MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Afghanistan	**MSF to increase proximity to beneficiaries through outreach activities**			Which mechanism/model can MSF use? - Talking with and benefiting from clergy-men, local community leaders, school students and health-workers. - Recruiting more social-workers and HPs with good experience. - Proving the MSF clinics and hospital patients with some healthcare and hygiene kits. - Broadcasting some health commercials and messages through the media. - Building and improving relations with local security organs, local clergy-men and local opposition entities. - Improving the quality-level of the behavior of the community staff and giving them some training on this purpose. - Talking with and befitting from clergy-men, local community leaders, school students and health-workers. - MSF staff should attend some kind gatherings that are related and could be beneficial for our activities in the future. - There should be a program for natural disasters in hand in Afghanistan as for the earthquake, landslide and others. - There should be a network of communications among clinics.			To be considered by the mission.
Bangladesh	**Patient's Charter**	Question: Which core and auxiliary rights and responsibilities would you include in a patient's charter for Bangladesh mission? Outcome for the movement: The result of the discussion is supposed to feed into further discussions at movement level to prepare a charter for patients' rights.		Thus, many points were already shared in the general documents of the Patient Charter working group, but the discussion in the FAD was very good and made people think about the rights of patients. A new point that came out is maybe the right to proper referral. Though there was no time for further discussion what that actually would mean: where would the responsibility for MSF stop? Interesting that some people put "to contribute to improvement" as a responsibility of the patient (as opposed to the right to complain). As the idea of this topic in the FAD was to have it as a first discussion to feed into further discussions and work to prepare a patient charter, there was no specific way forward proposed at the mission level. Just mentioned that even if there is no official patient charter yet, it is important to see that everybody seems to agree on the main rights and responsibilities of patients and so this can already be implemented in the everyday work of the FAD participants present.			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Bangladesh	**How does impartiality of care impact on local and national dynamics and acceptance of MSF?**			We think that the debate helped the staff to understand better the principle of impartiality in the setting of Bangladesh where there are obvious health needs in the refugee community but there are also healthcare gaps in the host community. It helped the staff to understand better that part of the definition of impartiality is that MSF wants to focus on the people most in need, who in this case are the refugees, as they have no other options for health care than to go to NGO clinics (there is no option for them to go to MOH health clinics as for the host community). Thus, MSF has increased its activities in the Cox´s Bazar area based on the Rohingya crisis. However once MSF is in this area, we are impartial in giving the same care to the patients that arrive to the hospital/clinic, thus making no distinction between Rohingya or host community when patients arrive to the clinics.			To be considered by the mission.
Burundi	**To develop MSF's statutes as an international organisation and not as a non-governmental organisation in the countries where it operates.**	The message we share with the whole MSF movement that it is better for MSF to remain an NGO than to be an IO because the advantages are more administrative but the disadvantages are more technical. But also, by accepting to be an IO, we will lose our autonomy and our values will not be used as we expect them to be now.	Le message que nous partageons avec tout le mouvement MSF que vaut mieux que MSF reste une ONG que d'être une OI car les avantages sont plus administratifs mais les inconvénients sont plus techniques. Mais aussi, en acceptant d'être une OI, nous allons perdre notre autonomie et nos valeurs ne seront pas utilisées tel que nous l'attendons maintenant.	It is better for MSF to remain an NGO than to be an IO because the advantages are more administrative but the disadvantages are more technical.	Vaut mieux que MSF reste une ONG que d'être une OI car les avantages sont plus administratives mais les inconvénients sont plus techniques.		No action required as no change is proposed.
Burundi	**MSF could support obstetric fistula management in Burundi**			We need to do a lot of research because we need to have statistics that speak for themselves. But also to make analyses and evaluate how many of the cases we had at the beginning and how many of the current cases and to strengthen management. ALSO THINK about the causes. When you talk to prevention about what you already know about the cause.	Il faut faire beaucoup d'investigations car nous devons avoir des statistiques bien parlantes. Mais aussi faire des analyses et évaluer combien des cas qu'on avait dans le début et combien des cas actuels et renforcer la prise en charge. PENSER AUSSI aux causes. Quand on parle aux préventions ce qu'on connait déjà la cause.		Recommendation to the mission
Burundi	**Patient's Charter**	If the patient charter is to be implemented at MSF, it will have to be adapted according to each mission and according to national policies or health contexts for each country.	Si la charte du patient sera mise en œuvre chez MSF, il faudra qu'elle soit adaptée selon chaque mission et selon les politiques nationales ou contextes sanitaires pour chaque pays.	- we see that we must always balance to differentiate between urgent and non-urgent cases - explain to patients the decision made - explains that he is responsible for his life - you must respect your conviction	- nous voyons qu'il faut toujours balancer pour différencier les cas urgents ou pas - expliquer aux patients la décision prise - explique qu'il est responsable de sa vie - il faut respecter sa conviction		Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Cambodia	**Pain management and palliative care**	Patients facing with the end of life are continuously struggling to get widely care as this service delivery was only provided by NGO and limitation of activity scope. It is far expectation from the public health service. MSF Cambodia suggest to all MSF missions including cell management/ medical departments where there are no such care available to consider either commit or to partner with organisations available to launch activities for the sake of quality of care and life of the patients.		In the world there are still very much misunderstanding of the use of Morphine. However, DSF would commit to reduce pain for the context of Cambodia. Coming back to the Morphine use is not dangerous. DSF is providing Home Based Care to the patients over seven provinces and city over Cambodia and DSF has mobile team to go to the patient at the village, so this mean that not only the rich/wealthy could afford and agree of such care but the poor also could. Regarding to the idea of the religious practice for the end of life context, we are not religious Organizations but we would believe that religion could help the patient and the family, anyhow, we won't do that by our self, it is the responsibility of the family and community. At the end, use of Morphine is very complicated (lack of knowledge, awareness, import, restrictions of prescription for one week only) but DSF is still committed to do it for Cambodia because as many participants said "The population is really need the support".			Recommendation to the executive
Cambodia	**Patient's Charter**	See the full dicussion No conclusions to share with the movement in the report		Some disagreements on patient charter implementation, patient charter seems be likely sound the "contract" between the patient and healthcare providers. Or between supplier and buyers. It could lead to the conflict between patient right or responsibility and healthcare providers if this charter was not well defined.			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Cambodia	**How keeping the MSF Cambodia Association alive without an operational MSF presence**			If we talk about the association life and without any plan for it, it would be naught. For MSF in Phnom Penh (OCP &OCB), it was agreed to organize the first meeting of Cambodia MSF Association meeting on March 16th, 2019. The MSF team at Battambang and Preah Vihear provinces were suggested to form and organize this event as well.			Recommendation to the mission. Preparedness from Bxl asso team to support.
CAR	**HR policies**	Harmonization of Human Resources (HR) policies in terms of training MSF staff by promoting secondment and expatriation	Harmonisation des politiques Ressources Humaines(RH) en termes de formation du personnel MSF en favorisant le détachement et l'expatriation.				Recommendation to the executive.
CAR	**WaCa**	Declaration of support for WaCa	Déclaration de soutien à WaCa				Noted. No action required.
CAR	**Maternal mortality and ToP**	Declaration of support for the fight against maternal mortality linked to unsafe abortions in the Central African Republic (ToP)	Déclaration de soutien pour la lutte contre la mortalité maternelle liée aux avortements non médicalisés en République Centrafricaine (ToP)				Noted No action required.
