challenge we all have to face and commit to in addition to providing the necessary tools. [...]

10. Motion

Provide the tools and the necessary information to render the co-optation of our local staff easier and effective.

In favour: 137, against: 29, abstentions: 36, blank votes: 1

In May 2003, the MSF Holland General Assembly gave headquarters employees the right to join the association. They discussed a motion proposed by the mini general assemblies in Ethiopia and India requesting that local staff be eligible for association membership. A working group was set up to come up with a proposal on this issue.

In June 2005, the MSF Holland General Assembly endorsed criteria for local staff membership proposed by the working group, after removing the request for a track record of the applicant's commitment in the association.



Report on MSF Holland General Assembly, 23 May 2003 (in English).

Extract:

Motion 1

MSF H[olland] should allow local staff to be eligible to become active members of the Association. (Ethiopia, India)

Comments:

The board explained that accepting this motion would not mean that local staff could immediately become members. During tomorrow's debate on membership criteria, the general assembly will be asked to install a working group to investigate how we can improve the participation of local staff in the association. This working group will come

up with proposals to be discussed during next year's GA.
The motion was accepted by 23 votes to 9.5¹⁵ [...]

Motion 7

Office staff may join the Association after six months. Office staff is liable for the annual contribution from the time they join the Association.

The motion was accepted by 59.7 to 1.6 votes

A working group was installed [...] to address the issue of association membership for national staff (see motion 1 which was accepted on Friday).



Report on MSF Holland General Assembly, 4 June 2005 (in English).

Extract:

Board Motion I Local staff Membership

The working group on membership proposed the following criteria for local staff membership:

Commitment and competence

Association members are expected to be ambassadors for MSF in their home society. In order to be eligible for association membership, local staff must:

1. Sign and act upon the MSF mission statement.
2. Be currently employed by MSF [H]olland and have worked for MSF [H]olland for at least one year.
3. Have a track record of actively participating in MSF debates, mini-GAs or other meetings.
4. Have a record of actions that show commitment to the association's mission.

Ulrike von Pilar [MSF Germany]: I still have a problem with these criteria. I realise that there has to be such criteria but it seems overemphasised for local staff compared to expatriate staff. I support [...] the proposal to delete these extra conditions.

Albertien van der Veen [MSF Holland President]: The overall feeling seems to be that we should amend the motion and that criteria 3 and 4 should be left out. [...]

Amendment accepted by a show of hands. Criteria 3 and 4 are deleted from the motion. [...]

VOTING

The amended motion (criteria 3 and 4 deleted) was approved; 68.98 votes in favour, 6.02 against.

b. Empowerment in Management and Leadership

In May 2004, the MSF Belgium general assembly called for measures to be taken in order to encourage local staff access to coordination positions. One year later, the state of affairs highlighted some improvement in

terms of local staff administrative management and empowerment. An action plan was proposed.



Minutes from the MSF Belgium Board Meeting, 13 May 2005 (in English).

Extract:

The 2004 general assembly motion sought to encourage access by local staff to coordination positions in contexts that permit it.

Benoît [Deneys, Board member] presented:

- an assessment of the situation
- the action plan:

It involves developing administrative tools for managing local staff to improve monitoring by creating accountability among expatriate and local staff so that local competencies can develop and local staff members can participate in decision-making processes and operational and association discussions. [...]

Discussion

Since the 2004 motion, what real change has occurred in terms of the management of local staff?

- access to hiring processes for expatriates and nationals has been simplified;
- the action plan has been analysed and considered, but has not yet been finalised.

What goal is this new action plan intended to achieve? It is not to double the number of coordination positions held by local staff, but to consolidate the practice where it is decided upon, not only in the countries that limit the entry of expatriates [local staff have more responsibilities for missions in these countries].

In June 2004, the MSF France President's moral report to the general assembly noted that there was still a reluctance to formally integrate local staff into management teams, though many of them already had significant responsibilities in programmes. He highlighted the commitment of the board to challenge the possible "inertia of the directors, heads of mission, and program managers" on this issue.



MSF France President **Moral Report** to the General Assembly, 2004 (in French).

Extract:

As board members, the final item where we believe progress is still needed, and where movement has begun but is encountering considerable resistance, involves the formal integration of some local staff members who already have significant responsibilities in our programmes and within decision-making teams. That is, their integration into the 'sacred' field team, which is typically composed only of

15. these figures with decimal places are due to the fact that from 2001 MSF Holland weighted the votes of its employees to prevent them from representing more than 20% of the votes cast

expatriates and into the no less sacred capital team. This does not involve [...] replacing interlocal staff with local staff but, rather, strengthening the involvement of colleagues who already have certain responsibilities in decision-making and in the critical review of the results of operations. In short, it means involving them in guiding operations in the field as well as in the capital.

I also believe that this is what it means to work for an association: you can be something other than an employee to whom an employer gives orders. You can contribute to defining the objectives and feel a sense of co-ownership of the results, successes, and failures. In my opinion, this is an important part of the strength of Médecins Sans Frontières. Obviously, with nearly 5,000 employed (in some years) working on multiple activities in 30 countries, not everyone can be a member of the association. Thus, there will always be employees and associate members, but the association must open up to some of our colleagues among the local staff members. This is the spirit in which the board of directors invited representatives of the local staff to the general assembly. I am aware that we can't change the situation by decree. It will take time.

I believe that we are committed to a process and have defined the work that needs to be done. The board of directors would very much like to see progress in this area and will work to ensure that inertia does not prevent the directors, heads of mission, and programme managers from moving forward.

In November 2004, an International Council's review of the local staff policies in the operational sections regarding both the associative membership and MSF's responsibility as an employer showed that:

- While a clear emphasis was put on local staff within the human resources departments, there was no common policy for many other topics.
- While local staff had, in theory, access to the associative membership in most sections, there were still many barriers to their practical access, particularly regarding a lack of information about associative membership.

Acknowledging MSF's duty to act as a socially responsible employer of local staff, the International Council recommended that qualified local staff get positions of responsibility in MSF coordination activities.

They recognized that since most MSF's humanitarian and medical actions were carried out by local staff their involvement should be recognized in its associative aspect. The IC asked the Executive Committee to survey these issues and provide recommendations.



Minutes from the MSF International Board meeting, 19-21 November 2004 (in English).

Extract:

Local staff Reminder (Rowan [Gillies, MSF International President]):

In November 2003, the IC [international council] took the following resolution on local staff:

The IC decided that it should look into the local staff's participation in the decision-making processes, as well as their admission possibilities in the associations for the next international council. In response to this, it was decided to carry out a state of affairs study in the sections. [...] General impression from the document is that clear emphasis is put on local staff within the HR departments but there is no common policy re database, training, how local staff become expatriate, etc. As IC, how do we want to follow up and what indicators do we want? Although it will be difficult to have a crossover policy, at IC level, we should ensure integration of local staff is implemented.

Main outcomes of the discussion:

The charter stipulates that people involved in the implementation of the projects should be involved in the association. Moreover, since the beginning of the 1990s, our budgets increased and MSF has been recruiting an increasing number of medical national [local] staff. Situation varies depending on the sections:

- In MSF F[rance], the situation was said by Jean-Hervé [Bradol, MSF France President] to be bad (quality of work contracts, quality of the medical insurance, role/participation of local staff in the coordination and decision-making process). Example of the intervention in Darfur: a number of managerial tasks are de facto taken over by the local staff although this fact is not officially recognised -> these people are not integrated in the coordination team and do not participate in meetings at HQ level.
- In MSF B[elgium], some measures have already been discussed and implemented although everything may not be perfect. E.g., interventions in remote control put a heavy responsibility on the local staff -> how to ensure quality and how to ensure good decisions are made?
- In MSF Swi[tzerland], this issue has been ongoing over the past years and is strongly pushed by the HoM [Heads of Missions]. A number of local staff have been recruited at the HQ but this should be done more proactively.
- In MSF Sp[ain], on the occasion of different GAs [General Assemblies] and at mini-GAs, requests have been made for clarification and implementation of clearer policies with regard to delegation of responsibilities, training, etc. So far, the section had only dealt with the administrative level in all the fields. The section has now started working on the management and responsibility level and must work on how to involve local staff in the associative life. Progress has been made, in particular since someone is in charge of this issue at the HR department. Nevertheless, more remains to be done.

Decision:

Acknowledging the fact that a deeper 'état des lieux' [state of affairs] assessment should be made to clarify what we

are and what the issues are with regards to the local staff, the IC asks the executive committee to make a survey and recommendations on the following three topics:

- Their role in the associative
- The role of local staff in insuring good quality interventions
- MSF responsibilities as a socially responsible employer of local staff

In addition, the following resolution was adopted on 21 November 2004:

The IC emphasises that MSF must act as a socially responsible employer of local staff in its projects. The IC recognises that most of MSF's humanitarian and medical actions are carried out by local staff. It is essential that this reality be recognised by giving the opportunity, encouraging and facilitating the involvement of local staff in the associative aspect of MSF.

The IC supports the development of qualified local staff to positions of responsibility in the coordination of MSF activities.

Unanimously approved by voting members present (16) – 2 absents (HK, Austria)

In 2005, the mini general assembly participants emphasised that effective access to association membership was still hampered by lack of information and fee costs. They issued motions asking for diversification of staff in terms of origin and local staff empowerment.



Mini-GA **Synthesis**, Spring 2005 (in English, edited).

Extract:

Operating as an association

For MSF to efficiently function as an association, a number of mini-GAs feel that everyone should be given the right to become a member and this is not the case for several reasons:

- In some sections, local staff cannot become members or conditions are put to become a member (Cameroon, Bolivia). In particular, the membership fee should be adapted to national cost of living (Bolivia).
- Little information is made available at field level regarding the associative functioning (Guatemala, Nigeria, Ethiopia). The associative should communicate more and translate their tools into local languages, and local staff should be more involved/informed (Guatemala, etc). [...]

Motions [...]

Sudan North

Motion 4

In recruitment, take steps to accelerate diversification of staff in terms of origin/culture [...]

Motion 5

Take further action to ensure empowerment of local staff: in terms of

- responsibilities
- equal opportunities to work internationally
- training

C. INTERNATIONAL ACHIEVEMENTS AND CONTROVERSIES

1. Achievements

In taking up its role of guidance of the executive, the International Council adopted a series of resolutions pushing the implementation of policies on key issues, in particular those concerning MSF's medical action.



There were political battles within the international council and its board, but 95% of the items were approved by large majorities. There was a very interesting collective momentum that the international secretaries and international presidents embodied. Morten [Rostrup], Rowan [Gillies], Rafa [el Vilasanjuan] and Marine [Buissonnière] helped things progress significantly, each in his/her own way, based on his/her own personal attributes.

Dr Jean-Hervé Bradol, MSF France President, from 2000 to 2008 (in French)

a. Treatment of Infectious Diseases

The [Campaign for Access to essential medicines](#) (Access Campaign), officially endorsed by the International Council in 1998 and boosted by the Nobel Peace Prize, quickly managed to get some positive results lowering prices of certain effective drugs for infectious diseases. However, it took some time for the achievements of the campaign to be translated into applications of new treatments in the field.

In June 2001, the international council issued a resolution asking for efficient treatment practices: ARVs (anti-retrovirals) for HIV/AIDS; ACT (artemisinin combination treatment) for malaria; Eflornithine for trypanosomiasis to be rapidly diffused and implemented in the field. It was reinforced by another resolution passed in November 2001.



Minutes from the MSF International Council Meeting,
24 November 2000 (in English, edited).

Extract:

Item 6: The Access Campaign & Infectious Diseases (JMK [Jean-Marie Kindermans]) [...]

The Access Campaign is based on three pillars:

- Overcoming Barriers (i.e. that existent drugs be available at affordable prices): There is a worry that this is not entirely integrated into our operations and that we are not reactive enough.

- Globalisation: Our message is a political one. How do we address this – do we participate in the next WTO round? We need to define the role we want to play more clearly.

- Research and Development (R&D): Actions have been taken via Public-Private Partnerships (PPPs) in regard to TB, malaria, AIDS, [...] but we need to get some results via simpler protocols, unified drug combinations, etc. We are still using ineffective drugs in certain instances.

Attention was then paid more specifically to infectious diseases and the way MSF is addressing these diseases in the field. There seems to be a gap between the objectives of the campaign and the reality in the field. Several points were raised during the debate:

- [...] Via the field we have access to situations, and hence information, that allow us to play a role in the public debate and influence international public health policies. Our role/task with regard to the WHO is that of introducing a contradictory debate on the different issues. [...] The UNWHO's agenda is based on economics, thus does this mean that we must assimilate 'no economic solution' to 'no solution?' There is a political debate to be had outside the realms of economics, and demands should be made on the basis of our (worked out) position.

- By being present in a place we take on the responsibility to treat any illness, furthermore, we also take on the responsibility to provide quality care with the best means possible. This attitude needs to be promoted in the field, where it is felt that increasingly there is an acceptance of non-treatment. Another problem is that we are treating certain diseases with inefficient methods, [for example] we are using chloroquine in Burundi knowing that it is not the best treatment. We also seem to have jumped straight into antiretrovirals (re AIDS) even though opportunistic diseases were not always being treated and sometimes not even diagnosed (doctors' competency – need to bring the medical doctors up to date). There is a strong need to re-examine the protocols used today.

[...] This debate led to a motion proposed by James Orbinski: Motion: 'The IC asks the executive committee to produce a policy paper on infectious diseases within the year.'

Outcome: Accepted unanimously



Minutes from the MSF International Council Meeting,
29 June -1 July 2001 (in English, edited).

Extract:

ITEM 1: ACCESS TO DRUGS CAMPAIGN – UPDATE [...]

There is concern that the achievements of the campaign are not being translated into applications of new treatments in the field today. This is seen to be our major challenge: to overcome resistance that may exist and make sure that we provide the best treatments possible – taking into account new possibilities that have been created through the actions of the Access to Drugs Campaign, e.g. Eflornithine treatment for trypanosomiasis. The drug is now in stock in Bordeaux, but operations are too slow to implement this treatment. A comment was made that the IC has a very real role to play in terms of creating an impulse within the movement to address such challenges. The need to change certain medical protocols in order to accelerate change was also mentioned. [...]

ITEM 2: THE MALARIA EPIDEMIC IN BURUNDI [...]

In Kayanza a total of 412,000 cases were reported, MSF treated about 250,000. There were an estimated 12,000 deaths. In the conclusions, it was stated that an early detection of the epidemic is crucial, effective treatment is essential, and that combination therapies using artemisinin derivatives are the only alternative. The debate centred around the use of inefficient drugs in the treatment of malaria, also in MSF centres, (very high levels of resistance to chloroquine and Fansidar) and the struggle with WHO and the MoH to implement more efficient drug therapies. [...]

1/ We knew at the time that the treatment we were giving did not work sufficiently well (this was researched and documented during the epidemic) – still we continued to use less effective protocols. Did we have any other option? It is not easy to go against national protocols and we could have risked being expelled if we implemented combination therapy. However, this was not considered a viable argument against giving our patients effective life-saving treatment. 2/ How far are all sections set in reviewing their protocols outside outbreak situations (question asked at the Belgian GA)? We have been very slow in reacting to our knowledge of increased resistance to chloroquine in the places where we work. There seems to be a problem of inertia: we still have protocols that include chloroquine as first-line treatment in areas where the resistance is more than 80% to 90%. Our literature, on the other, hand has changed: the last edition of the essential drug guideline was published in 1999 and includes artesunate. However, implementation in the field goes too slowly. [...]

3/ It was concluded that MSF's national policies need to be revised and changed as a matter of urgency, until then our influence on changing national protocols will simply be minimal. [...]

IC Resolution on the ACCESS TO DRUGS CAMPAIGN – UPDATE [...]

A resolution was passed with a paragraph taking into account the experiences from the malaria epidemic in Burundi and feedback from the mini-GAs:

- The IC congratulates the drug campaign on their successes, and is committed to the campaign's continuation.
- The IC supports the steering committee's decision to take time for reflection about the future role of the campaign.
- The IC asks operations and medical departments to change

their policies to apply the achievements of the campaign in the field.

In light of concerns raised in the mini-GAs, and in view of the rapid changes in infectious disease patterns and states of knowledge, IC urges the medical departments and operations to ensure that efficient treatment practices are rapidly diffused and implemented in the field. MSF's experience in Burundi during the malaria outbreak in 2000/2001 illustrates the urgent need for more proactive implementation of effective treatment in field missions.



Minutes from the MSF International Council Meeting, 24-25 November 2001 (in English).

Extract:

Current medical challenges in the field [...]

- AIDS [...]

An IC resolution was passed re this particular topic: The IC has discussed the current medical challenges regarding TB, malaria, and AIDS, and once more re-enforces the position taken in June 2001 in which we 'urge medical departments and operations to ensure that efficient treatment practices are rapidly diffused and implemented in the field.' ARV treatment has now been implemented in several projects, which is positive. Progress has been made within the movement to get the best practices implemented for malaria treatment and diagnosis. Cohesion within the movement in terms of strategies to get both national authorities and WHO to adopt more effective treatment protocols remains an issue. Tuberculosis [TB] programmes are difficult to implement, still the IC wonders why MSF has not started treatment of MDR TB [Multidrug-resistant TB] in high prevalence areas.

In June 2002, the international council passed a resolution stating that all HIV/AIDS programs should have an ARV treatment component. In June 2003, because of the poor results related to implementation of this resolution in the field, the international council strongly encouraged the executive to discuss and disseminate in various fora and publications the results of implementation of MSF policies in controlling infectious diseases like AIDS and malaria.

In October 2003, building on a complaint from the field, the MSF France president addressed the international council on reasons why the HIV/AIDS resolution was never given priority. He recalled that the elected international council was accountable to patients, donors, and associative members, and should put pressure to bring about change.



Minutes from the MSF International Council Meeting, 28-30 June 2002 (in English, edited).

Extract:

A presentation was made on the results to date of HIV/AIDS treatment in the field. This was followed by a discussion during, which the following comments were made: [...] Need to explore the obstacles to treatment, why are we still treating so few people? The obstacles seem to be us to a large extent:

- The realisation that HIV and the way we deal with it will change our organisation (impossible, unethical to start treating without thinking of the future).
- Financial obstacles (although this one was easily brushed aside in view of our present reserves).
- A significant need for training and enabling people to do proper follow-up.
- HR need – difficult to find people that are already trained and willing to stay.

HIV/AIDS treatment in OCs: For MSF [B]elgium this now represents 14% of all projects, 10% of MSF [Swi]tzerland and MSF F[rance]'s projects are AIDS projects. There is a need to expand this to all five OCs. Some delaying factors were mentioned, such as working in unstable environments and the need for strong medical structures. There are some examples of treatment in such environments, but it is something we need to tackle more vigorously. [...]

IC Resolution on HIV/AIDS

The IC recognises the positive achievements regarding the increased number of AIDS patients receiving antiretroviral [ARV] treatment in MSF programmes, and also the communication efforts to spread this knowledge.

The IC recommends:

- All AIDS patients in need of antiretroviral drugs in existing MSF AIDS programmes should be offered the drugs as much as possible. All HIV/AIDS programmes should have an ARV treatment component.
- All MSF operational centres should offer and encourage ARV treatment in their operational activities.
- MSF should be innovative and should definitely consider the possibility of treating AIDS patients even in situations where no AIDS programmes exist yet.

Voting Outcome: in favour: 15, abstentions: 2, section absent: 1



Minutes from the MSF International Council Meeting, 27-29 June 2003 (in English).

Extract:

Re: Effect of the last IC resolution on HIV/AIDS

It seems that the resolution was never communicated to the field. Furthermore, it requested that all our HIV projects include HAART [highly active antiretroviral therapy] – what is the proportion of HIV projects that have in practice included HAART to date? It also mentioned that HIV treatment should be given outside AIDS programmes, and finally it requested that our local staff be treated. What are the results to date?

[...] The IC made the following conclusion:

Communicable diseases

With regard to the results related to the implementation of our different policies in controlling infectious diseases, the IC encourages the executive [to]:

- create MSF forums where these results are presented and discussed
- disseminate these results through publication in international peer-reviewed journals

This is especially valid concerning the output and impact of new methods of diagnosing, treating, and monitoring HIV/AIDS and malaria.



Minutes from the MSF International Council Meeting, 4 October 2003 (in English, edited).

Extract:

V. Malaria

[...] The starting point of the discussion was the letter sent by the French HoM [Head of Mission] of Sierra Leone on malaria complaining on the lack of resources invested in the malaria issue. His (Jean-Hervé's [Bradol, MSF France President] – who had put this issue on the agenda) objective was to use a concrete example to highlight the problems of the varying priority levels given to this issue. In his opinion, treating patients correctly should be/is the first priority; changing national protocols should be second. Furthermore, another major problem is that we are unable to give a clear picture of today's situation in regard to malaria, due to lack of figures. We were unable to give a precise number of our patients being treated with ACT [artemisinin-based combination therapy] a year ago, and this remains valid today. As a board member, he feels this is unacceptable. We are accountable to our patients, to our donors, to our members. He feels that as an elected board member, our role is to put pressure on this issue.

Rafa [el Vilasanjuan, MSF International Secretary General] responded as the executive representative to the meeting: We have been slow in response to malaria, we have tried to install plans of actions over the last year defining the countries where we can have high impact, countries where we could work together, etc. [...] Not being able to provide accurate figures is a failure. Meanwhile, there have been a lot of discussions at DirOps level [...] the idea is to have clear strategies in the various countries and define where we can best work together, e.g. as regards implementation: far easier when we're dealing with non-state actors than when we are working with the MoH. [...] In order to better assess the situation, there is a need to have precise figures, we also need to have good diagnostics.

In March 2001, during an open session of the board meeting, MSF Belgium had a tense debate on medical care of local staff living with HIV/AIDS. Despite many disagreements, there was a consensus that the final objective was to provide all the staff requiring HIV/AIDS care with proper anti-retroviral treatments (ARV). It was also acknowledged that this goal was "not reachable in all places at the moment." In the following months, a policy paper was distributed in the field and measures were taken to start fulfilling this objective.



Minutes from the MSF Belgium Board Meeting, 9 March 2001 (in English).

Extract:

Open Session

1. Debate on AIDS and Local staff [...]

Situation report from Stefaan [van der Borgh]:

It would be impossible to try to write down commonly agreed conclusions about this debate where at times the things that were said entirely contradictory statements made just minutes ago. There was very little consensus, there were sometimes opinions shared by the majority and opposed by a minority and most often there were standpoints that reflected a willingness to search and to advance, difficult as that might be. The summary is mainly made up of quotes and things people said during the debate and doesn't reflect the opinion of this reporter. One could say that there was maybe one statement shared by all: "[...] our final goal must be to offer adequate antiretroviral treatment (ARV) to all our staff [...]." Almost all agreed that "this final goal is however not within reach for the moment in all places." For some the debate should not focus on the questions of principle, but discussion should be about the practical problems that kept us from treating all infected staff. Feasibility should be the issue, and the principle, as reflected in the statement that "in the end all should have access" appeared clear for them. [...]

Trying to write some conclusions:

We all want to give our staff members' access to ARV treatment, but unfortunately we are not able to do this yet. We felt however that some progress could and should be made. It would be the responsibility of the HR department to take the issue forward. They would need the support of the medical department to draw a medico-technical framework (quality evaluation of existing services). A medical framework does already exist in some form. It should be enlarged with the financial aspects and consequences of any decision taken. In the meeting of last September with the heads of mission it was agreed to make an inventory of the activities in the field of HIV treatment that were currently existing in the places where we work. In our actions the willingness to progress will have to be stronger, and the human resources department has to take the lead in this.

The issue of access to antiretroviral treatment also arises for MSF staff heavily affected by the HIV/AIDS epidemic.



Minutes from the MSF Belgium Board Meeting, 3 August 2001 (in English).

Extract:

Document on local staff and AIDS

The document was introduced and disseminated in the field. Each mission will have to apply the policy according to its context. Stéphane recalled the idea put forward [...]. AIDS and local staff [need] to develop an internal MSF social security system (common fund for all MSF employees): to be clarified at headquarters level.

In June 2002, the MSF international council requested that all MSF staff benefits package include anti-retroviral treatments, if medically required. In November 2005, the International Council noted that despite these intentions, there was still progress to be made to provide all local staff living with AIDS with anti-retroviral treatments.



Minutes from the MSF International Council Meeting, 28-30 June 2002 (in English).

Extract:

IC Resolution on HIV/AIDS

Benefit packages for all MSF staff should include the possibility of antiretroviral treatment if medically required.



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English).

Extract:

Session on other associative projects

1. Follow-up on medical resolutions

• Resolution on ARV and local staff:

Each president reported on the implementation of the resolution:

- MSF H[olland] developed and endorsed a policy and provides ARV to local staff in 20 countries (not yet in new countries). There is no data collection for confidentiality reasons.
- MSF Swi[tzerland]: ARV are provided in all projects apart from two.
- MSF S[pain]: a policy is in place. For countries where there is an MSF ARV project, local staff is included. In countries where there is no MSF ARV project, local staff either receive ARV directly from MSF or are referred to other structures.
- MSF B[elgium]: 82 local staff are on ARV and 29 family-related. This is expanded to all projects.
- MSF F[rance]: no accurate figures available. A medical doctor has been appointed on a part-time basis to make an assessment.

Conclusion: The intention is there but still some progress [needs] to be made for full implementation.

In the following years, the International Council also closely followed up the implementation of ACT use in the malaria programs, regularly challenging the executive to provide data while reiterating that it was its duty to guarantee good medical practices and proper decision implementation.



Minutes from the MSF International Council Board Meeting, 7 February 2004 (in English).

Extract:

VI. Malaria [...]

The snapshot of malaria from September was discussed briefly, and recognised as incomplete but a starting point. Points made:

- The process for looking into malaria figures was commenced in October 2002,
- Re accountability: 'It is the IC duty to guarantee correct medical practice among our team and proper decision implementation. In a medical institution, governance is knowing how many patients you treat and how.'



Minutes from the MSF International Council Board Meeting, 17 April 2004 (in English).

Extract:

Malaria and ACT implementation: [...]

Next steps:

- The international council board asks to ExCom to provide explanation on the current situation with data collection and level of ACT implementation [...].
- Each international council board member will individually bring this issue back to their executive.
- International council board members are requested to come back to the IC with where they are and what problems their section has potentially encountered.
- The medical coordination is requested to push medical directors to work on data collection and reporting.



Minutes from the MSF International Council Meeting, 19-21 November 2004 (in English).

Extract:

Follow-up from last IC board on malaria and TB:

On malaria:

Rowan worked with Christa Hook (malaria Working Group Coordinator) on a simple set of indicators to measure the implementation of the 2001 IC resolution. [...]

Decision:

The IC asks for the same exercise to be done in 12 months to see implementation progress. Rowan to send by email, the global percentage of patients treated with ACT.

Subsequent to the meeting, the percentage was calculated and reached at 64%.



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English).

Extract:

Session on other associative projects: Follow-up on medical resolutions

• Malaria – ACT [artemisinin-based combination therapy] implementation

Rowan [Gillies, MSF International President] went through the malaria working group to get detailed data but only got feedback from three sections:

- France: 97% ACT implementation
- Spain: 81% ACT implementation -> overall, a significant improvement (no data for DRC)
- Switzerland: 78% ACT implementation -> two countries of concern (Uganda – changed recently; Ethiopia [...])
- Albertien [van der Ween, MSF Holland President] provided the figures for Holland: 90% ACT implementation (ACT is used in all projects with some problems due to national issues in Burundi).
- Jean-Marie [Kindermans, MSF Belgium President] committed to look into this and come back with data for MSF B[elgium]. [...]

-> All in all, it has improved, but getting figures is still a problem four years after the resolution was voted at the IC. For Rowan this is partly due to the fact that the international medical coordinator (IMC) is dealing a lot with technical issues but has no capacity to deal with such political issues. [...]

Decision:

Each OC president to come to the extraordinary IC meeting in March (in Luxembourg) with detailed data on malaria for 2005.

In November 2004, the International Council adopted a resolution acknowledging the key role of the Access Campaign in improving MSF's ability to provide effective treatments to patients suffering from HIV/AIDS, malaria, and trypanosomiasis.



Minutes from the MSF International Council Meeting, 19-21 November 2004 (in English).

Extract:

IC [international council] Resolution on Access Campaign

The IC recognises that the Access Campaign has been instrumental in achieving several important objectives, including elevating drug access issues to international agendas and global debates. Due to the campaigning, MSF's ability to provide AIDS treatment, as well as effective treatment for diseases such as malaria and trypanosomiasis, has improved. Furthermore, the campaign has played an important role for the internal functioning of MSF as a body

challenging the status quo and bringing the focus back on the medical act of humanitarian aid. The IC believes that the need to address these issues is at least as important today as it has been.



There was a whole effort in terms of resolutions and follow-up on those resolutions on AIDS, multidrug-resistant TB, and malaria. We had asked Rafa [el Vilasanjuan] and then Marine [Buissonnière, successive International Secretary Generals] to present information every six months on the number of patients for each kind of infection by operational centre and protocol. For example, for malaria, we wanted to know how many patients had been treated, the percentage of who received laboratory confirmation based on a rapid test and the percentage of those who were treated with an artemisinin-based combination therapy. The goal was to put pressure on the operational centres, which were moving too slowly. Those who opposed the international structure then realised that the results around infectious diseases or around the Campaign for Access to Essential Medicines could not have been obtained without that structure.

Previously, the operational centres thought that they could handle everything on their own, even better, and perhaps better still all alone. After this episode, many people had to acknowledge that this was very important in terms of transformative power, even if they remained critical and defiant. Developing this strength was unprecedented in MSF's history and it was achieved only in the context of an international network. At the same time, fundraising – in a number of countries and, in particular, MSF US – generated a flood of contributions from private donors. So, this financial strength and this political adroitness combined, helped change the thinking of those who opposed the international structure.

Dr Jean-Hervé Bradol, MSF France President,
from 2000 to 2008 (in French)



In terms of ARVs and ACTs, the issues that the Campaign for Access to [Essential] Medicines addressed, I think that it was good that the international council dealt with them. So that undoubtedly sped things up a bit. But it's odd that some of it worked and some of it didn't. So, you could still ask whether it was the international council's authority that played a role or whether certain resolutions were simply more welcome and less debatable than others. In terms of the artemisinin derivatives, we fought in every operational centre. I fought within mine and Jean-Hervé fought in Paris. Was the result thanks to the international council or to the fights in the operational centres? That's difficult to answer. I don't know. There were also many other resolutions of the international council that were ignored.

Dr Jean-Marie Kindermans, MSF Belgium President
from 2001 to 2007 (in French)



In my memory, one of the most important examples of associative decision-making were, firstly the decision that as an organisation, we were going to treat HIV and secondly, forcing the executive to treat malaria with ACT. These were two medical issues, because apart from the medical directors, the international council was the only other medical platform in the movement. So, on medical decisions, somehow the international council had some sort of legitimacy. But on operational issues, there were no such big decisions.

Dr Unni Karunakara, MSF International President
from June 2010 to June 2013 (in English)

b. Reproductive Health Care and Termination of Pregnancy

In November 2004, building on outcomes from the Mini AGs debates and a draft from OC medical directors on “MSF Sexual and Reproductive Health Policy,” the International Council discussed termination of pregnancy in MSF programmes. Their objective was to give guidance and some cover to field practitioners so that they could work with institutional protection. They acknowledged that termination of pregnancy was “neglected” in the medical practice of the MSF programmes.

The IC issued a resolution stating that the provision of comprehensive reproductive health care was essential in all MSF general medical programs and that availability of safe abortion should be integrated as a part of reproductive healthcare in all projects.



Minutes from the MSF International Council Meeting, 19-21 November 2004 (in English, edited).

Extract:

19 November – Open session on abortion and [sexual violence](#)
[...]

Background:

The discussion was based on several documents including a draft ‘MSF Sexual and Reproductive Health Policy’ produced by the medical directors and the outcomes from the 2004 mini-GA discussions. From a legal perspective, a paper is under preparation and some responsibilities have to be left also at field level.

The objectives of this discussion are:

- To come up with responses to the following questions: are field teams free to do it and where are the organisation’s ethical boundaries? -> The IC has a responsibility to give some guidance to the field on the principles and support a consistent approach.
- To comment on the draft ‘MSF Sexual and Reproductive Health Policy’ produced by the medical directors. [...]

Conclusion:

As an organisation, we have to acknowledge that this medical act is neglected in our practice. Whether it is legal or not, abortion is practiced -> no need for a policy as such -> rather give the teams in the field the means/resources to do it the safest way. It was also emphasised that management of abortion should always be part of reproductive health -> abortion is only an epiphenomenon and should be part of a stronger perspective on reproductive health including political will to implement good quality family planning programmes -> IC resolution to emphasise on political will to implement comprehensive reproductive healthcare package, including abortion. [...]

IC Resolution on Abortion

The IC states that:

1. The provision of comprehensive reproductive healthcare is essential in all MSF general medical programmes.
2. Despite recent improvements and efforts, such care is still poorly accessible to patients in MSF programmes.
3. The availability of safe abortion should be integrated as a part of reproductive health care in all contexts where it is relevant.
4. MSF’s role in termination of pregnancy must be based on the medical and human needs of our patients.

14 in favour, 2 abstentions (United Kingdom, Denmark), 2 absent (Austria, Hong Kong).

In December 2007, the international council noted that this resolution on reproductive healthcare and termination of pregnancy was poorly implemented. They acknowledged some progress on dissemination of guidelines and strategies. However, they noted barriers to the provision of safe environments for the teams to perform safe abortions, due to legal and cultural constraints, but also to reluctance linked to moral or religious reasons both in headquarters and in the field. The International Council then reaffirmed its 2004 resolution and asked the executive to address the issue at both field and HQ level and presidents to further disseminate the resolution in order to ensure its implementation.



Minutes from the MSF International Council Meeting, 1-2 December 2007 (in English).

Extract:

Implementation of IC medical resolution on Reproductive Health and Abortion

Laure Bonnevie, International Accountability Coordinator, first presents the main outcomes of the report she did on the implementation of the November 2004 IC resolution on reproductive health and abortion. [...]

IC decisions on follow-up of the resolution

The IC reaffirms its November 2004 resolution (text of the resolution)

1. *The provision of comprehensive reproductive healthcare is essential in all MSF general medical programmes.*
2. *Despite recent improvements and efforts, such care is still poorly accessible to patients in MSF programmes.*
3. *The availability of safe abortion should be integrated as a part of reproductive health care in all contexts where it is relevant.*
4. *MSF's role in termination of pregnancy must be based on the medical and human needs of our patients.*

The IC acknowledges progress made, notably on the technical side for the definition and dissemination of guidelines and clear strategies, and to a lesser extent, on the implementation in our field programmes. At the same time, we do acknowledge legal and cultural constraints in the situations where we are working. The IC resolution was aimed at providing a safe environment for our field teams to perform abortions, which has not fully been achieved.

The IC considers that significant barriers for the implementation of this resolution remain and asks the ExDir to address them at both field and HQ level, and also asks to the presidents to further disseminate the resolution to ensure its implementation. The IC requests a follow-up report on this issue in 18 months that includes, as well, a more in-depth analysis for each context where we are involved in termination of pregnancy. In addition, the IC encourages the executive/RIOD [Committee of Operational Directors] to examine policies and practices in the field of women's health.¹⁶

Unanimous



The first resolution on abortion was supported by Darin Portnoy, the President of MSF USA at the time. Because the issue of abortion was very sensitive in the US, it was important that our US colleagues be mobilised in the right direction.

Dr Jean-Hervé Bradol, MSF France President,
from 2000 to 2008 (in French)



There was an international council resolution that carried no weight at all at the time – the one dealing with abortion.

Dr Jean-Marie Kindermans, MSF Belgium President
from 2001 to 2007 (in French)

C. Abusive Behaviors

In June 2002, after the release of a joint report from UNHCR/Save the Children in February 2002, revealing that sexual abuses were committed on children in refugee camps in West Africa by “employees of national and international NGOs, UNHCR, and other UN bodies,” the MSF International Council issued a resolution on sexual abuse.

Recognising “the seriousness of the issue of sexual exploitation by humanitarian workers,” they asked each section to develop clear policies to prevent, identify, and sanction abuses.



Minutes from the MSF International Council Meeting, 28-30 June 2002 (in English, edited).

Extract:

IC Resolution on Sexual Abuse

The IC recognises the seriousness of the issue of sexual exploitation by humanitarian workers, which highlights the vulnerability of refugees, displaced people, and other populations in need to the abuse of power. The IC asks that each section develop clear policies, which define the means by which such abuses of power can be:

- prevented
- identified
- penalised

We understand that the consequences of the inequalities between the deliverers of humanitarian aid and recipients are an ever-present danger. We insist that the movement develop strategies to maintain continued monitoring of the effectiveness of the policies developed. The IC urges that the executive continues to raise the issue of the lack of adequate protection of these people with UNHCR and other responsible institutions. The IC requires the executive to report on this issue in November 2002.

Voting outcome: Unanimous in favour.

The issue of sexual exploitation came back on the table in 2004, after new revelations on sexual abuses by humanitarian workers in the Eastern region of the Democratic Republic of Congo.

In June 2005, the ExCom presented the international council with a state of affairs report regarding mechanisms set up by operational centres to tackle this issue. It showed that despite significant efforts, there was still much to do before these procedures were properly working. The International Council insisted that these procedures should apply to all MSF staff in the field, including expatriates and local staff. It also insisted that common mechanisms be shared by operational centres.

16. The implementation of safe termination of pregnancy in MSF programmes remained an issue. In 2012, the International Board reaffirmed its 2004 resolution, then in 2017, the International Assembly voted on a motion that “called to action across the movement to enact the MSF resolution on safe abortion.”



Minutes from the MSF International Council Meeting, 24-26 June 2005 (in English, edited).

Extract:

- Abuse of power – main outcomes of the state of affairs requested by the GD18 in November 2004 – Marine:

[...] GD18 in November 2004 urged the ExCom to make a state of affairs study to review the efforts and mechanisms that were put in place by the OCs. Delphine Prinselaar was appointed to carry out this study. Her report was presented at the GD19 on 14–15 June 2005 and sent to the IC prior to the meeting. The conclusion of Delphine's report is that significant efforts have been developed to put in place referral systems within each section. They now exist in each operational centre but the systems greatly vary from one centre to another. In addition, there are some limits in all systems now in place:

- o They are hardly accessible to local staff and beneficiaries for want of knowledge of their existence.
- o For the system to be trusted, there needs to be a certain degree of confidentiality and sanctions have to be applied.
- o The distinction between legal and ethical behaviours is not made -> issue of the grey zone.

-> There are still a number of concrete steps to be taken.

GD19 concluded as follows:

(1) The executive is committed to ensure that proper mechanisms are in place and that the staff is briefed on these mechanisms to report abuse of power. The five operational centres will report on additional steps taken at the next GD19 in November.

(2) A discussion paper will be drafted on the general standards of MSF regarding behaviours. [...]

Main outcomes of the discussion:

It was deemed important by some members of the IC, that the systems have to be compliant with MSF's reality as an employer, therefore not only apply to the expatriates but to all MSF staff in the field – including local staff. Some also perceived as important, that OCs share common mechanisms.

In November 2005, the international council issued a resolution on abusive behavior/abuse of power based on a proposal drafted by the executive. They stressed responsibility and accountability to MSF for conduct by all MSF staff. The IC asked that mechanisms for complaints be publicised within the movement and that their use be reported every year.



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English, edited).

Extract:

Abuse of power

Marine [Buissonnière, MSF International Secretary General]

introduced the topic and mentioned the state of affairs study by Delphine Prinselaar, upon request from the GD18 in 2004. Dan Sermand (GD MSF Swe[den]) pushed it one step further and looked into what could be addressed and done to improve the situation in MSF including a GD19 proposal for an IC resolution. [...]

The proposed resolution on behaviour/abuse of power was therefore modified as follows and submitted to vote:

- All staff working within MSF are personally responsible for their conduct and MSF will hold them accountable for any actions contrary to the MSF charter and principles, in particular abuse of power.
- The systems of complaints for issues relating to any actions contrary to the MSF charter and principles, in particular abuse of power, must be described and widely publicised throughout the movement.
- The use of these systems must be reported on an annual basis at the international council.
- The IC requests the GD19 to follow up on this dossier and to report back to the November 2006 IC meeting.

In favour: 18, abstention: MSF Canada

2. Controversies

a. Drugs for Neglected Disease Initiative (DNDi): Research & Development in the MSF Social Mission and Binding Nature of MSF International Council Resolutions

In 2001, building on the work of the MSF Campaign for Access to Essential Medicines, the Drugs for Neglected Diseases Working Group was created, with the objective to develop a new model for drug research and commercialisation. This new model would combine and involve both private and public sectors in research and development for neglected diseases.

While MSF executive was to decide on the practical modalities of the project, boards and general assemblies of MSF associations and the international council were to decide on the extension of MSF's social mission to long-term research and development activities.




Minutes from the MSF France Board Meeting, 21 December 2001 (in French).

Extract:


DNDi (Drugs for Neglected Diseases Initiative): Report on the initial exploratory phase (Jean-Hervé Bradol, [MSF France President]).

The Drugs for Neglected Diseases Working Group was set up in connection with the Campaign for Access to Essential Medicines, but the former was independent of the campaign. Its goal is to develop new strategies to involve both the public and private sectors in R&D for affordable new treatments for neglected diseases. The primary results of recent months' work have been to define the structure that could oversee work on R&D needs in these areas. That structure would need to start from the needs in the field, rather than be vertically structured, take a long-term perspective, and operate with a relatively simple structure (25–30 people) promoting network-based treatment. The geographic location where the structure would be registered will be an important criterion. Paradoxically, within a few years, a significant share of funding could be public (approximately \$100 million), but the strategic choices made by the equivalent of a board of directors, composed of founding members, must remain independent of institutional funding.

Is this slightly paradoxical situation possible and manageable in practical terms? In the coming schedule, the first step for MSF (with support from the Pasteur Institute, the Brazilians [Oswaldo Cruz Foundation], the Indians [Indian Council of Medical Research], and others [Kenya Medical Research Institute, Ministry of Health of Malaysia]) will be to present a project that could generate financing from public institutions. The first phase of this exploration was to define the type of entity that we think is needed. The second is to review specific issues of finance, legal, and the definition of the internal institutions. This must all be presented for a decision to the executive directors in June. The boards of directors and general assemblies must also have their say because a decision to expand the organisation's mission to include ongoing R&D activities, even if modest and in connection with a partnership structure (in which, clearly, others would provide the scientific and industrial know-how), cannot be made only by the sections' executives (the executive directors, in this case).


 In 2002, during an International Council meeting, Bernard Pécoul [one of the initiators and, later, DNDi's Executive Director] told us: 'This summer, we're creating the DNDi.' Rafa [el Vilasanjuan, Secretary-General of MSF International] and I responded, saying, 'We can't do that. The General Assemblies have to consider it first. You don't realize what an institution MSF has become. We have to respect the internal rules and the way things are done. We can't make such an important change in the social mission without holding a discussion.' In the end he understood, but it was tense.

Dr Jean-Hervé Bradol, MSF France President, from 2000 to 2008 (in French)

 This was one of my last speeches, in 2002, as Vice-President of MSF Belgium's Board of Directors. The motion offered to the general assembly asked the following question: 'Does MSF support or oppose the creation

of the DNDi, with the objectives proposed?' Half of the General Assembly in Brussels was opposed and said, 'The public gives MSF money to treat patients. They don't contribute to funding research.' I worked in research and everyone knew that. So, my argument was, 'The patients who suffer from these neglected diseases, like sleeping sickness, also have a right to innovation. Like those of us here, who benefit from cancer research. But for these neglected diseases, there's no money to finance research.' We won, but barely.

Dr Marleen Bollaert, MSF Belgium President, from 1995 to 1998, Board Member/Vice-President from 2001 to 2002 (in French)

 Expanding the mission is a basic political issue, an issue for the association. The decision about whether to do that really must be made democratically. We had to obtain 2/3 of the association's votes for MSF to participate in this project. It took us a year to convince them! MSF Holland was really opposed, as were MSF UK and MSF Canada in the beginning; they were very close to Amsterdam. The only association from the Amsterdam group that we could possibly convince was MSF Germany, which had a lot of money. Ulrike [Von Pilar, the Executive Director] supported the DNDi project. But she was working with the Dutch.... So, we made the rounds of all of the general assemblies. At one point, we realized that the association that would put us over 2/3, that would make the difference, was MSF Spain. But, the Spanish team from the Campaign for Access to Essential Medicines, which had the Board of Directors' ear at the time, was opposed and published a statement on the day of the General Assembly. In the end, Bernard [Pécoul, DNDi's Executive Director] and I nonetheless managed to convince the general assembly, which voted for the DNDi project – by four votes out of 300! I think that at the association level, this was the hardest battle that we ever led internationally.

Rafael Vilasanjuan, MSF International General Secretary from January 2001 to January 2004 (in French)

In June 2002, the MSF Holland Board questioned the compatibility of DNDi with the MSF social mission. A few months before the general assembly, they submitted four options regarding this project for association members to vote on. Only 17% of the association members voted and the results were against MSF being a founding member of DNDi. Then the general assembly discussed it, voted again, and confirmed the first vote in favour of the "advocacy only, no financial contribution" option.



'Report on MSF Holland General Assembly,' 8 June 2002 (in English).

Extract:

The MSF Holland board wished to have an in-depth discussion on DNDi during the GA using the outcome of the voting as a starting point. Ballot papers were sent out before the GA, and should have been returned before the GA but some members were apparently unaware of this deadline. Only 92 ballot papers (17% of the eligible votes) were returned to the board secretariat. Although the outcome of this voting clearly indicated that MSF Holland members are not in favour of MSF being a founding member of the DNDi, the difference between option 1 (advocacy only) and option 2 (advocacy plus limited financial contribution) was too small to be conclusive. For this reason, and to give members a second chance to express their opinion on this very important issue, the board decided to hold a second vote during the GA. This vote was preceded by two presentations: Els Torrele (Co-chair of the DND [Drugs for Neglected Diseases] working group) argued in favour of a substantial financial contribution from MSF to the initiative and Bart Meijman (Board Member of MSF Holland) argued against this. [...]

Why the Drugs for Neglected Diseases Initiative should not be funded, Bart Meijman, Board Member

The discussion about whether or not to support the DNDi is not about whether it is a worthwhile initiative, but whether it fits in with the MSF mission. MSF Holland has always focused on crisis and conflict situations, bringing immediate relief through direct action, providing independent, direct medical aid in close contact with the people. We have also learned to use public pressure and advocacy when necessary. There is no reason to shift this focus; the number of conflicts in this world is not going down, on the contrary. We need all of our energy to improve the quantity and quality of our interventions. The DNDi is too distant from proximity. DNDi is about kala azar, sleeping sickness, and Chagas disease. You can compare it with the healthcare in Calcutta: there is a lot of poverty, there is hardly any functioning public health system, the needs are enormous over very long periods of time. Still, there is no acute crisis, it needs a developmental type of approach, as does the type of problems the DNDi wants to get involved in. MSF should not get involved. Do we have the expertise or are we making ourselves dependent on partners? What happens if partners drop out, what if the initiative fails? Our donors expect us to use our resources to provide direct aid to victims, not for research. The DNDi is not a flexible, MSF-like solution. [...]

Following these two presentations, several members voiced their dissatisfaction with the unclear voting procedure and with the unclear wording of the four voting options (see below). [...]

Members were given four voting options:

Option 1: Advocacy only, no financial contribution.

Option 2: Preferably advocacy only, but financial contribution < €1 million per year for a maximum of three years is acceptable.

Option 3: Founding member role with a financial commitment of ± €7 million per year for maximum five years.

Option 4: Abstention.

The votes were 'weighted' in the same way as for board elections, so that the votes of the salaried staff (office staff and country managers) do not count for more than 20% of the total vote. [...] This clear majority in favour of Option 1 – advocacy only, no financial contribution – was the MSF Holland position which the president presented to the MSF international council.

In late June 2002, after a tense discussion, the International Council voted on and approved, by a two-thirds majority, a resolution supporting "the proposal from the DNDi working group on creating a non-profit initiative to start relevant fundamental research and development on drugs for neglected diseases (the DNDi)."

The executive decision regarding MSF's precise commitments to DNDi in terms of human and financial resources was to be ratified by the international council after discussion by the IC board and association boards. Providing these were positive, MSF would commit to becoming a founding member of the DNDi for 5 years and for less than 3% of its total expenditures.

MSF Germany and MSF Holland voted against this resolution. However, MSF Germany, in an effort to be loyal to the majority decision committed to support DNDi financially. MSF Holland stated that to comply with their general assembly's vote, they would "under no circumstances" comply.

The IC president stated that MSF Holland's position was violating article 9 of the MSF international statutes, which state that the IC's decisions are "binding on all sections, including absentees and dissidents."



Minutes from the MSF International Council Meeting, 28-30 June, 2002 (in English, edited).

Extract:

DNDi

[...] A resolution to be voted on was presented to the IC (resolution that had been drafted by the IC board). Morten [Rostrup, MSF International President] emphasised the impossibility of including all specifications required by the various boards and that this resolution should be seen as the common thread between all. The objective of this resolution is to provide the ExCom with a framework to work within (hence specifications in terms of time and finances). This vote is a decision as to the principle involved and this session should not go into the details of DNDi, such as specific figures, etc. Details will be addressed in the feasibility study and business plan. This is about deciding whether we agree with the diagnoses of these present crises, and whether we are willing to contribute punctually and temporarily to finding a solution. [...]

Several comments were made following the round-table:

- Today is a decision on principle, the concerns raised will need to be measured against the feasibility study.
- As one founder amongst others, we cannot come up with too many specific recommendations [...]
- All remarks made will be handed to the people working on the DNDi and taken on board by the feasibility study.
- The limitations (time and money) were crucial to the acceptance of the principle in some of the boards.

IC Resolution:

The IC acknowledges that we today face a real crisis in research and development of drugs for the most neglected diseases like kala azar, sleeping sickness, etc., as outlined in the 'Fatal Imbalance' report by the DND Working group.

In principle, it is the public sector and the governments who share the responsibility to address this crisis. However, realising that these bodies have not effectively assumed their responsibility, the IC supports the proposal from the DND working group on creating a non-profit initiative to start relevant fundamental research and development on Drugs for Neglected Diseases (the DNDi) based on the following conditions:

The participation of MSF in this initiative must respect the following principles:

- Participating in this initiative does not imply a fundamental change in the social mission of MSF
- Participation in this initiative should not put our independence at risk

We agree upon the following:

- The initiative must be needs-driven, which implies a dialogue with patients, the end beneficiaries.
- The DNDi will, from the very beginning, be an entity outside MSF, and MSF will only be one of several founding members.
- As the IC does not see MSF as part of the permanent solution to the R&D crisis, MSF's involvement will be limited both financially and with time. The goal will be to catalyse and help create an initiative that will be able to address the crises and, in due time, to do so independently of MSF, also in terms of finances, fundraising, and advocacy.
- In order to guarantee the independence of MSF, the executive's decision on the precise commitments of MSF in terms of human and financial resources will be based on the proposed statutes of the entity, the governance structure, and business plan. This decision will have to be ratified by the IC.

Therefore, under the condition that the DNDi is feasible the IC decides that MSF commits itself to an involvement as a founding member in the DNDi. This commitment is limited to five years and financially to not more than 3% of total MSF annual expenditure. Our donors should be informed that MSF is going to allocate some limited financial resources to specific R&D for neglected diseases in the coming five years.

Recommendations

We recommend that the executive base its decision on the precise involvement of MSF in the DNDi on a document/ documents that make explicit:

- statutes of the initiative
- the way adherence to international medical ethics will be guaranteed in the design and implementation of clinical trials
- intellectual property rights (who will the developed products belong to?)
- governance structure
 - o for the DNDi (e.g. rights and duties of the board, relationship with the executive, voting mechanisms)
 - o between DNDi and MSF (link MSF executive, campaign, DNDi)
- business plan
- fundraising mechanism

We propose instituting a yearly review mechanism.

The voting outcome was: 16 in favour, 2 against.

MSF Germany said that, even though they voted against, they would be loyal to the majority decision and also support the DNDi financially. MSF Holland took another position saying that they would under no circumstances support the DNDi financially, i.e. despite a more than two-thirds majority in the IC. [...]

Re the binding nature of IC decisions and the situation of MSF Holland: Morten said that the statutes were very clear, restating (Article 9): 'The IC decisions are binding on all [sections], including absentees and dissidents.' If MSF Holland is not going to change its position, Morten suggests this will be a violation of the MSF international statutes. He suggested that all sections read through the minutes and the statutes and discuss this issue. A further debate should then be held at the IC in November (sovereignty of national board decisions v. IC decisions and the position of MSF Holland).

In November 2002, the International Council decided to ratify the International Executive Committee (ExCom)'s proposal on DNDi in June 2003. MSF Holland's refusal to financially support the DNDi was seen as challenging the legitimacy of IC decisions.

The International Council unanimously voted in favour of a resolution asking the MSF Holland president to report the outcomes of this discussion to her board, for reconsideration of their position at their 2003 general assembly.



Minutes from the MSF International Council Meeting, 22-24 November 2002 (in English, edited).

Extract:

VI. MSF Holland and their DNDi decision

The issue was introduced by Morten. The discussion is a crucial one as it has direct implications on the way the international council functions and the authority of its

decisions – this is why it was decided that this discussion should involve the whole movement.

Historical overview by Morten [Rostrup, MSF International President]:

A draft resolution was drawn up by the international council board; further to which MSF Holland decided to propose four different options to their GA. One of these options went against the binding nature of the decision that was to be taken by the IC – Morten called Lisette [Luykx, MSF Holland Board President] to warn her of the implications of this particular option. This particular option was the one that was voted [in favour] and Holland reaffirmed the supremacy of this option over the IC voting outcome at the IC in June. The ICP [IC president] sent a letter to the board of MSF Holland pointing out the possible violation of the IC statutes – this issue does not seem to have been discussed at the board of MSF Holland prior to the vote. So, the proposal is that the Dutch GA re-discuss this issue at the next GA in view of the IC arguments.

