

Shareable

01 MSF:

A Briefing for Partners

Who we are, what we do, and why we do it.

This document is intended as a brief introduction for partners working with MSF.

01. What is MSF?
02. The structure of MSF
03. MSF's innovation work
04. Key considerations
05. FAQs

Contact us at
msf-siu.org



MSF SWEDEN INNOVATION UNIT

01 What is Médecins Sans Frontières?

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters, and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender, or political affiliation.

Our Principles

Medical ethics

MSF's actions are first and foremost medical. We carry out our work in adherence to the principles of medical ethics, principally the duty to provide care without causing harm to individuals or groups. We respect the autonomy, confidentiality, and right to informed consent of each patient. We treat our patients with dignity and with respect for their cultural and religious beliefs. In accordance with these principles, MSF endeavours to provide high-quality medical care to all patients.

Independence

Our decision to offer assistance in any country or crisis is based on an independent assessment of people's needs. We strive to ensure that we have the power to freely evaluate medical needs, to access populations without restriction, and to directly control the aid we provide. Our independence is grounded in and reinforced by our policy of deriving only a marginal portion of our funding from governments and intergovernmental organisations.

Impartiality and neutrality

MSF offers assistance to people based on need and irrespective of race, religion, gender, or political affiliation. We give priority to those in the most serious and immediate danger. Our decisions are never based on political, economic or religious interests. MSF does not take sides or intervene according to the demands of governments or warring parties.

Bearing witness

The principles of impartiality and neutrality do not entail remaining silent. When MSF witnesses extreme acts of violence against individuals or groups, the organisation may speak out publicly. We may seek to bring attention to extreme need and unacceptable suffering when access to lifesaving medical care is hindered, when medical facilities come under threat, when crises are neglected, or when the provision of aid is inadequate or abused.

Accountability

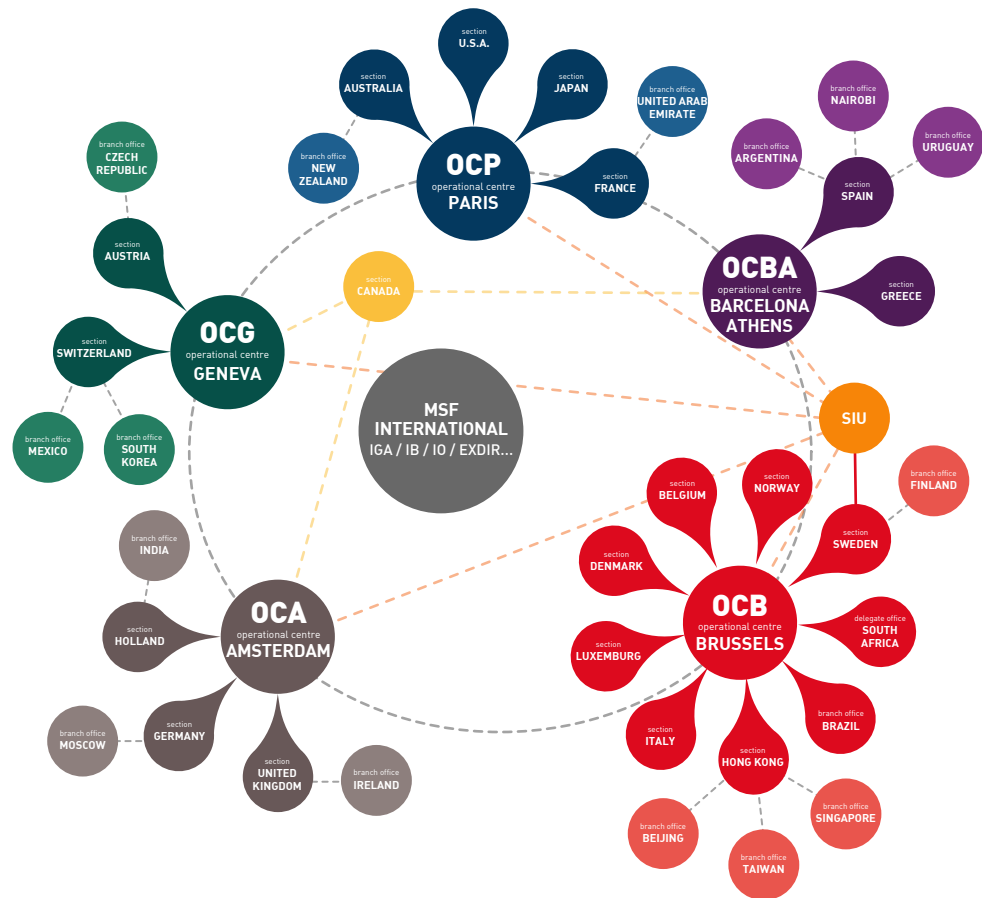
MSF is committed to regularly evaluating the effects of its activities. We assume the responsibility of accounting for our actions to our patients and donors.

