



STRATEGIC DIRECTION MSF UK/IE

2020

2023



MSF staff and patients at the MSF hospital in Bentiu, South Sudan. The hospital provides emergency and surgical care, an inpatient therapeutic feeding centre, treatment for HIV and TB, care for survivors of sexual and gender-based violence, mental health support and malaria outreach activities. These are open to displaced people living in the Protection of Civilians site and the surrounding areas. Photo: Peter Bauza (2017).

INTRODUCTION

We are pleased to present the MSF UK and Ireland (MSF UK/IE) Strategic Direction for 2020-2023, detailing our strategic focus for the coming four years. The process for developing this vision was led by staff from across the organisation, supported by the Management Team (MT), in answer to calls for greater inclusion in defining our priorities for the future. As such, the process adopted the collaborative, multi-disciplinary approach that MSF UK/IE aspires to.

This document does not capture the entirety of what MSF UK/IE does and some of our daily, ongoing work is not reflected within it. Over the next four years, MSF UK/IE will continue to provide strategic and technical support to our medical humanitarian programmes; to represent the need for policy change on issues that drive medical humanitarian need; to speak out on the realities of crises that we bear witness to; to recruit and deploy medical and humanitarian practitioners; to raise vital funds for our work; and to fulfil the financial, administrative, IT and governance requirements that make all of that work possible.

As a medical humanitarian organisation, we will continue to respond to new priorities that emerge from our field operations. As part of the MSF 'eco-system', we both influence and respond to priorities that are determined by our operational partnerships and the wider MSF movement. We have not tried to capture all of those in this Strategic Direction; they need to co-exist and positively influence each other.

The goals outlined in this strategy are enablers for those wider efforts. They describe things that we want and need to change – in our medical humanitarian programmes, in the wider MSF network and in ourselves – in order to have greater impact and to provide better support to the people that we assist.

We will need to pace ourselves over the coming four years. This Strategic Direction is set against five years of significant growth across MSF, with operational budgets increasing from €800 million to €1.2 billion in that time. Our movement has also grown, with new offices opening across the world as MSF looks to diversify its institutional membership. This increases complexity, workload and headquarter (HQ) budgets. In the coming two years, growth in operations is projected to plateau. Strict controls are therefore being placed on HQ budgets.

Bearing this in mind, our vision sets out what we want to achieve, but we will need to prioritise and be creative in the face of limited resource availability.

This makes it even more important to set priorities, and we are confident that this Strategic Direction will enable just that, as we strive to increase and enhance the support provided by MSF UK/IE to people around the world facing medical humanitarian crises.

Javid Abdelmoneim

President MSF UK

Colin Herrman

President MSF Ireland



MSF doctor Tariqul Pavel checks on a young patient at the Kutupalong health centre in Cox's Bazar, Bangladesh. The Kutupalong-Balukhali refugee camp is one of the largest in the world, hosting over 600,000 Rohingya. The centre provides a 24-hour emergency room, outpatient and inpatient departments, a diarrhoea treatment ward, a mental health department, and sexual and reproductive healthcare services. Photo: Sara Creta/MSF (2018).

MISSION

WHY MSF UK AND IRELAND EXISTS

MSF international mission statement

“Médecins Sans Frontières (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

¹ MSF International proposed Mission Statement, May 2000. The concepts within this mission statement continue to evolve over time.

PURPOSE

The purpose of MSF UK and Ireland

The purpose of MSF UK/IE is to make a unique and meaningful contribution to MSF's medical humanitarian work by assisting people experiencing crises.² Our contribution capitalises on a skilled and committed workforce and the societies in which we are rooted.

The following characteristics of UK and Irish society explain why we choose these two societies from which to develop this contribution:

- extensive presence of medical and humanitarian institutions and organisations in the UK make this a rich landscape in which to ignite change on global health issues
- vibrant innovation communities in both the UK and Ireland, which help us to innovate within our field programmes
- strong medical humanitarian labour markets and, in the case of Ireland, a neutral and highly valued passport, from which we can recruit and deploy highly skilled field staff
- the UK as a global media hub through which MSF can speak out, raise awareness and stimulate change
- a significant fundraising market in the UK and high per capita giving in Ireland through which we can generate financial support for MSF's social mission
- the international and European political significance of the UK and Ireland respectively, which provide opportunities to engage with political decision-makers and humanitarian organisations
- an influential and globally oriented academic sector in the UK, providing opportunities for beneficial academic partnerships with MSF.

² Within MSF, this is known as our 'social mission'.



MSF staff carry buckets with essential aid to people in Beledweyen town, in the Hiiraan region, who were displaced by the severe flooding that swept across central Somalia in October 2019. Photo: MSF (2019).

VISION

By 2023, MSF UK/IE aspires to:

An increased and enhanced contribution to the work of MSF, through our partnership with MSF Operational Centre Amsterdam (OCA) and as part of a global movement bound together by a common mission.

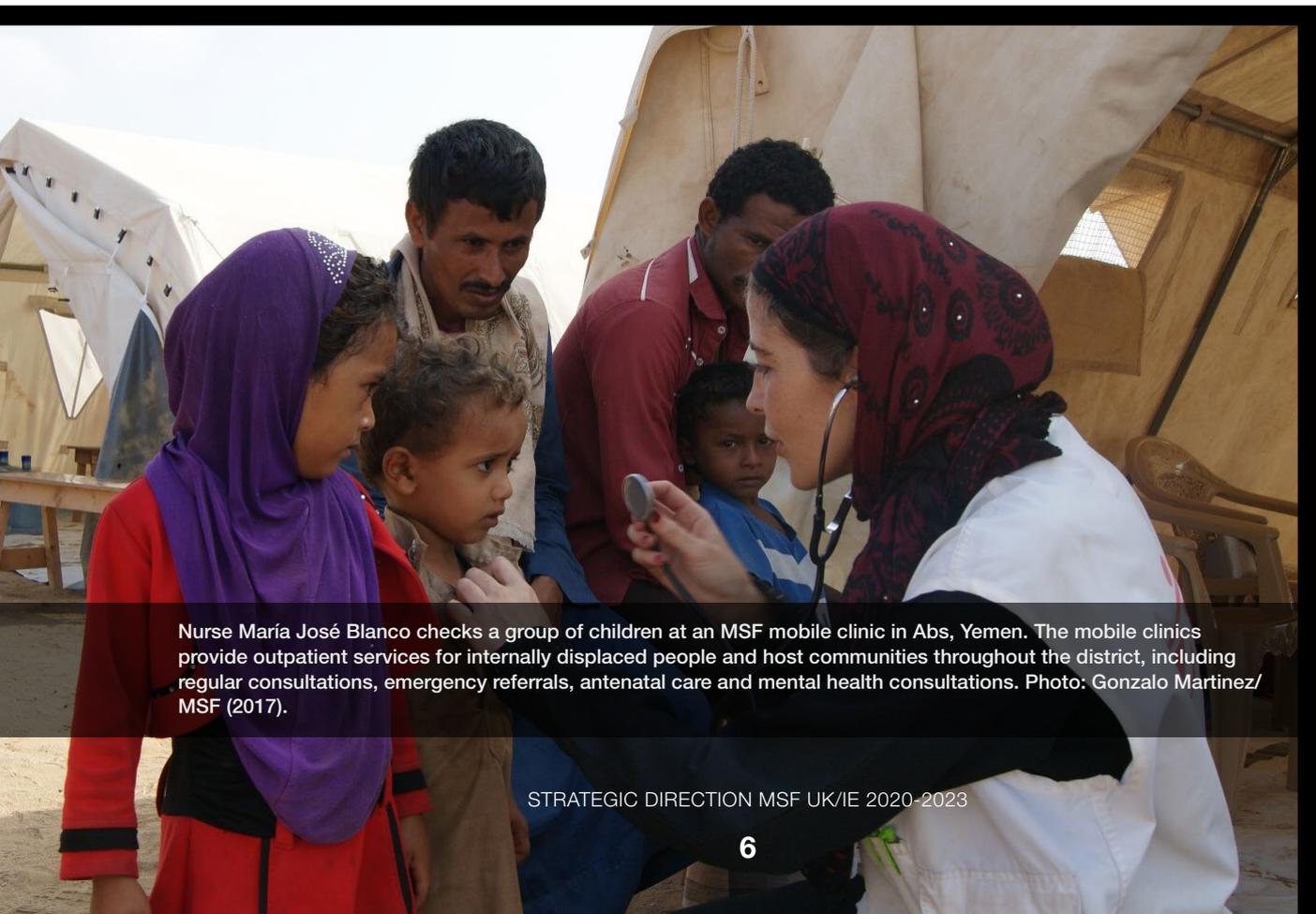
Adopt a more person-centred approach to our medical humanitarian work, as a catalyst for change in the way healthcare is provided in humanitarian settings, taking into account the needs and wishes of our beneficiaries, as well as their social and relational context.

Integrate climate-related analysis and response into our medical humanitarian programmes and pay more attention to our own contribution to ongoing climate and environmental degradation.

Be an organisation and part of a movement that values its staff and ensures that all those who work with and for us feel this value in their working lives and are treated with equity and respect.

Develop an extended supporter base that reaches new supporters and improves retention and engagement with existing ones through more timely and impactful messaging, collaborative communications and fundraising projects, and the development of a wider range of supporter channels. This will include deploying more activist tactics that can harness their energy and desire for change. Through this work we will raise our annual income to over £71.4 million in the UK and €8.2 million in Ireland by 2023.

