

Tackling Institutional Discrimination and Racism



Core Excom Action plan

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Foreword

Dear colleagues,

one year ago, the International Board (IB) supported an approach proposed by the Core Executive Committee (Core ExCom) to tackle discrimination and racism in MSF. This approach, which followed a commitment by the Core ExCom to “lead the way for the radical action sought after and demanded by our associations” articulates the seven areas in which the Core ExCom strives to work collectively. They were based on the “Voiced Barriers” identified by listening to expressions of concern from around the movement and helped to strategically identify important areas in which we must work together and create defined, tangible plans.

These categories are:

1. Standards of care for patients and communities we work with
2. Exposure to risk – safety and security
3. People recruitment and development
4. Staff reward, including remuneration and benefits
5. Management of abuse and inappropriate behavior
6. Communications and fundraising
7. Executive governance and representation

The rationale for this approach is to ensure that these different issues can be addressed in the unique ways that their complex nature requires. It is also to enable each point to be given the attention it deserves, whilst ensuring they remain interconnected.

Some categories lend themselves to more concrete and immediate action. Others are strongly linked to ongoing, movement-wide initiatives (such as Cat 4 and the Rewards Review project; or Cat 7 and the MSF Structures work).

As we move ahead, it is vital that we also see the inherent links between some of the areas which require action and the questions posed by the *MSF We Want to Be* process. Moving forwards together requires deep thought and deep discussions. These are complex questions and must be considered carefully. Take for example, how we distribute decision-making power across the movement and share it with the field for the benefit of our future social mission, which supports our approach to category 7 (executive governance and representation). Similarly, take the discussions around exposure to risk and category 2, that must form part of a wider consensus about how we accept risk. Or in the case of addressing the shape of the workforce in the MSF WTB process, which will be informed by this work in relation to category 3 (staff reward).

None can be considered as a simple list of tasks; all require analysis and reflection, as well as action.

A year into the process, it is time to provide an honest update of where we are, and how far we still have to go in these specific categories. That’s not because we believe that enough has been done, but because this accountability exercise should push us to do even more.

Over the last 12 months, myself and other IB members have worked alongside first line staff and have had in-depth discussions with many of our members from across the globe. In these conversations, we are regularly confronted by people telling us about their personal experiences with inappropriate individual behaviors, the “superiority complex of some - mainly international – staff,” and the way the “glass ceiling prevents progression for many”. We are challenged frequently on rewards policies and on the different

treatment experienced by different staff groups. People are right to challenge us – and to challenge MSF leadership – because we have much more to deliver.

A year is a short time for all the changes that need to happen in our organization. But for those colleagues who continue to experience racism and institutional discrimination, it is a terribly long time. Recognizing this with our deepest empathy is obviously not enough; it must be met with the “radical action” promised last year.

There is progress in the right direction. The share of internationally mobile staff from the Global South in non-coordination positions increased from 26.5% in 2009 to 52.1% in 2020. Among coordinators, the share went from 24.4% in 2009 to 45.6% in 2020. The Dakar office has now become the third recruiter in the MSF movement, after Paris and Brussels. Finding qualified staff from a broader range of regions will contribute to a better mix in our field teams, and change the profile of our leaders and decision-makers in the medium and long term. But the data also draws attention to other structural weakness – for example, only 33% of our programme staff (combining locally hired and international staff) are female. Women are most under-represented in less skilled positions. It is also of concern that the percentage of our international staff who are women has actually fallen for two consecutive years, from 46.2% in 2018 to 43% in 2020.

Not all of these observations, whether through the articulation of lived-experience or based on the data, can be addressed through the approach of the seven categories. We must also acknowledge the initiatives that are happening in missions, OCs, and Sections throughout the movement. These initiatives aim to ensure all voices are heard by creating DEI councils, engaging in associative and executive meetings and discussions, launching surveys and reports, and using external consultants and agencies to help remove possible bias in collecting views and developing the way forwards. We need local solutions, as well as global approaches. But even though these independent initiatives are crucial, we can do better in communicating together. The IB therefore requests that all OCs and Sections plan and report along the lines of the 7 categories, in order to help with visibility, transparency, and accountability across the movement.

This report gives more detail about those seven areas in which we are taking collective responsibility because these are things that we can, should, and *need* to do together. As can be seen, some areas have experienced much more progress than others. Furthermore, this report – taking also into consideration the very recent recommendations from the investigation into exploitation and sexual abuse in DRC – highlight that not prioritising category 5 (management of abuse and inappropriate behaviour) was an error. This conclusion stems from the fact that there is an unacceptable gap between what we *should* be doing and what we *are* doing for our people and the most vulnerable in our care, our patients, and their local communities. As of now, this has become a main priority, together with the category dealing with staff reward.

This process of taking stock shows us where we are now, and how far remains to travel. For example, whilst OCs have moved forwards with issues related to standards of care for patients and communities (category 1) and issues of safety and security (category 2), our collective approach in dealing with these challenges has not advanced as quickly as it needs to.

Thus, we must make the most of this unique opportunity to advance our position on these topics - acknowledging how interlinked they are. The IB commits to fully supporting the ExCom as we move ahead. This process is not about small adaptations here and there. It is instead a deep cultural change that should influence all levels and all activities of our organization. It deals with things that people should be

able to tangibly notice in their daily lives. Such a fundamental change is absolutely necessary, but inherently slow. And we must not underestimate the scale of the challenge that a true culture shift represents.

We want to take this opportunity to thank all the people in the MSF family and beyond, who are contributing to this massive change in many different ways, be it through activism, promoting and facilitating change, or by leading the work on specific dossiers.

We are aware that staff, association members, partners, donors, and the communities we strive to help are observing us and our actions. They are looking at our capacity to change for the better. We welcome their scrutiny, and we commit to being accountable for our failures, progress and achievements, as we go along. We will continue this vital work and we thank you all for being part of it.