DRC	**Response to epidemics: Ebola case**	The General Assembly had proposed to provide each mission a permanent team of a sociologist and anthropologist who must go down to the field with the first team for each response intervention to the epidemic and also integrate the SSPs on the epidemic under intervention.	L'assemblée Générale avait proposé de doter à chaque mission une équipe permanente d'un sociologue et anthropologue qui doivent descendre sur terrain avec la première équipe pour chaque intervention de riposte à l'épidémie et aussi intégrer les SSP sur l'épidémie faisant objet d'intervention.	In conclusion, the participants in the ADF Intersection agreed on capacity building on the mobilization of the different social strata within the community, first, beyond the epidemic that is the subject of intervention, it is necessary to add free PHC in order to facilitate acceptance and to have for each mission a team of anthropologist and sociologist staffs and finally, to ensure good collaboration at the intersection and also with other humanitarian actors. Recommendation : - Establish a well-structured Inter-section coordination, which can have adapted guidelines and objectives that can be measured over time. - Establish a Team of national anthropologists and sociologists to support the intervention teams in order to facilitate community acceptance during our emergency interventions. - Integrate into our intervention the management of PHC in addition to EBOLA to improve MSF's acceptance in the community. - Strengthen communication with the families of suspected and confirmed cases.	En guise de conclusion, les participants au FAD intersection ont été d'accord sur le renforcement de capacité sur la mobilisation des différentes couches sociales au sein de la communauté d'abord, au-delà de l'épidémie qui fait l'objet d'intervention, il faut ajouter les SSP gratuit afin de faciliter l'acceptation et disposer pour chaque mission une équipe des staffs anthropologues et sociologues ensuite et enfin, assurer une bonne collaboration en intersection et aussi avec d'autres acteurs humanitaires. Recommandation : • Mettre en place une coordination Inter section bien structurée, qui puisse avoir des guidelines adaptés et des objectifs mesurables dans le temps. • Mettre en place une Equipe d'anthropologues et sociologues nationaux pour accompagner les équipes d'interventions afin de faciliter l'acceptation communautaire pendant nos interventions d'Urgence. • Intégrer dans notre Intervention la prise en charge des SSP en plus d'EBOLA pour améliorer l'acceptation de MSF dans la communauté. • Renforcer la communication auprès des familles des Cas suspects et confirmées.		Recommendation to the executive and the mission.
DRC	**The implementation of a sensitive activity: Case of medical abortions**			To conclude, it is important that MSF can strengthen staff training on the subject, strengthen the dissemination of the Maputo law, ensure staff freedom of choice and the integration of safe abortion into reproductive health. Recommendations: - That MSF gives medical staff the freedom to choose whether or not to perform medical abortions without administrative consequences - That MSF include its action within the legal scope by taking care only of the cases mentioned in the MAPUTO protocol (ART 14).	Pour clore, il est important que MSF puisse renforcer la formation du staff sur la matière, renforcer la vulgarisation de la loi de Maputo, assurer le libre choix du personnel et l'intégration d'avortement médicalisé dans la santé de la reproduction. Recommandations : - Que MSF laisse libre choix au personnel médical de poser ou non les actes d'avortements médicalisés sans conséquence administrative - Que MSF inscrive son action dans la portée légale en prenant seulement en charge les cas cités dans le protocole de MAPUTO (ART 14).		This outcome has been shared with the SRH team to ensure answer is provided.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
DRC	**MSF DRC to a full-fledged institution**			Recommendation : The Members participating in the ADF Intersection in Kisangani give mandates to the members of the Constituent Commission to : - to conduct démarches and discussions with all entities of the MSF Movement (International Office, 5 Operational Centres) with a view to achieving recognition by the MSF International Office of an Association called "MSF-RDC"; - initiate discussions, in joint committee, with WACA, with a view to pooling efforts and sharing operational responsibilities in a regional context; - mobilize all national skills as well as those of Expatriates who have worked in the DRC in their professional careers and who have remained attached to it to participate in the implementation of a project to create an Association called "MSF-RDC".	Recommandation : Les Membres participant aux FAD Intersection à Kisangani donnent mandat aux membres de la Commission Constituante de : - mener des démarches et discussions avec toutes les entités du Mouvement MSF (Bureau International, 5 Centres Opérationnels) en vue d'aboutir à la reconnaissance par le Bureau International de MSF d'une Association dénommée « MSF-RDC » ; - engager des discussions, en commission paritaire, avec WACA, en vue de la mutualisation des efforts et le partage des responsabilités opérationnelles dans un ancrage régional ; - mobiliser toutes les compétences nationales ainsi que celles des Expatriés ayant dans leurs parcours professionnels travaillé en RDC et qui y sont restés attachés pour participer à la matérialisation de projet de création d'une Association dénommée « MSF-RDC »		Recommendation to the mission.
DRC	**MSF in a changing global order.**	In response to ecological, geopolitical and demographic challenges, MSF should set up a monitoring unit to monitor the evolution of global challenges in order to adapt its operations.	Face aux défis écologiques, géopolitiques et démographiques, MSF devrait mettre en place une cellule de veille pour suivre l'évolution des défis mondiaux afin d'adapter ses opérations.				This recommendation is answered. OCB is already equipped with an Analysis Department.
Egypt	**Migrants' staff**	Preamble: In some of our MSF contexts, those staff are facing the same issues as migrants: lack of protection, languages barriers to integrate the host country, very high administrative burden, restriction of movement due to the fear of being arrested and deported, racket by local authorities, limited access to health care system, extra difficulties to find accommodation, financial charge from being away of usual community support, etc. Motion: Ensure MSF is looking closely to the "migrants' staff". Looking more closely at recognizing the differences between national and non-national staff.				Part of the Duty of Care Project	Recommendation to the executive.
Egypt	**Operating models**	Preamble: MSF is operating in over 70 countries worldwide. The contexts in which MSF operates span a wide range from low-income, to middle-income to high-income countries, from countries in conflict, to fragile countries to stable countries, from courtiers heavily ascertaining their sovereignty and controlling humanitarian space, to countries in which MSF can operate freely. Motion: Asking MSF to explore whether operating models can be tailored to these different realities (as opposed to one-type-fits-all)					Answered. There is no "one-type-fits-all" approach or policy for the OCB operations.
Egypt	**Victioms of torture (VOT)**	Preamble: Promotion for more interventions for VOT, increasing medical advocacy, promoting for more health promotion and educations, provides treatment services for survivors of torture and for the devastating effects of war trauma and torture, As there are more likely cases to be aware of, while less medical services to be provided by a limited projects. Motion: MSF should invest to ensure that VOTs are effectively identified across missions in which MSF treats victims of conflict and that adapted medical services are provided, By increasing advocacy about VOT publicly as well as with other NGOs and encourage VOT to speak up about their problems and difficulties.					See Volle Gas motion: Long-term commitment to Survivors of Torture
Egypt	**Mental health**	Preamble: For e.g. In Maadi project runs for the very stressful and sensitive context. It makes the staff who deals with the patient in daily basis, been impacted psychologically. The idea is to have mandatory on regular basis psychological support for them. Motion: Integrating mental health component as a mandatory regular support to all staff who are working in high stressful context in to the regular medical services provided to them.				See Volle Gas motion 2017 on Mental Health of MSF Staff	Recommendation to the executive.