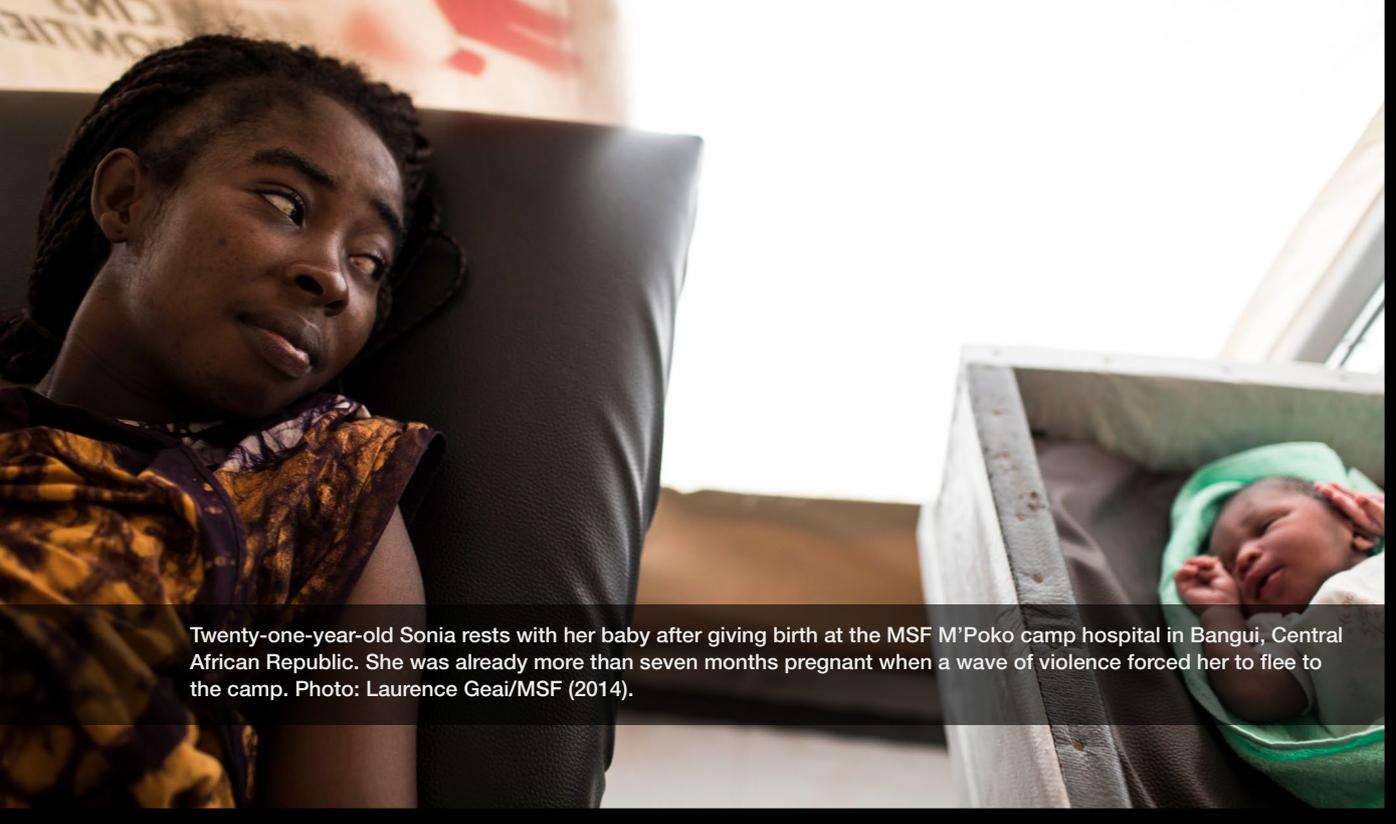
Optimise working practices to allow space for innovation and testing of new ideas, and better enable collaborative and flexible working.



Nurse María José Blanco checks a group of children at an MSF mobile clinic in Abs, Yemen. The mobile clinics provide outpatient services for internally displaced people and host communities throughout the district, including regular consultations, emergency referrals, antenatal care and mental health consultations. Photo: Gonzalo Martinez/MSF (2017).



Eighteen-year-old Ali attends a physiotherapy session at the MSF field hospital in Mocha, Yemen. He was injured by a landmine explosion while working in a field east of the city. The field hospital is the only facility able to perform emergency surgery in the area. Since opening the hospital, MSF has provided more than 2,000 emergency room consultations and performed around 1,000 surgical procedures. Photo: Guillaume Binet/MYOP (2018).



Twenty-one-year-old Sonia rests with her baby after giving birth at the MSF M'Poko camp hospital in Bangui, Central African Republic. She was already more than seven months pregnant when a wave of violence forced her to flee to the camp. Photo: Laurence Geai/MSF (2014).

MSF UK/IE IN 2023

By 2023, MSF UK/IE will have increased and enhanced its contribution to the work of MSF, through the MSF OCA partnership and our collaboration with a global movement bound together by a common mission.

MSF OCA's vision for 2023 is that, 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. As part of our direct contribution to this vision, MSF UK/IE will provide innovative and impactful support to our medical humanitarian programmes, taking a person-centred approach and catalysing ongoing improvements to the care we provide around the world – ensuring these improvements have movement-wide impact.

Beyond direct medical care, MSF has a unique role and responsibility to effect broader positive change for the people we assist. MSF UK/IE will play an important role in meeting this responsibility through the projection of a uniquely strong and courageous public voice on the humanitarian crises to which we bear witness, where possible amplifying the voices of those directly affected. We will confront antimicrobial resistance in our medical programmes and influence global and country-level policies so that this is addressed in an equitable way. We will stand up for humanitarian ideals in the face of narrowing operational space and the dehumanisation of people in crisis. We will ensure that MSF OCA and the wider MSF movement are equipped to assist vulnerable people facing the intensifying health impacts of climatic change, building strong links with UK- and Ireland-based centres of climate expertise. We will have learned how to provide evidence to political decision-makers around the world of the impact that climate change has on health and humanitarian crises. We will have humanised climate discourse, raising the voices of the most vulnerable communities affected by climate change in health and humanitarian climate forums. We will have become an environmentally responsible organisation, in our individual actions and our London and Dublin offices.

MSF UK/IE will build on MSF OCA's vision for its staff. By 2023, we will be an organisation where all those who work with and for us – whether in UK, Ireland or in an MSF project – feel valued in their working lives and are treated with equity and respect. MSF UK/IE will be a healthy work environment built on inclusivity, diversity and empowerment, where professional development meets the needs of MSF and its staff. We will have driven and supported OCA and movement-wide initiatives that share this aim and build an MSF movement whose leadership embraces and reflects the diversity that exists within the organisation, where there are opportunities for staff regardless of where they are hired. By being an organisation with diverse staff and leadership, who feel valued and respected, we will be better placed to deliver medical care for the people that we assist.

MSF UK/IE is able to continue its work because of individuals and organisations who value humanity and want to help crisis-affected people. Through capitalising on our public awareness, by 2023 our supporter base will be further developed by the creation of opportunities to engage with new supporters and improve the retention and engagement of existing supporters. We will have developed a wider range of methods for that purpose, including activist tactics which harness our supporters' energy and desire for change, and amplify our messages. We will ensure that our supporters are aware of the importance of their contribution, inspiring them to develop a lifelong relationship with MSF.

By 2023, MSF UK/IE will have begun to embed new ways of working in our London and Dublin offices. As a result, workloads will feel more balanced and realistic. Our improved organisational design will optimise working practices, creating space for innovation and testing new ideas, and better enabling collaborative and flexible working. MSF UK/IE will work with an appropriate set of processes and systems and will capitalise on our dual geographic locations. Senior management and staff will have worked as partners in the development of a better functioning organisation and will have contributed to an OCA partnership and MSF movement in which systems and processes work more effectively together.



A health worker assists a patient with Ebola at the MSF-supported Ebola treatment centre in Butembo, DRC. The ongoing Ebola outbreak is the largest in the country's history. Photo: John Wessels/MSF (2018).



A poster providing information about the symptoms of diphtheria in the Kutupalong-Balukhali refugee camp. Between December 2017 and February 2018, MSF treated more than 4,600 people for diphtheria in Cox's Bazar district, Bangladesh, most aged between five and 14 years. Photo: Sara Creta/MSF (2018).

MSF'S PRINCIPLES

Our fundamental principles: The core of all we do

HUMANITY: Human life has value. We seek to save lives and alleviate suffering. Unnecessary suffering and death are an affront to human dignity, and we respond to these by seeking to heal and help protect people from further harm. We enact this principle primarily through our medical action and through our *témoignage* (speaking out).

IMPARTIALITY: We provide assistance to those who are suffering according to need alone. We do not discriminate on the basis of gender, age, race, nationality, ethnicity, sexual orientation, disability, political affiliation or religious belief.

RESPECT FOR MEDICAL ETHICS: We always seek to act in the best interests of our patients, to do them no harm and respect their right to make their own decisions about their medical treatment.

Our operational principles enable us to fulfil our mission:

NEUTRALITY: The patients we serve are the focus of our operations. We do not take sides in conflicts or favour any party over another. We seek to have an open and transparent dialogue 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 the institutions of power and avoid being subordinated to any state or political agenda. We value and develop our financial independence as essential to enabling this and recognise the importance of our relationships with our supporters.



An MSF staff member checks on a patient in the paediatric ward of the Mobayi-Mbongo hospital in Nord Ubangi province, DRC. Since May 2017, tens of thousands of refugees from the Central African Republic have arrived in Gbadolite and Mobayi-Mbongo, and other areas along the Ubangi River, fleeing conflict in their country. Photo: Carl Theunis/MSF (2018).

Our values guide how we enact our principles

PROXIMITY: We seek to be present with people who are suffering, to care for them in as direct a way as we can. All MSF staff, regardless of where they are from, their nationality or their profession, play a valuable role in fulfilling this commitment. Where we are prevented from caring directly for people in need, we will not abandon them and will find whatever ways we can to best assist them.