On behalf of the International Board,

Christos Christou, International President.

Introduction

In July 2020, the Core ExCom acknowledged the need to tackling institutional racism and discrimination in MSF and stated its intention to “transform these commitments into action and reality (...), develop clear milestones on these actions and ensure [it will be] held accountable to the boards, staff, associative members, donors and patients on the progress [made]”.

In July 2020 the IB tasked the SG and Core ExCom with preparing a shared action plan tackling institutional racism and discrimination.

The action plan focuses on actions requiring the Core ExCom to work together, highlighting the collective nature of these priorities. Simultaneously, a number of individual initiatives are currently taking place in OCs and Sections. For the purposes of this plan they are considered “out of scope”, even though progress on them is vital and there are links with the plan. OCs have been asked to consider reporting on same lines for ease of reporting and visibility.

The action plan constitutes not a single document, but rather a framework: it presents 7 different priority approaches with different actors, inputs and timelines for implementation.

The Core ExCom initially decided to directly oversee progress for some categories as sustained progress on these is crucial:

- Cat 3: People recruitment and development
- Cat 4: Staff reward including remuneration and benefits

As of November 2021, the Core ExCom has re-prioritized the categories, and decided that Category 5 will replace Category 3 moving forward:

- Cat 4: Staff reward including remuneration and benefits
- Cat 5: Management of abuse and inappropriate behaviour

2 Core+ (DG UAE, DG Southern Africa) provide political support and facilitation of discussion with specific platforms, reporting back to the Core ExCom on a monthly basis with the support of a project manager.



Situation Summary

Quality of care has been on the medical operational agenda for MSF for decades and in fact is the driver of existing initiatives and activities such as Medical Intersectional platforms (DirMed, MedOp and medical working groups and quality assurance pharma teams), Access Campaign, DNDi, operational research, among others.

Measuring real and acceptable progress on quality, however, has remained elusive due to:

- challenges with defining harmonized indicators and tools and in achieving a consensus understanding of minimum standards of quality of care,
- who decides what should that standard be,
- what is considered an acceptable level of quality by our patients and the population we serve vs by care providers,
- how and what tools/resources need to be in place to ensure quality is achieved,
- how to ensure baselines are coherent across all projects,
- how to adapt when working with ministries of health and other partners, etc

Without general acceptance and understanding of proper and consistent indicators, it is especially challenging to ensure true accountability to our patients, to our donors and to each other.

Against a backdrop of recent growing attention on discrimination and racism and 'evolving accountability', we are developing processes to begin the integration of the DEI (Diversity, Equity, Inclusion) lens in our medical policies and activities. At the same time we aim to reform medical data and activities to assure that we can not only deliver quality service, but also hold ourselves to account for our choices and actions. The general aim is to effectively mainstream DEI reflections and considerations in all medical operational actions and throughout all dossiers.

Method of Delivery

The MedOp and DirMed platforms are leading this category in relation to mutual accountability processes and quality of care work.

Important Related Activities

- The [MSF We Want To Be](#) is a project that aims at setting the stage for a Movement-wide reflection around the evolution of MSF to best serve our patients and communities over the coming 10 to 15 years. By the end of December 2022, a series of recommendations to inspire the collective evolution of MSF will be presented based on the outcomes of 7 Movement-wide conversations around key topics. One of the debate questions links directly to the issues raised here: What level of quality of care should we aim to offer our patients? Should all our patients be offered the same quality of care? ([souk](#))
- The [Access to Medicines roadmap project](#) aims to clarify the strategic direction and oversight of all activities and objectives related to MSF's work to improve access to health products.
- Evolving Accountability is a project to look holistically at MSF's accountability system as agreed by the Core ExCom as part of the their commitments made in [Shifting The Balance](#).

Actions Taken

As mentioned, issues around standards and quality of care for our patients and communities are not new concerns and have been an important dossier for the Medical platforms in recent decades.

However, some recent developments highlight the efforts taken thus far with regards to the integration of the DEI lens and the reform of the mutual accountability process by the Medical platforms:

- **Quality of Care (QoC) Contact Group** – a coalition of focal points within OCs, under the guidance of the Medical Directors, specifically working to define the necessary action pillars to improve QoC. Several per-OC initiatives/interventions regarding QoC have already started as for example the routine implementation of patient satisfaction surveys at field level by OCBA and the intersectional monitoring of patient incident and triggered action.

The specific mission of the group is to define a set of intersectional priorities and actions that capitalize on quality successes, mutualise quality improvement efforts, and enable movement-wide learning.

The proposed areas for shared priorities and collaborative work include:

- building Quality Improvement (QI) skills,
- ensuring a response to healthcare related incidents,
- identifying set indicators and standards,
- establishing a culture of quality and engaging leadership.

This intersectional priority setting requires MSF to agree on a common definition of quality of care and uphold its standards. Additionally, the QoC group is already discussing and has planned future discussions regarding what type of checklist should be created or what data needs to be reviewed to ensure integration of the DEI lens as we implement the proposed areas of priorities.

Progress on carrying the QoC portfolio further is ongoing; the first goal is to establish the proper intersectional representation set up in place by the first quarter of 2022.

- [Improving Collaborative Leadership \(ICL\) initiative](#) - Since the start of 2021, the Medical Directors have put forth the ICL initiative. Its aim is to review the interactions on medical issues within the MSF movement on various levels - strategic, normative and operational - and propose future modus operandi of medical departments that will ensure the provision of quality services. A Diversity, Equity and Inclusion lens is being integrated in the consultation processes with patients.

In the first half of 2022, Medical Directors will review existing support systems such as the working groups and other support mechanisms to the field. Furthermore, they will undertake a review of guidelines produced by the medical working groups and reform quality indicators. Relevant conversations between learning and development units (L&D), Academy, Telemedicine, working groups and DirMeds are ongoing to ensure all these groups are aligned and not duplicating work.