Egypt	**Technical solutions / risks**	Preamble: As a major humanitarian organization in medical aid, MSF should also be a leader in finding innovative solutions for the future of health services in difficult contexts. Motion: Asking MSF to promote for Having more investment in technical solutions to maintain its activities with a reduced risk for staff, especially in high risk context projects					This is what MSF is all about.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Greece	**MSF operations in an 'atypical' context**	Recommendation Projects treating population with chronicity and combined psychiatric and mental health issues, such as victims of torture, sexual violence and ill-treatment, are strongly recommended to have a three (3) years circle of operations at every renewal. Taking into consideration: the experience accumulated from October 2014 until today in the Athens project for migrants and refugees who have suffered torture or ill-treatment; the common challenges discussed and debated during this FAD with colleagues from OCB Lesbos Project as well as the OCG Day Care Centre in Athens; the context of a "concentrated" population with long term treatment needs which is strongly affected by the existing socio – legal system; Athens VoT Association team concluded to the above recommendation set around the following axes: 1.Medical care / chronicity of symptoms 2.Advocacy strategy 3.Research proposals 4.HR / rate of turnover 5.Exit strategy (See the report for the rest of the explanation)		Suggestions: -No 1year project cycles due to complexity and need of quality/ need for multiyear planning with a developed exit strategy - It is time for an impact evaluation of our operational approach in Greece to be able to capitalize on lessons learned. Use evaluations overall at all levels to better inform annual plans. - Need to learn from other VoT projects - Speaking out can be a powerful weapon like in Moria but first try bilateral meetings - Concerning the concept of atypical context of Greece: mere need cannot be itself the sole driver for operations. We want to develop toolboxes and "sell them" to other organizations in order to contribute a more effective humanitarian action in general. Who should follow up? -Coordination teams of both OCB and OCG			See Volle Gas motion: Long-term commitment to Survivors of Torture
Greece	**Patient's Charter**	We should start an Ethics Unit that could support field teams from a distance in framing ethical dilemmas that We face everyday.		Suggestions: -We need to create a space at project and mission level for regular discussions and reflections on how we apply this Patient Charter in practice. We should encourage people to talk about everyday ethical issues they have to deal with. In this way, we also protect our people from risks such as burn out etc. -Organize workshops that will filter down this info included in the Charter. It is a long process for reflection Who should follow up? -Each MSFer in all projects -Coordination teams of both OCB and OCG			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Guinea	**Patient's Charter**			In conclusion, these are important elements that must be included in this charter, but it must be adapted to each context, taking into account elements such as culture, religion, etc. And some elements can sometimes be confusing, such as the fact that it is free of charge, which applies in different ways depending on MSF's area of intervention. This theme will also be discussed in Kindia during the big FAD and once adopted this charter will greatly improve MSF's projects. It can be implemented in the mission depending on the result.	En conclusion, ce sont des éléments importants qui doivent figurer dans cette charte, cependant elle doit être adaptée à chaque contexte en tenant compte des éléments comme la Culture, la religion… Et certains éléments peuvent parfois porter à confusion comme la gratuité qui s'applique de différentes manières selon le domaine d'intervention de MSF. Ce thème sera débattu aussi à Kindia lors du grand FAD et une fois adoptée cette charte pourra améliorer grandement les projets de MSF. Elle pourra être mise en place dans la mission en fonction du résultat.		Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Guinea	**Projects by choice and sustainability**			Should MSF as an emergency organisation continue to be involved in projects by choice, knowing that the sustainability of activities after MSF remains difficult? The important thing is not so much to focus on sustainability to open a catalyst for change project. After MSF, there will be a decline in quality, but the most important thing is to correct the health gap and ensure a minimum of sustainability. For this reason, it is essential from the outset to involve the beneficiaries in all phases of the project. The most important thing is not to replace the State, but to encourage and support it while keeping it in charge.	MSF en tant qu'organisation d'urgence doit-il continuer à s'investir dans le projet de choix en sachant que la pérennisation des activités après MSF reste difficile. Pour le sujet en question l'important n'est pas tant de se focaliser sur la pérennisation pour ouvrir un projet catalyseur de changement. Après MSF, il y'aura une baisse de la qualité, mais l'essentiel est de corriger la lacune sanitaire et assurer un minimum de pérennisation. Pour ce il est primordial dès le début d'associer les bénéficiaires dans toutes les phases du projet. Le plus important est de ne pas se substituer à l'Etat, mais de l'encourager et l'accompagner tout en lui laissant la responsabilité.	See also motion 2009 on closure of projects and the Volle Gas motion on the same subject in 2018.	Recommendation to the mission.
Haiti	**Is MSF ready to face new humanitarian challenges?**	MSF urgently needs to work on its internal challenges to be able to face humanitarian challenges. We must have the political will to change - because we can change and we can address new humanitarian challenges!	MSF est-elle prête à affronter les nouveaux défis humanitaires ? MSF doit urgemment travailler sur ses défis en internes pour être capable a affronter les défis humanitaires. On doit avoir la volonté politique de changer – car on peut changer et on peut aborder les nouveaux défis humanitaires!	If MSF is willing to work on its challenges internally, it will be better able to face future challenges externally.	Si MSF à la volonté de travailler sur ses défis en interne elle sera plus apte à affronter les futurs défis en externes.		Statement noted. No action required.
Haiti	**The implications of local authorities for MSF's medical interventions**	A better relationship and collaboration with local authorities and civil society can enrich MSF's interventions.	Les implications des autorités locales au niveau des interventions médicales de MSF : Une meilleure relation et collaboration avec les autorités locales et la société civile peuvent enrichir les interventions de MSF.	We will have to change the way we involve local authorities in our interventions in Haiti. A better relationship and collaboration with local authorities and civil society can enrich our interventions. This can, among other things, help us get the message across to the public and patients and help ensure a better handover of the project during a closure.	Nous devrons changer la manières donc nous impliquons les autorités locales dans nos interventions en Haïti. Une meilleure relation et collaboration avec les autorités locales et la société civile peuvent enrichir nos intervention. Ca peut, entre autre, nous aider à passer le message vers la population et les patients et aider à assurer une meilleure passation du projet pendant une fermeture.		Statement noted. No action required.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Haiti	**How could MSF set up a more dynamic communication system that takes into account the development of multi-media for better proximity to the population and strengthens field activities for better community anchoring?**	Strengthening external and internal communication between MSF sections can avoid confusion and give us better proximity to the population. We already have the tools, we'll just have to use them!	Comment MSF pourrait-il mettre en place un système de communication plus dynamique prenant en compte le développement des multi média pour une meilleure proximité avec la population et renforcer les activités de terrain pour un meilleur ancrage communautaire ?: Renforcer la communication externe, mais aussi interne entre les sections de MSF, peut éviter la confusion et nous donner une meilleure proximité avec la population. Nous avons déjà les outils, nous devrons juste les utiliser !	We all agree that the communication problem is there, we already have tools in place to communicate with the public but which should be strengthened or improved, which will allow the public to have a general idea of our activities in our various projects, our values and our fundamental principles.	On est tous d'accord que le problème de communication est là, on a déjà des outils en place pour communiquer avec la population mais qui devrait être renforcé ou améliorer, ce qui permettra à la population avoir une idée générale sur nos activités dans nos différents projets, nos valeurs et nos principes fondamentaux.		Statement noted. No action required.
India	**How much compromise on core principles and values is MSF ready/should make to preserve its access to the beneficiaries in any given country?**	• MSF's humanitarian principles and values should still guide us, but we need to operate within the reality of the contexts we work in. • In order to address the final point above, (who decides how much we compromise?), it was agreed that when faced with this dilemma, we should take it to the MSF Association, a continuous safeguard for MSF's principles. • We must take inspiration and motivation from recent success stories, such as how, after getting kicked off Nauru, MSF Australia spoke up against the injustices occurring there, which resulted in legislation change in Australia to improve access to care for those still living on Nauru. • Working within our principles cannot be hindered by global disapproval, especially in an increasingly hostile Global North towards South, apparent in the use of the public and media labels that rampantly delegitimized our work on the Mediterranean increasing the ease and willingness of the global population to turn a blind eye. We cannot let hostility towards MSF decrease our efforts to speak out on the reality we are bearing witness to.		• When our ability to speak out is compromised due to the constraints of operating in a sensitive context, it is important to keep in mind the other forms of speaking out and drawing attention to injustice. Our very presence in many contexts is already political statement; no one is intervening, so we are on the ground. • Speaking out does not have to come in the form of denouncing an opposing actor, but can also be achieved by enabling other local and third-party actors (for example, links with journalists or other NGOs that will present facts in a unbiased way) to expose what we are bearing witness to and drawing public attention to it. Through this approach, if our ability to speak out is compromised, we can reduce the risk of sacrificing access to our beneficiaries.			Statement noted. No action required.