MSF Holland's arguments were various:

Had hoped to take the decision on DNDi based on a feasibility study that has yet to appear. On this basis, they feel that they cannot commit to give money and, furthermore, do not believe that the IC has the legitimacy to enforce this decision upon the sections.

Several counter arguments were put forward:

- [...] The crucial problem is the issue of the credibility of the IC. One of our regular complaints is that the executive does not always follow up on our decisions – not being able to enforce decisions that we have decided should be binding (therefore it is not about 'forcing' anyone – it's about taking a proactive decision) undermines the respect we request for our decisions.
- Statutes are very clear and Holland voted on these statutes, also, thereby pre-empting this particular argument. So, either the statutes are changed, in which case we can look at a non-compliance clause, or this is how it is.
- Holland has been a very valuable partner in defining DNDi and they are still influencing the process in a much-appreciated way. Nevertheless, the issue at hand is the delegitimisation of the IC decision. The process was very clear from the start. It was discussed in all international forums prior to the vote (ExCom and international council board) in order to avoid exactly this problem. [...]
- Not all decisions are put to the IC, furthermore not all IC decisions are binding [...] we decided in this particular instance that the IC decision would be binding. There are doubts as to whether this has been precisely explained to the Dutch GA.

Finally, the president of MSF Holland agreed to bring back an IC resolution on this to the board and GA of MSF Holland and have a new vote on this based on these different arguments.

Resolution on MSF Holland and the implication of their DNDi decision

With respect to the question of MSF Holland's refusal to be bound by the IC majority vote on the DNDi, the IC

considered all the factors of their decision, especially their accountability to the MSF Holland association. The IC respected their point of view and recognised their constructive contribution by generating important discussion. Given, however, the over two-thirds' majority binding vote at the June 2002 meeting, the IC cannot accept MSF Holland's non-compliance, as it threatens to undermine the legitimacy of the IC as the governance and sovereign decisional body of MSF International. The IC therefore, asks the president of MSF Holland to report the November 2002 IC discussion and position to the board of MSF Holland for reconsideration at the 2003 general assembly. The president of MSF Holland is then requested to report the results of these discussions back to the IC in June 2003.

The resolution was unanimously accepted.

On 24 May 2003, the MSF Holland general assembly confirmed its vote from 2002 against contributing financially to DNDi. In June 2003, the IC passed a resolution stating that international projects decided upon by the International Council with a two-thirds majority were binding for all sections and should be financed through the running costs of the IC office. These costs should be shared among all members of MSF International, including absentees and dissidents.

The MSF Holland president eventually approved the request that MSF Holland, as a sign of commitment to the international movement, allocate the equivalent amount of money proposed as their contribution to DNDi, to the Access Campaign instead.



Report on MSF Holland General Assembly, 24 May 2003 (in English).

Extract:

Morten Rostrup [MSF International President]: [...] This discussion however, is about how we take decisions at the international level. We are a dynamic movement and we have to find ways of dealing with situations as they arise. [...] This non-compliance creates a new situation for us. We tried to create a decision process and then one section declares that it will not abide by that process. It is hard for the IC to accept that a section just does what it wants, regardless. We are a dynamic movement, but we are not a federation of independent sections. We have a growth problem and MSF Holland is undermining the bodies that we have created to deal with this. [...]

Lisette Luykx [MSF Holland President]: MSF Holland is prepared to support the DNDi with advocacy, but it is not our role to actively participate in it. We are all in the same movement, we share the same views. The IC is a council of 18 presidents which is well equipped to take decisions about identity, principles, and debates. It is not a body which should take executive decisions. [...] The IC cannot take decisions

which contradict a vote by the association, it would cripple the dynamism of the movement. It would be a very unhealthy development to force a section to participate in something which had been rejected by its general assembly. The IC is about principles, not about operational consequences. So, if you state it was all clear to everyone in the IC, then I do not agree with you. I think we have to look at the steering mechanism of the IC. We should look at how we organise ourselves.

Morten Rostrup: [...] The IC lays down guiding principles; we need bodies to provide guidance for the future and MSF Holland has been part of this process all the time. If a majority decision is not binding, the IC is merely a discussion forum. Lisette's attitude would turn us into a talk shop which could not guide the movement.

Lisette Luykx: [...] We voted against participating in the DNDi because it falls outside the normal MSF challenges and moves us away from our goal of proximity to the people we serve. We are certainly not challenging all the IC's decisions, but DNDi has a unique status. [...]

Gerda Zijp [MSF Holland]: The international office budget should not be used for DNDi.

Rafa Vilasanjuan [MSF International Secretary General]: Of course, DNDi falls under the international office budget! It's an international project. It's all about accountability. [...]

Wouter van Empelen [MSF Holland]: [...] Article 4.1 says that the IC is a place for meeting, dialogue and discussion.

Morten Rostrup: And Article 4.2 includes the phrase: 'amongst others' which leaves every door open. The statutes are open to interpretation and the IC can change them. We're not going to, but that too is an IC decision. The statutes are very general, which is why we sent the issue to the GAs for a decision on whether we can do this. And everyone said yes, except MSF H[olland].

Wouter van Empelen: There's a contradiction between a broad movement with open discussion and enforced obedience to IC decisions. MSF is a big movement; if MSF H[olland] is forced to go in a direction it does not want to go, the movement with which people voluntarily associate themselves will be destroyed.

Morten Rostrup: But this will never happen. MSF will not turn into an operationally centralised international organisation with the IC at the top. This indeed goes against the very spirit of MSF. [...] If the IC says that a decision is binding and one section says that it is going to do as it pleases, that sets a dangerous precedent for future decisions.

Ed Schenkenberg [MSF Holland]: I am surprised you say our decision not to support DNDi is a threat to the movement. We are not preventing other sections from going ahead with DNDi, so why is our decision a threat?

Morten Rostrup: It was the first time such a big internationally agreed decision was taken. If your decision not to support DNDi against the will of the majority is, in the future, repeated by other sections, this means that every section can always do what it likes. What will keep us together? [...] It would be dangerous to start a system of à la carte financial contributions. You accepted this process last year when MSF Holland was part of the IC decision.

Austen Davis [MSF Holland General Director]: I would like to put on record that the international decision making was

complex and messy. [...] Other sections were unclear on the subject of DNDi; at least five of the GAs last year had controversy about them. Your portrayal of a rational, serial process is dishonest. The IC should have asked whether it is our mission to be a founder member of the DNDi.

Morten Rostrup: I admit that it wasn't a perfect process. We've learned a lot from it. All sections adjusted details of the proposed motion but there was a common understanding. [...]

Coen Borren [MSF Holland]: [...] I seriously doubt whether DNDi will be successful, but if we do not try, we may come to regret it. All sections should participate in this project together and the IC is the proper forum to decide about it. If thousands of other MSFers support this, we should trust the IC to make this decision.

Morten Rostrup: Indeed, this was not just a decision of the presidents and boards. All the presidents had clear mandates from their GAs. You're challenging all the other members of the movement. [...]

The following motion was put to the vote:

At the 2002 General Assembly, MSF Holland voted against contributing financially to the Drugs for Neglected Diseases initiative (DNDi). The international council has decided by a two-thirds majority to continue with the DNDi. Should MSF Holland contribute financially to the initiative?

The motion was defeated by 86 votes to 32, thus confirming the decision taken at the 2002 General Assembly.



Minutes from the MSF International Council Meeting, 27-29 June 2003 (in English).

Extract:

MSF Holland and the IC DNDi resolution

Because of the importance of this part of the minutes – they are presented here as a verbatim (based on the notes taken – although necessarily incomplete they should be as close as possible to the exchanges made).

Clemens Vlasich [MSF Austria President] introduced the issue: The issue at hand is: Do we feel that a two-thirds majority IC decision is binding to absentees and dissidents?

Lisette Luykx [MSF Holland President]: The issue was brought back again to the GA 2003 with an explanation that their previous decision had been perceived as being non-compliant, thereby raising the question of whether the IC could oblige a section to go against its wishes. MSF Holland does not feel that it is being anti-international; we rather feel that ours is generally a position of constructive engagement. In regard to the process: felt that it had been unclear (e.g. feasibility study), and part of the process changed 'en route'. [...] Would like to use this opportunity to clarify the domains where the IC can take decisions.

Morten Rostrup [MSF International President]: [...] Re the IC decision: it was decided to use a two-thirds majority (as opposed to a simple one) as a recognition of the importance of this vote. Furthermore, both the ExCom and the international council board decided that a two-thirds majority would be binding to all. This is the first time that

the IC decided that a decision to be taken would be binding – and one of the section defaults on this decision (*to be bound by the vote*). For me, if we allow this ‘à la carte’ system we have to question what the point of the IC is? [...] It’s not about having a centralised body: we just want that when we do take decisions, we all respect them.

Stefan Krieger [MSF Germany President]: The German point of view was not pro-DNDi, we voted ‘no’ in the end. At board level, our duty was to stick to the ‘no’, but were also clear that we would follow the IC vote. Statutes are very clear – there is a moral obligation: if you play the game you can’t change the rules as you go. Very astonished by the Dutch attitude – where do you stop if you behave like this? [...]

Jean-Hervé Bradol [MSF France President]: The issue was brought to the IC because it could affect our social mission – (all that may touch upon our social mission needs to go through the IC).

Romain Poos [MSF Luxembourg President]: Feel this is part of our moral responsibility, our legal responsibility. The international statutes should be ratified in national assemblies. This would turn them into law and reinforce the power of the IC.

Rafa Vilasanjuan [MSF International Secretary General]:

1) [...] the question is the IC’s capacity to take decisions or not. The financial issue is technical – and we’re all willing to accommodate you. But MSF Holland’s message was ‘we don’t comply.’

2) The process was clear (it was decided) that if there was a two-thirds majority against, no one would go ahead.

3) Should MSF be a federation? Work on an ‘à la carte’ bases? Up to us to decide. MSF Holland is right, it’s a good opportunity to define the role of the IC. [...]

Morten Rostrup: IC was at first a discussion club, it had no weight in decisions. It is now the association of all MSF associations with statutes. If this doesn’t work, this means four years of work down the drain and 10 steps backwards.

Lisette Luykx: We don’t have the right people/expertise to deal with DNDi [...]

Morten Rostrup: A resolution was taken six months ago, at the last IC, and this resolution was approved unanimously by the IC. [...] As chair of this IC, I cannot pretend that it did not happen. This also has to do with the credibility of IC members and the decisions they vote on in X or Y meeting. [...]

Pier Luigi Susani [MSF Italy President]: The problem goes beyond DNDi – accepting MSF Holland’s position is directly undermining the IC. The German position is the correct one. [...]

Jean-Hervé Bradol: [...] Feel provoked that MSF Holland’s discourse centres around the fact they didn’t know, were not aware and they are not offering one proposal of negotiation. Agree with Darin that sanctions should not take place – this would only reinforce the victimisation role. But you (MSF Holland) give us nothing. My compromise is that I won’t ask for sanctions – if there is no compromise then it means that the IC decisions mean nothing. [...]

A draft resolution was drawn up:

A. The IC specifies* that international projects decided upon by the IC with a two-thirds majority will be binding for all

sections. They shall be financed through the running costs of the international office. The costs shall be shared among all members of MSF International including absentees and dissidents. The sections’ membership of the IC is contingent upon its contribution to the running costs of the IC.

B. With regard to the specific issue of MSF Holland’s financial participation in the DNDi, the IC asks MSF Holland as a sign of commitment to the international movement, to allocate the equivalent amount of money proposed as their contribution to the DNDi to the Drug [Access] Campaign. A decision by MSF Holland is expected by the end of August.

[....] The vote was held on part A. [...]

14 in favour, 1 abstention (Holland), 1 against (Japan) and 1 non-participation (France). [...]

Stefan Krieger: So MSF Holland does not accept the statutes of the IC.

Lisette Luykx: No. We question the domains where the statutes apply. We believe that the statutes are phrased to take this into account.

Morten Rostrup: The IC says no – that it is not a question of interpretation. [...]

Jean-Hervé Bradol: [...] You are telling us by your vote that the consensus we had is non-existent. Five years of work down the drain – it’s a common/collective property that is being destroyed.

Lisette Luykx: We’re not trying to undermine the IC – the problem is being forced to do something. Do not doubt our international commitment. [...]

Tine Dusauchoit: [...] A strong IC is one that combines being loyal to its decisions with trying to accommodate dissident views and I can’t see how this resolution goes against this. This is the destruction of many people’s deep involvement/engagement. [...]

Rafa Vilasanjuan: The issue is quite simple – there has been a wrong interpretation of the statutes by MSF Holland.

Lisette Luykx: [...] Either you accept my proposal that we agree to differ or I can’t do anything with my board.

Rowan Gillies: Want feedback from the Dutch board about this asap. Do you recognise the IC statutes or not?

[...] The second part of the resolution was voted. [...]

Unanimously approved.



In that discussion – it took about two years I think – there was an enormous loss of trust. Of course, when you put forward the statutes and you are talking about rules and regulations, you are losing a little bit your cohesion as a movement. [At] MSF Holland we said: ‘OK, we will accept to contribute but only when the international council will review very strongly this aspect: how are we going to continue in our international movement? Because we don’t want another thing to be decided on the same level in the same way, where just another project claims X percent of our money, where we don’t have any sort of control over it. We also think that’s not legal, so we have to put things together and to build again a better movement.’ It was an enormous process, it was not nice, we learned a lot from it and we also saw that we needed to be

together again. So, in my recollection of things, it was that discussion that led to La Mancha.

Dr Lisette Luykx, MSF Holland President, from 2001 to 2005 (in English)



In retrospect, I think that the Dutch position was very helpful to MSF. It enabled us to undertake a serious process. And they were assigned to conduct the 10-year audit/evaluation. I consider that good governance. And it's healthier in terms of collective life. I find that situations like this – that involve a minority/majority, a debate, and a vote – are very important to help an organisation like ours, which, after all, has the advantage of being relatively democratic, to move forward. It's not perfect but it's much more democratic than the majority of the institutions in this environment. MSF is unique in that.

Dr Jean-Hervé Bradol, MSF France President, from 2000 to 2008 (in French)

On 5 October 2003, upon the request of a group of associated members, an extraordinary general assembly of MSF Holland discussed their board of director's decision to abide by the IC decision on compensating payments for the full DNDi amount to the Campaign for Access to Essential Medicines. They questioned the legitimacy of the IC to impose this compromise on MSF Holland and beyond this, the limits of the IC mandate in general.

Eventually, the general assembly voted on a motion stating that MSF Holland would financially contribute to the DNDi for the first year. Further contributions would depend on the outcome of discussions between International Council and the MSF Holland Board regarding the IC governance and decision-making capacities.



'Report of the MSF Holland Extra General Assembly,' by the Association Team, 5 October 2003 (in English).

Extract:

We have decided during two general assemblies and it is binding on members and board, so that is it!! [...] We refuse to be held hostage any longer by the international council over this issue. In our opinion, there is a huge contradiction and an enormous gap between the culture of our movement and the way the international council is trying to enforce obedience on our section. We regret this very much and feel that these methods are totally against the spirit of our movement.

The board of MSF Holland has already decided that they are in favour of paying compensation money to settle this dispute. For us, however, there is no hurry at all to rush

into compensation payments to please or to settle. For us, it has become far more an issue of principle to urgently clarify where the mandate of this international council really stops and where the autonomy of MSF Holland really begins. We think that this has become the real issue to be discussed in the movement and on IC level. [...]

Motion 1

The Members of MSF Holland association endorse that MSF Holland will contribute to the DNDi or eventual alternatives for the initial period of one year. Continued contributions will depend on the outcome of the discussions between the IC and the MSF H[olland] board regarding the IC governance and its decision-making capacities, to be clarified and agreed upon by the members of the MSF H[olland] association. The result of the voting was as follows (after weighting)

In favour 77.6%, against 22.4%

Total number of votes cast: 149

of which salaried staff: 56

non-salaried members: 93

The motion was carried.

In 2005, the inclusion of medical research in MSF's social mission was officially completed with the establishment of new international statutes.



We had the boards of directors vote on creating the DNDi, but we realised that, from a legal point of view, we were a little borderline. So, we had to make an adjustment afterwards to modify the international by-laws, which were voted on in 2005 and implemented in the following years. This modification had to allow – among others, because this wasn't its only raison d'être – medical research to be incorporated into MSF's mission. The earlier by-laws had referred to it, but the reference had to be much clearer because now that the process had a concrete goal – to create the DNDi. So, it wasn't just a declaration, but in the context of practical activities, to change the mission so that research and innovation would be one of MSF's pillars going forward.

Dr Jean-Hervé Bradol, MSF France President, from 2000 to 2008 (in French)

b. Legal Suites of Arjan Erkel Abduction Case: Management of Kidnappings, Speaking Out, and International Governance

On 2 August 2002, Arjan Erkel, a Dutch Head of Mission for MSF Switzerland, was abducted in Dagestan. In November 2002, an international group composed of a mix of MSF associative and executive leaders was set up

to provide support and advice to the crisis cell of the Swiss section in the management of the case. This crisis cell advisory committee was made up of presidents of MSF International and MSF France, the international general secretary, the general directors of MSF Switzerland, MSF Belgium, MSF Holland, and MSF USA, and MSF Holland's operations director.



There were already tensions within MSF Switzerland. The crisis team from the first few months had burnt out. The movement decided that because of these internal tensions, we couldn't leave things entirely up to MSF Switzerland; we had to assume our responsibilities. So, we said that MSF Switzerland should take the initiative on communication, but that strategy should be managed by a committee.

Rafael Vilasanjuan, MSF International General Secretary from January 2001 to January 2004.¹⁷



The international monitoring committee was created at the end of 2002 to share information that we couldn't share over the phone or by email. There were discussion meetings to make sure all the sections were on the same wavelength, that they understood our thinking, and the strategy we were following. This gave us a chance to share information and hear everybody else's ideas. And increasingly, because of the absence of MSF Switzerland's general manager and president, it became a steering committee, a sort of strategic reflection group. But it wasn't a decision-making body, because the decisions couldn't be taken there. There were too many differences of opinion among the participants.

Dr Thomas Nierle, MSF Switzerland, Head of Emergency then Director of Operations from 2000 to 2004 (in French)¹⁸

Arjan Erkel was released on 11 April 2004. During the 20 months he was captive, the whole MSF movement brought its support to MSF Switzerland in terms of public relations, negotiations, and public awareness actions. However, disagreements regarding strategies to be adopted in the kidnapping management led to severe tensions that were exacerbated after Erkel's release.

MSF Holland was criticized for repeatedly failing to implement decisions taken by the movement. They argued they had to face specific problems with the Dutch government and their civil society. They challenged the legitimacy of the associative and more particularly the

international associative in the kidnapping management by the executive. They also challenged an MSF France quote in the French daily *Le Monde*¹⁹, asserting that members of the Dagestani Parliament were responsible for the abduction.



Minutes from the MSF International Council Board Meeting, 17 April 2004 (in English)

Extract:

2. Arjan crisis:

Jean-Hervé's [Bradol, MSF President] point:

All sections had approved the crisis cell leadership and had committed to provide full support to the crisis cell's decisions. According to Jean-Hervé, on two occasions (August 2003 and March 2004) a decision on a public campaign to stress that Russian officials were involved in the kidnapping and that the Dutch government was not doing anything serious for Arjan's liberation, MSF H[olland] did not support the work of the crisis cell, and at times took a contrary position. This is again a question of cooperation and discipline within the movement. He disagreed with the way the case has been dealt with from the beginning but respected the decisions made. But then, when the crisis cell decided on another strategy (which was closest to his), MSF H[olland] did not accept it and did not respect it. [...]

Lisette [Luykx, MSF Holland President]'s position:

MSF H[olland] had to face specific problems, as the section was the closest to the family [of Arjan's] and felt that MSF could not afford to break with the family and to have them against MSF. The family felt a lack of confidence with MSF and this was raised by MSF H[olland] to the crisis cell, but the feeling was that they were not heard: MSF [Holland] did not undermine and did not deliberately obstruct the crisis cell, but was under a particular pressure and wanted to make sure that the family was clearly involved and informed. Over the past 20 months, Lisette acknowledged that there was lack of communication internally and that mistakes have been made and asks for the evaluation to take place and have things come out before making decisions.

Rowan [Gillies MSF International President]'s position:

The crisis cell was clearly in charge of the operations related to Arjan. When they have decided to go ahead, we all agreed to support the decision. There has been an obvious problem within the executive in Holland: the section was not fully informed of the decisions and the lines taken. This was due to a number of factors, including poor communication from the crisis cell, both to the family (the letter) and to MSF Holland. As well, the line taken in the *Le Monde* article was not in complete accordance with what was propagated throughout

17. This quote is an excerpt from an MSF Speaking Out Case Study: Laurence Binet (2010) War crimes and politics of terror in Chechnya (1994-2004). Available at <http://speakingout.msf.org/en/war-crimes-and-politics-of-terror-in-chechnya>.

18. Ibid.

19. MSF Accuses Russian Officials of Holding One of its Volunteers Hostage"/ (MSF accuse des officiels russes de maintenir en otage un de ses volontaires") *Le Monde*, 9 March 2004, Available at https://www.lemonde.fr/archives/article/2004/03/09/msf-accuse-des-officiels-russes-de-maintenir-en-otage-un-de-ses-volontaires_356027_1819218.html?xtmc=msf&xtcr=5

the movement by the crisis cell. However, the contents of the interview were completely endorsed by the crisis cell. MSF Switzerland has already acknowledged this mistake. However, the Dutch section responded inappropriately to this apparent discordance, sending around an internal communication suggesting MSF should retract part of the article. There have been assurances from the Dutch section that this suggestion was purely internal and not discussed with any journalists. However, the result in practice was that the implementation of the decision of the crisis cell was not fully backed in the section and the message sent around saying Jean-Hervé was wrong (referring to the article published in *Le Monde* – in line with crisis cell's decision) was a mistake.

Since January 2004, it is a fact that the crisis cell had been feeling that more energy had been spent convincing/fighting internally than externally. The Arjan crisis also unveiled significant disfunction in MSF H[olland] and MSF Swi[tzerland] (knowledge/level of information at board vs. executive level).

Should this issue be discussed at the associative level?

Leslie [Shanks, MSF Canada President] raised the fact that since the decision to give leadership to the crisis cell was an operational decision (ExCom level), this discussion should not take place at the associative level but at the executive level – unless it is proved that the MSF H[olland] board itself was involved in obstructing the work and decision of the crisis cell. Clemens [Vlasich, MSF Austria President] added to that the fact that neither the IC nor the international council board have been involved in decisions related to Arjan (no resolution, etc.). This was an operational issue on which the associative was only kept informed. This raises the question of the international council board legitimacy on such issues. It was objected that, since the beginning, Arjan was considered as a central campaign for the whole movement and that support for the crisis cell has also been discussed and decided at IC level. Although it was clearly an operational issue, the fact that a section has or has not supported the crisis cell clearly becomes an associative issue.

Decision:

- The international council board, except Jean-Hervé, acknowledged that the crisis cell has not received the expected support from MSF H[olland], but that there are mitigating circumstances. Also, the international council board, at the exception of Jean-Hervé, considers that as presidents they don't have enough information to make a decision as to the extent that there was an MSF H[olland] decision made to obstruct the crisis cell's work. It is felt that further investigation is needed to assess the perceptions before the international council board can make a decision.
- The international council board, except Jean-Hervé, therefore, proposes in the coming weeks to organise a meeting with presidents, general directors, and directors of operations of the three sections involved (Switzerland-Holland-France) in the case. The objective of this meeting is to 'talk things through' and come back to the international council board with a statement and

proposed solution to the issue. Rowan will contact people and follow up on this meeting. [...]

3. 'Tentative' conclusions of the discussion:

International council board members acknowledged that the international council board group is still in the process of being built and that, despite procedures, we sometimes lose our way. Jean-Hervé's point is taken into consideration and the group will work on solutions to rebuild confidence among the group.

In the days following the release of Arjan Erkel, the Dutch government demanded that MSF Switzerland reimburse part of the ransom the Dutch government had paid to secure Arjan Erkel's release.

On 14 May 2004, the MSF Switzerland president and the general director sent a letter to the Dutch authorities, indicating they agreed to repay half of the amount. They shared this letter with the MSF Holland general director and president before sending it, but did not inform the international office or the international executive committee.

On 18 May 2004, during an extraordinary meeting, the ExCom and the IC board acknowledged their respective disfunctions in the Erkel crisis management case and decided to give the international office, represented by IC president and International secretary general, the responsibility to follow up with the Dutch government. They decided that a letter would be sent to the Dutch government on behalf of IC and ExCom that would:

- Denounce the Dutch government's unacceptable attitude during and after the kidnapping
- Clearly revoke the 14 May MSF Switzerland president and general director's letter to the Dutch government

Again, tensions arose due to various approaches in search of the appropriate responses to be given to Dutch authorities' demand, but also to challenges regarding international decision-making processes set up by the MSF movement. Offensive styles of communication with colleagues and lack of transparency were particularly pointed.

On 28 May 2004, an article in the French daily *Le Monde*²⁰ revealed that a ransom was paid and that the Dutch government was asking MSF to reimburse and threatening to stop funding the organisation's programmes in the event of refusal.

20. "The Netherlands paid a ransom for the liberation of Arjan Erkel, hostage in the Russian Caucasus/Les Pays-Bas ont versé une rançon pour la libération d'Arjan Erkel, otage dans le Caucase russe" *Le Monde*, 28 May 2004 https://www.lemonde.fr/archives/article/2004/05/28/les-pays-bas-ont-verse-une-rancon-pour-la-liberation-d-arjan-erkel-otage-dans-le-caucase-russe_366594_1819218.html?xtmc=msf&xtcr=15



Minutes from the MSF GD18 meeting, 8 June 2004 (in English, edited).

Extract:

- Information sharing and clarification of the position chosen by the international office. Preliminary comment: Rowan [Gillies, MSF International President] and Marine [Buissonnière, MSF International Secretary General] commented on the process, behaviour and on the offensive style of communication at HQ level over the past weeks, leading to absence of transparency, dishonesty, incoherence, unilateral decision-making, lack of mutual respect, misrepresentations, lies, etc.

NB: During the day meeting, several references were again made to the unacceptable behaviour of the past week and to the need for the international office to address this issue in the near future. [...]

[Rowan's] presentation emphasised the following points:

- 50/50 option and first letter to BuZa [Dutch Ministry of Foreign Affairs]:

Although Thomas Linde [MSF Switzerland General Director] mentioned this option on several occasions (teleconference ExCom+crisis cell advisory committee on 12 April, GA of MSF Germany, etc.), it was never discussed at the point [time] of decision-making. With the agreement of his board, Thomas Linde contacted the Dutch government through a letter signed by Thomas Linde and Eric Linder [MSF Switzerland president] and sent to BuZa on 14 May. This letter was shared with Austen and Lisette in MSF H[olland] before being sent to BuZa. This letter was not referring to a done deal with BuZa, but was a unilateral action by MSF Swi[tzerland] to force partial payment (NB: the letter was accompanied by a tougher emailed letter to the civil servant concerned and a desire to meet with BuZa 'to reopen discussions at some future date on the relations between MSF and the Dutch Foreign Ministry'). The IO believes this is a concern since the letter was sent without the knowledge of the international office and ExCom, although it reflects on the whole movement and as such the movement should have been involved. Indeed, the crisis cell advisory committee²¹ has always been involved in important decisions but not on this one -> raises the issue of the decision-making process. The other concern relates to the wording of the letter, which does not reflect the relationship with BuZa at all, throughout the crisis.

- Further steps taken in an extraordinary ExCom+international council board meeting (18 May):

Right after the movement knew about the letter sent by MSF Swi[tzerland], an extraordinary ExCom + international council board meeting was called on 18 May in Brussels. This meeting gathered all ExCom members and a majority of the international council board members plus Nicolas de Torrente

(as member of the crisis cell advisory committee). During the meeting, it appeared that both ExCom and international council board were semi-dysfunctional -> decision was made by the majority of the people present in the meeting to give the international office responsibility to follow up on the relationship with the Dutch government. During the meeting, the decision was also made that Rowan Gillies and Marine Buissonnière would draft a letter on behalf of the international council board and the ExCom to the Dutch government including the following points:

- Denouncing the Dutch government's unacceptable attitude during and after the kidnapping.
- Clearly revoking Eric Linder and Thomas Linde's letter sent on 14 May to the Dutch Minister of Foreign Affairs.
- Transferring responsibilities for follow up on the files with the Dutch government to the international office, represented by international council president and the international secretary. [...]

1. Defining a position process and the 'Le Monde article':

During extensive round of consultations and discussions led by the IO in order to define an MSF position on payment, the IO was informed that an article in *Le Monde* was to go out, including mention of the threats to reconsider Dutch funding to MSF (and potentially influence partners of other donor government in Europe). At that point, Rowan had a phone conversation with [Dutch Ministry of Foreign Affairs] who confirmed what he had said in the meeting with them. Linde and Austen Davis on 3 May re considering funding MSF and payment to avoid scrutiny. The BuZa [Dutch Ministry of Foreign Affairs] organised a press conference right after the *Le Monde* article went out, during which they mentioned that they had advanced the money for MSF and spoke of a ransom (no mention of the amount). This position contradicts the first statement they made demanding Arjan's release. Nevertheless, this puts MSF H[olland] in particular, in a difficult position as Dutch media was very negative to MSF (presented as an unreliable partner, etc.) -> MSFH urging the movement to define our position as the situation was now very damaging for the section. The international office worked hard to define a position but, once it was defined, many asked the IO to stand by, arguing we should not hurry into making a position right now.



To be fair to the Dutch they were the first ones who said this was a governance issue. When I first heard that, I thought: 'they are just pushing it back on someone, but it is a governance issue? And something like a kidnapping, is it an associative or executive issue?' Then I think immediately: 'It is an executive issue, but it does reflect on our name, who we are as MSF whether or not we pay ransoms. Therefore, there must be some associative input.' The other question was: 'Is it a sectional issue or an international issue?' At that stage, all the sections were feeding into different operational centres. Arjan Erkel worked for MSF Switzerland and he was a Dutch citizen. MSF Holland's partner sections, MSF UK and MSF Germany were involved in Dutch operations and so, as associates they had some say as

21. Jean-Hervé Bradol (President MSF F[rance]), Nicolas de Torrente (GD MSF USA), Austen Davis (GD MSF H[olland]), Kenny Gluck (Director Operational Portfolio MSF H[olland]), Rafa Vila San Juan (International Secretary - then GD - MSF Sp[ain]), and Tine Dusauchoit (GD MSF B[elgium]) were part of the crisis cell advisory committee.

well in the Erkel case. Swiss operations were fed into by Australia and a few others. And this again reflected the complexity of the movement. It was no longer five big European centres with [the attitude]: 'this is my authority and this is what I do.' There was a massive complexity of both where the support was coming from and even where their resources were coming from. Whatever MSF did up here, reflected across all countries. Anything MSF Swi[tzerland] did reflected very badly for MSF Holland.

Dr Rowan Gillies, MSF International President,
from 2003 to 2006 (in English)



When I took the job, the kidnappers were still holding Arjan. During the handover, Rafa [el Vilasanjuan, previous MSF International Secretary General] opened the international board's safe, which held two items: the Nobel Prize medal and the proof of life for Arjan Erkel. That said it all! Managing the kidnapping had gone beyond strictly executive concerns and this is when the associative commitment took its full strength.

Marine Buissonnière, MSF International General
Secretary from 2004 to 2007 (in French)

On 25-26 June 2004, the International Council refused Rowan Gillies, the MSF International President's resignation and committed to supporting him more strongly in trying to reduce tensions in the movement. The IC had a thorough discussion and issued a series of resolutions about governance and behaviours in the movement.

They insisted that demonstration of full and complete transparency, consistent commitment to respectful dialogue on issues of common concern, and adherence to agreed-upon international positions and strategies should be respected throughout the movement.



Minutes from the MSF International Council Meeting,
25-26 June 2004 (in English, edited).

Extract:

Most of the two days (25 late afternoon and 26 most of the day) were dedicated to a debate/discussion on the Arjan crisis including the following three main topics:

- explanation of recent events
- broader issues arising from recent events
- discussion on governance and decision-making process in MSF (how to take it further).

decide on Rowan's [Gillies, President of MSF International Council] proposed resignation (see [letter](#) below). [...] There was a clear consensus that at least a direction had to come out of the meeting and that the IC had to come up with a clear statement. Indeed, the crisis affected all sections and was discussed at all levels of MSF. But for that to happen, the debates should be structured. It was therefore decided on the night of Friday 25 June that discussions would not go into the details of the crisis but, after a brief reminder with a chronology, rather move ahead with general issues and discussions of principle, such as:

- management of the information (leaks, etc.)
- civility and respect between individuals
- response to crises
- prevention of crises
- process for a ransom policy
- governance and how to go ahead
- commitment to decisions and to bodies
- role of the international office
- transparency
- accountability and responsibility

Rowan also gave clarification on his letter and proposed resignation. He explained that the IO and himself went through difficult time over the past 4-5 months and that two issues in particular led him to write this letter

- His involvement in decisions that led to significant criticism (further to the mandate given by ExCom/IC board).
- After GD18, he committed to come up with a press release by 10 June. He then changed his mind afterwards and decided to delay the press release until after the mourning period (killing of the five [volunteers] MSF in Afghanistan). He made this decision on personal feelings and not on institutional reasons -> the IC has to decide whether we can afford personal decisions at high level.

Rowan also added that for this job to be done, some basic requirements are needed (see second part of his letter): over the past month the IO and the ICP positions have been abused. Therefore, IC is requested to make first a decision on Rowan, and second on how to go ahead. [...]

3. Resolutions on Position Statement – Crisis

At the end of the debates, three resolutions were passed:
Resolution 1 – IC

The IC expresses its relief for the safe return of Arjan Erkel after 20 months. We recognise and deeply appreciate the dedication and sacrifice made by all those involved in achieving this goal.

A longstanding strength and value of MSF has been its ability to internally debate, disagree, and challenge one another. During and after the kidnapping crisis, however, words and accusations as well as acts of omission and commission related to information sharing led to unprecedented levels of mistrust, suspicion, anger, confrontation, and confusion. The IC recognises and finds it unacceptable that such behaviours could and did lead to an internal conflict impacting the movement. We therefore support the plan for a review of the crisis with respect to the governance issues

raised and commit to preparing a report for the November 2004 IC meeting.

With regard to potential future conflict, members of the IC commit themselves to engage constructively in efforts that can prevent or at least limit negative impact on the whole movement. It is understood that the IC role and responsibility is distinct and apart from executive bodies but we fully expect the following to be respected throughout the movement:

- demonstration of full and complete transparency on issues of common concern
- consistent commitment to respectful dialogue, especially in times of conflict and dissent
- adherence to agreed-upon international positions and strategies; debate must be internal before external.

Each IC member commits to actively promoting the spirit and content of this resolution.

16 in favour, 1 abstention, 1 against



I remember speaking to Karim Laouabdia, the former General Director of MSF France, who had just started as the Access Campaign Executive Director. I said: 'Karim, I've been going [as President] for only three months and MSF is already falling apart.' Basically, in essence, he told me: 'You don't have the capacity, on your own, to screw it up. MSF is too powerful an organisation to derail only because of you.' All the people were very supportive. 95-98% of the people in MSF are really passionate and care day in day out about the work.

Dr Rowan Gillies, MSF International President, from 2003 to 2006 (in English)

In September 2004, the Dutch government decided to sue MSF in a Swiss commercial court for full reimbursement of the ransom.

In October 2004, the International Council set up an executive team and a steering committee to follow up the Erkel's court case. The International Council board would be the referent platform, to be consulted in case of deadlock. In November 2004, the International Council decided the movement would take over the financial burden of the court case.



Minutes from the MSF International Council Board Meeting, 8-9 October 2004 (in English, edited).

Extract:
Arjan case

- Update on the legal case (Marine) [Buissonnière, MSF International Secretary General]

The judicial proceedings have started on 23 September, with the introduction of the case – a purely formal step – to the Swiss judge by our lawyer and the lawyer of the Dutch government.

- Proposed set-up:

- Executive team: Marc Poncin and Laure Delcros assisted by Christine Cipolla. An additional person still needs to be identified to take on strategy/political reasoning building and potentially the comms part (senior and Dutch-speaker): the objective is to build a long-term strategy and a political case and create a debate around that (in the Dutch society, through mobilisation of other NGOs, international community, law professors, Dutch and EU parliamentarians, etc.).

- Steering group: MSF Swi[tzerland] (GD and president – one vote), MSF H[olland] (Michiel Hofman – one vote), international office (Marine and Rowan – two votes) [was the] decisional body on the political strategy and communications. The steering group had already met once all together. [...] Not all the information re the legal case can be shared, first for legal reasons (at the request of the lawyer) and also security reasons.

-> Steering group can decide to withdraw some information or not.

Areas where the steering group will call for some help:

- Communication and political strategy -> specific people in sections will be asked to give their input (when will the first draft be given).
- Legal side -> few lawyers around may be called to give their opinion. BUT the steering group doesn't want each lawyer in each board to 'run the case' in parallel. [...]

Decision:

o Set up:

The international council board strongly recommends that decisions be made by consensus. As the ExCom+international council board transferred the responsibility of the case and relationship between MSF and the Dutch government to the IO on May 18, Rowan has the final decision in case of deadlock in the steering group. The international council board will be the reference platform in case of deadlock and must be consulted for advice in this instance.



Minutes from the MSF International Council Meeting, 19 November 2004 (in English).

Extract:

- Update on the court case (Marine Buissonnière): [...]

Decision:

The proposal to share the cost of the court case among all sections (through IO budget) was *approved by 15 IC members – 1 abstention (Belgium) – 2 absent (Hong Kong, Austria).*

In March 2005, the Erkel court case international steering committee decided to proactively communicate on MSF's position about the kidnapping, prior to the court case's public audience due on 2 April 2005.

MSF Holland, concerned by possible impacts of communication on its section, disagreed with the drafted briefing paper and again challenged the role of international platforms in decision-making processes. In April 2005, while acknowledging MSF Holland's concerns, the International Council reaffirmed its support for the steering committee.

In June 2005, the International Council voted on a resolution supporting the proposal of MSF Switzerland for a strong "drop the case" communication campaign and minimised MSF Holland's argument that this campaign could alter MSF's image in Dutch society and thus, its fundraising results.

MSF Switzerland took the lead over the international steering committee, with support of IC president and International Office. As such, the committee was dissolved.



Minutes from the MSF International Council Board Meeting, 8 April 2005 (in English, edited).

Extract:

- Record of the decision-making process over the past three weeks – Rowan [Gillies] [...]

The steering committee last met on 8 March 2005 and unanimously decided to proactively communicate on MSF's position around the whole kidnapping (including perspective on the political context of the time) prior to the public audience of the court case (21 April). It was also decided that both Aymeric Peguillan (Communications MSF Swi[tzerland]) and Diderik van Halseman (Communications MSF H[olland]) would work together in Geneva on a communications strategy/briefing document. [...]

Again all acknowledged MSF Holland's concerns, especially on the potential impact the communications may have on the section, and that the section will be on the frontline and be more questioned on higher levels of details. It is also acknowledged that there are two different lines that won't change and that are impossible to reconcile [...] MSF has to build its defence on principles and stick to our overall understanding and our conviction and drive as expressed in the legal response, which may anyway go to be public (coherence issue). MSF H[olland]'s position goes against the position presented in the legal answer despite the fact that it was green-lighted by the steering committee including a representative from MSF H[olland].

Decisions on further steps: [...]

- MSF H[olland] board suggested some changes in the briefing document but stated that they "could live with

the document as it is". They also suggested that the document be shared with Arjan's family. Since the rest of the international council board has already given their green light in principle, on the document, the steering committee can go ahead and work out changes if necessary. [...]

- Lisette [MSF Holland President] committed to have an MSF H[olland] high-level speaker together with Christian (MSF Swi[tzerland]) and Rowan (IO) to promote the international communications line (press briefing planned on the week of the 11 April in Geneva).

- On the support of the movement for MSF H[olland], Lisette said that there is so far no financial damage but explained the impact on MSF H[olland]'s liability and credibility in the Dutch society (10% drop). GD18 in June 2004 had already committed to support operations of both MSF H[olland] and MSF Swi[tzerland] in case of financial risk. Extended ExCom (4–5 April in Geneva) reaffirmed that "if we are to be together, MSF H[olland] will have support and assistance." If we go as a movement on the same communication line, then the international council board reaffirmed last year's GD18 commitment to both MSF H[olland] and MSF Swi[tzerland]. *NB: A number of sections have already concretely committed to assist if the situation would damage the operations. Christian also mentioned that MSF Swi[tzerland] has already benefited from the international solidarity and would like to thank the sections for that.*

- International council board support to the IO was reaffirmed.

In addition, the following resolutions were proposed and unanimously approved:

1. The international council board supports the document proposed as a proactive briefing paper on the Arjan Erkel case.
2. The international council board reaffirms the support to the steering committee, its composition, its mandate and decision-making process in the event of disagreement.



Minutes from the MSF International Council Meeting, 24–26 June 2005 (in English).

Extract:

Arjan Erkel court case: [...]

- Position of MSF Swi[tzerland] – Isabelle [Ségui-Bitz, President] [...]

Concretely, we have the feeling that we have listened to MSF H[olland] for a long time and we want now, to take the dossier back to push it further. We want to go for a 'drop the case campaign' through communications and lobby targeting at key actors and we ask for the support of the movement including MSF H[olland].

- Feedback from the executive – Marine [Buissonnière, MSF International Secretary General]

The overall feeling shared by most GDs [General Directors] at GD19 level is that the steering committee has failed in raising MSF's position: we haven't been strong enough so far -> we now have to position ourselves stronger in the public. There is a need to step up and move on to a new

phase, i.e. get away from the legal and denounce at political level (using our legal defence).

• Position of MSF H[olland] – Albertien [van de Veen, MSF Holland President] [...]

Our position has not changed: we may discuss again and again but we have different perspectives and we will not reach an agreement. However, we feel that MSF cannot afford to have disagreements on such a dossier and that we should go on with the current set up, i.e. steering committee making consensual decisions. The section has no strong disagreement with the rest of the movement with regards to the attitude of the Dutch government, it is in fact, a matter of strategy and mainly of timing: our perception is that it is too early to go into an public campaign and that the legal case is as soft as butter to be used (issue of the 12 May 2004 letter offering to pay). We will not support a drop the case campaign because we think that it will have an opposite effect to the one expected: it will be perceived as a face-saving exercise and as if we are losing the case. It will not benefit our image.

Main outcomes of the discussion: Three points made in response to MSF H[olland] arguments:

- Promise to the Dutch government: it does not exist
- MSF H[olland] deficit in credibility in the Dutch society: this did not happen and MSF H[olland] still benefits from very high credibility with the Dutch public
- In addition, it was strongly felt that we cannot make a decision of principle on the basis of the impact it may have on the fundraising.

[...] Some IC members also emphasised the fact that the case has consequences on the whole movement and that the whole movement should stick together on that one. The fact that a western government sues an NGO is incredible and it is felt to be fundamental that MSF H[olland] defends a strong position vis-à-vis its own civil society and is therefore behind the campaign. If MSF H[olland] in the end refuses to support it, they should at least not block the whole movement from engaging in it.

The IC voted on the following resolution on the public campaign around the Arjan court case:

- The IC, one year after the June 2004 resolution, supports the Swiss section in conducting a strong public and political campaign to denounce and expose the unacceptable actions of the Dutch government in taking MSF to court. A part of the campaign will be to demand the case against MSF be dropped.
- The IC requests the ICP and the IO to support the Swiss section in this campaign as this issue is, and remains, an essential issue for all of MSF.

17 votes in favour, 2 against (MSF Holland and MSF Norway) [...] As a consequence of this IC resolution, MSF Swi[tzerland] will take the lead on the court case with the support of the ICP and the IO. Thus, as the decision-making is no longer with the ICP, the steering committee set up to assist that process is no longer valid.



It was really a challenging crisis and obviously there were personalities involved. People said it was a disaster for MSF. For me, it reflected the strength of MSF, that year after year these people were going after this, they were really passionate about getting this guy back and probably still have nightmares about the things they had to do. If I get stuck in a hole one day, with MSF again, I know people are going to be arguing like crazy, to be pushing like crazy to get me out, every single option and every single debate. So, for me, for the amount of work put in, it was a reflective of what MSF is. Some organisations would put it to professional ransom negotiators and the guy lives or dies. But that's not how we do it. I also feel that the concept of MSF working in the political context concerned, is essential for getting people out.

Dr Rowan Gillies, MSF International president,
from 2003 to 2006 (in English)



In terms of form, Jean-Hervé [Bradol, MSF France President] and Paris were accused of leading a guerrilla war, particularly with leaks in the press that did not represent the movement. But in substance, this case did not really take the movement down, because we were all against the Dutch. On communication, on the history of payment, on all the debates, each time, they were alone. In addition, they claimed to be legitimists, so it was complicated for them.

Dr Jean-Marie Kindermans, MSF Belgium President
from 2001 to 2007 (in French)

c. Darfur Crisis: Speaking Out/Public Positioning

In June 2003, the Sudanese government launched a counter offensive against the Darfur rebellion that resulted in the death of thousands civilians and displacement of hundreds of thousands. By mid-2004, the word 'genocide' was more and more used in the international public debate, to qualify the situation in Darfur. In July 2004, the US Congress unanimously adopted a resolution calling the events in Darfur genocide.

On 24 June 2004, the MSF France President stated to the French daily, *Le Monde* that in the case of Darfur, genocide charges were inappropriate. The very next day, the International Council deemed that MSF had *neither the expertise nor the ability to make legal analyses and qualify the situation* in Darfur, and deplored MSF France's president public positioning on this crisis without any previous internal debate. Within the movement, many feared that this statement would be instrumentalised by the Sudanese government to minimise the violence against populations in Darfur.



“Jean-Hervé Bradol, MSF President: Khartoum has Pursued a Policy of Fierce Repression,” *Le Monde* (France), 24 June 2004 (in French).

Extract:

[*Le Monde*]: After a year and a half of civil war in Darfur, the toll is heavy. Recently, charges have been brought against pro-government militias in Sudan, allegedly for genocide. Is this the case?

[Jean-Hervé Bradol]: Charges of genocide are out of order. Under no circumstances was there a desire to exterminate entire villages or a particular ethnic group. It is not necessary to use this inaccurate term to describe the fierce repression that has been carried out by the government in the region. In the IDP camps in West Darfur, which I have just visited, the effects of this repression in the autumn and winter of 2003 are evident. Our surveys show that on average families have lost 15% of their members. One in twenty people were killed, others fled. In addition, one in four children is malnourished.



Minutes from the MSF International Council Meeting, 25 June 2004 (in English, edited).

Extract:

2. Darfur: [...]

• Debate on the ‘genocide’ issue:

[...] UN did not push the Darfur issue with the Government of Sudan (neither did we). UN basically slept on the problem for a long time. They suddenly became vocal by talking of ‘genocide’ but still without doing anything. IC members first noted that genocide is a legal term. MSF is now present in a number of locations and collected a lot of information/data and we therefore know of extensive violence, rape, torture, etc. Nevertheless, we have neither the expertise nor the ability to make legal analyses and qualify the situation. Our position (DirOps – March 2004) was rather to communicate on what we could observe, including the consequences of violence on the health status of the population (data collection). Declarations such as the one Jean-Hervé made in *Le Monde* may put MSF in a difficult position, as these declarations may be used by the Government of Sudan. At IC level, we have to recognise that this is a big crisis and that there is a massive need for assistance. But, some IC members regretted that Jean-Hervé did this declaration without any internal debate having taken place beforehand, especially at IC level, where principles should be debated.



Minutes from the MSF Directors of Operations Meeting, 19 August 2004 (in English).

Extract:

Public Communications

Several sections found it irresponsible for MSF to continue taking a public position that there was no genocide underway in Darfur. This remains a strong difference of opinion between

the different sections, which should be referred to the ExCom. One section feels that ‘genocide’ is being overused in general which has the effect of making the crime banal. The accusations of genocide in Darfur in particular, are politicised and part of an Anglo-American political strategy against the Sudan government. In order to stand apart from this strategy, it is necessary to clearly state that we do not believe that a genocide is underway in Darfur. Other sections feel that MSF does not have sufficient information either to claim or to deny genocide. The accusations of genocide which are being debated use the legal definition of genocide, based on the Convention for the Prevention and Punishment for Genocide. Using a ‘historical’ or ‘popular’ definition of genocide in defending the government is disingenuous. Stating publicly that there is no genocide is a baseless defence of the Sudanese government which betrays our trust with victims of massacres, rape, and forced displacement in Darfur.

In September 2004, in an op-ed in *Le Monde*, The MSF France’s president rejected any similarity between the situation in Darfur and the 1994 genocide in Rwanda. According to him, the US underlying objective in using the genocide charge was to reinforce the case for the ‘right to intervene’ doctrine supported by the American administration and some NGO’s. MSF as an independent humanitarian organisation should distance itself from this agenda that would promote military interventions to prevent serious and massive human rights abuses.

The movement remained divided at all levels regarding the relevance of this positioning more than of its content. Indeed, while no section was ready to assert that there was a genocide occurring in Darfur, only MSF France was assuming to state that what was happening in Darfur was not a genocide.

Beyond, what was internally at stake was the soundness for a specific section to take such an engaging public stance without previously discussing it with the movement.



“From One Genocide to Another,” Jean-Hervé Bradol, MSF France President, *Le Monde* (France), 13 September 2004 (in French).

Extract:

July 2004: The US Congress unanimously adopts a resolution calling the events in Darfur genocide. On 9 September, Secretary of State Colin Powell also stated before the US Senate Foreign Affairs Committee that “genocide has occurred and could continue in Darfur”. [...] It must be admitted that the thesis of genocide in Darfur, even if it is not binding on everyone, is proving to be a real success within human rights and humanitarian organisations. [...]

The established formula for defining this political project to which we are being asked to adhere is the right of interference in response to serious and massive violations of human rights. [...] Among serious human rights violations, genocide is the qualification that most clearly induces an obligation to intervene, not only ex post to repress, but also before or during the course of events to prevent or put an end to them.

Within this framework, the primary objective [is] to increase the frequency of vigorous international action in response to serious crimes. [...] Independence is essential for the humanitarian relief worker to be perceived by the belligerents as not taking part in hostilities. Respect for this principle requires that projects aimed at establishing a new international political order should not be endorsed and that action should be focused on the implementation of impartial relief.



Minutes from the MSF International Council Board Meeting, 8 October 2004 (in English, edited).

Extract:

Political positioning on genocide in Darfur

Rowan [MSF International Council President] first gave feedback on his trip to Darfur (July) where he visited all sections and nearly all MSF locations.

Re genocide: Rowan did not see this but emphasised the fact that it doesn't mean it isn't there. His impression is that there are massive repressive campaigns in the context of war, but intentional genocide is almost impossible to prove (there could have been intention at the beginning – a secret one?). For most of the field teams, this was not an issue: the feeling was that the security was bad but that it was still possible to work. When Rowan is asked by journalists, his speech on behalf of MSF is “we think there is massive violence against civilians.”

Re protection: “There is still a significant level of violence going on and political decision has to come from the international community”.

Jean-Hervé's position is rather similar: When in Darfur, he never mentioned the genocide issue as he thinks that it is not a relevant category to understand what is happening in Darfur. In the *Le Monde* tribune in September, it was a comment more than a positioning in a context of attempt to more systematically give genocide stamp on part of humanitarian/human right community (see HRW [Human Rights Watch], Amnesty -> their line is similar to ours) -> his comment was to say that the genocide notion was ‘déplacé’ (misplaced) in such a context (-> rather, it would be a crime against humanity).

Main points of the debate:

- The genocide issue has created significant discussion in the movement and gave the impression that Jean-Hervé had overruled the decision made by the directors of operations by going public re genocide. It also gave the impression that the debate became public before being considered internally. One feels that when questioned on the genocide issue, we cannot just say that we don't know while we

have been in Sudan for the past 25 years -> illustrate our position with data.

D. LA MANCHA 2005-2006

1. Toward Chantilly III

In November 1998, the International Council, building on the efforts of the International Executive Committee (ExCom) to set up a Common Operational Policy [COP], decided that a “mission statement” should be written that would provide strategic directions to the movement in terms of operational choices/policy. The objective was “to bridge the gap between the MSF Charter, the Chantilly text, and the COP.”

However, the “mission statement” was not approved by several general assemblies and not even presented to vote to some general assemblies. One of the reasons for this reluctance was that this idea originated in the executive. For many, the concept and the objective of such a document were difficult to understand. In addition, it was compounded by a translation problem.



Minutes from the MSF International Council's Meeting, 6-8 November 1998 (in English).

Extract:

The Chantilly text on identity and guiding principles is also too general to give a clear operational direction to the MSF movement. The COP was seen to be stalling because of lack of clarity around what it should seek to achieve or, in short, the lack of a clear mission statement for the MSF movement. This is highlighted by a perceived tension between MSF France and MSF Belgium each of which, some argue, takes different approaches to operations. [...]

Mission Statement: A mission statement to bridge the gap between the MSF Charter and Chantilly Text and a COP is an urgent priority. A ‘working paper on MSF's Mission Statement’ will be prepared by year's end by the president of the international council in conjunction with the executive committee. The paper will be reviewed at the RC meeting in March 1999, presented for discussion at the mini-general assemblies and general assemblies, and a final proposal for an MSF mission statement will be presented to the IC in June 1999.



Minutes from the MSF International Council Meeting, 10-11 June 2000 (in English).

Extract:

Mission Statement

- 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-roots level upwards might have had a stronger impetus.
- 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.



Minutes from the MSF International Executive Committee Meeting, 4-5 April 2005, nearby Geneva (in English).