- **Quality and Accountability pillar** of the MedOp multiyear frame – DEI features centrally in the plan of action at the MedOP platform under this pillar. The overall objective is to support medical operational decision-making capacity and mutual accountability through defined quality and smarter information management. An important outcome will be to facilitate effective accountability to patients, by building a set of principles reflecting patient dignity, respecting the freedom and autonomy of patients and reinforcing concepts of compromise, quality and access to information for communities we work with.

Furthermore, a revision of the MedOp-led Mutual Accountability process is underway. The review will consider methodologies for measuring and analysing MSF activities which are more adaptable to today's activities and patient/community-oriented approach. In choosing what data is collected and how it is used, we will aim to strengthen informed operational decision-making and enable better accountability to patients and the communities we serve -and which who supports us - in as much as we strive for accountability to each other.

Challenges

The delay in advancing this portfolio may be attributed to:

- The recent high turnover of staffing within the International Medical Secretariat (MSF International) and among the Medical Directors in Operational Centres have meant necessary handover and on-boarding have had to take precedence.
- The COVID-19 pandemic has required adaptations to all MSF projects, clinical guidance and models of care, which has temporarily reduced capacity to progress on some dossiers in the Medical and Operations departments.
- Different initiatives taking place in operational centres have not yet been shared and used to build on experience.
- Operational centres haven't reached alignment on the definition of quality of care.
- Discrepancies between OC reporting and decisions limit comparability and trend analysis.

Upcoming and future milestones

The Quality of Care Contact Group will reinforce its set up and deliver an action plan in the first to second quarter of 2022. Review of supporting structures will be carried out in the first quarter of 2022. The revision of the MedOp-led Mutual Accountability process will be launched at the end of 2021 and continue through a phased approach in 2022.



Category 2: Exposure to Risk – Safety and Security

Situation Summary

MSF needs to improve its overall understanding of exposure to risk and impact:

- in highly-insecure contexts;
- according to operations type and staff categories;
- and determine if some staff categories are more exposed than others.

The practice of profiling is of particular interest, and in the MSF human resources context is defined as selection of staff based on non-professional criteria, including nationality, gender and religion. It is used when MSF security assessments conclude that the presence of certain profiles might increase the risks for individuals and for MSF teams as a whole, especially the threat of detentions, abductions, and armed attacks. It is also commonly practiced upon the specific request of armed groups who may impose conditions on the profile of staff such as gender, place of origin or even skin colour. There is acute awareness in MSF that we haven't developed a consistent guideline for what conditions justify profiling. Nor is the understanding of all staff's of a context systematically sought and incorporated.

There is no clear frame or “minimum standards” applicable to all that can help define what is acceptable in terms of profiling practice or possible transfer of risk between staff categories.

Method of Delivery

The RIOD platform (platform of operational Directors) is leading the work on this category.

Important Related Activities

The [MSF We Want To Be](#) (Souk: msf/asso) is a project that aims at setting the stage for a Movement-wide reflection around the evolution of MSF to best serve our patients and communities over the coming 10 to 15 years. By the end of December 2022, a series of recommendations to inspire the collective evolution of MSF will be presented based on the outcomes of 7 Movement-wide conversations around key topics. One of the debate questions links directly to the issues raised here:

MSF We Want to Be debate question: “What is our acceptance of, and commitment to, the risks we take?” (anticipated to be held in spring 2022) ([souk](#)).

Actions Taken

In October 2020, a workshop was held in Dakar to analyse some critical issues around profiling. The questions raised were linked to ethics; to what extent is it acceptable to practice this *de facto* discrimination? To security; to what extent does this practice actually increase security of teams and individuals and finally at institutional level? what are the consequences of applying profiling policies on the career path of staff and on our human resources policy?

In September 2021 a discussion was carried among the Operational Centres' Directors of Operations on profiling practices across sections and contexts. They agreed that the concept of transfer of risk

necessarily encompasses different layers of analysis and any resulting conclusions cannot be limited only to profiling of internationally mobile staff. The analysis must therefore be expanded to all categories of staff active in a context including locally hired staff and daily labourers.

Specifically, on profiling, it was agreed that it is used **solely** for security management with the aim to mitigate the risks for MSF operations and staff.

In that discussion, it was also agreed that an effective analysis on the practice of profiling will include a deeper understanding of both the policy (from an institutional perspective) and practice (from a people's perspective) of informed consent and duty of care and how these are applied by different sections. Questions can include: Is the person fully aware of the potential risks? Were they briefed appropriately? What is MSF's limit of duty of care?

Challenges

The initial information gathering regarding profiling practices was lengthy, as not all Operational Centres have clear focal points and/or clear documentation on policies, guidelines or practices. Not all Operational Centres have, in an easy-to-access format, clear information on where profiling occurs, what and how staff are profiled, nor why or when profiling is necessary/decided upon.

Any analysis will necessarily be complicated by differences in: a) risk threshold; b) geographical location of projects; c) risk assessments and security policies that translate into different profiling strategies amongst Operational Centres.

In terms of support to delivering on the category and associated tasks it will be necessary to rearrange existing priorities and tasks to ensure adequate space within the RIOD. Additional resources may also be required.

Upcoming and future milestones

By November 2021, the Directors of Operations of the MSF Operational Centres will be presented with a draft workplan related to transfer of risk. By December 2021 the plan is to have initial working groups on the defined areas of analysis and finalise the detailed plan of work and expected outputs. By January 2022, a first draft of geographical comparison of profiling practices will be made available for Directors of Operations' discussion.



Situation Summary

MSF's existing staffing model has led to unequal access to recruitment and career development opportunities. This has caused a lack of diversity in team composition, created gender disparities in some staff groups, restricted access to coordination positions for locally hired staff and resulted in overrepresentation of staff of European and Western origin in senior headquarters leadership roles.

