



MSF Innovation Round-Up 2021

A high-level overview of innovation activities carried out across the MSF Movement in 2021.

Introduction

Innovation is about exploring new ideas and ways of working. As such, innovation is a critical component of MSF's operations. In rapidly changing contexts, we should challenge ourselves to find the best solutions to address both new and old challenges.

Finding and fostering innovations by staff on the ground in over 70 countries and sharing lessons learned from these activities can be challenging—compounded by the fact that innovation is a broad and sometimes abstract concept, defined by many across the movement in different ways

The term democratization of innovation is at the forefront of our strategic objectives and looks to find the best way to empower MSF staff to take their innovative ideas from concept to solution. Critical to achieving this is implementing mechanisms to ensure that innovations are rooted in field needs and embedding innovation activities into MSF's global work and vision. Further, this requires transparency and collaboration across the movement.

In early 2021, we published **the first edition of the MSF Innovation Round-Up** to showcase the breadth of the MSF innovation ecosystem. This year, we continue the tradition of sharing (some of) MSF's innovation successes and failures from the past year. The second edition of the MSF Innovation Round-Up maintains the same easy-to-digest Q&A format, now complemented with short case highlights. Beyond providing an overview of eight MSF innovation entities' work in 2021, this edition also provides a glimpse into their goals for 2022 and beyond.

If you have any thoughts, questions, or feedback on the MSF Innovation Round-Up 2021, please **contact us**. We would be delighted to hear from you and continue the conversation.

Enjoy the read,
The SIU Team

PS. To stay up to date with the latest news and updates from MSF's innovation work, sign up for the bi-monthly **MSF Innovation newsletter** or follow us on Twitter (**@MSF_Innovation**) and LinkedIn (**MSF Sweden Innovation Unit**).

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List of Acronyms

AI4CC	AI for Cervical Cancer
AMR	Antimicrobial Resistance
API	Application Programming Interface
AST	Antimicrobial Susceptibility Testing
DPIA	Data Protection Impact Assessment
DRC	Democratic Republic of the Congo
ESC	European Supply Center
IVMD	In Vitro Medical Device
JIU	Japan Innovation Unit
mhGap	Mental health gap action programme
MDRTB	Multidrug-Resistant Tuberculosis
MoH	Ministry of Health
NCD	Non-Communicable Diseases
OC	Operational Center
OCA	Operational Centre Amsterdam
OCB	Operational Centre Brussels
OCBA	Operational Centre Barcelona Athens
OCG	Operational Centre Geneva
OESU	Operational Engineering Support Unit
PMO	Project Management Office
SEEAP	South East, East Asia and the Pacific
SIU	Sweden Innovation Unit
TB	Tuberculosis
TIC	Transformational Investment Capacity
WaCA	West and Central Africa

Q1. What is one key learning that has helped guide the work of your team in 2021 that other innovation groups may benefit from?



The experience and insights gained from managing various innovation projects and activities, has informed our understanding of barriers, gaps, and weaknesses in both SIU's and MSF's approach to innovation. Some of these gaps can be related to the concept of Democratization of Innovation which we define as the need to widen the definition of innovation, assure field focus and inclusion, and assure integration and support capacity building across all innovation project that we are involved in. 2021 was the year where democratization of innovation was prioritized by the SIU. This was done, formally through concrete methodologies but more than anything through collaborations and partnerships with field led projects. The Sapling Nursery review and ongoing reform strongly contributes to the definitions of democratization principles and provides a platform to test them. This and other partnership provide strong evidence that we must collaborate and build on each other's experiences, skills, and resources if we want to have a chance to stay relevant and reach impactful outcomes.

Q2. What were your core project focus areas in 2021?

Already identified prior to 2021, we continue to focus on both thematic and transversal focus areas. Our thematic focus areas are Digital Health and Planetary Health while our transversal focus areas relate to Democratization of Innovation which actively drives us to create an environment of a more unified MSF Innovation Identity.

Q3. What were the target audiences of your innovation efforts?

Primarily, we want to be guided by the needs identified in MSF field projects. We want to support our field colleagues in identifying and finding solutions that impact MSF beneficiaries and the communities they come from. To achieve this end, we work collaboratively with other innovation units/actors and the key stake holders (HQ staff in medical departments/ops) who can provide us access and support to reach our field staff.

 Innovation is about co-creating and implementing products, services and processes that improve our capability to effectively save lives and alleviate suffering. 

Q4. What partnerships were present in your innovation efforts?

Two strong partnerships were further solidified during 2021. Together with OCG we have been focused on digital health needs exploration and solution development with projects such as the **telehealth toolkit**, tele-psychiatry, and an **NCD Patient Support App**. With OCA innovation we have focused on exemplifying Democratization of Innovation through the **Sapling Nursery**. By supporting the pilot implementation of a discharge toolkit with the Nigeria Noma project we turn democratization principles into concrete activities through strong patient, caregiver and field staff insights and collaboration and the development of a multi-disciplinary and cross HQ/field “Innovation Team.” In addition, the SIU has been working closely with MSF Mumbai (OCB) relating to DOST (patient support app for TB patients) as well as OCP and the wider energy working group in partnership with ARUP developing the **Solar Air Conditioner Sizing Tool**.

