This paper provides an outline of the concept and process for the creation of an MSF Vision, as per an IC decision and based on discussions held by the ICB working group as well as an ICB retreat held in late September 2010 to which several guests were invited. Meetings were later held with the Executive (ExCom, ExDir) and with the IC. Ideas and questions that arose from these discussions are listed below, in no particular order of importance, under four headings: strong & coherent identity; diverse & collaborative operations; relevant and innovative action; and global and vibrant association. These ideas and questions are meant to feed a wider debate in the boards, associations and FADs this year, as well as at the executive level and others in the coming months. The objective is for a vision for the movement to be proposed in time for the new IGA, to be held in Paris this December, for discussion and endorsement.

What is the purpose of creating a Vision for MSF?

The MSF vision should provide a broad direction of where we want to be as an organized movement in 5-10 years. It should be aspirational and ambitious; seeking to keep MSF positioned in the avant-garde as a cutting edge, courageous, innovative and effective medical humanitarian organization with diverse operational approaches. The vision should clarify some of the ambitions outlined in La Mancha and enable MSF to build on its past and current successes, while addressing the internal and external challenges we have identified. The principles set out in the MSF charter, Chantilly and La Mancha remain valid, but these principles need to be reinterpreted and adapted to the current realities of MSF and the world. In the new governance structure, the vision should also serve as a framework for accountability between the new International Board and their executive counterpart.

How should we develop this vision?

The starting point for any vision should be: who are our “patients” in the coming years and how can we best address their needs? What are the contexts in which we expect to find these needs? We should then be able to decide on our ambitions, our vision. For example, will we be able to provide the most relevant health care/response for people, not based on our current expertise but based on their needs? How will we address the reality that diabetes is a debilitating chronic illness for many in the places we work? How will we address the fact that women and children continue to malnourished and die due to preventable causes and illnesses? What about our non-medical health activities such as shelter, water and sanitation? Why do we continue to distribute sub-standard plastic sheeting and expect other agencies to provide adequate drinking water to people in crisis and communities we care for? Should we be more ambitious in these areas? What do we currently find less than satisfactory in our work today and what is it that we need to challenge and seek mean to improve?

How will the Vision be used?

The document will concisely elaborate a vision followed by statement of broad ambitions that open up possibilities rather than be constrictive or binding to the executive. The executive will then jointly or separately formulate or incorporate strategies and action plans in order to achieve the agreed upon vision and ambitions. It is important to note that the vision process intends to build on the work that has been done by sections, OCs and platforms on specific topics. Ideally the Vision should form a broad framework for the new International Board (IB) to use in interacting with and holding the executive accountable, knowing that clear indicators and benchmarks for measuring progress will need to be determined for specific periods of time.

What is the timeframe?

For a vision to be inspirational, it needs to present a long-term view. Therefore it was felt that the timeframe should be 5-10 years. Perhaps setting the goals for our 50-year anniversary as an organization in 2021? The Vision is intended to be a living document, to be evaluated periodically and adapted to respond changing external contexts and challenges.
**STRONG & COHERENT IDENTITY**

**A shared idea:** MSF was founded in Europe 40 years ago and today remains largely European and Western, and the perception of the organization follows suit. Are we an international organization because we work in over 60 countries or is it because the people in the countries we work in understand our mission and support us? Do we risk losing our identity and purpose by opening to new voices and ideas? Or, do we gain access and acceptance by being understood and perceived as being local?

**Defending independent humanitarian action:** As independent humanitarianism is increasingly eroded, how do we position ourselves as a humanitarian actor in a political environment? How do we make clear distinctions between principled humanitarian aid and assistance provided by other governmental and non-governmental actors?

**Global Health:** Recognizing that MSF is already a global health actor, do we wish to better use our experience to more proactively influence the field of global health? Can we work more closely with some global health actors while remaining critical?

**Perception:** Do we need to invest in improving the perception and understanding of MSF as an independent humanitarian organization throughout the world, including by the people caught in crisis, staff and civil society? Is coherence in our action, as a movement, a goal to strive for?