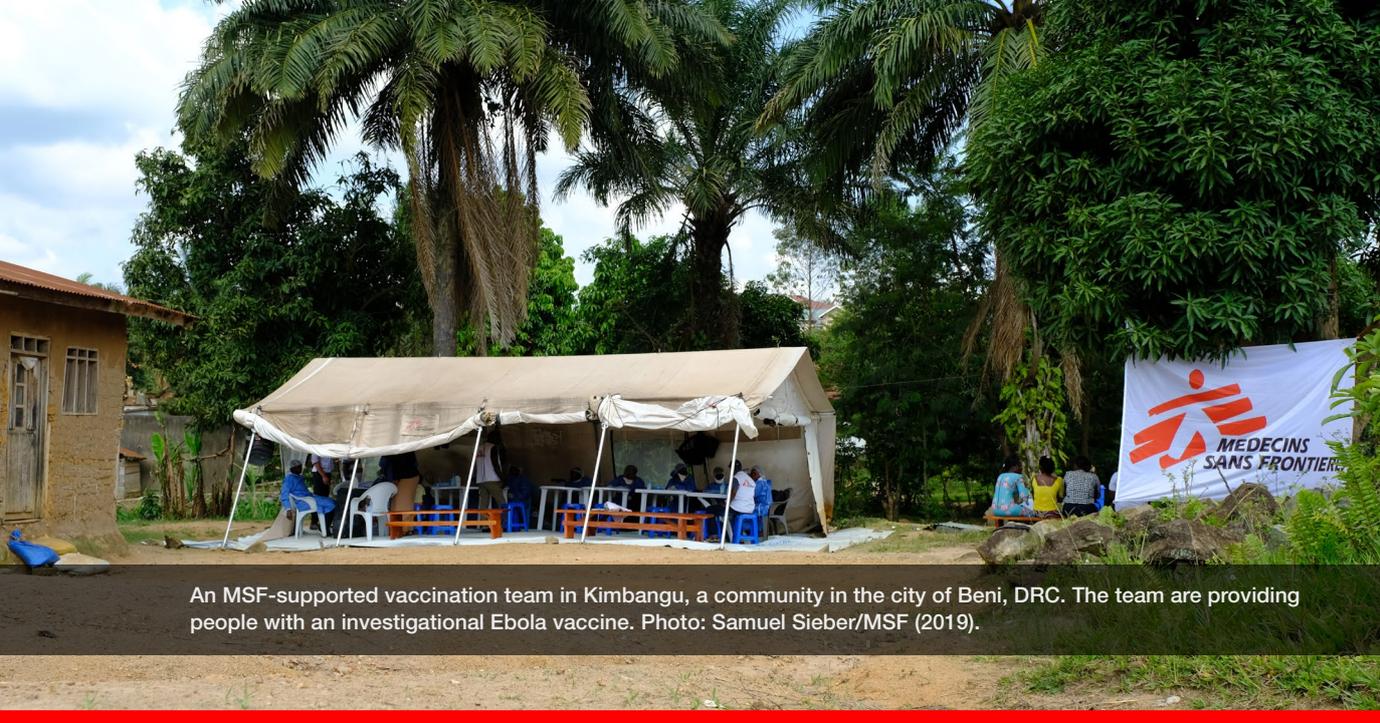
COLLABORATION: We will work effectively with other organisations to meet the needs of people caught in crises. We recognise that people's needs are complex and interdependent, and value the complementary roles played by many different actors in meeting them.

RESPECT: We will seek to respect and honour human dignity in all our actions. With regard to the people we assist and their communities, we look at the whole person, not their illness only, and we respect their autonomy. We value the diversity within MSF as a great strength and seek to be an organisation in which all those who share our humanitarian values feel included and able to contribute to our work.

INTEGRITY: Our behaviour and actions are defined by the beliefs, values and principles of the organisation. We demonstrate this in our respect for all individuals and communities with whom we work. We hold each other accountable for our behaviour accordingly, and when we identify unacceptable behaviour or malpractice in the organisation, we address it.

TRANSPARENCY AND ACCOUNTABILITY: We commit to being as open an organisation as possible, in order to demonstrate that our actions, efforts and results are consistent with MSF's values. We will ensure we are accountable for how we use the resources provided to us by our supporters. We will protect the trust placed in us, including the safety of any data in our possession.

EMPOWERMENT: We seek to inspire and develop ourselves and others, showing personal agency and encouraging learning. We seek to continuously improve our actions to better fulfil our medical mission.



An MSF-supported vaccination team in Kimbangu, a community in the city of Beni, DRC. The team are providing people with an investigational Ebola vaccine. Photo: Samuel Sieber/MSF (2019).

EXTERNAL AND INTERNAL ANALYSIS

The years preceding the Strategic Direction 2020-2023 have witnessed wide-ranging changes to our external environment. Many parts of the world have experienced shifting global power dynamics and a new sense of nationalist self-interest. The post-war liberal consensus is in decline and, as the global political landscape tilts, new regional blocs change allegiances and ascending power brokers assert growing influence. Social movements have been transformed, gaining power through greater interconnectedness and networking over digital platforms.

These changes have implications for MSF in the face of societal shifts on migration, security and aid. States are increasingly prioritising counter-terrorism and security agendas that criminalise aid and exclude the most vulnerable groups within society over support for humanitarian responses.

Climate change and environmental degradation represent a threat multiplier with potentially dire consequences for vulnerable people the world over. The impact of natural disasters, such as flooding, extreme temperatures and drought, are predicted to worsen over the coming years, increasing the risk of famine and water scarcity, leading to loss of livelihoods, particularly for pastoralists, and negative health impacts for years to come. This is taking place in a context of rising migration to urban centres, as communities seek alternative ways to support their families in the face of greater competition for essential resources. Political institutions and states have shown little appetite for proactively addressing these issues. Instead, their nationalist agendas remain focused on reinforcing borders, fighting terrorism and fostering economic interests, while the effects of climate change remain unchecked, in favour of domestic security and short-term political and economic gains.

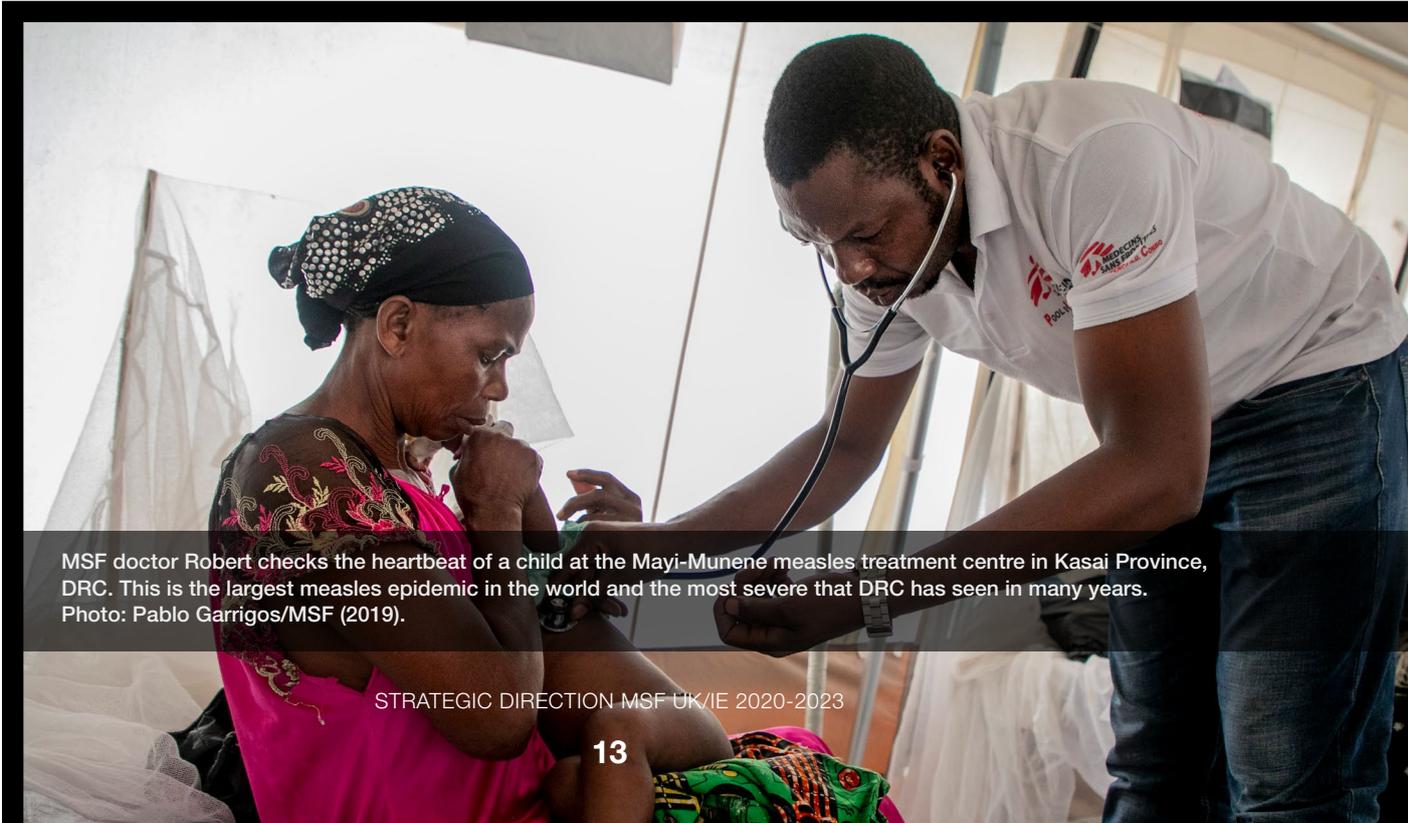
In the global health arena, money for medical needs is increasingly being tied to arbitrary classifications of countries as lower, middle or high-income by international organisations and institutional donors. Epidemics are viewed through the lens of security or as a financial burden, and regressive agendas around reproductive health are once again creating health risks through prohibitions on contraceptives, abortion and the treatment of sexually transmitted infections.

Over the last five years, Europe has struggled to respond to an influx of migrants and refugees. Xenophobia, racism and security fears have overtaken any rational notion of humanitarianism or international human rights and respect for refugee law. Migrants and refugees, often fleeing conflict, harassment, abuse and economic collapse, have been treated as criminals and even as a global security threat. Labels such as ‘illegal migrants’ are being used by states to justify the exclusion of vulnerable people and to reinforce the idea that they present a threat to states’ existing populations. These dynamics further aim to criminalise those who attempt to assist these vulnerable and marginalised groups, painting humanitarian assistance as colluding in or encouraging ‘illegal’ migration.