Extract:

3. Identity [...]

- The mission statement of MSF, which created extensive debate back in James Orbinski's time has disappeared from the collective memory. Rowan will dig into the files and try to figure out what happened with it.



It was a fashionable thing for corporations to have mission statements. Then people said: 'what's wrong with the charter?' The argument was: 'the charter needs to be changed,' the 'neutrality' principle must be re-discussed, etc.

Dr Greg McNulty, MSF UK Board Member then President from 2001 to 2007 (in English)



MSF Australia never signed. I just said to James: 'We are not interested, it's not the priority, I don't think it's necessary.' He got signatures on it from most sections. And that's it, they did nothing with that.

Fiona Terry, MSF Australia President from 1997 to 2001 (in English)

The need for a better guidance of the movement's actions was mentioned regularly in international meetings as a need for a "new Chantilly." In 2000, at the MSF Belgium, MSF Spain, and MSF Luxembourg mini general assemblies, members voted on motions for the organisation of an extraordinary international general assembly (Chantilly III), in order to define the orientation of MSF's internationalisation process.

The International Council said that this motion was a sign of lack of communication regarding the internationalisation process. Organising an event is an enormous investment, so the International Council recommended that as a first step, debates be organized in "virtual space."



Minutes from the MSF International Council Meeting, 10-11 June 2000 (in English).

Extract:

Motions from the general assemblies were reviewed, and the following accepted: [...] The second issue raised related to the organisation of an extraordinary international general assembly to be known as Chantilly III in order to define the orientation of the internationalisation process of MSF (raised by the Belgian, Spanish, and Luxembourg GAs). Several points were raised:

- The fact that this motion appeared at all seemed to indicate a lack of communication on the progress made on the internationalisation 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 progress that is being made.
- 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 organised accordingly.
- The organisation of such an event would require an enormous investment in terms of resources, work, and finances.
- The aim of such an event does not appear to be very clear at this point.
- It is recognised that there is a demand for such an event (stemming from the GA that presented this motion) and that there needs to be an official response to this request.
- 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 [mini general assemblies] give their input on the internationalisation process. Furthermore, if a future meeting is proposed, the proposal will be carefully reviewed.

Outcome: 16 in favour, abstentions (MSF B[elgium] and MSF L[uxembourg]).

In 2004, despite the work done in previous years on growth management and governance, tensions and controversies increased within MSF movement. They crystallised mostly around three issues: the management of Arjan Erkel's kidnapping case, the MSF support for the Drugs for Neglected Diseases Initiatives (DNDi) and the

MSF public positioning on Darfur crisis. This highlighted the urgency to organise a new Chantilly-type meeting to collectively reflect on the 'what and how' of MSF's future. In October 2004, Rowan Gillies, the MSF International Council President sent a letter to MSF International Council Board, reminding them of a suggestion made by the MSF Holland association one year ago, to organise a new Chantilly-like meeting. He suggested organising a "Chantilly process" parallel to a "governance process."

His proposal was supported by a MSF USA letter addressing concerns about tensions in the ongoing international debate and their possible impact on field work. MSF USA proposed to organise a "reinvigorated Chantilly" to "reunify MSF under a basic set of principles."



Minutes from the MSF Holland Board of Directors Meeting, 24-25 October 2003 (in English).

Extract:

It is clear that the sections and partners have changed over time; the rules of decision-making need to be adapted to the new situation. We need to define what the core of the movement is; do we still agree? Do we need a Chantilly III? This will need movement-wide reflection, and a process to develop new rules for decision-making.



Letter from Rowan Gillies, MSF International Council President to the MSF International Council, 5 October 2004 (in English).

Extract:

There was a suggestion from MSF the H[olland] association last year that we go into a 'Chantilly II'²² process, it has been a long time since we last did this, and both MSF and the world have changed significantly. If we would consider such a process, looking at what we have become and defining who we are, at this stage in our history, it should go in parallel to a governance process as suggested above. Both a Chantilly process and the governance process would require a significant investment, both financial and in time, to have a chance of success. An initial decision on whether to go ahead should be made at this ICB [international council board].

Personally, I think we should consider both these processes. Currently, we seem to have crises that do not affect our operationality at this stage, I am concerned that any further crises, without a plan underway to address these underlying issues, would begin to affect operations. If this happens, we have failed in our responsibilities.



Letter from the MSF USA Board of Directors to the International Council, 7 October, 2004 (in English).

Extract:

Dear Rowan: [...]

We are writing to you as the MSF USA Board, to share with you the thoughts and concerns we have regarding two related topics: the upcoming discussions on international governance, and the issue of international relations/communication. Much of what the US board discussed stemmed from a sense that these far-reaching and critical issues affect all aspects of the MSF association and that we are at a critical point in addressing these problems. With this in mind, the following is a result of discussions that took place during a one-day retreat that board held in New York on September 18, 2004, and it is our attempt to contribute in a productive way to the heavy and time-consuming tasks which lie ahead. [...]

In addition, we believe that the crisis in MSF, sparked by the Arjan case but not necessarily caused by it, did affect our field teams and projects and, by extension, the beneficiaries we are assisting. We felt that there was a clear disconnect, a disjuncture in fact, between those representing the different operational sections (presidents, director generals, etc.) and partner sections, and the projects and teams in the field. It did seem that the letters received from field teams outlined this clearly and described very well the frustrations which all our teams are facing. Comments from field teams also illustrated the evident disappointment concerning the positions and actions taken by their representatives and the real risk of undermining our ultimate objective – assisting populations in danger. [...]

We believe that in order to move forward on any international issues in a meaningful and lasting way, it is of absolute necessity to address the growing disjunctures that are appearing at all levels of the organisation, both within sections and across them. Perhaps the most important level, in terms of our projects and beneficiaries is the link between the field and the governing representatives of the various associations. Political and ideological problems that seemed prevalent during the Arjan crisis in fact seem to be creating added stress and frustration for all. Again, it should be clear that we see these problems as having arisen out of the Arjan crisis, and not caused by it.

We feel that the best way to address these disjunctures is through a forum that is open to all sections, where such issues can be debated at the association level and not solely among the executives. It would seem that maintaining a closed-door policy and a compartmentalised approach (i.e. going from one GA [General Assembly] to the next, discussing these problems at the IC level alone) will only achieve a re-entrenchment of the conflicting positions we face today and bolster the current feelings of animosity. As this is a complex and delicate time for the movement, we must approach the problem at the broadest level. It is imperative that any future attempts to rectify the international fissures absolutely must include field volunteers and headquarters

22. Actually, a Chantilly III is more appropriate, since two Chantilly meetings have already taken place in 1995 and 1996.

staff, and well as governing representatives from all operational sections.

With this in mind, we suggest the need to organise a gathering/debate that would look much like Chantilly, however with a more specific set of objectives dealing with the international crisis and giving priority to the field. In this way the issues can be framed around our overarching organisational priorities. While we don't have a specific plan for a reinvigorated Chantilly, we do think organising this type of event would address these pressing issues, reunifying MSF under our basic set of principles (our charter), and have a profound and long-lasting positive impact on our movement.

On 21 November 2004, the International Council decided to organize a new Chantilly-type of process, including a meeting of movement representatives. Building on prior written contributions, debates would revisit MSF principles in a changing environment. There would also be a process of reflection on concrete case studies. A working group and a full-time organiser would be tasked to refine and implement the process.



Minutes from the MSF International Council Board Meeting, 8-9 October 2004, (in English).

Extract:

All ICB members agreed on a potential risk of a debate on governance: it could easily lead to a dry debate just on the structure of MSF -> need for a fundamental discussion – not only on procedure. This debate needs to reflect on:

- Our present perception of the role of MSF in a changing world:

- o Medical level (HIV/AIDS changing the nature of our operations).
- o Calling for military intervention (-> ongoing debate over the 33 years of existence of MSF and still we don't have a clear position); international justice (-> where do we stand).
- o Within MSF, shared operationality, etc.
-> 'Chantilly update' which could be addressed with the field.

- A potential reform of our international institutions:

- o Meaning of PS/OC [partner section/operation centre] has become questionable.
- o Imbalance in some platforms (ExCom vs. ICB).
- o We have contradictions in our internal decision-making process: how to respect minority when building international decisions (Jean-Hervé mentioned that one of his concerns is how to preserve the rights of a minority if outvoted. He mentioned that if he is put into a minority position, he will do what is asked by the majority in terms of resources, but would like to reserve the right to express his opinion externally on certain issues when asked).
When can we agree to disagree and when do we have

to be together with the same position; is there a need for more policing, etc.)?

- o Building stronger international institutions (e.g. stronger ExCom, ICB) also means transferring sovereignty to the international movement (vs. transferring it to our PS).
- o With OC groups emerging, risk of group logic (OCB, OCBA, OCP, etc.) which could lead to five group organisation -> decision on whether we choose this model vs. 19 group organisation will impact on the structure).
- o Are we a federation, do we want to be a federation -> would be interesting to look into federation model (EU, Switzerland, UN, etc.).

- Practicalities: clear need for resources and allocated time to carry on this process. Re participation of external experts, all members agreed that they could be useful in the process. But for some as well, the first groundwork is to be done internally: governance is also a question of attitude (we may have the right platforms but if there is no national commitment in the first place, it cannot work).

Decision:

The ICB reaffirms the strong need to go ahead with the governance debate with the following two components:

- role of MSF in a changing world
- how do we do things (-> international institutions / functioning).

Rowan will work on a proposal for next IC meeting (19-21 November in Geneva) including:

- Call for support to work on this (working group format?) including proposal to work with external experts. Support needed from IC/ICB (including general commitment from members of these platforms) to go on with this process. IC will propose a new-Chantilly type of process for decision.



Minutes from the MSF International Council Meeting, 19-21 November 2004 (in English).

Extract:

Decision: IC agrees to go on with the process as proposed by Rowan.

This process will include two tracks:

- A Chantilly type of meeting to revisit our principles in an changing environment – based on a number of papers
- Governance reflection process to be based on concrete case studies including:
 - Arjan case
 - DNDi
 - Speaking out on Darfur

Timing:

- Identify people to meet in the coming weeks and start working -> IC members to send names to Rowan by end of November.
- This group will report to the ICB at next ICB meeting (26 February 2005).
Full-time person will be hired to organise meetings, workshops, etc.

Rafael Vilasanjuan, the MSF Spain General Director proposed to name the process La Mancha, after the novel by Miguel de Cervantes in which Don Quixote de La Mancha endlessly and hopelessly fights against windmills. At the time, this name echoed the MSF movement's perception of its own chaotic situation.



Minutes from the MSF International 19 General Directors Meeting, 14-15 November 2005 (in English, edited).

Extract:

La Mancha process ->Rowan Gillies [MSF International Council President]

For the record, Rafa Vilasanjuan is the person who proposed the name 'La Mancha' for this governance and identity process.



The name La Mancha was an obvious reference to Don Quixote, because we felt like we were tilting at windmills [attacking/jousting imaginary enemies] a bit and this process was something of a 'last chance' saga. Earlier, we had expected to hold the meeting in Toulouse, so we thought of calling it 'Nothing Toulouse' [nothing to lose]. These choices of names highlighted the nature of the crisis in which we found ourselves. It was a crisis of confidence, but also an institutional one that showed the limits of how we operated at that time and our ability to make trade-offs in terms of that operation.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)

On 10-11 June 2005, the MSF Switzerland general assembly voted on a motion proposed by mission heads requesting active participation of their association in the La Mancha process.

On 23 June 2005, the MSF France board of directors voted in favour of French association's involvement in the La Mancha process, provided that a prior- and post-process meeting between leaders of MSF France, MSF Belgium would take place. They also voted for signatures on any international agreement created that would reinforce the movement's international institutions.

This discussion between MSF Belgium, MSF France and MSF Holland Presidents took place on 24-25 June 2005, during the International Council meeting. The proposal for La Mancha process was officially endorsed by the International Council. Several conditions were set: rewriting Chantilly and governance principles, ownership, and commitment of all IC members as well as a point made about minority positions in the movement.



Minutes from the MSF Switzerland General Assembly, 10-11 June 2005 (in French).

Extract:

Presentation of motions by the heads of mission
Motion 4

Taking into consideration the proposals from the mini-general assembly, we call for the active participation of MSF Switzerland in reviewing the Chantilly principles, while ensuring that all members receive information on an ongoing basis. These principles will be reviewed in connection with the review of international governance – the 'La Mancha' process. During the upcoming GAs, all the sections will be invited to vote on a revision of the Chantilly principles.

Motion 4 is accepted by 92 votes for, with 25 abstentions.



Minutes from the MSF France Board Meeting, 23 June 2005 (in French).

Extract:

Vote

A majority of the board of directors adopts, with one vote opposed, the proposal to participate in the La Mancha process, with four prerequisites: the extension of Rowan Gillies' term; a prior meeting among Amsterdam, Brussels and Paris; an agreement to strengthen the international institutions; and a reasonable cost for the internal process.



Minutes from the MSF International Council Meeting, 24-25 June 2005 (in English, edited).

Extract:

Session on La Mancha – with Ulrike von Pilar and Robert Collart:

Introduction – Rowan:

Rowan insisted that the current mistrust between sections must be clarified in order for the La Mancha process to be successful. Sections must be determined to proceed with an identity and governance debate and willing to accept the results of that debate. He invited the sections to an open dialogue on the main areas of conflict – underlying agendas and conflicts:

- transparency
- independence
- commitment to decisions
- role of the international office
- accountability.

To go ahead, we definitely first need to sort out the current mess and basically:

- be clear on where the disagreements lie
- be transparent [...]

How to make La Mancha sustainable and legitimate – Main outcomes of the discussion:

Rowan emphasised the fact that the three 'spoilers' (i.e., MSF F[rance], MSF B[elgium] and MSF[Holland]) first have

to work out whether they are ready to go ahead with the process. Indeed, we have to recognise the implication of a successful process (i.e. stronger international movement and clearer decision-making process). If the three spoilers disagree on that, the process is not worth it.

Position of MSF F[rance]'s board:

Majority is in favour of the process with four conditions:

- We need a pilot in the plane for the whole duration of the flight.
- We agree that the three spoilers first have to work things out, and that is why MSF F[rance] proposed a meeting to MSF B[elgium] and MSF H[olland].
- We – as a movement – have to agree that what we want is a stronger international movement.
- The cost of the whole process is an issue.

MSF B[elgium] position:

- In principle we are in favour of the process but what we aim for is not clear enough. In Jean-Marie's point of view, the aim should be to rewrite Chantilly and the governance principles.
- Spoilers: MSF B[elgium] is in favour of it as well, but feels that it is put into question by the apparent reluctance of MSF H[olland] to participate.
- Also, for the process to be successful, it needs to be made interesting -> our responsibility as IC. This also means that we start by tackling the principles/role/identity and then work on the governance/structure.

MSF H[olland] position:

No position at this stage as Albertien first needs to get back to her board.

-> There needs to be ownership on the process so as to make it interesting to the others.

-> There needs to be a commitment by all IC members on the outcomes of the process – taking into account that the aim is to give more power to international institutions and clearer governance principles. If people disagree with this, there is then no point in engaging.

-> The point was also made by Jean-Hervé that a balance has to be found so as to preserve the rights of the minorities (referring to the concrete example of the public campaign on the Arjan case: MSF H[olland] cannot prevent the movement from engaging in it, but may not support it -> we shouldn't force a section to support a position when the section is not convinced by it, but the majority should have the space to implement its decision without the support of all).

Once we have redefined these 'Principles of Action' we will have clarified (to a degree) our limits and responsibilities. This clarification will allow us to set the boundaries of what issues concern us internationally (effectively these 'Principles of Action') and those which are the concern of the national section (everything else). At the same time, we need to recognise and clarify our ways of working together, ensuring that we strengthen the international dynamic, while maintaining those aspects of our structure that we find important (freedom to innovate, association, respect for a minority view, etc.)



La Mancha had two points. One was coming to the realisation that we had a governance issue. But what do we want to govern? Do we know who we are in these days and ages while we've got new challenges? The second one was that everyone was fighting about DNDi, Arjan Erkel, etc., and we needed something to aim for. We needed some sort of vision. It was like having a party we were all going to go to in a year or two and we had to have something to lead up to. There had to be some sort of direction for the international movement instead of keep going around and around about, 'DNDi this but Arjan Erkel that.' I would see those crises, like all crises, as partially man-made. If it hadn't been those it would have been another crisis about us becoming an international movement and us being interdependent and sharing responsibility and sharing mutual accountability.

Dr Rowan Gillies, MSF International President,
from 2003 to 2006 (in English)

2. Process

The process started in mid-2005. To ensure ownership by all MSF members, paired interviews, discussion papers, and a series of debates were planned. The outcomes of these exercises were displayed and used to define and frame topics discussed at the final conference to be held in March 2006 in Luxembourg.



'Where is MSF Today and Why La Mancha?' **Discussion Paper** from Rowan Gillies, MSF International Council President, 30 June 2005 (in English).

Extract:

Where to Now?

First MSF needs to revisit its 'Principles of Action', taking into account the challenges we face. These include the dilemmas elucidated by HIV/AIDS treatment and our relationship to power and justice and require a fundamental discussion about the limits of our roles and the scope of our responsibilities as a medical-humanitarian organisation.



'What is the La Mancha Process?' **Memo** from Rowan Gillies, MSF International Council President, June 2005 (in English).

Extract:

A double objective: revisiting the identity and role and the structure

This concretely means:

1. Revisiting the validity of the Chantilly document that defines the identity, the role and the mandate of MSF and looking at what has changed over the past 10 years, especially in our working environment.

-> Expected outcome: updated and validated “principles” and new legitimate identity document (“La Mancha document”)

2. In parallel, revisiting our current structure and institutions and see whether they are still adapted to today’s reality both within and outside MSF.

-> Expected outcomes: strengthened international institutions and updated MSF International statutes and internal rules.

Who is driving it? It is an associative project and responsibility:

3. The process is driven by Rowan Gillies, the International Council President. He is supported by the ICB+ExCom group and a team composed of consultants and international office staff.

4. The process is backed up by all sections represented by their presidents who committed to stimulate it, drive it to a conclusion and implement the results. [...]

CONCLUSION

What is at stake is much more than a paper or an international meeting. At stake is a renewed agreement and motivation among MSFs to collectively drive the organisation’s mission for the years ahead and better assist populations in needs. It is volunteers and association members who ultimately make MSF what it is [...]. So, do not miss this opportunity to let your voice be heard on critical issues as the outcome will impact on your involvement with MSF, be it in the field or back in your home country, for years to come.



We had to find a way to reach a political agreement, but at the same time, the MSF movement had to understand it. People in the field and the sections had to feel that they had a say and that they could contribute. So, we thought about how to create a process that would balance these two goals – that is, a strong political agreement, but one that wasn’t cooked up in advance or imposed. We wanted to find that balance between internal reflection and external reflection that would lead to an inclusive political agreement, so we decided to work on multiple fronts. We wanted to engage people in the field in discussions with their colleagues without going through the mini-GAs, which had become very formal and lacking in content. We thus launched a whole association consultation process and held discussions and debates in the field, together with interviews.

Marine Buissonnière, MSF International General Secretary 2004 to 2007 (in French)



That was the great thing about having field people coming back and saying: “my problem today is whatever.” The idea with the international council was to make things as field based as we could. No one was going to read the minutes of the international council but if someone happened to, they could read it and say: ‘yeah that

affects me and this will give me a little bit more structure on how to do my thing and allow me to go ahead.’

Dr Rowan Gillies, MSF International President, from 2003 to 2006 (in English)

More than 700 paired interviews based on a questionnaire were organised in every field and headquarters. Interviewees revealed that there were more challenges for MSF than suspected, but there was not an identity crisis. They showed a strong demand for MSF to become more multicultural and to better integrate local staff at both operational and associative levels.



Minutes from the MSF International Council Board and Executive Committee (International Executive Committee [ExCom]) Meeting, 21 October 2005 (in English).

Extract:

First session: Updates and outcomes of first La Mancha activities

• Paired Interviews process:

Rowan first thanks all participants for the push given to the process. On 13 October (final deadline), the international office had received a total of 760 paired interviews, with a majority coming from the field (both expatriate and local staff) and the biggest contribution coming from MSF Holland. A draft synthesis was prepared for this meeting based on the first 624 paired interviews received at the time of the paired interview review panel meeting on 29-30 September 2005. [...] The synthesis will be finalised for the GD19 meeting (mid-November) and will include the remaining 136 paired interviews received after the meeting of the review panel.

The outcome of the paired interviews points more at challenges rather than at an identity crisis. They confirm a number of sensitive issues that are not necessarily new but that need to be tackled. In particular, they unveil a strong call for becoming more multicultural including a better integration of the local staff at both operational and associative levels (also touching on the governance aspect), a strong concern for quality, etc. [...]

Despite [the fact that] there were no new issues coming out of the process, it clearly shows strong trends and is a snapshot reflecting some evolutions over the past 10 years. As such it is felt that it has already partly fulfilled the original purpose. The final synthesis will be shared throughout the movement and hard copies of the synthesis will be sent to the field missions.

Discussion papers from MSF members and staff were collected. Some of them were short, addressing concrete

issues, while others were longer analytical ones on broader subjects linked to core questions on identity and missions. A series of papers were commissioned and written by “outside experts” who gave their views on the Chantilly document, challenges faced by humanitarian action in general, and MSF in particular.

All these papers were compiled in two volumes (one in English, one in French), titled **“My Sweet La Mancha”** that were distributed throughout the movement



Minutes from the MSF International Council Meeting, 24-25 June 2005 (in English).

Extract:

- Session on La Mancha: [...]o Short presentation of the already identified list of topics – Ulrike von Pilar [Coordinator of the La Mancha discussion paper process]: [...]Four thematic blocks were identified:
 - o Chantilly 10 years after – rereading the charter and the Chantilly document on our mission and principles.
 - o MSF as a medical-humanitarian organisation – which responsibilities? (this naturally needs to include a discussion of limits).
 - o MSF's position and role in the world – more than a doctor? A political actor? Spokesperson for people in danger? Witness? Advocate? Campaigner? Court jester?
 - o MSF as an association and international organisation – how to govern the ungovernable?

The idea is to invite three kinds of written contributions:

- Very short (one- or two-page) papers on one of the concrete issues already identified (see document attached) or any other that might come to a person's mind. Everyone is invited to contribute – members, national and international field staff, and headquarter staff. Each one of these papers should be linked to a reflection on the principles, should be very clear and precise, can be provocative, should be constructive. Contrary to the paired interviews, these papers should be signed. They should be written in a way that is comprehensible to newcomers as well as experts. They should be fun to write and fun to read.
- Around a dozen papers of a more analytical nature treating broader subjects directly related to our core questions on identity and mission (6–10 pages max.). These will be written by experienced MSF people whom we will directly invite to contribute or who will be asked by their section to work on this particular issue.
- Around eight commissioned papers by outside experts on how they read the Chantilly document and see the challenges faced by humanitarian action in general and, possibly, MSF in particular. These papers, as well, should not be longer than max. 10 pages, are not meant to be academic or for publication and could well be provocative or unguarded.



I had decided to ask the authors – internal and external – not to write a scientific piece but, rather, something very personal about the principles and about MSF.

Some were very funny. For example, Jonathan Benton, a British anthropologist, titled his contribution, ‘The Secular Sanctity of MSF’. He saw MSF a bit like a cult – and he was right! We received 120 responses. The process wasn't very structured. Today, I would take a bit more time and would be more strategic! I sent a weekly update to the entire international council and to the executive directors. We quickly had 30–40 responses. Someone said, “They're really writing, this is great, we're going to do something with these!” The book was Laure Delcros' idea. Not all of the groups participated equally in the preparations. The French got involved very late. They hadn't believed or expected that this would become a book. And then they woke up suddenly!

Ulrike von Pilar, Coordinator of discussing papers for the La Mancha process in 2005 and 2006 (in French)



We had asked all of the movement's leaders to contribute on topics that they considered to be key.

For example, Kenny Gluck [MSF Holland Director of Operations] and Pierre Salignon [MSF France Executive Director] each wrote about risk (institutional and individual risk), inspired directly by the Erkel affair. At the time, several articles were written that corresponded to the positions that people involved in MSF wanted to put forward. We also asked people outside to write about how they saw MSF and the current issues. The goal was for them to ask MSF questions about its operations and its institutional processes. We really wanted contributions from the outside that spoke to us. External contributions don't necessarily provide the kind of reflections that challenge us, not because the authors aren't capable, but because we haven't necessarily explained what we expected from them. So, we really needed someone to spend time talking with Peter Redfield²³, Renée Fox²⁴, Hugo Slim²⁵, and others, to explain where we were in this process, and to request that they write something that really answered the questions we were asking. Ulrike spent a lot of time with the external authors. Her preparatory work with them on their drafts, her knowledge of the humanitarian sector, and the sophistication of her analysis enriched the contributions.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)

In November 2005, the International Council agreed that sections should organise La Mancha-related debates in the field and headquarters. Papers on

23. Associate Professor, Department of Anthropology, University of North Carolina (USA)

24. Professor Emeritus of Sociology at the University of Pennsylvania (USA)

25. Chief Scholar, Centre for Humanitarian Dialogue, Geneva (Switzerland)

each topic selected for these debates were prepared by members of the International Council boards: Internationalisation and local staff; Justice – human rights; Governance; Accountability, Access to healthcare/medical responsibilities. Discussion paper syntheses on these topics were also used as background documents.



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English).

Extract:

Resolution on field/sections debates - Decision:

The IC agreed on the organisation of La Mancha-related debates at both field and section levels. The IC also agreed that the ICB develops, in the coming two weeks, one- to two-page summary describing the debate and where the different arguments lie within MSF on each topic.

Responsibility for each paper as follows:

Internationalisation and local staff -> Isabelle (working on this topic with Jean-Hervé)

Justice – Human rights -> Emilia (working on this topic with Rowan)

Governance -> Albertien (working on this topic with Greg and Rowan)

Accountability -> Bernadette, Rowan and Clemens (working on this topic together)

Access to healthcare/medical responsibilities -> Jean-Marie (working on this topic with Jean-Hervé)



'Description of the Debates in La Mancha January – February 2006' **Memo** from Rowan Gillies, MSF International Council President, 4 January 2006 (in English).

Extract:

The topics for the La Mancha debates have been agreed on, and fall into two groups. These topics are not intended to cover all the issues MSF needs to deal with in the coming years, rather they are a starting point to allow us to move ahead. The topics are:

Roles and Ambitions of MSF

- Medical Operations
- Medical Discourse
- Humanitarian Positioning

Governance and principles

- Quality and Accountability
- Internationalisation and Local staff
- Strategic Governance

It is obvious that many topics fall into a number of groups. For example, quality is part of both accountability and medical operations. These artificial separations are to allow us to structure the debates and not meant to create clear lines between them. I have attempted to outline some of the main points of the debates in the movement today. They are grouped into four different papers as follows:

- Medical operations and medical discourse
- Humanitarian positioning
- Governance, quality and accountability
- International and local staff

The list is incomplete, and the arguments are basic. They are meant to provide a starting point only for the field and HQ debates over January and February, in the lead up to the conference in March. [...] It is important to remember that most of these debates, especially 'Roles and Ambitions' are necessarily eternal ones within MSF. There is no desire to get specific answers based on one issue but rather to elucidate some principles by which we can make good decisions over the coming years. The governance debates are for defining how we want to proceed to carry out our roles and ambitions and make decisions as a movement in the future.



The idea was that we would try and keep the focus on that doctor–patient relationship, or nurse–patient relationship: how do we make that happen, how do we access those people and how do we make it between the right doctor and the right patient and the right treatment? And everything grew from that.

Dr Rowan Gillies, MSF International President, from 2003 to 2006 (in English)



It's not as if we had to go searching for questions! It was pretty obvious that we had them ... The first dealt with managing risks and security incidents, our role, and our institutional responsibility to our staff. The second was about the limits on our role in terms of R&D. The third involved the questions raised by our AIDS treatment programmes, given the size of the patient cohort treated with first-line drugs. I remember a question that was worded as follows, 'Are we an "AIDS" organisation?' What did that mean in terms of MSF's identity? There was the problem of speaking out. How far would we go? What do we say in a context in which the word 'humanitarian' is already a cliché? This wasn't new at the time, but it was a period when 'humanitarian war' and the use of humanitarianism by the parties to the conflict were discussed a lot. And then, what was our role in terms of advocacy? What were the limits on our positions in terms of more systemic solutions? At that time, everyone still remembered the consequences of the Bamako Accords for cost recovery systems and the support that MSF provided to that policy at the outset, only to later discover its consequences in terms of exclusion from its own programmes and beyond. Shouldn't we talk about what we actually saw – not support global solutions because we know that we cannot assess all of their consequences? That was also the time of the debate over TB treatment and the way in which the very orthodox implementation of DOTS [Directly Observed Treatment Strategy] had also contributed to excluding patients. Last, there was our endless questioning of our relationship to the justice system and what we would and would not say in the courts. That was when all the questions about the International

Criminal Court were on everyone's mind. The Court was just getting underway and MSF had already been contacted. What would we do? What wouldn't we do? What would we provide? What wouldn't we provide? What would we say? What wouldn't we say? All of these questions came to light through the operational and executive realities.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)



At the associative level at MSF Holland we had several special sessions for La Mancha. We made it into a true associative thing. So, one of the things was to introduce the papers and stimulate people to write papers. I think there were three papers coming from MSF Holland. People liked the papers and the debates. In fact, for us it was very helpful, because I said 'I don't want the Erkel issue on the agenda anymore, so we'll have another topic that people could be discussing...I am confident that you can make it!'

Albertien van de Veen, MSF Holland president, from 2004 to 2007 (in English)

To prepare for the La Mancha conference and to ensure debates were in line with topics identified as relevant, former MSF leaders who organised or played a key role in Chantilly meetings, were consulted. One of lessons learned from Chantilly was that outcomes of this kind of "great mass" should be thought about and framed in advance. In November 2005, the International Council agreed that after the La Mancha conference, they would meet and work on a document. Once submitted to the various sectional general assemblies and boards, and validated by the International Council planned for June 2006, this document would be a reference document for the future of MSF.



Minutes from the MSF ICB/EXCOM Meeting, 21 October 2005 (in English).

Extract:

Main outcomes of the research centres meeting (5 October 2005)

Rowan debriefed the ICB+ExCom on the main outcome of the meeting relating to the kind of document that is expected from La Mancha. Generally, it was felt that a new document was needed (leaving Chantilly as it is). But, two different visions emerged (mainly from Rony Brauman and Nicolas de Torrente) on the objective of such a new document:

1. A practical tool to implement/an umbrella (a framework expressing a common vision)
2. A description of MSF's reality (with all differences existing and not aiming at a common vision)



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English).

Extract:

Resolution on the nature of the document out of La Mancha process:

Decision: The IC agreed that the document that will be produced out of the La Mancha conference should be a reference document for the future including core issues as well as integrating concepts from the Chantilly document.

Resolution on the validation process of the La Mancha outcomes:

Decision: The IC will meet right after the conference and work on the final La Mancha document that will be submitted to GAs and/or boards for final validation by the June 2006 IC meeting.



We had also tried to meet with the people who had been involved in the Chantilly process. First, because we wanted to understand why it had been undertaken and what had happened there. We wanted to bring them in to help ensure that La Mancha wouldn't just repeat Chantilly. We really wanted to make progress. I remember the depth of commitment of these people, even though they had moved away from MSF a bit, and some had even gone onto other things. Their 'depth of field' [knowledge/experience] allowed us – with our noses to the ground – to avoid certain pitfalls.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)

The presidents of MSF Belgium and MSF France were commissioned to work together on the medical/operational role/social mission of MSF. While their sections had divergent approaches, they managed to come to a compromise and create a proposal that included both approaches.

Another group was tasked with proposing a reformulation of the Chantilly principles.



La Mancha Conference – Luxembourg 8-10 March 2006 – Synthesis of debates (in English).

Extract:

Both the Mini GAs and the paired interview process carried out in 2005 confirmed that there was no identity crisis within the MSF movement but unveiled a need to clarify or reformulate some of the Chantilly principles – in particular: impartiality vs. independence vs. neutrality; volunteerism; the associative dimension – and to consider proposals for new principles (accountability, humanity, etc.). A committee, comprising Darin Portnoy, Nicolas de Torrente, Christopher

Stokes and Marc DuBois, was appointed by the IC prior to the conference to look at the description of the principles as set in the Chantilly document and propose reformulation.



Within the International Council we had a couple of sub-groups who prepared various agendas, for governance and all kinds of issues. That was working very well because people got to know other people.

Albertien van de Veen, MSF Holland President,
from 2004 to 2007 (in English)



As with Chantilly, we needed a document from the start. On the key issues, particularly the topics that divided MSF France and MSF Belgium, Jean-Hervé [Bradol, MSF France President] and I reached an agreement: 'Why our operations? Under what conditions? Can we also conduct operations on medical topics? What meaning do we attach to them?' The two of us finalised all that and there was very little further discussion. We wrote this document gradually, sending each other ideas. Little by little, we found middle ground on nearly all the issues and, in particular, on operations. He wanted to eliminate the idea that we worked on very specific emergencies and catastrophes. I said that it wasn't as simple as that; that with the Campaign for Access to Essential Medicines we weren't working just on behalf of our patients, but that our work would benefit others. We reached a compromise.

Brussels and Paris also looked at the relationship with the International Criminal Court differently. But we quickly achieved a modus vivendi that worked pretty well. The issue of the local staff did not present any major problems either. In terms of governance, we said that we would work on that later. In terms of the MSF movement's geopolitical positioning in the world, MSF Belgium was very focused on creating entities in the South to improve our representation and our effectiveness in the field. Jean-Hervé was more reluctant than I. He had voted, not particularly enthusiastically, to establish sections in South Africa and Brazil. We went back and forth several times with the document. When things started coming together, we submitted our document to Rowan [Gillies, MSF International President], who began to adapt it. Then we discussed it within the international council board (ICB).

Dr Jean-Marie Kindermans, MSF Belgium President
from 2001 to 2007 (in French)

3. Conference in Luxembourg - March 2006

In October 2005, participation rules at La Mancha Conference were designed by the International Council. In order to get a balance between field and headquarters representatives, delegates would be appointed by boards of sections and operational directorates. They would decide as individuals and not as representatives of their respective sections.



'Participation in La Mancha Conference March 8, 9, 10 2006' **Memo** from Rowan Gillies, MSF International Council President, October 2005 (in English).

Extract:

Factors taken into account when deciding the participation structure:

- board representation from people involved in MSF activities and decisions
- manageable number of people
- people to act as individuals to decide what is best for MSF activities, not for their section, country or specific field of work
- the group will have a political or 'moral' authority, not a legal or democratic one
- not prohibitively expensive or damaging to operations
- reasonable balance of field and 'office' people. [...]

As the representatives of the association, it is the responsibility of the individual boards to select for their sections in whichever way they see fit, and for the associative oversight (e.g. the OCB board) for each operational direction, to decide who they send from that direction. This will result in around 170 people at the conference. I would like to reserve the ability for the ICP and ICB in early February to invite other people within the movement who would be useful to the process. The template suggested is an attempt to get some sort of balance. It is a recommendation, however, [that] the final decision on the make-up of the 'delegates' remains with the boards. I would also encourage boards to consider who are future leaders of the MSF, not to send only tried and tested individuals to this conference. The issue of local staff presence (not representation, the point would be to get input at the same individual level as other delegates, not to see anyone as 'representatives' of certain groups) should be addressed by the operational centres or sections in their quota for field. It is understood that this group should include both local staff and expatriates.

Obligations of 'delegates'

- make decisions as an individual based on benefit for the future of MSF operations
- read all documents before attending
- attend all sessions
- report back to the general assemblies

Delegates appointed by Sections and Operational Directions

Appointed by Section:

6 people

Appointed by Op Direction:

11 people [...]

Total: 114 + 55 = 169 delegates



Minutes from the MSF International Council Meeting, 26-27 November 2005 (in English).

Extract:

Representation at the La Mancha conference [...] Decision: The IC [International Council] agreed that each board would decide on and come back before Christmas 2005 to the IO with the names of the people (and who they are) who will come to the conference for their respective section – Exception for MSF H[olland] as an extra GA was called on 11 February 2006 to make the final decision. The boards will make decisions within a certain number per section. In addition, the IC encourages:

- A good mix of old/new people
- Field representatives (expatriate and local staff)

The ICP/ICB will reserve the right to look at the mix and nominate/invite additional people who can potentially contribute to the quality of the debates. The IC also agreed on the principle to invite external views/invitees at the conference if relevant.

Each association carefully chose its delegates. There were difficulties to find representatives from local staff and some associations had debates about whether there would be a common position or several individual positions within delegations.



Review of the Board of MSF Belgium, 16 December 2005 (in French).

Extract:

c) Delegates to the La Mancha conference, 8–10 March, Luxembourg [...]

That led to a debate over the capacity in which the delegates would participate in the conference: as individuals or as representatives of their section? A discussion followed on the wisdom of participation in terms of the key issues that will be discussed and defended by the sections – should participants come in cold or prepared and forewarned? Some said that certain sections appeared to be preparing actively to take very clear positions on specific issues. [...] A discussion over delegate selection criteria followed:

- ability to speak before a large audience
- significant operational experience with MSF B[elgium]

- what selection process should be used?
- only candidates knowledgeable about the issues or include those who would bring a spontaneous, fresh perspective?
- the two are not mutually exclusive; some could be well-prepared and others less
- or combine the two, proposing exchanges of ideas and prior discussions to bring everyone up to speed on the issues. This does not mean that everyone has to hold the same position – all participants would remain independent.
- if positions conflict within the group, get together around the discussions and draw out those points where agreement exists.



Minutes from the MSF France Board Meeting, 26 January 2006 (in French).

Extract:

Delegates to the La Mancha conference

There are only a small number of places and it is difficult to identify those individuals with the necessary 'skills' (comfortable in a group of 170 people). Local staff representatives usually total two; for expatriates in the field, they total four to five; and for operations and other executives, approximately four. The invitation to apply has been sent, but not many people have responded. [...] Jean-Hervé Bradol [MSF France President]: [...] I would like to emphasise that the director-applicants, just like the other members of our delegation, will not be required to defend a specific set of positions. We're not talking about building a piece of equipment to certain specifications.



Minutes from the MSF United States Board of Directors Meeting, 3-4 February 2006 (in English).

Extract:

Identification of and Decision on Participants [...] The delegates would comprise three representatives from the MSF USA board and three representatives from the office (Nicolas [de Torrente, Executive Director], Kris [Torgeson, Communications Director], Christopher [Stokes, MSF Belgium Director of Operations]). He noted that because the MSF USA association elected the board members, such members have legitimacy from the association. In addition, he said, board members have field experience and will remain with MSF long enough to see through the implementation of the decisions that come out of La Mancha. [...] Darin [Portnoy, MSF USA President] also noted that, although there was originally interest in a local staff member attending La Mancha, every section has had difficulty finding local staff interested in attending.




The purpose of this gathering was to re-establish a shared framework. To do that required a legitimate representation of the people present at that time. At the Luxembourg La Mancha conference, the presidents and executive directors of the sections and the directors of operations thus all attended. But there was also a certain number of representatives of the associations present to ensure that the agreement was based on the reality of the association, which La Mancha also reaffirmed as one of the institution's key components. We also talked a lot about bringing people from outside the movement into the conference. We didn't, because we needed to leave room for people from MSF – it was important for MSF to come together there. And the choice and role of such individuals would have required an entire process; the one already begun was long enough. The only person we invited was Renée Fox²⁶, because she had been following MSF for 35 years and we wanted someone to give us an external, anthropological, and sociological reading of this event. So, it was great that she was there.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)



We had a numerus clausus [closed number]: three people from the association could go. In MSF Holland, they had to put their candidacy forward and to be elected by the members of the association. And, of course, there was myself, the President and the General Director and two or three board members.

Albertien van de Veen, MSF Holland President, from 2004 to 2007 (in English)

The conference participants were to comment on proposals resulting from the process regarding two main issues: roles and ambitions of MSF in terms of medical-operational activities, medical discourse, and humanitarian positioning; and governance and principles of the MSF movement. They also had to define fields of work that would request continuous efforts from the International Council. 

For two days, mixed working groups reflected on MSF roles and ambitions (operations and positions) and on MSF governance (quality, medical ethics, accountability and governance, local staff, internationalisation, association, finance, and growth). Afterwards, all these issues were discussed in plenary sessions previously prepared by moderators and reporters of the working groups.



'A State of Affairs on the Associative Constitution of MSF,' **Presentation** to the La Mancha Conference, March 2006 (in English).

Extract:

Achievements, Failures and Challenges:

- Identity: Is our striving toward better quality, efficiency, etc. a threat to our associative dimension or is a vibrant associative a prerequisite?
- *Achievement* to have an IC with all the sections debating and deciding all together.
- Still a *challenge* to define roles and responsibilities of international forums with an aim to increase transparency and accountability.
- A *challenge* to ensure that the IC decisions are put in place.
- The functioning of the ICB and the need for it to become a real counterbalance to the ExCom.
- Local staff: to put in place the measures that assure their real and effective incorporation to the movement: a major *challenge or even a failure*.
- *Challenge*: how to make the association hold the executive accountable. How to make the relationship between the association, board and executive more interactive and vibrant.



La Mancha Conference, Luxembourg 8–10 March 2006, **Synthesis of the Debates** (in English).

Extract:

Wrap-up and conclusions on [MSF] roles and ambitions

In terms of the statements that were provided to the working groups, there is general consensus that there needs to be greater clarity within and between the statements. There is a general feeling that, across the board, MSF should be less prescriptive. The discussion reaffirmed that MSF must maintain a focus on the innovation of adaptive tools through research and development in the contexts we work in. What the discussion showed was that MSF must also better define what these adaptive tools are. In terms of advocacy, it is clear that MSF will not be able to erase its internal differences, for each of these different perspectives is based on the different first-hand experiences and is based on the intentions of the individual section. There is general agreement, though, that MSF has a responsibility to document, analyse and communicate what we see. This responsibility has two disclaimers: all advocacy or témoignage must be specific to the context; and the need for documentation, analysis and communication must be due to the context.

As to the discussion on global solutions, some were of the opinion that MSF has (inadvertently) proposed solutions (CAME [Access Campaign], DNDi etc), many expressed concern that this is not the role of MSF. What has come out is that in terms of solutions developed by MSF, all of them have been based on the elements of response to the contexts that we work in and cannot be considered as global solutions as such. The challenge now will be for the IC to articulate the ideas debated in the plenary, to then clarify the statements presented in the working groups, and to

26. Fox, Renée (2011). *In the Field: A Sociologist's Journey*. Transaction Publishers.

then finally take these revised statements to the general assemblies later in the year. [...]

Wrap-up and conclusions [on Local staff, internationalisation and association]

About cultural attitude change: we have to start at individual level, but there have to be other accompanying measures. We have to break down the internal discrimination. We seem to agree that all sections need a 'comprehensive' human resources policy which empowers local staff. We need to better document information about our local staff. We need to define indicators for measuring improvements as a result of policy implementation (including the impact on our work). We need to be more creative in encouraging a meaningful participation of local staff to our association. The IC should closely monitor the progress made on the IC resolution: it is to hold all executives accountable without any opt-out possibility. We have to give access to all positions no matter what nationality. [...]

Debate & Conclusions [on growth and governance]

'Should the IC oversee the implementation of MSF's social mission?' was the central question debated.

Some pleaded for coherence – diversity within an agreed framework – without which it would be difficult to reinforce MSF's governance structures. Others for guarantees or measures to prevent that an empowering of 'the international association' would lead to paralysis and manipulation. Others emphasised that the IC presidents should be competent and available enough before being trusted with more power. Why not a (semi-)permanent structure in which the presidents take more ownership of MSF's international interests rather than the national interests of their section? Still others suggested a parallel delegation of power and decision-making to the field related to MSF's social mission.

A question was asked regarding the future process for a movement-wide adoption of a 'La Mancha' document given the non-adoption of the mission statement a couple of years ago (Gorik Ooms). Former International President James Orbinski replied. He was asked by the IC at the time to lead the process for a mission statement. Despite a vast majority of sections adopting it, the Nobel Peace Prize interrupted efforts to convince others, including MSF F[rance], who hadn't yet. But there had been a strong sense that everyone could be convinced. All his efforts were turned into representing MSF and the Nobel speech which served as a sort of new statement. According to James, today there is a structure but it needs to be reinforced; responsibilities and majority decisions need to be binding and the IC needs to exert authority over the executive. As way of provocation, it was suggested to scrap volunteerism and the associative nature of MSF if the maturity was lacking to empower the association and put it face-to-face with the executive. Finally, there were interventions regarding the area of competence of the IC. There was the suggestion that the IC oversee strategic issues [...] rather than MSF's operational and medical policies/social mission. Overall, there seemed to be agreement to empower the IC: questions, concerns and suggestions were expressed but none to the contrary.

As a conclusion, three statements were proposed by Rowan:

- Role of the IC in overseeing the implementation of the social mission and strategic direction
- Mutual accountability and transparency between and within sections
- The recognition of the need to make decisions as a group and for international binding decisions on a few core topics including:
 - The development and direction of MSF as an international organisation (e.g., opening new sections, operational centres, controlling growth and sharing of resources)
 - The trademark, the Charter, medical ethics, La Mancha and Chantilly documents
 - Issues of abuse of power and our responsibilities as an ethical employer
 - Accountability and transparency between and within sections [...]

Wrap-up and conclusions: on the future of principles

All in all, there is a consensus that we need principles and that, despite the fact that the Chantilly document is still valid, we also need to revisit it. As Morten Rostrup reminded, violation of the principles led to the expulsion of MSF Gr[eece] from the movement, revising them has therefore some implications and is not to be taken lightly. In addition, the perception of MSF trying to follow principles is becoming more and more important and there is a request, especially at field level, to be clearer to explain who we are. Revisiting the Chantilly document will be a long and timely process as it will have to go to all AGMs but it is worth doing it as it will help to focus on who we are. "It is a big exercise that can be crucial," he concluded.

On 13 March 2006, in a letter to MSF movement, Rowan Gillies, the MSF International Council President highlighted the new energy and the strong push forward brought by the La Mancha process.



Letter from Rowan Gillies on the La Mancha conference held in Luxembourg, 13 March 2006 (in English and Spanish).

Extract:

Dear members, colleagues, friends, [...]

Day one concentrated on describing the current state of affairs of MSF, our operational portfolio, our resources, and our associative and governance structure. It was made clear that we have significant financial stability and independence, and that interdependence has become a reality between the 19 sections. However, our ability to describe our operations, especially in a qualitative sense at an international level remains limited, and our limited knowledge about our 20,000 national colleagues is shocking. There was an outline of the current associative structure in MSF, and of our governance structure. Documents describing

these will be available shortly on *tukul* [MSF International intranet].

The working groups of day one then tackled some of the operational issues – our medical-humanitarian responsibilities and our public positioning on various issues. It would be fair to say that these working groups could have gone better. There were excellent presentations on a number of issues, and significant debate. However, it was difficult to focus deeply on one or two issues, as so many topics were covered. Having said this, there were some very fruitful discussions and it became clear in the plenary the next day that there is a broad understanding of the role of MSF, though significant differences remain about some of the 'grey zones.' The plenary made it clear that we value significant diversity of approaches in MSF while keeping some coherence, and prefer to have a guiding paper that is descriptive and inspirational, but not overly prescriptive.

The debates of day two, both working groups, followed by the plenary on day three, overall came to some significant results for the future of MSF. The need to seriously improve the quality of our medical work was made clear in the working groups as well as the necessity to examine how we use the principles of medical ethics within our decision-making. The need for improved quality was one of the main reasons that mutual accountability between sections strongly supported. There was a strong commitment within the plenary to recognise that there was internal discrimination within MSF at many levels, especially with relation to our local staff. There was a commitment to take urgent steps as both an employer, and an association, to change this. The purpose of these steps is not only to meet our obligations as an employer, but also to improve of our response in the field (one working group formulated that the local staff issue become a non-issue in ten years, as one of their main objectives for MSF).

The issue of governance produced a lively but progressive debate, including a visionary presentation on the future structure by a head of mission. In the end, a number of issues were made clear by the group. First that MSF should remain an associative led organisation, however with the increasing responsibilities MSF has, the associative dimension needs to be reinforced, promoted and informed better. It was made clear that on certain core issues, such as the development of MSF as an international organisation, decisions must be taken internationally and adhered to, however it was also made clear that we must remain a 'decentralised but coherent' organisation.

Perhaps the least exciting, but most important agreement made was that sections must be mutually accountable and actively transparent to each other, setting the ground work for a future framework based on trust and knowledge, not fear and ignorance. In addition, it was felt that the international council, with the various international platforms, especially the GD19 should oversee both the implementation of the social mission of MSF as well as the overall strategic direction of the social mission. It was made clear that this must not

mean that there is a homogeneous social mission, but that there are basic checks and balances on the direction we go in.

The consequence of this renewed commitment to the associative organisation of MSF and the international platforms is undoubtedly a need to strengthen and to invest into the associative life in MSF and to enhance the capacity of the national and international platforms to do good work and fill this mandate with life, competence, and credibility. Finally, we had a stimulating session on the Chantilly principles, and how we define them, with some promising forward steps proposed and debated, providing the impetus for a debate that will continue through the year.

The international council met on Saturday to define the next steps, especially work to be done in preparation of the upcoming general assemblies, and we will soon get back to you to report on this work in more detail.



It happened as we had imagined it would, because there was a huge amount of preparation for this event.

That is, we didn't show up in La Mancha saying, 'Well, we hope this goes well.' Obviously, we had planned the agenda, which was a mix of plenary sessions and group work. For us, the organising team, this was a two and 1/2-day exercise guiding 200 people, with the sessions' chairs, the rapporteurs, etc. I didn't participate in La Mancha as I would have liked to as an invitee. So, unfortunately, I don't have a clear recollection of the texture and colour of the discussions. What I remember is that when we entered the room, the seats were set up facing a stage. We spent the first hour – between 7 and 8 am – changing the seats so that people were face-to-face and could see each other. We set up the seats in a 'U' formation, with the stage at the far end so that the people weren't exchanging with the stage, but among each other. That might seem silly, but I think it changed the dynamics of the meeting.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)



I liked that very much because everything was shuffled.

Everybody was actually being put in working groups irrespective of their section or group. People had certain topics they were responsible for. There was the issue of the local staff. I thought that these differences between expats and the local staff needed to change. I wrote a paper with someone from MSF Switzerland on this, because MSF Switzerland was the only section that had moved forward on this issue. I had a big problem within my own section for putting this in. People would say: 'No, Albertien, there is no problem: the best people always get promoted.' We had this big debate inside. That was also one of the nice things about La Mancha that it was bridging between sections. There were people who had a very strong opinion on the fact that we were not doing very well on local staff and other people who

didn't even see the problem. And this was really irrespective of the sections.

Albertien van de Veen, MSF Holland President,
from 2004 to 2007 (in English)



I burst into tears at the end of the last day because I was under so much pressure. I was afraid that things wouldn't end on a good note. In the end, I was very happy that things went well, but the results were a little disappointing. But you can't resolve everything. The same was true of Chantilly.

The Americans, particularly the Executive Director, Nicolas de Torrente, asked key questions about AIDS treatment: do we treat only our patients? Will we go beyond them? Do we have a responsibility toward the population? Do we have an appropriate presence in the conflicts? The issue of local staff began to play a large role. And we didn't resolve the governance issue at all.

Ulrike von Pilar, Coordinator of discussing papers for the La Mancha process in 2005 and 2006 (in French)



In fact, there was more of a reaffirmation that Chantilly was something quite important at the time, which was a very strong point. And then clarification and real redirection on what was important to MSF. That was a very good time for the association.

Dr Darin Portnoy, MSF USA President, member of ICB and MSF International Vice-President from 2004 to 2007 (in English)

4. La Mancha Agreement

On 11 March, the last day of the conference, the International Council designed the next steps for the process. During the conference, the international team worked with reporters of each session to synthesize outcomes of debates. These syntheses were used as a basis for the first draft of an agreement which was refined in the following months.

The final agreement was drafted with help MSF USA Director of Communications and the MSF Belgium and France presidents.



Minutes from the MSF International Council Extraordinary Meeting, 11 March 2006 (in English).

Extract:

[Follow up on La Mancha](#)

Decision on next steps post-conference:

A post-La Mancha conference letter will be prepared and sent to the movement on Monday, 13 March.

People available in the coming days to work on the document include: Kris [Torgeson, MSF USA Director of Communications], Greg [MacAnulty, MSF UK President], Rowan [Gillies, MSF International Counsel President], Jean-Marie [Kindermans, MSF Belgium President], Jean-Hervé [Bradol, MSF France President] and Isabelle [Segui-Bitz, MSF Switzerland President. Emilia [Herrans, MSF Spain President and Albertien [van de Veen, MSF Holland President] will be available to review drafts. [...]

The IC then went through the draft statements proposed at the conference and further discussed the outcomes of the conference in order to prepare the ground for the finalisation of the La Mancha document to be submitted at the general assemblies. Topics discussed included the content and reformulation of the document for governance, minority positions, and local staff so as to provide guidance to the writing team. Within the framework of the discussion on governance, Isabelle raised the issue of the management of growth including opening/closing new sections, opening delegate offices, shared operationality, and on the responsibility of the IC. The IC agreed that this issue needed to be further explored.

Decision on the management of the growth:

A session on the management of the growth will be included in the agenda of next IC meeting in June 2006. The IC then discussed the decision-making process in the document and agreed on the main steps.


Decision on the decision-making process for the La Mancha document:

All presidents have to be at the same level at next IC meeting in June and be mandated to make the final decision on the La Mancha Agreement. Therefore, for sections in which GAs are planned late in the year (i.e., after the IC in June – three sections are concerned), the association anyhow needs to be consulted prior to the IC – either through the board of the association or via an extraordinary general assembly.