Q5. What new projects did you launch in 2021

Safe Battery Disposal project (OCP), support to the Noma project (OCA) and Digital Health projects with OCG (NCD Patient Support App and tele-psychiatry project.)



An MSF team is installing solar panels on the roof of Shamwana hospital, to make sure electricity remains on in the hospital and keeps the cold chain running.

Q6. What projects did you bring to field implementation in 2021?

DOST, the patient support app for TB patients together with the Mumbai team is the most notable implementation at field level during 2021. The pilot implementation was conducted as planned with successful outcomes marking an incredible milestone. To develop patient support applications and other digital support tools is a highly complex endeavour that can be described as a long roller coast ride. From initial needs assessment and early concept development to identifying software development partners, carrying out legal and contractual arrangements, DPIA processes, etc., to the final patient onboarding has been equally challenging and rewarding. We hope and believe that this pilot implementation not only marks a milestone for the DOST project itself but for Digital Health within MSF and beyond.

Q7. Describe one notable innovation effort your unit launched this year and the impact it achieved

The DOST digital support app is the most notable innovation effort for the SIU in 2021. Currently, impact is limited, due to the small patient cohort size during the pilot, however, the positive will impact will be seen as this project paves the way for other patient support applications. Another notable implementation was the successful release of the **Solar Air Conditioning Sizing Tool**. Although still beta level with remaining bug fixing to be carried out, the tool has been used in multiple locations with more than 300 unique users (first two months). We hope this kind of pedagogic and intuitive resource can be another useful tool in the scale up toolbox that can help us, and others, make more informed decisions that contribute to energy transition.

For insights into how innovation boosts MSF's Energy Transition and how sustainable energy solutions fit into the organization's broader planetary health developments, check out [this article](#) on the SIU website.

Q8. Describe the strategic aspirations of your innovation unit in 2022

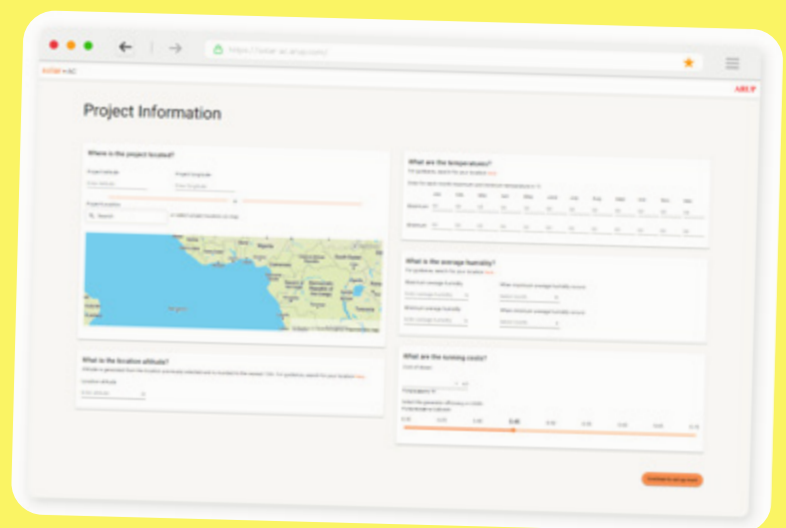
Continue focusing on our strategic focus areas – thematic (Digital Health and Planetary Health) and transversal (Democratization of Innovation). We will also continue to work for a more coherent MSF Innovation Identity.

CASE: Solar Air Conditioning Sizing Tool

Driving down MSF's carbon emissions through the adoption of solar-powered Air Conditioning

The tool provides a high-level feasibility assessment for installing any type of air conditioning (AC) system and aims to promote the uptake of solar ACs at field level and reduce MSF's CO2 emissions. It helps users make data-driven decisions on how, when, and where to use solar power solutions by providing a structured method for sizing ACs. The tool is a result of a collaboration between MSF and Arup.

Learn more about the tool in [this article](#) or jump right in and explore it [here](#) >>



For more information, visit the [SIU website](#) or follow the [SIU on LinkedIn](#).

Transformational Investment Capacity

Q1. What is one key learning that has helped guide the work of your team in 2021 that other innovation groups may benefit from?

The TIC's lessons learned analysis, recently updated, identified six keys to transformational success:

1. Strong project management,
2. Baking in change management,
3. Applying a transformational mindset and approach,
4. Leveraging partnerships but managed and set-up appropriately,
5. Leveraging technology, and
6. Cost effectiveness.

While not surprising, the challenge and opportunity in transforming is less about knowing what to do, but rather executing on these six keys to success. The lessons learned document is available on SharePoint: [here](#) (MSF internal.)

Q2. What were your core project focus areas in 2021?

1. HR, learning and development
2. Medical research and development
3. Operations improvement and tech
4. Efficiency gains

The TIC also considers an "other" category for proposals outside the above areas where a strong rationale/ business case is presented; this more recently includes climate crisis initiatives.

