MSF OCA Strategic Plan 2020-2023

MEDECINS SANS FRONTIERES

MSF Mission[1]

MSF intervenes in emergencies and crisis situations, to relieve human suffering from unmet medical needs and to create a space for humanity. MSF works to provoke a social and political response that meets the essential needs, and respects and protects the dignity, of people in danger. MSF strives to innovate and incite change through its medical action, its *témoignage* and its active reflection on the situation of populations in danger. Respecting its Charter and shared principles, MSF is an independent movement of citizen associations that are integrated and open to their societies. In a spirit of volunteerism, acting in proximity to and in solidarity with assisted peoples, MSF's members adhere to humanitarian principles and respect for medical ethics.

[1] MSF International proposed Mission Statement, May 2000. The concepts within this Mission Statement continue to evolve with time.

Contents

MSF Strategic Plan Synchronisation

All five MSF Operational Centres (OCs) have synchronised the timings of their strategic plans (SPs) for 2020–2023. This marks a significant step forward for the MSF movement, as it allowed the OCs more space to learn from and be inspired by each other. This process has led to more exchanges and discussions between OCs about their respective strategic priorities. It has highlighted similarities and differences in our choices and has helped us to recognise where we must work together to strengthen MSF's social mission.

MSF OCs share a common purpose: to deliver medical humanitarian care in situations of crisis and conflict, and to speak out about the critical issues affecting the people we assist. Faced with similar internal and external challenges, the OCs have identified common themes and priorities. For example, our SPs reinforce our strong commitment to better providing person-centred care.

As we seek to leverage our shared knowledge, experiences and diversity of thought, the challenge will be to ensure that this creates the greatest operational impact. We commit to working together over the coming four years to deliver our strategic objectives, harnessing our expertise and exploring opportunities to mutualise our various initiatives. We will transparently share information about our successes and failures to allow for mutual learning and accountability.

The MSF Executive Committee acknowledges the value of the synchronisation process. We commit to building upon this positive dynamic and extending it into the 2024–2027 strategic planning exercise.

“We express our humanity through high-quality person-centred care and respectful interaction with affected communities”

Mission, Principles and Values

The MSF OCA interpretation of our social mission

There are people in the world who are suffering, who are being denied their dignity, whose capacity to cope is being overwhelmed by both physical and structural violence, whose survival is threatened.

MSF OCA's mission is to address the needs of people who have been caught in crises. Our driving force is a humanitarian one: we see the injustices that people suffer, we recognise the impact this has on their health and we seek to respond with compassion, as an expression of our shared humanity and solidarity with them. Our humanitarian response is medical. Through our work, we address health needs and alleviate suffering, while bearing witness for the people we assist.

We consider, and address, people's protection needs through our programmes and advocacy, by virtue of our proximity to and solidarity with them, and in defence of their human dignity.

We express our humanity through high-quality person-centred care and respectful interactions with affected communities. We seek out alliances, collaborations and partnerships that help us to achieve the best possible humanitarian and health outcomes for people in crisis. We are curious and keen to learn, and invest in research and innovation to improve our work.

We are a global association of people who act on our beliefs. We express our global solidarity through diverse teams of internationally and locally recruited staff, who feel valued, respected and engaged. We continue to build strong relationships with our supporters, as it is their support that enables us to act independently.

Our principles

Our fundamental principles

Humanity

We work to save lives, and alleviate and prevent human suffering wherever it occurs. Unnecessary suffering and death are an affront to humanity, to which we respond by protecting life and health, and ensuring respect for human dignity.

Impartiality

We provide assistance to those who are suffering, according to their needs alone. We do not discriminate based on gender, age, race, nationality, ethnicity, sexual orientation, political opinion or religious belief.

Respect for medical ethics

We always seek to act in the best interests of the people we assist, do them no harm, and respect and enhance their right to make their own decisions about their medical treatment.

Our operational principles

Neutrality

The focus of our operations is the people we assist. We do not take sides in conflicts or favour any party over another. We seek open and transparent dialogues with all parties, so that we can access those most in need of our assistance.

Independence

To act in a humanitarian and impartial manner, we need to be able to make our own decisions and carry out our own actions. We therefore seek a degree of autonomy from institutions of power and avoid being subordinated to any state or political agenda. We value and develop our financial independence and recognise the importance of our relationships with our supporters, which is essential to enabling this.

Our values

Proximity

We seek to be present with people who are suffering, to provide medical care in as direct a way as possible. Where we are prevented from providing care directly to people in need, we seek to act nevertheless in the fullest solidarity with them and find whatever ways we can to best assist them.

Collaboration

We work effectively with other organisations to meet the needs of people caught in crises. We recognise that people's needs are complex and interdependent, and value the complementary roles played by many different actors in meeting them.

Respect

We treat our patients, and their families and communities, with respect and dignity at all times and in all our actions. We look at the whole person, not just their illness, and respect their agency. In our relationships with our colleagues, our words and actions communicate respect, empathy and compassion. We seek to be an organisation in which all those who share our humanitarian values feel included.

Integrity

We hold each other and ourselves accountable for upholding the beliefs, values and principles of the organisation. When we identify unacceptable behaviour or malpractice within MSF OCA, we address it. We are a responsible employer with a duty of care for our staff.