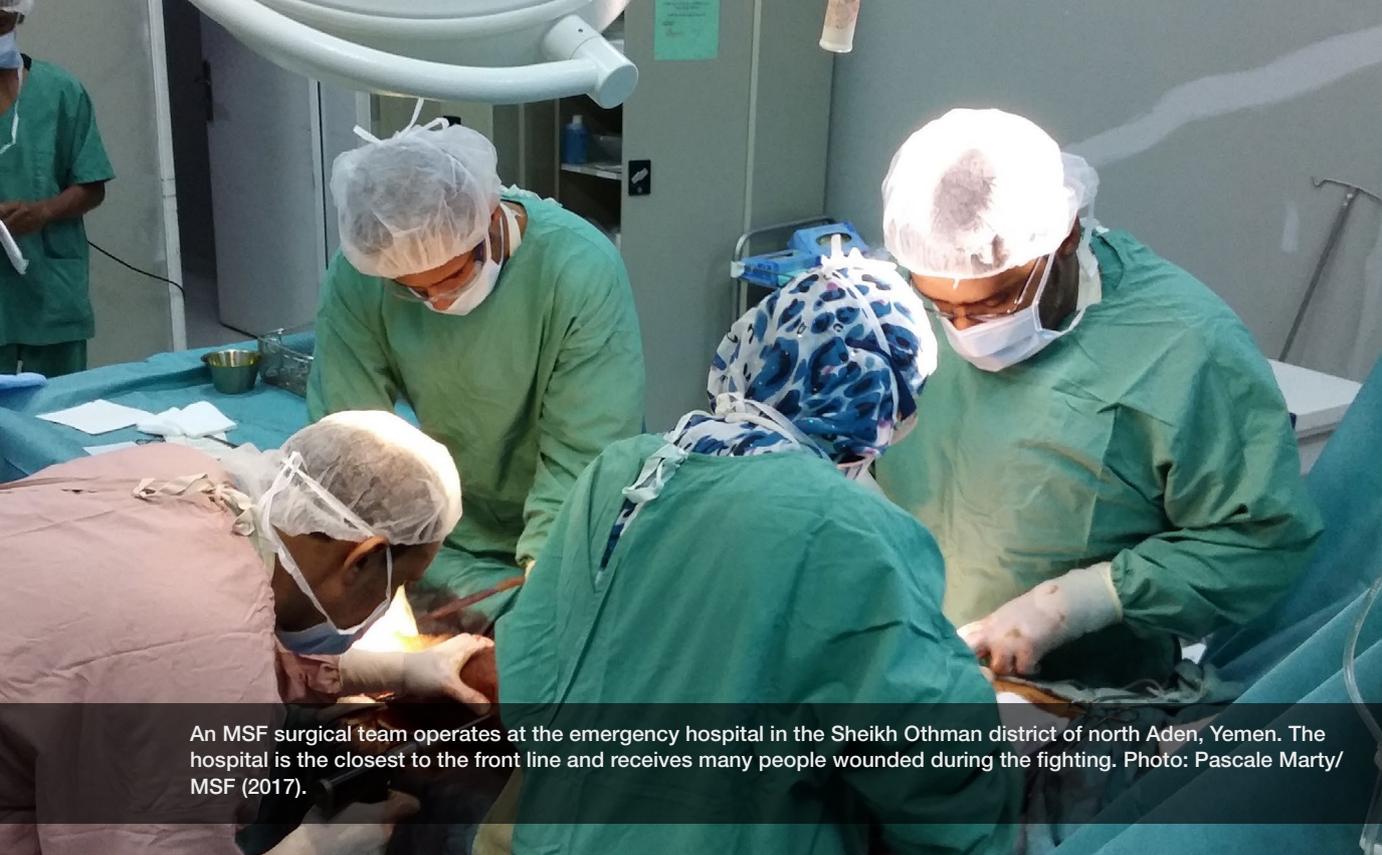
The consequences of Brexit are largely unknown, but must be considered, as its effects will resonate throughout Europe during the lifetime of this Strategic Direction. Within the UK, Brexit has already done damage to social cohesion and is likely to result in longer periods of political uncertainty within the region. A disorderly ‘hard’ Brexit would be a no-win scenario for both the UK and Ireland. Within the Eurozone, Ireland is the most vulnerable country to the consequences of Brexit, as it shares a common border with the UK and is inextricably linked to and reliant on common import/export markets. The economies of both countries will be placed under significant stress by Brexit. The potential re-emergence of a hard border between Northern Ireland and the Republic also has wider political and security implications and threatens to destabilise the peace ushered in by the 1998 Belfast Agreement.

The humanitarian aid system is also undergoing change. New initiatives such as the ‘Humanitarian Development Nexus’³ and ‘New Ways of Working’⁴ are being introduced by international organisations, the UN and other institutional donors. These initiatives advocate for increased delivery of aid through government institutions and place the state at the centre of aid coordination and response. This can blur the lines between independent or neutral humanitarian providers and those who may be obliged to act in accordance with the host government. This may also present greater obstacles to identifying, accessing and providing aid to the people who are most in need.

³ <https://www.unocha.org/es/themes/humanitarian-development-nexus>
⁴ <https://www.unocha.org/story/new-way-working>



MSF doctor Robert checks the heartbeat of a child at the Mayi-Munene measles treatment centre in Kasai Province, DRC. This is the largest measles epidemic in the world and the most severe that DRC has seen in many years. Photo: Pablo Garrigos/MSF (2019).



An MSF surgical team operates at the emergency hospital in the Sheikh Othman district of north Aden, Yemen. The hospital is the closest to the front line and receives many people wounded during the fighting. Photo: Pascale Marty/MSF (2017).

Over the last two years, the humanitarian sector has been under heavy scrutiny following various scandals and revelations of abuse. These have given rise to increasing levels of mistrust and doubt among the general public and donor audiences. They have been a wake-up call to the fact that improved mechanisms and accountability are needed to ensure effective safeguarding of the people we assist and who work with us. It has required strengthening and investment in our governance to enable improved oversight of the resources that we entrust to Operational Centres, both human and financial.

Set against this backdrop, it has become harder to draw public attention to the devastating consequences of humanitarian crises, with media focus often elsewhere. Yet, this attention is vital to generate the political will to bring about change and support for the provision of life-saving assistance. At the same time, the fundraising environment in the UK and Ireland grows increasingly competitive, with reduced levels of institutional funding globally, making humanitarian organisations more reliant on private sources including the UK market.

In parallel with the external context, MSF's internal environment is also undergoing change. Over the last five years, the scale of humanitarian medical crises in Yemen, Syria, West Africa, Libya and on the Mediterranean Sea has driven extraordinary growth in operational volume and budgets. These increases have been enabled by an exceptional response from supporters to high profile crises, such as Ebola in West Africa and the bombing of MSF's Kunduz trauma hospital in Afghanistan.

Income growth has subsequently slowed but, in the meantime, the resulting expansion in HQ and operational programmes has outstripped the pace at which this level of growth could be financially sustained. At the same time, MSF has gone through a period of organisational development, with new MSF entities opening in Asia, Latin America and Africa. Between 2016 and 2018, programme support costs throughout the organisation increased by 24%, while programme costs only grew by 6.4%.⁵ The MSF movement needs this differential growth rate to be addressed and the overall financial situation stabilised within the first half of this Strategic Direction.

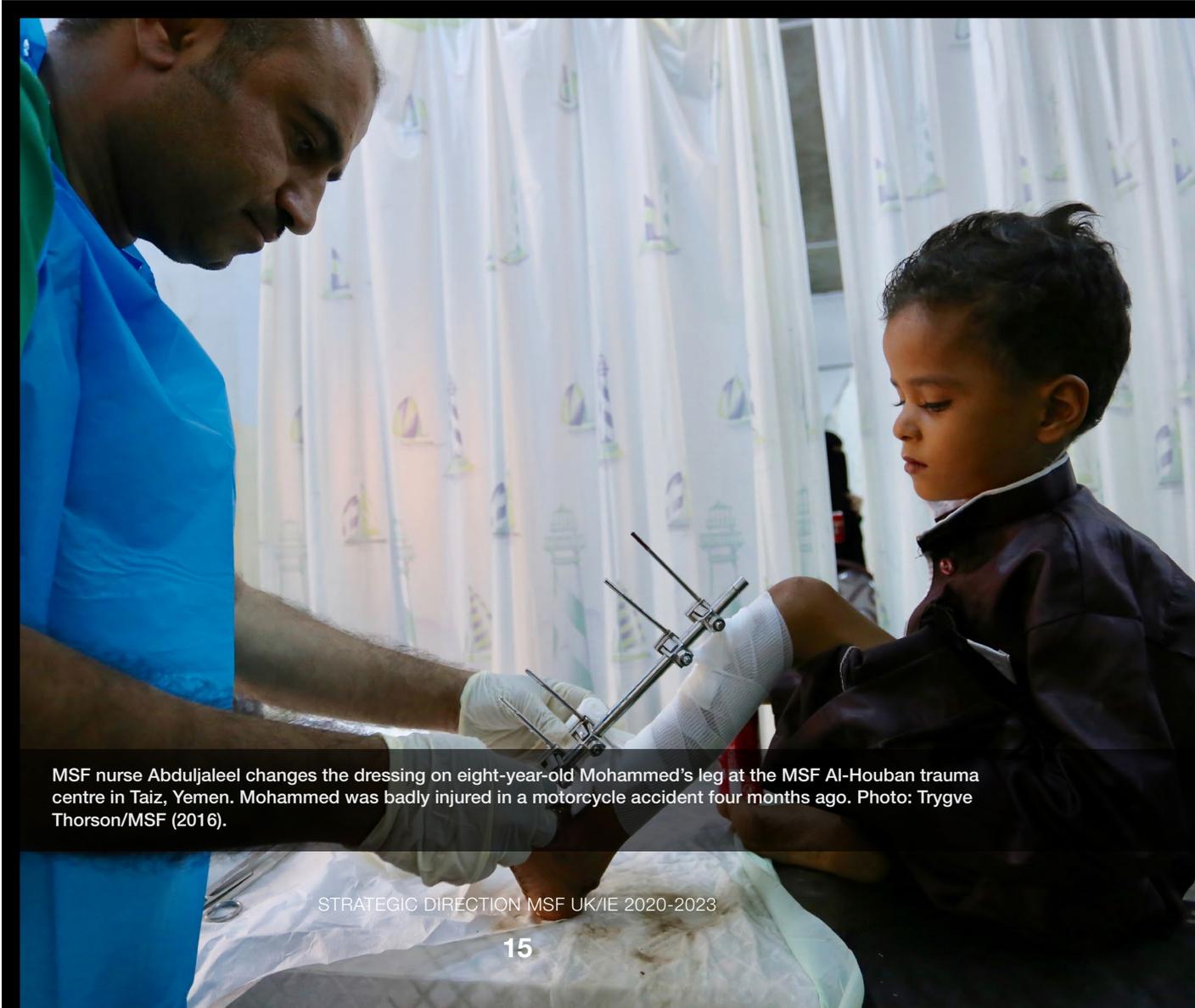
The period covered by this Strategic Direction is likely to see significant changes in the architecture of MSF, with operational control and support partly redistributed from Europe to locations closer to the majority of places where we work and the people we assist. This means that MSF will need to optimise global financial and human resource capacity, and acknowledge that growth for some will

⁵ MSF Structural Analysis 2017-2018.

mean rationalising for others. The shift in focus to create a new global architecture for the organisation will undoubtedly impact MSF UK/IE, but it could also open new opportunities for collaboration and ways of working between the two offices and with other parts of the movement.