Q3. What were the target audiences of your innovation efforts?

- All MSF staff and association members are eligible to bring forth ideas and if supported and approved, receive funds, intellectual capital and human resources for projects to improve how we deliver lifesaving care, both now and in the future.
- Over the past year, and for this year, the TIC is placing additional efforts to source proposals from Africa, Latin America, and Asia.

Q4. What partnerships were present in your innovation efforts?

The TIC works closely with all OCs, multiple sections, international platforms and members of the innovation club. Additional outreach efforts have been linking with groups such as East Africa, WaCA, LATAM, SARA and others. Externally, the TIC has a network of partners including the ICRC, EPFL, Grand Challenges, UNICEF and others.

Q5. What new projects did you launch in 2021?

- **11 new TIC projects were approved:** Climate Smart MSF Phase III, People Analytics Phase III, Intersectional Surgical Training Program, endTB-Q, Hep C Partnership, Artificial Intelligence (AI) for TB, Accessing all MSF Field Workforce (Staff Survey), Medicine Marketplace, WACA

Transformational Investment Capacity

Digital Transformation, Just in Time Distribution, Community First: A Model for Community-Centred Emergency Response, International Treasury Centre Pilot.

- **3 are under review:** TEMBO IIb and AntibioGo (pending Full ExCom approval), East Africa Supply Chain (pending resubmission)
- **5 TIC project extensions were approved:** MSF Academy, Mini-Lab Phase II, Mobile Outbreak Lab Phase II, Speaking Out Case Study Phase II, Critical Incident Response Training Phase II.

Q6. What projects did you bring to field implementation in 2021

A significant portion of the 49 active TIC projects in 2021 involved field staff. For example, Point-of-Care Ultra-Sound, MSF eCARE, Mini-Lab, TEMBO, MSF Academy, LEAP, Mentoring and Coaching, GEO MSF, Climate Smart MSF, Cancer Care in Low Resource Settings, Telemedicine Acceleration, Working with Community Organizations, Patient Multi-Media Toolkit and Safe

CASE: Mobile Outbreak Lab

Developing and evaluating a fully portable “lab in the box”

The 2.5-year Mobile Outbreak Laboratory (MOL) pilot project, completed in November 2021, aimed to develop and evaluate a fully portable “lab in the box” which can be deployed to remote settings within 48 hours of receiving an alert notification. The MOL is autonomous in terms of power supply and cold chain, the latter is an innovative lightweight model explicitly designed for the MOL.

The minimum viable product of the MOL was evaluated during a 10-month pilot study in the Central African Republic, in collaboration with the Ministry of Public Health and Population (MSPP), focusing initially on measles, rubella, pertussis, and monkeypox as this cluster of diseases has been known to cause outbreaks in the region.

Phase II of the MOL project was recently approved.



Transformational Investment Capacity

Q7. Describe one notable innovation effort your unit launched this year and the impact it achieved

- All 49 active project in 2021 leveraged innovation to achieve transformational impact in MSF.
- The TIC also launched a Bringing About Change in MSF webinar with the Urban MSF team, conducted an analysis of Impact/Outcome Metrics to better capture the impact that the TIC and TIC projects have made towards our social mission conducted a DEI lens for the TIC study, and contributed to a BCG Humanitarian Hackathon.

Q8. Describe the strategic aspirations of your innovation unit in 2021

- In 2022, the TIC will continue with its dual objectives:
 - Drive transformational impact on MSF's ability to deliver medical care and humanitarian care.
 - Drive impact and value by fostering transformative and innovative mindset and culture.
- The TIC will emphasize strategic alignment of TIC proposals and projects with MSF's priorities (as identified in OC/section Strategic Plans and MSF-wide initiatives (Climate change, Equity Diversity & Inclusion, Efficiency, the MSF We Want to Be.)
- The TIC will also emphasize engaging field operation and MSF's global south units in a greater way .

For more information, visit the [TIC website](#) or explore the [TIC SharePoint](#).

Samar Ismail, supervisor of the 3D project in Amman, Jordan, modifies a upper limb prosthetic with a drill.



“ Innovation is in MSF’s DNA ... the ways and the processes we use to democratize a new and effective approach to provide better healthcare are constantly evolving.

— Clara Nordon, La Fondation MSF

Q1. What is one key learning that has helped guide the work of your team in 2021 that other innovation groups may benefit from?

1. When developing digital health tools, specifically supposed to interact with patients/population, you need to have a solid knowledge not only on the development part of the platform but also with Mobile phone operator and the government(s) that are supposed to greenlight the free toll number and the API solutions available locally so that your perfect tool can interact in the real world. It is very complex and require multiple partners to work together and is country specific.
2. The tedious process of CE marking for In Vitro Medical Device (IVMD) for software as a device diagnostic tool (undergoing for Antibioigo).

Q2. What were your core project focus areas in 2021?

Improve MSF patients' care and complement MSF's actions by acting before hospitalization or after discharge.