Transparency and accountability

We are committed to being as open an organisation as possible, to demonstrate that our actions and results are consistent with our values. We are accountable for how we use the resources provided to us by our supporters. We guarantee the trust given to us, including the safety of any data in our possession.

Empowerment

We seek to develop ourselves, and others, so we can meet our full potential and be able to contribute to our social mission with personal agency, confidence and motivation.

Professionalism

We act with dedication, honesty and a humanitarian spirit. We come together as MSF OCA because we believe that being a well-functioning, highly skilled responsible organisation will allow us to care more effectively for the people we assist.


MÉDECINS SANS FRONTIÈRES

Our External Environment

Medical humanitarian needs

The world has made significant economic, technological and developmental progress in recent decades, with a marked decline in the proportion of people living in extreme poverty. This progress has upended many traditional hierarchies, offering expanded freedoms to millions of people. Fifty-five per cent of the world's population now live in cities, many having moved to urban areas in search of better lives and more opportunities. Information has never been more accessible and easier to share, further contributing to an accelerating rate of change.

'The number of people in need of humanitarian assistance has grown steadily'

However, this progress has not benefitted everyone equally. The number of people in need of humanitarian assistance has grown steadily over the last five years, particularly in Africa and the Middle East, and the average humanitarian crisis now lasts more than nine years. In many regions, these crises have been driven by conflict and chronic instability, not only leading to outbreaks of disease and death, but also eroding existing health systems, living conditions and economies.

The humanitarian needs MSF encounters in these contexts range from gaps in primary and secondary healthcare to high rates of infectious diseases among marginalised and poor communities, and the growing challenges posed by chronic diseases and antimicrobial resistance (AMR). Acute and chronic infectious diseases remain the primary cause of early mortality in the majority of our projects, though we are treating an increasing number of patients with non-communicable diseases as well.

The emergence and geographical spread of epidemics is changing due to globalisation. Levels of AMR are growing rapidly, potentially rendering many advances in medicine obsolete and reversing health outcomes. Global policies and guidelines regarding AMR are not being adapted fast enough to meet the needs of those in low- and middle-income countries (LMICs). This is largely an invisible crisis in most countries where MSF works.

Environmental degradation is accelerating too, exposing people to pollutants and contaminants through their air, water and soil, while an emerging climate emergency is increasing the frequency and intensity of extreme weather events, causing population displacement and escalating conflicts over natural resources.

The number of people migrating will continue to increase in the coming years, as they try to escape worsening conflict, poverty and resource scarcity. This will put further pressure on cities, transit locations and destination countries. It has already led to an upsurge in anti-migrant sentiment and racism, which has fuelled violence. Many governments have responded by prioritising the detention of migrants, often in overcrowded and unsanitary centres and border camps, where access to legal services and emergency healthcare is restricted. This has caused major physical and mental health problems among detained migrants, many of whom have already suffered violence and abuse on their journeys.

The political environment

‘Saving lives in accordance with medical ethics is a radical position in an environment of exclusion’

Many societies are becoming more polarised, feeding conflict dynamics. The fragmentation of political systems, the rise of nationalism and other identity-based politics, the growing assertiveness of state power and control, and increasing economic inequality have all altered the global landscape. The result is a decline in adherence to the international system of governance. Global action to confront major development challenges, such as climate change, migration, rising inequality and emerging health risks, has become paralysed. Influential states are increasingly dismissing the value and relevance of a multilateral system of governance based on agreed rules and bodies, such as the UN Security Council. Instead, they favour bilateral deal making aimed at maximising benefits to themselves.

The information environment has changed rapidly in the last few years, in both the content being created and how it is consumed. States and armed actors increasingly see social media as a new arena of conflict. They use it to mobilise supporters and demoralise opponents through disinformation and propaganda. This presents serious risks for humanitarian responders, as disinformation increases the chance of violence against marginalised groups. It can also lead to misunderstandings about our humanitarian values and ill will towards agencies themselves.

Within this political landscape, a defence of the principle of humanitarian action is essential. The act of saving lives in accordance with medical ethics is a radical position in an environment of exclusion, nationalism and the criminalisation of aid. The degradation of international normative frameworks, such as international humanitarian and refugee law, is intensifying pressure on the operations and security of humanitarian organisations. More than ever, counter-terrorism agendas are also affecting the provision of aid and appear to be increasingly irreconcilable with humanitarian principles.

The evolution of the aid environment

In many places around the world, national governments are taking increasingly prominent roles in humanitarian responses in their territories. This is thanks to an increased capacity to coordinate medical and humanitarian assistance, greater access to new types of funding and a desire to firmly assert their sovereignty. It translates into a growing tendency to impose normative and administrative frameworks on humanitarian organisations which regulate and control their activities. This trend will continue to have consequences for MSF's operations. It will directly affect our ability to access those in need and the quality of care we will be able to provide them. It could lead to increased tensions with national authorities and armed opposition groups, and place more pressure on MSF to compromise our humanitarian principles to ensure or preserve access.

'National governments are taking increasingly prominent roles in humanitarian responses in their territories'

Meanwhile, the humanitarian aid system continues to be reshaped. At the World Humanitarian Summit in 2016, the UN emphasised the need for humanitarian work to support larger development objectives. The World Bank has since stepped into the humanitarian arena, becoming a major player in contexts like Yemen, Central African Republic and Somalia. Current aid reform initiatives, including the 'New Ways of Working', the Humanitarian-Development-Peace Nexus and the WHO Emergency Medical Teams project, similarly place host governments firmly in front when responding to crises within their territories.