India	**In many humanitarian settings and in the context of increasing lack of acceptance of INGO by strong governments/ shrinking space for humanitarian aid; often 'local actors' are increasingly prominent in response. Considering the following groups do you think MSF should seek to work CLOSER, create MORE DISTANCE or stay the SAME?** **o Government actors (e.g. MoH).** **o Local non-government and civil society organizations.** **o Private healthcare providers.** **o Communities (and their own response to crises).**	• Collaborating with local NGOs and civil society organizations is important as they are better connected locally and will have more relevant data that might not be available to an INGO. Again, this is context-specific and depends on the quality and reliability of available local actors. - MSF should move closer, depending on the context/NGO in order to gain information sharing in order to respond to emergencies, increased access to patients who likely have greater trust in local actors, and capacity building via a replicable model of care where MSF practices can be integrated into their approach. • Whether we should move closer and collaborate more with private healthcare providers is also context dependent. We send patients to these facilities globally and face many challenges including lack of stability, which can compromise quality of care. MSF could play a greater consultancy role with these actors, whereby we positively influence their medical practices and quality of care without replacing their role in communities. • When it comes to collaborating with communities, MSF should move closer. We should always work with assumption that MSF eventually has to leave and put more resources into investing in and empowering a community pre-closure. We should prioritize training and working closer to community members so they can ultimately function well without our presence.		• Government: in general, it should be on a case-by-case basis. In an Indian context, we need to increase visibility and strengthen our relationship. In projects like Kashmir and Chhattisgarh, we are faced with lack of access, and it is possible that a stronger relationship with the government in these areas could grant us more access. - It could also potentially reduce the spread of misinformation and unreliable data in relation to our presence and projects in local communities. - Another beneficial outcome of this collaboration entails capacity-building and training of their staff, who can replicate and incorporate aspects of our models of care into their systems. Establishing an MOU can improve safety, security, and acceptance in the community, thereby enabling us to move forward with project operations. This is evident in Mumbai project, where we align ourselves with government guidelines, maintain a low profile, and thus carry out operations relatively smoothly. - MSF should stay the same in its current model of collaborating with the government depending on the context.			Recommendation to the executive and the mission.
India	**Is there an appropriate/right balance between CORE AND CHOICE programmes? Is the definition of CONFLICT aligned with the current reality? (armed conflict vs social/economic/political marginalization).**	The FAD concluded that our intervention logic should first prioritize migrants and those living in extreme suffering, and then environmental health and prisons.		• MSF needs to extend the horizons of its core programs. 'Conflict' should not only define situations of armed conflict and natural disasters but move to a definition that includes vulnerable populations such as those focused on by the TB project in Mumbai, our HIV projects globally, and migrants on the move. These situations of social, economic, and political conflict increasingly require a 'core program' form of intervention. We must adapt our language and definitions so we can intervene accordingly and not neglect or deprioritize these less visible emergencies. • The above also applies to situations of extreme injustices. We need to define areas of vulnerability and suffering and support those populations with core programs.			Recommendation to the executive and the mission.
India	**In What medical areas including (advocacy, developing models of care or producing operational research-based evidence to influence policy change) do you see opportunities for MSF to do more to influence global agendas and be a catalyst for change?**	• MSF needs to open more malnutrition treatment programmes. Our current level of focus on malnutrition is too low. We should also explore further collaborations with other actors on this global health area. • Diabetes came up too, as India is predicted to have a huge number of people affected by diabetes, however it was clarified that the scope of this discussion was limited to the diseases that MSF is already working on, globally and not coming up with something new.					Recommendation to the executive.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
India	**Do we do enough to engage the beneficiary community in developing our program design? How can we strengthen the engagement/inclusion of the communities we serve?** **Besides the strengthening inclusion of the communities we serve, which areas in terms of HR and people management should MSF prioritize in the coming years to strengthen MSF's collective ability to serve the population we work for?**	• MSF has not worked proactively with the communities it resides in for project durations. We need to start this process sooner than upon development of exit strategies. • When MSF is designing a project, it should conduct an in-depth stakeholder analysis in the beneficiary community. This should be a project objective from the beginning. Within the communities, we can then identify trusted members who can receive ongoing training. • These trained community health workers can then, when MSF leaves, be taken up by MoH or other local actors who can follow up on community care. • Our program design needs to include more advocacy components. Equipping local community members, who can take on the role of community health educators, with audio visual materials or materials available in the local language will allow for the promotion of good health practices from a trusted source. • We need to examine our internal HR and people management. We have a very low retention policy due to the impermanent nature of our projects. Our staff are looking for stability and job security. There is also not a large salary initiative, and many professionals are simply working for MSF for initial exposure. • We need to implement systems where community members can safely provide unbiased feedback and this feedback must be reflected in our project structure to a higher degree.		• There are clear examples of how effective it is to engage the beneficiary community more in our work, as illustrated in Chhattisgarh, where patient exit interviews were conducted where they gave suggestions on how to improve the program. It was also illustrated in another NGO that focuses on tribal health. They trained young women from the local community to be almost as medically qualified as nurses. These young women then identified other good candidates for training and capacity building within their community, which allowed for the NGO to, via these local community members, have a much higher level of trust and community access. • In an MSF patient's treatment, we should increase involvement of immediate family members and appoint treatment facilitators as successfully illustrated in various projects in India.			Recommendation to the executive and the mission.
Indonesia	**MSF emergency response in Indonesia (and globally)**			MSF should – if possible contribute to the GOI emergency response technical capacity building, but should not only be limited to it. We would also lose our experience that way (and our credibility).			Recommendation to the mission.
Indonesia	**Disabilities**	MSF should do inclusion of Disability Perspective because it is one of MSF Principle Application (Non Discrimination). We can start from building awareness of staff about Disability itself. Need a socialization/training as to support Internal Awareness of Disability Perspective, can be from other expert/ INGO in country or from internal resources.				See motion (OCB and IGA) 2016 on disability inclusion and special TIC project already in place.	Recommendation to the executive.
Iraq	**Reinforce the link between MSF and the Community/patients**	More Collaboration between MSF staff and community (DOH, community representatives) to be more proximate		- Increasing the capacity of the Health promotion team. - More use of Mobile clinics - More focus for Social Media and enhance internal proximity with MSF staff before the outdoor community			Recommendation to the executive and the mission.
Iraq	**Patient's Charter**	- MSF have medical ethics which is similar to the patient charter; they can be combined together or more clarification for the charter points needed.		- Patients have the right to access to medical care nevertheless of their background - Cultural differences may cause difficulty in applying this charter. - Patients' awareness on their medical situation.			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Iraq	**Medical Activities in Iraq**			MSF support more MOH/DOH staff in providing trainings and technical support - ER support - Raising the capacity of PHCC training and consultation for patient's - More focus on Mental Health in places which have been affected during ISIS period - Extension of Maternity project in different areas in the country - New Water and sanitation project in the south Despecially in Basra. - Considering the huge need in different areas of Iraq; why should not we consider opening new project?			Recommendation to the mission.
Kenya	**Impact of EU immigration policies on MSF credibility in discussing Refugee/immigrant issues**	•A strong diversity and inclusivity in MSF strategies and decision making should be promoted from international level to national level to ensure proximal decision making and changing the perception of MSF. •Enhance the communication about MSF identity and positioning is key, all MSF staff should be able to represent MSF and reflects who we are and what we do. This should be one to governments and beneficiaries as equal. •Effective communication about MSF activities for refugees, displaced and people on move is important. •Simplifying the process of MSF intersectional communication and public positioning.		MSF is largely perceived as a Western organization for many reasons and that hinders the progress of our operations in many contexts, stable and challenging security contexts as equal. Centralisation of decision making in the European HQs, lack of inclusion and ineffective communications are among the most important reasons behind this perception. To change this and increase our acceptance we need to: •We deal with refugees and immigrants and we are in contact with them, we should enhance our communication about what they pass through and talk about their needs. •Leverage on operations by sharing testimonies of immigrants and refugee •Advocate about what we do, and what we stand for as a humanitarian organization. However we should focus more on our beneficiaries. •Strengthening communication – the beaurocracy of communication is too long. By the time all the OCs make a decision it takes a long time which delays communication			Recommendation to the executive and the mission.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Kenya	**Criminalisation of Aid**	•Diversity of our staff can be used to minimise the risk of criminalising MSF •Isolationism of MSF increases the security threats and risks on MSF. Working with other NGOs in the humanitarian sector is essential to overcome criminalisation of aid and the sector, this is beneficial to all of us.		•MSF can play major role in deterring criminalisation of aid and aid sector. MSF Charter adds more for us to become more understood e.g. making the principles of neutrality, impartiality and independence visible and known to all is essential. •Effective networking and communication with the communities we assist is essential. We need to have a strong relationship based on respect, by keeping these communities informed about our activities and our choices. Regular contact allows us to be informed about their needs and how to better respond to these needs, this decrease the risks of being misunderstood. Working with the exciting groups within the community also keeps us informed about security threats that may face us during our presence in these communities (community inelegance) •MSF needs to pay attention to level of staff experience and train MSF staff on communication and networking; also staff should be aware of all cultural considerations in the communities they assist. • Increase visibility of what we do to our communities •Operationally, MSF should keep a balanced presence in the countries or communities we assist (consider ethnic/religion balance, refugees-IDPs/host communities, etc) •In terms of security, MSF should engage security expert for security planning – we should do more by hiring a team that understands and accesses the security of a certain context. This came as another opinion on how should MSF apply security measures. •Profiling of staff in different context proof worthy in minimising risks and increase acceptance. Balancing of staff (int'l/national) is also important in minimising risks. •Collaborate with other actors and partners in voicing out against and finding the best approaches to overcome aid criminalisation. •Investing more on technologies – e.g the drone to deliver supplies to avoid lack of access in certain communities		This topic was promoted as FAD topic by the IB.	Outcome to be shared with the IB.
