

MORAL REPORT

MSF Belgium & Operational Centre Brussels
2023-2024





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Cover: Amade (name changed), a 60-year-old farmer, was forced to flee his village in Pangane, in February 2024. He is currently staying in a displacement camp in Macomia village, some 45 kms away from his hometown. While visiting MSF's clinic in Nanga he shared "When we heard shots being fired, we started running. This was the fourth time I fled attacks in my village since 2020. We don't have any food and we are relying on the generosity of others to eat. I have lost so much weight that I do not even recognize my body – my pants are falling off as they don't fit any longer. At night I can't sleep between being hungry and haunted by the memories of the attacks."

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Moral Report

MSF Belgium and Operational Centre Brussels 2023-2024

Katharine Derderian, OCB Vice-President

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With thanks for precious contributions from the Directors of Department,
Luis Encinas & Meinie Nicolai



OCB GATHERING
MSF-B General Assembly
31 MAY - 1 JUNE 2024

Special thanks

On behalf of the boards, we would like to thank our front-line staff for such amazing work this year. We cannot close this year without extending our sincere appreciation to the full Executive for tirelessly keeping up the momentum in our humanitarian work in an ever more complex and demanding environment. It has been all hands-on deck in every department as we responded to almost all emergencies to the degree humanly possible, from Gaza to Goma, from Pòtoprens (Port-au-Prince in Haitian Creole) to Khartoum, Cabo Delgado and Eastern Ukraine. While we are far from being perfect and there is always more to learn, we are out there, giving it our all, and it shows.

Katharine, Jean-Paul, Benoit and Amaury

This past year has been one that showed MSF OCB and MSF Belgium at our most resilient in the face of many challenges, some of them – above all the conflict in Gaza – potentially changing the future of humanitarian aid itself, and our ability to realize our social mission.

Change, disruption and adaptation have been a constant reality for MSF. This year, it is 30 years since the Rwandan genocide took place and MSF decided to call for a military intervention when faced with a genocide which triggered the most complex operational and ethical dilemmas. End of 2024, it will be another anniversary; the 20 years of a tsunami hit in Southeast Asia, with another historical call we took. MSF decided to contact its donors, asking their permission to derestrict their donations so that they could be used for other emergencies and forgotten crises. The response was overwhelmingly positive. Of all the people contacted, 1% have asked for their money to be refunded rather than redirected operations in the region. It will also be 10 years since the largest Ebola outbreak in West Africa, which had huge impact on our ways of working and our advocacy for a better global health system and made us rethink our duty of care toward our staff and patients. And it will be almost 5 years since we collectively discovered in early 2020 what a global “lock-down” and COVID-19 would mean for our operations and our daily life.

This year will also remain in our hearts as February 2024 was marked by the sad and sudden loss of our President, long-time colleague, mentor and friend, Fasil Tezera. His passing has been a serious professional and personal blow for us across the MSF movement and in the boards. We aspire to continue in his spirit of high ambition for MSF operations and his dedication to MSF and its social mission. As the board's three Vice Presidents, Secretary and the Associative team, we have worked to cover this role until an interim President can take over – and we present you

today the Moral Report on behalf of the board, and in a tribute to Fasil's many years of saving lives with MSF

Our work in conflicts

For our work in **conflict settings**, 2023 has been a heavy year for MSF, with a deadly war in Gaza and with increased violence in the protracted wars in Ukraine and Sudan as well as in Haiti and Eastern DRC. Other conflicts and crises continue alongside these most mediatized ones, including in South Sudan, Mozambique, and the Sahel region.

In October 2023, a new offensive of Israel started on Gaza and violence intensified in the West Bank. Over 35,000 civilians have been killed to date. The health care system we supported for many years has been erased. WHO reports over 600 attacks on health facilities in the occupied Palestinian Territory, while other reports state that over 300 health care workers have been killed in Gaza. Humanitarian aid is blocked or severely reduced, with almost no aid going into northern Gaza. Our Palestinian staff have courageously worked in conditions that can scarcely be imagined, even as their own lives, families and homes are at risk. We honour their courage to continue to provide care for Gaza's civilians under fire and to speak out about the situation on the ground. We keep in our hearts and in our memories all our colleagues and families who have been killed.