As the effectiveness of the traditional humanitarian aid system is increasingly questioned, new actors, including private foundations, are making their presence felt. The localisation agenda promotes an expanding role for national responders, who are becoming more capable and more prominent in humanitarian crises. Furthermore, citizen-led aid responses are on the rise. With the explosion in information and communications technology, communities, associations, supporters and responders are no longer so distant from each other, and are self-organising. People are also now more able and willing to hold to account those who are there to assist them, including healthcare providers like MSF.

The realities of the political aid environment and the changing landscape of medical humanitarian needs require a constant evolution of MSF OCA's ways of working. We must be agile in how we identify medical needs and vulnerabilities in contexts of exclusion and in how we design relevant medical humanitarian responses that treat our patients effectively, while exposing the structures that deny them access to healthcare. We need to better identify allies among communities, civil society groups and social movements that can help us to reach the most vulnerable. This will demand flexible approaches that are rooted in the communities where we work.

Our Organisational Development

‘Our strength continues to be our sense of common purpose … and our adaptability’

The MSF movement has experienced rapid growth over the last decade. During the last strategic period of 2015–2019, MSF OCA responded to more major humanitarian and medical crises than ever before and increased the scale and effectiveness of its operations. We intervened in a wider range of situations, responded to new health- and protection-related needs, and employed integrated approaches that were more innovative and pragmatic.

Our strengths continue to be our determined humanitarian spirit, our sense of common purpose, our capacity to scale up our responses and our adaptability.

We are increasingly aware that the immense power we have relative to the people we assist may prevent them from having a meaningful voice within our activities. This issue also affects many of the local partners we work with that have significantly fewer financial resources than MSF and cannot rely on the infrastructure of a big and experienced international organisation. Alongside this, we recognise that in general our international staff continue to hold more decision-making power than our locally recruited staff. This prevents many colleagues from realising their full potential while working for MSF OCA. This is something we will be addressing in the coming strategic period.

Our support systems, including our implementation capacity, have struggled to keep up with MSF OCA’s recent expansion. Faced with a slower rate of income growth over the next four years, and changing external and internal dynamics, we need to consolidate our quality of care, and align our internal structures and resource capacity with the increase in our operations and medical expertise. We need to further rationalise and optimise our capacities and infrastructure as part of the wider MSF movement, adapting our staffing and operational models to meet the demands of our missions and the increasing control and compliance requirements of the countries where we work. In addition, we must do more to ensure protection-sensitive approaches are more clearly integrated into our programming and advocacy.

We embark upon the next four years from a place of strength. The vision and strategic orientations developed within this SP are building upon the hard work and initiative of 11,000 staff across MSF OCA. Now is the time to enhance our medical humanitarian response and explore ways to improve how we act, how we interact and how we work.

Our Vision

By 2023, for the most vulnerable people in the most violent places, MSF OCA will be able to deliver the specific form of healthcare they most need.

The people we assist will receive dignified, safe and effective care, and the risk of harm to them will be reduced to a minimum through a person-centred approach in our medical practice. We recognise the resilience, ability and agency of those we assist, and will strengthen our engagement with them.

We will create space for affected communities to have a voice and for us to listen to what they say. Where possible, we will amplify their voices to effect broader positive change.

We will adapt our programmes and models, and use our voice and collaborations, to meet medical humanitarian needs. We will seek new ways to learn from our experiences and apply what we learn to improve how we work.

We will seek out alliances, collaborations and partnerships that support our pursuit of improved humanitarian and health outcomes for the people we assist. We have a responsibility to strengthen local capacity, knowing that our presence in any context is temporary.

We will be a global organisation within which all staff are valued and respected, and do not face structural barriers to communication, mobility and professional development. Our leadership will be representative of our global workforce, bringing with it diversity of thought and perspective. We will ensure that our organisation develops in ways that empower all of our staff, bringing support and learning closer to where they live and work.

We will develop and expand our MSF OCA partnership into a global network. Senior leadership in regional hubs will connect with local networks to deepen our engagement, knowledge and ability to influence. We will embrace our global capacity in support of our social mission.


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Our Intervention Logic and Portfolio Composition

In light of the overwhelming medical humanitarian needs we currently face and our finite organisational resources to respond to them, we have developed an intervention logic to guide our decisions, and to address the complexity and dilemmas that lie beneath them. This covers why and how we choose specific population groups and humanitarian contexts, areas of engagement, and research and innovation opportunities, and not others.

Our intervention logic is comprised of three steps, which will translate our mission statement, principles and values into deliverable medical humanitarian actions during 2020–2023.

We conduct a broad range of medical humanitarian actions, understanding the negative impact that gross social injustice and, more specifically, different forms of violence have on people's health.

→ Our concept of 'an impact on health' is broad and includes mental or physical and preventive or curative treatments, at individual and population level. It also includes human dignity.

→ Our concept of 'action' is also broad and includes our medical humanitarian action, *témoignage* and advocacy. We primarily consider the immediate needs of the people we assist, while also creating opportunities for positive impact in the future.

'We understand the negative impact of violence on people's health'

The MSF OCA three-step intervention logic

01

Compulsion to Act

In the given situation, do we **feel compelled to act** through the provision of healthcare and via témoignage and advocacy?