02 The structure of MSF

MSF is a large, complex organisation that is made up of five operational centres (OCs) and various partner sections. Each OC operates vertical programs to deliver medical services to countries in need. This can mean that multiple OCs operate in the same country, with little cross-coordination between them. Partner sections are not usually directly involved in the OC operations, but provide HR and financial support to their connected OC.

Total expenditure 2017
€1.6 billion

Total staff: **45,000**
 National staff: **38,000**
 Expat: **3,500**
 HQ: **3,500**



Within this structure, ‘mission’ refers to the overall OC operation in a particular country, whilst ‘project’ refers to a specific MSF health structure that is providing services within the mission. The hierarchy of MSF operations can be visualised thus:

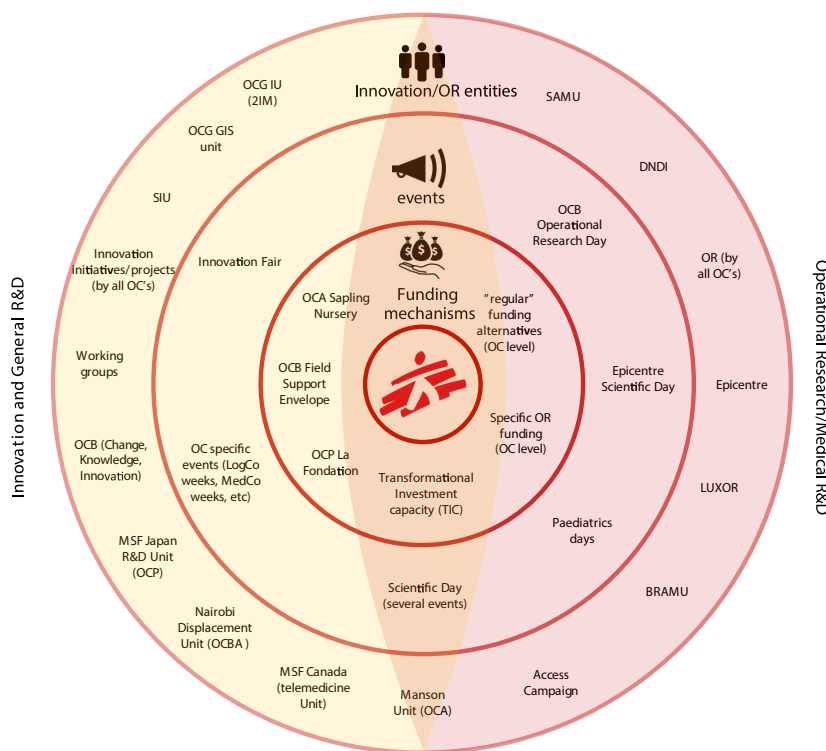


Each OC uses a different structure to provide support to operations in 'the field', however, these structures are usually organised into two categories: staff with direct links to operations in 'the field'; and staff who provide support to operations through R&D, such as the creation of new guidelines, processes, or products that can be used by operations.

Further reading:
 ‘About MSF’ on the MSF website: <http://www.msf.org/en/about-msf>
 ‘Who’s Who Guide’ from OCB: http://www.insideocb.com/sites/default/files/kcfinder/files/MSF_Organigramme2014-pages-WEB.pdf

MSF's innovation work

Innovation work is performed throughout the movement, but there are also units/individuals within the movement with designated innovation portfolios. These units offer innovation management to the rest of the organisation – a service that ranges from handling administrative issues to cutting-edge expertise within a certain technical field. These elements of the organisation can be understood as similar to internal consultancies which provide services where needed, either on individual projects or in aid of broader initiatives.



Role of innovation in MSF

MSF's innovation work relies heavily on co-creation — strong partnerships inside and outside of MSF, across sectors, organizations, and disciplines. MSF tends to take on a needs-owners role in these collaborations:



Defining the need



Describing the context



Pilot testing the solution

Certain arms of MSF, such as the Access Campaign and Epicentre, specifically focus on pharmaceutical R&D. In the context of MSF, 'innovation' means technological solutions to operational problems, and does not include drug development and the entailed ethical issues of patient trials.