This global strategy will need to be built on a unified approach that is adopted throughout the movement, with an agreed understanding of shared values and vision, supported by MSF leadership. There is still debate as to whether this internal change should be an organic process, or whether it should be more structured and deliberate. Although it is not clear if these changes will all be realised within the timeframe of this Strategic Direction, they are already underway, as demonstrated in June 2019 with the endorsement of West and Central Africa (MSF WACA) as a new institutional member of the MSF movement with the right to run operations.

Moving into 2020 and beyond, we will need to address these external and internal factors in creative and agile ways, enhancing our associative spirit and ensuring our social mission remains at our core regardless of political or social influences. This Strategic Direction already represents a new way for us to view the future; addressing across departments and offices how we will become more collaborative, effective, diverse and inclusive, and ensure optimal use of our resources and capacity to contribute to MSF's social mission in a changing global arena.



MSF nurse Abduljaleel changes the dressing on eight-year-old Mohammed's leg at the MSF Al-Houban trauma centre in Taiz, Yemen. Mohammed was badly injured in a motorcycle accident four months ago. Photo: Trygve Thorson/MSF (2016).



An MSF mobile medical unit on their way to Lahe town in the Naga Self-Administered Zone, north-west Myanmar. Each week, MSF mobile medical units provide primary healthcare to 15 remote communities using motorcycles to traverse challenging terrain. Photo: Scott Hamilton/MSF (2019).

NOTE

Explanatory note on the use of the Objectives and Key Results framework and monitoring of our Strategic Direction

For our Strategic Direction, MSF UK/IE embarked on a new way of working, using the Objectives and Key Results (OKRs) framework to focus on measurable outcomes rather than outputs. However, this is a new way of working for us, and an ambitious one, with key results set for the full four-year period.

Throughout our Strategic Direction period, we will need the flexibility to monitor and adapt our OKRs, as our internal and external environments shift and change. Therefore, the key results we have proposed in this document are an attempt to challenge ourselves with ambitious goals, but these could evolve and change over time. In addition, MSF UK/IE's Strategic Direction intersects with the MSF OCA Strategic Orientation and, where that is the case, we have aligned key results. The implication is that MSF OCA planning will impact MSF UK/IE's ability to deliver on those key results.

Implementation of the MSF UK/IE Strategic Direction will be on a year-by-year basis through our annual plans. Alongside the development of the Strategic Direction, MSF UK/IE has been developing a new planning, reporting, evaluation and monitoring (PREM) tool, drawing partially from experience elsewhere in MSF, including the MSF OCA planning process.

The goal of the new PREM tool is to increase the strategic interaction between departments, resulting in better collective planning of annual departmental activities while ensuring that annual plans represent iterative steps towards achieving our Strategic Direction. Departments will improve accountability, and track progress, through quarterly check-in moments that are based on a simple red, amber, green (RAG) review system of how confident staff are that they can achieve their objective, alongside numerical metrics from our key results.

An important part of the new PREM cycle for the Strategic Direction 2020-2023 will be the inclusion of objectives derived from the Strategic Direction into Annual Performance Reviews (APRs). These will strengthen the link between our Strategic Direction and staff, and increase ownership over, and accountability for, its implementation. These objectives in turn should be linked back into departmental annual planning through quarterly departmental check-ins, which then feed back into departmental and MT monitoring.

As a second phase during Q1 of 2020, we will be looking at a specific tool for PREM that incorporates finance, human resources (HR) and executive office functions to achieve regular monitoring and evaluation (M&E). In addition, we will finalise the monitoring framework for our strategic key results to ensure baselines are captured and we are able to monitor progress year on year.

In addition to tracking our progress through the PREM tool, the MT will set annual collective objectives informed by our Strategic Direction, which will in turn determine priorities set in departmental annual plans. This will enable a more agile and realistic approach to planning over the four years, bearing in mind the necessity for MSF UK/IE to remain responsive to new priorities that emerge from our field operations and to both influence and respond to priorities that are determined by our operational partnerships and the wider MSF network.

Finally, some of our vital ongoing daily work, such as raising income, ensuring good governance and financial management, humanitarian representation, recruiting humanitarian and medical practitioners, and providing strategic and technical support to our medical humanitarian programmes, will be planned, monitored and reported on through various other means. Most notably:

- Resource Sharing Agreement 4
- OCA Strategic Orientation
- MSF UK/IE Management Team Dashboards
- MSF UK/IE Departmental Annual Plans.



A member of the MSF Chad Emergency Response Unit at the vaccination registration desk in Mina village, Am Timan district, on the last day of the measles vaccination campaign. MSF went to Am Timan after a new spike in measles cases was identified in January 2019. Photo: Juan Haro (2019).

Goal 1

VALUING PEOPLE

Vision

By 2023, MSF UK/IE aspires to be an organisation that values its staff and ensures all those who work with and for us – whether in the UK, Ireland or in MSF's projects – feel this value in their working lives and are treated with fairness and respect. MSF UK/IE will foster a healthy work environment built on community, inclusivity, diversity and a proactive idea of acceptance, where professional development meets the needs of both MSF and its staff.

In 2018, the International Board called on the MSF movement to face “the systemic and persistent inequities amongst our staff”. By committing to fair treatment for all staff, the International Board believed we could “build a more vibrant and inclusive movement. By empowering individuals, we strengthen MSF’s collective ability to serve the populations we work for.” In the Strategic Direction 2020-2023, MSF UK/IE commit to continue this work and to meet these ambitions.

MSF UK/IE will embody the changes that we will champion more widely. There will be space for staff to discuss diversity, inclusion, safeguarding and responsible behaviour, with well-publicised routes for them to raise issues, which will be listened to and addressed at a senior level. The MSF UK/IE offices will be environments that reflect the importance of an equitable and fair workplace.

We believe that a focus on valuing the diversity of our staff, including their profiles, skills and perspectives, will have benefits for our social cohesion and our ability to meet the needs of the people we assist, while fostering greater space for innovation and collaboration.

1 Respect, inclusion and enabling staff potential within the MSF workforce

MSF values staff hired locally in missions differently from staff hired through Operational Centres (OCs) and sections, such as MSF UK/IE.⁶ There are clear structural differences between the way these two groups of staff are treated in terms of rewards (including professional rewards like career progression), exposure to risk and their ability to be heard within MSF. Our staffing model is built around management structures where key field coordination positions are largely filled by international staff hired on short-term contracts through OCs and sections. International staff supervise local staff hired directly by the mission, despite the latter frequently having greater experience of the project. Staff hired ‘locally’ are rarely given positions of responsibility over colleagues hired ‘internationally’, despite spending far more time in the projects. Locally hired staff perceive obstacles to career development, which affects their morale and retention.

⁶ There are, as yet, no agreed movement-wide terms for how to describe our staff. In this document we have chosen to describe them by where they are hired or contracted, as this has a significant impact on their MSF experience. These differences cannot be ignored and need to be addressed. We acknowledge that this is an imperfect response and hope that in the future there will be wider agreement on terminology.

The Transformational Investment Capacity (TIC) 'People Respect and Values (Diversity, Equity, Inclusion)' project identified structural barriers to inclusion and staff development at many levels within MSF. This is unjust in itself and runs counter to MSF's humanitarian values. It also results in substantial inefficiency in the execution of our field work, as locally hired staff have limited development opportunities and all too often their experience is not valued.

This builds on the International Board's call for change which noted that MSF's diverse workforce is "sorted into categories (expatriates, national staff, headquarter staff), each governed by different policies" and that "these inequities hamper inclusion, cross-fertilization, and the mobility of our staff, curtailing MSF's ability to evolve and enjoy the wealth of this diversity ... [the] people that make up MSF need common policies and rules that offer real opportunities for individual development."

MSF UK/IE will support the 'People Respect and Values (Diversity, Equity, Inclusion)' project, which began in 2019 and will grow and develop throughout the Strategic Direction period.

Objective

MSF will be a more inclusive, fair and diverse movement, in which all staff can make a meaningful contribution to MSF's social mission and in which internal structural barriers to inclusion are identified and addressed.

MSF OCA's decision-making and resource allocation platforms will reflect the global make-up of our organisation, with increasing levels of representation of staff from across the workforce.

Key results

- By the end of 2020, MSF UK/IE will have audited its HR policies to check for statements that undermine workforce inclusion, fairness and diversity; and if required will have updated its policies or developed new ones to address this.
- By the end of 2023, MSF OCA staff engagement survey results will have established baselines. Where surveys can be rerun, results will indicate a quantitative improvement in the lived and witnessed experience of inclusion, respect and value among field staff.
- By the end of 2023, the percentage of locally hired MSF staff members enrolled as students in the Leadership Education Academic Partnership (LEAP) programme and the Global Health and Humanitarian Medicine (GHHM) course will be 10% higher than the 2020 baseline.

2 Staff lifecycle

We will look at the lifecycle of UK/IE office and field staff to understand where greater consistency and stronger processes are needed to ensure that every employee enjoys a thorough and uniform level of engagement and support. This lifecycle starts with the information provided before they begin working for MSF UK/IE and ends with MSF learning from their exit interviews. In between, it involves welcoming and inducting new staff, guiding them through their probation periods and performance management, ensuring they are provided with thorough field assignment briefings and debriefings, and more besides.

In light of the significant growth in MSF UK/IE over the past four years, we must better regulate and formalise our staff development processes if we are to make the most of our potential. We will learn from the moments where staff feel under supported or unheard to see how these can be remedied.

While we work to create a staff lifecycle that ensures staff talent is developed, we must also understand that their non-work time is equally important. We must have a clear understanding of staff capacity and be realistic about the volume of work that sits behind objectives. Without this, it will not be possible to find the right balance.

This theme will build on preliminary work undertaken in 2019 to overhaul MSF UK HR policies and processes, including learning and development (L&D), annual leave and exit interviews, and the introduction of a new HR system. The Valuing People project team engaged with these aspects and see them as pillars for the strong foundations for the work to come in 2020 and beyond.