02

Ability to Act

Given our limited resources, is this intervention **likely to have the desired direct effects** for the target population?

03

Fair Resource Distribuition

Does this intervention contribute to a **fair distribution** of resources?

01 Compulsion to Act

Do we feel compelled to respond to this instance of human suffering?

Our drive to act comes from feelings of compassion for the suffering of others, when they are explicitly targeted, persecuted or discriminated against, and from a collective outrage at gross injustice and violence, and the inequitable impact these have on people's health.

Violence is a central concept for us. It occurs in its various forms wherever there is social injustice. Violence is a key social and political determinant for health outcomes. The denial of dignity, unnecessary suffering and preventable illnesses, injuries and premature deaths are direct results.

We address the consequences of 'personal' violence (physical, sexual and mental) as occurs in armed conflicts, during migration or at a domestic level. We also address the consequences of 'structural' violence as occurs when unequal and unjust social and political structures deny people their human rights, including access to preventive and curative healthcare. It may occur during sudden-onset or protracted crises, as well as in collapsing health systems. It includes forced displacement, persecution, exploitation, containment, targeted discrimination and neglect.

02 Ability to Act

Given our limited resources and medical competencies, will our intervention have a meaningful direct health impact on the people we wish to help?

We seek to address the most significant medical humanitarian needs, prioritising those most closely connected to the consequences of violence, in particular the following:

- Groups that are systematically targeted and persecuted
- Groups that are directly or indirectly affected by violence
- Groups that are deliberately excluded and socially marginalised
- Groups that are neglected because the state or other actors are unable to respond and address disproportionately high levels of healthcare inequities.

A judgement based on evidence, expertise and experience is made, taking into account the following criteria regarding the nature of the needs and our ability to respond to them:

→ The scale and/or severity of the medical humanitarian need

→ The presence of specific, affected and highly vulnerable people whose medical humanitarian needs are unmet

→ The high risk that the situation will rapidly deteriorate without prompt intervention

→ The presence of health needs which cannot be better addressed by another actor

→ The feasibility of launching meaningful operations in light of OCA's ability to gain access, manage security risks, and deploy resources and people.

03 Fair Resource Distribution

Does the proposed intervention meet our desire to address a diverse set of contexts, people and medical humanitarian needs, and does it address medical humanitarian needs equitably?

We aim to respond to a diverse range of crises and needs, build our capacities and ensure that our interventions include a productive balance of innovative and established activities. For the majority of our operations, we prioritise contexts with severe or significant medical humanitarian needs, where our medical interventions will have clear value. Our principal focus is on improving the health of affected groups in the short-to-medium term.

We strive to fairly distribute our resources across our operations. The level of support we give to different groups is determined by weighing medical impact, proximity, strategic presence, innovation, research opportunities, potential for change, geographic spread and context.

For a minority of projects, we will allow space for different logics. We will prioritise the opportunity to invest in a predefined health change agenda and will seek to influence a change of large breadth (global or regional) and depth (i.e. connected to deeper socio-political factors) to improve the health of the current population and the next generation. In such situations, multi-year commitments and dedicated resources will be allocated. These will be steered to ensure we evolve to meet future medical humanitarian challenges, which might include:

→ Globally neglected areas of healthcare (existing or emerging)

→ Identified and important gaps within the medical humanitarian arena

→ Fostering new technical skills, tools and critical healthcare developments relevant to neglected populations.

Our Strategic Orientations

Person-centred care

Humanity and a desire to care for people are the essence of our social mission. They lead us to address people's health and social needs in a safe and dignified manner that upholds high standards of medical care, while respecting their choices regarding their own health and wellbeing.

Driven by civil society and healthcare professionals around the world, person-centred care (PCC) has evolved over the last three decades as a way of delivering safe, evidence-based, holistic, respectful healthcare tailored to the changing needs of different people and communities. It respects an individual's autonomy to manage their own healthcare choices, based on advice from healthcare professionals. It allows for the delivery of high-quality healthcare through informed decision-making, and is applicable to any healthcare service, whether vertical or integrated into programme design.

For MSF OCA, this means delivering healthcare that is evidence-based, safe and of an acceptable quality, in programmes that are designed to consider the values, sociocultural norms and lifestyle choices of patients in different contexts.

MSF OCA has proven experience of adapting care to different contexts. We will build on the progress we have made in recent years with regards to the safety and effectiveness of our healthcare services, to consistently deliver these in a way that recognises the whole person and ensures they are actively involved in decisions regarding their care.

Aim

A PCC approach across MSF OCA projects

We aim to develop a contextualised approach to planning and delivering care that is enabling and attuned to the needs and preferences of the specific people or population groups we are trying to reach.

We want to ensure that the people and communities we assist are treated with dignity and are active participants in managing their own health. Decisions on what and how healthcare is delivered will be reached through a consultative process with patients and communities, respectfully acknowledging where we cannot or choose not to meet some healthcare expectations.

We aim to see a context-specific PCC approach in all MSF OCA missions and projects, building on the capability of our patients, and their families, networks and communities. We recognise that the degree to which this can be achieved will depend on the nature of the programme, its stage of implementation/life cycle, and contextual factors and opportunities. However, there are a number of key components that form the foundation of a PCC approach, which will need to be embedded in all missions and projects.