In April 2021 the Core ExCom confirmed their commitment to the [Human Resource Principles on Staff Mobility and Team Diversity](#), first agreed in 2018, and requested the HR directors to follow-up on their implementation.

The data in the [2020 MSF Staff Data and Trends report](#) shows that there has been an increase in locally hired staff in coordination positions, and in activity managers and clinical medical specialists' positions. There are, however, very few locally hired staff in the most senior roles at field level and we need to understand more about this.

The data also shows that our internationally mobile workforce has become more diverse over the last 10 years. In 2020, 50% of our internationally mobile staff FTEs (full-time equivalents) are filled by staff who come from countries in the "global south". This is a two-fold increase since 2009. However, internationally mobile staff from the "global north" are more likely to be in senior management positions (such as the head of mission role) and internationally mobile staff from the global south are more likely to be in others (including the medical coordinator role). We need to look further at the reasons behind this.

Method of Delivery

The foundation of our work in this category is the HR Data and Trends report, knowing that the People Analytics TIC project will improve the data we collect and allow us to measure and monitor progress with data-driven analysis tools. **But essential for its delivery are key shared initiatives such as:**

- the [MSF International Contracting Office](#) (formerly known as GEO) which aims at addressing persisting inequities and administrative problems encountered by approximately half of MSF's international staff, those who are residents in a country where MSF does not have a contracting section (or NCRs in HR terms).
- the **learning and development platform Tembo** which provides learning and development opportunities for all MSF staff, both in the field and offices. Its main objective is to transform the way MSF's staff work, learn and develop themselves to maximize their talent and impact for our social mission.
- The **DEI repository and knowledge sharing** will facilitate a common understanding of DEI issues by developing a framework of accountability for DEI across the Movement and facilitate a fluent exchange of information, insights, experiences, and best practices between DEI practitioners in different HQs and the field. DEI practitioners across the movement have gathered to create a community of practice to provide guidance and support for DEI related issues and conversations at movement, and entity level if needed. This initiative was initiated within the framework of the People, Respect and Values/ DEI TIC and the Full ExCom approved it as a common strategic investment in October 2021.

Since December 2020 Category 4 has been identified as one of the two priority categories by the Core ExCom, however there is significant overlap between those responsible for both these categories, and greater attention has been given to category 3. Due to the particular urgency of ensuring that the Rewards Review project is successful, the Core ExCom has decided that, as November 2021, category 5 will replace this category 3 as a priority category.

Important Related Activities

In addition to key initiatives such as improvement of the HR Staff Data and Trends, MSF Contracting Office and Tembo, category 3 will link to the a debate in the MSF WWTB process which is dedicated to this topic: **What should the future MSF workforce look like so that it best enables our social mission?**

Actions Taken

As more of our internationally mobile staff come from the global south, the numbers of staff who do not have an MSF contracting section in their home country has increased. These staff get their contract from the operational centre who manages their assignment, which means they have no contract consistency if they are hired by another operational centre. This hampers their mobility and access to jobs and causes differences in pay and benefits. We have invested in developing the MSF International Contracting Office, which will provide these staff with consistent contracts throughout their employment with MSF and better pay and benefits. The first contracts will be issued in mid 2022.

TEMBO is a **Learning & and Development online platform** aiming to provide learning and training opportunities for all MSF staff. By November 2021 it included over **300 online courses**, six **communities of practice**, and **learning resources**. The platform can be accessed by all MSF staff, is used by all MSF OCs and has currently 19.000 unique users from across the MSF Movement.

We are improving access to human resources information, so all staff understand the policies and the rationale behind them. The following projects contribute to this overall objective:

- Development of a recruitment page on msf.org, where all headquarters vacancies open for international recruitment are accessible to anyone interested in working for MSF. The launch is expected for early 2022.
- Opening a new site (rewards.msf.org) with information on “MSF as an employer” and reward policies for all MSF staff (including for those who don’t have an MSF email address). The launch is expected for mid-2022.
- Building a new HR Portal where all policies and guidelines will be accessible to staff with an access to an MSF computer. This [information](#) is - until now - only available to headquarters staff. Launch expected in early 2022.

Challenges

The decentralised organisational structure with multiple legal employers and different HR policies and practices represents a key challenge when it comes to recruiting and developing our staff. There is no single organisational staffing/workforce strategy. While there are shared principles, operational centres and other MSF entities apply these differently.

Various human resource data challenges also hamper our actions, such as the lack of a global unique employee identifier, missing and poor data and a lack of standard definitions between sections.

There is an insufficient capacity to develop, implement and absorb the human resource policy and practices changes.

Several OCs are reporting a shortage of experienced international staff. It will be important to retain experienced staff at the same time as recruiting and developing new staff.

The “development” component of this category has not progressed as anticipated as other areas of work were prioritised in recent months, notably the Staff Rewards category.

Upcoming and future milestones

By early 2022 an assessment by an external technical consultant will be performed on how HR data collection and processing at the international level can be improved. In parallel, an analysis of recruitment and retention trends will be undertaken. A new edition of the MSF Staff Data and Trends Report (covering 2021) will be published in July 2022. The MSF International Contracting Office will be operational from 3rd quarter of 2022.



Category 4: Staff reward including remuneration and benefits

Situation Summary

MSF's reward policies and processes do not align with our ambition for a diverse global workforce, do not fully support our evolving operational and organisational needs, lead to inconsistencies, hamper mobility and are perceived as inequitable by many staff.