Kenya	**Termination of pregnancy (TOP)**			•Legislations in Kenya are grey area. Definition of life threatening conditions is not comprehensive and it overlooks WHO definition of health and wellbeing. •HR: Considerable numbers of MSF staff are not well informed about TOP. There're still many unclear areas on who should perform TOP (expat vs nat staff). •Operational: quality of TOP is largely defined by how well we provide integrated SRH package in our programs. A comprehensive review for our SRH activities in MSF is needed. •TOP provision in our programs should be accompanied by public and community approaches though prevention of family planning counselling and safe sex education. •Engagement with communities we serve, religious leaders and with our staff •Advocacy: needs to be based on data from our programs to reflect reality. Information sharing with other stakeholders is essential •Elective referrals to other NGOs which do TOP rather than doing it by ourselves in Kenya.			This outcome has been shared with the SRH team to ensure answer is provided.
Kenya	**Mutualisation and rationalization**	Motion: Given the ongoing call for change by the IB asking to address the need for mutualisation and rationalization MSF should go beyond the strategic plans timing synchronization and set out clear parameters that will help avoid unnecessary duplication and wastage. We call on the IB to ensure justification mechanisms in case of duplications in the strategic plans of the different OCs (especially at country level).		Motion: Given the ongoing call for change by the IB asking to address the need for mutualisation and rationalization MSF should go beyond the strategic plans timing synchronization and set out clear parameters that will help avoid unnecessary duplication and wastage. We call on the IB to ensure justification mechanisms in case of duplications in the strategic plans of the different OCs (especially at country level).			Recommendation to the IB
Kenya	**Youth friendly services**			Motion: Incorporation of youth friendly services in MSF activities: Young people (persons aged between 10-24 years) constitute 36% of total population and face diverse economic, social and cultural experiences. Young people face many challenges in reproductive health (teenage pregnancy, STIs, unsafe abortion, School dropout, drug abuse, sexual violence and FGM (female genital mutilation). Thus MSF needs to incorporate youth friendly services which can be accepted by this specific vulnerable population.			Recommendation to the mission.
Kenya	**Review of sustainability and exit plan**			Motion: Project sustainability is the capacity of a project to continue delivering intended delivering intended benefits over a long time after the donor has left (after MSF has left).In most of the projects MSF works in collaboration with country's ministry of health like in Kenya. However, ministry of health doesn't have the capacity and resources to maintain the project. Can MSF think of an exit plan even before the project begins? How do we as MSF align ourselves to national/country policies & guidelines without undermining the MOH? Can MSF use access campaign to lobby for cheaper drugs, lab diagnostics and vaccines that MOH can continue to use after we have left?		See also motion 2009 on closure of projects and the Volle Gas motion on the same subject in 2018.	Recommendation to the mission.
Kenya	**A call for action on diversity and inclusion**	Motion: A strong diversity and inclusivity in MSF strategies decision making should be promoted from international level to national level to ensure proximal decision making.				This was the big discussion topic at FADs in 2018. See a call for change etc.	Recommendation to the executive.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Lebanon	**Synchronization of OC's strategies, toward mutualisation**	The discussion over synchronisation is seen as a coping mechanism associated to the reality that we have different MSF entities, around the world, and in specific countries. It is related to the Governance issue, but it will also imply that we maintain our diversity. The Lebanon FAD participants believe that it is interesting to discuss this issue, and contribute to the larger discussion happening in the movements. We agreed that it is not a new topic, but it is relevant to keep discussing it because this will shape the future of MSF, the way the organisation will think the growth and also the way we manage our resources. Synchronisation is s not about being one, it's about working together. Recommendations: •We call for a systematic and persistent evaluating the different synchronisation and mutualisation initiatives that were done over the year, on the field and HQ levels, to learn from it. •We call for all MSF staff and entities, to look for opportunities for synchronisation and mutualisation in their day to day work. Synchronisation should not be exclusive to political decisions between OCs; it should be based on the principle of relevancy to our patients and accountability to our donors.		•Synchronisation shall be understood as something that MUST help comparing notes @ single / common relevant times for all where we can verify if there are duplications or opportunities of synergies… and seek opportunities for mutualization •Mutualization oIs important for 2 main groups: patients & donors oCan only happen through horizontal communications between fields & colleagues of all projects & sections! oNeed to demystify synchronization!! oDoes NOT mean killing diversity… which is fundamental & enriches us		This topic was promoted as FAD topic by the IB.	Recommendation to the executive and the mission.
Lebanon	**Patient's Charter**	Teams in Lebanon are interested to pilot the implementation of an intersectional patients Charter, we already created and poster with rights and duties of patients, which we have it in all our clinics, but we're interested to apply the new intersectional patients' charter when ready.		MSF staff should be committed to implement the patients' charte, but patients need to be fully aware and informed about their rights and duties. Implementing the patients' charter will help improve the relationship between MSF staff and patients and have a direct impact on the quality of care provided by MSF. The field teams will definitely face challenges while implementing the patients' charter; some challenges will be very context/mission specific, but being transparent about limitations and challenges, discussing them with patients and staff, will help the implementation of a patient charter.			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Lebanon	**Criminalisation of aid**	Criminalization is not a new topic, but what are new are the frequency and the severity of the incidents affecting MSF, it is also new in terms of the actors MSF is being in confrontation with, mainly "democratic countries" in Europe. In this environment, MSF should give importance to the duty of care, and implement mechanism to protect patients and staff. MSF should continue to apply its principles of independence, impartiality and treating patients equally, in addition to speaking out about policies that prevent MSF from providing medical assistance.					Statement noted. No action required.
Liberia						OCB participation through Asso Life in Liberia. All outcomes directed to the OCP mission in Liberia.	All outcomes aimed at OCP
Malawi	**Is there still a role for MSF in the region?**	To come from motion,… •Consider Hepatitis and start as MSF started with HIV in the region •Keep the focus on HIV TB – beat donor fatigue, we have a stronghold in the region and in Malawi, we have buy-in we should stay and do better and more, like we have done in the past. The other stakeholder are mainly funding we show by example. •Closure should be evidence based •Closure should be discussed with beneficiaries, staff and stakeholders, they should be involved in the decision making process (as they better see the needs and what can be done in term of sustainability) •Closure (criteria) should be discussed at start of project.		•Have a nutrition project to prevent certain NCDs (quality and availability) •Counselling for people with NCD or Addicts/psychosocial counselling •Address the effect of HIV drugs on patient's mental health •Hepatitis is neglected in Malawi so we could look at it •Keep the focus on HIV TB, look for evidence base/data for closure? Have we really reached our objectives? •Make sure there is a hand over process			Recommendation to the executive and the mission.