Objectives

→ Integrate PCC into our project planning, design and implementation through a consultative process with patients and communities

→ Integrate Monitoring, Evaluation, Accountability and Learning (MEAL) of PCC into the control cycle

→ Strengthen PCC delivery through a multi-disciplinary approach

→ Embed the following key components across all missions and projects:

- Respect for patient autonomy and agency and (where relevant) self-management of health conditions
- A patient safeguarding policy
- Patient representation in governance processes overseeing the delivery of health services
- Healthcare design processes that take into account patients' and communities' needs, wishes and expectations
- Learning mechanisms that enable timely analysis of needs, solution generation, and cross-mission and project learning
- Mechanisms for the collection and analysis of patient and staff experiences.

A clinical governance framework to deliver safe, effective PCC

MSF OCA is committed to providing safe, high-quality healthcare. We strive to adapt our healthcare services so that global advances in medical care can be made available in our missions and projects, including how we deliver this care. While we have made improvements in the standard of healthcare provided in our projects, it is still a challenge to ensure these are applied consistently. Global medical humanitarian needs are increasing and becoming more complex, leading to a rise in patient numbers. This has the potential to overwhelm our implementation capacity.

Our humanitarian drive to respond to large-scale healthcare needs in a timely manner is matched by our sense of responsibility for ensuring we provide safe and effective care. Several factors can influence the quality of the healthcare we provide. In order to achieve sustained improvements, our approach needs to be systematic, field driven and supported by an organisation-wide commitment.

During this strategic period, MSF OCA will build on an organisation-wide commitment to quality assurance and the safe delivery of healthcare through an overarching clinical governance framework that incorporates a PCC approach. This framework will establish and maintain a system for delivering healthcare that is safe, effective and person-centred, and adaptable to different contexts.

We will ensure that the clinical care we provide incorporates best practice through the development and consistent use of clinical guidelines and protocols. We will strengthen the support mechanisms for frontline clinical staff, including training and resources, so that they are empowered to deliver this level of care.

Staff

People are at the heart of MSF OCA's medical humanitarian work. We are an associative movement of people standing up for the principle of humanity. We value our humanitarian spirit and strive to develop the professional and technical skills and abilities of our teams.

We will evolve our staffing model and the composition of our staff to ensure we can meet our social mission over the next 10 years. In order to fulfil the increasingly diverse and complex ambitions of our social mission, we will attract and retain the best staff and draw contributions from across our workforce.

MSF OCA faces numerous staffing challenges, including a shortage of staff with the right level of management and technical expertise, a lack of performance management, gaps in our integrity system and limited opportunities for development and mobility. We will address these through an aligned and connected staff strategy. Our **staff vision** will underpin all our actions in the coming four years.

Aim

An inclusive, healthy and safe environment for all our staff, where diversity of thought and experience enhance the quality of our work

By 2023, MSF OCA will be considered the preferred employer for future staff looking to work in the medical humanitarian sector. It will foster a culture that is built on an inclusive, healthy and safe environment for our staff. We will work towards diverse representation at the highest-level executive leadership platforms. We will continue to invest in our staff, particularly those delivering healthcare, so that they have opportunities for personal and professional growth within the organisation.

The following interdependent strategic aims will support the delivery of our strategic objectives and will further embed our values and behaviours:

→ Attract and recruit staff with the required expertise who embody a spirit of humanitarianism, with a focus on identifying potential and talent, both locally and internationally.	→ Invest in developing and supporting our staff through high-quality performance management, so that they can fulfil their potential and meet their career aspirations in MSF and beyond.	→ Promote and develop excellent leadership and people management skills and practices.	→ Improve staff retention rates by creating a safe working environment that champions diversity and inclusion, enables mobility, and where staff feel valued, respected and engaged.

Objectives

→ Ensure all managers and supervisors are champions for people management and inclusion, and meet their key responsibilities to their staff

→ Develop a staff strategy for all missions based on a data-driven approach to managing and supporting staff

→ Measure staff engagement and satisfaction in all missions and offices

→ Ensure all managers monitor and maintain staff wellbeing and safety in their teams and cultivate healthy and safe working environments

→ Promote a high-performing culture, where performance, continuous feedback and learning are supported by managers and employees together

→ Identify, grow and manage our internal talent in both technical and coordinator career paths

→ Develop opportunities for functional and geographic mobility in all our missions and offices.


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Igniting change and enabling action

We will seek out and exploit opportunities to leverage positive change for those we assist, in all our projects. During this strategic period, we will work in three carefully selected areas to influence positive global change.

MSF OCA will inspire, engage and mobilise the people we assist and their communities, the media, our supporters, our associative members and other organisations with similar or complementary aims, as well as the wider MSF movement, behind the issues we work to address. We will use credible humanitarian experiences and medical expertise to strengthen our voice, so that it is reflective of the people we assist and the causes we defend.

We believe that the people we assist have the power and agency to effect change, and, where possible, we will support and enable them to raise their voices. We will leverage the proximity, presence and experiences of MSF missions, OCs and partner sections, and forge new collaborations and partnerships to ignite change.

We have selected two key areas where we will use our knowledge, experience and commitment to influence positive global change: **standing in solidarity through principled humanitarian action** and **antimicrobial resistance.**

The impact of climate change and environmental degradation on health will be an additional focus area. We will ensure our operational approaches are adapted to take account of their impact on environmental health and will contribute to movement-wide initiatives that seek to influence global policy change.