Objective

MSF UK/IE will have the appropriate systems, training and communication channels to ensure that staff are able to develop their skills and gain the right experience to meet the full potential of their roles. They will be supported at all points before and during their time with MSF UK/IE – whether in the office or the field – by standardised, consistent processes and informed management to optimise their working lives while safeguarding their non-work time.

Managers will understand how to correctly develop and support their teams so that their time with MSF is satisfying and allows them to reach their potential. Alongside this, all UK/IE-contracted field staff, including those with a specialisation, will have the necessary skills and experience to manage a team before they are deployed on their first mission.

This connects directly with the Ways of Working Goal.

Key results

- By the end of 2022, 95% of new starters in the UK and Ireland offices, in a given year, will feel they have been comprehensively inducted into MSF UK/IE.
- By the end of 2023, 95% of office staff leavers will have an exit interview, and in more than 75% of these staff will report that their managers have been supportive.
- By the end of 2023, 95% of staff with over two years' experience will say that they have had the opportunity to develop in their role while at MSF.
- By the end of 2023, 95% of UK-contracted field staff with management responsibilities will feel that the training opportunities provided have adequately equipped them for their assignment.⁷

3 Embedding diversity and inclusion in MSF UK/IE

This theme looks at the structures, policies and procedures in place in the UK and Ireland offices that may strengthen or weaken our diversity and inclusivity, and the fairness perceived by our staff.

MSF UK/IE should be a place where all staff feel valued and represented. MSF UK/IE should proactively acknowledge that a diverse staff body at all levels strengthens our social mission and makes us more innovative and effective.

This work will be supported by the new diversity and inclusion (D&I) Working Group, which began meeting in 2019. The Working Group will play a consultative role in the MSF UK/IE D&I strategy and will also run D&I workshops for staff and volunteers. These workshops are key to embedding awareness of D&I in MSF/IE and are an important listening moment to hear the concerns and suggestions of the staff body.

An important element of this work will be to look at our physical offices to see where they promote or limit our diversity and inclusion. In 2019, a disability assessment of the London office has already taken place.

Over the strategic period, MSF UK/IE will look at what can be done to support staff-driven initiatives that seek to improve the diversity, inclusivity and communal aspects of the London and Dublin offices. Two key partners in this will be the Office Working Group and the D&I Working Group.

Embedding the values of diversity and inclusion within MSF UK/IE will further align our work with the MSF OCA leadership values of respect, integrity, humanity, empowerment and accountability.

⁷ In the 2018 End of Mission Survey for the UK, among all respondents, 54% attended an appropriate training. Of the respondents who were first mission, 52% attended an appropriate training. Among the 46% of the respondents who did not receive appropriate training, 15% of experienced staff (13 respondents) and 24% of first mission staff (eight respondents) said they needed more technical training. However, among the 46% of the respondents who did not have an appropriate training, 13% of experienced staff (12 respondents) and 24% of all first missions (eight respondents) said they needed more Management Training. For more information see Annual End of Mission Survey Report – United Kingdom results 2018, published August 2019 by MSF Japan p.8.

Objective

MSF UK/IE will be a place that fosters a stronger sense of fairness and inclusion among its staff. In its structures, policies and procedures, it will proactively acknowledge that a diverse staff body at all levels strengthens our social mission, creates a space for innovation and insights, and makes us more effective.

MSF UK/IE will reflect the MSF OCA Leadership Values through our work, with all staff helped to fully understand and embody them.

Key results

- By the end of 2022, MSF UK/IE offices will have 100% implemented a diversity and inclusion action plan covering areas including recruitment policies and internal language, to guide future actions and initiatives.
- By the end of 2023, 80% of MSF UK/IE staff will feel that their contribution to MSF is recognised and valued.
- By the end of 2021, the MSF UK London office will be assessed to have become more open and accessible for those with physical disabilities, when compared with the 2019 external assessment.

4 Safeguarding and duty of care

Since 2018, MSF, along with the rest of the international non-governmental organisation (NGO) sector, has experienced significant scrutiny of our ability to safeguard our staff, the people we assist and others who come into contact with the organisation. In the UK, the Charity Commission – the regulator of all charities registered in England and Wales – has been a particular source of this scrutiny. It responded vigorously to revelations of abuses within the NGO sector and has sought unequivocal assurances from charities that they have in place the right policies, safeguards and reporting mechanisms, and a culture of accountability and oversight. MSF UK/IE has recognised that more could be done to translate MSF's respect for staff, the people we assist and the wider community into formalised procedures and policies, into raising awareness of these procedures and policies, and into deliberate and explicit oversight of our frameworks and of any failures within them. We have acted to put these in place in London and Dublin, and have worked closely with our operational partners, through whom our staff are contracted and who run MSF operations, to achieve the same.

Over the four-year Strategic Direction period, we will act to sustain this momentum, going beyond compliance to strengthen our organisation's integrity system and reinforce a culture of responsible behaviour, within MSF UK/IE and the wider MSF movement, for the benefit of staff, the people we assist, our supporters and all those who come into contact with us. Our staff and the people we assist should feel encouraged and empowered to speak up and challenge poor professional practice and behaviour, as a way of contributing to organisational development and to ensure the safeguarding of MSF staff and those we work with and for.

There must be a recognition across the MSF movement that common high standards of safeguarding practice are required in all locations. These common standards should encompass all aspects of safeguarding including: information flows from the field and across OCs; creation of like-for-like data to facilitate communication and analysis; investigations into safeguarding failures and abuses; disciplinary and appeals processes; clear reporting mechanisms for staff and the people we assist; policies; and support for complainants.

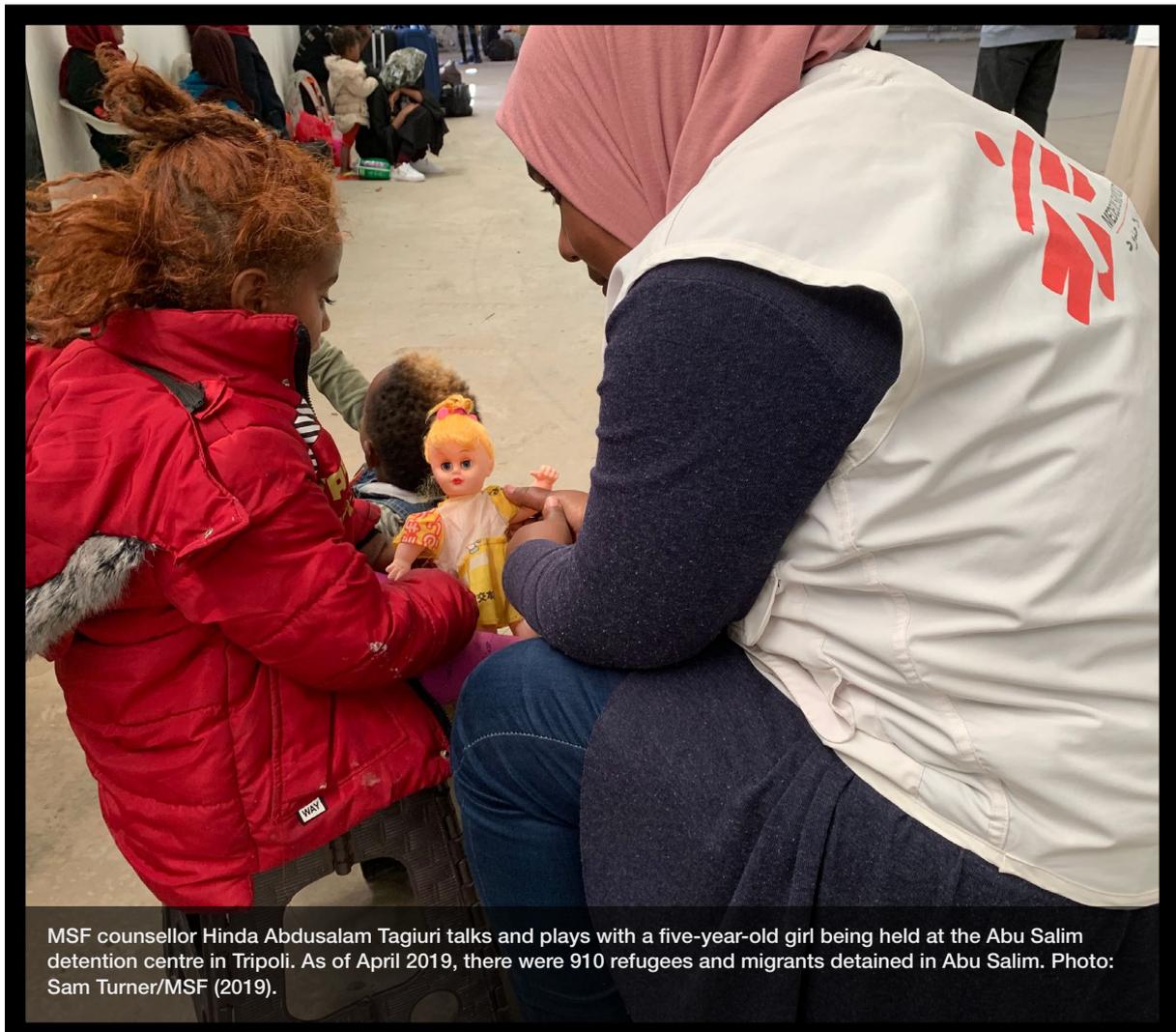
Objective

When conflicts arise, there will be transparent, robust mechanisms, overseen by specially trained members of staff, to resolve these, ensuring all parties are heard and respected. There will be clear accountability for responding to these concerns, as well as oversight of this process. Managers will know how to correctly respond to issues when they arise.

We will support, and where possible steer, initiatives related to safeguarding, organisational integrity and responsible behaviour across the MSF movement, and will advocate for the adoption of common standards and mechanisms for safeguarding and duty of care.

Key results

- By the end of 2020, 95% of new starters will have attended training or workshops on safeguarding within their first six months of employment.
- By the end of 2020, 90% of all MSF UK/IE staff will have an awareness and an understanding of our safeguarding policies and procedures, and will be confident in their reporting mechanisms, and this result will be maintained year on year.
- By the end of 2023, international end of mission survey results will demonstrate 70% satisfaction rates among MSF UK/IE field staff with OC complaint resolution (2019 baseline of 27%).