MSF 'innovation' involves using or adapting existing technologies for our contexts. Difficulties in the local infrastructure (poor utilities, climatic conditions, transport etc.) mean that this can be much harder than is often expected, and systems designed for the 'developed context' market can often falter when rolled out in such conditions.

04 Aspects to keep in mind when working with MSF

■ Patient-centred approach

MSF's innovation work is patient-centred rather than MSF-centred. This means that our priority is always to ensure that patients receive better and more affordable care through our innovation work, as opposed to pushing out other care providers or owning any IP or other rights related to the innovation. Ownership of IP is always less important than ensuring affordable access – any ownership of IP is only a means to an end.

■ Value-focused

MSF fiercely guards its independence, charter, and principles. This means that we only work with companies and organisations who share our values – in particular, MSF does not work with the defence, tobacco, extraction, or pharmaceutical industries. As such, clauses and conditions restricting the use of our logos and public communication about collaboration projects are of paramount importance. It also means that sections restricting use of logos and public communication about collaboration projects is important.

■ A complex association

As a large, complex organisation with separated operational hierarchies, priorities can differ within MSF depending on whom (and their affiliated section) you are dealing with. Therefore, it is possible that the focus/alignment of past MSF contacts will differ to those of new MSF contacts. It can be confusing, but it is important to be mindful of which section you're dealing with, and how it relates to other contacts you may have had.

■ A very specific organisation

MSF is very operationally focused and, as a result, those working in the five OCs can have very specialised expertise in their areas of work. This is an immensely valuable trait for understanding the needs and context for innovation, but can sometimes result in very complex or opaque terminology that is hard to understand. Despite the complications ranging from the multitude of acronyms employed to a reluctance to use terms characteristic of the private sector (such as 'profitability' or 'customers'), it's crucial to ensure that nothing is lost in translation.

05

FAQs

1. What does ‘innovation’ mean for MSF?

In MSF, ‘innovation’ usually means finding solutions for operational needs through implementing or adapting existing technologies to our contexts. Hi-tech research projects are relatively rare, as MSF favours durable technology with prior demonstrated value in other contexts.

2. Can MSF test my product?

MSF receives hundreds of requests every year to test new technologies. As we practice a needs-based innovation approach, it’s unlikely that we will agree to test something unless an operational need has been specified. Additionally, testing new technology is usually too resource-heavy for us, considering staff time, risks to patients, or logistics. There would have to be an exceptionally strong business case for us to divert resources away from patient care towards testing products for private businesses.

3. I spoke with someone from another section of MSF who liked our product. Can you help me push this?

As a large associative organisation working on vertical programs, communication between country sections can sometimes be lacking. Therefore, it's unlikely that a conversation you've had with someone from Operational Centre Brussels has been relayed to staff in Operational Centre Paris.

4. I would like to give an in-kind (i.e. non-cash items) donation to MSF. How can I do so?

As a general rule, MSF does not accept in-kind donations. We have seen in the past that such time allocations may not provide the best outcomes or quality of work. In addition, as we aim to only innovate on a needs driven basis, it is very unlikely that your donation will come precisely when it is needed.

5. How can we get involved with MSF?

There are many opportunities to collaborate with the various sections of MSF. We suggest getting in touch with your local section to explain what you're prepared to offer. If you do not have a local section, you can contact a inter-sectional body, like the SIU (msf-siu.org) with an offer. However, due to time availability, we cannot guarantee that we will reply to all contact requests.

6. Does MSF partner with private/government sectors?

As an organisation with a strong history of advocating on behalf of the world’s poorest, MSF has frequently come into conflict with big business and governments. Indeed, the principle of ‘speaking out’ was one of the defining tenets of the organisation. Nowadays, many in MSF accept that partnerships are necessary to improve our services to our beneficiaries, but we still strive to maintain that ethical due diligence with who we work with and accept money from. As an example, the decision was taken in 2014 to no longer accept institutional funds based on the hostile policies of governments towards migrants.

7. Is MSF just made up of doctors?

No. Of course doctors play a significant role in the service delivery to our patients, but like any health structure or system, MSF’s 45,000 staff members are made up of a broad spectrum of medical, logistic, admin, IT, financial, and technical staff. Fighting against the myth that you must have a medical background to work with MSF can be a barrier for us in finding staff with relevant expertise for particular projects.