Standing in solidarity through principled humanitarian action

Aim

Changes to the policies relating to people on the move, people in settings of containment and people who face systematic exclusion, and to the negative narratives built to dehumanise them. Preservation of principled humanitarian action.

People in crisis – whether persecuted minorities, people on the move seeking safety or those prevented from fleeing to seek safety – are experiencing unacceptable dehumanisation and brutality. This violence is being increasingly legitimised by a shift in public and political discourse, which is undermining humanitarian norms and values, and the institutions that promote and safeguard them. As a result, long-established principles of humanitarian action are being brought into question.

We refuse to accept inhumanity as the 'new normal'. We will join with other organisations and groups in standing against the systemic dehumanisation of people. In doing so, we will seek to galvanise public support for humanitarian principles that uphold dignity and the alleviation of suffering. We will act and speak in solidarity with those most affected by this trend, explicitly challenging a) the dehumanisation of people; b) the manipulation and de-legitimisation of humanitarian action; and c) the erosion of the laws, principles and rules that protect people in crisis.

Objectives

Expose policies of dehumanisation and promote access to healthcare for people on the move, people in settings of containment and systematically excluded groups

→ Advance public narratives promoting the agency, dignity and rights of people subjected to systematic dehumanisation, and catalyse action to improve unhindered access to appropriate healthcare for them

→ Identify and advocate national and international policies that eliminate systematic dehumanisation and denial of healthcare.

Uphold and strengthen principled humanitarian action

→ Promote constructive narratives and understanding of the meaning and critical purpose of humanitarian principles and principled humanitarian action, and galvanise collective responses against actions that impede or undermine them

→ Positively influence laws and policies that risk undermining principled humanitarian action, including those that would instrumentalise, delegitimise and criminalise humanitarian assistance, introduce bureaucratic impediments and/or provide impunity for attacks on humanitarian actors.

Antimicrobial resistance

Aim

Global policy change for AMR

Microbial resistance to medicines is rapidly spreading and affecting the morbidity and mortality of our current and future patients. To date, the global fight back against AMR has been heavily focused on approaches suitable for highly developed contexts.

We witness AMR in the patients we treat – including those with TB, HIV and malaria – who live in neglected parts of the world and often do not have effective treatments for these highly resistant infections. The full extent of AMR in the places where we work is not yet properly known, let alone addressed.

As MSF OCA, our aim is to meet our patients' AMR-related needs by addressing the factors that drive resistance, while also influencing national and global policies to ensure they are fit for purpose to tackle it in an equitable way around the world.

The high-risk groups that will be prioritised by MSF OCA are surgical patients, immunosuppressed patients (including those with HIV/drug-resistant TB (DR-TB), and those that are malnourished or with burn wounds), and paediatric patients.

Objectives

→ Together with the wider MSF movement, mobilise global health actors and WHO to:
- Adapt global policies and guidelines to the needs of the people we assist in LMICs
- Advocate for a reduction in the lag-time in global initiatives reaching LMICs
- Advocate for National Action Plan roll-out to be adapted to LMIC

→ Highlight gaps in tackling AMR in places where MSF OCA works:
- Establish links and collate data on all aspects of AMR (TB, malaria, HIV, antibiotic resistance)
- Advocate for microbiology access
- Advocate for the regulation of antibiotics

→ Develop context-specific treatment guidelines and AMR tools, and improvements in diagnostic tools

→ Drive a reduction in incidences of DR-TB through improved detection and treatment, and advocacy for the adoption of more progressive treatment options.

The impacts of climate change and environmental degradation on health

Aim

Close gaps in neglected areas within the global health and humanitarian system for vulnerable people affected by climate and environmental degradation

The negative health consequences of the climate crisis disproportionately affect people living in precarious situations who already live with poorer health outcomes. MSF OCA's programmes are increasingly seeing the effects of this crisis. Many people have been forced to move to overcrowded, informal urban settlements, or are repeatedly affected by food and water scarcity, environmental contaminants and extreme weather events.

Over the next four years, we will develop our understanding, data collection capacity and expertise in this area to contribute to initiatives – both within the MSF movement and in collaboration with other like-minded organisations – aimed at highlighting areas of neglect within the global health and humanitarian system for vulnerable people affected by climate change and environmental degradation.

Objectives

→ Recognise the impact of climate change and environmental degradation on the health of our target populations in our context analyses and, where feasible, tailor our programming accordingly

→ Develop alliances with selected organisations to deepen our understanding of the health consequences of climate change

→ Contribute to broader policy, advocacy and legal initiatives.

“We will enhance our decision making through diversity of thought and experience”

MSF as a Global Organisation

A position of strength, which we need to build on

MSF now has over 40 offices across the globe, with new initiatives emerging in West and Central Africa, East Africa, Latin and Central America, the Middle East and North Africa, and South Asia. MSF OCA directly provides humanitarian assistance in 26 countries, through a global workforce recruited from over 70 countries. We have an established partnership of sections in the Netherlands, Germany and the UK, as well as developing offices in India and Ireland. Throughout our evolution and our recent rapid expansion, our social mission has always been at the core of our work and continues to unite all parts of the organisation. Our development has undoubtedly placed us in a strong position, which we need to build on.