We spent a lot of time working with the chairs of the sessions and the rapporteurs on what the key issues to bring forward were, while respecting the process and momentum of the discussions. We prepared the international council, which met at the end of the conference. The agreement was written during this international council meeting, not at the end of the event's two and a half days. It relied on the reporting from the discussions to ensure that it was accurate in terms of what people wanted it to say.


Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)

 *I remember staying up until two or three in the morning writing notes from the sessions that I chaired. Everything that was around it, the level of discussion that took place there, really fierce debates about independence, that was really where I felt like being an association was such a strength. It was messy, but it was something quite rare and going to lead us, and it did lead us, to the right kind of outcome, a document that is alive and able to give us good guidance.*

Dr Darin Portnoy, MSF USA President, Member of ICB and MSF International Vice-President 2004-2007
(in English)

 *Rowan and Marine had asked me to help with the drafting of the actual document, so I went to La Mancha for MSF USA, but also to help them with the document. They were very emotionally involved in La Mancha and at the end of the process they were really exhausted. They had given so much! There was not much more they could give the movement. I have huge admiration for both of them. I worked first with them to do the first draft. Then I suggested: 'Let me get Jean-Hervé [Bradol, MSF France President] and Jean-Marie [Kindermans, MSF Belgium President], in the room, they can do it.' Then we worked directly with the international council in Greece. So, I was behind the scenes but doing the actual work. It was very intense. It was very difficult, but it was a very good process.*

Kris Torgeson, MSF USA Communications Director, from 2001 to 2007 (in English)

 *As is often the case at MSF, it's a question of personalities. All three of us – Rowan, Marine and I – were very different, but our trio functioned well. The five presidents of the operational centres were really responsible for making that fully clear, otherwise it wouldn't have worked and La Mancha would not have produced anything. Jean-Hervé [Bradol, MSF France President] and Jean-Marie [Kindermans, MSF Belgium President] had different positions, but at least they knew and spoke to each other. They agreed on the essence of MSF. You would've thought they were two schoolkids in a classroom, sitting next to each other, chatting all the time – that made things easier. The Dutch also held very strong positions, but were quite constructive. There were fights and controversies, but it wasn't destructive. Everyone wanted to move forward.*

Ulrike von Pilar, Coordinator of discussing papers for the La Mancha process in 2005 and 2006 (in French)

In the following months, the draft agreement was endorsed by general assemblies and general directors

of all MSF associations, while providing some wording improvements and a stronger implementation engagement for the agreement.



Minutes from the MSF Switzerland General Assembly, 19 and 20 May 2006 (in French).

Extract:

Debate over the La Mancha Agreement [...]

Vote:

By a unanimous vote of the members present, with one abstention, the MSF Switzerland General Assembly approves the La Mancha Agreement and directs its president to discuss and reach a final agreement during the 25 and 26 June 2006 international council meeting, after presenting the assembly's comments.



Report from the MSF Holland General Assembly, 27 May 2006 (in English).

Extract:

MSF International Governance

Presented by Ard van Dongen

1. The proposal lacks ambition, clarity and forward thinking.
 2. The international council should develop a vision of the roles and responsibilities of the associative and executive bodies and the relationship between them. This should be clearly expressed in a proposal to the general assemblies. The current document is too vague to take a decision on this at this time.
 3. The working group would also like to see greater clarity on the practical implications of the proposed changes and ambitions for the associative aspects of MSF.
- We would like to add that we are not convinced that the current voting system in the IC, in which every section has one vote, is a good representation of MSF. [...]

VOTING

Motion on direction of La Mancha Agreement: "I agree in principle with the concepts and directions presented in the La Mancha Agreement as a whole." [...]

The motion was approved.



Minutes from the MSF International Executive Committee, 13 June 2006 (in English).

Extract:

GD19 comments on La Mancha Agreement [...]

The steps following the La Mancha Agreement will be to define the governance in the status and to crystallise commitments, toward local staff for example, in an action plan. [...]

The GD19 also expressed specific concerns:

- The document should be more explicit. For example,

the international council should acknowledge that more communication and additional information sharing would engender higher headquarters costs.

- Is a distinction needed between conflict situation and non-conflict situation?
- In point 1.4, some general directors want to highlight that MSF does not promote ideological solutions. MSF only reports on direct witnessing and experience. MSF is a humanitarian organisation; it is not political. Other general directors believe that MSF should take a stronger role in tackling the roots of problems. Efforts in research and development should not be characterised as ideological but merely structural. MSF should be able to make global recommendations if they relate to its competence and scope.
- In point 1.7, it is unclear if speaking out in cases of severe violations is mandated or just encouraged.
- In point 1.16, some general directors ask for clearer delineation of how far MSF can go in confronting other institutions with their responsibilities.
- In point 2.5, the final version of the document should add that national boards are accountable and responsible.
- Some general directors disagree with point number 2.11, which identifies the areas where the international council has binding decisional power, including, "The development, direction, growth and sharing of resources of MSF as an international organisation." They see a contradiction with point 2.5 stating that "[...] National boards are accountable for the actions and use of resources of their section [...]." The international council cannot force a section to give funds. Other general directors agreed that the international council should have power over resources, as it is the only way to control growth. The GD19 asked for clarification on this statement and the interpretation of sharing resources.
- In point 2.13, some general directors believe that a common MSF position does not allow enough space for minority opinions. The international president clarified that minority opinions cannot obstruct the majority. Sections have the right to a minority opinion, but they must stay engaged in the topic and explain the reasons for the differences.

The GD19 agreed that it is a shared responsibility to catalyse the process of La Mancha to keep the momentum and the resolutions active.

Decisions & Further steps:

- The IC president will take the comments of the GD19 regarding the La Mancha Agreement to the international council.



Once the agreement was drawn up, the shared goal was to give it weight. It was submitted to all the associations so that they, having participated from early on and through the representatives they had designated, would take ownership of the final result.

Marine Buissonnière, MSF International General Secretary from 2004 to 2007 (in French)



The agreement was submitted to all general assemblies, which had possibilities to give comments and come up with [point out] some of the issues, for [propose] a couple of changes, and it came back. Because people had this opportunity, of course when the amended agreement was resubmitted everybody was in favour! People also understood enough and thought: 'Yes, we are international.' The impact on the associative life was important.

Albertien van de Veen, MSF Holland President, from 2004 to 2007 (in English)

On 25 June 2006, after another round of discussions and amendments, the International Council endorsed the La Mancha Agreement that included recommendations from general assemblies and general directors. This reference document, including the introduction, was endorsed as a complement to the Charter and the Chantilly documents, and as a commitment towards clarifying and strengthening the movement's governance that was to be reviewed on a regular basis.



Minutes from the MSF International Council Meeting, 24-25 June 2006 (in English).

Extract:

With regard to the La Mancha Agreement, the 19 general assemblies/boards agreed in principle with the concept and the directions presented in the draft agreement and gave the president of their sections the mandate to debate and finalise the document at the IC meeting, taking into consideration the comments expressed by the general assemblies. [...] Prior to the meeting, Rowan [Gillies, MSF International President] and Kris [Torgeson, MSF USA Director of Communications] worked on how to include the general comments. A first revised version was submitted to the ICB on 23 June for discussion and to flag issues or articles to be debated in the IC. Based on the ICB discussion, a new version was prepared and distributed to the IC. Half an hour break was given to allow all IC members to thoroughly read the document. The discussions that followed were very constructive and sometimes lively but always reflecting a strong desire from all the IC members to come to a final agreement. [...] Based on the outcomes of the Saturday 24th morning discussions, a new version of the document was prepared on the evening of the 24th and submitted to the IC on Sunday 25th morning for comments and finalising. [...] Comments were retaken and the agreement modified. [...]

At the end of the discussions on 25 June, the international council voted the following resolution:

Considering the document and the comments and changes just agreed upon during the meeting, the international council approves the final La Mancha Agreement in totality.

After a dense introduction presenting the spirit of the agreement, the document covered a series of issues regrouped in two main chapters: the action and the governance.

The 14 points of the action chapter comprised a medical-operational agreement which reaffirmed that *"the individual medical-humanitarian act,"* is *"respectful of patients"* and is central to the work of MSF; that MSF's *"responsibility is to improve the quality, relevance and extent of its assistance,"* *"intervenes by choice, not obligation and conscription."* The document insisted that, considering the diversity of contexts and cultures of MSF intervention fields, *"each medical choice should be a singular act rather than a mechanical application of principles."*

The document recommended *"to make the results and critiques of MSF actions public"* and to *"analyse actions and obstacles preventing patients to have access to quality care"*.

Reasserting that MSF *"does not take on the responsibility for the development of international justice"* and that its goal is not the promotion of human rights, it nevertheless stated that *"in the case of massive and neglected acts of violence against individuals and groups, MSF should speak out publicly,"* while not pretending *"to ensure the physical protection of people it assists."*

Among other issues, the governance chapter defined the role of the International Council as: to *"oversee the implementation and guide the strategic direction of MSF's social mission in regards to both operations and public positioning;"* *"provide a framework for managing growth and the sharing of resources of MSF;"* and *"uphold mutual accountability among sections."* A large part of this responsibility had to be delegated to and implemented by the GD19.

Though acknowledging that a decentralised MSF movement should be maintained, it insisted that some International Council's decisions on some core international issues regarding *"the growth of the movement, the Charter and the Chantilly principles, the trademark and the La Mancha agreement,"* the *"transparency and accountability"* and the *"MSF responsibility as an employer"* had to be binding for all MSF sections.

It acknowledged an *"urgent need to provide fair employment opportunities for all staff based on individual competence and commitment"* and to *"ensure fair opportunities for access to meaningful membership in associations."*

It insisted on the need to *"invigorate participation in the associative at all levels"* and to *"explore new avenues for associative participation, giving priority to regions where MSF is underrepresented, including for instance, through the creation of new entities."*



'Final – La Mancha Agreement', 25 June 2006 (in English, in French, in Spanish).

The La Mancha process grew out of a need to address internal and external challenges facing MSF's work. After over a year of discussion and debate, it is clear that all sections of MSF have a common understanding of the basis for our action as both medical and humanitarian actors, and inextricably linked with the expression of public positions and describing our experiences (*'témoignage'*) to the point that the separation of the concept of *'témoignage'* from operations has disappeared.

Our basic principles remain those expressed in the Charter and Chantilly documents. These principles should be referred to when taking and reviewing decisions, with the acknowledgement that every decision is a singular act and not one made by the mechanical application of principles.

Complementary to the Charter and the Chantilly Principles, the La Mancha Agreement is not a comprehensive description of MSF action. It outlines aspects of our action on which we agree and which we feel are indispensable, taking into account our past experience, and identifying current and future challenges to this action. As such, the La Mancha Agreement is a reference document and the issues it raises will be regularly reviewed.

Our past experiences, including both failures and successes and related contradictory discussions, have had a great deal of influence on the evolution of the conception of our role. Some of these successes, failures and challenges are outlined below, and some of the conclusions we have reached on our action, in conflict as well as in response to specific medical issues, are contained in the document.

Due to our increasing interdependence within the MSF movement and our shared goals, we recognise that to continue to improve our work, we need a clearer and stronger governance structure based on what we value most, namely our social mission (our operations and public positions) and our associative nature. The La Mancha Agreement commits MSF to clarifying and strengthening our international associative governance.

The La Mancha Agreement also recognises the urgent need to address any issues of discrimination within MSF that are undermining our ability to realise our full operational and associative potential.

To explain how the La Mancha process came to these understandings, it is essential to recognise the role played by the diversity of opinions and ongoing internal debate – one of the major strengths of our association – on both our failures and successes, and the challenges we are facing in various contexts.

In conflict settings in the past, MSF has called for specific political solutions, for example, military intervention in Zaire (1996). We have witnessed the failure of implicit or

explicit 'international protection' in Kibeho (Rwanda 1995) and Srebrenica (1995). We have also been confronted with the massive diversion of humanitarian aid, including ours, for the benefit of war criminals (Rwandan refugee camps between 1994 and 1996, Liberia between 1991 and 2003). And, we are currently at risk due to a false perception of our involvement in International Justice in northern Uganda (2005). We have learned to be cautious in our actions in such circumstances without precluding MSF from denouncing grave and ignored crimes such as the bombing of civilians, attacks on hospitals or diversion of humanitarian aid. Taking public positions in reaction to such situations and confronting others with their responsibilities remains an essential role of MSF.

In recent years we have seen the multiplication of military interventions that include the deployment of a 'humanitarian' component among their strategic goals (Kosovo 1999, Afghanistan 2001, Iraq 2003) and the emergence of political and military forces that reject our very presence. This reality has led us to define our understanding of risk, and the reaffirmation of our independence from political influence as essential to ensuring the impartial nature of our assistance.

MSF has intervened in crises with medical consequences that are not armed conflicts, but can often be characterised as catastrophic. The numbers of people affected and the type of specialised care required in such situations has been beyond the capacity of local health structures. In these contexts, many people have been excluded from care due to a variety of factors, including the limited use of preventive medical techniques known to be effective, the unavailability of treatments for certain pathologies, the use of inefficient treatments for others and the existence of various barriers to treatment.

Our experience in such contexts has shown us that we cannot rely solely on the transfer of knowledge and techniques from the practice of wealthy countries to overcome such obstacles to care. Even when the pathologies encountered resemble those found in wealthy countries in a biological sense, their epidemiological profiles and the life circumstances of both patient and caregivers are often so radically different that they require innovations and adapted medical protocols and practices. In addition, certain pathologies are confined to populations who rarely constitute a focus for research and development. Therefore, we have learned to adapt, campaign for and find innovative solutions to improve the medical care for patients in our programmes and beyond.

There is no doubt that we have ignored or failed in various medical issues over time, including a lack of attention to the information given to patients, to consideration of their concerns and choices, to the management of pain, and to the prescription of the most appropriate medicines. We must question our acceptance of this status quo and try to address what we are neglecting today.

Our actions, both through our field medical interventions and the Campaign for Access to Essential Medicines, have

been concrete and led to significant results for those in our programmes and beyond, but do not attempt to propose global or comprehensive solutions. We have also learned that our support for some global solutions in the past, while in good faith, turned out to be incompatible with our basic principles. A particular example of this being MSF's support of cost recovery systems that have led to the exclusion of a great number of people from treatment both within and outside our programmes.

We are challenged by the very nature of the AIDS pandemic as a lifelong disease and it has forced us to re-examine our modes of intervention. We have had some success: the introduction of anti-retrovirals in our programmes and the comprehensive approach to treatment, care and prevention. Our medical action has not provided a solution to the global pandemic, but has assisted a number of people and has underlined the necessity for an improved medical, political and social response to this disease.

MSF international council, 25 June 2006, Athens

1. ACTION

1.1. Providing medical assistance to the most vulnerable people in crisis due to conflict and, when necessary, exposing obstacles encountered, remain at the core of MSF's work.

1.2. In catastrophic situations that temporarily overwhelm individuals, communities and local health structures – especially in the absence of other actors – we strive to provide quality medical and other relevant care in order to contribute to the survival and relief of as many people as possible.

1.3. The individual medical-humanitarian act, as carried out by all MSF staff, the majority of whom live and work in the countries of intervention, is central to the work of MSF.

1.4. Considering the current poor response of humanitarian aid to meet the needs of people in crisis, MSF's primary responsibility is to improve the quality, relevance and extent of our own assistance.

1.5. Obtaining quality clinical results while maintaining respect for the patient must be the major criteria used to evaluate the progress of our medical practice.

1.6. MSF affirms its willingness to pursue essential innovation and to continue to undertake initiatives in the constant search for relevant and effective action. Consequently, different approaches and operational strategies can naturally coexist within the MSF movement. Considering that diversity of action within the framework of MSF's common purpose and ambition is critical in improving our operations, different operational strategies can and should be implemented at national and international levels

1.7. While building on our direct experience with innovative strategies, MSF must measure its own impact and abandon ineffective therapeutic strategies and intervention methods, and make the best possible use of those that have proved effective.

1.8. We should make the results and critiques of our actions public, and analyse and document our actions and any obstacles (medical, political, economic, etc.) preventing patients in our programmes from access to quality care,

underlining the necessity for change. This can, and at times, should contribute to elements of a response that can benefit people outside of our programmes.

1.9. In the case of massive and neglected acts of violence against individuals and groups, we should speak out publicly, based on our eyewitness accounts, medical data and experience. However, through these actions we do not profess to ensure the physical protection of people that we assist.

1.10. MSF intervenes by choice – not obligation or conscription – and may decide not to be present in all crises, especially when targeted threats against aid workers exist.

1.11. We strive to prevent the work we do and our assets, both symbolic (i.e. our trademark and image) and material, from being diverted or co-opted for the benefit of parties to conflicts or political agendas.

1.12. Although justice is essential, MSF differs from justice organisations by not taking on the responsibility for the development of international justice and does not gather evidence for the specific purpose of international courts or tribunals.

1.13. MSF actions coincide with some of the goals of human rights organisations; however, our goal is medical-humanitarian action rather than the promotion of such rights.

1.14. The diversity of contexts, circumstances and cultures in which we practice requires us to turn each medical choice into a singular act rather than a mechanical application of principles. We must make such choices together with those we assist and with a careful consideration of the possible alternatives and a grave concern for the potential consequences. This entails being explicit and transparent in our choices and dilemmas related to medical ethics, which remain, for us, core points of reference.

2. GOVERNANCE

2.1. All MSF sections are linked together by a common name and logo, and common principles as expressed by the Charter and Chantilly documents. The statutes of 'MSF International', the La Mancha Agreement, resolutions of the IC and a high level of interconnection and interdependence complete these links.

2.2. Mutual accountability and active transparency in MSF, both at sectional and international levels, are essential to improving the relevance, effectiveness and quality of our interventions.

2.3. MSF is accountable and actively transparent to those we assist, our donors and the wider public. Accountability to those we assist may be difficult to achieve in certain situations, but the minimum requirement is that we are actively transparent about the choices made and the limits of our ability to assist. This external accountability is also essential to improving the quality of our interventions.

2.4. Informed and active associations and their representatives are crucial to assuring the relevance of our action and the maintenance of a strong MSF international movement. Invigorating participation in the associative at all levels of MSF is essential to building and maintaining credible, competent and relevant international governance.

2.5. MSF staff members are personally responsible and

accountable for their own conduct, in particular regarding abuse of power. MSF is responsible for establishing clear frameworks and guidelines for holding staff accountable for their conduct.

2.6. National boards are accountable for the actions and the use of resources of their section to the other sections of MSF.

2.7. For practical reasons of international coherence, the responsibility delegated by national sections to their respective presidents for taking international decisions should be uniform throughout the movement.

2.8. Among other issues, the IC is charged with the responsibility to:

- Oversee the implementation and guide the strategic direction of MSF's social mission, in regard to both operations and public positioning, especially through the critical review of its relevance, effectiveness and quality.

- Provide a framework for managing the growth and the sharing of resources of MSF as an international organisation.

- Uphold mutual accountability among sections. Practically, a large part of this responsibility is delegated to and implemented by the sectional general directors as members of the GD19.

2.9. In carrying out its responsibilities, the IC is accountable to MSF associations. Timely and transparent reporting is essential. The IC is responsible for putting mechanisms in place to ensure and evaluate the quality of its work and the ability of its members to fulfil their responsibilities.

2.10. In order to encourage diversity and innovation of action, a decentralised MSF movement should be maintained. However, for the sake of coherence and the overriding interests of the MSF movement, binding international decisions by the IC, to which all sections must adhere, are required on some core international issues. These include:

- The development, direction and growth of MSF as an international organisation. This includes the opening and closing of sections and operational centres.

- Issues that affect the Charter, the Chantilly Principles, the MSF trademarks and the La Mancha Agreement.

- Issues relating to MSF's responsibilities as an employer, including abuse of power.

- Active transparency and accountability, both internal and external, among sections.


2.11. Participation in international operational support projects is an option for sections and a way to encourage innovation to improve operations. However, there must be accountability and monitoring of the relevance and effectiveness of such projects as well as the appropriate use of MSF's resources.

2.12. When formulating an international MSF public position, serious effort should be made to seek a common voice in order to ensure more coherence, in the field and externally. However, considering that diversity of opinion in MSF is critical to the vitality of the movement, if agreement on a common position is not possible, it is acceptable that a majority (the international position) and a minority position coexist. If, after taking into consideration the impact of their action on the movement, the minority decides to publicly express its position, the minority is obliged to clarify that it is not expressing the 'MSF position', but its own. The minority sections, however, should not obstruct


the implementation of the decision and should be involved in its follow up.

2.13. We acknowledge MSF's urgent need to provide fair employment opportunities for all staff based on individual competence and commitment rather than mode of entry into the organisation (either through national or international contract). This is to address the underutilisation of human resources and inclusiveness in decision-making in MSF. This issue must be urgently and concretely addressed in order to fully engage our staff, thereby strengthening our operations.


2.14. We must take proactive steps to ensure fair opportunities for access to meaningful membership in associations, while preserving the spirit of volunteerism. In doing so, we accept the need to explore new avenues for associative participation, giving priority to regions where MSF is underrepresented, including, for instance, through the creation of new MSF entities.

 *Everyone worked hard on defining the social mission and on the importance of communications. Almost from the very beginning, they reaffirmed that the organisation's social mission was not simply to deliver cartons of medicines. The communications around the actions are integral to the social mission. But, we tried to focus our activities. For example, when we say, 'We are not a human rights organisation,' we were saying, 'Listen, in situations where serious human rights violations are occurring and no one is talking about them, even where we have assigned a portion of our resources, stating that we are not a human rights organisation does not mean that we are not going to speak out.' The entire La Mancha Agreement is written like that.*

Dr Jean-Hervé Bradol, MSF France President,
from 2000 to 2008 (in French)

 *Regarding that speaking out issue, it was a reasonable compromise that we came to. It took two or three years to get there: 'OK, there is an MSF position but if you, as a section disagree strongly that's fine, we are open minded; again, we aren't Coca-Cola, if you want to, say Pepsi is better.' It's like a minority on a judicial panel. You have a minority opinion but you have to say: 'OK, this is the majority opinion, this is what MSF thinks but we are the minority opinion.'*


Dr Rowan Gillies, MSF International Council President,
from 2003 to 2006 (in English)

 *I don't find the La Mancha Agreement to be particularly revolutionary. In terms of the principles, La Mancha doesn't say more than Chantilly. It acknowledges where we are on that and goes further on certain points. For me, it's less important than Chantilly, which addressed more*

important problems dealing with the principles of witnessing, the association and the relationship to military power.


The most important element of La Mancha is the link between the international and local staff.

Dr Jean-Marie Kindermans, MSF Belgium President
from 2001 to 2007 (in French)


 *In La Mancha, what was so fascinating is that it was a real intellectual debate over many months. It was about how do we view our medical practice, our témoignage, these very critical things. And every word really mattered. I was really impressed. For some of the people, of course, it's ridiculous, but to me it wasn't. Having a hard process is not a bad thing. When you talk about the associative and that it's not always going to be just a smooth American kind of, 'let's all come to a good consensus and agree on everything, and don't fight with anybody, etc.,' that can produce good results. It comes from the French roots but it's not just French culture, it's the culture now of the way MSF has worked over the years and that has made MSF so successful. La Mancha was the moment where that was really codified in some ways. That's why it's so important to watch that process and to say, 'Yes you can say it was a waste to bring all those people together, to have them fighting, have these sometimes damaging statements made.' But, when it came down to what is in the document, even if it's not a perfect document, it's not a consensus, it's actually the product of some hard debates, compromises and decisions. For me, in some ways, the international movement reinvents MSF and it keeps MSF alive and it keeps us constantly challenging ourselves. This grew from my experience both with the MSF USA association and then of course with the La Mancha process.*

Kris Torgeson, MSF USA Communications Director,
from 2001 to 2007, MSF International Secretary General
from 2007 to 2010 (in English)

5. La Mancha Legacy

 *With La Mancha, maybe we tried to do too much or we tried to do it in a way that people just didn't feel empowered. We missed some opportunities to clarify ourselves and our medical intention.*

Dr Darin Portnoy, MSF USA President, member of
ICB and MSF International Vice-President 2004-2007
(in English)

 *Then it was about: 'Now can we achieve what we set out in La Mancha? And also, can we put in place the*

structures that are going to help us to achieve that?’ Some of the things were done on the choice on our medical action and *témoignage* – those were discussed all the time – that were much softer, on how you make decisions about operations etc. Then six months later everybody was quoting *La Mancha*: ‘It says in *La Mancha*.’ Sometimes I laugh, because this should be a living document, not a dogma. That’s why you have to have a constant challenging of that. You can never have a document that’s a dogma. All these international processes, I overall think that they really are at the heart of what makes MSF so different and able to reinvent itself continuously and to continue to be relevant. What I always fear is that somehow, as the organisation gets too big, it is not able anymore as a movement to have the real honest tough discussions.

Kris Torgeson, MSF USA Communications Director,
from 2001 to 2007, MSF International Secretary General
from 2007 to 2010 (in English)

“” There’s a natural cynicism in United Kingdom society about these big projects of identity. It seemed a little bit unnecessary to me. It was nice to some extent, but I’m not sure if the conclusions were very [...] I don’t think it had this crystallisation effect that Chantilly had, focusing on importance of the charter and so on. A lot of people involved, a lot of the statements from the older people, a lot of this was old fashioned and missing the point of where the action actually was: in the field. I felt there were a lot of the older dinosaurs who were trying to justify what they’d done. But then I left MSF, and I didn’t see the consequences of some of the conclusions, and maybe they were more far-reaching than I thought they would be.

Dr Greg McAnulty, MSF UK President,
from 2001 to 2007 (in English)

“” In terms of speaking out, on Myanmar, we didn’t get into a fight because of *La Mancha*. I remember that MSF France was leaving Myanmar and they did some communication which the other sections, MSF Switzerland and MSF Holland, didn’t like at all because they were staying there. But because of *La Mancha* they said: ‘OK, you do that, this is your thing, we will not boycott this or whatever as long as you don’t do it too aggressively.’ At least there was speaking out again, and this did not lead to huge discussions any more. A lot of the things which before became big fights didn’t become fights anymore. They found some compromise. Maybe that was also good for security issues. After *La Mancha* there were big incidents like kidnappings which could easily have become huge international fights. We had said – that was also *La Mancha* – that for these issues the operational section was the one responsible. Even if we don’t agree, we keep our mouth shut. Maybe we needed some of these conflicts for people to see the advantages of *La Mancha*. It was quite something, although you heard very little about it in the movement. It has really helped to stabilise MSF as an international movement.

Albertien van de Veen, MSF Holland President,
from 2004 to 2007 (in English)

“” The only challenge with that document was that it did not deal with the issues we were going to have next. So, we were going to have more issues and we would need another document to deal with those issues!

Dr Rowan Gillies, MSF International President,
from 2003 to 2006 (in English)

III. ORGANISING FOR IMPLEMENTATION OF LA MANCHA POLITICAL AGREEMENT (2007-2011)

While the need for a governance framework to regulate the growth had been acknowledged, examined in detail, and debated for several years, the La Mancha agreement did not provide any practical decisions on how to reorganise the governance of the movement. However, solid governing mechanisms were crucial for enabling implementation of this agreement.



During the La Mancha conference, we talked about the elements of governance and said that if MSF voted for this new agreement, it would lead to questions about governance. But we had also reached a saturation point. We didn't have the energy needed to move to the next step immediately.

Marine Buissonnière, MSF International Secretary General from 2004 to 2007 (in French)

A. LA MANCHA FOLLOW UP (2006-2008)

1. Setting Priorities (2006)

On 24-25 June 2006, the IC created working groups to study how to implement the agreement's key recommendations. Further decisions were taken in December 2006, based on preliminary outcomes from the working groups.

To help prepare an international strategic plan, the international council, established priorities for implementation of the La Mancha agreement:

- **Mutual accountability and association:** more work on defining parameters and time frames was deemed necessary.
- **National staff:** the IC commissioned a review of measures and gaps at both national and international levels regarding MSF's socially responsible employment policies and access for local staff to associative life. The first outcomes of this review pointed to the ongoing prevalence of specific limiting procedures and criteria impeding national staff access to associative membership. The review insisted on a need for meaningful associative membership, implying informed and committed members, and for improvement in working conditions. General Directors were asked to reflect more specifically on training and access to positions of responsibility for national staff. The international council commissioned an exhaustive state of affairs report to explore these issues, which was to include interviews with national staff.
- **The IC's scope** included decision-making, steering strategic directions, and oversight of MSF's social mission implementation. The status of the GD19-ExDir, the international platform regrouping General Directors of the 19 sections, was endorsed as the IC executive counterpart. A working group was established to clarify division of roles between the executive and associative at the international level, liaising with the working group on executive governance.
- **Building on a review of mini general assemblies** (field-based annual general meetings), the IC decided to include two days of debates: one on international issues set up by the international council; the other one on issues proposed by national boards. They were renamed "Field Associative Debates" (FADs).



Minutes from the MSF International Council Meeting, 24-25 June 2006 (in English, edited).

Extract:

Beyond La Mancha – Resolutions and decisions on further steps:

C. National staff [...] The following resolution was then voted:

Considering the clear will to address the issue of national staff and the commitment taken in the La Mancha Agreement to tackle it, and the failure of the movement in implementing the November 2004 IC resolution, the IC asks the international office to carry out a complete review of the existing measures taken at international (ExDir) and national levels and remaining gaps in the following areas:

- MSF as a socially responsible employer of national staff
- Promotion, training, management, and involvement of the national staff in decision-making, and access to positions of responsibility within MSF
- Access to the associative life of MSF

In addition, the IC asks that this review should list and describe action plans that are under development or are already in place in sections for these issues, as well as proposed strategies and concrete steps for the IC to ensure implementation of the November 2004 IC resolution. [...]

Unanimous [...]

D. Governance principle at executive level: [...] Decision on further steps:

The IC strongly supports the steps taken in response to the 'November 2005 IC resolution on the GD19 platform, in particular the concept of the GD19 ExDir being the executive counterpart of the IC. The IC also acknowledges a clear need to work on defining roles between the executive and the associative at international level, taking into consideration the La Mancha Agreement. [...]

- Associative Governance [...]

The IC then voted on the following resolution:

Considering the outcomes of the La Mancha process, as materialised in the La Mancha Agreement, and in particular the reaffirmation of the associative nature of MSF and its crucial role in governing MSF and overseeing the implementation and direction of MSF's social mission, and acknowledging the urgent need to translate these principles into concrete governing mechanisms, the IC appoints a working group in charge of: -Defining the role and accountability of the two international associative platforms, i.e. the IC and the ICB [IC board]. These terms of reference should be developed in conjunction with the internal rules. [...] The working group should liaise with the executive working group on governance. The IC asks the working group to present the outcome of their work at next IC meeting in November 2006 for discussion and decision on further steps.

Unanimous [...]

- Mini-GA – Field associative debates

Following the request of the IC in November 2005, the IO conducted a review of the mini-GAs, which describes the issues and identifies a number of challenges (timing, objectives and expectations of the mini-GA, mix of issues discussed at the mini-AG, etc.). Feedback on the mini-La Mancha debates organised before the conference in Luxembourg were rather positive: it is felt to be important to build on this momentum to reform the mini-GA. [...]

IC decision on further steps:

The IC acknowledged that the mini-GA/field associative debates are:

- A way of invigorating the associative involvement and meaningful membership
- A tool of accountability of the IC to the members of MSF associations and the field
- At national level, a tool to prepare for the national AGMs.

The name is changed to '*field associative debates*.'

The structure will comprise two different segments:

- One day on international issues/topics -> IC in charge
- One day on national issues/topics -> national boards in charge

The IC also agreed that the schedule of the field associative debates should be reviewed for these debates to take place earlier in the year to allow timely feedback to the sections' GA.



Minutes from the MSF International Council Meeting, 2-3 December 2006 (in English, edited).

Extract:

Session on La Mancha Implementation [...]

National staff (further to IC June 2006 resolution)

• Measures taken and remaining gaps at executive level: [...]
For Jean-Hervé [Bradol, MSF France President], this topic is related to growth as most of the money we spend goes to HR [Human Resources]. When we plan growth, we have to remember that we grow in terms of staff as well. We therefore, have to guarantee working conditions, not to mention the issue of work culture. [...] To sum up, the IC should make three recommendations:

- o Get rid of separate categories of staff
- o Pay attention to the lowest categories
- o Invest in training and access to senior management positions for national staff. [...]

Albertien [van de Veen, MSF Holland President] [...] La Mancha is a good way to push for improvement. A position [in charge of organising the La Mancha process within the MSF Holland association] was recently opened in Amsterdam. In addition, the section appealed to other members of the OCA (e.g., Jean-Michel Piedagnel [MSF UK General Director]) to speed up the process to meet the requirements of the IC resolution. [...]

Jean-Marie [Kindermans, MSF Belgium President] explained that the process [in OCB] started a long time ago with pressure from the field, the operations department, and the partner sections (in particular the Nordic sections). [...] Are people in OCB [operational centre Brussels] happy with 25%? What does the IC aim at as an IC?

For Isabelle [Ségui-Bitz, MSF Switzerland President] [...] explained [that a] newly appointed person has already prepared an ambitious plan of action, which goes in the same direction as OCB and OCP[aris]. Isabelle committed to push it forward in her section.

Re the increase in the number of staff since 1998, even if data are not fully reliable, the trend exists. Jean-Marie

wondered whether the volume of operations increased in the same proportions over that same period. For Jean-Hervé, this also raises the question of the quality of our medical acts: most of them are done by our national staff -> to improve quality we have to take care of our staff. [...]

At the end of the discussion, the IC voted on the following resolution:

- We recognise the high quality of the comprehensive review undertaken on the national staff .
- We strongly endorse the recommendations of the ExDir at the November 2006 meeting.
- We request in the ExDir reflection over the coming year to give specific attention to:
 - o Training
 - o Access to positions of responsibility.
- We strongly support a process to remove the distinction between national and international staff in defining staff policies.
- We expect to see concrete results across all operational centres in the implementation of recommendations and ask for a comprehensive progress report in November 2007.

Unanimous.

- Problematic at associative level and ToR [Terms of Reference] for the next steps:

Laure [Bonnevie, Executive Assistant at MSF International Office] first presented the preliminary outcomes of, and the questions raised by the first review carried out with regard to access to MSF associative life for national staff. Unfortunately, due to lack of time, the full review could not be carried out. Instead, it was decided to propose detailed ToR for an exhaustive state of affairs. [...]

Main outcomes of the discussion: [...]

With regard to figures and the number of staff that are now members of MSF associations, raised by Anneli [Eriksson, President of MSF Sweden], in addition to the scarce information gathered at association level, and thus the difficulty in obtaining accurate numbers, Laure hadn't been able to discuss this with all sections and was therefore not in a position to have a global picture. [...] As proposed in the attached ToR, the person that will be recruited will have to interview national staff. In addition, it is proposed that this person visits the field on the occasion of the field associative debates and interviews as many national staff as possible. It was also proposed that this issue be included in the agenda of the sections' co-days [annual field coordinator meetings held in OCs] and that board members visiting the field for the FADs also raise it (eventually with a template questionnaire) in order to cover a maximum number of issues and get broad feedback. [...]

Feedback from the IC working groups: [...]

- Working group priorities:

Jean-Marie [...] presented the main outcomes of their work, including the four identified topics:

- o National staff -> already addressed
- o Growth -> to be tackled later in the meeting
- o Mutual accountability -> Among questions to be addressed, we need to define exactly what we mean and how far we want to go; for instance: use the

typology (with further analysis than today?), review specific themes (cholera in Angola, Burma), implement joint visits of our programmes, ask any question to another OC, other actions... A timeframe is needed to define and agree upon the agreed perimeter of this accountability exercise.

- o Association – meaningful membership. Already tackled through access to associative life of MSF for national staff. Main question: how do we want the association to evolve and how do we want to work as an association? A way forward is to have someone working on it first through the angle of the national staff.

Among the other issues within La Mancha, which should be tackled by the IC, the group also identified the question of the definition of the 'social mission.' The La Mancha Agreement states that the 'IC is charged with the responsibility to oversee the implementation and guide the strategic direction of MSF's social mission.' What does it mean, which scope of decision-making do we see for this (or which perimeter again)? Should it be done through a plan of action or a strategic view on specific issues? [...]

Decision:

The IC agreed and endorsed the priorities proposed by the group. On the meaningful membership, the IC agreed that the first step is to identify someone to work on the issue of access to MSF associative life for national staff. This person would then look into the broader question of the meaningful membership.



'Access to MSF Associative Life for National Staff, **Terms of Reference** for a Comprehensive State of Affairs,' December 2006 (in English).

Extract:

WHERE ARE THE ISSUES? [...]

- Persisting ambiguities and internal barriers:

Despite several IC resolutions (November 2003, November 2004 for the most recent ones), and despite the fact that this debate has been ongoing for years as reflected especially by the mini-GA and the GAs, the access to the associative life of MSF is not simple for the national staff. Indeed, if in theory all OCs have now opened their associations to national staff, what it means remains unclear. To whom are they opening their associations? Little has been put into practice or, when it is, ambiguities persist and a number of internal barriers still exist.

- Specific procedures and criteria:

In theory, all staff – whether national or international – could become members. But in practice, associations have developed specific procedures (e.g., requests to be supported by members, candidates submitting their request to a particular committee or commission) and/or defined specific criteria for national staff to become members. These criteria are either objective (minimum experience with MSF, have an email address, etc.) but others are more subjective (show commitment to MSF).

On a very practical level, these procedures/criteria are not always compliant with the statutes and internal rules. More importantly, there is the question of the implementation and coherence when more than one section is present in a given country and when different rules are applied for membership. On a more principled level, adapting the membership fee to the cost of living of the national staff applicants – at least three associations took that direction while one applies the same fee than for international staff – can be considered as a positive discrimination. But the above-mentioned specific procedures and criteria raise questions about the rationale behind these decisions.

- 'Quality membership':

According to some, it is not possible for the time being to open the associations to all national staff (associative structure not adapted, risk of imbalance in the composition of the association and of loss of control). Therefore, the objective is first to attract those really interested and motivated, with ability to influence directions, and in the long run able to animate the associative debate at local level (-> 'quality membership'). So far, the number of candidates for membership seems to remain limited, compared to the total number of national staff. -> Can this be solely explained by the procedures and criteria in place? Do those who became members fit into the 'quality membership'? To try to answer these questions, it would be useful to look into the profile of those from the national staff who became members, how they were informed about the procedure, and what motivated them to become members. On the other hand, it would be informative to ask non-members if they have been informed about the possibility (and procedure/criteria) to become a member and how they feel about it.

- Association vs. trade union:

Criteria – be they objective or subjective – are also meant to prevent the confusion between becoming members of an association and being part of a trade union. Feedback from mini-GAs over the years unveils this ambiguity: at times employees have used these associative debates/forums to demand better working conditions (salaries, benefits, etc.). And membership is at times considered as a way to gain internal promotion (access to expatriation or position of responsibilities, etc.). This confusion/ambiguity led, for instance, to the MSF F[rance] board commission rejecting applications and sending the HoM and field coordinators in December 2004 a note that clarifies what rights membership gives to members and what it does not give access to.

Implementing the November 2004 IC resolution (i.e., addressing the internal discrimination in hiring, promoting and training national staff and becoming a socially responsible employer of national staff) will certainly impact on this confusion and decrease the risk of such an ambiguity for national staff willing to become members. The executive review on national staff in MSF done in

November 2006 by Jean-Christophe Dollé²⁷ provides a clear and detailed overview of where OCs stand in this regard, highlights gaps and formulates recommendations at both OC and international levels.

-> Should, therefore, these specific procedures and criteria progressively disappear with the improvement of the situation at employer level?

-> In the meantime, what should be done to reduce the risk of confusion? How to initiate/create ownership among the national staff for an organisation such as MSF (why is it different to work for MSF compared to other employers – *in terms of principles, values, etc.*)?

- 'Meaningful membership':

Participants in the La Mancha Conference delivered a clear message which was retaken in the final Agreement: all those doing the job are part of the associative and as such should have a chance to understand what MSF is (thus it should be explained), and should be offered opportunities to engage and participate in the associative debate and weigh in on the strategic decisions of the association. Becoming a member should remain a free choice of the individual. But, as a minimum, opportunity and encouragement should exist. And, people willing to become members of an MSF association should also be clear that membership implies responsibilities. They therefore need to have a clear understanding of what it means: their participation has to be an effective one, i.e. it is not only about influencing operations in their own country but influencing MSF's overall strategy, vision, and direction. This applies equally to all associative members (national and international staff).

- Properly informed about MSF:

For this to become a reality, national staff should be given proper information on the values supported by MSF and on the principles of the association as well as on the medical and humanitarian challenges MSF is facing. [...]

What role for the boards?

- Is there a role for the HoM as 'the' representative of MSF in the field? Views differ on this particular point. But whether the HoM or a specified person relays the associative life delegate at field level, the problem of turnover remains and, with it, the issue of the loss in institutional memory, dynamic, and continuity.
- What MSF lessons do associations draw from these experiences and strategies?

Offer platforms/forums to engage:

In addition to providing access to associative-related information, it is indispensable to offer forums to participate and engage in the associative debate. As not all national staff who become members can participate in person in the GAs of the existing associations, how can they be represented and their voices heard? How can they influence?

- Associative web sites (for all members) but not accessible to

27. 'National Staff in MSF,' Executive Review by Jean-Christophe Dollé, International Office – November 2006.

all? Annual field associative debates or more spontaneous/regular debates organised at field level, but what legitimacy do these forums have to influence? Electronic vote at the GA but not always legally possible and only for the election of board members? Vote by correspondence but applicable only for the election of board members? -> Therefore, are all these possibilities enough to ensure meaningful participation?

- What are the other avenues explored? Create new associations in developing countries that would be represented in the international associative platforms, create an international association, etc.

Retaining members:

The challenge today is also to find ways to 'retain' national staff members over time (e.g., MSF France had 16 members in DRC [Democratic Republic of the Congo] in 2005 and only one remaining in 2006) and in particular when MSF closes a project (cf. MSF Belgium in Armenia at the end of 2006). -> What strategies have associations developed for that?

Membership in partner sections' associations

At last, partner sections, in particular, but not only, those managing a decentralised desk, wish to integrate national staff in their associations. Some already do. -> What impact does it have on their associative life, what impact does it have on the OCs associative life?

- The 'associative nature' of MSF:

The debate of the access to the associative life of MSF for the national staff raises the broader question of how we function as an association, and of the meaning of membership for all those engaging or willing to engage (i.e., beyond national staff). Some question the necessity to be a member of the association to participate in the debate. Some also question the direction taken by some MSF associations to institutionalise the associative by delegating the animation of the associative life to a specific group/department whereas they would see it as a common responsibility based on spontaneity. In practice, some would claim that we do not so much function as an 'association' in its traditional meaning. -> How can it work in the context of an international movement made of 19 national associations?

2. Restructuring International Platforms and Positions (2006-2008)

a. International Platforms

In late 2006, the IC tasked an associative governance working group to work on roles and responsibilities of associative platforms and on ways to deal with non-

binding decisions taken by the IC. The associative governance working group was to collaborate with the dedicated working group on internal rules, and the executive on mutual accountability.

Two years later, in November 2008, the IC established a new working group on governance, the IC/ExDir working group. It was composed of a mix of associative and executive leaders. They were tasked with preparing a proposal for the movement's governance that would include an executive aspect. It would be submitted to each association's board, to the ExDir, and IC for final decisions.



Minutes from the MSF International Council Meeting, 24-25 June 2006 (in English).

Extract:

E. Associative Governance [...] The IC then voted on the following resolution:

Considering the outcomes of the La Mancha process, as materialised in the La Mancha Agreement, and in particular the reaffirmation of the associative nature of MSF and its crucial role in governing MSF and overseeing the implementation and direction of MSF's social mission, and acknowledging the urgent need to translate these principles into concrete governing mechanisms, the IC appoints a working group in charge of:

Defining the role and accountability of the two international associative platforms, i.e. the IC and the ICB [IC board]. These terms of reference should be developed in conjunction with the internal rules. [...] The working group should liaise with the executive working group on governance.



Minutes from the MSF International Council Meeting, 2-3 December 2006 (in English).

Extract:

- **Associative Governance working group:**

The group acknowledged that the IC, as a whole should take responsibility. The group also insisted on the need to link with the ExDir on certain issues such as growth and on the crucial role of the IO to facilitate, gather data, etc.

The group focused on three main topics:

- Roles and responsibilities (IC, ICB, ICP [IC President], ICVP [IC Vice-President]) – this was also tackled by the IO with the work done on the statutes of MSF International. Still a number of issues remain to be addressed and should be included in the internal rules.
- Mutual Accountability: this issue was also tackled at executive level [...] and discussed at last ICB (25 Sept). Part of this dossier should also be addressed in the internal rules.
- How to deal with the non-binding decisions: again, the discussion on this particular issue is not finished and should be retaken with the internal rules.



Minutes from the MSF International Council Meeting, 29-30 November 2008, (in English).

Extract:

Due to the lack of time and the absence of any proposal for the executive part of the governance of the movement, this session is only a brainstorming [one], aiming in particular for the IC to provide a general orientation on the sharing of tasks and responsibilities between IC and ICB.

The process will then be the following: A WG [working group] made of GDs [general directors] and presidents will be established so as to work on a concrete proposal for the governance of the movement. This proposal will then be presented to each board of MSF sections, to the ExDir in April 2009 and for the final decision in June 2009 to the IC. Main advice from the IC to the Governance WG to include in their proposal, were the following:

- To develop the executive part
- To avoid overlapping of roles and responsibilities of associative and executives
- To define clear role and responsibilities of ICB/IC
- To evaluate whether/how to further develop the ICB+ model
- To look into the different set-ups of the IC/ICB functions and create different standing committees (medical, financial, etc.).



We had a process, nothing was done ad hoc. This is the most important thing. From the very beginning, every step was agreed by the international council, every step was communicated. At the beginning, we set up a governance reform working group that had executive members. Then, we changed that, members came and went over the years. We tried to bring in different expertise on that. There was a working group for four years. So, we had a working group on different parts of it, working on the operational centres structure, the associative, etc. We did have some consultants' help as well, but it was really the working group that did it, it was not outsourced. MSF's best work is not outsourced. Everybody came from different parts of the movement, from the top executive functions, from the international council, with different types of proposals.

Kris Torgeson, MSF International Secretary General from 2008 to 2012 (in English)

b. International President, Vice-President, Secretary General and Office

On 25 September 2006, the ICB validated the new terms of reference for the international secretary general position. Christopher Stokes was appointed to this position and began his duties in September 2007, following an onboarding period for the international office team, directly supported by the general directors. In the meantime, on 2 December 2006, Christophe

Fournier officially took over the IC President functions from Rowan Gillies.

In June 2007, Anneli Erikson, President of MSF Sweden was elected International Vice-President for two years. Her terms of reference mentioned that she should dedicate 50% of her time to this function, should replace the international council president when necessary, and should be charged with specific dossiers. She resigned in March 2008, for personal reasons and was replaced by Reinhard Dorflinger, President of MSF Austria, elected in June 2008 for three years with the same TOR.

During the same period, Christopher Stokes resigned from his position of International Secretary General to become the General Director of OCB. In May 2008, Kris Torgeson was appointed General Secretary.



Minutes from the MSF International Council Board, 25 September 2006 (in English).

Extract:

Secretary General Terms of Reference

Marine [Buissonnière] drafted new ToR for the position to reflect on the evolution of the position over the past three years as well as outcomes of the La Mancha process. These new ToR were approved by the ExCom and circulated to the ICB for final validation.



'Terms of Reference MSF International Secretary General,' September 2006 (in English).

Extract:

F) Accountability structure and appointment details of the International Secretary

MSF international secretary general is appointed by the international council with advice on final candidates from the ExDir. S/he is accountable to the IC, and has a close and privileged relationship with the IC president and the IC treasurer. Despite the separation of tasks from those of the president, they work closely with each other as overlapping issues exist (the international secretariat works at the executive level, and the IC president works at the board level).



Minutes from the MSF International Council Meeting, 2-3 December 2006 (in English).

Extract:

Preamble:

In accordance with the result of the electronic vote organised within the international council between 5 and 19 July 2006 by which Christophe [Fournier] was elected, Rowan [Gillies] handed over his responsibilities as International Council

President to Christophe at the beginning of the meeting on 2 December 2006. Christophe therefore, chaired most of the meeting and voted as International Council President while Rowan voted as President of MSF Australia (20 votes in total).



Minutes from the MSF International Council Meeting, 23-24 June 2007 (in English).

Extract:

Vote for Vice-President position: [...]

There were 20 votes: 1 abstention and 19 votes in favour of Anneli [Eriksson]. Christophe [Fournier, President of International Council congratulates Anneli and welcomes her as the new Vice-President of the IC for the two years to come. Anneli will now have a seat in the ICB as IC Vice-President.



Minutes from the MSF International Council Board Meeting, 18 March 2008 (in English).

Extract:

Christopher Stokes (International Secretary General) and Anneli Eriksson (International Council Vice-President) submitted resignations from their respective posts for personal reasons. [...] The ToR [terms of reference] of the international secretary general will be reviewed and finalised by the end of March. [...] The selection committee should consist of all five OCs representatives (either GD [general director] or president, from operational or partner section) and international council president. [...]. Christopher Stokes was elected as new general director of the OCB and will be starting his new position in September 2008. The position of ICVP will be opened at the beginning of April and if, by middle of May, there are no candidates, the position will be opened to the board members of national associations.



Minutes from the MSF International Council Meeting, 28-29 June 2008 (in English).

Extract:

Kris Torgeson, who is the future International Secretary General replacing Christopher Stokes as of October 2008. The selection committee unanimously presented her candidature to the international council on 28 May 2008. The electronic vote was organised and the international council unanimously appointed Kris Torgeson as the new International Secretary General on 29 May 2008. [...] Reinhard Doerflinger (President of MSF Austria) is elected as the IC Vice-President for three years, replacing Anneli Eriksson. He will sit on the ICB/IC as IC Vice-President.

In November 2008, in an effort to safeguard MSF's medical identity, the international council voted a resolution stating that MSF association presidents should have a medical background. They requested this rule be included in the international council statutes. Some members argued that although few medical members were available to apply for these responsibilities, exceptions should only be admitted for short periods. The decision regarding medical background for the international council membership was challenged by a motion at the MSF Germany general assembly in 2009. However, the international council maintained its decision. In the same spirit, they encouraged medical people to apply for operational responsibilities.



Minutes from the MSF International Council Meeting, 29-30 November 2008, (in English, edited).

Extract:

Presidents – medical background

Making the need for all MSF presidents to have a medical professional background compulsory has been in the air for a long time. Some sections have been requesting a clear position of the IC on it. As a consequence, the ICB discussed it (28 October 2008) and came up with the following recommendation:

- In order to safeguard the medical identity of the organisation, the ICB recommends that the IC presidents be medical and that the IC statutes be reviewed to reflect that voting rights are contingent upon this medical status. [...]
- MSF Norway considers that a mix of profiles is much better to handle those issues, rather than relying on a single type of profile. It is more important to have a clear management line and clear medical platforms to handle medical issues/priorities and have clear distinctions between boards and executives. The general assembly wants to choose the candidate that seems to best fit the presidency position and nine times out of ten it will be a medical person. [...]
- In MSF Luxembourg, we have medical people on the board but they do not want to assume presidential responsibilities. Nobody wants to go for it. Enforcing the rule and stating that the president should be medical will not advance anything. Understanding the importance of the medical part within MSF, MSF Luxembourg still believes that having other professions within the IC has an added value. [...]
- MSF Japan did not deliberately choose a non-medical person for this post. The reality is that there was no medical person ready to take this post. [...] The position of president requires MSF experience. In Japan, medical people are requested to give their full time to their jobs as medical professionals due to the general lack of medical professionals. What is the role of the IC and what should be on its agenda? From what we see, there are not a lot of medical issues on the agenda. [...] Having other profiles on the IC may bring diversity and added value. Looking at all platforms within MSF, medical people are in minority and that is a concern for a medical organisation.

If there is a compromise to be made, then there should be a clause stating that at all times the majority of the IC should always remain medical. [...]

The IC does not have many medical issues on the agenda today, but it has enabled the organisation to achieve a great deal of progress in the past on medical issues (HIV, TB, changing protocols of malaria, abortion). The situation today is clear: key operational platforms (RIOD [operations director platform], ExCom [operational section general director platform], ExDir [general director platform]) almost have no medical professionals. We know we are becoming less and less medical, de-medicalisation is everywhere, the HQ [headquarters] ratio of medical people is very low. The concern is that if the situation should remain as such, in three years we will only have three medical people sitting on the IC. From past experience, we know that if we do not make it a requirement, in a few years there will not be a single manager (HoM [heads of missions, program officers, DirOps [directors of operations], GDs) with a medical background. Today, if we do not set a requirement for the IC, the tendency will be the same. It is also a matter of principle, it is important to safeguard the medical identity of our organisation.

In order to prepare the exact wording for the new International Statutes article (6.1) that the IC will vote on, the IC gave the following pointers: The majority of the IC (18 out of 19 in favour, MSF Norway not in favour²⁸) is in favour of the principle: the presidents of the sections should be medical. The majority of the IC (16 out of 19, MSF Lux[embourg], MSF USA, MSF Japan) agrees on the only possible exceptions:

- An exception to the above-mentioned principle could be only for a limited period of time (one year)
- If longer (after one year), the voting rights of this IC member will be suspended
- The starting point of this rule is the next general assembly of each section
- List of accepted 'medical' and 'paramedical' professions should be developed and agreed upon.

The IC asks the ICP to prepare an exact text of the above-mentioned article of the IC statutes and circulate to the IC a minimum of 30 days before the actual voting, which will be organised by a telephone conference call. In relation to the discussion of medical leadership as well as to the discussion of the IC as a medical platform, the IC recommends the following: The IC encourages the appointment of medical people in positions of operational responsibilities.