- Monitoring/Disease monitoring of known HIV cohort in DRC (Afia Yetu)
- Monitoring/Support MoH in epidemic Alerts in Niger: Alerte-Epidémie Program in Niger with two sub-projects:
 - The "Alerte-Niger" application to structure the response to prevent the spread of Meningitis, Cholera and Measles.
 - The "COVID-19 Alert" Application to structure the response to prevent the spread of the COVID-19 outbreak.
- Diagnostic/**The Antibioigo App** which is a mobile IVMD application to fight the spread of antimicrobial resistance by ensuring equal access to accurate diagnosis on AMR.
- Diagnostic/AI4CC (AI for Cervical Cancer) using AI and image analysis through smartphone camera to improve access to accurate VIA in cervical cancer (ongoing with NCI in Malawi, study in 2022).
- Rehabilitative care/3D Program: using 3D technology-scanning and 3D printing to access Tele-expertise and offer our patient prosthesis and orthosis for upper limb amputation, partial hands amputation and compressive mask for facial deep burn (Jordan, Haiti, Gaza, and Armenia).

Q3. What were your core project focus areas in 2021?

- MSF patients (Afia Yetu, 3D program, AI4CC)
- Health authorities (Alerte Niger)
- Worldwide microbiology laboratories (Antibioigo)

Q4. What partnerships were present in your innovation efforts?

- Alerte-Epidemie application in Niger: we created an original partnership between The MSF Foundation (program manager and sponsor), Epicentre (scientific stakeholder in Niger), Medic Mobile (technical not for profit based in the US) and the MoH in Niger (application beneficiary.)
- Afia Yetu: Epicentre and Medic Mobile.
- AntibioGo: i2a company (automate manufacturer of antibiogram reader) Pasteur Institute in Dakar, Google.org, EPFL tech institute in Switzerland, WHO, Merieux, Teaching hospital in France Henri Mondor, CEA Genoscope, LAMME Evry, For the TIC application we also have the support of OCB and WACA.
- 3D printing: Fablab network, French specialist center of burn Leon Berard institute (clinic), Rodin 4D French company of 3D scanning and modelization software editor, Epicentre.
- AI4CC: NCI, KTH Royal Institute of Technology in Stockholm, Sweden.

Q5. What new projects did you launch in 2021?

- The “Alerte-Niger” application to structure the response to prevent the spread of Meningitis, Cholera and Measles.
- AI4CC

CASE: AntibioGo

Diagnose and treat patients with the most appropriate antibiotics

AntibioGo, a user-friendly mobile device application, supporting the reading and the interpretation of ASTs, aims at providing individual patient treatment benefits and facilitating the collection of epidemiological data on AMR. In doing so, it contributes to the rational use of antibiotics in LMICs, the lack of which is recognized today as a major health danger.

Learn more about the app [here](#) >>



Q6. What projects did you bring to field implementation in 2021?

- The “Alerte-Niger” application to structure the response to prevent the spread of Meningitis, Cholera and Measles.
- For Antibioigo we launched the clinical evaluation in 3 countries: Jordan, Mali and Senegal.

Q7. Describe one notable innovation effort your unit launched this year and the impact it achieved

- COVID-19 monitoring app in partnership with MoH Niger.
- Alerte epidemie for measles meningitis and cholera proof of concept in Maradi’s region of Niger and about to be nationalized in 2022.

Q8. Describe the strategic aspirations of your innovation unit in 2022

- Structure a more structured cooperation unit between the Crash, La Fondation MSF and Epicentre.
- Leverage the 5 years experiences we have on AI based diagnostic and support other OC’s /unit in these endeavours (Legal, reglementary, Data protection and tech.)
- Improve structural partnership with Phone operators at the African region level.

For more information, visit [La Fondation’s website](#) or follow



 [La Fondation on LinkedIn](#).

Q1. What is one key learning that has helped guide the work of your team in 2021 that other innovation groups may benefit from?

2021 was riddled with COVID-19 driven challenges. We have learnt that failure is part and parcel of innovation since at least half of the ideas may not reach maturity at their expected time span or may morph or be modified during development. As innovators, our role is to push ahead and persevere in testing new solutions that best answer the needs of our frontline health workers. Putting the field at the centre is the best guide on where to focus, and how much energy to dedicate to each OCG innovation project. We also believe that leveraging existing solutions when adapting point-of-care tools that help improve quality of care and efficiency is equally important as seeking novel breakthrough solutions.

Q2. What were your core project focus areas in 2021?

Just like the COVID-19 pandemic has affected many other organizations, it has affected our innovation strategy and ambition. In continuity with last year, OCG was mostly focused on digital platforms, PPE improvements (Smart PPE suit), and Digital Health promotion tools. Our activities accelerated towards the end of 2021 when we were able to launch an ideation campaign for Planetary Health innovative interventions. 2021 was also the year where few of our proof-of-concepts reached maturity and scaled up into the main MSF services. Notable on this is our Video Observed Therapy (VOT) platform which was adapted by MoH as a main MDRTB monitoring tool. We were also able to advance on our Beekee training/collaborating hub which was taken by Tembo as one means of providing an off-line training solution for our frontline health workers. In line with our patient-centred approach, we also focused on patient support apps like the development of a NCD support tool (in collaboration with the Sweden Innovation Unit) and other gamified digital health promotion tools for COVID-19.