Humanitarian aid has become part of the negotiation process and risks losing its unconditional nature.



MSF nurse, Anastasia Prudnikova monitors a war-wounded patient inside the inpatient department of the MSF medical train during the journey from Pokrovsk in eastern Ukraine, to Lviv in western Ukraine. The journey takes approximately 20 hours. Since 31 March, we have transported more than 600 patients. © ANDRII OVOD

As we write this report, an Israeli attack on Rafah has started and over two million people who have already fled homes elsewhere in Gaza are trapped and desperate. This attack will make medical aid in the south impossible, and we are discharging patients that can walk. We have had to adapt our operations constantly to rise to the operational and security challenges and are now mainly in active in Al Aqsa hospital. Our medical staff now confront an impossible dilemma - leave patients behind or stay on to work without any guarantee of protection. MSF is challenged to act and speak in this near-impossible situation which we cannot stop ourselves. But we have gone farther than almost ever in past by calling for a ceasefire and by using our voice in the strongest and boldest way at the UN Security Council. We welcome the continued energy, commitment, outrage and debate on how MSF can respond meaningfully and with full solidarity through our operations and our humanitarian advocacy.

Beyond Gaza, the humanitarian challenges continue, and OCB has risen to meet them. In **Ukraine**, the war is intensifying once again, with lines of control starting to shift. Attacks on civilians continue, including

on hospitals and NGOs. An MSF office was hit by an airstrike in Donetsk oblast in early April. It remains difficult to uphold humanitarian principles, as negotiations have not enabled NGOs to work in Russian-controlled areas, where we believe very vulnerable populations remain in need of humanitarian aid.

The volatile war in **Sudan** has now gone on for a year with countless deaths and millions displaced within and outside the country's borders – and now there is a severe nutritional crisis looming. MSF is one of the only organizations working in Sudan, in a true test of our operational agility and our negotiation skills. We repeatedly have had to adapt where we work as the frontlines change and we confront access problems, such as getting safe passage, visas and or permission to bring in medical material. In a particularly harsh blow to our operations that exemplifies the challenges, OCB had to suspend surgery in Bashair Teaching Hospital in South Khartoum in October under pressure from both sides of the conflict, with the proliferation of security incidents and the blockage of the transport of surgical materials. We remain committed to support

our projects remotely, providing much-needed drugs and other supplies.

In **Haiti**, we have reached an unimaginable peak of violence with a political crisis leading to a sharp increase in violent trauma, even as health structures are closed or only partly functional to meet the rising needs. Insecurity engulfs our staff, patients and the population. Here also, MSF is one of the few organizations working. We were shocked when a patient was dragged out of an ambulance and killed in front of our hospital. Another patient was killed in the OCP project. We took time to reflect and consulted our staff - can we still work? Today, we are still operational based on these crucial reflections and intensive work on our strategy and security for our staff and patients.

The people of **eastern DRC**, especially in North Kivu, and around Goma, Saké and Masisi, are going through a new period of extreme violence, with a risky situation also for MSF teams. With the latest offensives from M23 and ongoing incursions of the Rwandan army in this region, the violence that has lasted over 3 decades is reaching a peak where civilians are once again the main victims.

Other contexts remain volatile, including Cabo Delgado, **Mozambique** where our staff recently had to be evacuated at short notice, our warehouse and offices were looted, and 8 MSF cars were stolen. Situations like these highlight the vulnerability and the rapid evolution of the security context in the region, as well the importance of our work on solid preparation, security and context analysis and mitigation plans.

In one bright note, after seven years, an investigation launched by the prosecutor's office in Trapani, Sicily into MSF and others' **search and rescue operations**, was dismissed in late April, as false accusations of collaboration with smugglers were found to be baseless. One of these episodes should soon end with one case pending in Palermo but expected not to be taken on by the local prosecutor. Together with ever more restrictive laws, policies and practices including detention of staff and vessels, these cases have had serious impact on our colleagues and our operations. Sadly, 2023 was the year with the highest number of deaths at sea since the allegations were first made against our team members in 2017. We continue our operations, insisting that saving lives at sea is not a crime but a moral and legal obligation and an act of utmost solidarity and humanity.