In favour: 18, against: 0, abstained: 1 (MSF Norway)

c. Statutes and Internal Rules

On 3 December 2006, the IC met as a general assembly and approved the revised statutes of MSF International and a first set of internal rules. They appointed a working group to develop a second set. In November 2008, the IC decided to include the opening of some of its internal rule sessions to MSF International associative members.



Minutes from the MSF International Council Extraordinary Meeting, 3 December 2006 (in English).

Extract:

Objective and Agenda of this Extraordinary IC meeting:

This extraordinary international council meeting was called on to proceed to the revision of Statutes of, and adoption of first set of Internal Rules for MSF International (as per decision made by the IC on 24 June 2006) [...]

Revision of the statutes of MSF International [...]

At the end of the discussion, the international council proceeded to the vote and unanimously approved the revised statutes. [...]

Approval of the first set of Internal Rules

As explained by Rowan [MSF International President], the proposed set of internal rules for this Extra IC meeting is just a starting point. Further work will still be needed to finalise the internal rules. [...]

Then, the IC proceeded to the vote and unanimously approved the first set of Internal Rules as attached. [...]

Decision:

The IC appointed a working group to develop a second set of internal rules by next IC in June 2007.



Minutes from the MSF International Council Meeting, 29-30 November 2008, (in English).

Extract:

Opening of some of the IC sessions [...]

Last year's GA of MSF USA voted a motion that some of the IC sessions will be opened. This motion was supported by several IC members who were present in New York at that time. The same motion is presented today and the IC agrees to open certain sessions to its associative members. The IC decides that sessions within its meetings will be open to MSF associative members.

Unanimous

The ICB is responsible for defining and circulating the agenda of the IC meetings, clearly stating which sessions are 'closed-door.' The agenda is to be circulated a minimum of one month before the IC meeting, indicating the sessions that

28. On Saturday 29 November 2008, only 19 voting members were present (MSF Spain was not represented).

will be closed-door sessions, to associative members. MSF associative members will be admitted to these open sessions as observers only, so as not to unbalance or complicate the debates between IC members. This decision will now have to be incorporated into the internal rules of the IC and the modalities to be worked out by the ICB.

Unanimous

3. Institutional Framework and Financial Growth

Providing a framework for the management of growth and sharing of resources of the MSF movement as well as upholding mutual accountability among sections were responsibilities assigned to the international council by the La Mancha agreement.

On 24 June 2006, the IC acknowledged that so far, the institutional growth was the result of a policy of 'fait accompli.' The IC challenged the mostly resource-driven motivation of this growth to date and highlighted the need for a defined strategic vision for growth, driven by improvements in operations. They agreed that the associative was responsible to give guidance to frame the natural expansion of the executive.



Minutes from the MSF International Council Meeting, 24-25 June 2006 (in English, edited).

Extract:

Management of growth

Based on past documents and a compilation of international meeting minutes [...] on growth and shared operationality, Isabelle [Ségui-Bitz] presented a state of affairs of the discussions and decisions that have already taken place within MSF since 1995 re the management of the growth. Since 2001, there have been a lot of discussions but the 'politics of the fait accompli' seem to be the trend. In November 2005, the IC asked the executive working group on growth²⁹ to provide the IC with feedback on the state of affairs on growth by the end of 2005. This working group has now produced a preliminary draft that still needs to be discussed at executive level.

Where are we now:

- Strong partnerships have been established between sections ("blocks")
- A lot of money is available, but for what?
- Willingness to continue to grow – for new reasons
- Challenges at national, international and movement levels

- A number of tools have been set up (international combined accounts, typology, etc.).

With La Mancha, more power is now given to the IC -> there is a need to define the IC's role and strategic vision on growth. But, more importantly, presidents need to be clear as to their own role. Isabelle then raised the question of how important it is that the IC keep some distance from national interests and decide on ambitions for the movement. [...]

Her presentation was followed by a roundtable looking at where each section is up to with opening new offices and a debate on the reasons leading to such openings:

- MSF B[elgium]: two offices opened in South Africa and Brazil which started as a mission and where the section intends to set up new entities.
- MSF F[rance]: no new entities since the opening of the delegate office in the Emirates some 10 years ago.
- MSF Australia: recruitment in New Zealand, it is for the moment just a PO Box but there is interest in setting up an office for HR [human resources] and fundraising.
- MSF HK [Hong Kong]: plans to set up liaison-advocacy offices in China to let more people know about MSF there + flying recruitment in neighbouring countries (including India) through peer-supporting groups.
- MSF UK [United Kingdom]: a 'branch' in Dublin to increase recruitment of medical doctors + plans to expand activities to private fundraising.
- MSF H[olland]: recruitment office in India (with a registered trademark to fulfil legal requirements).
- MSF Germany: idea to open a recruitment office in Poland but no steps taken with this regard so far (just at the level of the idea).
- MSF Austria: concrete steps taken to open an office in Czech Republic.
- MSF Spain: Recruitment office set up in Argentina – Lisbon office closed.
- MSF Swi[tzerland]: willingness from the executive to open offices in Turkey and Mexico for HR and fundraising.
- MSF Sweden: recruitment in Finland, including a webpage in Finnish (trademark registered but no office).
- MSF Greece: some discussions going on about the possibility of fundraising in Cyprus in the future. To do this, it would be necessary to set up an association with a board. Before going ahead, MSF Greece would like an IC resolution.
- MSF Japan: recruitment in South Korea but no office (one South Korean MD now on the board of MSF Japan).
- MSF Italy: flying recruitment in North Africa under investigation (information given by Marine [Buissonnière, MSF International Secretary General]) – from GD19 [platform of 19 general directors] discussion).

Main outcomes of the discussion that followed:

- Re: the reason for the growth:

One of the main reasons given to open new offices is HR [human resources] and recruitment. For Jean-Hervé [Bradol, MSF France President], it is difficult to understand as it has already proved difficult to place first missions and since MSF already has a lot of national staff available coming from cultures that are under-represented in MSF (e.g. in MSF F[rance], the number of national staff doubled in a

29. Dirk van der Tack (GD MSF Hong Kong), Pierre Salignon (GD MSF France) and Eric Ouannes (GD MSF Japan) are part of this working group.

few years). Valerie [Wistreich MSF UK President] argued that recruitment in Dublin targets MDs [medical doctors] with overseas experience and Jean-Marie [Kindermans, MSF Belgium President] raised the difficulty of recruiting people with specific skill-sets (e.g. MDs [medical doctors], French-speaking nurses). Whether these recruitment offices respond to the needs or not is the question. For Rowan [Gillies, MSF International Council President], the question is: do we want to get bigger and put flags everywhere and do we have, as a goal, expanding the concept of humanitarian action and our values (is our goal operations or 'spreading the word')? Jean-Marie reminded the meeting that one of the major reasons to engage in the La Mancha process was to improve our operations: doing so is not only a question of resources. Moreover, as pointed out by Albertien [van der Ween, MSF Holland President], continued growth will affect quality.

• **Re: the role of the associative in this debate:**

Darin [Portnoy, MSF USA President] pointed out the fact that this debate has been ongoing over the past few years and still where we are going or want to go is unclear. Many agreed with this and the need to do better. For Albertien, reasons given to open new offices/entities are way too vague (HR but for what?) and we face the risk that all this could blow out of proportion. At least at IC level, we should commit to monitoring the situation and update on a regular basis. Rowan reminded the meeting of the ICB+ExCom discussion in October 2005 which revealed a clear split between the executive and associative: the executive will naturally keep on expanding, isn't the associative shirking its responsibility by not putting pressure back on the executive on that issue?

a. Structuring Institutional Growth

In March 2007, the ICB/EXCOM noted that while they were unable to estimate whether the current five operational centres structure was the best option for operations, there was no rationale for a re-organisation using geographical logic. They recommended that operational co-ownership be encouraged.

Presentations were made about three potential new entities, whose creation was under consideration or already en route. The presentations were based on three different models in play:

- **MSF Turkey was to be associated with MSF Switzerland in a primary partnership.**
- **The MSF South Africa office setup by OCB was aiming to create an association, thus giving MSF representation in Africa.**
- **MSF Africa in Kenya also named the MSF Africa Initiative was planning to create an MSF international association, based in Africa in order to strengthen the participation of Africans within the movement.**

The ICB/EXCOM proposed a rationale and criteria for the creation and the management of new entities not

based on the existing sections/partner section model:

- **They should bring operational added value**
- **Multiculturalism would not to be a rationale for their creations. However, a better representation of MSF outside Europe and the empowerment of national staff were recommended.**
- **They would be endorsed by the IC which would be responsible for monitoring their development. That would start by an assessment of the entities opened since 2002 and on possible interesting entities to open in the future.**
- **New international ways of improving medical epidemiological and operational research, rationalising logistics supply, and HR training capacities would be explored.**



'Organising the Movement's Growth' ICB Conclusions and Recommendations for Further Steps, MSF ICB/ Executive Committee (ExCom) Meeting, 20-21 March 2007 (in English).

Extract:

Operational entities:

- There is a need for more coherence and coordination in operations carried by the five OCs.
- There is a consensus that we don't have the tools to say that the current set-up of five OCs is the best way to provide a satisfactory level of reactivity, diversity and operational management capacity.
- We don't currently see the rationale for reorganising the MSF operational set-up based on a geographical logic.
- We acknowledge that all OCs should have a reliable and predictable access to resources. That does not mean that they need to be of equal size.
- We should encourage and strengthen sections' co-ownership of operations through existing operational directorates.

Unanimous

New entities/structures:

- Today, we can see that there are a number of new entities not based on the usual model of sections/partner sections. We need to define the rationale and the criteria (including the need for IC endorsement) for these different entities.
- New entities/structures should bring clear operational added value.
- New entities could be open and supported by a defined MSF section, but always preserving room for the international movement to monitor their development and co-own them if IC requests it.
- The ICB requests the IO to coordinate a general assessment on what might be the most interesting entities to open in the future, and the relevance of the newly opened entities since Altafulla meeting took place in September 2002.
- The ICB supports the idea of exploring new international ways for invigorating medical epidemiological and operational research, and rationalising the logistic supply and HR training capacities.

- New international projects should increase rationalisation and make use of existing competencies rather than creating additional HQ [headquarters] positions.
- Using multiculturalism as a rationale for opening new entities is not seen as convincing. We acknowledge that we could bring more diversity into the movement by having both better representation outside Europe and better integration of MSF national staff in management positions and in our associative life.

Unanimous

In June 2007, the international council acknowledged that the “so called yet-to-be MSF Africa initiative” was in keeping with the La Mancha spirit, promoting both the associative dimension of new entities and the participation of national staff in associative activities. Providing that their objectives were clarified, the IC accepted the Africa initiative and plans to move forward, but denied the initiative the right to use the MSF name. OCA was asked to find a way to link this “yet-to-be” new entity to their association, which was done by MSF Germany and MSF United Kingdom, sections mentoring the “Africa Initiative.”



Minutes from the MSF International Council Meeting, 23-24 June 2007 (in English, edited).

Extract:

Re: African initiative in Kenya

From the recommendations proposed, it is still unclear what shall be done regarding the African initiative in Kenya. Several discussions were held between the representative of this initiative, James Kambaki [African Initiative Founding Member] and Reinhard Doerflinger [MSF Austria President] on behalf of the Associative Task Force. Following these discussions, the aim/objective of this group is unclear. Since the beginning (almost two years back), no concrete associative debates were organised by them. The members of the initiative shared, with the Associative Task Force, their idea of the way they plan to function: as an associative platform. The proposal they presented seems to be more of an executive structure – similar to a branch office. Therefore, the ICP suggested writing a letter explaining the difference between the executive and associative, and asking for clearer objectives. Some of the IC members requested they be more careful and understanding, as an idea of an association may be perceived differently in France, Japan, Colombia or any other country in the world. The majority of the IC members agreed on the possibility of supporting/guiding them in the way the associative debates could be organised within Kenya. It will allow the MSF movement to see the outcomes of the associative debates and how they will or not influence the social mission. [...]

‘yet-to-be MSF Africa initiative,’ can be linked with their associative structure. This initiative is not authorised to use the name ‘MSF’ without previous authorisation of the IC.



It was a bit of a complicated process because not many people in the international office knew what to do with it. It was not one country but something new coming as a regional entity. So, it was always kind of ‘do this and do that,’ and we tried all the time to meet all the objectives that the international office requested. Then, there was a bit of reservation from operations in those regions to actually get involved. Beyond the operations, they were used to having the FAD as the only associative activity. But now there was a bigger associative group, much more independent from the operations that wanted to do a lot of associative [activities]: information evening, discussions about the reasons, and the way to deal with this and that. We also tried to cut off the line between executive and associative. There was an overlap, because some of the association members were still executive staff. Because we were not a section, there was no possible activities like fundraising, communications, [etc.] which were authorised for the purpose of operations only. We could not ask all members to pay to sustain the activities of the association. So how would we be self-sustainable within several years in a way that we would not be overstepping the boundaries of executive?

James Kambaki, MSF East Africa Founding Member
(in English)

b. International Financial Architecture: The Resource Sharing Agreement (RSA)

In March 2007, the IC board and the international executive committee (ExCom) acknowledged that:

- MSF growth should be based on operational needs
- Limited growth was necessary to maintain level and quality improvements in operations
- Tools to assess the pertinence of growth and ensure accountability were lacking

They insisted that all operational centres should have reliable and predictable access to resources, and that financial burdens and benefits should be shared among sections. They tasked a working group with establishing a 3-year controlled growth and redistribution plan.

In June 2007, the IC tasked the ICB working group and the group of general directors (ExDir) with developing a financial architecture as part of a more comprehensive resource sharing proposal. This proposal would include an accountability mechanism, an upgrade of the operational coordination at executive level, an investment plan in private fundraising, an agreement on levels of institutional funds, and target performance ratios. The

proposal would also include a plan for the management of new entities development. These recommendations were endorsed by the IC in June 2007 and clarified in the following years.



'Organising the Movement's Growth' ICB Conclusions and Recommendations for Further Steps, MSF ICB/ Executive Committee (ExCom) Meeting, 20-21 March 2007 (in English, edited).

Extract:

Rationale for Growth:

- We acknowledge that MSF growth has to be based on operational needs.
- We restate the 2002 IC resolution and observe that growth remains unbalanced.
- To maintain the current level of operations, keeping a necessary level of innovation among our operations and improving the quality of our work, [means that] limited growth is unavoidable.
- We are still lacking reliable figures – expenditure, fundraising, HR– to forecast our growth. MSF sections need to commit to better define and provide reliable data to be compiled at IO level.
- We are lacking tools to better assess the pertinence of our growth. A better definition of the quality of our growth will go along with the long-term process of the implementation of a better accountability.
- We need to agree on criteria to monitor and judge the pertinence of growth and set-up tools and mechanisms to gather these data at IO level, and finally progressively evaluate and account for the pertinence of growth at both operational and institutional level.

Unanimous [...]

Current orientation to secure in the movement:

- We agree that the burden of institutional funds and investment in private fundraising, as well as their benefits, must be shared among sections in the movement.
- We reaffirm our commitment to agree upon ratios.
- We commit to improve the existing international accountability mechanisms and, in the meantime, propose to work on a three-year 'controlled growth and redistribution plan:'
 - o OC growth frozen at 8% per year
 - o All sections are encouraged to match needs of all OCs (more fundraising/revise reserves and revise needs and planned growth)
 - o MSF sections commit to better define and provide reliable data to be compiled at IO level
 - o Gradual redistribution of private funds and burden of institutional funds 2008–2009–2010
 - o Work on sharing the burden of agreed upon and operationally justified additional investments
 - o Work on rationalising financial support and strengthening of relevant partnerships aiming at increased predictability of support and greater accountability and co-ownership of operations

o build on existing OCs accountability mechanisms to provide better accountability on grants allocated by all sections.

- To conduct the proposed work and coordinate potential new international projects and initiatives, some reinforcement at IO level is necessary, and potentially/consequently also at international platforms level.
- The ICB mandates a WG to finalise this 'three-year controlled growth and redistribution plan,' and to present it to the relevant international platforms in June 2007.

Unanimous



Minutes from the MSF International Council Meeting, 23-24 June 2007 (in English).

Extract:

IC decisions on further steps: [...] The IC endorses the March 2007 ICB recommendations on rationale for growth, operational centres, and new entities [...] The IC recognises the work already done by the ICWG and the ExDir on formulating proposals. These proposals will provide the basis for the development of financial architecture within a more comprehensive sharing of resources proposal, for the 2007 November IC. Such a proposal must also include:

- A mutual operational and organisational accountability mechanism
- An upgraded level of operational coordination at executive level
- An investment plan in private fundraising
- A proposal for an agreement on levels of institutional funds
- A proposal for agreement on ratios
- The proposal of the ICWG on new entities

The IC encourages the ICP and the ICVP to engage with national boards on elaborate the final proposal. Under the principle of financial solidarity, the IC commits to guarantee operations for all OCs (without going below the agreed minimum reserves of three months) until a final agreement is reached, at the latest in June 2008, with a condition of an overall 8% cap on growth. We commit to provide the IO with all necessary information to work on allocation proposals, including budget and fundraising forecasts, levels of reserves, and preferred partnerships for all sections by the end of September 2007.

Unanimous

c. Framework for Management of the MSF Movement Growth

In December 2007, the IC endorsed the "Framework for Management of the MSF Movement's Growth," proposed by the Executive/Associative working group on growth.

This key document would be the basis of the movement's growth and resource sharing policies in the proceeding decade.

They approved the principle of a shared cap on growth, set at 8% yearly, as an average over 4 years at sectional level for operations, and request a similar maximum rate for headquarters growth. Exceptions would be allowed in the case of major emergencies uncovered by annual emergency allocations, one-off structural investments, and exceptional costs due to operational innovation.

The IC requested the ExDir to mandate a Finance & Fundraising Commission (FFC) to assess potential for raising more private funds: first within existing sections, and secondly, in countries where MSF was not represented as a section. The FFC was supposed to feed the ExDir and the IC proposals and recommendations on long-term investment in private fundraising.

They endorsed a scenario for sharing resources that considered the principles of solidarity, respect for preferred partnerships, and introduced international management of financial resource sharing to provide secure predictable funding for operations. In case of major disruptions threatening this resource sharing agreement (RSA), the IC would take responsibility for ensuring continuous funding for the operations of the five operational centres. They also encouraged progressive decreases in the percentage of institutional funding.

Regarding new entities, the IC restated that decisions on existing (and future) entities, except sections, missions, and any virtual initiative engaging the name of MSF, were under their exclusive oversight responsibility in terms of "organisational accountability" and results/output.

They decided on a temporary moratorium on new initiatives for opening new entities and a temporary freeze on any significant progression with existing new entities likely to change their mandate, until the June 2008 IC meeting. They asked that information (financial, staff, etc.) on new entities be made visible and available to the international council and to the movement at large.

The IC tasked the international council board and the international executive committee (ExCom) to elaborate a plan forward for current new entities, based on features and criteria variables, and to assess those entities in the process of changing their statutes.



Minutes from the MSF International Council Meeting, 1-2 December 2007 (in English).

Extract:

Resources [...]

1. Cap on growth [...] IC decision on further steps

The IC endorses the principle of a shared cap on growth set at 8% yearly as an average, over four years at sectional level for operations, and requests a similar maximum rate of HQ [headquarters] growth until we can agree on ratios that

will enable us to steer HQ costs more precisely. Exceptions to this 8% cap on growth will be allowed in case of major emergencies that cannot be covered by annual emergency allocations, one-off structural investments, and exceptional costs due to operational innovation. All exceptions will have to be presented and discussed at the ExCom and endorsed by the ICB. They will be presented to the ExDir and IC annually.

Unanimous

2. Generate financial resources

IC decisions on further steps

The IC wants to encourage sections with fundraising potential to make an extra effort to generate additional private income. This will primarily serve their current operational partners but should also benefit other OCs in need. A section increasing its fundraising will be supported, if needed, by OCs interested in sharing both the risks and gains.

Unanimous

The IC requests that the ExDir mandate a special commission (Finance & Fundraising Commission) to assess potential for raising more private funds, first within existing sections, and secondly in countries where MSF is not represented as a section. This assessment will then serve as a basis for the ExDir to propose, and the IC to recommend, long-term investment in private fundraising. Section boards receiving these recommendations will always have the final say (and legal responsibility) as to whether or not they can follow the recommendations.

Unanimous

3. Sharing financial resources

Christophe [Fournier, MSF International Council President] reminds that the proposed scenarios are evolutionary and should be able to adapt to changes. [...] The IC members agree that the main goal of this scenario is to continue funding operations. Therefore, in the case of big discrepancies, the movement will take responsibility for covering the cost.

IC decisions on further steps

The IC endorses scenario 3. This scenario takes into account the principles of solidarity, respect for preferred partnerships, and introduces international management of financial resource sharing to provide secure predictable funding for operations. The IC asks the International Finance & Fundraising Commission to develop the details of scenario 3 and a review mechanism to take into account possible future discrepancies between forecast and reality, both on institutional funds and private fundraising targets. In case of major disruption that threatens the resource-sharing agreement mentioned above, the IC will take on the responsibility of ensuring continuous funding for the operations of the 5 OC.

Unanimous

4. A proposal for agreement on levels of institutional funds. [...]

IC decision on further steps

The IC encourages the aim of progressively decreasing the %

of IF [institutional funds], still bearing in mind the continued need for IF in the coming years, taking into account the other sources of income and our operational needs.

17 in favour

2 abstentions (MSF Denmark, MSF Sweden)

1 against (MSF Norway) [...]

5. Structural growth management

- Proposal for an agreement on ratios [...]

IC decision

It was agreed that the International Finance & Fundraising Commission would refine the ratios in section 3.a of the proposal. These were therefore, not voted on. However, the IC specifically discussed the diversification of private income and agreed that we should aim at ensuing diversity of funding sources without giving any benchmark.

6. New entities proposal [...]

The main objective of the assessment was to study the rationale behind and added value of new entities for MSF operation needs. Different sections give a range of reasons to invest in new entities, some of them legitimising the set-up of a new entity, some other already existing prior to the establishment of an entity. [...]

The IC needs to have clarification on the roles, scope, and legal set-up in order to assure follow-up. Furthermore, the legal status and obligation should be clear in the country. [...] Katrin [Schulte-Hillen, MSF International Office] then reminds the definitions of OC, section, delegate office and branch office. A branch office being clearly an individual initiative for specific activities under the authority of a section and the delegate office something that is more related to the desire of the movement to be in a certain environment and that may have an associative dimension. Last, the team proposes a comparative contextual approach to look at new entities. The idea is to position the new entities according to potential and risk that comes with context, notably population size, political influence, respect for human rights, socio-economic development, industry & production, academia & research, media-hub, humanitarian environment, resource potential, etc. [...]

Discussion

[...] With 16 votes in favour and three abstentions the ExDir requested the IC to be responsible for the opening and closing of the new entities. Furthermore, they committed to a moratorium on the opening of any 'new entities' and a freeze on any significant development of an entity, basically on adding new activities. The ExDir clearly wanted to avoid facing a fait accompli and desire to be more involved in the decision that will have to be taken regarding new entities in the coming months. Anneli presents the three recommendations of the proposal for growth that the IC will have to vote on:

- The IC responsibility over the new entities opening, closure, growth, and orientation
- The establishment of a specific IC/ExDir working group to refine the criteria and categories
- The endorsement of the ExDir recommendation for a moratorium and a freeze.

First of all, Christa [Hooks, MSF UK President] would like to underline that she doesn't feel fully justified to look at all the entities together, as in her opinion the Nairobi initiative has a different origin. This is the only entity that started by itself, the only one that really wanted to be MSF. Furthermore, as it hasn't been set up by a section, there is no one fighting for it. Anneli considers that with the comparative context approach no entity should be disadvantaged. [...]

Isabelle [Ségui-Bitz, MSF Switzerland President] explains that MSF Swi[tzerland] is currently in the process of changing the statutes of the Mexican entity, as it is easier to be registered in the country to develop missions. Their initial plan was also to develop HR and fundraising; however, the fundraising study they planned to have will not be done. They will wait for the international study. Tankred [Stoebe, MSF Germany President] considers that everyone will have good reasons to put forward, but the freeze should be applied to each new entity. Jean-Hervé [Bradol, MSF France President] disagrees that reasons are equivalent and doesn't consider the consequences as similar. To freeze the fundraising in Dubai for six months will be, in his opinion, suicide.

As for Ireland, Christa explained that there is a change in the Irish law and if it's not registered before, the Irish entity will have to close its doors as they won't be able anymore to legally collect funds. She agrees with the freeze, but not to destroy something that already exists. Albertien [van der Ween, MSF Holland President] understands the freeze on significant developments as a message not to invest in the new entities. In addition, registration in itself doesn't mean anything, and other entities already registered without the IC agreement. Ioana [Papaki, MSF Greece President] agrees, but adds that the registration shouldn't open the door for new activities. Albertien further adds that she thinks that deciding on new entities requires a clearer overview of strategic ambition towards where we as a movement, choices to expand and invest, and why. In addition, we need to consider what the consequences are for the existing architecture of decision-making and structure of the movement. [...] In the end, there isn't the required four-fifths majority to endorse the whole set of recommendations together as presented in the report. The recommendations were then voted for per block.

IC decisions on further steps

Below are the recommendations that received the four-fifths majority.

1. All sections, through their presidents in the IC, subscribe to the statement that structural growth is a movement-wide concern and, as a consequence, all sections commit to proceed in transparency and provide information to the IC/ICB/IO/ExDir before any practical arrangements are made on new national entity initiatives.
2. Decisions on existing (and future) entities that are not a section or a mission and any virtual initiative engaging the name of MSF, are the exclusive domain of the IC and are subject to:
 - Temporary moratorium on starting initiatives for opening of new entities
 - Temporary freeze of any significant development in existing

new entities that is likely to change their nature (including adding new activities until the June 2008 IC)

- IC oversight responsibility in terms of 'organisational accountability' and results/output
- Information (financial, staff, etc.) on new entities are visible and made available to the IC.

3. The IC asks the ICB and ExCom to elaborate a plan for current new entities based on features and criteria variables. The plan will also include the use of categories (names and definitions) and a comparative contextual approach. The plan will be processed through the ICB, ExCom, and sections and decided upon by the IC in June 2008 – after being presented at the ExDir.

4. Information on new entities will be made transparent and visible to the movement at large. The report and the annexes will be disseminated. The final version of the report will include the December IC decisions.

16 in favour

4 abstentions (MSF H[olland], MSF Sp[ain], MSF Austria, MSF F[rance])

As agreed by the ICB during the November 30 meeting and explained orally at the IC meeting, the ICB-ExCom platform will assess and discuss before the end of 2007, the entities [that are] currently in the process of changing their statutes.



In 2007, there was no common policy on institutional financing. It depended on each operational centre.

The only limit was the 50% [maximum of institutional funds as a percent of total funding] established under the Chantilly Agreement. As for private resources, everything was based on how the movement was set up historically. The groups were created either on a political basis – such as Paris and Amsterdam – or on contractual ones, such as Brussels. Paris received 70% of the money collected by MSF USA, Japan, and Australia. And Amsterdam received the same percentage of funds collected by its partner sections. Brussels also received funds from all of its partner sections, thanks to a group-wide agreement that provided a framework for managing financial flows. That left Geneva and Barcelona all alone. Geneva had only Austria. Barcelona had been linked to Greece for a very short time and they got 20% of nothing, if I can put it that way! On the other hand, the allocation of the remaining 30% – the part that was not allocated to their key operational centre (their primary partner) was left to the discretion of the partner sections. One of the consequences of that was [that] there was a huge competition among the operational centres, whose managers made the rounds of all the partner sections every year, seeking a share of that 30%. That's what they called the 'beauty contests.' The two losers in this story were always Geneva and Barcelona, who barely had a partner section. They considered this terribly unfair. The others replied, 'It's not unfair, we are the ones who invested in opening the sections, so it makes sense that we would get a return on our investment.'

We did not have a long-term perspective on the movement's financial management. Since 2005, we produced only the certified consolidated accounts, but the budget was not

always consolidated. That was set up later. There was no thinking ahead, which also led to concerns in terms of the investments to be made in fundraising. So, this 2007 framework document was really a turning point in acknowledging the sections' interdependence in terms of funding and its impact on the movement's finances. We started moving away from annual management by section to something that resembled management at an international level, finally acknowledging the reality of this movement. This document marked the start of the first Resource Sharing Agreement (RSA). We decided to set up an international resource-sharing framework by committing to a solidarity mechanism that would protect an operational centre from shutting down for lack of financial resources. Of course, that situation never came up. But it was better to state that. This was the first time that we put it in writing.

The groups and the sections – they were all there to serve the operations. The document's guidelines set out the principles that make it a founding text: predictable access to funds for all of the operational centres; investments in fundraising at the movement level; and, resource sharing based on an agreed-upon growth. Everything that we did later was based on those cornerstones, in one form or another, with monitoring mechanisms and governance and decision-making methods. But those are still the principles.

Remi Obert, MSF International Financial Coordinator from 2002 to 2006, MSF France Financial Director from 2007 to 2013 (in French)



The great achievement of the international council during that entire period was to make the sections indivisible one from the other, to make everyone interdependent – which meant that it had become impossible to stand apart. And finances played a key role. The resource-sharing arrangement (RSA) started then. Until that time, all of the operational centres' executive directors would visit all of the partner sections every year to ensure the next year's funding. We called these visits 'beauty contests.' The Belgians got annoyed because the Swiss had seduced the Italians and began taking their money. The Italians were fine with that because, for them, it was a way to actually exist. We couldn't go on like that, it didn't make sense.

So, at La Mancha, we started saying that MSF's money was MSF's money, it belonged to everyone and we were going to find a way to share it. And, since it belonged to everyone, everyone had the right to know how it was used. We were going to create a reporting system. Christophe Fournier [MSF International President from 2007 to 2010] came to talk to me and said, 'I like that. I'd like to run for international president because I really support this project.' So, the project was included in the La Mancha Agreement and we implemented it. The entire association agreed on that. Maybe some executive directors weren't on board, but we did it anyway because everyone realised that this beauty contest was ridiculous. We started by putting a freeze on things and saying, 'Next year, we'll increase everyone by a maximum of X% [8%]. We'll freeze things based on today and everyone will grow in

this way. We'll allocate the money on that basis.' This was a major accomplishment for the international council at that time because there was no going back. The 8% didn't hold. But OK, soon after, that led to percentages and allocation formulas and it worked. Little by little, the Americans were no longer working only with the French, the Germans were no longer working only with the Dutch, the Italians with the Belgians and so on. This changed everything and consolidated the international movement.

Dr Jean-Marie Kindermans, MSF Belgium President
from 2001 to 2007 (in French)



The resource-sharing arrangement [RSA] is one of the movement's most significant policy agreements. With the RSA, those in charge of finances decided that they did not want to have that power. In effect, they said, 'We came to work in an organisation where decisions are not made based on money.' They put their power in the balance, calling for policy decisions to be made based on the operational project, not on the basis of, 'He who has the most money calls the shots.'

Françoise Bouchet-Saulnier, MSF Legal Advisor then
Director since 1991 (in French)

In June 2008, the IC endorsed most of the recommendations made by the international council board/group of general directors (ExDir) working group on new entities (NEWG). The assessment of new entity capacities and justifications for their opening included:

- Representation and fundraising to be considered as the two "stand-alone" activities potentially justifying the creation of a new entity.
- Entity defined as being a legal and executive structure with concrete ongoing activities.
- Three categories of entities with respective characteristics (branch office, delegate office, and section) to adequately reflect the different functions/roles and positioning of entities in the MSF movement.
- Names of MSF entities should reflect the movement as a whole e.g. MSF (Médecins Sans Frontières) in South Africa, MSF in Brazil.
- Name/trademark in national and international language, logo, and acronym need to be registered as property of MSF International through the international office.

The international council decided to endorse the MSF entities in Brazil, UAE, and South Africa as branch offices "due to their existing activities and potential," but did not consider MSF entities in India, Kenya, Mexico, Turkey, and the office in Guangzhou, China fitting any of the three defined categories:

- The initiative in Kenya would be included in the discussion on MSF associative dimension and life.

- The Guangzhou office would be considered as part of the Hong Kong section.
- The ICB would reflect on the potential development of MSF in India and Mexico.
- MSF entities in Ireland, Czech Republic, and Argentina would remain frozen until further information and discussion on their contributions to the movement could take place.

The international office and the IC Board were tasked with follow-up of international council decisions related to new entities. The International office would ensure that the decisions on process regarding new entities would be reflected in the MSF International Statutes and Internal Regulations. The international council committed to:

- Establish a task force to engage actively in the reflection and action on MSF associative developments and with specific attention to requests for new associative initiatives.
- Engage in a reflection on MSF International's governance.
- Create a process for the review of the 19 sections.



'Plan for MSF New Entities' and Related Considerations,' ICB/ExDir Working Group New Entities, Catrin Schulte-Hillen, June 2008 (in English, edited).

Note: The present document is the FINAL version of the Plan and includes the recommendations endorsed by the IC in June 2008.

Extract:

In December 2007 the international council of MSF endorsed a 'Framework for the Management of MSF Movement Growth,' which addresses: sharing of resources in support of operations, mutual accountability as a means of improving operations, and the rational use of resources. In the framework the IC commits to a managed/limited growth and assumes, as part of it, the responsibility over all MSF entities.

11 entities/initiatives supported by different sections or groups are presently under discussion. An assessment mission (Oct/Nov 2007) presented information reflecting the current set-up of entities and a proposal for the consistent treatment of entities. Based on this, the IC tasked an ICB/ExCom working group to present the MSF movement with a proposal for the development of the 11 entities initiated since 1991 and for related issues.

[...] Recommendations voted by the International Council Directives

- The IC endorses Representation and Fundraising as the two 'stand-alone' arguments potentially justifying the creation of a new entity. Operational support aspects (including HR) are considered potential assets, but do not have 'stand-alone value' as justification for the creation of new entities.
- The IC recognises that the identification and development of quantitative and qualitative criteria (incl. representation) is deemed necessary to allow transparency in the assessment of entity related proposals and are key to organisational accountability. The IC considers the suggested review of

existing sections likely to provide a mapping of current practice in the movement, from which indicators can be identified and developed.

- Pending review of the international governance structure, the IC endorses the WG's proposal for three categories with respective characteristics (branch office, delegate office, and section) to adequately reflect the different functions/roles and position of entities in the MSF movement as well as the WG's [working group] proposal to define 'mission support' as being under the responsibility of the director of operations and related budget.
- The IC states that the names of MSF entities should reflect the movement as a whole: the ideal formulation being MSF (Médecins Sans Frontières) in South Africa, MSF in Brazil. Legal name requirements will have to be respected, but should be justified.
- The IC states that the name/trademark in national and international language as well as the logo and acronym need to be registered as property of MSF International through the international office.

Entities

- For the current review the IC agrees to define 'entity' as being a legal and executive structure with concrete ongoing activities.
- Initiatives [that are] not yet functional are subject to a full proposal process at IC level. The same applies to entities seeking a change of role/category.
- The IC decides not consider India, Kenya, Mexico, Turkey, and the office in Guangzhou in any of the three categories, but as follows:
 1. Consider the initiative in Kenya in the frame of the discussion on MSF associative dimension and life.
 2. Consider the office in Guangzhou as part of the Hong Kong section in the recommended section review.
 3. Future initiatives for the development of an entity in Mexico and India subject to a full proposal process at IC level. The IC requests the ICB to engage in a reflection on the potential development of MSF in India and Mexico.
 4. Discourage future presentation for a proposal in Turkey.
- The IC agrees with the ExDir in considering that the international endorsement of entities needs to be informed by a broader vision including movement development (+ affiliation of new entities), resource sharing, governance structure, as well as the review of the current sections and their practice.
- The IC shares the ExDir's support for the NEWG proposal and the ExDir's concern that approval of the six entities as branch offices could lead to undifferentiated, uncontrolled growth. The IC therefore decides:
 1. To endorse Brazil, UAE, and South Africa as branch offices due to their existing activities and potential, provided that there is international involvement that benefits the movement, scrutiny of further development plans and consideration of affiliation within groups.
 2. To keep Ireland, Czech Republic, and Argentina under a freeze until further information is available and discussion held about their position and contribution

to the development of the movement.

- The IC recognises the long-term investment involved in FR [fundraising] activities and decides that FR initiatives are not to be launched where they are not [currently] implemented today, and until approval of the long-term recommendation emerging from the Fundraising Commission.
- The IC agrees that the movement has to be prepared to close existing entities if considered incompatible with the larger strategic vision.

Process and follow-up

The WG recommends IC approval of the above process (chapters 3.2.1 and 3.2.2) including:

- Proposals for future entities or change of entity 'status/category' need to be presented to the international president and ICB. Proposal will be analysed at international office and ICB level and a reflection/positioning prepared for IC decision.
- Proposals (new initiatives, development involving a change of category or questioning of an existing entity, including closure) need four-fifths favourable vote in the IC in order to be approved.
- Entities submit the proposed statutes (initial or modification) for review by the international office. Statutes need to reflect (as far as legally possible) the role/function proposed for IC decision.
- Statutes include, but are not limited to, the specific mention of: the entity being part of an international movement, adherence to the MSF charter, the Chantilly document and the La Mancha Agreement, the Agreement to comply with IC resolutions and decisions.
- The name/trademark in national and international language as well as the logo and acronym will be registered as property of MSF International through the international office.
- A contract will then be established between the IO and the entity allowing the entity the use of the registered trademarks for one year (rolling renewal can be established).
- The international office and ICB is tasked with the follow-up of IC decisions related to entities.
- The IC requests the international office to assure entities are identified as part of the organisational accountability agreed upon. In that frame the IC requests the ExDir to provide greater international insight into staffing/size of MSF entities and recruitment strategies and cost.
- The international office is tasked to ensure IC decisions on process regarding entities be reflected in the MSF international statutes and internal regulations.

Related issue

- The IC requests that the ExDir propose a policy regarding the establishment and management of websites under the MSF name.
- The IC decides to urgently establish a Task Force [TF] to engage actively in the reflection and action on MSF associative development and with specific attention to the requests for new associative initiatives. The TF should invite members from proposed associative initiatives and

present concrete ideas to the IC in December 2008. The TF will need to work in close collaboration with the group leading the reflection on governance.

- The IC commits to engaging in a reflection on MSF international governance. The IC mandates a mixed associative and executive WG to frame and propose a vision for movement development and governance, including the methodology and criteria for section review; starting the process with an ICB/ExCom meeting in September.
- Following a commitment to a broader vision for MSF development the IC proposes to engage in a process to review the 19 sections.



The La Mancha Agreement affirms the equality of all persons – national and expatriate staff – and among all the entities. With this affirmation came the idea that, as an organisation dominated by white men, etc., MSF would have to change and that, ultimately, the only legitimate headquarters would no longer be in Europe, but elsewhere, preferably in the Southern countries. The existing sections understood this to mean, ‘Some of these sections will have to die.’ Then the question arose: ‘Which entities – even which operational centres – would be sacrificed on the altar of this reorganisation/diversification?’ Financial growth was an important political piece in that it raised the following questions: to whom did the funds collected belong? Who could use them and for what purpose? We quickly agreed that this financial growth should not be used to expand the headquarters without carrying out operations. But, we still did not resolve the issue of the survival of the small operational centres or the ‘clientelism’ aspects of the non-operational sections. In fact, we created a kind of institutional insecurity that gave rise to a kind of aggressiveness, because none of the centres wanted to be killed off on the altar of this new legitimacy.

Françoise Bouchet-Saulnier, MSF Legal Advisor then Director since 1991 (in French)

4. Developing International Associative Life and Associative Membership

The La Mancha agreement acknowledged that the associative was crucial for MSF’s action and for the movement’s cohesion. Participation in the associative at all levels, would be strongly supported and encouraged. Proactive steps toward meaningful partnerships in associations needed to be implemented. New avenues for associative participation should be explored, particularly in regions where MSF was under-represented. Creation of new MSF entities in these regions would be considered.

In June 2007, the IC endorsed the observations and recommendations of a ‘Report on Access to Associative Life for National staff’ carried out between March and June 2007.

This report noted that while barriers had been lifted as a result of effort and resources employed within the movement, the national staff still represented only 3 percent of MSF association members. Moreover, many concerns and questions remained regarding the national staff access to the associative, including:

- Fear that national staff could use associations to address employment issues
- Variations and inequalities in the membership criteria adopted by associations
- Lack of a common definition for the MSF association

The main recommendations for improvement were:

- To define “meaningful membership” for all staff
- To create an international association or/and regional associations as a way to improve associative life
- To involve national staff in the executive decision-making process, which is significant for a functional associative life more than a new structure or model

According to the national staff interviewed for the report, decision-making, co-ownership, and liaising with civil society were the three main roles of an association member. For them, meaningful membership was to be reached through:

- Personal capacity with increased awareness and understanding of MSF, the associative dimension and how it works, and the humanitarian and medical challenges facing MSF
- Opportunities for national staff to improve access to association platforms and channels of influence and decision-making
- Motivational improvements to the social side of the associative life, sense of belonging, shared values, and sense of having an impact

New models of associative structures allowing more equal access and encourage grassroots initiatives such as:

- An international association
- Regional or group associations
- Local association around a field project

The international council decided to create a senior international office association position to work with the various association coordinators and to share associative information within the movement.



'MSF International Office Associative **Review** of National Staff,' Michalis Fotiadis, Frances Stevenson with Khaled Menapal, June 2007 (in English).

Extract:

Executive Summary [...]

The review was carried out between March and June 2007 by Michalis Fotiadis and Frances Stevenson, supported by Khaled Menapal. Research data was gathered using questionnaires designed to obtain quantitative data on the state of affairs and qualitative data on the experience and perceptions of field staff. The questionnaires were used to conduct semi-structured interviews and were also disseminated throughout the movement to be filled-in and returned. In-depth interviews were conducted with board members and executive staff. About 275 people in 31 mission countries plus the section HQs contributed to the review, about 75% of them national staff. Internal and external written sources were also used.

State of Affairs [...]

It shows that the barriers are lifting as a result of some effective investment of effort and resources within the movement, but there is still a long way to go before national staff can be said to have full access to the associative life.

Most sections with operational field activities have put procedures in place to allow national staff to become members of their association. Most associations of sections with no field operations are in the process of deciding on policy and procedures for national staff members. [...] National staff now represents 3.5% of the total association membership of 6,000. One in every 28 association members is a national staff member; one in every 128 national staff is an association member. [...]

The majority of sections have between one and three dedicated staff (full-time equivalent –FTE) to support their association, but in some smaller sections this is done by office staff as part of other functions. Most boards identify a member to focus on the association dossier. At field level, associations depend to a great extent on the HoM to support and facilitate membership and associative activity. National staff receive the same information as the rest of the membership and some associations have developed special materials to inform national staff about membership and MSF in general. [...] While national staff has access to associative platforms and events in the field, their access to the GA is very limited. A small number are facilitated to attend the GAs and others can vote in the GA by email, post, or proxy.

Emerging issues and concerns [...]

- **Re the potential impact on the movement and associations.** The number of national staff who potentially could join the associations could have an overwhelming and radical impact on MSF and dilute or change its identity. [...] There could be an imbalance between OCs and PSs because national staff will tend to join the association of the OC they work in. The national character of smaller

associations could be diluted by an influx of national staff, while others are worried that the international character of their association will be lost if new local associations are formed. [...]

- **Re the capacity of national staff.** National staff may not be well enough informed or genuinely motivated to participate in associations and give direction to MSF. There is particular concern about the risk that national staff will misunderstand the nature of the associations and (ab)use them to address employment issues. National staff may also lack impartiality and neutrality as they are working in their own country. Lastly, associative activity could put national staff at risk in some countries and affect their ability to participate.
- **Re membership criteria.** Variations and inequalities in the membership criteria adopted by associations are a concern. There are differences in the criteria that apply to national and international staff and this is felt to be unjustifiable and contrary to the La Mancha spirit. [...]
- **Re capacity to support associative life.** [...] Different approaches are taken by different sections to providing capacity to support the associative life at HQ level. At field level, associations are dependent on the HoM, but many question whether this can ensure the support they need. [...] The problem lies with the information that is provided (or not) and with how it is communicated.
- **Re the associative dimension.** There are concerns about the value of the associative dimension for MSF's social mission. This undermines people's commitment and willingness to support it and the integration into it of national staff.

The associative life and meaningful membership [...]

MSF is now a big, global movement with 19 associations and there is no definitive common definition of what an MSF association is. According to national staff who contributed to this review, an association is 'A group of people who get together with common objectives in order to achieve a common goal.' Many felt the associative exists in MSF as an abstract idea only, and that genuine and equal membership is not open to all in practice, but they want to be members. [...] In order for the associative governance model to work, MSF needs its association members to fulfil three roles:

- **Decision-making:** Members must participate in and contribute to discussions and decisions that determine the identity and direction of MSF. [...]
- **Co-ownership:** Members have to take responsibility for what MSF does. [...]
- **Link with home society:** Members ground MSF in the home society and promote MSF and humanitarianism.

These roles are reflected in what makes membership meaningful – for national staff as for any member:

- **Personal capacity:** A member needs to have awareness and understanding of MSF, the associative dimension and how it works, and the humanitarian and medical challenges facing MSF.
- **Opportunity:** A member needs to be able to access to the channels of influence and decision-making, i.e.

participate in the formal platforms (FADs, GAs, boards and occasional La Mancha-type gatherings) and informal debating forums. The opportunities for national staff to access these platforms and channels are more limited than they are for international staff.

- **Motivation:** Members are motivated by a sense of belonging, shared values and 'family.' The social side of the associative life is a key ingredient. Members also need a sense of having an impact: they need to know they have platforms and processes to voice their opinions and evidence that they are effective. [...]

Alternative models and new entities

Many people feel the current associative model hinders access and meaningful membership for national staff because it is 'too big, too centralised and too European.' [...] An associative structure that has 19 associations, 14 of which are based in Europe, and with almost all in 'Western' countries, raises questions about the relevance of that model. First, the confusion of affiliations and multiple memberships can undermine the legitimacy and legality of the governance structure. Second, many members have very limited access to higher-level decision-making platforms [...] Third, it is difficult to create a sense of belonging and 'family' when the association is large, diffuse, and centred in a different country or continent. [...]

If membership is to be meaningful for all, the associative structure has to reflect the changes taking place in MSF. Some people think MSF should consider a different associative structure to allow more equal access to all the people who are now eligible to participate. A number of models or elements have been suggested that could be used alone or in combination:

(a) An international association could be created. Members would have an international membership that would affiliate them to MSF without having to be linked with one of the nine sections. [...]

(b) Regional or group associations could be created. [...]

(c) The creation of local associations or associative bodies would address concerns about an international or regional/group associations being unwieldy and costly. A small associative body could form around every project or project country, each with a board and a system of delegation that is formalised and structured. [...]

(d) Some people believe the key to a meaningful associative dimension including national staff lies in an informal associative approach or culture. The involvement of national staff in the executive decision-making process is the key to a functional associative life more than a new structure or model.

Many are in favour of reversing the usual top-down 'concession' approach to new entities and allowing associations to form as grassroots initiatives. A proposal by a group of national and expatriated staff in Africa to create an MSF Africa association is an example of the drive within the movement for an accessible associative life. It has prompted thinking about what constitutes a 'real' MSF association;

criteria might include: MSF experience, understanding and commitment; a clearly defined purpose and value-added; a strong link to operational reality through an OC; a conducive external environment; a critical mass; grass roots; trans-sectional approach; and financial self-sufficiency.



Minutes from the MSF International Council Meeting, 23 June 2007 (in English).

Extract:

Should there be an international associative coordinator within the IO [International Office], as there are many associative happenings around, and a willingness to strengthen the associative? The executive assistant, Anara Karabekova, is in charge. She coordinates and centralises the network and the initiatives. However, Christopher [Stokes, International Secretary General] is open to any suggestions. There is a request from several presidents to have a senior staff at central (IO) level to coordinate all association coordinators and promote information sharing. [...]

7. Reporting on access to associative life for national staff/meaningful membership [...]

Recommendations:

The IC endorses the recommendations of the report on access to associative life for national staff, with the exception of the evaluation of the impact of associative life on our social mission that has already been addressed within the La Mancha process.

The IC commits to bring special attention on the need to harmonise membership criteria, and requests the IO to strengthen the coordination between all associations with a senior staff in the IO. The IC requests the IO to consider working on defining the setting up of informal/satellite/local associations, within the assessment to be conducted on all MSF new entities.

In November 2008, the international council asked the associative task force to work on proposals regarding the definition of meaningful membership, and the possible involvement of new association initiatives across the movement's associative life. The IC cautioned that there were earlier still questions that needed to be answered, in order to avoid creating expectations that interfere with the management of operations.

While understanding the MSF Africa initiative's desire to use the MSF name and be recognised as a part of the movement, the IC refused to authorize the use of the MSF name for MSF Africa.

The IC examined an OCB idea to promote field associative life by creating either a transnational membership linked to operational center associations, or an international association. They asked the associative task force to explore the idea of international membership.



Minutes from the MSF International Council Meeting, 29-30 November 2008 (in English).

Extract:

Associative Task Force (ATF)

Currently several different reflections are ongoing within different working groups or MSF sections (governance, associative structures, OC associative ideas, initiatives coming from different places on creating associative dynamic), which could be interlinked with the work of the ATF. Some of these discussions are only starting and would need some time before leading to a concrete proposal to be debated at IC level. At the same time, there is an urgency to give guidance and orientation for the associative initiatives such as MSF Africa for their future steps/development within MSF associative movement.

The ATF up to this moment has been mainly brainstorming and checking out some of the different associative initiatives that are taking place. The two ideas that came out clearly as of today are: a) access from the field to the associative live through involving the executive platforms (OCB idea) and b) international membership.

The IC requests that the associative dimension should not interfere with the executive, as the association's main mandate is to oversee and have a distant look on what is done by the executives. Objectives and role of the associative life in the field need to be clarified to avoid creating wrong expectations in the field.

Re MSF Africa:

MSF Africa initiative is a grass roots idea, explains MSF UK president. People behind this initiative care about MSF and want to be associated with MSF. The vast majority of them used to be national staff in our missions, who have worked in the field and know MSF through receiving humanitarian aid and giving it. They have something to say and MSF UK would like to facilitate them in doing so. They are asking to be credited with the name MSF and for their voice to be heard, to be recognised as a valued part of the MSF movement, and ultimately to be given the name of MSF Africa.

The IC understands the need for this initiative to be recognised as part of MSF, and asks the ATF to establish whether other associative initiatives are in a similar situation. The IC rejects the proposal for the specific group based in Kenya to be named MSF Africa.

8. Re: international membership:

As mentioned above, the new OCB idea to promote the associative life in the MSF field mission is one interesting way of approaching the associative dimension of MSF. This idea is based on trans-national approach, but still within one group only. If we are truly one international organisation, we should consider as well the possibility of creating an international membership. The idea behind the international association is to expand the membership not only to field staff that is currently being employed by MSF, but also to those that are no longer with MSF. This

is a concern for some of the ex-national staff that wish to remain connected with MSF but have no means of doing so. There has to be some kind of international membership, [that is] more inclusive in this way.

Some IC members question if there is a clear definition of meaningful membership and how it is understood by everyone. We know when we talk of the value to be an associative member of MSF in the field people could link this to the employment contracts and could be understood as a paternalistic approach, and not because of the MSF principles. The ATF is asked to look at different organisations that have an international membership and learn from their experience [...].

The IC asks the Task Force to present concrete proposals at the June 2009 IC meeting on:

- Definition of meaningful membership
- How to involve the new associative initiatives (specially, but not limited to the 'MSF Africa initiative') in the associative life of the MSF movement and how such associative initiatives can eventually be represented at the IC
- Explore and present an idea of MSF international membership, its advantages and disadvantages to the MSF movement.



After La Mancha, there was this moment to speak about the international association with voices from everybody in the world, both from national staff but also international staff, that just went back home and didn't know how to participate to MSF associative life. Everything started with the study that we did on the access of national staff to the associative. That was one of the first jobs that we undertook after the La Mancha reaffirmation of MSF being an international associative movement. First of all, we gathered all the people in each association that were dealing with associative. Even if the international associative of MSF was there since 1992 with the international council, there was nothing at the international level for members. The only thing that we had so far was the mini AG. At the international council level, we tried to put these things into perspective. And then we tried to figure out how we can take on board, the new associative initiatives from here and there.

Michalis Fotiadis, MSF International Associative Coordinator from 2007 to 2011 (in English)

B. THE GOVERNANCE REFORM PROCESS (GRP) (2009-2011)

1. Setting Up Proposals (2009)

In February 2009, the terms of reference of the new international council board/ group of general directors (ExDir) working group on governance, appointed by the IC in November 2008 were completed. The group was composed of the presidents of MSF Belgium, MSF Germany, MSF UK, and the general directors of MSF USA, MSF Germany, MSF Holland, the IC president, and the international secretary general. Two consultants were hired to assist in the process.

This new governance working group was tasked with working in two phases. The first phase, until June 2009, would be dedicated to strengthen the current governance platforms, while the second one would focus on proposing new models of MSF associative and executive governance.



International Council/ExDir Working Group on Governance, **Terms of Reference**, 29 February 2009 (in English, edited).

Extract:

Background:

This joint associative and executive working group has been tasked by the IC and the ExCom (November 2008) with analysing the current governance structure of MSF and making proposals for new options for revising both the associative and executive governance of the organisation that will be better adapted to meet the internal and external challenges the organisation is currently facing.

Taking the charter, and the Chantilly and La Mancha Agreements, as the basic framework for the identity of the organisation, the WG affirms the associative nature of MSF and the need to preserve space for operational diversity while striving to increase the coherence, efficiency, transparency, and accountability of our operations and our actions as an international movement.

Scope:

Recognising the need to both urgently address specific governance issues in the short term as well as, if deemed necessary, to carry out a more thorough review and analysis of the overall architecture of the organisation, the working group proposes a two-phase process to be carried out in the course of one year.