Malawi	**Sexual exploitation among staff and beneficiaries: Are we doing enough?**	•Develop clear policies on sexual exploitation •Enforcement of policies		•Proactive sensitization of beneficiaries •Develop clear policies on sexual exploitation, clear definition. •Policies in regard of sexual exploitation issues should be posted in offices and facilities •Administration should form part of induction documents •Enforcement of policies •Workshop in project and with beneficiaries on sexual exploitation •Translate policies in local language •We need to advocate・tell us what is wrong. For Malawian, we have the culture of silence, we should move away from it. We need to be asked and told what is sexual exploitation (how to identify it). •Include clear quote in advertisement that we do not tolerate sexual exploitation		See feed back to the 2018 Motion 6 on Humanity, respect and non-tolerance of abuse	Recommendation to the executive and the mission.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Malawi	**Patient's Charter**	Patients have rights even if ignored or silent. We are here for beneficiaries so we should put them at centre, they are key for us. Sometimes we behave with patient in materialistic or paternalistic ways. We have to know their rights to best serve them. Do we know some of them? privacy, confidentiality, right to know/information on their conditions and treatments, right to second opinion, consent/informed consent,... We have to respect the patient. Nobody is immune to be a patient we are not talking about 'them' in abstract, we are talking about us. Do we have patient charter in our project? Let's debate and end up as ambassador of the patient charter.					Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Mozambique	**N/A**						
Nigeria	**MSF visibility in West African Region**	MSF Employees = MSF Ambassadors Make room for the ASSO in our regular project meetings; encourage awareness and incorporate the Association in everyday activities. Communicate with all staff; awareness begins with us talking to each other and our communities. Also a strong push from participants in support of the conception of WaCA; this resulted in the development of a Statement of Support (refer below; final conclusions). STATEMENT OF SUPPORT To the Institutional Members of the IGA: The participants of the Nigerian FAD 2019 jointly and strongly support the approval of the WaCA initiative at the June 2019 International General Assembly, as international membership with the right to run operational projects.		MSF needs to be more responsible for cultural awareness and manage expectations. - Work on improving the awareness of national staff; allowing them to make more informed decisions and communicate clearly. - Continue to support the development of WaCA in generating greater awareness of MSF within Western Africa. - We need to understand who we are talking to and adapt our communication style as appropriate. - Consider the development of a mechanism for donation within Nigeria; this will work to further explain who MSF is and engage local communities. - Utilise the experience and willingness of former patients for effective communication within the community. - Networking from the ground up within the organisation; work on a mechanism to improve relations with Government services that we rely on, i.e. immigration, importation; to ensure they understand the work of MSF. - Mentoring front line staff regarding MSF principles and having staff attend MSF cultural training i.e. Watsan workers in the community - More use of the local language in MSF sensitisation tools; will achieve greater awareness within communities and a degree of appreciation. - Encourage gender balance across all fields within MSF; i.e. mental health we need gender specific profiles to ensure acceptance. - Thorough needs assessment; you may be providing something the community don't need.			Recommendation to the mission. Waca statement noted. No action required.
Nigeria	**In all MSF projects where activities respond to protection issues, advocacy tasks must be integrated into the program.**	MSF shouldn't just think about protection but should also be speaking about it. If MSF will not commit to support protection activities we need to identify actors that can. Given our mandate; should MSF consciously consider protection issues? Does this mean employing a protection officer who manages the mission and responds to concerns, whether they are engaging other actors or managing MSF teams? There was a strong push from participants in support of the introduction of a protection officer role within missions; this resulted in the development of a Recommendation (refer below; final conclusions). RECOMMENDATION During the Nigerian FAD 2019 the participants agreed that the overwhelming protection needs we have witnessed in MSF programs throughout Nigeria support a proposal; to the executives of the five Operations Centers, to integrate protection activities into all MSF contexts where there are needs identified.		•We need to understand and respect the MSF mandate; protection is not something we do. Know our limitations •It's important to ensure MSF has a good understanding of what protection issues are; we should approach other actors who have better experience than us with protection •Instil a process for referral to these actors •Protection is still an injury; it is not removed from the mandate to provide medical aide. Injury and mental health are involved aspects •Protection is already part of what we do •What if MSF is the only actor of the ground? Structure is very important and we require this in order to have the ability to respond if there are no other actors present; hence why we should be talking about protection issues			Recommendation to the executive and the mission.
Nigeria	**MSF should take a public, international position on the misuse of counter-terrorism laws.**	Consider the global perspective. The issue is not just Nigeria; the issue exists in other countries. We need to consider from a global perspective. We need to raise this issue to a higher level. Other actors are not stepping up; it is time for us to take a stance. MSF tries to do the right thing; others are waiting for us to take action. The response needs to be international; we need to escalate to a higher level; the conversation needs to advance from a national to international context. There was a strong push from participants in support of escalating this issue to an international level; this resulted in the development of a Motion (refer below; final conclusions). MOTION Statement for Vote: The Nigeria Mission urgently calls on MSF to develop a public position on the misuse of counter-terrorism laws around the world in order to ensure that we can access populations impacted by conflict and maintain our core principles of impartiality, neutrality and independence; calling for the international community to re-engage and respect existing International Humanitarian Law.		Challenge current military rules in the north-east; i.e. military escort to locations where we live and work. - Continue the dialogue; maintain open communication will all actors, including the Government. Nigeria has signed IHL and this should be discussed with them. - Speak out; lead a coalition, or lead and expect others to follow; speak to global bodies who manage IHL. Hold states to account in the International Criminal Court; international community, ECOWAS African Union, Geneva Convention. - Speak out; silence can kill.			Motion to the OCB Gathering

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Pacific				As nobody wanted to discuss the first question on "How do you see MSF's presence in the region? Medical, activist, key player, absent,...", this was raised briefly in the plenary. Here the main conclusions: •We need to be present in the region as so remote and often forgotten •It was time we spoke out •We are not activist, it's the migration (politicised context) that it's labelling us •Activism per se is not negative •Activist/temoignage is seen as political •We can only have a strong voice in the region only if we areoperational Some points that came out discussing the voting: •Not so many votes on activities around migration and the advocacy as we are already doing it so we should continue •Different points of view on the involvement of donors on our carbon foot print – is it an internal issue or should it be shared? Are we not asking too much to our donors? •Inconsistency on MSF position on environment vs its advocacy – this is due to the fact that before we can advocate, we need to define our position, respect it, and be operational			Outcome to be considered by the mission.
Pakistan	**Women's health**	The following recommendations came out from the debate: -Women health be the priority of MSF' overall activities; being vulnerable and statistics shows vulnerabilities (Physical, Mental, Social) -Collaborate with MoH for their capacity building to address women health issues -Involve different stakeholders (MoH, religious scholars, community elders etc.) to address the culturally sensitive health topics -Increase the networking with health authorities and connectivity with communities; tools can be health sessions, HP activities, community awareness session, involve community elderly women -Existing local laws and regulations need to be followed by MSF in their health activities. If regulation (laws) of state and medical ground allows, MSF should go for TOP. -Advocacy need to be done to influence the policies to support safe abortion to reduce MMR		Same as for the movement: The following recommendations came out from the debate: -Women health be the priority of MSF' overall activities; being vulnerable and statistics shows vulnerabilities (Physical, Mental, Social) -Collaborate with MoH for their capacity building to address women health issues -Involve different stakeholders (MoH, religious scholars, community elders etc.) to address the culturally sensitive health topics -Increase the networking with health authorities and connectivity with communities; tools can be health sessions, HP activities, community awareness session, involve community elderly women -Existing local laws and regulations need to be followed by MSF in their health activities. If regulation (laws) of state and medical ground allows, MSF should go for TOP. -Advocacy need to be done to influence the policies to support safe abortion to reduce MMR			This outcome has been shared with the SRH team to ensure answer is provided.