The choice of OCB to be present in more contexts of active conflict, post-conflict or instability, and the increased disregard for the rules of war by warring parties comes with an increase in security risks. In 2023, the MSF movement lost 18 staff in security or safety incidents - 6 were killed on duty. For OCB, sadly, one staff member died in a car accident in Kinshasa, one staff member was killed in Mozambique and 2 associated staff were killed in Gaza. In 2023, across the MSF movement, 1048 safety and security incidents were recorded, of which 95 were severe and 277 moderate. This is a 70% increase in severe incidents compared to 2022. For OCB, we dealt with 24 severe incidents in 2023, up from 11 in 2022. This increase in severe incidents is largely attributed to Gaza, DRC and Sudan. However, Haiti, South Sudan and Yemen also contributed significantly to the number of incidents logged. Similar increases have been recorded by INSO and ACLED, highlighting that this upward trend is not MSF-specific but represents a wider trend in the humanitarian sector. We continue to invest in security management and training, so we can (securely) rise to the operational challenges.

Our OCB teams have remained present and operational in all these conflicts and crises, not without problems or risks and often with reduced access. Alongside our medical action, we are vocal in protesting the politicization of aid and our loss of humanitarian access, and in claiming the unconditionality of humanitarian aid.

Meinie Nicolai reminded us recently that 8 years ago, we denounced wars without limits after the horrible attack on the MSF hospital in Kunduz and reminded the world that even wars have rules. This year's mounting attacks on civilians in Gaza, Ukraine, Sudan, Haiti and beyond - show that the wars without limits risk becoming the new norm. We as medical humanitarians are confronted with this unacceptable norm as first responders. We honour all our colleagues rising to the challenge to care for our patients across the globe.

Our medical action

Alongside conflicts and crises, OCB tackled **many medical needs** in 2023. This year saw a cholera pandemic and the re-emergence of infectious outbreaks such as diphtheria and monkey pox. We also witnessed a sharp increase in malnutrition - OCB maintained ongoing responses to malnutrition, including

in Ethiopia and the Sahel, and opened seven more nutrition projects this year.

At the same time, OCB's work in conflicts has meant stepping up care for the wounded, including both direct surgical care and post-operative wound care in volatile settings like Gaza. Our work on surgery increased significantly in 2023. By the end of the year, MSF offered surgical care in 22 projects in 17 countries with increased activities in general hospitals such as Kajo Keji, South Sudan and Niono, Mali. Our total number of surgical interventions in 2023 increased to 28,464 - up 32% from 2022.

In a very welcome step, OCB recently finalized our patient charter following several motions between 2018 and 2022 relating to patients' rights and responsibilities and in line with the MSF We Want To Be (MSFWWTB) discussions on quality of care and patient centeredness. This year, OCB launched pilot projects implementing our new patient charter in two different contexts, Bangassou (CAR) and Mbare (Zimbabwe). These pilots are aimed at gaining learning points, developing dissemination methods and drafting an action plan for global implementation. More guidance still needs to be developed on the setup of a complaint's mechanism and how multiple mechanisms to address safeguarding or behavioural issues can be dealt with by one line on the project level. The patient charter will be rolled out across all our projects soon and will be an important step towards engaging with communities. We hope it will contribute to a greater quality of care for all and greater involvement of communities and patients in our work.

In parallel, we remain highly committed to greater impact and transparency around patient safety. In 2023, we received 35 patient safety reports affecting 48 patients in 14 projects, marking an improvement compared to the previous year when we received 22 reports. Despite this progress, we believe we are still significantly underreporting cases and have room to improve and sharpen our approach.

Finally, there was good news regarding tuberculosis (TB) this year. In November, we published the positive results of the end-TB clinical trial, which identified three new, safe drug regimens for multidrug-resistant TB that are more effective and reduce treatment time by up to two-thirds. Some of these drug regimens use Bedaquiline, the price of which has been a barrier to scaling up treatment. Through the work of MSF's Access Campaign, the manufacturer, Johnson & Johnson, dropped some of its secondary patents on the

drug in September, allowing for affordable generic versions to be used in low- and middle-income countries. The same month, the Access Campaign's pressure on Cepheid, which makes a diagnostic test system widely used in MSF projects, and its parent company Danaher, paid off when they agreed to a 20% price reduction for some tests, including for TB.