Phase 1 (6 months): Jan–June 2009

Building on the wealth of discussion papers and proposals on MSF's governance that have already been put forward since La Mancha, in Phase 1 the working group seeks to:

- Identify the internal challenges facing MSF that our current governance structure is unable to adequately address.
- Identify the external challenges facing MSF that our current governance structure is unable to adequately address.
- Propose immediate option(s) for strengthening, refining, and improving the current MSF governance structure by defining the roles, responsibilities and decision-making authority of the current major governance platforms, namely the IC, ICB, ExDir, ExCom, RIOD and DirMed [platform of medical directors] .

Phase 2 (6 months): July–December 2009

Realising that the adjustment of the current governance structure of the organisation may not be adequate for achieving longer-term goals of the organisation, in Phase 2, the working group would seek to:

- Describe the ambitions the organisation seeks to fulfil in the coming decade for which a revised governance structure would be needed.
- Analyse the deficiencies of the current governance architecture of the organisation, both associative and executive, that must be dealt with in order to address and achieve the identified challenges and ambitions which cannot be overcome by the immediate options for strengthening our governance taken in Phase 1.
- Clearly define the basic requirements of a revised MSF governance structure that would address the currently identified deficiencies.
- Propose new option(s) for both associative and executive governance in MSF that meet these requirements, the advantages and disadvantages of such options, and how they could be achieved within a given timeframe. Such options would be put forward for decision by the IC and ExDir after time for adequate consultation with national associations and boards.

Methodology:

In carrying out its work as described above in both Phase 1 and 2, the working group commits to:

- Consulting with and taking into account the opinions of all relevant platforms in the movement, in particular the IC/ICB, ExDir/ExCom, DirOps and DirMed platforms, and other key stakeholders in the movement, including other association and MT [management team] members, by preparing questions and case studies for carrying out interviews and discussions in an organised and fair manner.
- Keeping the IC and ExDir informed of the progress of the work of the WG and the process and timeline for proposing new governance option(s).

[...] For Phase 2, beginning in July 2009, the WG proposes to engage an external consultant to provide expertise on organisational governance and reorganisation of the type MSF is seeking to achieve, particularly by bringing in relevant examples of how other organisations, both profit and non-profit, have succeeded in reorganising themselves.

In June 2009, the IC replaced the Associative Task Force by an international council Associative Standing Committee (ICASC) that would oversee all issues linked with the associative dimension of the movement and work with the working group on associative governance. Together, these two groups were to support the various ongoing field associative initiatives, for which the international council committed to find ways to integrate.



Minutes from the MSF International Council Meeting, 26 June 2009 (in English, edited).

Extract:

Associative Task Force

International Council Vice-President (ICVP) Reinhard Doerflinger presented recommendations of the Associative Task Force. Below are the main outcomes of this discussion: [...]

-The IC felt that the Associative Task Force proposed recommendations that are too general, without concrete steps forward for the important issues at stake.

-In the document, important elements, such as rationale, basis, and vision are missing.

-Several of the IC members highlighted their disappointments that there was no collaboration between the Associative Task Force and Governance working group (Governance WG). The work of the two international groups is so close and vital for the movement – one cannot advance without consideration of the other's reflections. Therefore, the IC strongly suggested that [...] the Associative Task Force (ICASC) will continue its work in collaboration with Governance WG.

The IC underlines the importance of addressing the associative governance today, in order for us to maintain a strong MSF movement tomorrow. Having more and more associative initiatives arising from different parts of the world (mission places, branch offices, other places) shows great [commitment] of people to be involved in MSF's social mission. Therefore, the important [issue] today is to guide the new associative initiatives for the benefit of the whole movement. [...]

[...] Re IC Associative Standing Committee

The IC agreed with the idea of creating an IC Associative Standing Committee to oversee all issues linked with the associative dimension of the movement. Current recommendations of the Task Force do not go far enough in addressing definitions, limitations and access to field associative membership in MSF. The future of MSF's associative architecture needs to be addressed as part of the governance reform process launching in July with proposals to be articulated early 2010. This reflection must:

- Look into models that may also include international, regional and/or field associative ideas
- Clearly delineate pros/cons and rationale of international membership and what steps would need to be taken to achieve it

- Define rules and meaning of membership – paid/unpaid staff, voting, IC representation, etc.

The IC supports the idea of the new IC Associative Standing Committee and ask them to immediately begin work to support Nairobi, Monrovia, and other field associative initiatives, to allow them to debate around MSF's social mission.

The IC commits to finding ways to integrate these new initiatives, knowing this requires investment, including using FADs, the Movement newsletter, web-based tools, etc. *18 in favour, 2 abstentions (MSF Italy, MSF Austria) – PASSED*

The associative review of the 19 sections, commissioned in June 2008, revealed that while the MSF movement in all its forms was perceived as having great potential, due to unlimited possibilities to contribute to the social mission, it was also seen as a threat due to the excessive burden of “institutional work” required and the “irrational set-up and related threats to the public image.”

A collective, refocused development for an institutional setup was requested by the IC. This setup should be centered in operations, with a common and clear associative decision-making and delegation process for in key areas.



'Main Findings of the MSF Section Review' Final Report, Gunilla Kuperus and Catrin Schulte-Hillen & IC/ExDir Steering Group, June 2009 (in English, edited).

Extract:

EXECUTIVE SUMMARY

FINDINGS

In 1997 MSF set the foundation for the development of both partner sections (former delegate offices) and groups (functional partnerships), encouraging all sections to develop support for MSF's social mission according to their 'capacity and ability.' The section review revealed the meticulous effort that has gone into the construction of the 19 MSF sections, to a large extent respecting international directives, but also fully exploring the room for interpretation left in some of the past decisions.

All 19 sections developed a 'full package' of activities including recruitment, fundraising, communication, and representation activities, operational/programme support, and/or direct operational management, as well as the animation of an association in order to be able to contribute to MSF operations. Although the five operational directorates maintain responsibility for operational management and decision-making, the review reflects the desire of all sections to have greater direct input into operations and the desire

of some partner sections to make use of their potential and experience to guide and manage the operations 'hosted' in their section. While sections follow a similar organisational model, the diversity in terms of history, experience, size, in-country and geographical resources, [and] socio-cultural environment is apparent and highlighted as strengths for the movement. [...]

The 1997 proposal for 'functional partnerships' developed into today's 'OC groups,' which have a central role in the functioning of the movement. While the groups differ in size and formalisation of their partnerships, sections highlight the investment involved in the construction and management of partnerships, both at executive and associative level. The limits of the 'group logic' are emphasised by many, mostly due to the increasing interaction of sections beyond their group. Sections desire to establish themselves as 'full players' in the movement, not having to rely on their group for future development. Last, but not least, they acknowledge tensions in some areas between the 'group logic' and the internationalisation of the MSF movement and related duplication of work and investment.

The MSF movement is seen both as [having] great potential and [as] a threat. Potential refers mainly to the seemingly unlimited possibilities to further contribute to MSFs social mission through existing MSF entities and expansion into new 'markets.' Threat refers above all, to the excessive burden of 'institutional work' perceived as 'suffocating' operational attention but also to the irrational set-up and related threats to MSF's public image.

A key point is the perceived incapacity of the movement to position itself in a timely, coherent and sharp manner on key issues of actuality. The difficulties of unravelling the present situation (governance, common vision for the future of the movement, role and contribution of MSF entities, and related concerns on duplication), the contradicting desires of strengthening international governance and maintaining autonomy of sections/entities are obvious. Last, but not least, some sections consider the Eurocentric nature of the movement as jeopardising the development of potential for the MSF social mission in other continents. [...]

17 out of 19 sections consider their associations and/or boards 'dynamic.' In the 19 general assemblies in 2008, a median of 40% of associates were voting (range: 16%–82%). Movement-wide MSF F[rance] accounts, in 2008, for 30% of all voting associative members. The contribution of the association at national level seems important (representation and MSF identity, HR retention, support to the executive in communication and events, oversight of the executive/office development). Several sections [are] expanding their associations at a regional level (Hong Kong, Australia, Austria, UK). The discussions on a potential future international association were timid. [...]

Strong concern was raised regarding the contribution of the association to operations. A number of sections question whether boards are in a position (knowledge, time,

experience) to take informed decisions on the increasingly complex issues presented both at national, and, especially at international level.

KEY ISSUES EMERGING AND RECOMMENDATIONS

The issues which emerge from the section review gravitate around three pillars: (1) the current redefined 'role' of MSF clarified in the La Mancha process and resulting reflections on coherence, diversity, and accountability, (2) the contribution to the social mission and (3) governance. In the section review the tensions in the commitment to innovation and coherence reaffirmed in La Mancha and the structural set-up of the MSF movement are highlighted. The resemblance of OCs action and support structure, and the increasingly similar set-up of sections, both contribute to duplication and to the institutional burden on management and decision-making. The review highlights each sections commitment to further contribute to MSF's social mission. The need for a common understanding of 'contributions,' which are collectively considered relevant to the social mission emerged as important. Potential adjustment to the current functions and roles of sections has an impact on their form and interpretation and must be supported by the movement as a whole, including related governance considerations. A collective effort to refocus the rationale for institutional set-up and development around MSF operations is needed, as well as the commitment to assure common decision-making in key areas next to clear delegation, first and foremost, to avoid that the 'institution' suffocate the action.



Minutes from the MSF International Council Meeting, 26 June 2009 (in English).

Extract:

Review of the 19 sections [...]

Given the frame of MSF action defined in La Mancha and the concerns over growth and rationalisation of our collective resources that the review highlights, the IC states that a differentiation of roles and potential contribution of sections and entities is necessary. The IC considers that the level of contributions (fundraising, medical, operations, representation, HR) should be based on operational needs and section-specific and/or regional potential and competencies.

19 in favour, 1 abstention (MSF Denmark) – PASSED [...]

Operation and decentralised desks discussion [...]

Acknowledging that operational desks/cells have been decentralised primarily for institutional reasons and that the review shows there is a sustained desire of sections to 'host' desks/cells, a specific strategy regarding decentralisation/delocalisation desks/cells is needed. The IC requests the proposal of a specific strategy regarding decentralisation/delocalisation desks/cells be established as part of ongoing work on growth and rationalisation. The strategy should be informed by the review of decentralised desks/cells that is

to be carried out in the second half of 2009 as requested by the ExCom. The strategy needs to provide the rationale for decentralisation/delocalisation of desks/cells, the criteria for hosting a desk/cell as well as the definition of the *modus operandi* (delocalised or decentralised).

19 in favour, 1 abstention (MSF Holland) – PASSED [...]

The section review revealed the enormous institutional burden on the limited number of operational decision-makers in MSF. Specific measures are necessary to reduce this pressure on MSF's operational decision-makers. The IC requests all sections to reduce the burden on the operational decision-makers and actively seek ways to do so. The IC requests that the ExDir come up with comprehensive ways to improve internal communication, including access to appropriate operational information, and decisions by those who need such information to carry out their work.

19 in favour, 1 abstention (MSF UK) - PASSED

OC set-up rationalisations:

- Why do we need to have five OCs? Let's keep only three OCs – others can be merged (Tankred [Stoebe, President of MSF Germany])
- We have to have a rationale of having five OCs and it shall be explained. It is important to keep in mind the MSF social mission and contribution to social mission (Jacqui [Tong, President of MSF UK])
- Merging may not be the right word. We have to speak of efficiency and avoiding duplications, instead of merging (Isabelle [Ségui-Bitz, President of MSF Switzerland])

The section review reconfirmed a convergence of operational ambitions and duplication resulting from the current set up of the OCs. It is necessary to agree on a future strategy for sharing operational support activities. The IC requests that all adjustments to the current support functions are based on social mission need. The IC requests that the reflection on the rationalisation of operational support functions consider alternatives to the current models (e.g. merging/division of tasks, development of expertise, etc.).

Unanimous

Rationalisation and Growth WG – should be strengthened to define definition of contributions and criteria for sections. [...] The section review highlights the lack of common understanding of what a 'section's contribution' to the social mission implies. It is necessary to define what activities ('contributions') we collectively need to support MSF's social mission and then determine which sections are best placed to develop these activities. Based on the findings of the section review and related Steering Group Recommendations, the IC requests that an executive/associative group (possibly the current Growth/Rationalisation WG 'upgraded' with associative members and means) be tasked with clearly defining these activities and developing recommendations as to which sections are best placed to provide which 'contributions' by December 2009. Based on these definitions and recommendations, the IC then asks each section to affirm their core contribution(s) to the social mission and adjust their activities accordingly.

Unanimous

The new terms of reference of the IC and the ICB proposed by the governance working group were endorsed and would be valid for the period covering phase 2 of the governance reform process. Three standing committees were established: medical, financial, and associative. Each was composed of international council members supported by ad-hoc experts. Acting as associative sounding boards to platforms and functions of the executive, they would closely follow certain issues and prepare recommendations to the international council.

The working group was then tasked with proposing an alternative executive and associative model for the movement, giving priority to the social mission. Regarding the executive governance, they were asked to propose options for a setup, possibly including a reduction in the number of operational directorates.

This Governance Reform Process (GRP) would be also fed by the Associative Standing Committee and by the Growth/Rationalisation working group's support to various platforms in developing a vision for the future (HR, Logistics, Communications).



'Proposal to Clarify Roles and Functioning of the IC and ICB, and their Accountability Lines with Executive International Platforms,' Christophe Fournier, MSF International Council President, 27 May 2009 (in English).

Extract:

The general directors and presidents making up the working group on governance have agreed that, because of the need to consult as many people as possible before proposing a reshuffling of our governance system, we should aim first to clarify what exists today and make only minor changes, so as to make it as functional and efficient as possible. Meanwhile, we are discussing a future and potentially different mechanism. [...]

MSF is a big organisation and even if a lot of people have been expressing their eagerness to see a new governance model emerge within the movement, they, at the same time have quite divergent ideas on what this new model could look like. So, it will take time to design it, [...] I hope that one year will be enough to deliver something acceptable. In the meantime, we have to continue functioning as a single movement with what has been set-up so far, and this is the reason why we are proposing the following ToR [terms of reference]. [...]

IC Standing Committees

Standing committees comprise members of the IC with special interest/experience in the theme of the platform or executive function, plus associative or non-MSF individuals with specialist knowledge. Ideally, one or two ICB members should participate in each of the standing committees so as to promote maximum connection of these committees with any emerging/urgent challenges around the MSF field operations that the ICB has the role of follow-up. The purpose of standing committees is to act as a sparring partner and associative sounding board to different platforms and functions of the executive; to develop together strategic direction on relevant issues and bring forward recommendations to the IC. Besides the IC medical committee, which we have already agreed on in principle, [...] I'd like to propose to setup two other IC standing committees in June, one for finances and the other one on associative matters. [...]

2.1. IC medical standing committee

General Objective:

To oversee, challenge, and provide input on decisions made by the executive and the ExCom/ExDir with regard to medical priorities to be developed by MSF. [...]

2.2. IC financial standing committee

Objectives:

- To prepare, under the authority of the IC Treasurer, the recommendations to the IC around international combined accounts auditors' statement.
- To prepare, if needed, IC reviews/decisions on international financial sharing mechanisms, [linked to the] corresponding ExDir working group.
- To prepare, if needed, IC reviews/decisions on MSF movement management of financial growth, [linked to the] corresponding ExDir working group. [...]

2.3. IC Associative Standing Committee

Objectives:

- To select/propose to the IC, topics to be debated in FADs.
- To select motions from FADs to be presented to the IC for potential resolutions.
- To select motions from GAs or any associative platforms to be presented to the IC for potential resolutions.
- To follow up any new associative initiative and to make recommendations to the IC for the management of these initiatives.
- To work on any specific task given by the IC.
- To oversee and actively participate in an international associative website (yet to be created). [...]

Role and functioning of the ICB

The composition and powers of the ICB are stated in the statutes of the international association (articles 16 to 19):

The association is administered by a board – the international council board (ICB) – made up of the president, the treasurer, and other members of the IC, including the vice-president. All operational directions must be represented on the ICB. The international council can elect additional members to the ICB as required. The international council board has

full powers of management and administration, subject to the powers of the international council. Besides, under its responsibility, it may grant special and specific powers to one or more persons.

(1) The international council board, presided by the president of the association, invested with the following powers:

- *Ensure, oversee and facilitate the implementation of the IC resolutions.*
- *Make decisions on behalf of the IC in cases of urgency. The ICB decides if the urgency warrants a decision and informs the international council immediately [when] a decision has been taken.*
- *Guarantee an efficient and dynamic functioning of the international council.*
- *Take initiatives with the possibility of delegation to the secretary general.*
- *Represent the international movement vis-à-vis the outside world.*
- *Reflect on the relevance, effectiveness, efficiency, and quality of the operations of the sections of Médecins Sans Frontières.*



Minutes from the MSF International Council Meeting, 26 June 2009 (in English).

Extract:

Governance [...]

The IC requests that the Governance WG [Working Group] and IC Associative Standing Committee work together to:

- Assess the current national association roles and responsibilities
- Explore alternative and/or complementary associative models

Unanimous [...]

The Governance WG members debated extensively and agreed to split its work into two phases. As the whole revision of the governance within such a short period will not be possible, the initial phase (Phase 1) aimed to clarify the roles and responsibilities of the existing platforms of the international governance. The second phase will look at the different options of the future MSF governance model. [...]

Phase 1

The clarification of the roles and responsibilities of key international platforms is important before looking at different models of the governance. [...]

Main outcomes of the interviews with IC presidents:

- The IC remains the supreme decision-making body of MSF movement
- Participation and sharing of responsibilities within IC is important
- The IC members wish to participate more actively in different issues brought to the IC's attention, through participation in the IC standing committees
- Equal and balanced power sharing between IC members is desired

- General feeling: ICB has too much power and has a tendency to take power away from the IC
- ICB composition is not an equal representation of the MSF movement
- Timing of the meetings is to be reconsidered to allow more time for preparation for the IC meetings

The proposal for the strengthening of the IC/IC Standing Committees/ICB is being drafted from the outcomes of the IC interviews, IC statutes, proposals that were shared with IC in the past.

The proposal today is time-limited and until the Governance WG comes up with its proposal for reorganising the MSF governance structure:

- Maintain the IC as main decision-making body of the MSF movement
- Create the IC Standing committees:
 - o associative
 - o financial
 - o medical
- Keep the ICB for:
 - o follow-up of social mission (operations, public position, communication, etc.)
 - o follow-up of implementations of IC recommendations
 - o follow-up of urgent matters on behalf of the IC
- The IC standing committees and ICB to report to the IC
- Reconsider the IC/ExDir calendar of meetings:
 - o IC meetings in June (after the GA) and in November–December
 - o ExDir meetings in March–April and September–October

Discussion: [...]

- The governance revision process is not quick enough. [...] There is a fear that we might slow further and, for the moment, as the IC we do not provide clear direction for the future (Marie-Pierre [Allié, MSF France President]). [...]
- The previous experience with working groups showed that people are committed to join standing committees, but the initial enthusiasm to actively participate, risks falling progressively. We doubt this approach will work in the long run. In addition, too many and diverse people will be involved in decision-making (the whole future IC, potentially even wider than the present one). This won't allow the timely and coherent decisions MSF requires. (Jean-Marie [Kindermans [MSF Belgium President]]). [...]

The IC endorses proposed ToR of IC/ICB including proposed standing committees (medical, financial and associative) for interim period during Phase 2 of the governance reform process.

17 in favour, 3 abstentions (MSF Belgium, MSF France, MSF Switzerland) – PASSED [...]

Timeline for Phase 2 of the Governance WG work

This proposal is a year-long process to reform MSF governance. [...]

The objective:

- Describe ambitions
- Analyse deficiencies
- Identify common organisational principles (ExDir's proposal

available) – shared vision, Mutual trust, base for further discussion

- Provide new options for governance model.

Basic methodology:

This process will be an informative, consultative exercise. We aim to engage (1 [person]) external and (1 [person]) semi-external expertise

1 – guide process, organise interviews, respect timeline, collect papers, etc.

1 – guide WG in reflection, provide views of external world and challenge the WG [...]

The IC endorses presented timeline & basic methodology for Phase 2 of governance reform process. The IC endorses use of two consultants (one full-time, one external part-time). The IC fully supports the process and commits to making it successful.

Unanimous [...]

Governance continued:

- The question today: Do we want to promote group logic or shall we work in different organisational set-up?
- [...] Governance WG can come with some more models, but today we do not have any alternative other than an OC approach (Pim [de Graaf, MSF Holland President]). [...]
- The Governance WG will have to reflect on possible other organisational set-ups (Tankred [Stoebe, MSF Germany President]). [...]
- During the 2007 March ICB/ExCom + meeting, it was clearly stated that the only possible governance option for the time being is the group logic which goes around operational directorates and thus around the social mission. Sharing of the operational plans of each OCs started only in 2009 and this is one of the first steps toward implementing La Mancha Agreement (Christophe [Fournier, MSF International President]). [...]
- Today's diagnostic of the situation as it comes from the section review: two OCs cannot grow and are limited in their ambitions.

Different models can be investigated: centralised model, OC model, federation model. Once we know their advantages and disadvantages we can choose what works best for MSF. Governance WG should look into different options (Jacqui [Tong, MSF UK President], Hakon [Bolkan (MSF Norway President)]). [...] Governance WG should look into different options, but it should have a clear orientation from the IC for the directions it should go in. Governance of the movement is important and everybody is concerned about it. How the Governance WG will address it will be important. We should be bold enough to be frank with ourselves and be prepared that the models that will be proposed may not be the most convenient models for everyone. Already today, two smaller OCs are fearful for their survival. The corridor talks are about possible merging, etc. We have to be honest and be ready to take painful decisions (Jean-Marie, Kristina). Governance WG will come up with models and ideas, but it is IC's role for providing in advance, the direction and clear recommendations, including on sensitive

issues, e.g. the number of OCs (Raffaella Ravinetto [MSF Italy President]). [...]

- For the Governance WG it will be important to have guidance for looking into different options. [...] Do we have to look for increases or decreases in the number of the OCs in our process of reflection on the future governance of the movement? Other options will be looked into as well, but we have to know the recommendation on direction from the IC (Tankred). [...]
- Providing clear recommendations on reducing or changing the number of the OCs, will it not bias the process of reflection for the Governance WG? Do we really need to provide such recommendations? Don't we want the Governance WG to look into all possible ways for reshaping our governance system? (Paula [MSF Spain President]).

The proposed recommendation on reducing the number of OCs did not pass with a four-fifths majority in favour; hence the wording voted by the IC resolution:

The Section Review highlighted limitations in the current set-up of five operational directorates and tensions due to all sections desiring to develop and play an active role in the MSF movement. The WG on Governance should examine and propose options for a setup that may include reducing the number of operational directorates.

19 in favour, 1 against (MSF Spain) – PASSED

The IC recognises the relevance of the section review findings and the Steering Group Recommendations and asks that they be part of the future reflections and decisions on growth and governance of the MSF movement.

Unanimous



How would we govern, what central body would replace the international council? Even so, the international council was a good idea that needed to be setup. It had come to the rescue in plenty of situations and was still doing so. For me, there was no heartbreak in making the change. I thought we needed to do that. But was the international council so obsolete that it deserved to be dumped? This was a bit of a leap into the unknown! And then I told myself, the reform will be done at the speed it will be done and we'll see. Since I knew that the French would move slowly, I told myself that it would take a little longer, so there would be more time for people to mull over the proposals.

Dr Christophe Fournier, MSF International Council President from 2007 to 2010 (in French)



What we agreed upon was that international decisions would be taken by this highest body. And that needed to be defined. Basically, it had been said by La Mancha, but we would codify it. How could we fix a structure that people would feel was the right international body to make decisions at the associative and executive levels on the things

we agreed to make at an international level? Then we knew that we were going to have disagreement on what should be there or not. But, at least that's what we agreed. This body was not going to make decisions on everything. It was going to make them only on the things we agreed for the international. So, what was the best setup to do so that we made informed decisions?

Kris Torgeson, MSF International Secretary General, from 2008 to 2012 (in English)

On 23 September 2009, the governance working group organised a "governance reform kick off meeting" with the IC board, the executive committee (ExCom) and the operational directors (RIOD) to define objectives and criteria for the process. To promote movement-wide inclusivity, accountability, and coherence, they proposed to create an "[International General Assembly](#)" (IGA) and an "[International Board](#)" (IB).

An external consultant gave an insight on various organisations' governance models. Special areas on MSF associative websites were opened to allow every MSFer to express opinions and ideas on the GRP.



'Feedback from GRP Kick-Off Meeting, **Letter** from Christophe Fournier, MSF International Council President to MSF International Council,' 25 September 2009 (in English).

Extract:

The working group has hired two consultants to help us manage this ambitious process. [...] In short, the process comprises an intensive development phase led by the working group up until the next IC in December, where several options for the future will be discussed. Thoughts and ideas from members will be welcome during this time and there will be a major moment to consult the movement at a conference planned for early 2010 (date still to be fixed) and during the field associative debates (FADs) that will be held early next year.

Ultimately, it will be the general assemblies that vote on any proposed scenario and those results will serve as a basis for the final decision-making at the IC in June 2010. June may sound like a long way off, but from this timeline it is clearly a very tight schedule.

In addition to the input from the working group, MSF also invited another external person with experience of governance reform in other international NGOs to take part. He presented an overview that both informed and challenged the uniqueness of the issues that MSF is facing. Following the morning session, it was clear that there is a strong common diagnosis of MSF's challenges and the

basic requirements we want to meet in designing the future governance of MSF. More input is needed from the directors of operations and, crucially, more analysis is needed in terms of associative ambitions, but there is a sufficient foundation to move on. [...]

In summary, the future MSF governance must:

- Be based on optimising social mission outputs for the populations we serve
- Enable clear, rapid decision-making in operations
- Timely and relevant advocacy
- Ensure cooperation, clear delegation, complementarity, and minimise duplication across the movement. This is at the heart of balancing coherence and diversity
- Enable an empowerment at the field level for all activities
- Enable clear external representation for engagement outside of MSF
- Enable effective conflict resolution
- Enable coherent strategies to achieve access and acceptance in high insecurity environments.

This list is the result of this session and is indicative of the core issues that need to be built into a movement-wide strategy for MSF. [...] With this, MSF is in a strong position to design meaningful change rather than just fine tuning the existing set-up. Still, whilst we must be ambitious we also need to be sure that the process focuses on what is most important, what is achievable in the timeframe and not try to work out every detail in one attempt.

The last session of the meeting was an open brainstorm for people to speak about possible scenarios for the future based on the agreed challenges. Opinions ranged regarding the value of an international/supranational association, the need of five or three operational directorates, the value of groups, the need for collective decision-making platforms, networking and autonomy, etc.



'Movement International Association Newsletter,' **Internal Publication** of MSF International, September 2009, No. 4 (in English, French, and Spanish).

Extract:

Time for reforming the governance of MSF

This past June, the IC made an important decision to launch an ambitious consultation process throughout the movement to reform and adapt our governance. There is wide recognition that we need to adapt our-selves to meet the internal and external challenges we are facing. Our aim is to develop a governance model for MSF that will reflect the common ownership of our social mission. This reorganisation and restructuring will encompass both the associative and the executive aspects of MSF, and strengthen leadership, roles and responsibilities, decision-making, and accountability. Concretely, and among other things, this should allow us to develop and implement strategic operational orientations, more coherent representation in highly exposed contexts, ensure timely public positioning on critical issues and allocate our collective resources in line with our social mission.

The need to address our governance in a serious manner has been expressed at length since La Mancha and in many of the debates we had in the different general assemblies this year. Now it is time to frame this discussion, gather opinions and ideas, and move forward toward a decision at the IC in June 2010. In order for this important work to be successful, we need to hear from all people within MSF who are willing to voice their opinion and offer their ideas – this will then culminate with a vote of all associative members next spring. There will be a number of occasions for everyone to express their thoughts. We will soon open a special space in the associative websites and Tukul2 [MSF international intranet] to share more information on the process and to gather opinions. A special group of presidents and executive managers will follow the process and synthesise the many different orientations that are certainly going to be proposed. They will be debated during the 2010 FADs and voted during the GAs. A complete information package that will outline the stakes and the process will be widely circulated at the beginning of October.



We had a process that included the working group, but it also opened it up to the whole associative to put in ideas. Not like La Mancha, where everybody wrote essays, but to put in ideas through a platform and to put forward ideas for the vision. It was done at the general assemblies in 2009 and the field associative debates in 2010. Nobody wanted to discuss governance reform. But we said it was the only way that we were going to bring in new ideas, because we could not just leave this reform to the people in the operational centres and don't at least bring in new ideas.

Kris Torgeson, MSF International Secretary General from 2008 to 2012 (in English)

On 1st December 2009, the platform of directors of operations of the five operational centres (RIOD) presented the major operational principles they wanted addressed by any new governance structure. They stressed the need for:

- **Common ownership of the social mission**
- **Decentralisation of decision-making**
- **Delegation of responsibilities in line with the principles of subsidiarity**
- **Timely conflict resolution**
- **Innovation**
- **Accountability and mutualisation of support functions.**

While acknowledging that a dynamic association connected to civil societies was an asset for operations, the RIOD considered the dilution of responsibilities, experienced in associative counterparts, as problematic for nimble steering of the social mission and global action of MSF.



'Contribution of the Operations' Directors (RIOD) on Challenges for MSF, Basic Principles and Choices for Governance,' **Working Document**, 1 December 2009 (in English).

Extract:

3. Basic principles of organisation:

- The purpose of any internal reform or change in model can only be to improve MSF's action in the field and its capacity to respond to the challenges listed above. The relevance of any governance or organisational model should be tested in relation to this principle.
- MSF [is comprised of] groups of individuals of all nationalities embracing a single social mission (charter + Chantilly + La Mancha) who associate themselves to achieve it. They elect from among themselves, administrators who oversee the implementation of the social mission and delegate responsibilities to an executive structure.
- The unity of the social mission implies referring to a single identity in the field and using the same name (Médecins Sans Frontières) towards external actors in all countries. All programmes are carried out on behalf of MSF and therefore operations are commonly owned by the associate members through their delegates.
- It is the contents of the social mission and the underlying operational project which should determine the basic requirements of any governance system and organisational set-up for MSF.
- The single social mission and identity of MSF require a unitary movement/organisation ensuring:
 - o Fast decision-making for emergency response, operational credibility and security management
 - o Consistency in our relations with external actors and states, especially in contexts of war, but also global health actors
 - o Timeliness, predictability, and risk-taking in our communication and public positioning
 - o Strategic balance of operations in terms of countries, axes of intervention, and response to new challenges (new diseases, climate)
 - o Rational and proportionate use of means and support versus needs/project activities, as an ethical obligation towards the donors who support us
 - o Strategic investment in mutual support, means, and policies (areas of excellence: specialised expertise, reflection units, human resources, supply, training centre, evaluations) enabling not a competition for talent but a mutualisation of talent and knowledge.
- To be fulfilled, these requirements rely on people at associative and executive levels being made responsible and accountable for achieving them and having the necessary leverage for that.
- The scope of responsibilities for any unitary executive body of the MSF movement can be based on the principle of subsidiarity: what cannot be achieved at lower levels in the interest of the single social mission and common identity, either by *nature* or by *ineffectiveness* (disagreement). Another choice could be the principle of delegation: all powers are delegated from the centre to the level below except for a precise and limited list.

- Capacity of initiative and ability to take risks, relevance in the analysis of needs and practices, reactivity in the decision-making and mobilisation of means, are all better achieved by a decentralised operational structure based on strong delegation of responsibilities to the field.
- There is added value in having a network of different operational centres able to launch and sustain programmes, IF this diversity serves the interests of populations in distress (reactivity, greater operational capacity, geographical and programmatic complementarity, creativity and cross-fertilisation, better use of resources) and does not [...] weaken the implementation of the social mission (diversion of energy due to internal competition, obstruction of present section leading to lower levels of assistance, confusion of external actors leading to poorer credibility and access, complex processes delaying positioning/speaking out, wasteful use of means, slowing down innovative ideas...).
- The condition for a decentralised operational structure to achieve positive added value (and not the opposite) is that executives responsible, who are accountable for the global action of MSF, can actually take decisions in their defined sphere of responsibility and can immediately arbitrate in case of internal conflict.

4. Alternative choices to consider for a new governance

Any new model must consider three different levels of decision-making: associative, executive (HQ) and field. At each level, choices can be made that would drive MSF in different directions, and the combinations are multiple.

4.a Choices at the Associative level

- In all aspects, *the complex executive structure of MSF is simply the mirror of its associative organisation*: 19 autonomous associations have created 19 autonomous executive bodies with an equal say on the implementation of the social mission. [...]
- The consequences of the current model are well known:
 - o Rules of membership tend to cut off potential links with society
 - o Establishment of a formal link between operational centres and nations (France, Belgium, Holland, Switzerland, Spain) in the eyes of our counterparts, at a time when Western countries are belligerents in a number of conflicts, can be a liability for our operations
 - o Feelings of injustice in non-operational sections in their participation in the management of operational centres, and in countries not allowed to develop their own national associations
 - o Despite claiming to be 'without borders,' we show that we are unable to organise ourselves beyond the concept of national identities
 - o No executive is made responsible for the global action of MSF (operations, positioning, management) and therefore accountable for the overall choices made and the general allocation of resources
 - o No one should be surprised by the poor governance and shortcomings of the movement today: it is a choice to limit movement-wide decision-making to two days per year during the IC meetings
 - o The existence of 19 fully sovereign associations leads

to the creation of a multitude of formal and informal platforms, processes of exchange of information, which are difficult to coordinate, costly and rather inefficient in terms of delivering decisions.

- Choices for the associative level therefore include:
 - o Whether to 'denationalise' the association and reduce the number of elected administrators in charge of the social mission and the follow-up of operations. This can be obtained either by national associations delegating powers to a central body representing them, or by an international association
 - o Whether to delink the existence of an association with a corresponding executive structure
 - o Whether to promote the associative (rather than the executive only) as a strategic means of investment in important contexts/cultures as a support for MSF around the world, notably by creating a vast network of medical professionals in various countries
 - o Whether to dissociate 'partner' sections from operational centres

The RIOD needs a more outward-looking, dynamic association which has relays in civil societies across the world and can positively help the running of programmes; on the other hand, it needs fewer associative counterparts responsible for the social mission and global action of MSF to avoid an increasingly Balkanised form of accountability (section, OC, group, international platforms, IC...), which dilutes responsibilities.

On 9 December 2009, the international council elected Unni Karunakara as MSF International Council President. He started his posting in June 2010.

During the same meeting, the IC voted on a series of resolutions framing the Governance Reform Process:

- The associative governance reform's proposal was to be developed in the direction of an elected International Board (IB), including the possibility of an International General Assembly (IGA) and/or an international associative membership, with the pros and cons clearly elaborated.
- It was to be presented at a conference in March 2010, then approved by the IC and sent to the general assemblies for endorsement.
- The final endorsement would be given by the international council in June 2010.

Though no decision-taking was yet planned regarding the executive governance, the international council again insisted that the governance working group continue working out concrete ideas for organisation-wide executive governance, together with the executive platforms (RIOD, ExDir, ExCom).

The governance working group was tasked with working closely with the IC's Associative Standing Committee

(ASC) on proposals for an international associative membership, and for criteria for entities' representation at the International General Assembly (IGA).



Minutes from the MSF International Council Meeting, 9 December 2009 (in English).

Extract:

The IC elected Unni Karunakara as the next ICP (starting June 2010). [...]

After discussing in three subgroups on governance issues, the IC voted the following resolutions. Four-fifths majority votes in favour were needed to pass all resolutions related to governance issues.

- Associative governance proposal, including structure and function toward the executive, be prioritised and further developed by WG for presentation at March Conference and then for March IC to decide on and send to general assemblies for decision at June IC.

19 in favour, 1 abstention (MSF Italy) – PASSED

- This associative model should be developed in the direction of an elected international board (IB), including looking at the possibility of an IGA and/or international membership, with pros/cons for recommendations/choices clearly elaborated.

Unanimous

- A clear timeline, plan and resources for implementation must be articulated and decided on by June 2010 IC, with first elements presented for discussion at March IC.

Unanimous

- The IC tasks the Governance WG to continue to drive work by RIOD and ExDir/ExCom on concrete ideas for organisation-wide executive governance (i.e. management) change.

Unanimous


- In the short term, the Governance WG should work with executive bodies (RIOD/ExCom/ExDir) to:

- a) optimise their terms of reference, accountability, and functioning;
- b) develop and implement pilot proposals for improved field management.


Unanimous [...]

- The IC tasks Governance WG work closely with IC Associative Standing Committee (ASC) in developing proposals for:
 - o Criteria for MSF membership (pillars as proposed by IC ASC by December 2009, for IC in March 2010)
 - o Individual membership & voting mechanisms
 - o Criteria for entity representation on international general assembly (by June 2010)
 - o And, given resources to do so.

Unanimous


 What we agreed upon was that international decisions would be taken by this highest body. And that needed to be defined. Basically, it had been said by La Mancha, but we would codify it. How could we fix a structure that people would feel was the right international body to make decisions at the associative and executive level on the things we agreed to make at international level? Then we knew that we were going to have disagreement on what should be there or not. But at least that's what we agreed. This body was not going to make decisions on everything. It was going to make them only on the things we agreed for the international. So, what was the best set-up so that we made informed decisions?

Kris Torgeson, MSF International Secretary General,
from 2008 to 2012 (in English)


 Until that time, the international council (IC) was composed of approximately 20 people who met twice a year. The IC's board (ICB) met monthly and was made up of representatives of the five operational centres, plus two people from the partner sections. I didn't think the international council functioned very well. I remember these awful meetings where more than half of the partner section representatives were people sent to take notes, who didn't say anything. And these representatives often changed from one meeting to the next. The debates were meaningless. It was always the same people involved in the same discussion. There was no continuity and no participation. So, we concluded that this international council – which was the 'supreme' authority in terms of the association – was too weak to make decisions about coherence within the movement. We needed a 'supreme' associative body that had legitimacy. But that couldn't be the ICB because most of its members were representatives of the five operational centres.

So, I proposed that we refer to the associative system of the Brussels operational centre (OCB). I said, 'the OCB board includes a representative of each section and six elected members. Everyone is represented. All of these people participate in decision-making and have a sense of ownership. This board of directors has the legitimacy required to make decisions about all Brussels operations.' And, then we suggested setting up the international general assembly to elect the members of this new international board (IB). The goal was to give it credibility and greater coherence by defining its membership to include a significant number of people who did not represent an operational centre and people who were more committed and better informed. To achieve that goal, we decided that the elected members had to devote one-third of their time to this activity. For me, the main goal was to have a management body for the movement that would provide it with coherence and a vision, with people who derived legitimacy from being elected, who always attended the meetings and were always knowledgeable about the matters at hand. That would ensure that decisions were coherent and credible.

Dr Jean-Marie Kindermans, MSF Belgium President
from June 2002 to September 2010 (in French)

 Brussels was often ahead of everyone else in terms of association issues. They were already holding an assembly for representatives of all the OCB associations/sections – the OCB gathering. This was the precursor of a model of an international association with the right to vote. Obviously, it still seemed to us that it would be very expensive to hold an international general assembly. And then what would it vote on? The risk was that decisions would be watered down. So, this international association would have to be represented by a much smaller body – the new international board – that would make decisions. That required creating a representative system. And that's when we said that all of the associations had to feel that they were represented on the new international board and, thus, be able to elect its members, other than those who served *de facto*.

Dr Christophe Fournier, MSF International Council
President from 2007 to 2010 (in French)

 By the time I became president, I was given almost a done deal. This is the governance reform, this is the statute, you have to make it happen, get everybody to sign, all the sections have to sign. I looked at it and there were many things that I would not have done or agreed with, but I also wanted to put the governance reform behind us. I didn't want to start our discussion all over again. Then, the problem was that the leadership was not talking about operations, every meeting was about governance reform. I wanted to put an end to it as soon as possible, and then focus on operational issues, identity issues. Basically, they had realised that the international council was dysfunctional. So, they wanted a smaller group making decisions in a timely way, at the same time opening up representation to all of the new associations, because the organisation got bigger. But they also didn't want that inclusivity to stop the leadership from making timely decisions. Because we had many instances in the past where the international council was not able to come together and make decisions in a timely manner. So, I understood the rationale, but we, in MSF, sometimes we do things the other way around. We still had the whole emotional, historical understanding that 'we are all associated to act; MSF is a movement.' All of that was great. But it wasn't very clear where exactly the associative was exerting their influence. It wasn't certain whether the associative was exerting influence in their own boards and, if so, their boards were then able to exert influence on operational centres.

Dr Unni Karunakara, MSF International Council
President from June 2010 to June 2013 (in English)

2. New Entities

The creation and development of new entities continued, due on one hand, to certain groups looking for new resource markets and on the other hand, to national staff initiatives to associate. The international platforms strived to monitor and frame this development.

In June 2010, the international council agreed to sign memoranda of understanding with several new entities applying for MSF branch office status.



'MSF Governance Reform: June 2010 International Council **Decisions**,' Final, 1 July 2010 (in English).

Extract:

On New entities MoU

The IC welcomed the ICB decision on signing of MoUs between the sponsoring section general director and the IO secretary general. The MoUs provide more clarity and active transparency re [justifying the] existence of these offices. The IC requested to put on the IC agenda for December 2010, a discussion on the new entities and their future, while taking into consideration the global fundraising strategy recommendations as well as the added value of their representation for MSF in general.

a. India

In April 2009, the participants at field associative debates in India, most of them working in OCA missions, voted on a motion calling for MSF sections and operational centres to encourage the development of an MSF India trust to become an active member of the movement by the 2010 FADs.



Minutes from the MSF United Kingdom Board Meeting, 17 April 2009 (in English).

Extract:

Field Associative Debate (FAD) feedback: India An overview of the India FAD was given by FS [Frances Stevenson] and will be further supported by her report. One motion raised: The India FAD calls on the MSF sections and OC to support and encourage the development of an MSF India Trust to become an active member of the movement by the 2010 FADs.

Building on a fundraising assessment commissioned by the international council in June 2010, MSF Holland took the lead to develop a strategy and create an office for the MSF India trust. Among various assets for the MSF

movement, an entity in India was significant due to the fact that India is a generic drugs manufacturer. Indeed many of the pharmaceuticals used in field projects are manufactured in and sourced from India.



Minutes from the MSF International Council Meeting, 25-27 June 2010 (in English).

Extract:

Global FR [Fundraising] Strategy [...]

The IC endorsed the ExDir recommendations for long- and mid-term FR strategy. [...] Given the outcomes of the "Comparative analysis on New Markets" and the will to diversify and ensure fundraising investments, the ExDir: agrees to start fundraising activities in South Korea and India; [...] These FR plans/strategies should be proposed at the next ExDir in November 2010.



Minutes from the MSF Holland Board Meeting, 3 December 2010 (in English).

Extract:

Debriefing MSF India meeting November 25-26

Hans [vand Weerd, MSF Holland General Director] explained that a fundraising study has been done in India and it was planned that a fundraising pilot would by now be done. This has not been completed due to a lack of resources. One MSF H[olland] FTE [Full Time Employee] is to begin in 2011. The focus initially in MSF India, was fundraising, but more investment is needed in image and reputation. In addition, the current law states that money raised in India must be spent in the country. Harry [van Schooten, MSF Holland Board Member] queried the logic of raising the MSF image in India based on our international profile when funds can only be spent locally? Hans responded that India has a new global role and the current restrictions by the state will need to be broken. MSF is known in Indian cities, but not by the growing middle class. Necessary actions include communicating on our Indian operations, developing a profile in medical associations, and briefing media institutions. Pim [de Graaf, MSF Holland President] added that Oxfam had recently succeeded in side-stepping this law. Hans stated the MTs [management team] preferred to keep the support of MSF India as an MSF H[olland] activity and not OCA.



Minutes from the MSF Holland Board Meeting, 4 February 2011 (in English, edited).

Extract:

3. Association [...]

MSF India: MSF Holland traditionally is responsible for the Indian Trust, with Katrien Coppens as CEO. Administrative authorisations are dealt with by the trust; only last week

the trust got the authorisation to run the operations in India. [...] India requested to establish an association. MSF has a whole range of interests in India, such as promising FR prospects, India as manufacturer of drugs, the Access Campaign, etc. and the IC has therefore, asked MSF Holland to take the lead in developing a strategy. Two people will be appointed, a person to write the fundraising plan, and a project manager, to develop the overall organisation and (medical) identity. The board will be asked, maybe at the next board meeting, to take a formal decision on this.

Meanwhile, the participants to the field associative debates in India voted on a motion requesting the general assemblies of the five operational centres to support the creation of a regional association in India.



Annex to the FAD Synthesis Report, 2010 (in English).

Extract:

INDIA: OCB – OCA – OCBA – OCP [...]

Motion 5: Creation of an Association

The FAD of India requests that the GA of OCA and OCBA and the OCP and the OCB Gathering will support the creation of a regional association in India.



I started working as a national staff in 2004 after the tsunami in South India for an OCB mental health program. I joined MSF partly because of the associative nature of the organisation. This kind of dialogue, discussion, talking about the beneficiaries, how our programs could be better really inspired me. So, whenever I came back from mission, I offered my availability to OCB missions in India. They also asked me to conduct some sort of associative program. That was also the time, beginning of 2010, when SANOU³⁰ was actually developed. The OCB training unit first did a pilot in a French speaking country - Ivory Coast or Niger - and then they asked me if I could also facilitate the first pilot for SANOU in an English speaking country. So, I helped them in India. I used that SANOU module on MSF association to popularise MSF association among staff in India for OCB. And it was also that moment when they were introducing intersectional FADs. In 2010, there was an intersectional FAD in Delhi and a discussion about how MSF can contribute from the region, from India. Having 3 operational centres running programmes in India for many years, why didn't we have an associative entity? The heads of mission took a backseat position, saying that it was not their business and that if we want to do something we should put forward a motion and

develop it ourselves. So, the FAD submitted a motion saying that we should have a MSF India association. It brought the movement's attention to [see] a willingness expressed by the staff. But, there were few people to come forward to work. I was the only one who wrote a concept note on why we want to have an association. I sat with all the different missions after the motion, as a follow up. The OCA head of mission told me that it was completely an OCB driven story and that we needed to work more on how other operational centres were working in the region. Then I went on a mission and couldn't really follow up so it stopped.

Parthesarathy Rajendran: MSF SARA [South Asia Regional Association]³¹ Founding Member (in English)

b. East Africa

In June 2009, while still not having organised any associative debates, the members of the MSF African initiative in Kenya proposed to create a structure that looked more like an executive structure similar to a branch office or an operational centre, than an associative one. The international council asked them to present clearer objectives.

In December 2009, they changed their name into MSF East African Association (EAA), an entity regrouping members working with all operational centres from Burundi, Djibouti, Eritrea, Kenya, Uganda, Rwanda, Somalia, North Sudan, South Sudan, and Tanzania. MSF UK supported their project to create an association, OCBA hosted the new EAA in the Nairobi office, and the IC committed to give financial support.



Minutes from the MSF International Council Meeting, 26 June 2009 (in English, edited).

Extract:

Associative Task Force - Re: African initiative in Kenya

From the recommendations proposed, still unclear what shall be done regarding the African initiative in Kenya. Several discussions were held between the representative of this initiative, James Kambaki, and Reinhard Doerflinger on behalf of the Associative Task Force. Following these discussions, the aim/objective of this group is unclear. Since the beginning (almost two years back) no concrete associative debates [were] organised by them. The members of the initiative shared with the Associative Task Force, their idea of the way they plan to function: as an associative platform. Their presented proposal seems to be more of an executive structure – similar to a branch office. Therefore,

30. The SANOU MSF training was developed by Operational Centre Brussels (OCB) as an introduction to the organisation for new employees with the objective "to strengthen staff's ability to act as 'Ambassadors of MSF'."

31. MSF SARA [South Asia Regional Association] was created by MSF national staff members in India and Southeast Asia in 2012 and was officially recognized as an institutional member of the MSF movement by the International General Assembly in 2014.

the ICP suggested writing a letter explaining the difference between executive and associative, and asking for clearer objectives.



Minutes from the MSF United Kingdom Board Meeting, 17 July 2009 (in English).

Extract:

i. Africa Initiative

The UK board were aware of changes in MSF Africa's ambition, initiated over time by various IC pressures, but the aspiration for MSF Africa to become an OC was a surprise, as was the general lack of liaison and discussion between Africa Initiative members and UK board members, prior to the submission of the proposal, and the consequent undiplomatic language.



Minutes from the MSF United Kingdom Board Meeting, 22 January 2010 (in English).

Extract:

East African Association (EAA)

UP [Ulrike von Pilar, MSF United Kingdom Board Member] and SH [Simon Heuberger, MSF United Kingdom Associative Coordinator] were part of the group preparing and leading the EAA meeting which took place in December, the meeting was well attended. SH has gained enormous trust from the group for his valuable support. A steering committee and association coordinator (10 hours) was recruited. EAA will take office space with OCBA who will also help them open a bank account. They are now working on their membership, contacting all previously interested members, and developing a plan and budget. The IC have committed to supporting them financially.



It was a bit of a complicated process because not many people in the international office knew what to do with it. It was not one country, but something new coming as a regional entity. So, it was always kind of 'do this and do that,' and we tried all the time to meet all the objectives that the international office requested. Then, there was a bit of reservation from operations in those regions to actually get involved. Beyond the operations, they were used to having the FAD as the only associative activity. But, now there was a bigger associative group, much more independent from the operations and that wanted to do a lot of associative [activity]: information evenings and discussions about the reasons and the way to deal with this and that.

We also tried to cut off the line between the executive and associative. There was an overlap, because some of the association members were still executive staff. Because we were not a section, there was no possible activity like fundraising, or communications which were authorised for the purpose of operations only. We could not ask all members to pay to

sustain the activities of the association. So how would we be self-sustainable within several years in a way that we would not be overstepping the boundaries of executive?

James Kambaki, MSF East Africa Founding Member
(in English)

In December 2010, the international council acknowledged the East Africa Association (EAA) application as the first application for institutional membership of the International Association of MSF (MSF International) and recommended that the future international general assembly (IGA) admit the EAA as an institutional member of MSF International.

In the following days, the OCA council granted the MSF East African Association (EAA) a non-voting seat on the OCA council.



Minutes from the MSF International Council Meeting, 10-12 December 2010 (in English).

Extract:

Application from the East African associative group – EAA

The IC acknowledges the EAA application as the first application for Institutional Membership of the International Association of MSF (MSF International). The IC asks the ASC to follow up on further development of this application as per the recommendations of the ASC and the ICB.

Pending a decision by the future IGA regarding Institutional Membership of MSF international,

- The EAA is welcome to send a representative to attend and contribute at the IC meeting in June 2011.
- The EAA will not have voting rights on the IC and will not be present in closed sessions of the IC.

The IC endorses the PoA and budget of the EAA, according to the recommendations of the ASC. The IC recommends that the future IGA admit the EAA as an institutional member of MSF International. The IC thanks the ASC and Michalis [Fotiadis, MSF International Associative Coordinator] for their work in this dossier.

Voted unanimously in favour.



Minutes from the MSF OCA Council Meeting, 13-14 December 2010 (in English).

Extract:

3. Council functioning [...]

3.b MSF East Africa observer member on the OCA council (lead Pim [de Graaf, MSF Holland Present])

East Africa Observer to the council: In its previous meeting the council decided to invite MSF East Africa Association to send a non-voting member to the council meetings. The modalities as proposed by Pim were approved.

c. Czech Republic and Mexico

In December 2009, a request to grant branch office status to MSF in the Czech Republic and MSF in Mexico was rejected by the IC board.

In January 2010, the ICB authorised the completion of the fundraising trial in Mexico and the evaluation by the MSF fundraising directors. No more investments in fundraising could be conducted in the Czech Republic. But results of the trials in both countries would be integrated in the global investment plan of the movement.



Minutes from the OCG Congress, 28 December 2009 (in English, edited).

Extract:

Feedback of last IC meeting

The IC, held last weekend in Barcelona, made decisions on several issues [...] To be noted that all entities presented the criteria for branch offices. The idea was to legalise the activities done by the entities and ensure for short- to middle-term the potential for added value, as was recognised in the international fundraising assessment done in 2008. OCG presented a request to have the status of branch office for Mexico and Czech Republic. MSF Germany was opposed to all changes of statutes, saying that we first have to go through the governance reform and then can decide on new entities. [...] After discussion, the IC proceeded with a vote. Reminder, a four-fifths majority in favour is needed to endorse/change a status of an entity. Abstention is counted as 'not in favour.' The IC voted separately entity by entity. The voting results are as follows: [...]

-Czech Republic for status of branch office: *13 in favour, 6 against* (MSF Germany, MSF Norway, MSF Australia, MSF France, MSF HK [Hong Kong], MSF Luxembourg), *1 abstention* (MSF Japan).

-Mexico for status of branch office: *13 in favour, 5 against* (MSF Germany, MSF Norway, MSF France, MSF Japan, MSF Denmark), *2 abstentions* (MSF Honk Kong, MSF Luxembourg).

As nobody took a decision on how these entities should continue, in the end, it was decided that the ICB would have to see with the presidents how to continue. We are now in a very uncomfortable situation, and even if at ICB level, there is an agreement to continue activities, there is this rule of the IC, so really nobody knows how to go on.



Minutes from the OCG Congress, 22 & 23 January 2010 (in English, edited).

Extract:

Presidency point [...] ICB follow-up on new entities:

After the refusal for Mexico, Czech Republic, and Ireland to have branch office status, the ICB met on 20 January and took the following decisions:

- For Mexico, the fundraising test was approved to continue from April until its completion. The results of this test will be evaluated by the fundraising directors and integrated in the global investment plan to be presented at the next IC. Mission support in Mexico can be continued. [...]

- Re Czech Republic, no more investments in fundraising can be done, but the results of the tests will be integrated in the global investment plan.