 ‘Learn, adapt, innovate – repeat’ is OCG Innovation Unit’s motto. Through repeated adaptive innovation cycles, our goal is to listen then answer to operational needs in order to offer solutions to field issues. We believe innovation is key and field driven ideas are our priority. 

OCG Innovation Unit

Q4. What were the target audiences of your innovation efforts?

OCG Innovation strives to have a user-centred design and user-driven development at its core target in the future. Transparency and proactive communication were considered key and have been fairly achieved through our innovation aggregation and development platform: **ThinkUp**. All MSFers can easily register to find ongoing projects and submit new ideas and contribute to the ones of others. The platform has an extensive membership of our national staff who are able to register using their private e-mails.

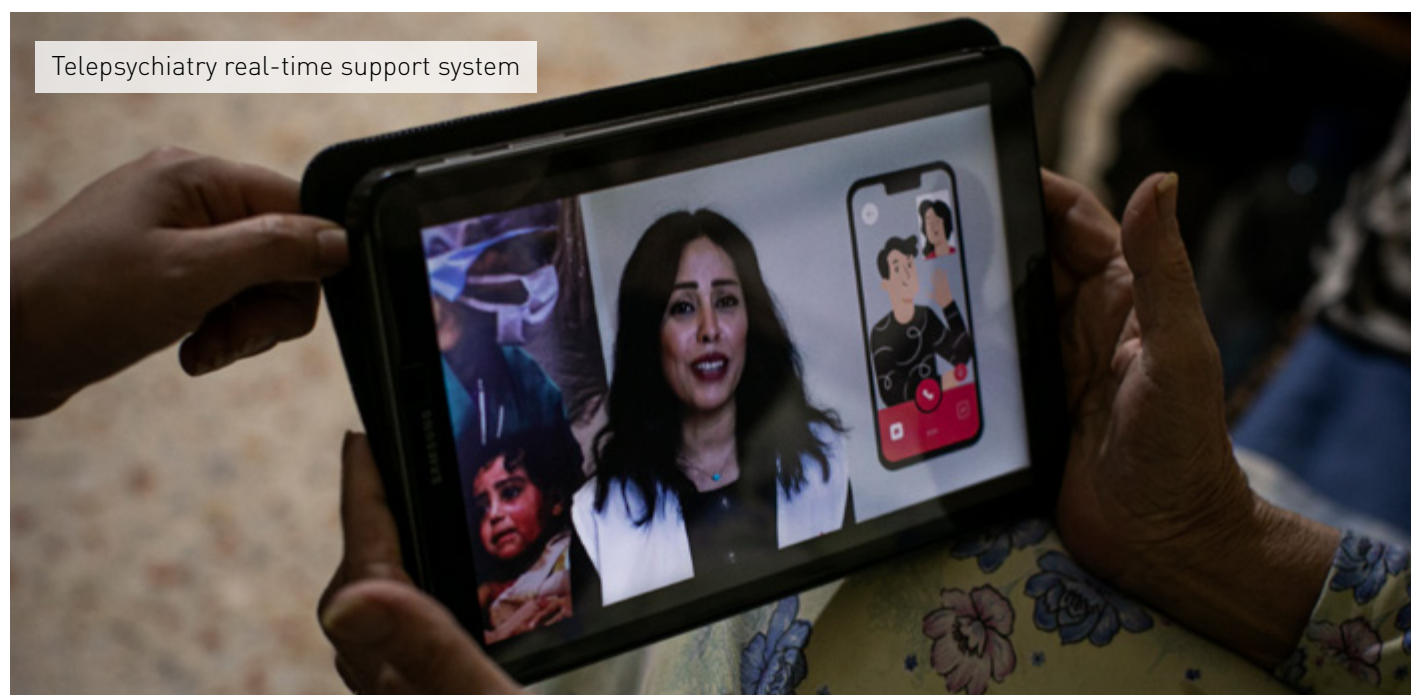
Q5. What partnerships were present in your innovation efforts?

OCG has undertaken proactive efforts to develop a transversal network with Tech industries (e.g. Microsoft), private companies (e.g. Pixl Impact, Buendia, SureAdhere), Academia (e.g. EPFL), medical institutions (HUG, UniSante) and a multitude of startups (e.g. Beekee). In kind, financial donations were also obtained from donors specifically supporting innovation. Despite these extensive collaborations, OCG has shown that it is possible to maintain control on the pace and priority setting of initiatives.

What new projects did you launch in 2021?