Why do we need to evolve?

While MSF OCA's global presence has expanded, we have not fully harnessed the skills and abilities of our workforce. Nor have we fully capitalised on the opportunities to deepen our engagement with, and learn from, local and regional networks and civil society groups, to enrich and diversify our own thinking.

All five OCs and most of our support services are primarily located in Europe, and our senior management and leadership are predominantly from the high- and middle-income countries. MSF staff from other parts of the world are calling for greater equity of opportunity and the agency to proactively take responsibility for MSF's medical humanitarian work.

Aim

Harness the capacities and capabilities of the whole MSF movement to build an effective organisation for the future

Our aim is two-fold: to optimise and synergise existing capacities; and to redistribute investments and resources across MSF to optimise use and to reduce our Euro-centricity. We will do this by building on our own progressive OCA partnership and, as MSF OCA, by seeking opportunities to collaborate with other MSF entities, for example through shared services, intersectional medical specialist teams and regional hubs.

Our decision-making regarding how we evolve, and where we invest, will be based on the following guiding principles:

→ Preserving our core strengths: speed of emergency response, capacity to scale up, creativity and a common purpose that unites all parts of our organisation

→ Upholding the expression of global humanitarian solidarity through diverse teams of international and locally recruited staff

→ Protecting the coherence of our principles, values and social mission

→ Making intervention and resource allocation choices through the lens of global (not regional or local) needs

→ Reducing duplication of support functions by ensuring that all organisational investments work on a movement-wide basis.

To guide our choices on how our resources are distributed, we will consider the following:

→ The relevance for humanitarian representation	→ The potential to deepen our knowledge of, and learn from, local and regional networks and civil society groups	→ The potential to increase the effectiveness of direct medical operational support	→ The potential to maximise the efficiency and return on our investment in support functions.

Address inequities in opportunities and inclusion

MSF OCA will strive for greater diversity, particularly among our senior managers and leaders, so they are more representative of our overall global workforce. In addition, we aim to enhance our decision-making through diversity of thought and experiences.

Together, we will work towards ensuring that MSF OCA has a work environment where staff feel valued and included. We will address inequities in opportunities for personal and professional development by recognising our own blind spots and systematically tackling any biases and structural barriers within the organisation.

Objectives

Address internal structural barriers to diversity, equity and inclusion

→ Ensure senior leadership at all levels of MSF OCA becomes more representative of our global workforce

→ Strive for gender equality in the leadership of our projects and missions

Contribute to the evolution of the MSF movement

→ Define our current medical humanitarian and operational support set-up to identify how to optimise the distribution of resources and functions globally, including via shared services, medical specialist teams and global support hubs

→ Identify specific areas where expertise, knowledge and resources can be pooled with other OCs and/or sections

→ Define MSF OCA's participation and engagement in global MSF initiatives

Strengthen and expand our existing partnership in support of the evolution of the MSF movement

→ Support the work of MSF India and the South Asia Regional Association (SARA) to develop MSF South Asia's strategic direction

→ Develop the Amman office into a strong contributor to the regional Middle East and North Africa (MENA) network

→ Through MSF Germany, support the development of MSF Moscow, with a stronger anchoring in the OCA partnership

→ Define our executive and associative governance, ensuring it reflects our global partnership

→ Encourage and promote associative life in the field.

How We Work

In recent years, MSF OCA has adopted several different operational approaches in response to the ever-increasing external challenges we face. The current size and complexity of our programmes mean that more agility, flexibility and efficiency is needed in our operations, staffing, logistics, information technology, compliance and control, and other support services. We need to optimise the way we organise ourselves to support the range of operational approaches and improve the effectiveness of our work. We aim to do this by using differentiated models, by sharing opportunities to be more efficient through working with other OCs, and by engaging in collaborations and alliances that complement our operations.

During this strategic period, we will also review how best to adapt our internal structure, processes and systems – including our executive governance model, our integrity systems and our knowledge management systems – to deliver on our strategic objectives. Quality of care and clinical governance will be an area of focus within our medical responses, with the aim of developing and strengthening our PCC approach.

Our Integrity System

As a humanitarian organisation, maintaining the highest standards of integrity is a responsibility and a requirement to preserve the trust of the people we assist and their communities. We have a further responsibility in this regard, derived from the trust placed in us by the supporters who make our work possible, as well as the tens of thousands of staff who work for us.

MSF OCA has three structures in place to assure our integrity is upheld: medical incident reporting, the Responsible Behaviour Unit and the Control Unit. There are also various policies and processes on ethical fundraising, communication and external accountability, and principles of good governance.

By 2023, we will ensure that these elements are better aligned and developed, forming a comprehensive, coordinated system built around integrity, governance and compliance. This will link with the integrity systems of all offices within the OCA partnership. In this way, MSF OCA will contribute to driving systemic change across the wider MSF movement.

In order to implement this system, MSF OCA will develop a
road map that will cover:

- Fraud, corruption and conflict of interest
- Responsible behaviour and safeguarding in medical facilities and programmes
- Medical incidents
- Data protection
- Environmental footprint
- Ethical procurement

Our environmental footprint

MSF OCA must take on our share of the responsibility for responding to climate change. We will commit to higher standards of environmental responsibility and sustainability, individually and within the physical space of all MSF OCA offices and those of our partners. In our missions, and in the spirit of the *Do No Harm* principle, MSF OCA recognises its responsibility to act to reduce MSF's environmental impact and we will encourage sustainable and environmentally responsible initiatives within MSF medical humanitarian programming in the future.