For these three sections a MoU between the director generals of sections concerned have to be signed with the International Secretary, Kris Torgeson.

d. Argentina and Latin America

In July 2010, the OCBA board decided to explore a regional associative initiative for Latin America proposed by the office in Argentina and volunteers from Brazil and Colombia.

In January 2011, building on the presence of an MSF office in Argentina for several years, and its network with the other MSF entities in the region, the OCBA board decided to support the creation of an MSF association for the whole of Latin America, based in Argentina. To support this application before the IC, OCBA pointed to the number of skilled medical staff recruited via the Argentinian office for years, and who were ready to commit to creating and running a regional association.



Minutes from the Operational Centre Barcelona Athens (OCBA) Joint Board Meeting, 10-11 July 2010 (in English).

Extract:

5. Governance Reform

5.1 Update IC June

By MSF Sp[ain] president/MSF Gr[eece] president

Main discussion points: [...]

- The support to an Associative initiative of Latin America was discussed between Argentina and Brazil. The idea to link Argentina with Colombia was discussed, as well as the individuals that will help in this process

5.2 Next steps

BoD [board of directors] Conclusions on next steps: [...]

- Explore the Associative dynamic in Latin America: OCBA BoDs [board of directors] looking to a perspective to explore the associative dynamic of the Latin America expects a written report based on the interaction [between] Argentina, Colombia, and Brazil.



Minutes from the MSF Spain Board of Directors Meeting, 22 -23 January 2011 (in English).

Extract:

Argentina Sessions [...]

- The agenda is not closed yet, but operational issues will be addressed due to the high number of expatriates. Yet, it is about time to involve them in MSF's associative life.
- It is time to formalise a formula for an Assembly in Argentina.

The BoD decides: That Simone [Rocha, MSF Brazil General Director] and Jose-Antonio [Bastos, MSF Spain President] will participate in the BA [Buenos Aires] meeting on 18-19 February [...]

Argentina (associative initiative) [...]

The BoD decides:

- To support the creation of a national association in Argentina and to offer support
- Jose-Antonio Bastos (President) will work on the issue with Unni K[arunakara, IC President].



Minutes from the MSF Spain Board of Directors Meeting, 12-13 March 2011 (in English).

Extract:

Jose-Antonio Bastos (MSF Spain President),

- The legitimacy of an associative in Argentina is unquestionable (based in Argentina, for all of Latin America). The bonus compared to new bodies is the voluntary birth of an MSF association, with people who have a lot to offer.
- Argentina will be an associative linked to an executive that is related to OCBA. Recruiting for Latin America is based in Buenos Aires.
- The Argentine associative will be OCBA's contribution to the international movement in that it will help to diversify the MSF roots throughout the world.

The board recommends:

- Recognising and supporting the work done in the Argentina offices
- Despite the board blocking staff enlargements in Argentina as a compromise to the IC, it is believed that the Argentina office should have more staff (currently five)
- Officially give green light to the creation of an Argentine association with support from OCBA (defended by Jose-Antonio Bastos)
- Anticipating the fact that Argentina in the future may want to be a sovereign unit and be part of OCBA. A planned sovereignty handover should be devised
- OCBA must have clear representation on the Argentina board and vice versa in the framework of the IONI [International Operation Network Initiative].

The board decides:

- To support the creation of an association in Argentina
- To plan where it is at, possible scenarios, and where it wants to go.



Minutes from the MSF Spain Board of Directors Meeting, 9 April 2011 (in English, edited).

Extract:

11:30-14:30 MSF Sp[ain] BoD Open Session

Operational Update

LATAM [Latin America] Presentation

Aitor Zabalgogezkoa (DG [MSF Spain General Director])

A summary of the plans being drawn up between the IONI idea and our plan for Latin America was presented.

- We do not mean [to go] backwards operationally in Latin America or [...] [increase] the main control areas in terms of building an MSF OCBA empire.

- The movement to be built in South America and Latin America aims at obtaining support and better capacities and resources for the entire movement and for OCBA.

- Argentina is as good a place as many others [...] to start working on this and they have shown [...] the capacity and good opportunities through the decade we have been working in the country. Argentina is an important front in terms of human resources and just because of this, it has been more than valid for us.

- One year ago, we requested those in charge in Argentina to seek opportunities regionally and not only inside Argentina. The concept we want to build is [that] the area is regional. [...]

- Regarding fundraising, communication, and finances, with a decade of work in Argentina, we are well known. [...]

- Operationally, regarding medical and logistical issues, representation will be analysed in the coming month jointly with Brazil, Argentina, and Mexico. We clearly know we should network with Latin American offices, also including USA, due to their influence and capacity as spokespeople in the movement. We will systematically make other offices join, to the extent of our possibilities. [...]

- We also have the training component of the Brazil medical unit and the support of the Sao Paulo University. [...]

- Another reality is the Brazil medical unit. This is totally integrated into the medical department and we are obtaining clear results in paediatrics, obstetrics, neglected diseases, etc., and it is a good platform to keep adjusting in terms of proper medical experience. [...]

The board of directors:

Jose-Antonio Bastos (President) [...]

- Updated list of Latin American people based in the Argentina association: the Argentina office has identified an Argentine lawyer who knows about associative laws in the country to see what the legal status would be, as we are registered as MSF Spain and we have to see whether this is compatible with having an Association in Argentina for Latin America or not. [...]

- For the application to the IC, this needs to be submitted six months prior to the IGA, so the drafting process for a fast application will be sped up – it will be a formal request for a Latin American association even if not all the details will be finalised in this draft.


- The main argument before the IC will be the cumulative number of people over a decade, most for them having a medical background with experience as expatriates in the field and holding middle and higher positions in the

movement in various MSF sections, having shown clear debate [skills and] ambitions and political commitment; a group that has a lot to offer and that will refresh and rejuvenate a version of MSF that is growing and being born in exactly the same way as MSF Belgium, Holland, Spain, and Switzerland were born.

- He hopes to be able to count on support to prepare a clear argument about a genuine case of an MSF group having something to offer and contribute, [motivated to engage] in the discussion about what MSF is. Its added value is evident. The only fear is the final discussion on the statutes and the clear and obvious opposition from MSF France and MSF Belgium to broadening the MSF association and integrating new entities. [...]

The BoD decides:


- To agree with the proposal made by the executive on the action for the plan submitted for Latin America [...]
- To support the executive to better coordinate with the associative, if needed.

 *It was mainly Argentinian people, eight or ten people and me, and a couple of Colombians. There was an organic will to associate. The governance reform was just a final push; the door that opened for Latin Americans, especially Argentinians, to associate. We wanted really to build up an association that represented our ideas as Latin Americans, with our experience. It was very clear from the beginning that we didn't want any executive link. Even though there was an office in Argentina, but it was not even a section, even though OCBA was supporting us, we agreed with them that we would be independent of any executive. We thought that part of the richness that we could provide was to have a group of people with experience in different OCs, in different positions, in different countries within and outside Latin America. That would be a strength for the movement. We did not want to be there with our flag saying, 'I'm Argentinian, but I'm associated, but I work all the time with OCBA and I will bring this.' We decided to make a founding board and start the process to apply for institutional membership. An Argentinian was the president, I was the vice-president and with this small founding board, we started the whole process of the application. The initial commitment was to be funded by OCBA for three years. We hired an association coordinator.*

Dr Jonathan Novoa, MSF Latin America Founding Member (in English)

3. Operations versus Representation

The development of MSF groups and new entities put the issue of representation at the heart of the tensions that led to governance reform. It remained one of the key issues in building models for new governance.


 *We were increasing the number of entities, which were taking on what they could handle – that is, communications, fundraising, and hiring – but that weakened the operational core significantly. Everyone was supporting operations, but less and less operations were being carried out. On the other hand, the association rule that we set up was a democratic rule. So, each entity had one vote, [and] a right to [this] vote. That meant that we had an automatic and overwhelming majority of non-operational entities that far outnumbered the operational sections. This governance reform was thus launched based on the following notion, 'In the end, it's not a problem if there are more of us. But we still have to come up with a system under which the operational purpose remains central, not this democracy under which, the non-operational entities are the majority as a matter of principle.'*

Françoise Bouchet-Saulnier, MSF Legal Advisor then Director since 1991 (in French)

a. Governance Models: “One MSF” versus “Groups”

On 11 and 12 March 2010, the conference on MSF governance reform, which took place in Castelldefels, Spain outside of Barcelona, brought together MSF board members from all MSF associations, general directors of operational sections, directors of operations, members of the international office, as well as field representatives. In the opinion of the actual organisers, this conference was not properly prepared and was quite chaotic.

The first day was dedicated to workshop debates on the various topics of the working group's proposal. On the second day, to ensure some legitimacy for the outcomes that would be presented for endorsement to the general assemblies of the movement, the IC president organised a “showing of hands” process. This exercise was challenged by some participants who considered it an illegal, covert vote.

 *The first day of the meeting, Saturday, was devoted to discussion workshops on the various proposals. The second day was open – there was no agenda. We had*

said, 'We'll organise the Sunday agenda based on what comes out of the Saturday discussions.' That was ridiculous. On Saturday, I made a presentation with former international presidents, including Doris Schoepper and Morten Rostrup, who defended the reform. Then I let things take their course. Kris [Torgeson, Secretary General of the IC] thought that I did not set the pace or provide enough guidance for the discussions. I told her that if we wanted a democratic debate, we wouldn't get there by trying to direct it. She helped me understand that if I didn't do anything, we wouldn't get anywhere. And she was right. On Sunday morning, I presented a list of the various decisions that had come out of the previous day's discussions, and I asked the participants to give their opinion by raising their hand. I didn't want them to vote because they represented only themselves. So, I went through the points and, boom, hands went up – except for MSF France. They were seething over in their little corner. They finally came to see me, flushed with anger, and said, 'But you can't do that! They'll think that this is a vote!' So I explained again that it wasn't a vote, just a way to express whether we were heading in the right direction and whether these decisions were the ones that should be presented to the general assemblies. And then, as I had launched things, I finished up by saying, 'Should the question of reducing the operational centres from five to three be included in the governance proposal?' And at that point, the MSF Australia representative to the MSF France board of directors came up to me to say, 'No, Christophe, you can't ask that, frankly, it's come out of nowhere...' I said, 'OK, we'll stop' and we stopped there! Kris was satisfied because I had taken charge of things. There were comments on the international site saying things like, 'Who is this dictator?' In the end, we got what we wanted – that is, that all this work we did preparing for the governance reform, the reform that the general assemblies were going to vote on, was approved, broadly speaking, by a meeting of the members of all of the movement's associations. This mechanism replaced the initial one, which involved a referendum before the general assemblies. This was a slightly [more] political way to organise a 'congress' (to use political terminology), so that the question we were going to submit to a vote would have a little legitimacy.

Dr Christophe Fournier, MSF International Council
President from 2007 to 2010 (in French)


Two different approaches of what should be the future structure and governance of the movement were put on the table and intensively discussed:

- A centralised governance model, described as the "one MSF," built on a suggestion of a group of heads of mission to extend the international framework of the Afghanistan mission. Here, the sections agreed to a single representation model and a mutualisation of coordination functions. The concept behind the 'one' was for seen as enabling better coordination of activities, more cohesive representation, and improved


security management - of particular relevance in a context such as Afghanistan. This differed from the traditional operations framework, where each section maintained a separate coordination team and thus, representation in any given country.

- An "operational centre-based governance" model, which was the traditional decentralised model. The "one MSF" was in direct opposition to a decentralised movement as a means of ensuring the operational diversity, which was required by the La Mancha agreement.

Eventually, the representatives of MSF Belgium proposed an intermediary model, based on a kind of federation of MSF's five groups, where voting rights would not be granted to the entities themselves but to the management supporting operations.


 The other heads of mission were quite curious about the set up in Afghanistan that was required in 2008 by the IC board, with a single representation model and a mutualisation of coordination functions, subcontracted to OCB, but to be set up so that other operational centres could join the initiative. The objective of their intervention at Casteldefells's meeting was to say that this model of maximum resource-pulling and single representation would probably be a good thing to have everywhere, because the contradictions in representation are often a cost, that take away operationality, rather than adding to it. It was actually the IC that imposed this structure of a single representation model in Afghanistan, which the executive obviously resented. They resented what they regarded as receiving operational instructions from an associative board. Therefore, the initiative got hijacked by a kind of populist phrasing of 'One MSF' which was interpreted as people wanting to create another ICRC [International Committee for the Red Cross/Crescent] model, with a single executive in a massive building somewhere, which was never the intention of the intervention. But that became the story. And we got a backlash from operational centres. They were always very sensitive in maintaining the maximum amount of sovereignty and autonomy to ride on that kind of wave of fear, of people wanting to become like ICRC. That's why afterwards, I took my hands off it, because it was actually achieving exactly the opposite: people were using that fear, this notion of one big MSF, to actually roll back on some of the mutualisation agreements that existed before.

Michiel Hofman, MSF Head of Mission in Afghanistan,
under the centralised MSF governance model from 2009
to 2011 (in English)


 I thought that was a good thing. At least you had some people who were independent thinkers in MSF, who felt that it was an opportunity for MSF to work together as one organisation for security, for saving resources. The main thing was whether we should be one MSF and

rationalise with only one operational centre per country, having one supply centre, having one communications line, or should we have an international that should be nothing, and be organised around the 5 OC groups. Those were the real two extremes. And then there were other models.

Kris Torgeson, MSF International Secretary General
from 2008 to 2012 (in English)

 A lot of people who didn't grow up in that [idea of] different schools of thought, whether you are French or Belgian or Dutch or whatever, a lot of people who work in the field, had for many years been saying, 'we should be one movement, one MSF.' But where it really came to be openly discussed was at the Casteldefells meeting. A group of heads of mission came together and they presented this position. And they did that because in the field they were fed up with sections not being able to work together. And very often the problem was not heads of missions, the problem was the desk. For example, in South Sudan, if all MSF sections shared a compound, we would save one million dollars a year. But we won't do that. Now there are certain arguments why we wouldn't do it, maybe some of them are reasonable. One of the things that I realised when I became international president, is being the face of MSF and representing MSF in the UNWHO, or other UN agencies, or various governments was the easy part. The most difficult part was to be the face of MSF within the movement.

Dr Unni Karunakara, MSF International President from
June 2010 to June 2013 (in English)


 That Casteldefells meeting was total chaos. It brought all the tensions to light. At the beginning of the meeting, the One MSF model was presented as obvious.

This was a proposal sponsored by a group of heads of missions, a form of challenge based on demands that weren't very well thought-out. They challenged the legitimacy of the operational centres' representation as such, saying, 'Why should we have five operational centres? There's no point in that because we all get along, we like each other.' One MSF meant 'a single MSF everywhere' and involved strengthening local representation. That posed risks for maintaining MSF's operational expertise; the very basis of its identity. That expertise had been built – and was still found – in the operational centres, not the non-operational ones.


With that proposal, they opened a Pandora's box of demagoguery, but they didn't know how to control it or when and how to close it. The operational centres' representatives then realised that it could be dangerous to let this reform go off in some unpredictable direction and they woke up. The managers of the Belgian group, which was composed of many entities, realised that they were being challenged continuously by these non-operational sections, which were playing on the competition between operational centres. Ultimately, these non-operational centres could end up being the ones to define

the MSF they wanted and choosing which operations would get the resources. Under this One MSF, they would no longer have to make decisions based on operational stakes but would be free to pursue their agenda based on their majority vote. Then the Belgians proposed structuring the operational centres and giving operations legitimacy under a new governance framework. That is, the right to vote would not be granted to entities as such, but to those carrying out of operations. In the end, some people, including Meinie [Nicolai, MSF Belgium] and certain heads of mission got together. Together, we spoke out and made the case for this proposal. We managed to convince people. At MSF, you can do dirty tricks in secret, but when there is an open discussion, we also often manage to make good decisions. When people stick their necks out, put the issues on the table and think about what can be done, they can often be convincing.

Françoise Bouchet-Saulnier, MSF Legal Advisor then
Director since 1991 (in French)

 There were those, like us, who said, 'We're starting from history and what already exists. Our operational capacity is also based on our complementary approaches. Of course, you've got to streamline, but we'll never be able to respond properly to a disaster on the scale of the Haiti earthquake³² if we are a single organisation, a huge machine.' We had to maintain the operational approach and operational autonomy. We wanted each operational centre to continue to undertake responsive operations, without creating a global system. At the same time, it wasn't about an 'open bar' approach either – every little group should not do whatever it wanted without consultation. Some checks were required. We said that you can't separate politics from operations. Then the Belgians made a proposal that we found interesting – to work on creating groups and then a movement that would combine the groups, in a kind of federation. It was a good compromise.

Dr Marie-Pierre Allié, MSF France President from 2008
to 2013 (in French)

 We had to take into account the fact that all of the operational sections were busy establishing their operational centres. At the time, MSF Belgium was quite far ahead. MSF Holland was arguing because its partner sections didn't like them. MSF France was not opposed to the governance reform, but Marie-Pierre [Allié, President of MSF France] was really busy making sure that construction of the Paris operational centre (OCP) was going smoothly. It wasn't easy because she had to tell the partner sections that everything was going fine in Paris while they were in the middle of a crisis. She monitored everything very closely, but I think that she felt that things were moving too quickly relative to setting

32. An earthquake struck Haiti on 12 January 2010.

up the OCP, that the governance reform might weaken it. In spite of all that, we still wanted to ensure that the groups, and particularly Paris, were represented on the governance body, the new international board. That required that a representative of each group automatically serve.

Dr Christophe Fournier, MSF International Council
President from 2007 to 2010 (in French)

The main point of this proposal was the setup of an [International General Assembly \(IGA\)](#) recognised by all entities and associative members as the highest authority in the movement. This IGA would delegate some specific powers to a redesigned [International Board \(IB\)](#) for supervision of the social mission and resource sharing, in compliance with the MSF strategic multi-year vision. The IB would be composed of the presidents or representatives of the 5 groups/operational centers and elected members equivalent in number to the number of representatives of OCs plus one.

The new IB would come into effect in June 2011 and the whole transition toward the new governance system should be achieved in 2012 at the latest. An international association of individual members, the [“movement-wide association”](#) (MWA), should be established by 2012, with a membership open to any associative member of existing entities and others meeting the associative criteria. Its election mechanism should be defined by the IC by December 2010.

The IC asked the various associations' general assemblies to approve the proposal's general orientation, and grant their presidents with a mandate to support their recommendations for improvement at the June 2010 international council meeting, when the new associative governance was finally endorsed. During this 25-27 June IC meeting, there were tense discussions about the operational centres' representation on the international board and the criteria for entities to be represented at the international general assembly.

Eventually, the international council agreed on the next steps to be taken:

- Revision of the MSF international statutes for reform outcome compliance
- Definition of membership criteria for an association of individual members (MWA), and modalities of this representation on the IGA.



'MSF Governance Reform, IC **Proposal** to General Assemblies,' 14 March 2010 (in English).

Extract:

The IC is asking the general assemblies to endorse the general

direction of its proposal, to make any recommendations they see necessary to help improve it, and then to delegate to each of their respective presidents the mandate to promote these recommendations during the final discussion at the June 2010 IC in Amsterdam where the new associative governance for the movement will be decided. Recommendations of the GAs could range from, but should not be limited to, the role and composition of the IGA and IB, the elements that a multi-year movement-wide strategic vision should contain, and to the calendar for implementation of these changes. It was agreed at the IC in December 2009 that the GAs will not be asked to endorse the executive side of our governance, but in order to ensure that changes at the associative level will connect with the headquarters and field executive, the mainline management platforms (ExDir, ExCom, DirMed, and RIOD/DirOp) are being revised and will be presented in the coming months. In addition, progress is being made on executive responsibilities and decision-making as regards the deployment and coordination of field activities, the allocation of resources for operational support activities, the development and approval of movement-wide policies, and medical priorities. To that aim, an inter-OC operational agreement was approved by the ExCom in Barcelona on March 11 and represents significant progress in field governance.



'MSF Governance Reform: June 2010 International Council **Decisions**,' Final, 1 July 2010 (in English).

Extract:

2.0 The International General Assembly (IGA)

2.1 Overall Purpose

The IGA is the general assembly of 'MSF International.' The IGA is the highest authority of the MSF movement, and as such, is the guardian and decision-maker regarding the MSF charter and identity.

2.2 Rights

Representation on the IGA

The IGA is composed as follows:

- The international president
 - The treasurer
 - All associative entities approved by IGA can elect two members to IGA (minimum one medical). Each member entity is to determine the mode and eligibility for their IGA representatives (either by/from board or general assembly).
- [...]

Voting on the IGA

- All member entities have equal representation and voting rights
- One vote per representative
- The president has a single vote
- The treasurer has a vote if an elected IB member and no vote if co-opted.

2.3 Duties/Roles and Responsibilities

- Elects or appoints members of an international board (IB), including the president of the IGA and IB.
- Delegates to the IB, the responsibility and authority to monitor entities' compliance with the charter and international agreements.

- Endorses a multi-year vision of the MSF movement.
- Holds IB to account through an annual presentation and endorsement of a moral report of the IB and combined financial accounts.
- Approves IB recommendations to establish/disestablish [remove] associative entities and any MSF representation in a country/region except field missions (four-fifths majority decision). Makes recommendations to international board.
- Develops and animates the associative life of the movement.
- Establishes standing committees of the IGA as required. Any standing committee is accountable to the IGA.
- Can delegate any other powers not retained by the IGA to the IB only (and not to the executive platforms).
- Approves IB recommendations to establish/disestablish [remove] an operational directorate (four-fifths majority decision).

2.4 Functioning

Meetings

- One per year - formal
- Standing committees, online debates, etc. between meetings
- Proposing larger 'La Mancha' type gatherings for broader reflection when needed.

President of the IGA

- President of the IGA is elected by the IGA
- President also chairs the IB
- President cannot hold any other executive/associative post in MSF
- Term: three years, maximum two terms

3.0 The International Board

3.1 Overall Purpose

The IGA delegates to the international board (IB), specific powers for overseeing the movement's social mission and resources in line with the multi-year vision of the MSF movement.

3.2 Composition of the IB:

- Any member of any associative entity of the IGA/MSF international can run for a position on the IB.
- The board will be made up of 12 persons, including the treasurer. The IB will additionally co-opt a treasurer if an elected member is unable to fill this role. Co-opted members have no voting rights.
- Seats will be maintained for the OC representatives (president or other board member), but all other positions will be elected. All IB members must give up all other executive positions in MSF.
- Such candidates must demonstrate that they have sufficient time for the post and must meet one of the following criteria:
 1. Have experience of senior MSF management at field level
 2. Have experience of senior MSF management at headquarter level
 3. Have significant experience of sitting on an MSF board.
- A job profile for an IB member should describe basic desired competencies.
- The IB must maintain a two-thirds majority of persons with a medical background.
- The president can be paid for full-time work, but all other IB members should be compensated for IB work only up to one-half time, with the aim of maintaining the voluntary associative spirit of the IB.

- With the exception of the president, the treasurer, and vice-president, no person can simultaneously be a voting member on the IB and IGA.

3.3 Duties/Roles and Responsibilities

- Approves the multi-year vision of the MSF movement and presents this to the IGA for endorsement.
 - Approves multi-year (five-year) resource-sharing frameworks and oversees the overall movement financial situation, ensuring proper generation and allocation of resources in line with multi-year vision of the MSF movement.
 - Prepares and presents an annual moral report of the IB and international budget and combined financial accounts to the IGA for endorsement.
 - Approves international agreements linked to implementation of the multi-year vision of the MSF movement and additional exceptional international agreements and decisions.
 - Holds operational directorate boards accountable in accordance with these international agreements.
 - Holds entity boards accountable in accordance with all international agreements and takes action or proposes action to the IGA in cases of non-compliance.
 - Endorses operational directorate (multi-year) plans of action (including resources needed to implement) as presented collectively by the ExCom in their compliance to multi-year vision of the MSF movement and potential points of disagreement brought forward by the ExCom. Within this frame, the IB may refuse parts of a plan which are in contradiction with the movement's strategy or stimulate action in areas which have not been taken up by any OD [operational directorate = operational centre].
 - Recommends establishment/disestablishment of associative entities and any MSF representation in a country/region except field missions and sends the recommendation to the IGA for approval (four-fifths majority decision).
 - Recommends establishment/disestablishment [removal] of an operational directorate and sends the recommendation to the IGA for approval (four-fifths majority decision).
 - Notwithstanding local, fiduciary accountability of entities which cannot be delegated, all boards (entity and OD boards) will be held accountable to the IB with respect to:
 1. Implementation of the social mission in line with internationally agreed strategic ambitions, and the principles of MSF as contained in the charter, Chantilly, and La Mancha.
 2. Contracts, agreements, or decisions made at the international level (such as IB/IGA resolutions, movement resource-sharing agreements, bilateral agreements with IB/IGA, MoUs). Such contracts, agreements or decisions should indicate a clear timeframe for validity as well as implications of non-compliance.
 - Ensures timely resolution of conflicts within the movement.
 - Elects the vice-president and appoints treasurer (for endorsement by IGA). Appoints the secretary general.
 - Approves/withdraws appointment of additional members [two executive directors representing non operational sections] of 'ExCom.'
- The IB holds the executive accountable for:
- Cooperation in the development, implementation, and monitoring of strategic ambitions.

- Timely conflict resolution at the executive level.
 - Timely advocacy and public positioning.
 - Allocation of operational support avoiding duplication/ensuring complementarity (including opening new offices).
 - Effective deployment of field resources as regards adapted field management systems and use of common support systems where appropriate.
 - Ensuring movement-wide policies/executive strategies are in place and intersectional platforms are guided.
 - Development and implementation of resource generation and allocation frameworks (including opening new offices).
- [...]

4.0 Strategic Vision/Ambitions

4.1 Framework

From the March Proposal: “The development of a movement-wide strategic vision is regarded as an essential step forward in framing MSF’s action and ambitions in the years to come. The IC proposes that such a vision should address the following:

- Mutual accountability
- Medical priorities
- Ambitions of MSF future action
- Operational diversity
- Complementarity
- Resource generation and sharing agreements.

The vision is to be developed by the executive, proposed to and approved by the IB, and then endorsed by the IGA. Operations will then have the responsibility to determine how to implement this vision [...]

5.0 Governance Reform Implementation Plan

From the March Proposal, the IC recommends the following main steps of a plan for an implementation of this proposal: The transition to fully establish the IGA and IB will be phased over approximately two years, with a view to completing the process by or before 2012, with an IB established by June 2011 and the last IC meeting taking place in December 2010.

By December 2010 the IC will decide on:

- The types and criteria of entities to be represented
- The number of seats to be created on the IGA and when an association of individual members would be established by 2012, with membership potentially being open to any associative member of existing entities and other individuals who meet prescribed associative criteria. A mechanism for electing representatives from this new associative entity to the IGA would be determined by the IC by December 2010. At the June IC, progress was made regarding the issues outlined above and the following plan for implementation was supported.

In February and March 2011, the MSF Legal director and presidents of operational sections expressed concerns about the lack of centrality of operations in the proposed statutes. They proposed a preamble to the statutes stating that MSF was working with several operational

directorates. Other international council members stated they would be satisfied with the preamble only highlighting the general objective of improving the MSF social mission. Eventually, the preamble stated that MSF is “an international movement composed currently of Operational Directorates”.

Concerns were also addressed regarding the inclusion criteria as too flexible for new associations in the IGA. Thus, this flexibility could induce a drift toward a centralisation of the movement, hampering the autonomy of operational centres.

In June 2011, the international council unanimously approved the new statutes for “Médecins Sans Frontières International,” abridged as “MSF International” [Association](#).



‘Comments to the New Draft Statutes of MSF International,’ Françoise Bouchet-Saulnier, MSF Legal Director, February 2011 (in English).

Extract:

Examples and Questions

- The interest of operations does not appear to be central in the new structure. Any decision can be taken without the approval of the Operational Centres (OCs), even if all five OCs are in agreement. This underscores a belief that OCs are not perceived as being capable of defending the interests of operations, and that decisions can be taken which lack any operational rationale. Evidence of the centrality of operational concerns in the proposed statutes is lacking entirely, given that the OCs are not even granted collective minority veto rights. For example, MSF International can decide to close OCG despite OC’s unanimous opposition? (Article 16(2)j)
- The new structure entrenches a shift of control by the executive towards control by the associative. For example, Article 16(2)(k) stipulates that the international board (IB) can open or close offices created in support of operations. For example, MSF Hong Kong office or MSF Emirates could be disestablished by the IB [international board]?
- MSF International activities include the oversight of its members’ actions (Article 4(2)(a) and (h)). For example, MSF International can monitor the relevance and quality of the OCs’ operations, including medical protocols?
- MSF International will determine the overall framework for growth and resource-sharing arrangements between the institutional members (Article 4(2)(i), 16(2)(l) and (m)). This means that MSF International could impose substantial and unprecedented financial obligations on individual sections. For example, MSF International, via the Resource-Sharing Agreement (RSA), imposes upon MSF USA or MSF Japan, the obligation to transfer 99% of all funds received during annual fundraising activities to MSF International? And then, imposes sanctions for failure to comply?
- MSF International has the power to approve, object, or block the execution of agreements which have been entered into between its members outside the context of the Association

(Article 16(2)(l)). For example, execution of the inter-section governance agreements amongst groups and financial agreements, can be blocked. [...]

Suggestion

The elements mentioned herein require final political arbitration in order to ensure that the statutes include a counterbalance to the power created by the transfer of responsibility from the existing entities to the collective responsibility embodied by the IGA [international general assembly].

Beware

The new MSF International structure represents radical change. The provisions of the statutes with respect to decision-making involve a loss of autonomy for existing national entities, which may be inconsistent with the national legal obligations of their boards (see laws of France and the US on autonomy of boards, and the control they must maintain over their decisions and their finances). It seems that we are going from a structure aimed at coordinating the various MSF entities to a decisional structure that has a direct authority on issues which were previously left to each individual entity. The concepts of 'mutualisation' and 'coordination' are replaced in the new statutes by a subordination of members vis-à-vis the International Association and its decisions, which become binding even if they do not agree to them.



Minutes from the MSF International Council Board Meeting, 17 February 2011 (in English).

Extract:

MSF International Statutes

Introduction by Unni [Karunakara, MSF International Council President] and update on developments since the December 2010 IC meeting.

Unni tasked the lawyers with drafting a new version of the statutes based on previous IC and ICB decisions and based on existing statutes. Unni, Kris [Torgeson, MSF International Secretary General], Adrio [Bacchetta, consultant on MSF International governance reform] and Françoise Bouchet-Saulnier [MSF Legal Director] provided instructions. Unni felt that the lawyers have done a good job.

Françoise had some concerns and wanted to address her concerns to the lawyers directly. As most of these were more political than legal in nature, Unni thought that the ICB should discuss these before forwarding them to the lawyers. Unni asks the ICB members to express their opinion on Françoise's note and the drafted response, as well as state any other concerns they may have regarding the statutes.

Reinhard [Doerflinger, MSF Austria President] [...] For him, the new version of the statutes is good.

Matt [Spitzer, MSF USA President], the document is clear, its purpose is clear and well within the scope of what we expect and in line with the decisions made by the movement.

Pim [de Graaf, MSF Holland President] agrees to the document and congratulates those who drafted it. Nevertheless, the fact that senior MSF people question some political decisions is to

be taken seriously as we need to avoid a scenario of GAs not approving the statutes because of second thoughts regarding the political general orientations. It is unfortunate that these questions are raised now, but they remain legitimate and we need to address them.

Meinie [MSF Belgium President] believes the document is good overall, although she understands Françoise's worries regarding a possible threat to the core of MSF and how we manage operations.

Unni explains that in the new version of the [Governance Reform Process] update, any mention of a possible increase of the number of MWA [movement-wide association] representatives at the IGA has been removed as per discussions at the Paris ICB. The confusion arises from the fact that IC did not reach the four-fifths majority in Athens on the issue of two-seat representation for the MWA (four-fifths is required for any change of the statutes).

Marie-Pierre [Allié, MSF France President] shares Meinie's concerns and considers these are crucial issues. She notes that overall, Françoise is defending the operationality of MSF and the need to keep this as an essential objective. Marie-Pierre believes it is important to open MSF more to the other societies, culture, etc. and to integrate new voices to feed the reflection and debate within a larger body. But, this has to be done in a cautious way. Being more inclusive is good, but we have to be responsible as well and we should not give power to those who should not have it. We need to be clear on which entities we are bringing in and what we expect from them, and we need a process that provides full guarantee and security, as OCs already agreed to be in a minority at IB level. Already, in Barcelona, Marie-Pierre raised concerns on how to organise inclusiveness and the need for solid guarantees with regards to the composition of IGA, with strong and clear criteria to accept a candidature or not. The IGA can overrule the IB and can make any decisions, so we need to be very careful. Opening the door to more and more associations can drive us very quickly in a direction we have neither chosen nor expected.

Marie-Pierre believes that, at this stage, the statutes do not provide enough guarantees with regard to the political agreements we made. In addition, as the statutes refer to the internal rule for many key issues, it will be impossible to make any decision on the statutes without:

1. A draft version of the internal rules, and
2. Clear criteria for admission of new members at the IGA. [...]

Abiy [Tamrat, MSF Switzerland President] recalls that, for the past ten years, we've had very rough statutes, unfinished draft internal rules, but we managed to work; so he does not see how new statutes of much better quality would prevent us from functioning smoothly. Nevertheless, Abiy understands the concerns regarding the balance of power between the IGA and the IB, and he agrees on the need for clear recommendations on how the MWA should be integrated into the IGA. We need to devote enough time to identify the problems and find the right way forward.

Unni believes that the concerns around a power grab by new entities in the IGA [are] overblown. The current 19 sections have two representatives each at the IGA. In order for these sections to be at a one-fifth minority at the IGA, we need to have an IGA of 190 members.

Marie-Pierre objects that lots of associations are knocking at the door. As there is no guideline on how and why to accept them, the easiest answer is yes (e.g. IC decision re the East Africa Initiative). So we can quickly end up with many more people at the IGA than expected.

Unni agrees that the composition of the IGA and a potential power imbalance resulting from a rapid change in its composition are legitimate concerns. But the statutes already contain all the elements to control this, e.g.: These articles provide guarantees that the size of the IGA will also remain under IB control. In addition, the note to be sent to the new entities (that the ICB approved) clearly stipulates that meeting all the criteria does not guarantee a seat at the IGA, as it will be a case by case decision based also on the added value of the entity.

Unni fully accepts that we failed to discuss the application of EAA at the IC adequately and what added value they brought to the movement. This was more a failure of the process and less a problem of the wording of the statutes. However, he welcomes proposals on specific language to be included in the statutes on this matter.

For Matt, we need to find the right balance between fear and naivety; taking some amount of risk whilst making sure we don't risk the very nature of the organisation. He agrees that there must be some criteria and a clear formulation of what is expected from the new members. It seems that, in the process of defining these criteria, we've become less ambitious since we decided that these were to apply to existing sections (as some small sections feared they could not comply with them).

Meinie agrees on the need to define better and strengthen these criteria. These should also apply to existing sections and we should be ready to make difficult decisions. She agrees with a careful control of the IGA composition, as this body will have the charter, the statutes, and MSF identity in [its] hands.



At Castelldefels, we barely managed to reverse the fait accompli of the 'One MSF'. Then we had to invent a counter-model. Rewriting the by-laws adapted to the governance reform took a huge amount of work. Unni accused me of playing politics. I said to him, 'No, I'm not playing politics, I'm just offering you options. When you write a law, you assign power in certain places. Based on what you write, power will reside here or it will reside there. I am preparing both models for you. In the first, power resides there and in the second, it resides here. Now it's up to you to decide where you want it to be. You're telling me that there is no power, but I'm telling you that we've assigned the power to a particular place. Is that where you want it to be?' It was an insane fight. I continued to explain. There was a possibility of convincing the majority, of explaining that we wanted to maintain legitimacy based on operations and not on representation.

Françoise Bouchet-Saulnier, MSF Legal Advisor then Director since 1991 (in French)

b. Movement Wide Association (MWA)

In December 2010, the IC decided that the Movement-Wide Association (MWA) would be incorporated into the statutes as a constituency of individual members. The IC recommended that the MWA have two seats at the IGA.

In March 2011, this decision was questioned by MSF Belgium and MSF France, particularly in regard to the accountability of the MWA individual members and that of their representatives.



Minutes from the MSF International Council Meeting, 10-12 December 2010 (in English).

Extract:

Movement-wide association (MWA)

The IC directs that the individual criteria and institutional member composition and size criteria in the statutes apply to the MWA.

Decision (four-fifths majority), passed with:

19 votes in favour

1 abstention (MSF Italy)

The IC directs that MWA be incorporated into the statutes as a constituency of individual members (based on individual membership/affiliation in MSF International).

Decision (four-fifths majority), passed with:

16 votes in favour

3 against (MSF France, MSF Belgium, MSF Italy)

1 abstention (MSF Australia)

The IC directs that representation of the MWA (having met the aforementioned criteria) have two seats on the IGA. The IC recommends that the IGA considers representation of the MWA.

14 in favour – 2 against – 4 abstentions

(Not a formal pass, but accepted as a positive indication to allow development of draft statutes and a detailed proposal. Subject to formal IC approval in June 2011).

The IC directs, and commits to support, that the MWA proposal be developed for presentation and endorsement in June 2011, [...]

Decision (four-fifths majority), passed with:

16 votes in favour

3 against

1 abstention



Minutes from the MSF International Council Board Meeting, 17 February 2011 (in English).

Extract:

Movement-Wide Association – MWA

-Marie-Pierre [Allié, MSF France President] and Meinie [Nicolai, MSF Belgium President] are concerned about the

accountability of the individual members of the MWA and that of their representatives. Although a section is an administrative burden, it provides clearer accountability lines than currently proposed for the constituency of individual members. For Marie-Pierre, this set-up is not in line with the choices made in Barcelona and decided upon at the June 2010 IC.

-Matt [Spitzer, MSF USA President] notes that, currently, associations hold their leadership to account but do not hold each of their individual members to account. So, we shouldn't have unrealistic expectations.

-Kris [MSF International Secretary General] does not understand the desire to have the MWA set up as a separate legal structure with a board, etc., as it will add a level of bureaucracy that is unnecessary and would be less controllable than if set up as a constituency. She believes that the [...] set-up will actually allow better control, as any member of the MWA has to be accepted by both the IB and the IGA, who also have the right to expel whomever they want. Such an extent of control is not in place even, in any of the sectional associations.

-Reinhard [Doerflinger, MSF Austria President] agrees and adds that two people in an assembly of 40 will anyway have very limited power.

-Pim [de Graaf, MSF Holland President] adds that the proposed set up will also allow elimination of the constituency more easily, if it becomes a dormant, non-functional, and a non-contributing part of the association. He fears that it is not obvious that this constituency will function smoothly (it will definitely require proactive efforts).



'Draft **Minutes** from the MSF International Council Board Meeting,' 10 March 2011 (in English).

Extract:

• Statutes [...]

MSF F[rance]'s version proposes substantial changes and Unni [Karunakara, MSF International President] believes that the ICB should discuss this document before sending it to the lawyers. As a consequence, there are now two versions of the new statutes:

- The latest lawyers' version
- MSF F[rance] version (Françoise's [Bouchet-Saulnier, MSF Legal Director] version contains Marie-Pierre's [Allié, MSF France President] comments). [...]

Meinie [Nicolai MSF Belgium President] insists that we state what the expected added value of new institutional members is and the reasons for welcoming them at the IGA. There is a mention of this in the internal rules [...] but she suggests putting this in the statutes as well. [...]

For Abiy [Tamrat, MSF Switzerland President], there should be a positive control (to accept an entity even if it does not meet all of the hard criteria) and a negative control (to reject a candidature even if it meets all the criteria).

Reinhard [Doerflinger, MSF Austria President] notes that the statutes do not solve the issue of autonomy in decision-making.

For Meinie, the key question is whether the international

association can overrule a national board in disagreeing with the implementation of the charter.

Jose-Antonio [Bastos, MSF Spain President] objects that it is impossible, legally speaking, as a national board and GA [general assembly] are legally fully empowered by the law of their home country.

For Marie-Pierre the key point is also to counter the organic tendency to centralise, if we want to remain effective and reactive we need to make sure that we do not centralise too much and that we do not bring decision-making to a higher and higher level.

For Unni, it is clear that we are not a centralised organisation but, on the other hand, we also need to acknowledge that we are part of a movement and that we need to make some decisions together. So, we need to be clear on what being part of a movement means. Unni agrees that operations should be the centre and that the integrity of our organisation should be maintained, but any change implies a risk and we need to determine how much risk we are ready to take. He remains convinced that with some minimum wording changes and a change of the tone, it will be possible to accommodate all the comments on the statutes. He understands the concerns regarding the composition of the IGA, but believes that the proposal balances the risk induced by new people around the table.

• Preamble to the statutes [...]

The ICB members welcome MSF F[rance]'s idea of adding a preamble to the statutes, but believe that this version needs more work to define its content, wording and tone. Marie-Pierre is glad that the ICB welcomes the idea of a preamble; this shows that last year we missed the political decision on the direction we want to go in, resulting in different interpretations. When we put the reform to the vote, we should also include a preamble to explain the reading of the reform.

What should the preamble contain/reflect:

- The vision of what the movement should be (Marie-Pierre)
- Positive perspectives for the future rather than a list of what we want to protect (Pim)
- Some indications of the kind of association and grouping we want (Unni)
- The primary role is to guide on how to interpret certain facts that are not covered by the statutes (Martin)
- The spirit and intention of the movement; what is the point underpinning the statutes (Matt)
- A snapshot picture of the movement at a certain stage, but it should also guide the movement (Reinhard)
- Inspiring, strategic, and embracing our differences (Jose-Antonio)

Comments on the text proposed by MSF F[rance]

For Martin [Aked, IC Treasurer], the version proposed by MSF F[rance] does not seem complementary to the statutes, but provides a whole new concept bringing us back to square one. He would agree with the general comments, but it is all about the group and we need to get to agreement around this issue: if groups are indeed an essential part of our governance, this should also be reflected in the statutes

(currently there is no reference to groups in the statutes). Marie-Pierre notes that last year it was decided to build the movement around operational projects.

Matt objects that the discussions did not move very far on the group organisation and we neither reached any agreement nor made any clear decision about this. We only said that currently this is a fairly efficient way of organising.

Marie-Pierre highlights that when the governance reform conference took place in March 2010, groups were not as organised as today. So, it may be good to take into account the strengthening of groups that has taken place since.

Unni is confident that, currently we go in that (group) direction but that at a later stage we will also move away from it.

For Matt, the issue around group and directorate reflects the core issue of operational legitimacy, and there seems to be very different understanding of it. For him, each MSF individual in the field is the root of our operational legitimacy, whereas sometimes people tend to relate operational legitimacy to OCs.

Marie-Pierre notes that the intention is also to make it clear that we are not working as one (like ICRC) but have several operational directorates.

For Unni, this is different, and we can clearly state that the whole process is to improve our social mission directly channelled through our operations.

Jose-Antonio notes that OCBA's concept is rather that of a network than a group. For him, we should make careful efforts at diplomacy so that everyone will find a position they like in the preamble. So, we need to honestly reflect in the preamble on the difficult balance between integrating in MSF the wide diversity of the world today, while preserving the operational centres' sense of MSF. The tone of the preamble should be much more inspirational and enthusiastic, in particular regarding the diversity (and less 'cover my ass' style).

Abiy believes that the first part seems quite justified, but the overall interpretation looks like OCs' autonomy and independence prevail over diversity. So, the text should be rebalanced.

Marie-Pierre notes that MSF F[rance] is also in favour of integrating diversity and there is enough latitude to find a solution. [...]

Reinhard believes that the preamble should state that the statutes of MSF International reflect the willingness/intention to work together as a movement and to have some virtual coordination, whilst restating the centrality of operations and the need to be as close to the field as possible. The preamble should be inspiring rather than underline our differences. Both the statutes and the preamble are the ID card of the movement, of how we want to work. [...]

Martin notes that the preamble underlines the OCs' primacy while the statutes only mention the OCs in the composition of the IB (each OC having an ex officio seat) which is meant to have a minority of OC seats. This contradicts the statutes.

Marie-Pierre believes she has a different reading. For her during the discussion, it was said and agreed to build the movement around operations and operations centres.

Matt objects that the way Marie-Pierre describes an OC may not always be the best way to provide operations. It is

important that our action and social mission be and remain at the centre, but this does not mean that the current structure of HQs and OCs and groups around them is the model for the movement. So, we should not confuse the two and he would disagree with the preamble setting the primacy of an OC office, as there could be a much better way to handle operations.

Meinie is not so worried about the centralisation risk. But she insists that associative membership remain closely linked to operations (this is the very reason why she still has problem to understand the MWA).

The statutes do not say that the IGA will make decisions on operational projects and she does not see any threat on an OC's autonomy in defining its plan of action. For her, the main function of the IGA is to protect MSF identity, the Charter, the logo, the statutes: this is something vulnerable that we want to protect, and we need to be conservative on this. We need to take this responsibility seriously and have very protective voting rules and be very careful on the composition of this body.

c. Inter-OC Agreement

On 12 March 2010, the ExCom endorsed an Inter - OCs Operational Agreement worked out with the RIOD and heads of mission during the Casteldefells conference. In order to keep the executive management line consistent with the associative governance reform proposal, the agreement covered the deployment and coordination of field activities, the allocation of resources for operational support activities, the development and approval of movement wide policies and medical priorities.

In June 2011, the international council expressed concerns about the inter-OC agreement no longer being an objective and requested the ExCom to develop a proposal about a way forward.



'MSF Inter-OC Operational Agreement,' 11 March 2010 (in English).

Extract:

Recognising the urgent need to deliver short-term, concrete improvements for the field in line with the ongoing governance reform, the ExCom and RIOD are therefore proposing the following agreement:

1) On the deployment of MSF operational activities, operational centres agree to the following:

- Support an MSF that allows for operational autonomy of action for the OCs, knowing that this autonomy also comes with obligations and responsibilities. An agreement on basic rules of collaboration between OCs valid in all contexts, including political and external representation, and for explo[r]ation and post-explo phases in countries where no section is present is established:

1. Not being in opposition to the start of an intervention of another OC in a given area of operations/country and actively facilitating their entry;
2. Any new OC entering a context will respect the created representation channels and legal representation formulas adopted;
3. Jointly producing a framework of operations (e.g. geographical areas of intervention, examining operational analysis, and considering complementarities and gaps, etc.);
4. Putting in place a common infrastructure whenever possible and appropriate;
5. If there is a strong argument for opposing entry of a new OC in a context based on security concerns, a rapid arbitration would be made by the ExCom and, if not reached, then at the international council board (international board) level. [...]

2) On the optimisation of field and HQ [headquarters] support functions, costs and assets, operational centre agree to:

- Stopping the unhealthy trend of deterioration of the London ratio [ratio of expenditure between headquarters and field] and to follow up on HQ/coordination cost evolution globally.
- Establishing common infrastructures for contexts in accordance with operational need and feasibility (see above) [...] proposing practical elements for implementing rationalised regional or country-level support services in these contexts by March 2011. [...]

3) On the decentralisation of decision-making power to the field, operational centres agree to:

- Reinforcing decision-making capacity at field level where appropriate, but retaining room for a variety of set-ups in order to support senior and junior coordination teams (while recognising that we need to be consistent in delegation of authority where more than one section is operating under an agreed framework).
- Revised field HR management policies to support longer-term senior staff deployment.

4) On a commitment to reviewing the current set up of operational capacities, directorates and groups in line with a global strategic view of operational needs, ambitions and orientations expressed in a multi-year plan and reinforced international accountability, the operational centres agree to:

- Develop and propose multi-year strategic orientations for the movement that will define global ambitions for the operations in the coming years;
- In line with these orientations, consider whether the current organisation of operational capacities, centres/groups, partnerships, resource sharing, and allocation agreements are optimal for carrying them out;
- Meanwhile, to ensure complementarity, continue to work on specific inter-OC agreements on operational organisation.

Addition following Barcelona Conference (Agreed by ExCom 22 March 2010):

Following a meeting of the ExCom and members of the RIOD and heads of mission present at the Governance

Reform Conference in Barcelona, 12 March 2010, the ExCom agreed to:

- Give priority to contexts where security of our staff is exposed;
- Ensure there is a proper mechanism in place to enforce compliance of the Agreement by:
 - o Aiming for consensus in the RIOD on its implementation, but in the exceptional case where a consensus is not reached, the RIOD can decide by simple majority to refer to the ExCom;
 - o The ExCom would then take a decision by either consensus or simple majority on choice of model or context, and by consensus for choice of lead OC;
 - o In the exceptional case where a consensus is not reached on choice of lead OC by the ExCom, the issue should be referred to the ICB (IB) for decision.



Minutes from the MSF International Council Meeting, 24-26 June 2011 (in English).

Extract:

The IC:

- Expresses its strong concern that the Inter-OC agreement as a whole is no longer an objective.
- Requests the ExCom to:
 1. Present a clear statement and communication about the current status quo regarding the implementation of the Agreement;
 2. Commit to the basic rules of collaboration mentioned in the Agreement;
 3. Develop a clear proposal about a way forward, especially for operating in highly insecure countries, strong and authoritarian states, contexts with high support costs, and contexts with a conflict between operational capacity and perceived needs in cases where there are multiple OCs deployed in order to achieve more coherence and complementarity;
 4. Report back to the December 2011 IGA on implementation of all four elements of the agreement.

Passed unanimously



Minutes from the MSF First International General Assembly, 16-18 December 2011 (in English).

Extract:

Inter-OC agreement follow-up:

As requested by the June 2011 IC, Kris Torgeson [IC Secretary General] presents a follow-up on the March 2010 Barcelona Inter-OC Agreement followed by questions from the audience: *Floor – You have pointed out where the agreement was followed but the IC resolution was about the first part which did not work out. The IGA wanted feedback on how to move on with the new way to operate.*

Kris – the way the Agreement was presented was to have specific models in specific timeframes with reporting. It was a rigid, top-down structure and demands were put on

operations before they had fully bought into it. It was not that they did not want to try those things, but it was rushed and the way it was presented, and its timelines, did not work. In fact, most of the models have been tried and can work. Filipe Ribeiro [MSF France General Director] – it depends on what you expect this agreement to do. If we expect it to help us learn more from each other and improve our practices whilst keeping operational diversity, then the agreement has been implemented. We may be disappointed by the progress on priority. I have heard field people complaining that we are not doing enough. We need to look at all the problems and not just one.

Pim de Graaf [MSF Holland President] – the situation in Iraq was a sticky issue and one of the reasons for the agreement. The HoMs [heads of mission] did sit together and develop a common and collaborative operational approach so in that sense the inter-OC agreement has been effective.



In Barcelona, we also talked about an agreement among the operational centres. This involved much greater cooperation on operations, with specific objectives. People said that we'd first have to agree on that and then set up the governance structure. But it didn't work.

Dr Jean-Marie Kindermans, MSF Belgium President from June 2002 to September 2010 (in French)

d. Executive Governance

In March 2011, the international council endorsed the ExDir conclusions and ICB recommendations regarding the proposal on executive governance and asked the working group to provide the general assemblies with a basic presentation of this proposal. This would include a new executive committee, counterpart to the international board, to which they would be accountable. This ExCom would meet in two groups:

- As a core executive committee (core ExCom), including the five operational centre's general directors, two other elected general directors, the international Secretary General and the international Medical Secretary General
- As a fully extended executive committee (full ExCom) including the general directors of all MSF sections.



'Draft Minutes from the MSF International Council Board Meeting,' 10 March 2011 (in English).

Extract:

Executive Governance Reform [...]

The proposed model is that of a single executive group (ExCom) that will be accountable to the IB. The composition of this body will vary depending on the type of decision to make so that each decision is made with the relevant stakeholders. The core ExCom will be made of:

- The 5 OCs' DGs (ex officio seats)
 - Two elected DGs
 - The ISG [international secretary general] (no decision-making rights)
 - The Medical SG (no decision-making rights)
- The fully extended ExCom will be made of:
- The 19 sections' DGs (ex officio seats)
 - The ISG (no decision-making rights)

In order to follow up the files under the responsibility of the fully extended ExCom in-between its yearly meetings, the members of the extended ExCom will:

- Decide which dossier they want to work through the year
- Set up WGs that will have the ability to make decisions together with the core ExCom on these specific dossiers during the year.

Meinie [Nicolai, MSF Belgium President] wonders if these WGs will only be composed of executive members.

For Kris [Torgeson, ISG], the IB is free to request associative members to participate in these WGs.

The ExCom should meet as follows:

- In its core form or/and with WG representatives: ~ 8 times a year


- In its fully extended form: once a year

The scope of responsibility of the core ExCom would be:

- The social mission
- Any decision that the fully extended ExCom does not make. [...]

Pim [de Graaf, MSF Holland President] wonders what makes this set-up perform better than the current one. For Kris, reducing the number of meetings of the fully extended ExCom is already quite an achievement. In addition, the clear definition of the scope of responsibility of each form of the ExCom and the proposed functioning through WG will also contribute to swifter and clearer decision-making. [...] She notes that many people from the field are asking many questions regarding the executive reform and she believes that these will also be raised during the GAs.

4. MSF First International General Assembly (IGA) 16-18 December 2011

From 16 to 18 December 2011, the first MSF International General Assembly (IGA) took place in Paris while MSF was celebrating its 40th anniversary. 

MSF Brazil, MSF East Africa, MSF Latin America and MSF South Africa associations were presented and endorsed as MSF institutional members after a thorough application process.

6 members of the new International Board (IB) were elected.



Minutes from the MSF First International General Assembly, 16-18 December 2011 (in English).

Extract:

PRESENTATION OF NEW ASSOCIATIONS AND VOTE [...]

A representative from each of MSF Brazil, East Africa, Latin America, and South Africa is welcomed to present their association, introduce a short video and answer questions. [...]