**A collective movement:** Do we want to be an international movement with a shared vision and ambitions deciding collectively on strategies for achieving common goals? Or, do we see ourselves as operational partnerships who share a name and overall purpose, but who develop independent strategies for achieving ambitions? What do we give up when we strive for coherence and synergy between OCs for a better humanitarian response, what is it worth?

**DIVERSE & COLLABORATIVE OPERATIONS**

**Size:** Given, current rates of growth, we can expect to be a $ 2 billion organization in 10 years. How does this growth affect our ability to be a relevant, reactive and innovative organization? If we want to manage or limit our growth, how do we do it? How do we keep operations at the centre of our organization in a light and efficient manner?

**Scale:** Is increasing the scale of our operations an objective in itself or in an attempt to cover all the needs? Choices will continue to have to be made, but what elements should determine our choices? Do we agree that our choices are at times arbitrary and self-serving? Can we also at times choose to invest in scale as a catalyst for change? Do we continue to ensure a political element in all our operations in order to achieve wider and far-reaching impact?

**Diversity:** Balancing coherence with diversity, what are the benefits of diversity of action and approaches in MSF, while recognizing that we can no longer be “polyvalent” wherein each part of the organization is aiming to achieve the same operational ambitions? How do we split up the tasks in order to more realistically and achieve our goals?

**Access:** How do we organize ourselves and change our way of working in order to open the increasingly closed doors to independent humanitarian actors? What balance do we need to achieve between our principles and practical realities in order to gain access?

**Quality, Knowledge & Experience:** What are the main characteristics of our volunteer identity today? Do we consider that improved quality of our action is needed and that this requires (further) professionalization of our organisations and of our staff in missions and HQ?
RELEVANT & INNOVATIVE ACTION

**People-focused:** Should the “patient” and his or her medical needs be our focus not a specific disease? Do we continue to allow cancer and other illnesses that are treated in developed countries remain death sentences in developing ones? Do we continue to specialize or focus on diseases or maintain a broader approach that allows us provide relevant response for the problems that affect people in crisis?

**Medical Leadership:** Can we commit to ensuring that MSF remains in the avant-garde in our medical practice, leading the way for others and not following? Do we make the kind of investments we will need to make to be a medical leader?

**Proximity:** What do we mean by proximity? Are we proximate when we shuttle between hospitals and our secure compounds without engaging with communities? Do increasing specialization and secondary level health activities impede on our ability to understand and be understood communities? Do we need to change our organizational and operational culture in order to maintain proximity? Do we ensure that we reach the most vulnerable, in parts of the world where no other actor is present?

**Civil Society:** Should we build deeper roots and links with civil societies, academic institutions, and/or professional medical societies in both our home countries as well as those we work in? Do we want to forge partnerships where beneficial and if so, with what objective?

**Sustainability:** What is our notion of sustainability? When we speak of sustainability, are we speaking of building systems or building models of care/response that can be scaled-up and be made accessible to those who need it? Do we wish to invest more in ensuring our work can be sustainable or do we seek to improve sustainability but not make it our aim?

GLOBAL & VIBRANT ASSOCIATION

**Voluntarism:** Do we reaffirm that voluntarism means that by agreeing to join the organization and the association, one has the right and responsibility to voice one’s opinion and contribute to the definition and implementation of the social mission?

**Associating:** Do we see our associative nature as strength, contributing to the debate, implementation and oversight of our social mission? What are the ways in which we can foster associative life?

**Multi-culturality:** Do we see our varied backgrounds, experiences and ideas as relevant to the carrying out of our social mission? If so, what forms can associative life take in different parts of the world, in different cultures? Do we want our associative interactions to be at the national level or also at the regional and international levels?

**Expatriatism:** Do we still value the act of an individual crossing a border in order to be with and help those in need? If so, are we considering projects run only by nationals only as somehow “substandard” second class missions in MSF?

**Governance:** Do we have a collective movement-wide associative responsibility to safeguard our social mission? If so, how is it best expressed?

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