Human Resources

In mid-2024, we are confronted with high turn-over in the CoDir including the General Director, Operational Director, Finances and Logistics Directors and soon the Director of Human Resources – all at a crucial time for OCB and for the MSF movement. We thank Meinie, Marc, Maya, Jean-Eric and Bruno for their incredible work and dedication – and extend a warm welcome to Tish and her new team. As the boards, we stand beside you as a support and a sparring partner as you work to create a renewed dynamic together and carry forward OCB's new strategic vision for 2026-2031.

In 2023, our field staff increased compared to 2022, with 5% more international mobile staff working in our projects. At the same time, we managed to reduce the gap ratio average from 7.5% in 2022 to 6.1% in 2023. Still, this average should not hide the reality of certain contexts where it was still very challenging to fill all the positions on time, in Central Africa, South Sudan, Ethiopia, Haiti and Mozambique. In line with a trend we've observed in recent years, the number of locally hired staff in the field – as well as partner staff – has also increased in 2023. This year, we also increased the number of departures for new colleagues joining the organisation, who represented 21% of our total number of departures in 2023, up from 17% in 2022.

The diversity of our teams continues to increase, and several of our HR initiatives and projects has contributed to that. In 2023, our HR unit in Kinshasa recruited 28 international staff in the region. We've adapted our recruitment policy for locally hired staff and managed to recruit 46 colleagues as international staff in 2023, up from 33 last year. The induction and onboarding process open to all staff has been revised and deployed – and OCB is now the only OC proposing the "Becoming a Manager" in MSF training to all staff, locally hired, international and HQ staff. We also invested a lot in staff learning and development, with a clear focus on ensuring access-to-all. And for the first time ever, we had more locally hired staff joining our international trainings than international staff. Our online learning platform Tembo counted more



Maternity in Port à Piment, Haiti. © MSF/ALEXANDRE MARCOU

7400 active users, with the top 3 countries being DRC, Nigeria and Venezuela. While the diversity of origin of our staff has positively evolved in the past years, we're observing a deterioration in the gender balance at many levels of the organization, so we will need to develop new strategies to address this trend as soon as possible.

At the international level, OCB continues to actively contribute to the Rewards Review project and to the launch of the International Contracting office for colleagues coming from countries where there is no MSF contracting office. The first two deliverables of the Rewards Review include a new methodology to guarantee a decent salary for the lower level, and more attractive remuneration for coordination positions - both are already being implemented. And at the end of last year, the long-awaited removal of the historical indemnity period (aka l'année du désert) has finally been implemented.

In terms of challenges and perspectives, having the right person at the right place, at the right time, and with the right support, will remain one of our top priorities for Human Resources. We will also maintain our continuous investment in staff development so we

can realize and prioritize the major transformations MSF has committed to in the Rewards Review.

For **Finances**, our income for 2023 was projected to remain stable but below expenses and until the last forecast, we projected a high deficit. Based on those estimates, we approved a prudent 2024 budget and reduced expenses in both field and HQ. In the end, our 2023 result was much better than expected, and in early 2024, we decided to spread this extra income partly to our reserves and use the rest over the coming three years, injecting extra resources for the current year and allocating the same amount annually over the next two years for both field and HQ.

We built our budget on fundraising estimates, which is a difficult endeavour, and large exchange fluctuations make the exercise even more complicated. Inflation is a main driver of our increased costs, while our fundraising is not growing as fast as inflation and so we must adapt and reduce our growth, including in operations. But this does not mean we reduce our emergency operations. On the contrary, with our responsiveness to major crises across the globe, we have increased OCB's emergency response from below 10% of the operations budget before 2019 to

over 15% today. OCB is challenged to maintain a pertinent presence in key contexts while also preserving our ability to remain agile and responsive in response to new and emerging crises. The Operations Department is engaged in a scoping exercise to ensure our operational portfolio reflects the reality and will be able to absorb the impact of the Rewards Review and the Resource Sharing Agreement RSA5, which should be enacted from 2026 onwards.

Logistics has once again shown its adaptability to challenging operational landscapes. With challenges of access and insecurity requiring us to rethink our approach, we are increasingly focusing on integrating local knowledge, building capacities, availability of local sourcing and services. This fosters diversity, enables the Log workforce to face a diverse Ops portfolio in constantly evolving contexts and helps overcome barriers and inequalities.