MSF counsellor Hinda Abdusalam Tagiuri talks and plays with a five-year-old girl being held at the Abu Salim detention centre in Tripoli. As of April 2019, there were 910 refugees and migrants detained in Abu Salim. Photo: Sam Turner/MSF (2019).



The MSF/SOS Mediterranean rescue team bring a group of rescued people back to the *Ocean Viking*. This is the *Ocean Viking*'s third rescue in the Central Mediterranean, rescuing 81 people from an unseaworthy rubber boat. Photo: Hannah Wallace Bowman/MSF (2019).

Goal 2

IGNITING CHANGE AND ENABLING ACTION

Vision

MSF UK/IE's supporters value humanity and act on their desire to help crisis-affected people by participating in MSF's work. We attach great importance to our diverse, committed supporters, who trust MSF as an organisation of impact and integrity. The support MSF UK/IE receives from our donors is essential to our work and we have processes in place to nurture and develop this. MSF UK/IE will broaden its understanding of what it is to be a supporter and recognise that support for MSF's activities will take many forms and come from many different sources.

How supporters engage with MSF UK/IE can change over the course of their lives. We want people to travel with us on a 'Journey of Support', where they connect with different parts of the organisation at different times, in the way that best suits them in that moment.

To capitalise on the desire from our supporters to contribute to our work in meaningful, non-financial ways, we will develop a bold model of engagement and activism that empowers our supporters to act as conduits for change. They will be 'change agents'; amplifiers of our messages, the voices of our patients and their communities.

By 2023, MSF UK/IE will have a supporter strategy built on proven engagement activities to enhance supporter retention and capitalise on the actions of our current supporters, while identifying opportunities to engage new groups. Our strategy will be appropriately resourced, integrated and reinforced by internal processes and systems. We will ensure that our efforts complement initiatives across the movement, adding value to MSF's wider operational objectives.

1 Engagement opportunities

MSF UK/IE has a strong, diverse supporter base. A wide range of ways for our supporters to engage with MSF already exists, including pro bono partnerships, the MSF UK/IE Association, Friends of MSF (FoMSF) groups, the Take Action for Refugees and Migrants group, and donor events.

At present, MSF UK/IE is not set up to fully capitalise on all the types of support available. We need to build our capacity and expertise, so that we can engage with and develop our supporter base and new supporter groups. We will draw on resources and experiences from within our offices and across the wider MSF movement, while building systems and processes within MSF UK/IE. This will ensure that all Journeys of Support are properly mapped and coordinated, and that each supporter is developed to reach their potential, increasing our income and amplifying our voice and the voices of our patients and their communities.

Objective

MSF UK/IE will have clearly mapped Journeys of Support for all our supporter groups, empowering them to remain engaged with our work.

Key results

- Every year from 2021, our absolute number of supporters will have increased by at least 10%.
- By the end of 2021, MSF UK/IE will be able to determine a value for pro bono contributions as part of annual expenditure and will be able to set an annual target.
- By the end of 2023, at least 30% of members of selected supporter groups will have expressed and acted on another form of support.
- By the end of 2023, the overall retention rates within selected supporter groups will have improved by at least 5% from baseline.

2 Advocacy and activism

We have several successful interdepartmental and Association-led actions that provide our supporters with opportunities to get involved with MSF UK/IE in non-monetary ways. For example, the 2019 petition protesting the UK government's policy towards Libya, which was led by the Programmes and Communications teams and the Take Action group, and driven by members of the Association. MSF UK/IE needs to have a range of well-defined non-monetary opportunities available to supporters, enabling them to better engage with advocacy actions.

Over the strategic period, our goal is to become more focused and courageous, and better coordinated around specific actions that involve mobilising our supporters, though we are not aiming to become a campaigning organisation. We will develop better ways of working with external campaigning organisations, and partner with them where this helps to raise the visibility of our messages.

Our advocacy and activism will be rooted in MSF's movement-wide operational priorities, adapted to the UK/IE political climate and domestic supporter groups.

Objective

MSF UK/IE supporter groups are actively involved in and contribute to a range of advocacy and activist-style initiatives, which will enable MSF to speak out with a greater voice and successfully effect changes in policy and public opinion that impact the people we assist.

Key results

- By the end of 2022, at least 30% of MSF UK/IE supporters (who have indicated their willingness to act as an 'MSF change agent') will have participated in a call to action.
- By the end of 2023, 75% of supporters (who have indicated their willingness to act as an 'MSF change agent') will participate, at least once per year, in an MSF advocacy-led call to action.
- In each year of the Strategic Direction period, at least one campaign will have had a discernible impact on political/public discourse or policy.

3 Organisational set-up and systems

MSF UK/IE will need to have the correct infrastructure and systems in place to ensure we can broaden supporter engagement opportunities and develop and maintain effective supporter journeys. We need to be more resourceful and innovative with the tools we have, more open to testing new methods and better at collaborating between departments to fully engage all our supporters.

We will explore and integrate new approaches and tools, including digital media, into the ways in which we interact with our supporters.

Cross-team collaboration will be essential to realising the vision of this Strategic Direction goal. Our current approach, which has been reactive as opposed to proactive, has given us some successes, but it will have to be expanded much further if our ambitions for teams from both the London and Dublin offices are to be realised. Interdepartmental working, combined with effective tools, will improve and maximise our supporter interactions, and broaden the opportunities for supporter engagement.

This theme has an interdependency with the Ways of Working Goal.

Objective

MSF UK/IE will have the technology and appropriate structures in place to maximise our engagement opportunities with existing and future supporters.

Key results

- By the end of 2023, a comprehensive database will have captured 100% of available data on our supporters and their mode(s) of engagement with MSF.
- By the end of 2023, 90% of staff involved will have responded that organisational set-up and systems are appropriate and fit for purpose to optimise supporter engagement.
- By the end of 2023, more than 70% of supporters will have positively responded that the tools provided by MSF UK/IE fit their needs and the ways in which they want to engage with MSF's work.

4 MSF's public voice

MSF UK/IE's medical humanitarian work, and our distinctive voice, principles and values are the drivers of our support. With media attention currently elsewhere, populist narratives fuelling anti-migrant and anti-international aid sentiment, and a competitive fundraising environment, it is particularly important to build on positive perceptions of MSF, among the public as a whole and in key segments of society. We must ensure that both our communications and fundraising efforts are built on our distinctive identity, conveying an honest, transparent and balanced account of MSF's work, our dilemmas and our convictions. A common articulation of our distinctive identity, across the breadth of channels through which we reach both potential and existing supporters, will be mutually reinforcing to our awareness and support.

Objective

More timely and impactful communication on key medical humanitarian crises.

Collaborative communications, operations and fundraising efforts increase support from targeted groups within society.

Key results

- By the end of 2023, MSF UK/IE will have generated a demonstrable increase in 'Share of Voice' assessments that will be taken from four key contexts when compared to the baseline.
- By end the of 2023, MSF UK/IE will have increased engagement with five key segments of supporters when compared to the baseline.



A Congolese health worker prepares a measles vaccine dose, as part of the MSF-supported emergency mass vaccination campaign in Goma, DRC. Amid the Ebola outbreak, measles continues to be an urgent health issue. Photo: Samuel Sieber/MSF (2019).

Goal 3

WAYS OF WORKING

Vision

By 2023, MSF UK/IE will have begun a programme of changes to create new, more effective and efficient ways of working in the London and Dublin offices. On the journey to achieving this goal, we will evaluate our processes, systems, relationships⁸ and organisational design⁹ to identify where these are already functioning correctly and what the barriers are that prevent us from reaching our full potential.

Our new ways of working will shift how we work as teams, departments, offices and partners within MSF OCA and the MSF movement. They will ensure we make the best possible use of staff time and skills, with the right tools, while promoting an environment where senior management hear and proactively address staff concerns. As a result of these changes, MSF UK/IE will be a place where staff workloads are balanced, realistic and respect the need for space to innovate and test out new ideas, and where the insights of staff at all levels are valued and given proper consideration as part of any change process.

MSF UK/IE will endeavour to contribute to an MSF movement in which systems and processes function effectively and in harmony to deliver the maximum contribution for field medical work, while creating space for innovation. These improved systems and processes need to be supported by relationships of trust, in which high standards of integrity are applied in a reciprocal manner.

MSF UK/IE will evaluate and prioritise international initiatives on the basis of how they fit into the themes below (processes, systems and organisational design; collaboration and culture; PREM; and MSF UK/IE governance and executive model). We will approach them in the spirit of a collaborative and constructive partner, sharing and learning from best practice and knowledge.

1 Processes, systems and organisational design

MSF UK/IE is in the process of introducing new HR, finance and fundraising systems in 2019 and 2020. As these are being established, we will map the areas within our systems and processes that are hard to work with, to identify the challenges that remain in our current ways of working. We will review our work-flows, procedures, structures and systems, to identify available skill-sets and better understand how teams interact and collaborate within defined projects and on a day to day basis. We will also map out our core business as usual to improve our understanding of workloads and capacity.

⁸ Relationships with other MSF entities, as well as external relationships with organisations that can offer support or share good practice.

⁹ Organisational design is a step-by-step methodology, which identifies dysfunctional aspects of work flow, procedures, structures and systems, realigns them to fit current business realities and goals, and then develops plans to implement the new changes.

This will help inform how we prioritise the changes to our processes, technology, structures and tools that will improve our ways of working, planning and reporting. It will also allow us to examine which processes we may be able to (further) automate. This is a vital step towards freeing up staff capacity and creating space for innovation.

Given the rapid pace of change in technology and systems, we will need to implement an approach that enables ongoing review and iterative improvements to systems, rather than working to a long-term fixed plan.

Objective

Improve or implement appropriate processes, technology, structures and tools to make MSF UK/IE a more efficient, effective, collaborative and flexible organisation that is able to deliver improved ways of working.

Key results:

- By the end of 2022, MSF UK/IE will have selected one framework that allows continual review of processes and systems.
- By the end of 2023, 90% of staff will agree that our organisational design maximises opportunities for collaboration and capitalises on existing skill-sets.
- By the end of 2023, 85% of staff will indicate they are satisfied with internal communication.

2 Collaboration, culture and flexible working

This theme is about creating or formalising relationships among our staff, and the opportunities which this will lead to. MSF UK/IE needs to become less reliant on the institutional knowledge and informal networks of individual staff members and instead put structures in place that encourage more formal and transparent processes, relationships and collaborations. This will make our ways of working more effective and consistently productive.