This is broken down into the following components:

1. Lack of clarity about the principles guiding our rewards, how they are applied or prioritised between them;
2. Historic staff groupings (ie international staff, national staff and headquarter staff) are outdated;
3. MSF offices use different salary scales to determine pay and benefits, which leads to inconsistencies and hinders joint operational initiatives and staff mobility. In some contexts, salaries at the lower end of the salary scale are not sufficient to cover everyday family costs and to live decently;
4. The absence of a common system for grading headquarters and field positions leads to inconsistent approach to pay;
5. The current remuneration system for internationally mobile staff (IRP2) is inequitable and discriminatory because it uses domicile as a basis for determining pay

Method of Delivery

The primary delivery methods for Category 4 is the [Rewards Review](#) project. (see [roadmap](#) for detailed objectives and deliverables), as well as the MSF International Contracting Office¹ (formerly known as GEO). Since December 2020 Category 4 has been **identified as one of the two priority categories by the Core Executive Committee (Core ExCom)**, and subsequently the Core ExCom and International Directors of Human Resources (IDRH) are working together to ensure progress. Initiatives outside the Rewards Review project scope, such as the International Remuneration System (known as IRP2) which only applies to international staff, are integrated into the IDRH work planning and are presented to the Core ExCom for final decision-making.

Important Related Activities

In addition to direct implementation via the Rewards Review and the MSF Contracting Office (MICO), a debate in the [MSF WWTB](#) process is dedicated to this topic: **What should the future MSF workforce look like so that it best enables our social mission?** This debate will be heavily informed by the work of this category, and the work will respond to this debate.

¹ See Category 3 for more details

Actions Taken

The international directors of human resources (IDRH) are working on the following five deliverables to solve each of the above problems:

1. Rewards Principles Framework

Movement-wide engagement on rewards principles was undertaken in the Rewards Review concept phase from 2018 to mid-2020, this phase led to the development of rewards principles, factors and drivers. A principles framework will be developed by the IDRH to explain how they are applied in practice.

2. Contracting and Rewards Strategy

A new [Contracting and Rewards Strategy](#) is being developed which will define how we segment (or group) staff to determine where and how they are contracted and rewarded. It will specify whether a staff member is paid a local salary, a global salary or a combination of the two and any rewards staff may get, in addition to their salary and core benefits, and justify these. It will be designed to meet our [HR Principles on Team Diversity and Staff Mobility](#) and other strategic workforce and organisational needs.

An advisory group has been set-up as sounding board to define the future segmentation. This is supplemented with external perspectives, including expert technical advice and networking with other INGOs. Two IDRH workshops have reviewed and prioritized options and internal Operational Centres' discussions on these have taken place. The next step is to finalize the proposed segmentation, develop solutions to be analysed and agreed upon and to undertake a detailed impact assessment.

3. Minimum Standards for Pay and Benefits

The directors of human resources have agreed on the scope for the development of [Minimum Standards for Pay and Benefits](#) for all staff groups and entities. This will specify how local and global salary grids are developed, how they are benchmarked to labour markets, how they take into account the cost of living to ensure all staff receive a decent living wage, and how they are adjusted and reviewed. Draft pay policy statements and supporting questions have been developed. Data gathering on pay & benefit practices in all entities is now underway. Work is also underway with MSF Norway Benchmarking Unit to build a comprehensive database of MSF benchmarking data. Initial proposals for Minimum Standards for benefits have been developed, including parental leave (for birth or adoption), paid leave (initial discussion) and death and disability benefits. The International HR team (IHR) is taking part in an INGO pay and benefits forum (Project FAIR) to learn from others and share information on good practices in the sector.

4. Global Grading Framework

The directors of human resources have commissioned Korn Ferry for the design phase of developing a [Global Grading Framework](#) which will ensure that positions are graded consistently- regardless of where a function is located- to determine their levels in a global function structure. This will build on the current function grid used by all operational centres for field positions (IRFFG). A project group of HR directors and managers has been set up to guide the process. Key informant interviews with representation of different entities, regions and functions, have been conducted and current job frameworks have been analysed. Draft design criteria and options job architecture have been developed created by Korn Ferry and are currently being consulted on.

5. Analysis of and adjustments to International Remuneration Project (IRP2)

An [analysis of IRP2](#) was undertaken and completed in March 2021. This included exploring the rationale behind the use of domicile and pay differentials. The directors of human resources used this analysis to explore potential short-term adjustments in IRP2 and present these to the Core ExCom in March 2021. [Adjustments to extend the loyalty calculation](#) for pay to experience gained as a national staff member were implemented on 1 September 2021.

Proactive communication and engagement has also been prioritised. The International HR Coordinator and team have presented the analysis of IRP2 and the planned Rewards Review deliverables to multiple platforms to raise awareness of current systems, challenges and work underway. In addition, the IDRH has agreed on key messages to ensure consistent communication. These have been used to develop a Rewards Review communication toolkit to facilitate internal communication (including overview, explainers, presentations, interviews available here).

The staff and other stakeholders (intersectional platforms, directors of human resources, etc) are engaging together at every step of the process, via advisory groups and interviews. Proactive staff engagement in prioritising needs and testing solutions is now underway. In addition, formal consultation processes to be led by each entity are built into timelines. A Rewards Review Staff Engagement Advisor was recruited and started in September, based in MSF East Africa.

Challenges

The Rewards Review deliverables have been prioritised by the directors of human resource and the Core ExCom. However, there are several important challenges including:

- Entities have different perspectives on how to develop deliverables
- Investment required for developing the deliverables, including HR and funding
- Complexity of workforce and HR policies means it can be difficult to communicate choices and trade-offs to stakeholders
- Different levels of readiness for change
- High and sometimes unrealistic staff expectations
- Difficulties in modelling impacts due to data limitations
- Unclear financial impacts

The directors of human resources hold monthly meetings to oversee progress with the Rewards Review.

Upcoming and future milestones

The complex requirement for our rewards, the size and diversity of our workforce and MSF's organisations structure means that the Rewards Review deliverables require time and investment. In addition, the impacts on our workforce and wage bill will be significant. We expect design and stakeholder engagement to continue through 2021 and 2022, with implementation starting at the end of 2022. The MSF International Contracting Office will be operational from 3rd quarter of 2022.