While the Epool Log setup has been reinforced, ever more regular missions face frequent emergencies with greater scale and complexity, with multiple Log challenges piling up. Deteriorating security, constraints in access to people and goods, together with connectivity-deprived environments call for us to show even greater agility, diversity of technical solutions and capacity building.

Globally, we see less complex construction, more rehabilitation, and a need for light and flexible approaches in challenging contexts, such as Carrefour in Haiti, where a trauma center was built in a former textile factory using sandwich panels and inflatable tents, using mostly local material, thanks to local contractors.

Solutions to reduce our environmental footprint while tackling contextual issues such as fuel scarcity or fuel cost rise have been developed this year. We realized 16 of 22 Green Initiatives on Energy and HVAC (Heating, Ventilation and Air Conditioning), made a global investment in renewable installations in health facilities, and worked to increase buildings' energy efficiency.

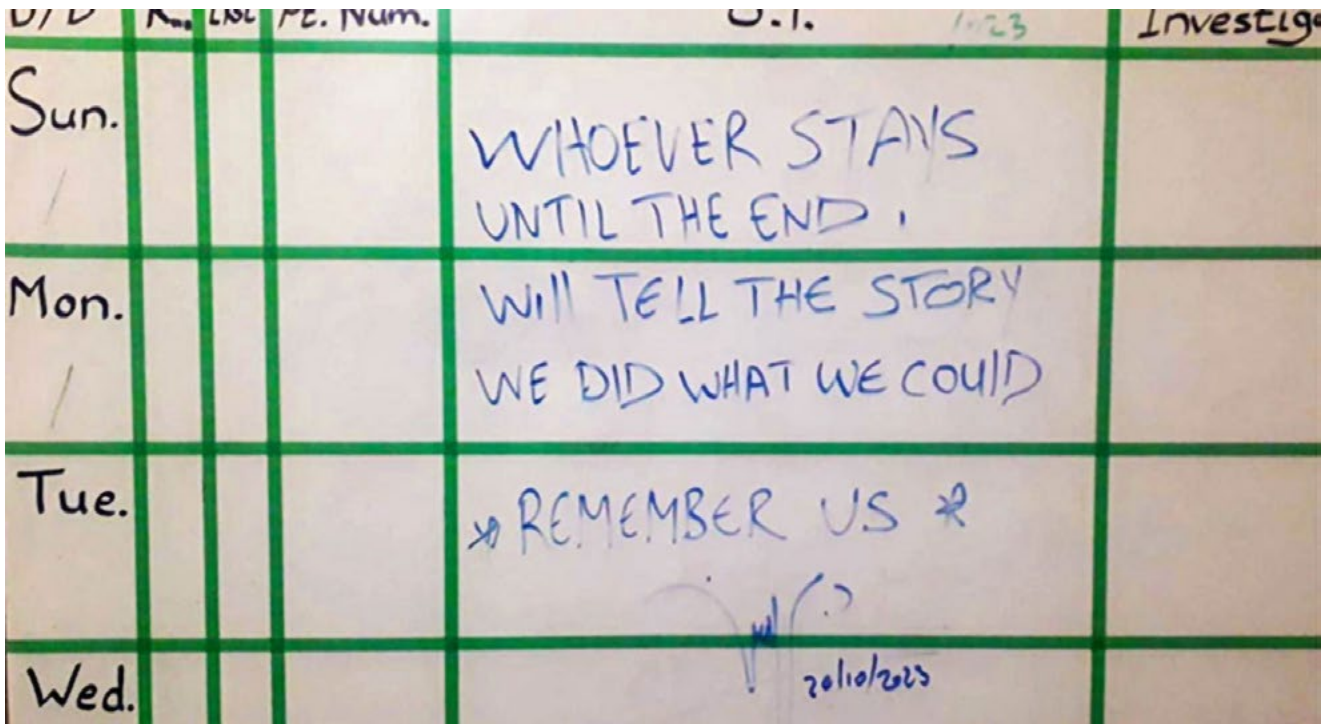
We have deployed continuous efforts to ensure a flexible Log department setup, adapted to operational needs and tailored to the specificities of each technical family. In 2024, almost 50% of Log technical support colleagues are based in regions, fostering mutualization opportunities whenever possible. Partnerships have been developed internally to support WACA, to foster interdepartmental collaboration such as the

BSU (Biomed Service Unit) or to mutualize global emergency deployment solutions (such as the MFH-Modular Field Hospital or emergency tents). Externally, we reinforced our intersectional partnership with ARUP (a collective of engineering and sustainability consultants, designers, architects, and experts) for example.