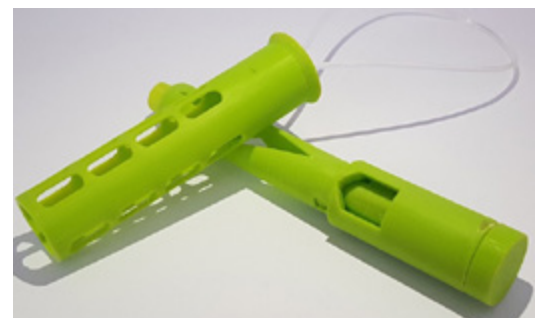
The innovation projects added to our development pipeline in 2021:

- **Biochar Briquettes:** relaunching this project to support field testing to produce homemade charcoal by mixing carbonised waste (sugarcane peels, rice waste, grass, leaves, ...) with cardboard mash and compressing it with a simple press.
- **Telepsychiatry real-time support system:** building a network of psychiatrists who support frontline mhGAP trained clinicians in real-time or asynchronously using new secure digital solutions.



OCG Innovation Unit

- **Insulin Infusion Systems:** developing new solutions for universal and 3D printed low-cost insulin delivery devices.
- **EMR, Electronic Medical Record:** transforming the premise project into a TIC proposal.
- **Go Green MSF campaign:** running a collaborative campaign on the ThinkUp platform to gather ideas from across MSF to develop an environmental roadmap for how OCG should reduce its carbon emissions with 50% by 2030 (compared with 2019.)



3D printed Insulin injection prototype

Many ideas and ongoing projects have been shared and we intend to pursue the work on developing concrete actions focusing for example on supply chain management and finding innovative ways of rethinking the medical equipment (respirator, mask, gloves, cord rings... etc) replacing single-use plastic items with biodegradable alternative materials.

Q6. What projects did you bring to field implementation in 2021?

- **Telepsychiatry support solution:** We have developed a solution to provide a sustainable model of telepsychiatry services involving a global network of psychiatrists using a secure digital health solution and enabling task shifting without compromising quality of care (WhatsApp being too often misused). The pilot has been successively and successfully implemented in three different missions: Agok (South Sudan), Nduta (Tanzania) and Dadaab (Kenya). However, the current situation remains challenging in Dagahaley and Nduta.
- **VR ABCD - Virtual Reality for Emergency Triage Training Deployment:** Capitalising on OCA's work, we have closely collaborated with the OCG L&D and medical departments to pilot VR goggles too focusing this time on paediatric and emergency triage training. The project has been widely implemented in Nigeria, DRC (especially in the Nizzi project), Niger and Sudan. Health workers confirmed VR is helping them to practice and it supports their learning process. [Watch the demo video](#) [in French].
- **VOT - Video Observed Therapy:** We have implemented the Video Observed Therapy, an efficient and secure mobile platform in Eswatini (Shiselweni DRTB Project), in partnership with SureAdhere, a company that has developed a platform that allows healthcare workers to track remotely that a patient adhere to their treatment plan. While migrating all the patients' data back to Europe, we have also connected with the MoH National Tuberculosis Control Programme joining forces to fight TB.

Q7. Describe one notable innovation effort your unit launched this year and the impact it achieved

The Spotlighting the Telepsychiatry project, a real-time mental health support system. Mental health needs faced by populations in low resource and humanitarian settings are steadily increasing, amplifying an already significant burden. The availability of experienced psychiatrists to support

OCG Innovation Unit

these mental health demands are far from being sufficient. Based on the mhGAP medical guidance (WHO Mental Health Gap Action Programme), we have studied how to implement a real time telepsychiatry support system to provide mental health supervision. Initiated as a collaborative effort between SIU, MSF Canada and OCG, we launched a pilot to have a small network of psychiatrists who could support the mhGAP trained clinicians that are providing first-line care to OCG field missions. Several support means are provided depending on the level of emergency. Concretely, discussions are organised monthly by the OCG Psychiatric Advisor to review patients' interactions and answer the clinicians' questions. A SharePoint website is also accessible for resources information. Regarding urgent needs, a remote support system is available thanks to the Siilo secure messaging app where the project groups and Psychiatrist volunteers are reachable. The pilot has effectively started in three missions: Agok (South Sudan), Nduta (Tanzania) and Dadaab (Kenya) and will be evaluated in 2022 mid-year before scale-up.

Q8. Describe the strategic aspirations of your innovation unit in 2022

In 2022, we will focus on a bottom-up approach strategy enlarging innovation not only in terms of medical practises but also in terms of operational activities. The OCG Innovation Unit wants to provide the field with a global sandbox where ideas and challenges are led from the field with the support of subject experts. Given the current challenges and opportunities, OCG innovation will continue the same trend mixing key transformational initiatives with quick wins that leverage existing tools through an acceptable adaption process. Our innovation projects will be primarily guided from operational perspectives to address existing challenges. In a nutshell, we will **recentralize on field driven innovations**.

COVID Challenge App

Gamification to combat misinformation

The COVID Challenge app is an interactive quiz app developed by MSF in collaboration with Pixel Impact. The first version of the app was launched in September 2020 to counteract misinformation around COVID-19 and teach users how to protect themselves from the disease. Users are presented with questions related to the novel coronavirus and response alternatives accompanied by colorful illustrations.

The app is available on both **Android** and **iOS**.



Q1. What were your core project focus areas in 2021?