Category 5: Management of abuse and inappropriate behavior

Situation Summary

[Recent public reports and complaints](#) indicate that there is an insufficient trust in both reporting mechanisms and management of complaints within MSF. Part of the answer to this lack of trust is the need to increase the ownership of these mechanisms - at all levels of the organisation. This necessarily goes through clear processes across sections and offices and through the presence of dedicated trained staff. We collectively need to provide human resources and financial means to do so.

Recent events have also shown that MSF struggles to respond rapidly enough to cases of abuse in critical field locations, especially in multi-OC country locations (e.g. DRC). The Core ExCom acknowledges this and decided to prioritize this category and give this issue particular attention.

The Intersectional platform on behaviours' (IPOB²) is responsible for sharing best practices and more recently developing common tools for the case management of field cases. While the IPOB is part of the addressing issues, further work is needed to integrate field and HQ reporting on issues of abuse and harassment. An initial step was made by including HQ data alongside field numbers in [external reporting for 2020](#). For 2021, a more streamlined approach including shared definitions for cases will be applied. It is not part of the IPOB's mandate to actively support a transversal strategy of developing and supporting a coherent approach for local, regional and intersectional actions in terms of prevention, detection and case management.

With 389 cases received and/or managed by the behaviour units in 2020, including 41 complaints for discrimination in 2020 of which only 2 were confirmed, we can assume that case reports under-represent the true situation - given the number of patients and staff we have, but also as a consequence of the fact that MSF doesn't have a global strategy towards patients and the communities we work with.

The following issues have been clearly identified:

1. Lack of an intersectional case management framework when an intersectional investigation is required. The development of such a tool should include clear roles and responsibilities at each decision-making level to ensure a) implementation of recommendations, b) communication to involved parties and; c) accountability of decision-makers.
2. Lack of systematic and harmonised prevention messages at intersectional level. Common messages on behaviour need to be developed and regularly shared within the organisation (ex. No cash for work, no sex for work, etc.).
3. Insufficient prevention work on behaviour in medical emergency contexts; emergencies heighten specific risks of abuse and inappropriate behavior. This needs to be addressed from the onset of an intervention with specific resources and ready to use toolkits, as well as ensuring that there is a strong and open communication amongst staff and the inclusion and engagement of communities in our project design and approach.

² The IPOB is composed of the Heads of Behaviour Units from all Operational Centres and two members from partner sections. In 2021, representatives of MSF UK and MSF Brazil are ending their terms after two years. Two other members will be elected shortly.

Method of Delivery

As mentioned above, recent events, notably cases of abuse in critical field locations, especially in multi-OC country locations such as DRC, have shown that MSF is not sufficiently equipped to respond to such cases rapidly and thoroughly enough. Therefore the Core ExCom will elevate this category to a top priority, therefore addressing it directly, with others, rather than through others.

While the IPOB platform has been the primary focal point for the delivery of Category 3 it does not have a sufficient mandate to look at the issues holistically (i.e. including headquarters as well as field), nor is it sufficiently equipped to address cases related to multiple OCs.

In raising the prioritisation of this category, the Core ExCom will look with the IPOB, and RIOD at the systematic needs to address these issues.

Actions Taken

In October 2021 the Core ExCom elevated the prioritization of this category and agreed to review critically how we organise ourselves to better tackle issues of abuse and inappropriate behaviour. This could include the review of the existing abuse cell set-up in each OC and should lead to a shared response protocol to be able to respond rapidly, in a coordinated manner, to allegations of abuse impacting the whole movement. This work will be prioritised for 2022.

In order to tackle issues of abuse and inappropriate behaviour, prevention work needs to be reinforced for which a number of initiatives are underway:

- Creation of a shared **anti-discrimination learning programme** that can be adapted to local needs, suitable for all staff independently of where they are based (field/HQ). This programme is currently being put together and will consist of: stand-alone modules, workshops and ateliers, Peer-to-Peer activities, library of audio-visual and other learning materials, and support to building a pool of DEI facilitators.
- In addition, **specific modules, related briefing packages or complaint management** have also been created by the IPOB. These tools are now available (internally) to all staff and will also soon be accessible to external parties via [Tembo](#) (learning platform) and other relevant platforms. This is complemented by trainings and awareness raising at all levels through mobile teams and Behaviour Units.
- The IPOB led on the development of a **shared induction module on behaviour** ([Welcome to MSF on Tembo](#)).
- The [Anti Racism TIC](#) project is creating awareness and changing practices aiming to increase anti-racism awareness and embed anti-racism practices into the way MSF operates. Practically, the project aims to provide guidance for an anti-racism journey; create a conversational framework to discuss racism; build or strengthen capacity to engage conversations about racism.
- An **Intersectional booklet on behaviour** (available end of 2021) provides an overview on how the MSF movement approaches behaviour issues (includes reporting mechanisms, principles, and description of the role of behaviour units).
- The **MSF Standards for Case management** (available end of 2021) states what are the common principles and approaches agreed by all MSF entities.
- An updated **IPOB typology** (common definition of terms) for HQ and field will be rolled out in early 2022.

More tools will need to be adapted to reach the patients and communities we work with. A pilot module and workshop, which were tested face-to-face prior to Covid-19 will have to be relaunched and tailored to each country where they will be used.

Other tools created range from posters, [videos](#) to briefing packages, specific trainings and workshops, to case management guidelines and more.

Challenges

Our structural set-up related to abuse and behavioural issues does not allow for a consolidated approach, either between field and HQs, or in cases involving multiple OCs.

The limited resources and the lack of visibility on long-term resources (HQ, regional and field) has slowed down the progresses in several areas. The increase of very complex investigations (active case finding, media and donors' attention, intersectional investigation) and the important workload inside the behavior units has led to re-priorisation when urgent cases arise.

Behaviour is a shared responsibility and our approach must be transversal and inter-departmental. Prevention tools need to be harmonised across MSF offices/entities.