Pakistan	**Negociation / access to difficult contexts**	The following recommendations came out from the debate: -Need to improve our coordination with Stakeholders and no need to work on assumptions -No acceptance of armed escort unless approved by association along with executive -Not to make it a policy if we go for armed escort A MOTION WAS PROPOSED: The Association recognizes that the Executive faces immense complexity and many constraints in its efforts to implement MSF's life-saving work. That said, it remains the core responsibility of the Association to define, embody and protect the raison d'être of MSF and its fundamental principles. It must be noted that the Association is very concerned about and extremely uncomfortable with the acceptance of armed escorts in countries such as Pakistan and Somalia. The Association believes that this policy has a profound negative impact on what we do and who we are. Therefore, the motion is put forth that the Executive must approach the Board/Council/Agora of the Operational Centre for discussion and presentation of the rationale before undertaking decisions that have such an impact on our identity and principles.		The following recommendations came out from the debate: -Need to improve our coordination with Stakeholders and no need to work on assumptions -No acceptance of armed escort unless approved by association along with executive -Not to make it a policy if we go for armed escort			Motion to the OCB Gathering
Palestinian Territories	**Mental Health projects in on-going conflict areas**	1.MSF needs to develop more Advocacy activities to fight the mental health stigma, especially in the Middle East countries. 2.Although MSF is doing very good psychological intervention in many areas, but we this can be more developed and improved by networking, mapping, more involvement with stakeholders like universities, schools, small communities and media outlets.		1.MSF needs to develop more Advocacy activities to fight the mental health stigma, especially in the Middle East countries. 2.Although MSF is doing very good psychological intervention in many areas, but we this can be more developed and improved by networking, mapping, more involvement with stakeholders like universities, schools, and small communities and media outlets.			Recommendation to the executive and the mission.
Palestinian Territories	**Proximity**	•Involve people to ask questions. •PSWs to ask people to come to group discussions •To do open groups of different organizations •Partnership with communities •Meat the elders every specific period of time to do reassessment for the situation •Trust and believe in ourselves		•Trust building •Bottom up approach not top down •Respect identity (context) •Adaptation and flexibility to the context •Quality of services •Clear identification with community •Neutrality •Increase of MSF presence •Mapping of community and influential people •Anthropology in dealing with the community •Adaptation of communication strategy to context and groups			Recommendation to the executive and the mission.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Palestinian Territories	**Patient's Charter**	The patient's charter should be implemented and shared with the patients themselves. We need to know how teach patients to practice their rights and to fulfil their duties through a certain strategy.		1-Publish leaflets and videos to distribute to patients 2-Put written signs and posters everywhere in the clinics 3-Making a suggestion box and consider it 4-Waiting area activities			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Serbia	**N/A**						
Sierra Leone	**N/A**						
South Africa	**Can we make all MSF operations become 1 MSF?**			We're good but we can be better. MSF size has increased greatly over the last decade but so has its internal complexity that has increased over the years. The change process proposal for MSF is to tear-down the internal structure of the 5 OCs and to create 1 global organisation. Voting results revealed 41 members were in favour of this motion, 3 against and 16 abstained. The motion therefore passed.		All motions voted at the SA FAD goes to the MSF SA motions committee	See MSF Southern Africa below
South Africa	**HIV Operational Commitment in Southern Africa**			We shouldn't lose what we have already gained. We can use this motion for other topics within MSF – not only TB/HIV. Voting results revealed that 46 were in favour, 1 disagreed and 4 abstained. Therefore, this motion passed.		All motions voted at the SA FAD goes to the MSF SA motions committee	See MSF Southern Africa below
South Africa	**Long Term Commitment to Catalyst Projects**			Transformative projects need longer time horizons, more stability and more persistence to deliver results. The motion passed with 48 in favour, 4 in disagreement and 6 abstained.		All motions voted at the SA FAD goes to the MSF SA motions committee	See MSF Southern Africa below
South Africa	**Sexual Harassment**			The movement should revise existing mechanisms to address the following weaknesses – the protection of beneficiaries, preventative mechanisms, reporting mechanisms and support structure. The motion passed with 34 in agreement, 6 against, and 18 abstained.		All motions voted at the SA FAD goes to the MSF SA motions committee	See MSF Southern Africa below
South Africa	**Focus on Coaching and Manager Development**			MSF to have a clear and concise on-going training curriculum and tools for managers at all levels which is tailor made to their responsibilities. In addition, it should leverage on existing programs at HQ as well as other missions and effectively use the coaching and mentorship programs that are readily available. The motion passed with 55 in favour, 0 against and 1 abstained.		All motions voted at the SA FAD goes to the MSF SA motions committee	See MSF Southern Africa below
South Africa	**Mental Health in Migration**	We should work on more ideas together, of what can be done for migrants. In additions, we need to create a clear path of what/how the association can be involved with migration.		We as the JNB association members, have requested the board of directors of MSF Southern Africa to enable the opportunity to engage the opportunity and become involved with migrant networks through our on-going activities. This motion was not voted on but put forward as volle gas.		All motions voted at the SA FAD goes to the MSF SA motions committee	See MSF Southern Africa below
South Sudan	**Termination of pregnancy**	Overall, the participants feel that safe abortion care is an integral part of the medical aid MSF provides for the population however, the possible implication and damage is higher since TOP is considered illegal/murder in the country. The group strongly spoke about the need to increase the advocacy and lobbying work with the government (central and local) to legalise safe abortion and introduce family planning programs including awareness drives in all the projects.		The topic was widely discussed weighing in both the pros, cons including the cultural aspects of operations in South Sudan. We did not arrive at a consensus but as a group, we agreed that the following areas has to be considered as part of the ongoing debate on TOP: - Cultural and religious aspects - Security of staff - Legislative barriers - Elements for safe abortion care: • Advocacy or lobbying work with Ministry of Health to garner wider acceptance on safe abortion. • Health promotion and raising awareness surrounding the issue itself. • Risk of MSF being expelled from the country • Family planning activities • Focus on physical and mental health of the mother as part of the package			This outcome has been shared with the SRH team to ensure answer is provided.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
South Sudan	**The Synchronization of the OCs strategic plans**	As suggested during the FAD, there is a recommendation to draft a patient's charter that care focused much more than providing instant remedy to an ailment and the right to confidentiality/privacy for sensitive cases, especially, SGBV. MSF Academy - tie up with teaching schools/ universities that are recognised by the Ministry of Health and facilitate National Staff to complete their education.		Medical and humanitarian aid is an integral part of MSF's work, a project in the capital or tie up with the hospitals/PCHG could help enhance the visibility, and awareness around the work MSF does. A section of the participants felt that there was no need for a project in the capital now, as this could prove expensive without sufficient planning and a long-term engagement planning; in addition to the continued security risk this may cause. The group felt a strong need to have a patient's charter for the population that includes structures and systems that require briefing beneficiaries on the symptoms, illness and the treatment provided, in addition to sharing feedback on the overall care, upholding the confidentiality and rights of the patient. There is a strong recommendation to initiate MSF academy is all the OC's, which could connect the staff to the universities/medical schools recognized by the MOH (Ministry of Health). Investment in computers and internet in all the projects was also discussed widely by the groups, including introducing L & D programs,(the unit already exists within some OC's) however, staff are already cognizant that internet penetration is low in the country and can be challenging to set up a system such.			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Turkey	**Proximity**			1-Definition of Proximity: factors and elements enabling MSF to reach and satisfy the needs of the beneficiaries within the scope/capacity of MSF. Questions around importance of "satisfaction": is it necessary that our work is driven by the beneficiaries' needs? Will be cases that maybe MSF is in position of knowing better than the patient and has to act in a way that maybe "doesn't satisfy" the patient? 2-what should be done? What is already working that we should continue? KEY SUGGESTIONS: •Adapting outreach strategy including technology; including the way we talk to the community. •Building local partnerships, not only to have other ways to get closer to the population if there is a physical barrier, but also to learn from their experiences on proximity or on what the population has expressed that they need, and learn faster. •While delivering the defined service, to do focus on the quality of it, ensuring is done in the best way, dignifying the human being in front of us 'patient centered approach'. Ensuring that there is a good understanding of the cultural backgrounds, and adjusting our protocols/activities to this. Not only for the medics, but for everyone. •MSF staff has to be ambassadors among the communities; training the NS to do so, to ensure that are ready to pass certain messages and avoid that this become a burden for them. •Ensuring proper feedback to patients is done, and if evaluations are conducted with the communities in a regular basis, to get feedback on the decision achieved is done, ensuring transparency on decision-making. •Proper monitoring of how the organization is dealing with proximity, with surveys evaluating that, perception studies done in a systematic and organized way. •On the Networking with actors, not only talk with the top of the pyramid but also ensure that different voices are heard, both horizontally when dealing with different power structures, and not forgetting those who might not have voice through leaders, teams should talk to everyone. •Proportionality to diverse communities in comms and appropriate response •Solidary: showing we care in the heat of the crisis via communication and response •Ensure access; go to them if they can't come to us (as per mobile clinics). •If proximity becomes an objective for the project, make sure that it is properly reflected into the logframe, with activities to be conducted and indicators to measure the success.			Recommendation to the mission