OCA partnership and executive governance

We want to retain and build on our executive governance model of partner sections and branch offices. Our strength lies in our ability to bring together expertise, perspectives and contributions from across our partnership and in our shared ownership of our strategic ambitions.

As MSF OCA evolves, we want to ensure that our executive governance model, including our decision-making platforms, adapts to changing dynamics. We will review our executive governance structure considering the following guiding principles:

- Joint responsibility of partners for strategic choices in operational programming
- Subsidiarity
- Manageability and complementarity of platforms.

In terms of programme support, we will review the medical, operational, advocacy and communications functions, specifically related to MSF OCA and located in our sections and branch offices, in order to optimise our integrated support for our missions.

Differentiated models to support operations

By 2023, we want to employ differentiated support and managerial models that enable agile, flexible and efficient operations in MSF OCA.

Operational approach

We will further develop our ability to design and implement flexible programmes that are closely adapted to specific contexts and needs. This is likely to involve identifying differentiated operational approaches, such as in protracted crises.

Planning and control cycle

We will differentiate our planning and control cycle to allow for the right dialogue with the right people at the right time, to improve planning and control (and monitoring) mechanisms for both annual and multi-year projects in missions.

Staffing

We will develop an efficient staffing model that enables the right people to be in the right place at the right time. Needs, local context, staff mobility and analysis of the labour market will all be considered. We will harmonise the recruitment model for our staff, based on competencies and skills that show the potential to develop into key management and supervisory positions. Our staffing model will safeguard MSF's principles to ensure global solidarity through a balanced ratio of international and locally recruited staff.

Supply

We will move from multiple supply chains to a value-adding network. We will establish an agile, responsive, adaptable and integrated humanitarian supply network of aligned internal and external providers that meet the complex supply challenges and demands of a constantly evolving context, thereby expanding MSF OCA's operational reach.

We will apply this strategy to three supply chains with differing requirements: a regular supply chain focused on efficiency, an urgent supply chain focused on effectiveness and a complex supply chain focused on agility.

Alliances

MSF OCA will seek out alliances, collaborations and partners that support our pursuit of improved humanitarian and health outcomes for the people we assist. We recognise we are part of a wider health response and will work with others to promote PCC.

In our efforts to bring about change for the benefit of the people we assist, locally or on the specific topics where we seek to ignite global change, we will forge new, innovative relationships with those who have similar or complementary aims.

Through our work, we have the possibility, and the responsibility, to strengthen local capacity, knowing that the presence of our missions is temporary. In 2020, we will undergo a process to determine the extent to which this will become a systematic part of our approach and the level of corresponding investment.

Develop as a learning organisation

We will develop MSF OCA as a learning organisation that stimulates the exchange of views and experiences, with opportunities to experiment and innovate, and spaces for reflection.

Knowledge management

To improve decision-making, we will ensure that information and knowledge are consistently captured, developed and made accessible and available. We will integrate information and knowledge management into our ways of working and encourage open-source learning. Staff will be encouraged to establish and engage in practice and expert networks to share learning.

Research, innovation & reflection

We will continue to develop our ability to design and conduct high quality, ethically sound research, which makes appreciable improvements to the health and wellbeing of the people and communities we care for. We will develop our capacity to innovate and adapt new technologies and techniques to the challenges of the contexts we work in.

Our supporters

MSF supporters are valued as core enablers of our work. We rely on them for the delivery of our medical humanitarian assistance and for our continued financial independence.

We will nurture our relationship with MSF donors and supporters by championing a holistic fundraising culture within the organisation. We will create an enabling environment for the mutual reinforcement of advocacy, communication and fundraising efforts across the wider MSF movement. We will support innovative strategies that capitalise on opportunities to explore new means for raising funds.

Photos

Cover page MSF Mobile Clinics and Tea Teams,
Somali Region, Ethiopia
March 2019
Susanne Doettling/MSF

P4 MSF Health Promotion Outreach team visit
local communities to raise awareness about
Ebola in Butembo, North Kivu, DRC.
June 2019.
Pablo Garrigos/MSF

P10 Receiving the helicopter transporting non-food
items to Padding, Jonglei state, South Sudan.
October 2012
Jason Van Dyke/MSF

P16 The vaccinator's assistant of MSF CERU team
prepares to administer the measles vaccine to
children in Djouna, Am Timan region, Chad
April 2019
Juan Haro

P18 Newly arrived Rohingya wait for their turn to collect
building material for their shelters distributed by aid
agencies in Kutupalong refugee camp, Bangladesh
September 2017
Dar Yasin/AP Photo

P24 MSF's psychosocial care team supports TB patients
with play therapy as part of MSF's holistic approach
to care Dushanbe, Tajikistan
September 2018
Sabir Sabirov

P31 An MSF team carry out an assessment of surrounding
areas by canoe to understand the broader impact
of flooding on the population, Lekongole, Pibor,
South Sudan
October 2019
MSF

P34 A MSF mobile clinic team travels down the Phow River,
a tributary of the White Nile, in Jonglei State,
100 km south of the city of Malakal, South Sudan
December 2017
Frederic NOY/COSMOS

Colophon

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