On 2 May 2024, the Espace Bruno Corbé (EBC) land was handed over to Brussels city. For over a decade, the EBC has served as a training centre and a ground for innovations and fundraising, bringing together colleagues from all departments in a field-like setup. In the last year, it was the base for the Belgian projects. The closure of the EBC closes a chapter of OCB's history. Another one is opening, where we can benefit from several learning hubs such as the CJP – Centre Jacques Pinel in Bordeaux - or other regions in the world, and where we will make efforts to innovate closer to the places where we operate.

On the **Supply** side, our total financial volume was 4.7% lower than 2022, but remains impressive, with 80,000 order lines arriving from 30 countries, 17 of which face high customs constraints. Going forward, our priority will be to update our strategic vision, to be better aligned with the global MSF supply strategy and with the delocalized entities under MSF-Supply including in Kenya, South Africa and Latin America. We aim to maintain our response capacity in face of tomorrow's realities, so 2023 has been a year where we boosted our reflections and our work to anticipate the major investments we will need for MSF-Supply infrastructure, including common platforms for the ESCs and all sections.

Our operational challenges are matched by **the many structural changes and transversal files on the agenda for OCB together with far-reaching movement-wide debates on MSF's work and identity**. The ongoing conversations around "MSF We Want To Be" (MSFWWTB) come to mind here – the manifesto that concludes these conversations is an important stock-taking of MSF's action and values as our movement stands today. For the movement, the outcomes of MSFWWTB and the anticipation of a new resource-sharing agreement (RSA5) are just two of the significant developments on the horizon today. This year, OCB will launch work toward a new Strategic Plan, coinciding with Strategic Planning exercises in all other OCs and the review of our Resource Sharing Agreement. During the development of these strategies, we will see how the footprint of our Global Movement will evolve. It's against this background that we



The Limb Reconstructive Surgery unit of Al-Awda hospital, in northern Gaza, following the strike on 21 November 2023 that killed three doctors, two of them are MSF staff, and injured many others. MSF first started working in Al-Awda hospital since 2018, providing reconstructive surgery for adults and trauma surgery for children. © MSF

tackle our operations and key strategic decisions on how OCB will look today and tomorrow.

Field < continues to progress – following on an external evaluation report, a new “FrC 2.0” is in the making to address the 7 key recommendations in the report and several workshops are being organised to work on continuing to empower field teams with the key values of trust, empowerment and accountability. The board remains engaged to ensure clear objectives, strategy, financing and roll-out of this crucial change for OCB.

For OCB’s work toward being a **networked OD**, we are investing in Abidjan as a new support hub, with several departments soon having staff located there, including Operations, HR, medical, analysis, and logistics. A recruitment hub in Kinshasa is now also a reality. And we support the operations of the WACA team from our medical and logistics departments. MSF Supply Kenya is also now a reality with 4 OCs using the service.

Finally, other key issues OCB executive and boards tackled this year have included the following:

- **Safeguarding:** We did an external review of GAREC, and how we work on ethical behaviour in our work. Based on the valuable directions in this review, we

are now taking the first steps to refine our vision and reshape our set-up.

- **Climate:** We now have our environmental roadmap as OCB, and we need to adapt our operations both to respond to increased humanitarian needs and to meet our environmental ambitions. We remain committed to reduce our carbon emissions by 50% by 2030, and our roadmap gives us a clear path to get there.
- **Anti-Racist Action:** OCB continues to work toward delivering on our action plan in practice – and there is still much more to be done. At an in-person meeting in January 2024, the board received a DARA (Discrimination & Anti-Racist Action) training and reached the “Palermo Agreement” reasserting our shared commitment to being actively anti-racist across all our work.
- In one positive development, this year the MSF movement will review minimum standards of pay and benefits for all staff - the **Rewards Review project** aims at addressing the shortcomings of our reward system and we have supported this project since the start.
- Lastly, we welcome the creation by the OCB executive of a **Remembrance Day** on the 3rd of October, the day when our hospital in Kunduz, Afghanistan was bombed and 42 people were killed, including staff and patients. Every year, we in OCB will take a moment to remember those we lost, either online

or in person at a specific space on our terrace in Brussels.