Difficulties to implement the core standards at movement level due to lack of knowledge on how to put in place a complaint mechanism, conduct investigations, etc in the different non-OC entities

The inclusion of patients and communities in the prevention and detection strategy and case management is difficult given the slow progress on adapting messages to each country. Furthermore, we have not made sufficient efforts to communicate proactively with patients and communities regarding their rights.

The Diversity, Equity and Inclusion (DEI) and Behavior units need to collaborate further and learn from each others' expertise. This will help rebuild the trust towards reporting mechanisms.

Upcoming and future milestones

In setting this category as a priority category, the Core ExCom will directly oversee progress on this topic from an intersectional perspective.

The IPOB members recently discussed the three following topics as key priorities:

1. Interaction and collaboration between DEI and Behaviour units, particularly:
 - Ensuring a survivor centered approach in all SAEH cases;
 - Ensuring diversity and gender balance in the composition of Behaviour Units or Behaviour Committees;
 - Establishing a close link with Anti-racism committees (reference of cases in both directions);
 - Incorporating DEI lenses in all trainings, awareness sessions and sensitization materials;
 - Developing specific trainings and materials to prevent and detect racism, sexism and other forms of discrimination in collaboration with DEI Units/Leads
2. Decentralisation of prevention/detection/case management towards regional and local levels
3. Development of specific case guidelines, such as sexual exploitation, exploitation of minors.

The new IPOB typology (common definition of terms) will be rolled out in early 2022, as well as the MSF Standards for Case management (after endorsement by the Core ExCom at the end of 2021).

Category 6: Communication and Fundraising



Situation Summary

For many years, people working in communication and fundraising across the movement have had animated discussions on what is an acceptable way to represent MSF's work, our staff and the patients we treat as well as local communities we work with. There have been regular challenges from MSF staff and outsiders about some communication and fundraising products that could be insensitive, culturally inappropriate, failing to display the true diversity of our staff, or failing to show the agency of patients and members of local communities. In worst case scenarios, some productions were qualified as white saviourism, neo-colonial or even racist.

Since May 2020 these discussions have intensified within MSF under strong internal and external pressure. This new momentum has been very positive, leading to the conclusion by the MSF directors of Communication and Fundraising that decisive and action-oriented collective action was needed to improve representation. The usual methods of discussion, debates and mutual learning aren't enough to deliver a rapid evolution to better and more sensitive communications.

Method of Delivery

The DirCom and DirFund platforms have launched a dedicated [taskforce](#) to work on the application of DEI principles to communications and fundraising strategies, products and materials, including aspects related to racism and racial discrimination, but also to gender, LGBTQIA+, or people with disabilities and other forms of discrimination. After some careful time spent on defining the terms of reference and the compositions of the taskforce – it needed to be diverse itself and composed of people who would have time to work on concrete deliverables – it was launched in April 2021.

The task force is composed of communication and fundraising staff working in different disciplines (audio-visual, social media, press, editing, management, etc) across the globe as well as some DEI experts. Its main task is to compile existing guidelines, produce a new guidance document as well as organise and systematise knowledge and experience sharing around DEI to promote good practices.

Actions Taken

1. Tangible tools for comms staff across the movement

As of September 2021, a lot of existing guidance related to DEI and representation have been collected and the core of the guidance document has been validated by the directors of communication and fundraising in November 2021. It will include key definitions, principles and best practices. Considering the variety of markets and audiences MSF entities work with, most of the guidance will be in the form of lessons learnt and checklists rather than prescriptive approach on terminology.

With the support of MSF Brazil, the taskforce is creating a communications and fundraising portal on DEI. This space will store tools, guidance and best practices from inside and outside MSF. This portal will hold the archives of statements, action plans and decisions taken previously. The launch is expected for January 2022.

Another key area of work has been the creation of an internal "sounding board" group which can provide a DEI lens on upcoming communication products or campaigns. The group is being formed (by the

taskforce) and should be operational in November 2021. Consultations with this group will be optional but available to all comms and fundraising producers across the movement.

2. Benchmarking and keeping track

In October 2021, a survey among heads of communications and fundraising has been carried out to establish what we are seeing/what we are doing in terms of communication and fundraising practices when it comes to DEI. With this benchmarking, we want to understand where DEI currently sits in our teams, where changes are needed, where resistance may be present and how change needs to be accompanied.

When the elements above (guidance, feedback group, online hub, etc) have sufficiently progressed, they will be systematically rolled out among communication and fundraising staff. We aim for this work to start in March 2022.

3. Critical review of our audio-visual assets

In addition to the work done by the taskforce, MSF International has launched a project to improve the quality of assets that are hosted in our audio-visual media database. MSF has more than 180,000 assets in its collection (mainly photos and videos) with some dating back to the organisation's early days 50 years ago. Alongside the ambition to guarantee compliance with privacy and copyright regulations, the initiative aims to critically review, annotate, archive or remove items which are outdated, sensitive or detrimental to a positive representation of patients/staff/activities.

4. Nurturing staff growth

Making our public voice more representative of who MSF really is, also requires looking at who initiates and manages communication productions and strategies. In terms of human resources, the operational communication coordinators have been looking at how to increase the diversity of the intersectional communication pool for a few years already. There has been limited progress, and more efforts will be put in recruiting proactively in a more global way, but also nurturing and supporting the development of our communication locally hired staff. One recent step was the decision to expand the existing mentoring programme to include field communication officers (most are locally hired). Also, all field communications trainings are made equally available to internationally mobile and nationally hired staff.

However, we need to recognise that these efforts have not been sufficient to alter the demographics and the dynamics of communications emanating from the field and allow field communications officers to progress into more senior roles (such as field communications managers). In turn, the field communication managers positions are rarely "nationalised" and are predominantly occupied by international staff.

Challenges

- The concept of sensitive communication or representation will vary from one society to the next and between languages, so we will need to find the right balance between strong mechanisms to do better without imposing a single norm across the movement
- On staffing and nurturing talents from mission countries, we remain dependent on MSF's benchmarking approach and will need to find ways to attract and retain highly qualified locally-hired communication staff.