- Community engagement & patient support
- Innovation scalability
- Data-driven decision making

Q2. What were the target audiences of your innovation efforts?

Project staff, community members and patients

Q3. What partnerships were present in your innovation efforts?

MSF Operational Centers, Innovation units and external partners

Q4. What new projects did you launch in 2021?

- Patient Multimedia Engagement roll-out
- Mentoring modelling
- Discharge toolkit
- Funding modelling
- Climate Epidemiology
- Menstrual underwear
- Centralised temperature monitoring

Q5. What projects did you bring to field implementation in 2021?

- Patient Multimedia Engagement roll-out
- Mentoring modelling
- Discharge toolkit
- Funding modelling
- Climate Epidemiology
- Menstrual underwear
- Centralised temperature monitoring

Q6. Describe the strategic aspirations of your innovation unit in 2022

Further expand the field of process innovation and explore capacity building models.

○ For more information, visit the [Manson Unit's webpage](#).

Q1. What is one key learning that has helped guide the work of your team in 2021 that other innovation groups may benefit from?

Concept of decentralization in terms of program planning, innovation deployment and potential ecosystem mapping is needed to design a sustainable innovation module.

Q2. What were your core project focus areas in 2021?

1. Use of telemedicine as a virtual platform strategy to improve access to COVID-19 related care
2. Use of Artificial Intelligence (AI) for improving diagnostic accuracy related to DR-TB care
3. Support OCA-E-Health Steering Committee in improving technical support at the field level and met-data review and analysis
4. Explore newer potential innovation opportunities related to telemedicine and prototype deployment
5. Mental health helpline for providing tele-counselling to patients in need



Q3. What were the target audiences of your innovation efforts?

Patients followed by health workers (both internal and external stakeholders.)

Q4. What partnerships were present in your innovation efforts?

OC's and external innovation incubation centers.

Q5. Describe one notable innovation effort your unit launched this year and the impact it achieved

1. Mental health helpline completed 2,500 consultations in 2021.
2. Partnership for the AI use in improving TB diagnosis was the first intervention using such technology for the South Asian scenario in MSF operations.

Q6. Describe the strategic aspirations of your innovation unit in 2022

Our plan is to dig deeper and understand the true value proposition of introducing innovation as part of our MS F operations in South Asia. Since we have had initial success in this space, the next step is to measure this success with the program outcomes, design strategies that give a better definition in terms of 'innovation' and continue to explore spaces that we feel would contribute to improving overall patient care systems.

For more information, visit [MSF India's website](#).

Japan Innovation Unit

Q1. **What is one key learning that has helped guide the work of your team in 2021 that other innovation groups may benefit from?**

Across several projects this year, the importance and nature of the working relationships between the JIU (or MSF Japan) and the OCs has proved to be critical, including but not limited to issues of governance, funding and accountability or decision-making. The OCs remain one of the key partners for the JIU to fulfil its mission of operations support, and with each project, developing a close working relationship with our counterparts in the OCs, as well as understanding internal culture and informal governance pathways is essential. This is true just as much in project selection as it is in project execution.

Q2. **What were your core project focus areas in 2021?**

The JIU portfolio is composed of a few “big” projects and many “little” projects across our core areas of specialization: data-based innovation; logistics/procurement; neonatal medical care; and organisational/systems design. The big projects remained the open research data sharing initiative with OCA; addressing neonatal warming/hypothermia with OCBA; and diversifying MSF’s supply chain into Asia with SEEAP/MSF Logistique. In addition, there have been requests from support throughout the year from different teams (OCs, Tokyo Cell, field teams, SEEAP) on a range of topics: strategic planning; exploring technologies to strengthen field research, fundraising, training on design thinking, etc. Some of these smaller support requests are discrete, while others we hope may evolve over time into larger projects.

Q3. **What were the target audiences of your innovation efforts?**

Our relationship with OCA, particularly the Manson Unit, is a strong and important one, particularly for the data sharing initiative, but also as we look to support the revised Sapling Nursery in 2022. OCBA remains a critical partner for our neonatal hypothermia project, and there are ongoing discussions with OCBA’s PMO / Projects & IT Office about how we can expand mentoring and training support for their operations in 2022. The JIU also expanded its collaboration with WaCA in support of its OESU (Operational Engineering Support Unit) and its field medico/ops strategic thinking and leadership.

Q4. **What partnerships were present in your innovation efforts?**

Both the data sharing initiative and the neonatal warming project have benefitted enormously from the technical expertise of external partners. This includes Link Digital, a UK- and Australia based IT firm that is one of the world’s experts on the open-source data portal platform CKAN; as well as the developers behind Harvard’s Humanitarian Data Exchange. Our long-term partnership with Design that Matters, a leading bio design firm specialized in neonatal care medical devices, remains central to our work on hypothermia.

Japan Innovation Unit

Q5. **What new projects did you launch in 2021?**

We launched two projects with WaCA on strengthening data-based decision making, and how to better access remote populations. The JIU supported the Tokyo Cell and MSF Bangladesh (OCP) in organizing a series of strategic review sessions and capacity building in preparation for their three-year plan. The JIU also began exploring ways to support innovation in international fundraising, reinforcing ongoing capacity building efforts and knowledge management.