Looking forward

As we reach a milestone this year with a change in OCB's executive leadership alongside wider transformations in the MSF movement, we have several key issues to keep on our radar to navigate our constantly evolving humanitarian environment.

Contextual challenges and dilemmas

Access remains an increasing challenge in a humanitarian sphere crippled by politicization of aid, funding constraints, anti-Westernism and above all, increasingly assertive states and information warfare. Our **independence** is our greatest leverage, and we must act to protect it. **Our core strength to debate** must be a cherished reflex as we confront dilemmas and negotiate red lines. Gaza has shown us the magnitude of these challenges and we will rise to meet them.

We also must continue to strive to reduce our environmental impact and respond to the **impact of climate change** (see floods in Kenya and recently in Brazil), both in our response and in our action movement wide.

Operational priorities

One of our greatest strengths is the **diversity of our operations**, and our **emergency response capacity** remains our core business. Emergency interventions

such as Gaza, Ukraine, Sudan, Haiti and Eastern DRC are perfect examples of the conflicts where we will work, now and in future.

Two other realities must remain at the centre of our attention: 1) responding to **malnutrition alarm bells** ringing worryingly across the globe and 2) finding meaningful responses in migration settings and identifying the highest vulnerabilities for **refugees and migrants** worldwide.

Across our projects, we are committed to further develop **patient-centred approaches**, engage ever more with **communities** before, during and after our interventions, and continuously explore and build on **partnerships**. Our pilot projects on the patient charter give us a reality check on how this can work in two field realities – and underline how crucial this work is, how complex.

Finances & Human Resources

2023 promised to be a difficult **financial** year, but toward the end of the year the movement saw a significant increase in income that significantly improved our financial result at year-end and impacted the forecasts for 2024.

Still, after years of exceptionally high income that boosted our **financial reserves**, our fund-raising teams are now globally reporting a reduction in growth combined with an increase in inflation rates





Jeanne Nyirarwango, 64, from Rugari in Rutshuru territory, lives alone in a shelter in the displaced persons site of Kanyaruchinya, north of Goma, North Kivu, in the Democratic Republic of Congo. © PHILÉMON BARBIER

(see the USD fluctuation) that will generally affect our future financial resources.

Forecasting our income is always a very complicated and uncertain exercise, forcing us to be responsive and ready for uncertainties with careful planning. Arguably our most valuable resource remains our **human capital**, and the level of trust we have succeeded in achieving over these last decades. Our ability to ensure adequate and lasting matching to support and deliver our field operations is just remarkable.

Less known is our capacity to **rapidly procure and supply our activities** – we need to sustain this capacity in view of today's challenges and commitments while also aiming for better mutualization and a lower carbon footprint.

Our architecture and work culture

As OCB, we value **our diversity and collective work at the movement level**. MSF is engaged in a transformational agenda that we are co-constructing together with all entities across the movement. We will adapt the MSF structure by building a **web of networked ODs while also bringing decision-making closer to the field**. OCB plays an important and positive role in these movement wide exercises, and we will continue to innovate, as we did with our **field recentralization** initiative (and the shift from cells to Regional Support Teams), or with MSF-Kenya supply centre (toward increased mutualization). Together, we will also maintain our efforts to be a truly inclusive **organization** and ensure our work in Diversity, Equity, and Inclusion (DEI) continues to bear fruit.

Finally, on behalf of both boards, we would like to end this Moral Report with a heartfelt thank you to all our frontline staff and the executive. We started this Moral Report stating that we often feel the future of humanitarianism is at stake, both today and over the years. It is our role as MSF to both defend our core humanitarian values and to adapt to those changes that will make us better humanitarians.

Above all, we should continue to always ask ourselves how we can remain operational and how we can assist affected populations in the best way possible. It is there that we believe all our conversations – and our action - should start.



Médecins Sans Frontières

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