- *Floor – Why is there MSF Brazil and MSF Latin America?*

Representative for Brazil – MSF Brazil is born from having operations and an office in Brazil for a long time. For a lot of reasons, it was necessary for Brazil to have an association and this year for the first time it created board and statutes. MSF Brazil has 120 departures and raises EUR 5m each year. This is not antagonistic to the Latin American process, it is not a problem to MSF Brazil that MSF Latin America exists and they can work together.

- *Floor – It was said clearly that new entities should be regional associations; can you give more detail on how you envisage the future of regional associations and how they will evolve. For example, will the regional associations become several national associations or will the national associations merge to become regional associations? Will South Africa be based in more than one country? What happens if there is fundraising in different countries?*

Unni [Karunakara, MSF International President] – during the governance reform process there was a clear willingness and ambition to bring new voices to the table but, at the same time, having 20–30 new associations was not considered suitable as we need to be able to function and make decisions. A clear preference was stated for regional associations. Do not focus too much on the name but on the aspiration; it is important we are thinking in more than national terms and all these entities are approaching this with the right spirit and a collective voice. In the future it is easier to split than to come together so it is good to start together. There is a clear understanding of the principle of non-exclusivity and the need to be organic so, if changes are required for meaningful membership, these will be dealt with at that point.

- *Floor – Regarding resources for the whole association, we have a deficit projection of over EUR 60 m[illion] for this year and huge operational ambitions, how will new associations bring new voices rather than divert resources from our beneficiaries?*

Representative for South Africa – it speaks to our identity, in our social mission we are trying to get populations to provide care which is becoming increasingly difficult for many reasons, one of which is how open we are to other perspectives. It is the associations' responsibility to engage with the world outside MSF and consider if resources might be better spent in another way.

Representative for East Africa – if you consider the added value the new associations will bring, including vision and ambition as well as the huge value our operations and beneficiaries will receive from this engagement, including the access it will grant us to our beneficiaries, the amount that will be spent on new associations is not a big issue.

Representative for Brazil – Brazil is here as an entity able to fund its own activities and give money to the movement because at one point someone invested in us. Sometimes you have to make investments to get things back.

- *Floor – What will being a full member of the IGA bring to your association and how will it make it even stronger?*

Representative for Latin America – this is a great opportunity to be formally recognised, which is tremendously important, just as it is for the people we assist to feel recognised. Representative for East Africa – most of our members feel like they are employees of MSF but not part of MSF and they want to feel ownership, for MSF to be theirs, and this attitude can be changed by being part of the IGA.

Representative for Brazil – at the moment we do not feel as if we are inside MSF. Membership will bring responsibility and increase the power of our debates and allow us to add to movement-wide debates.

Representative for South Africa – we know about the need for sectional inter-dependence, we need to speak about how bottom-up decisions, and having this responsibility at the top, filters down and improves our operational responses. The challenge will be to ensure the IGA is relevant, considers the relevance of our actions, and ensures operations take into account our new voices when informing and critically examining operations.

- *Floor – Some of the presentations, particularly East Africa, showed a crossing of the governance and executive roles. Have the associations considered those risks and the steps they might take? Counselling operational sections on matters of access and security might be very helpful but brings with it risk to personnel, so OCs have a responsibility back. Normally associations give vision and the executive directs operations; in East Africa's presentation your association appears to do both. If this is the case, thought must be given to how to manage those risks and whether your association can do both roles.*

Representative for East Africa – operations usually consult national staff when making decisions as they know the context and how to solve problems. We are not looking to be operations, nor to be involved in decision-making, speaking out, etc., but we can offer advice. We plan to have a huge network, including key actors, to offer to operations.

Matt Spitzer [MSF USA President] – this key issue of separation and respect for the boundaries between the executive and associative is ongoing and relevant to existing members, too. During this process, that question was asked, along with how these entities could be involved with operations because they are so removed, despite the two questions clearly conflicting.

- *Floor – How do you make sure you are bringing a truly independent fresh new voice to the IGA if you have been funded by a section or OC?*

Representative for Latin America – we receive funds from OCBA and have support from the international office. We are trying to be financially independent and have been given good ideas on how to find more than one funding source and are thinking of other ways to search for funds.

Representative for South Africa – we are young and not financially independent yet, but we imagine our future to be. Because our members meet across OCs it helps that

there is not such a specific link. At the same time, we are deeply connected to operational projects and we want to develop channels, but that architecture does not exist yet so it is something we can talk about developing if we are part of the IGA.

• *Floor – How do we make sure people in the new association will contribute to and focus on the mission and prevent it becoming a union dealing with HR issues, etc.?*

Representative for South Africa – when you take away the employee–employer relationship, the proximity to issues unites and binds members. This is not a trade union and has not been for the past four years.

Representative for East Africa – there are some countries where MSF is not present but members from there are part of our association and they still discuss the MSF vision. There is no issue of salary in those countries.

• *Floor – The self-imposed freeze on growth has gone on too long; I am so happy we have the chance to welcome these four entities. I hear an absolute minimum; you are not pushing yourself as much as you can. There is a fear in Europe that, as you are young, with so much energy and resources to offer the movement, you will change MSF forever. Are you worried you will be considered second class as you are so associative based and you are not harvesting resources (finances, people) or becoming operational centres yet?*

Representative for East Africa – within the movement do you consider there to be a first and second class? This question is not about people coming from our region, we believe one of the things MSF will continue to do is support our population. This is more valuable than comparing ourselves to Amsterdam, Paris, etc.

Representative for Brazil – it is much more a challenge for us to show you who we are, as we are different and you do not know us yet.

Representative for Latin America – after you hear some of our contributions you will ask yourselves the relevance of present actors! [...]

The IGA is asked to vote on the following resolution:

The IGA approves the associations of Brazil, East Africa,

Latin America and South Africa as Institutional Members of MSF International.

• A representative suggests voting on each entity separately rather than in a combined vote in order to underline the legitimacy of the decision for each association. [...] *The IGA unanimously supports voting for each association separately. [...]*

The IGA unanimously approves MSF Brazil as an institutional member of MSF International. [...]

The IGA unanimously approves MSF East Africa as an institutional member of MSF International. [...]

The IGA unanimously approves MSF Latin America as an institutional member of MSF International. [...]

The IGA unanimously approves MSF South Africa as an institutional member of MSF International. [...]

DEBATE – ASSOCIATIONS TODAY AND TOMORROW [...]

Outcomes of the debate include:

• The IGA requests that the IB fulfil the structure set out by the governance reform, particularly to enable field visions to be listened to.

• As the IC Associative Standing Committee no longer exists, the IGA requests the IB to take on the task of dealing with the following questions: Where do we start with associative life in the field? Does it really have to be formal only? Should there be guidelines and templates on what can be done? How much should it cost? [...]

Announcement of the IB election results [...] The IGA elects the following individuals to the international board:

3.5 years	Morten Rostrup
3.5 years	Darin Portnoy
2.5 years	Colin McIlreavy
2.5 years	Michalis Fotiadis
1.5 years	Jean-Marie Kindermans
1.5 years	Clair Mills

CHRONOLOGY OF EVENTS 1971-2011

The main purpose of this chronology is to help the reader.

It is intended as a tool for this specific document, and not as an academic reference.

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
1971	1971 22 December: Creation of MSF in France	1971	1971	1971	1971
1972	1972 December: MSF's first intervention to respond to the earthquake in Nicaragua	1972	1972	1972	1972
1974	1974 October: Disputes about an exploratory mission in Iraqi Kurdistan and a partnership project with Medicus Mundi	1974	1974	1974	1974
1976	1976 Surgical team sent to Beirut under MSF banner	1976	1976	1976	1976
1977	1977 30 April/1 May: MSF General Assembly (GA): •Allowed recruitment of permanent workers •Set up regional antennas	1977	1977	1977	1977
1978	1978 22 April: MSF GA: •Doctors from the USA and the Netherlands want to set up MSF sections in their countries. •Need to first define how national sections to be accountable to Paris and set up international statutes	1978	1978	1978	1978

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
	<p>October-December: Opposition between MSF France Collegial Management Committee and MSF USA candidate</p> <p>22 November: 'A boat for Vietnam' Committee appeal in the media</p> <p>24 November: MSF Collegial Management Committee members disagree with Bernard Kouchner acting as both MSF and 'A boat for Vietnam' Committee spokesperson</p> <p>December: MSF Extraordinary GA: Vote of statutes allowing internationalisation</p> <p>4 December: MSF Vice-President denounces 'A boat for Vietnam' Committee initiative in <i>Le Quotidien du Médecin</i></p> <p>20 December: MSF Collegial Management Committee:</p> <ul style="list-style-type: none"> •Use of brand to remain MSF France property •Use of brand to be possibly conceded to future MSF USA 				
1979	1979	<p>1979 First attempt to set up MSF Belgium (failed)</p>	1979	1979	1979

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
	7 May: MSF GA <ul style="list-style-type: none"> •Vote for MSF structuring •Consequently, Bernard Kouchner and other founding members leave MSF •Acknowledgement of difficulties of moving forward on internationalisation 				
1980	1980	1980 25 November: MSF Belgium is set up	1980	1980	1980
1981	1981 16 May: MSF France GA: Committees in France and Belgium to work on internationalisation and international structure 18 July: MSF France Collegial Management Committee: Election of French Members of future MSF International board 20 September: Adoption of MSF	1981 24 May: MSF Belgium GA: Motion setting up committee to work on internationalisation and international structure	1981 3 July: MSF Switzerland set up by MSF France	1981	1981

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
	International's statutes by MSF France board				
1982	<p>1982 8 May: MSF France President report to GA: no autonomy to be given by MSF France to foreign sections</p> <p>November: MSF France Collegial Management Committee: Proposal to set up research centre on Third World issues, under status of association linked to MSF France</p>				
1983	<p>1983 MSF France registration of 'MSF International' and 'MSF Europe' in Geneva and modification of statutes to integrate possible setting up of MSF International structure</p>		<p>1983 A group of Swiss volunteers set up MSF Switzerland office in Geneva</p>		
1984	<p>1984 May: MSF France Collegial Management Committee: Resolution for setting up research centre on Third World issues</p>			<p>7 September: MSF Holland set up</p>	

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
		November: AEDES set up			
1985	1985 January: Liberté Sans Frontières Foundation is established to address issues on ‘third-worldism’ ideology 23 January: Liberté Sans Frontières symposium: ‘The Third-World in Question’ 10 February: Letter from MSF staff in Chad asking for complete separation between MSF France and Liberté Sans Frontières March: MSF France obtains statutes allowing donations to be tax deductible	1985 20 January: MSF Belgium Board refuses to endorse the establishment of Liberté Sans Frontières 12 March: Letter from MSF Belgium President to MSF Belgium members: ‘Médecins Sans Frontières and Liberté Sans Frontières: Incompatible’	1985	1985	1985

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>May: <i>Le Monde Diplomatique</i> special issue denouncing Liberté Sans Frontières</p> <p>3 May: Following MSF Belgium's GA's decision, MSF France's Collegial Management Committee decided to take "all measures to protect the MSF name around the world"</p> <p>11 May: MSF France GA:</p> <ul style="list-style-type: none"> •Approval of board's decision to take measures to protect the name •Decision to remove operational activities from regional antennas' responsibilities •MSF should have control over Liberté Sans Frontières' board <p>End of May:</p> <ul style="list-style-type: none"> •MSF France sues MSF Belgium •MSF France asks MSF Holland to modify its by-laws to recognise MSF France's ownership on MSF name 		<p>27 April: MSF Belgium GA: decision to sever all ties with MSF France</p>			

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>10 July: Letter of support by 3 MSF France founders presented by MSF Belgium at court case</p> <p>15 July: MSF Belgium wins court case against MSF France</p> <p>25 November: MSF Holland refuses MSF France proposal of convention on use of MSF name</p> <p>End of 1985: Adoption of new logo by MSF France and MSF Holland</p>	<p>29 July: MSF France Collegial Management Committee renounces further legal action against MSF Belgium</p> <p>2 December: MSF France expulsion from Ethiopia after denunciation of forced resettlements by Ethiopian government</p>			<p>5 July: MSF Holland President's letter to MSF France requesting MSF France distance itself from Liberté Sans Frontières</p>	

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
1986 Adoption of own logo by MSF Belgium	1986 MSF France registered MSF in the UK March: Claude Malhuret leaves MSF France to go into politics April: MSF France board votes to set up CIREM (later EPICENTRE) initially for training purposes 8 May: MSF France registers a corporation named MSF Canada which registers the Médecins Sans Frontières trademark in Canada	1986 24 March: MSF Luxembourg set up by MSF Belgium 17 April: Bernard Kouchner and Alain Deloche from Médecins du Monde co-opted as members of MSF Belgium 24-25 May: MSF Belgium GA: Refusal of General Director's proposal for MSF to join European structure including MDM but not MSF France	1986	1986	1986
June: MSF Switzerland proposes to MSF Holland and MSF Belgium					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
a meeting with MSF France					24 July: MSF Spain set up
	<p>September: MSF France board votes to set up MSF Logistique</p> <p>October: MSF France board contacts lawyer to suspend setting up of MSF Luxembourg</p>	<p>September: MSF Belgium board questions General Director's management as too autocratic</p>			
<p>11 October: MSF Sections first meeting on:</p> <ul style="list-style-type: none"> •setting up of new sections •communication coordination of operations <p>November: Code of conduct for operations proposed by Rony Brauman, MSF France President to Jean-Pierre Luxen, MSF Belgium President</p>		<p>18 November: MSF Belgium Board:</p> <ul style="list-style-type: none"> •Jean-Pierre Luxen resigns from MSF Belgium presidency •Reginald Moreels is elected interim President until next GA •Internal Crisis in MSF Belgium 			
17 December: MSF intersection meeting:					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
Reginald Moreels, MSF Belgium interim President pleads in favour of setting up new sections					
1987 January: Letter from Rony Brauman MSF France President to Josep Vargas MSF Spain President asking him to renounce setting up of MSF Spain	1987	1987 February: Resignation of Philippe Laurent, MSF Belgium Director	1987	1987	1987
28 February: MSF intersection meeting: •2-year moratorium on setting up sections •MSF Luxembourg to be recruitment office linked to MSF Belgium •MSF France still opposed to MSF Spain •MSF Belgium in favour of common logo for the movement		9 March: MSF Belgium/ MSF Luxembourg agreement to integrate MSF Luxembourg activities within MSF Belgium			

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>May: Swiss Government asked MSF France to change logo; too similar to Red Cross emblem and Swiss flag</p> <p>September: MSF USA incorporation within not-for-profit corporate law</p> <p>October: MSF France survey: complete demobilisation of regional antennas</p> <p>November: MSF France allows MSF USA to use MSF name</p> <p>20 December: MSF intersection meeting: decision to integrate personnel from MSF Spain in operations of other sections</p>		<p>May: Reginald Moreels re - elected MSF Belgium President</p>			
<p>1988</p> <p>First semester: MSF intersection meeting: •Agreement on operational code of good conduct for operations •MSF Holland and MSF Belgium</p>	<p>1988 Early: MSF France distributes MSF Holland's report on Sudan to journalists without notifying Amsterdam</p>	1988	1988	1988	1988

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>set up joint Rapid Response Unit</p> <p>22 May: MSF USA's first GA in Paris</p> <p>June: MSF Switzerland GA takes independence from MSF France</p> <p>December: First meeting of MSF presidents and directors of all MSF sections •MSF Holland proposal to set up an International Council (IC) •Disagreement between MSF France and other sections on MSF engagement in Human Rights •Agreement on already implemented Code of Good Conduct •Setting up of MSF European Emergency Response Unit to intervene in Leninakan earthquake in Armenia</p>	<p>December: MSF France recruits MSF representative to International institutions in Geneva</p>			<p>December: Canada: Richard Heinzl first contact with Jacques de Milliano, MSF Holland General Director</p>	
1989	1989	1989	1989	<p>1989 January: Setting up of the 'Associates of MSF Holland in Canada' by Heinzl and friends</p>	1989
<p>14 February: MSF intersection meeting: •Non-decisional but informative'</p>					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>role to representatives of sections</p> <ul style="list-style-type: none"> •Proposal for modification of charter •End of moratorium application •Application for an MSF section in Portugal by a former MSF Belgium board member and founder of AMI in Portugal. <p>April:</p> <ul style="list-style-type: none"> •Freezing of Liberté sans Frontières •Assessment of conditions for launching fundraising in USA •Setting up of MSF Foundation <p>21 April: MSF intersection meeting</p> <ul style="list-style-type: none"> •Internatio- nalisation acknowledged to be part of MSF movement's ideas and philosophy •Agreement on setting up of MSF Europe •Criteria for setting up new sections •Amendments to the MSF Charter <p>3-4 June: First MSF European convention in Toulouse:</p> <ul style="list-style-type: none"> •Discussion of MSF's representation in entities in 					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
Brussels and Geneva •AMI Portugal representative requests setting up of MSF Portugal renewed •Discussion on 'témoinage' policy August: Setting up of 'Transfer', MSF Belgium's logistics centre September: Modification of MSF USA statutes to comply with US law 5 October: MSF inter-sections meeting: approval for setting up of MSF European Council secretariat in Brussels 4 November: MSF France board meeting: report on MSF's prospects in Greece by Sotiris Papaspyropoulos					
1990 9 January: MSF inter-sections meeting: • MSF France/MSF Holland disagreement on 'témoinage' •International structure to be set up as MSF European Council with its office named MSF Europe , led by	1990	1990	1990	1990	1990

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>an International Secretary General and based in Brussels</p> <p>16 March: MSF France board votes in favour of setting up MSF Greece</p> <p>April: MSF inter-sections meeting: adoption of new logo for MSF movement</p> <p>June: MSF inter-sections meeting: proposal to set up solidarity systems between sections to reduce dependency to institutional funds</p> <p>July: ICRC asks MSF to change logo</p> <p>2 July: MSF European Council meeting: endorsement of MSF Belgium's declaration of intent to set up MSF Europe</p> <p>September: MSF European Council meeting •Official opening of the MSF International Office in Brussels •Refusal to allow</p>	<p>16 March: MSF France board votes in favour of setting up MSF Greece</p> <p>July: MSF France board meeting: MSF Greece set up as communication and recruitment office sponsored by MSF France</p>				

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>MSF to sit at ECHO liaison committee</p> <p>October: MSF France board meeting: consideration of opening an office in Japan as a European initiative</p> <p>11-12 October: MSF European Council meeting: •MSF International entity to be named MSF International rather than MSF Europe •Terms of reference of IC •Decision to remove 'gender discrimination' and 'ecological disaster' from MSF charter •Médecins Sans Frontières' official translation in English = Doctors Without Borders</p> <p>15 November: MSF IC meeting: 3-year moratorium on setting up new sections</p>	<p>November: •Official opening of MSF USA office •MSF Greece first GA</p>		<p>December: Associative crisis in MSF Switzerland after resignation of 2 co-opted members and 1 board member</p>		

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>1991</p> <p>Early 1991: Alain Destexhe named MSF International Secretary General</p> <p>February: MSF IC meeting: •Adoption of new charter and policy on 'témoignage' •Fundraising markets to be shared between sections: MSF France in Japan, MSF Belgium in Scandinavia and MSF Holland in Canada</p> <p>April: MSF sections' intervention with Kurds isolated at Turkish-Iraqi border after First Gulf War</p> <p>18 April: MSF IC meeting: •IC decision-making procedure and set up of veto right for 'large sections'. •Only 'Médecins Sans Frontières' to be used in the field with no mention of section</p>	<p>1991</p>	<p>1991</p> <p>April: •First consideration to set up offices in Nordic countries and Italy •Recruitment of a media liaison in Rome</p>	<p>1991</p>	<p>1991</p> <p>May: MSF Holland board meeting: proposal to change MSF Holland legal structure to a foundation</p>	<p>1991</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>September-October: MSF International Office recruits:</p> <ul style="list-style-type: none"> •International press officer to harmonise MSF communication •Lawyer to define a legal framework MSF interventions <p>December: Intersectional evacuation of wounded besieged in Vukovar hospital by Serbian forces, two MSF nurses injured by landmine</p>	<p>26 July: MSF France board votes to set up offices in Japan and Abu Dhabi</p>	<p>June: Assessment mission in Italy and appointment of representative</p>		<p>Second Half 1991: Assessment mission in UK and appointment of MSF Holland representative</p> <p>November: MSF France handover of MSF Trademark in Canada to MSF Canada</p> <p>December: •MSF Canada set up •Market research assessment in Germany</p>	
1992	1992	<p>1992 1st Semester: •Registration of MSF Sweden by Swedish</p>	1992	1992	1992

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>physicians who later informed MSF France and MSF Belgium</p> <ul style="list-style-type: none"> •MSF Belgium board decision to organise mini-general assemblies in the field <p>10 January: MSF IC meeting: •signature of MSF International statutes •International Office in charge of trademark policy set up •IC President asked to give AMI Portugal a formal notice presenting itself as not to appear under the name of MSF Portugal in Mozambique</p> <p>11-12 January: Melun Statement</p> <p>January-February: Request from Quebec antenna of MSF Canada to be a branch of MSF France. Refused.</p> <p>17 March: MSF IC meeting: 'Institutional funds research coordinator' position set up in international office</p> <p>10 April: MSF IC meeting: •IC in charge of decision to open a new entity, to be managed</p>					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>by 'founding' association</p> <ul style="list-style-type: none"> • Liaison offices with the UN in Geneva and New York under International Office's authority • MSF lawyer asked to advise the movement on International Humanitarian Law • Trademark protection policy: <ul style="list-style-type: none"> o First 6 sections keep their national trademark o International office to be owner of all other trademarks <p>June: MSF IC: MSF Greece to be neither a section nor a delegate office for 2 more years</p> <p>26 June: MSF IC meeting</p> <ul style="list-style-type: none"> • Decision to strengthen the role of the IC president and of the international secretary general regarding the enforcement of the decisions taken in Melun • IC wishes to limit European institutional funds in MSF budget 	<p>June: Assessment in Australia and appointment of representative in the country</p>	<p>June: Proposal to set up MSF Sweden</p> <p>July: MSF Belgium's decision to have a representative in Nordic countries</p>			

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>15 November: Opening of small MSF office in Tokyo</p> <p>25 November: first publication of the MSF report 'Populations in Danger'</p> <p>December: MSF International Secretary General negotiates the framework of a MOU between NGOs and ECHO</p>	<p>December: MSF Japan set up</p>				
1993	1993	1993	<p>1993 Early: Proposal from Austrian medical council to provide MSF with medical staff</p> <p>January: •Opening of an MSF office in Denmark •Proposal to set up MSF office in Hong Kong</p> <p>March: MSF Italy registers as an association</p> <p>May: MSF Switzerland to oversee activities in Austria</p> <p>July: MSF representative appointed in Austria</p>	<p>1993</p> <p>9 June: MSF Germany set up</p> <p>July: Registration of MSF UK as a Charity and a limited company by guarantee</p>	1993

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
		<p>25 August: MSF Denmark set up</p> <p>December: MSF Sweden adopts new bylaws</p>		<p>September: The MSF IC asks that Lord Owen not be named MSF UK President</p>	
<p>1994</p> <p>7 April: MSF IC meeting: adoption of new logo</p> <p>June: MSF IC meeting: MSF Belgium and MSF Holland veto MSF Greece section status</p> <p>21 June: MSF IC meeting: the delegate offices should use the name 'Médecins Sans Frontières' in their communications</p> <p>September: MSF IC decides that MSF Spain</p>	<p>1994</p> <p>February: Crisis of confidence between MSF USA and MSF France</p>	<p>1994</p> <p>June: MSF Hong Kong set up</p>	<p>1994</p> <p>25 June: MSF Austria set up</p>	<p>1994</p> <p>May: Creation of Amsterdam Group (MSF Holland, MSF UK, MSF Canada, MSF Germany)</p>	<p>1994</p> <p>September: MSF Spain becomes the</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>replaces MSF France as new sponsor of MSF Greece</p> <p>October: MSF Australia set up as a Company Limited by Guarantee</p> <p>15 November: MSF Japan achieves non-profit organisation status</p> <p>1-3 December: MSF section leaders' conclave in Royaumont. Decision to have an 18-month 'active break' from creation of new sections to discuss of MSF common culture and practices.</p>					<p>new sponsor of MSF Greece</p>
<p>1995 3 February: MSF IC meeting •A second Melun meeting to be organised •The international office is not MSF spokesperson</p> <p>1st Semester: Jean-Marie Kindermans replaces Alain Destexhe as International Secretary General</p>	<p>1995</p> <p>April-May: Opening of an MSF France antenna in the United Arab Emirates</p>	1995	1995	<p>Late 1994: Group of French-speaking Canadians try to gain support of MSF France Board of directors to set up MSF Quebec. Failed</p>	1995

MSF Movement International	Paris Group/ OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/ OCA	Barcelona- Athens Group/OCBA
<p>2 May: Johan von Schreeb, MSF Sweden President's letter raising the membership issue for delegate offices to the MSF international movement</p> <p>5 May: Moratorium on opening of delegate offices</p> <p>5-7 October: Chantilly I Meeting, 120 members of MSF debated issues and MSF common culture and practices:</p> <ul style="list-style-type: none"> •Establishment of the 'Chantilly Principles' •Undertaking to get 50% of financial resources from private donors •Undertaking to commit 80% of resources to operations <p>December: MSF IC meeting:</p> <ul style="list-style-type: none"> •International mini General Assemblies should be organised in all MSF projects •MSF IC allows MSF Greece to open missions in countries where MSF is already active 					
1996 January: Emergency Team (ET) set up	1996	1996	1996	1996	1996

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>March-April: First mini-international general assemblies MSF</p> <p>May: Decision to reorganise MSF France General Assemblies to allow exchanges and debates between members</p> <p>8-9 May: Chantilly II meeting: collective effort to pool some support activities</p> <p>June: MSF IC meeting IC President and International General Secretary tasked with organising working groups and making proposals on: <ul style="list-style-type: none"> •MSF structure •MSF movement rules •IC role </p> <p>September: MSF IC President and International Secretary letter to IC proposing to strengthen international nature of MSF by reorganising IC structure</p>				<p>19 January: MSF Holland GA endorses the change of legal structure to an association and a foundation hosting the executive</p>	

MSF Movement International	Paris Group/ OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/ OCA	Barcelona- Athens Group/OCBA
3-4 October: MSF IC meeting analysis of the sections’ associative practices		18 November: MSF Norway set up			
1997 31 January: MSF IC meeting: •IC enlarged to 19 entities, and setting up of restricted council composed of operational section presidents and the international general secretary: •all entities become sections with equal voting rights •Full-time and paid position of IC President •Every board to be elected by an association •International executive committee (general directors of all sections) •IC given specific responsibility to control use of MSF name •IC transfer of MSF name ownership to international office May: MSF IC meeting: preoccupation over clear intention of MSF Greece to become an operational centre	1997	1997	1997	1997	1997
		17 May: MSF Belgium GA (GA): Motion calling for strategy to integrate national staff in MSF movement			

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
	December: MSF France associative committee proposes to give national staff the possibility of becoming associative members				
1998 January: MSF IC meeting: •International President and International Secretary proposal for a reform •Definition of IC president role and nomination procedure March: MSF IC meeting: framework for partnership between MSF Greece and an operational centre (MSF Switzerland) 5-7 March: Meeting of non-operational sections in Lillehammer about their role in the movement June: James Orbinski elected as full-time MSF IC President	1998	1998	1998	1998	1998
		6 June: MSF Belgium GA: Motion calling for improved national staff administrative management and participation in associative life	May: set up of MSF Switzerland/MSF Greece common operational center		

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>6 November: MSF IC meeting:</p> <ul style="list-style-type: none"> •Endorsement of MSF Campaign for Access to Essential Medicines •IC to distance itself from executive and operational daily tasks •Set of associative criteria •Case-binder on “témoignage” to be prepared •Proposals to frame management of financial resources at international level •IC commission on financial independence •Chantilly agreement decision on institutional funds reaffirmed •‘Mission statement’ to be written 		<p>September: First convention of MSF Belgium, MSF Denmark, MSF Hong KONG, MSF Italy, MSF Luxembourg, MSF Norway and MSF Sweden defining relation within</p> <p>Operational Center Brussels (OCB)</p>			
1999	1999	1999	<p>1999 21 April: MSF Switzerland GD proposes to launch an international</p>	1999	1999

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>22 April: MSF operational sections general directors decide to launch an international exploratory mission in Kosovo and Serbia</p>			<p>exploratory mission in Serbia and Kosovo, by a team from the Swiss section, including Greek volunteers</p>		
			<p>23 April: •Resignation of MSF Switzerland/MSF Greece common operational centre director of operations</p>		
		<p>May: Motion to setup a co-optation committee to allow national staff to join association is rejected</p>	<p>5 May: MSF Greece general director announces appointment of MSF Greece's own director of operations and MSF Greece unilateral exploratory mission in Kosovo</p>		
<p>6 May: MSF IC President James Orbinski asks Odysseas Boudouris MSF Greece President to give up Greek exploratory mission in Kosovo and Serbia, however exploratory mission continues</p>					
			<p>7 May: MSF Switzerland</p>		

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>9 May: MSF Belgium president asks that MSF Greece President be suspended from position of IC Vice-President</p> <p>11 June: MSF IC meeting: •Report of fact finding commission on Swiss–Greek crisis •MSF Greece forbidden to carry out operations outside Greece</p> <p>26 June: MSF Greece refuses to abide by the IC decision</p> <p>1 July: Cessation of every formal</p>			<p>decision to suspend partnership with MSF Greece</p> <p>18 May: MSF Switzerland decides to end its partnership with MSF Greece</p> <p>2-3 June: 99% of MSF Greece GA vote for continuation of Kosovo/Serbia exploratory mission</p> <p>5 June: MSF Switzerland GA vote for expulsion of MSF Greece from MSF movement</p>		

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>contact between the MSF movement and MSF Greece</p> <p>16 September: MSF IC: MSF Greece exclusion vote by email</p> <p>24 September: MSF France board meeting: •Application of 3 Yemen national staff to join MSF •France association rejected</p> <p>15 October: Media reports that MSF is awarded Nobel Peace Prize</p> <p>27 November: MSF IC meeting: •Nobel Peace Prize money to be allocated to MSF Access Campaign for Essential Medicines •Formal vote for exclusion of MSF Greece from the movement •MSF Greece challenges exclusion, refuses to return trademark and claims to remain in movement until courts rule the case</p> <p>10 December: Nobel Peace Prize ceremony in Oslo. IC President James Orbinski's acceptance speech calls for</p>					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>Russia to stop bombing civilians in Chechnya</p> <p>December: MSF Greece legal procedure against MSF International to keep its name</p>					
<p>2000 First term: Several Mini-Gas call for organisation of an international GA to define orientation of internationalisation process of MSF</p> <p>26 January: MSF international extraordinary GA votes for exclusion of MSF Greece from the MSF movement</p> <p>28 April: MSF France board meeting: Working group on national staff membership</p> <p>10 June: IC meeting: •IC president to be chosen from among IC members •Morten Rostrup elected IC president •3 preconditions to possible resumption of relations with former MSF Greece •Urgent need for more proactive strategies</p>	<p>2000</p>	<p>2000</p>	<p>2000</p>	<p>2000</p>	<p>2000 MSF Spain opens 'antenna' in Portugal</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>regarding income growth and reserves</p> <p>September: Former MSF Greek association/ MSF France 'Presidents' meeting': Open to restarting dialogue</p> <p>24-26 November: IC meeting: International restricted committee renamed International Council Board (ICB)</p>					
<p>2001 Drugs for Neglected Diseases initiative (DNDi) working group is set up</p> <p>March: Former MSF Greek section: New lead team visits MSF operational sections' HQs and International Office with proposal to reopen dialogue with MSF movement</p>	2001	<p>2001</p> <p>9 March: MSF Belgium board meeting: Decision to provide all staff requiring HIV/AIDS care with proper antiretroviral treatment (ARV)</p>	2001	2001	<p>2001 MSF Spain opens office in Argentina</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>23 March: Joint executive committee and IC meeting: Need to involve partner sections in operationality</p> <p>Mid-2001: Reorganisation of the International Office to make the most of resources and to improve activities</p>	<p>9 June: MSF France GA: All field workers, members of association to vote at GA</p>				
<p>29 June-1 July: IC meeting: •Resolution asking for efficient treatment for HIV/AIDS, malaria, sleeping sickness to be rapidly distributed and implemented in the field. •ICB to contact leaders of former MSF Greek section</p>			<p>2 August: MSF Austria declines involvement in operational partnership with MSF Switzerland and starts funding other operational sections</p>		
<p>24-25 November: IC meeting: Resolution reinforcing</p>					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
June resolution on efficient treatments					
2002	2002	2002 5 March: <ul style="list-style-type: none"> •Revision and endorsement of OCB partners' convention confirming main lines of partnership based on co-ownership of OCB •Operational management cell delocalised in Luxembourg 	2002 24-25 May: MSF Switzerland GA: Board of directors asked to set up a membership policy allowing integration of national staff in MSF movement	2002 8 June: MSF Holland GA: Association members vote against MSF founding DNDi	2002
3 June: General Directors platform (GD 18) meeting: Decision whether to accept funds from governments remains an individual section's choice.					
28-30 June: IC meeting: <ul style="list-style-type: none"> •Resolution calling for all for MSF staff benefit package to include HIV/AIDS treatment 					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>•Resolution supporting creation of DNDi passed by 2/3 majority vote</p> <p>•Resolution asking each section to develop clear policies to prevent, identify and sanction abuses</p> <p>13-15 September: General directors retreat in Altafulla: 5 operational section General Directors (GDs) and International Secretary General acknowledge need to revise and complete vision set out in the Chantilly principles</p> <p>26 September: MSF IC meeting: IC President Morten Rostrup's paper on MSF's 'unhealthy growth'</p> <p>22-24 November:</p>			<p>2 August: Arjan Erkel, Dutch head of mission for MSF Switzerland, abducted in Dagestan</p> <p>4 October: MSF Switzerland considers having programmes financed and staffed by MSF Germany</p>		

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>IC meeting:</p> <ul style="list-style-type: none"> •Resolution on conditions to reintegration of former Greek section •Recognition that growth in MSF offices has been out of proportion with growth in field activities •IC president to set up working group to examine questions of future governance and growth of the movement •International executive committee (EXCOM) proposal on DNDi ratified •Resolution asking MSF Holland to reconsider position on DNDi at 2003 GA •International advisory committee set up to provide support and advice to MSF Switzerland <p>'Arjan Erkel' crisis cell</p>	<p>End of 2002: Tokyo desk starts running programmes</p>				
2003	2003	<p>2003</p> <p>1st trimester:</p> <p>MSF Italy pushes for a clear separation between OCB and MSF Belgium as a way to get more equality in Brussels group.</p>	2003	2003	2003

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>27-29 June: IC meeting: •Encourage executive to discuss and disseminate results of implementation of MSF policies in controlling infectious diseases. •MSF Holland president agrees to allocate to Access Campaign the equivalent amount of money as their proposed contribution to DNDi</p> <p>October: MSF Spain chosen to share</p>				<p>23-24 May: MSF Holland GA: •Right of HQ employees to join association •Working group to come up with proposal on national staff membership of association •Second vote confirming MSF Holland is against contributing financially to DNDi</p>	<p>31 May - 1 June: MSF Spain GA: Motion from mini-Gas requests association 'provide the tools and the necessary information to render the co-optation of the national staff easier and effective'</p>
				<p>5 October: MSF Holland Extraordinary GA:</p>	

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>operationality with former MSF Greece.</p> <p>21-23 November: IC meeting: •Rowan Gillies and Marine Buissonnière elected International President and International Secretary General. •Agreement to move the International Office from Brussels to Geneva.</p>				<p>•Challenging of board of directors' decision to adhere to IC decision on equivalent DNDi payments •Question legitimacy of compromise imposed by IC re DNDi •Motion on MSF Holland financially contributing to DNDi for first year</p>	
<p>2004</p> <p>January: Strong disagreements leading to international crisis over management of efforts to free Arjan Erkel</p> <p>7 February: ICB meeting: •Former MSF Greek association ends legal</p>	<p>2004 Early 2004: Desk delocalised in New York</p>	2004	2004	2004	<p>2004</p> <p>January: Setting up of MSF Spain's and former MSF Greece's boards and GDs transitional governance to partnership</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>procedure against MSF International and gets observer status at MSF international meetings.</p> <p>•Working group to establish rules to organise decision-making process and accountability in movement structure.</p> <p>11 April: Release of Arjan Erkel.</p> <p>17 April: ICB meeting: Commit to support MSF Spain in reintegration process of former MSF Greek section</p> <p>14 May: MSF Switzerland president and general director's letter to Dutch authorities agreeing to repay half of Arjan Erkel's ransom</p> <p>15 May: MSF France GA: Board commitment to challenge possible 'inertia' of the directors, heads of mission and program managers' on integration of national staff</p> <p>18 May: EXCOM and ICB meeting: •International Office given</p>					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>responsibility to follow up on relations with Dutch government</p> <p>•Decision to send letter to Dutch government revoking MSF Switzerland president and general director's 14 May letter</p> <p>28 May: Article in French daily <i>Le Monde</i> reveals ransom payment by Dutch government to release Arjan Erkel and Dutch authorities requiring reimbursement from MSF</p>	<p>24 June: MSF France president to French daily <i>Le Monde</i>: 'in the</p>	<p>May: MSF Belgium GA: Call for measures to be taken to encourage national staff access to positions of coordination</p>	<p>4-5 June: MSF Switzerland GA: •MSF Switzerland board pushed to resign by GA over supporting 14 May letter sent to Dutch authorities. •New board of directors reject reimbursing Dutch authorities</p>	<p>May: MSF Germany/ MSF Holland memorandum of understanding (MoU) to set up operational desk in Germany</p>	

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>case of Darfur genocide charges are inappropriate</p> <p>25-27 June: IC meeting: •Former MSF Greek reintegration framework endorsed •International president's resignation refused and IC commitment to bring more support to try to reduce tensions in the movement •Resolutions about governance and behaviour in the movement •MSF France president's public positioning on Darfur crisis without any previous internal debate deplored</p> <p>26 June: MSF International Extraordinary GA: Dissolution of MSF International Association registered under Belgian law, registration of new MSF International entity under Swiss law</p>					<p>25-27 June: Former MSF Greek section reintegration framework ratified by MSF Spain and former MSF Greek association GAs</p> <p>3 September: Former MSF Greece association board meeting: Unanimous decision to engage legal</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>23 September: Dutch government announces it is taking MSF to Swiss commercial court for full reimbursement of Arjan Erkel ransom</p> <p>8-9 October: ICB meeting: •International executive team and steering committee to follow up Erkel court case. •No MSF section ready to describe Darfur crisis as a genocide; MSF France assertion on 'no genocide' •IC president, suggests organising 'Chantilly process' in parallel with 'governance process'</p>	<p>13 September: MSF France president's op-ed in <i>Le Monde</i>: no similarity between situation in Darfur and 1994 genocide in Rwanda</p>	<p>24 September: MSF Belgium board's green light to delocalise operational cell in Rome (Italy)</p>			<p>process to adopt MSF name, its translation and MSF International logo</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>19-21 November: IC meeting: •Review of national staff policies in the operational sections. •Recommendation that qualified national staff get positions of responsibility in MSF coordination activities •Resolution on reproductive health care and abortion in MSF programmes •MSF movement to take in charge the financial burden of the court case on Arjan Erkel ransom •Decision to organise a new Chantilly-type process •Audit requested after irregularities in fund-raising database purchasing by former MSF Greece section and excessive control of executive by board of directors</p>		<p>22 October: MSF Belgium board meeting: Decision to explore again possibility of delegate office for communication, fund-raising and recruitment purposes in Brazil</p>			

[illegible]

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>communicate about MSF position on the kidnapping, prior to court case public audience</p> <p>2nd term: Mini-GAs' motions asking for:</p> <ul style="list-style-type: none"> •diversification of staff in terms of origin •national staff empowerment <p>8 April: IC reaffirms support for Erkel court case international steering committee</p>		<p>13 May: MSF Belgium board meeting: State of play highlighting improvement in administrative management and empowerment of national staff.</p>	<p>10-11 June: MSF Switzerland GA:</p> <ul style="list-style-type: none"> •Vote in favour of implementation of operational partnership with MSF Austria •Motion requesting an active associative participation 	<ul style="list-style-type: none"> •challenges international platforms role in decision-making process <p>4-5 June: MSF Holland GA: Endorsement of criteria for national staff membership proposed by working group</p>	

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>24-26 June: IC meeting: •Decisions by GD19 on tsunami-related funds endorsed. •‘International Council president should: •Be a medic or paramedic •Be an elected board member of an MSF section’ •EXCOM state of play of mechanisms set up to tackle issue of abuses of power and sexual abuses: •Significant efforts but still much to do •Procedures should apply to all MSF staff in the field (international and national staff) •Common mechanisms be shared by operational centres (OCs). •Erkel court case: o MSF Switzerland leads with support of IC president and International Office o Strong support for ‘drop the case’ communication campaign. •Proposal for La Mancha process officially endorsed.</p> <p>25 June:</p>			to La Mancha process		

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Official transfer of assets and liabilities between Belgium and Switzerland MSF International associations					
	28-29 June: MSF France board meeting: Vote in favour of French association's involvement in La Mancha process				
Mid-2005: Beginning of La Mancha process					
	2 September: MSF USA to organise operational part of executive-associative meeting dedicated to annual plan.				
22 October: ICB meeting: •Working group asked to 'improve the governance of the international association of MSF through the revision of the statutes and internal rules'. •Participation rules for La Mancha Conference set up					
26-27 November: IC meeting discussions on: •Developing more potentialities in southern countries like		26-27 November: MSF Belgium president to ICB about possible section in South Africa : 'would not be fund-raising			

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>8-10 March: La Mancha conference in Luxembourg</p>		<p>17 March: MSF Belgium board meeting: Outcomes of assessment on opening of MSF entity in South Africa</p>			<p>8 April: MSF Spain and MSF Greece boards agree on proposal for Operational Centre Barcelona (OCBA) basic structure</p>
	<p>12 May: MSF France board green light to create GUPA (Guichet Unique du Pôle Associatif/one-stop shop for associative integration) and its 'site asso' website</p>				
<p>24-25 June: IC meeting:</p> <ul style="list-style-type: none"> •Deadlines to MSF Greece to comply with requirements for reintegration. •Endorsement of La Mancha Agreement •Working groups on how to implement agreement's key recommendations 					
<p>19 July: Christophe Fournier elected IC president</p>					

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>25 September: ICB meeting: New terms of reference for International Secretary General position</p>	<p>18 November: OCP 4 boards and executive teams agree on:</p> <ul style="list-style-type: none"> •Operations and management teams and boards to meet in the course of a year for key decision-making on operational orientations and resources. •Director of operations to be appointed and evaluated by 4 general directors 	<p>22 September: MSF Hong Kong plan to open office in Guangzhou, South of China</p>	<p>December: MSF Switzerland's board and executive committee endorse creation of Operational Centre Geneva (OCG):</p> <ul style="list-style-type: none"> •Based on primary partnership with MSF Austria •Secondary partnerships set up with MSF USA and MSF Australia and informally included in OCG 		

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<p>2-3 December: IC meeting: •Christophe Fournier takes up position as IC president •Associative governance working group to assess roles and responsibilities of associative platforms and on ways to deal with non-binding decisions of IC •Priorities for implementation of La Mancha Agreement •IC, meeting as a GA: MSF International revised statutes and approved first set of internal rules</p>				<p>16 December: MSF Holland extraordinary GA: Proposal to create OCA board and OCA management team endorsed</p>	
<p>2007</p> <p>13 January: Last requirement for reintegration of MSF Greece in MSF movement fulfilled with International debate in Athens on 'Kosovo crisis' that led to MSF Greece exclusion</p>	<p>2007</p>	<p>2007 First MSF Brazil informal GA</p> <p>19-20 January: OCB board meeting:</p>	<p>2007</p>	<p>2007 January: OCA operational cell in Toronto is set up</p>	<p>2007</p>

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>20-21 March: Joint EXCOM and ICB meeting:</p> <ul style="list-style-type: none"> •Working group to establish a 3-year controlled growth and redistribution plan •Presentation of 3 potential new entities: Turkey, South Africa, Africa Initiative •Rationale and criteria for creation and management within movement of new entities not based on operational sections/partner sections model 		<ul style="list-style-type: none"> •MSF Italy request for stronger delegation of power to sections in OCB decision-making process •Launch of review of OCB convention •Unanimous vote in favour of creating MSF entity in South Africa and appointment of temporary board 	<p>2 February: MSF Switzerland board approves:</p> <ul style="list-style-type: none"> •Representation office in Turkey •Work on entity in Mexico approved 		
		<p>31 March: MSF Hong Kong board meeting:</p> <p>Agreement on associative membership to be granted to</p>			

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>23-24 June: IC meeting: •ICB and EXCOM recommendations on growth •Africa Initiative: o To move forward, providing clarification of objectives o No right to use MSF name o OCA asked to find a way to link Africa Initiative to their association •ICB working group and EXDIR tasked with developing international financial architecture within more comprehensive sharing of resources proposal •Report on Access to Associative Life for National Staff' observations and</p>		<p>Chinese national staff</p> <p>Second Semester: Debate by national boards and OCB board on possible 'functional split' between MSF Belgium and OCB</p>			<p>14 April: MSF Spain Board meeting: Executive agreement to create OCBA approved</p>

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recommendations endorsed		<p>July: MSF Hong Kong opens 'antenna' in Guangzhou in China</p>		<p>7-8 July: OCA Council and OCA MT to implement revision of OCA model to remove tensions</p> <p>28-29 September: •OCA management team informs OCA council they are not able to continue working together •Launch of process to develop a common vision •MSF UK allowed by OCA to open office in Ireland</p> <p>5 October: MSF UK board to mentor 'Africa Initiative'</p> <p>19 October: MSF Switzerland and MSF Austria first discussion on OCG operational plan for 2008-2011</p> <p>November: MSF Canada general director withdrew from OCA management team, in order to protect herself from the 'unhealthy environment' of a 'dysfunctional,</p>	
September: Christopher Stokes takes up duties as International secretary general					

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	<p>16 November: OCP joint board meeting:</p> <ul style="list-style-type: none"> •Endorsement of OCP partnership agreement •Broad operational directions and strategies for operational annual plan and budget now defined by joint board of directors <p>November/ December: As a result of MSF France internal crisis:</p> <ul style="list-style-type: none"> •Resignation of GD and Dirop •President to resign in June 2008 			<i>energy-taking' OCA management team</i>	
<p>1-2 December: IC meeting:</p> <ul style="list-style-type: none"> •Resolution on Reproductive health care and termination of pregnancy is poorly implemented. •'Framework for a management of the MSF movement growth' proposed by Executive/ Associative working group on growth is endorsed •Principle of shared cap on growth set at 8% yearly as an average over 4 years at sectional level is approved. 					

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Temporary moratorium on initiatives for new entities opening and temporary freeze on any significant development in existing new entities until June 2008					
2008	2008	2008	2008	2008 January: MSF Canada GD back in OCA MT	2008
14-15 March: OCB board meeting: <ul style="list-style-type: none"> •Agreement on creation of 'OCB associative gathering' open to members of all OCB associations •Voting rights limited to some members of OCB associations 					
18 March: IC meeting: Resignations of: <ul style="list-style-type: none"> •Anneli Erikson from IC vice-president position Christopher Stokes from International Secretary General position					
May: Kris Torgeson takes up position as International Secretary General					
			16 May: MSF Switzerland GA: Vote in favour of creation of OCG congress		

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>28-29 June: IC meeting: •Reinhard Dorflinger elected Vice-president •Most recommendations by ICB/EXDIR working group on new entities endorsed. •MSF South Africa, MSF Brazil and UAE entities endorsed as branch offices of MSF movement •MSF India, Kenya, Mexico, Turkey not recognised as branch offices •Entities in Ireland, Czech Republic and Argentina to be kept under a freeze •IC commitment to:</p> <ul style="list-style-type: none"> ◦ Establish a task force to engage actively in the reflection and action on MSF associative development ◦ Engage in reflection on MSF International governance ◦ Set up a process for review of the 19 sections 		<p>June: New OCB governance structure endorsed by all OCB associations' GAs</p>		<p>11 September: OCA council manifesto on 'Culture & Values' of OCA</p>	
		<p>7-8 November: First OCB gathering</p>			

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>28-30 November:</p> <p>IC meeting:</p> <ul style="list-style-type: none"> •New working group on governance •MSF association presidents should have a medical background. •Inclusion in MSF International's internal rules of opening of some IC meetings' sessions to MSF associative members. •Associative task. force asked to work on: <ul style="list-style-type: none"> o Definition of a meaningful membership o Possible involvement of new associative initiatives in movement's associative life o Idea of an international membership 					
<p>2009</p> <p>29 February:</p> <p>ICB/EXDIR working group, tasked with:</p> <ul style="list-style-type: none"> •Working on strengthening current governance platforms •Proposing new models of MSF associative and executive governance 	2009	2009	2009	<p>2009</p> <p>April:</p> <p>Field associative debates in India:</p> <p>Motion calling for MSF sections and operational</p>	2009

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<p>centres to encourage development of MSF India trust to become an active member of the movement by the 2010 FADS</p> <p>22 May: MSF South Africa first official GA</p> <p>26 June: IC meeting: •Review of the 19 sections •Setting up of 3 standing committees: medical, financial and associative. •New ToRs for IC and ICB •Working group to propose alternative executive and associative model for MSF movement •Africa Initiative to present clearer objectives</p> <p>23 September: Governance reform kick-off meeting: •ICB, executive committee and operational directors to define objectives and criteria for process •Proposal to create International GA (IGA) and International Board (IB)</p> <p>1 December: RIOD presents major operational</p>		<p>September: A study recommends not opening MSF office in China</p>		<p>December: 'Africa Initiative': •Becomes MSF East African</p>	

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<p>principles considered to be addressed by any new governance structure</p> <p>11-13 December IC meeting: •Unni Karunakara elected MSF International Council president •Resolutions framing Governance Reform Process •Branch office status refused to MSF offices in Argentina, Czech Republic, Ireland and Mexico •Delegate office status granted to MSF branch office in South Africa</p>				<p>Association (EAA) •To be supported by MSF UK in setting up association •To be hosted by OCBA in Nairobi Office •To be financially supported by the IC</p>	
<p>2010</p> <p>20 January: ICB green light to complete fund-raising test in Mexico</p> <p>11-12 March: Castelldefels conference on MSF governance reform</p>	2010	<p>2010 8-9 January: OCB board gives observer seat to MSF South Africa president and voting rights at OCB Gathering to MSF South Africa associative members</p>	2010	2010	2010

MSF Movement International	Paris Group/ OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/ OCA	Barcelona- Athens Group/OCBA
<p>12 March: EXCOM meeting: Endorsement of Inter-OCs Operational Agreement worked out during the Castelldefels conference</p>				<p>March: Field associative debates in India: Motion requesting <i>'General assemblies of operational centres to support creation of a regional association in India'</i></p>	
<p>25-27 June: IC meeting: •Agreement to create MoUs for several new entities candidates to branch office status •Revision of MSF International Statutes for compliance with reform outcomes. •Membership criteria for Movement Wide Association (MWA) of individual members and modalities of representation at IGA</p>				<p>28 June: OCA Council meeting: •Discussion on how to adapt Council's structure next strategic plan. •MSF Holland</p>	

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>10-12 December: IC meeting: •Future IGA to admit EAA as MSF International institutional member •MWA to be incorporated into MSF International Statutes as constituency of individual members with 2 seats at IGA</p>				<p>highlights that the fact that OCA council is accountable to no one creates a legal and organisational issue. •MSF Holland to develop strategy and set up office for MSF India trust</p> <p>13-14 December: MSF East African Association (EAA) granted with a non-voting seat at OCA council</p>	
2011	2011	2011	2011	2011	2011
	Setting up of common associative web portal for OCP				<p>23 January: OCBA board supports creation of MSF association for whole Latin America, based in Argentina</p>
<p>17 February: ICB meeting: MSF legal director</p>				<p>February: •OCA operation platform</p>	

MSF Movement International	Paris Group/OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/OCA	Barcelona- Athens Group/OCBA
<p>and presidents of operational sections express concerns about:</p> <ul style="list-style-type: none"> •lack of evidence of centrality of operations in proposed statutes •Inclusion criteria for new associations in the IGA <p>10 March: ICB meeting: MWA's 2 seats at IGA questioned by MSF Belgium and MSF France</p> <p>24-26 June: IC meeting: •New statutes of the 'Médecins Sans Frontières International' association unanimously approved</p> <ul style="list-style-type: none"> •EXDIR conclusions and ICB recommendations regarding proposal on executive governance endorsed, including new executive committee, to be counterpart and accountable to International Board. •Concerns about inter-OC agreement no longer being an 				<p>recommendation to relocate Toronto-based operational cell</p> <ul style="list-style-type: none"> •MSF UK and MSF Canada GDs opposition <p>8-9 april: OCA council challenges Toronto-based operational cell's relocation</p>	

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<p>objective and EXCOM requested to develop proposal about a way forward</p>	<p>November:</p> <ul style="list-style-type: none"> •11th version of OCP MoU defining both executive and associative governance endorsed •Group Committee composed of 3 members from each board, in charge of voting annual and strategic plans and budgets and of following up group's evolution •4 general directors' platform to manage the group executive governance 	<p>2nd Semester: Voting rights at OCB gathering to all OCB associative members of 7 associations</p>		<p>8 August: MSF Canada withdrawal from OCA executive platforms</p> <p>1 October: MSF Canada withdraws from OCA primary partnership but maintains participation and contribution to OCA</p>	
16-18 December: First MSF					

MSF Movement International	Paris Group/ OCP	Brussels Group/OCG	Geneva Group/OCG	Amsterdam Group/ OCA	Barcelona- Athens Group/OCBA
International General Assembly (IGA): •MSF Brazil, MSF East Africa, MSF Latin America and MSF South Africa associations endorsed as MSF institutional members •Election of 6 members of new International Board (IB)					