- In reviewing the visual assets in our database, we will need to find the right balance between the temptation to erase/archive images that do not meet standards for sensitivity and representation and the effort to consider contexts and/or historical perspective.
- The fundraising and communications communities are very large (more than 1,000 people), spread in many countries worldwide and with significant turnover, we will have to put specific efforts in the initial dissemination and subsequent maintenance to ensure that the tools created by the task force are well-known and used by the community in the long run.
- There is a risk that communication and fundraising people become risk-averse in terms of launching new tools and campaigns for fear that it will be misinterpreted both internally and externally.

Upcoming and future milestones

The benchmarking survey has been finalised and the data will be analysed before the end of 2021. This will be a baseline to assess progress one year from now, so a very similar survey is planned for the last quarter of 2022. This will also guide the content and the frequency of internal discussion and debates for 2022 (webinars, etc).

The terms of reference for the "sounding board" group have been finalised and the group will be in place with a dedicated email address before the end of 2021. The main guidance document is being finalised and the taskforce hopes to have a final document in December 2021 or possibly in January 2022 depending on validation process.

The Portal will be ready to launch in January 2022 and will be updated as tools, information and knowledge become available.

Training and induction materials will only be produced from the first quarter of 2022 when guidance documents and the portal are finalised.



Category 7: Executive governance and representation

Situation Summary

The [framework](#) by which we collectively grant status to executive entities in the movement is out of date. For example, we have consistently approved Sections which do not fit the established criteria, as these criteria do not reflect our current needs or ambitions. Further, our voting members reflect the organisation's [European history](#). Subsequently the current make-up of members and leaders is largely western and European.

Method of Delivery

Category 7 will be delivered via the [MSF Structures project](#) which is reviewing our framework of executive and associative entities; their definitions, criteria and responsibilities. The objective is to conclude this process by proposing a revised framework by IGA 2023.

Important Related Activities

This category will direction with the IB led project assessing [Representation in IGA Governance](#), and **Evolving Accountability** (a project to start in 2022 that will assess how we can better make informed and comprehensive decisions). A debate in the MSF WWTB process is linked to this topic: **How should decision-making power be distributed across the Movement & shared with the field for the benefit of our future social mission?**

Actions Taken

Following a request from the Full ExCom and support from the IB in 2019 a ExCom-IB working group developed a process of reviewing and proposing a new framework for our executive and associative structures. MSF Structures aim to clarify ways in which additional new voices can be central to our collective decision-making, while maintaining a solid and accountable governance mechanism. In doing so, it aims to remove barriers such as the requirement for sections to be able to financially support themselves and to contribute revenue to the movement.

This project will allow for more flexibility around the creation of new entities and alternative/innovative approaches, which don't fit the more rigid scenarios currently available. Finally, this project wants to provide clearer definition and criteria to existing entities and allow for greater flexibility and easier decision-making.

This framework should organise existing and future entities around the same key principles: strategic value to MSF's social mission; representation of the movement's diversity; efficiency; accountability; and adaptability to address future challenges.

Over the last 18 months, the following milestones were met:

- Identifying and separating big picture (so called "red questions") issues which need political discussions at a movement level from technical / legal (so called "blue questions") points which can be worked on independently.
- November 2019: The project scope was confirmed by the IB and a working group was formed.

- May 2021 Full ExCom briefing on MSF structures which explains the work done so far, highlights the main issues that need addressing and how to go about it. (available [here](#))
- June 2021 IGA discussion on three main building blocks of MSF’s organisational governance: Institutional Membership, Sections, Associations without an Executive ([outcomes](#)). This discussion showed that for the executive the most important block to tackle are issues around sectionhood.
- October 2021 the Full ExCom picked up from the outcomes of the IGA and tackled two key question of the MSF Structures project ([outcomes](#)):
 - 1) how to fund non-financially autonomous sections that have been collectively approved, in a way the minimises power disparities between sections;
 - 1a) how to ensure fair accountability mechanisms between (non-financially autonomous) sections.
 - 2) Does the Full ExCom want to have a strategic approach to the development of its global footprint?
 - (2a) If we do want to look strategically at our footprint, what is an *appropriate way of doing this*?
- The Full ExCom concluded:
 - 1) We need to find a comprehensive and fair collective solution for the funding of non-financially autonomous Sections, that considers both the autonomy of section boards, and our collective approach to income allocation. And that, a mechanism for accountability related to the funding of non-financially autonomous Sections, should **not** introduce an additional layer of accountability to these sections compared with those that are financially autonomous. Similarly, it is important that the mechanism to fund non financially autonomous sections and financially autonomous sections is equivalent. We will use a strategic approach to growth to provide the frame through which we develop this accountability, which will follow the guidance of the mission statement.
 - 2) Further development of the MSF footprint must be guided by strategic consideration of where its power should lie. The Full ExCom should take a leadership role in this, and a mission statement will be agreed by the Full ExCom to give high-level direction to this work.

Concretely, in 2020 and 2021 three new non-European regional Sections have become voting members of the Full ExCom (MSF LAT, MSF South Asia, MSF East Africa), bringing new voices to the highest executive platform. The right to run operations has been granted to MSF WaCA, and subsequently MSF WaCA has been integrated into the Core ExCom as a voting member.

Challenges

Reviewing and proposing evolution to our executive and associate entities is highly complex. Beyond technical issues, there are political questions that require consultation and debate.

Upcoming and future milestones

The MSF Structures project will follow two parallel workstreams, as will be laid out in the TOR for the project manager. The first ‘red’ stream will develop a process for answering the political (red) questions that need board consultation, the second ‘blue’ stream will follow a technical/legal approaching to drafting the less strategically significant elements of the new framework.

The process will also coordinate with the Representation in IGA Governance project.