MSF UK/IE needs to ensure it is recruiting, developing and retaining staff that are able to work in a way which is respectful, flexible and collaborative. MSF UK/IE should continue to build a working environment which reflects this and capitalises on its presence in two geographic locations.

Office culture and staff capacity are critical to ensuring MSF UK/IE staff can maintain a good work/life balance and our ways of working should help staff with this. The office staff 'pulse' survey in 2019 indicated that 65% of respondents felt that MSF UK/IE helped employees to achieve a good work/life balance. This was an increase from 2018, when only 49% of respondents were satisfied with this. Though this is a positive development, it needs to further improve, as MSF UK/IE staff feel the pressures of their work frequently encroach into hours that should be reserved for their non-work lives.

Responding to this, we will continue a more flexible approach when it comes to working hours and working from home, and develop the associated technology and culture to enable this.

We will explore what can be done to bring more members of staff into the MSF UK/IE community and to support staff-driven initiatives to improve communal aspects of the London and Dublin offices. Two key partners in this will be the Office Working Group and the D&I Working Group.

Our new digital workplace was rolled out in 2019 and will come fully into its own in 2020. This opens up a number of opportunities to better connect staff, for example through Yammer, our office social network, and Teams, our collaborative project space. This theme links closely with the Valuing People Goal.

Objective

Create an enabling environment for staff to work collaboratively and flexibly, to be empowered and to use their initiative.

Continue to develop the sense of community among the MSF London and Dublin offices (and those who work remotely for them) to increase the sense of belonging among staff, making them feel more valued and committed to our social mission.

Key results:

- By the end of 2023, 90% of staff will feel they have a good work/life balance.
- By the end of 2023, 90% of staff will feel they are able to adopt flexible working practices.
- By the end of 2023, 75% of collaborative working initiatives will be evaluated positively by staff participating in them.
- Year on year, 90% of Dublin staff will feel they have a collaborative relationship with London.

3 Revamp of the planning, reporting, evaluation and monitoring system

To meet the requirements of our Strategic Direction 2020-2023 and RSA4, all MSF UK/IE departments require standardised PREM processes, which focus on creating measurable and achievable departmental and team objectives, and a user-friendly system that can actively monitor the progress of the Strategic Direction.

Objectives

By the end of the Strategic Direction period, MSF UK/IE will have improved staff engagement and strengthened accountability mechanisms, with value-added regular monitoring and prioritisation through a fully embedded and fit for purpose planning and reporting system.

Key results

- By the end of 2020, 100% of MSF UK/IE teams will have been trained and will be using the new PREM system, completing quarterly reviews of their objectives.
- By the end of 2021, 100% of teams will be able to integrate their financial reporting into the PREM system, with the use of a new finance system.
- As part of the 2021 APR process, 80% of staff will have a Strategic Direction-related objective included in their APR, monitored at least twice a year with their line manager and maintained year on year.

4 MSF UK and MSF Ireland – making the most of our contexts and locations

The relationship between the MSF UK and MSF Ireland offices is collaborative, with shared resources and systems. There is, however, more potential to share capacity and services between the two locations. We want to ensure that MSF UK/IE is capitalising on the growth of technology and other new hubs and initiatives in Ireland by identifying opportunities for shared services and innovative programmes that could be employed to the benefit of MSF UK/IE, MSF OCA and the wider movement. Making the most of our resources also includes our physical office spaces.

Objectives

To capitalise on the UK and Irish contexts and locations to support international initiatives, increase collaboration, and reduce the pressures on capacity and space between the two offices.

Key results

- By the end of 2021, MSF UK/IE will have researched and developed a concept paper on potential areas for shared or relocated MSF UK/IE services in Dublin.
- By the end of 2023, one shared service will have been established in MSF Ireland.



Dr Lupita Noria Garcia examines a patient injured during a road traffic accident at the Al Salakhana hospital in Hodeidah, Yemen. Photo: Agnes Varraine-Leca/MSF (2019).

Goal 4

THE CLIMATE CRISIS AND GLOBAL HEALTH

Vision

The health consequences of the climate crisis fall disproportionately on those living in precarious situations, often compounding and exacerbating vulnerability to life-threatening extremes. Our health programming is increasingly dealing with the consequences of this crisis, be it forced migration into informal urban settlements, populations affected by food crises or extreme weather events. However, as a movement, we do not routinely consider climate in our analysis, decision-making and actions, in headquarters or in the field. Developing the ability to apply a 'climate lens' to MSF operations and analysis will allow us to better adapt to meet the needs of the vulnerable populations we work with.

Currently, there is a lack of data about the health consequences of climate change on vulnerable populations to support robust policy advocacy in these issues. Furthermore, there is no international legal framework that offers protection for people subject to forced migration (or to any other health or social consequences) due to the climate crisis. Globally, there is a need to humanise climate discourse by giving a voice to affected people and communities. Anchored in our medical humanitarian operations, MSF has a responsibility to increase international and national accountability to vulnerable persons and groups affected by climate change and to project powerful patient voices into key health, humanitarian and climate forums.

Institutionally, MSF UK/IE is in a strong position to contribute to this endeavour, with specialists in our Manson Unit already devoting energy to climate-sensitive health issues. Alongside this, we benefit from the fact that the UK is one of the biggest contributors to global research on climate change and many of the NGOs engaged with the climate crisis are headquartered in London.

Over the coming four years, MSF UK/IE will act as a convener on climate and health within MSF, developing knowledge, skills and innovative approaches on behalf of the movement. We will bring together data and stories from our field operations to support advocacy efforts, and provide technical and operational support to MSF OCA, other OCs and projects working in contexts where climate change is impacting vulnerable populations. We will follow the lead taken by MSF OCG (Operational Centre Geneva) on advocacy and public positioning. In addition, MSF UK/IE commits to reducing its environmental footprint.

1 MSF UK/IE supporting OCs (primarily MSF OCA) to address the health consequences of the climate crisis

The vulnerable populations that MSF works with suffer first and most harshly from the adverse social and health consequences of climate change, in particular those with low socio-economic status, women, the elderly and the young, and those with a pre-existing disease or disability. They are already least able to cope with misfortune and will be least able to adapt to the impacts of reduced access to food or water, declining natural resources, and deteriorating agricultural and livestock conditions. MSF operations need to be better equipped and supported to identify and address the health and social consequences of climate change and environmental degradation for vulnerable patients and populations in MSF project locations.

Objective

To play a catalytic role in adapting MSF's operations to deal with the specific challenges and vulnerabilities created by climate change.

Key results

- By the end of 2020, one 'Futures Lab' exercise will have been conducted.
- By the end of 2021, two priority areas for innovation (e.g. predictive tools, sustainable programming initiatives, early warning systems) will have been agreed with MSF OCA operations for further development.
- By the end of 2022, climate risk assessments and climate-adapted operational tools across the project lifecycle (including needs assessment and M&E) will have been developed and 100% of Emergency Desk assessments initiated in 2023 will have made use of them.

2 MSF UK/IE as a convener on climate and health within MSF, supporting advocacy and research to drive changes in global policy and improve accountability to affected populations

MSF UK/IE is uniquely placed within the movement to bring together environmental scientists, planetary health specialists, climate change activists and legal experts around common goals of driving change in global policy, pressuring governments to meet their climate commitments, and encouraging investment in initiatives to reverse climate change. We are uniquely placed because we support field teams who see the consequences of the climate crisis in their daily work and can share their stories, and we collect, manage and analyse the health data that highlights the health consequences of climate change. We have the medical and health programming advisers who can start to link together these sources of information.

Objective

MSF UK/IE will build on its data, expertise and networks to make a strong contribution to MSF-wide (and wider) advocacy initiatives to pressure governments and other actors to address the climate crisis.

Key results

- By the end of 2023, we will have published a minimum of four case studies, used for advocacy, in collaboration with other actors where required, prioritising MSF missions in climate hotspots.
- By the end of 2023, we will have established a portfolio of research related to the 'health impacts of climate change' in three priority countries/MSF missions to enable institutional learning and adapted programmes, as well as analysis and advocacy support.

3 Reduce MSF UK/IE office environmental footprints

Office buildings, their energy use, waste disposal and the products they use (such as office supplies and cleaning products) are major contributors to carbon emissions in the UK and Ireland.

“Direct greenhouse gas (GHG) emissions from buildings were 85 MtCO₂e in 2017, accounting for 19% of UK GHG emissions ... Buildings are responsible for 66% of UK electricity consumption.”¹⁰

A combined motion calling for an MSF Environmental Policy was passed at the MSF 2019 International General Assembly. For MSF UK/IE’s London and Dublin offices, building on work already undertaken, there are adjustments that can be made to reduce our environmental footprint, along with policy changes to adapt employee behaviours.¹¹ A green audit implemented in our London and Dublin offices in 2019/2020 will inform office refurbishments. We will become part of a group of environmentally conscious MSF offices, sharing our experiences to learn from each other.

Objective

Staff and volunteers of MSF UK/IE will become more environmentally responsible and actively invest in reducing individual and office environmental footprints.

Key results

- By the end of 2023, MSF UK/IE will have achieved a measurable improvement in green audit results relative to a baseline audit of MSF UK/IE buildings carried out in 2019.
- By the end of 2021, MSF UK/IE will have addressed 100% of feedback from the green audit.

¹⁰ Committee on Climate Change UK Parliament, June 2018, Reducing UK emissions: 2018 Progress Report to Parliament, available online at <https://www.theccc.org.uk/publication/reducing-uk-emissions-2018-progress-report-to-parliament/> p. 90.

¹¹ MSF UK/IE already supports a cycle to work scheme alongside extensive recycling, and a green team was established in 2019.



MSF midwife Jonquil stands with a young family as they wait to disembark from the *Ocean Viking* in Taranto, Italy. In all, 176 survivors from the central Mediterranean were brought to safety, including 26 unaccompanied minors. Photo: Stefan Dold/MSF (2019).



A survivor from the central Mediterranean bids goodbye to a member of the MSF search and rescue team aboard the *Aquarius*, before disembarking in Valencia, Spain. Photo: Kenny Karpov/SOS MEDITERRANEE (2018).

For more information on MSF please visit: www.msf.org.uk

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