At the same time, the JIU also increased internal support to MSF Japan, including through a new project to develop and pilot local supporter groups (outside of Japan's Kanto region) to bolster fundraising and recruitment; looking at carbon emissions reductions; and submitting a TIC proposal for the development of a new global employee engagement (and safety and security) survey.

Q6. **What projects did you bring to field implementation in 2021?**

To overcome the limitations that COVID-19 put on travel / field assessments, the JIU worked with the Manson Unit and external technology providers to develop a patient-centric remote evaluation methodology for Health Advisors, using encrypted mobile-based video recording software. While the project was eventually halted due to data protection concerns (regarding anonymization, minimization and cross-border transfer), it was an important case study in effective project governance (particularly where ownership is shared across multiple entities in the Movement), and it ultimately helped strengthen the relationship between the JIU and the Manson Unit.

Q7. **Describe one notable innovation effort your unit launched this year and the impact it achieved:**

The JIU has hosted the Asia Supply Chain project since May 2019, with TIC funding and coordination across OCP, OCG (via MSF Korea) and MSF Logistique, supporting the European Supply Centres (ESCs) in developing a diverse portfolio of medical suppliers by identifying qualified and competitive manufacturers from Asia. The project has not only brought technical expertise to MSF Japan and the region in pharmaceutical procurement, but also increased MSF's market knowledge of the region. In late 2021, the project "graduated" from the JIU to become part of SEEAP—the SEEAP Supply Unit—which will continue and scale up market research and sourcing opportunities from Asia. Simultaneously, the JIU has developed a guide based on lessons learned for ESCs and other partner sections who want to support the effort to achieve cost savings, and to reduce shortages or supply chain disruptions for MSF. This will be shared in early 2022.

Japan Innovation Unit

Q8. **Describe the strategic aspirations of your innovation unit in 2022:**

2021 was a year of transition for the JIU with the departure of the head of the unit Massimo Ravasini (who has gone on to become DGD for MSF Italia), as well as some staff turnover on a small team. The JIU plays a split role supporting external requests throughout the Movement, while at the same time providing support (planning, project management, ideation/workshopping) to MSF Japan internally. In 2022, MSF Japan will launch a strategic review, which includes considering whether and how to restructure the JIU to be more “fit for purpose”. At the same time, the JIU continues to build its relationships and seek closer cooperation with OCA, OCBA and WaCA. While streamlining the unit to be more dedicated to external (i.e. non-MSF Japan) support, we also hope to leverage closer working relationships with OCBA and WaCA operations teams in particular to bring our efforts and resources closer to the field.

 **For more information, visit the [JIU website](#).**

OCB Project Management Office

Q1. What is one key learning that has helped guide the work of your team in 2021 that other innovation groups may benefit from?

Same as last year: Governance, governance, governance – get project governance right and the rest falls into place (same message as last year!)

Q2. What were your core project focus areas in 2021?

Field ReCentralisation: Place the centre of decision-making as close to the beneficiaries as possible. You can learn more about our Field ReCentralisation efforts [here](#) (MSF Internal).

Q3. What were the target audiences of your innovation efforts?

As always: Patients, Field Staff and Operational Centre Staff.

Q4. What partnerships were present in your innovation efforts?

We worked with *whomever* we feel can add value to the project, be that other areas of MSF, other International NGOs, academia, cooperate, governmental, etc. Diversity is the spice of life! (and work).

Q5. What new projects did you launch in 2021?

In OCB, we don't distinguish between 'innovative' and 'non-innovative' projects. But we launched hundreds of new projects last year! Not all had a clear innovation focus, but nevertheless, they were business critical enablers. However, some 'interesting' ones (from an innovation perspective) are:

- Telecom: Intercom system for hospitals
- Radio digital based cold chain: remote temperature control system
- App Environmental Health - DEWATS, or how we manage to cope with wastewater in Afghan hospitals (on [Sherlog](#) here).

Q6. What projects did you bring to field implementation in 2021

We implemented hundreds of new projects in 2021. See above.

Q7. Describe one notable innovation effort your unit launched this year and the impact it achieved

The OCB PMO anchored-in the digital transformation, leveraging the opportunity provided by COVID-19 restrictions on travel, shifting many meetings/workshops online, bringing efficiency, inclusiveness, democratisation ...

OCB Project Management Office

Q8. Describe the strategic aspirations of your innovation unit in 2022

OCB PMO aspires for formal (ExCom) mandate for the existing intersection 'Information and Knowledge Management Community of Practice' to be chaired by the (not-yet-existing-role-of) Core+ on Information and Knowledge Management; and for formal (MedOps) mandate for the existing intersection 'Climate Environment Health Network' to be chaired by the existing(!) Core+ on Climate - Joe Belliveau - DG Canada. (note: 'Core+' is an MSF governance mechanism for the ExCom - all General Directors - to mandate one amongst them to drive a particular theme).



MSF SWEDEN INNOVATION UNIT