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Ukraine	**Elderly as distinctly vulnerable population**	Statement proposed to the vote: To assure that this population has access to relevant healthcare, and insure inclusion, MSF should recognize the elderly as a distinctly vulnerable population; seek to understand their special medical and social vulnerabilities in the context of humanitarian crises Background and explanation: According to data from UN population division, the number of older persons — those aged 60 years or over — is expected to more than double by 2050 and to more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. Globally, population aged 60 or over is growing faster than all younger age groups. With an aging global population, more elderly are impacted by conflict and natural disasters MSF has recognized the special vulnerabilities of women and children when health care is disrupted during conflict. The elderly with parallel risks albeit different needs are less visible and thereby receive less attention and relatively fewer appropriate services. Increased age is often associated with increased frailty, morbidity, disability and decreased resiliency. They are both less able to flee and seek safety, and less visible to those who might help them. Isolated and unable to access medical humanitarian aid directed at the general population and the aid so conceived doesn't necessarily address their needs. Thus they are marginalized and excluded.					Motion to the OCB Gathering. See also the joint MSF Sweden and Norway GA
Ukraine	**Patient's Charter**	-The feedback collected during the FAD discussions shall be incorporated and further shared by the OCG board member with the relevant stakeholders, to feed further to the discussions of the Patients' Charter implementation.		-There was no doubt on the need to have an internal mechanism to improve the quality of services, accountability aspect and putting the patients at the core of our actions. However, there was some skepticism on how to put the Patients' Charter forward and implement it successfully worldwide.			Topic proposed by the IB. Outcomes to be referred to the International Working Group on Patient's Charter.
Ukraine	**Prevention and care of Mental Health disorders amongst MSF employees.**	It was agreed that the recommendation should be farther shared with OCB Association for review by the committee. -Recommendation: MSF should systematically and actively promote Mental Health and prevention of MH disorders among MSF employees, and make it part of the MSF staff health framework.		The topic relevance was challenged by some, questioning if there is a place for discussion in MSF context, when a lot of missions are emergency missions, and employees are in a way having a higher stress tolerance in the first place.		See Volle Gas motion 2017 on Mental Health of MSF Staff	Recommendation to the executive.
Venezuela	**N/A**						
Zimbabwe	**N/A**						
PARTNER SECTIONS							
Belgium	**Calling OCB to recognize and act upon the humanitarian emergency linked to environmental degradation, especially climate change**	Motion "Calling OCB to recognize and act upon the humanitarian emergency linked to environmental degradation, especially climate change" In a context of amplified and accelerated crises and disaster patterns linked to environmental degradation – especially climate change – which has important health effects on the vulnerable populations, the general assembly calls on the OCB executive to take this issue to the next level by recognizing and acting upon the medical and humanitarian emergency it constitutes. We ask that OCB: •drastically steps up its analysis and response in a coordinated manner; •adapts its medical, operational and logistics approaches; •allocates the relevant resources and expertise, and strengthens interdisciplinary synergies; •engages more strongly its internal and external positioning and advocacy, and builds partnerships, given the power of our voice and the impact it yields. At a movement-wide level, we ask for the organization to review its global strategy in the face of the climate crisis and subsequent humanitarian crises, and that an institutional policy linked to environmental degradation and health be adopted without delay in order to best guide and inform MSF's operational response strategies, its footprint mitigation plans, and its internal and external positioning.					Motion to the OCB Gathering

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Brazil	**Mental Health guidelines**	MSF should review mental health strategies, currently based only on psychopathological signs and symptoms. It is recommended that MSF expand the theoretical references in areas such as social and community psychology, developing tools for social mobilization, creating indicators for analysis of mental health & psychosocial care interventions and contributing to a new paradigm in this field. MSF should promote a more comprehensive view of mental health through decentralized, more inclusive debates and platforms, considering innovative experiences, knowledge production by field teams, context analysis, and the empowerment of affected people and communities. We understand that there are consistent references in the literature that involve Social and Community Psychology to enable a theoretical-practical trajectory within mental health in MSF that can contribute to a new paradigm.					See Volle gas motion on Mental Health guidelines
Brazil	**Work with indigenous communities**	Recommendation: MSF should make extra efforts to work with indigenous communities (originary people) in their assessments and operational planning. If health interventions are indicated, they should also respect autonomy and be in accordance with the needs expressed by the community, and not only with what MSF considers to be a priority.					Recommendation to the executive.
Brazil	**Training**	Recommendation: MSF Brasil calls all Opetational Centers, to change de moral commitment required to the expatriates for the attendance of trainnings, to a moral commitment with the movement of MSF rather than a moral commitment with any particular OC.					Recommendation to the executive.
Denmark	**N/A**						
Hong Kong	**N/A**						
Italy	**Support and promotion of projects for the cure of people who are victims of torture**	Motion: MSF Italy general assembly asks the Board of MSF Italy to support and promote the need and the benefit of treating people who are victims of torture, both at the OCB level and at the whole MSF movement, with projects that are both sustainable and appropriate methodically and that are long-term, for this specific type of patient. It is necessary that this approach capitalises the current experience, in order to have technically appro-priate methods, with practices for handover that are aligned to the patients.					See Volle Gas motion: Long-term commitment to Survivors of Torture
Luxembourg	**N/A**						
Norway	**Legally Empower OC Boards to keep them more accountable**	Motion: MSF operational centers, starting with Operational Center Brussels (OCB), should go as far as is feasible towards becoming separate legal entities from their host sections, with separate and legally responsible boards, so they can be more accountable to patients, members and donors.					Motion to the OCB Gathering.
The joint MSF Sweden and Norway GA	**MSF's work with Victims of Snakebite**	Motion: Alongside working on access to affordable and effective antivenom, MSF should actively promote snakebite prevention programs where the emphasis is on education and information.					Recommendation to the executive.
The joint MSF Sweden and Norway GA	**Elderly as a Vulnerable Group**	Motion: To assure that this population has access to relevant healthcare, and insure inclusion, MSF should recognize the elderly as a distinctly vulnerable population; seek to understand their special medical and social vulnerabilities in the context of humanitarian crises.					Motion to the OCB Gathering together with FAD Ukraine.
Sweden	**N/A**						
Southern Africa	**Intersectional Committee On HIV & TB**	Motion: MSF SA Association request OCs in the region and elsewhere to develop and present to the association improved approaches to decision making around closure and exit strategy of long-term projects (such as HIV/TB in SA region), with meaningful participation of field project staff, local communities, and key stakeholders.				See Volle Gas 2018 on Closure and handover of projects	Recommendation to the executive.
Southern Africa	**Reproductive Health**	Motion: We call for MSF to invest in SYSTEMATIC programming and advocacy that empower women in making decisions about their reproductive health. This could be started in projects that already focus on HIV/SRH in Southern Africa.				See 2014 Motion on Women in need	Recommendation to the executive.
Southern Africa	**Resource Accountability & Optimisation**	Motion: While we acknowledge recentralization and RSA4 initiatives adopted by the movement to curb MSF's growth in spending. MSF should further audit and review the social mission ratio to identify areas of spending that could be adjusted.					Recommendation to the OCB and the movement.

MISSION (OCB presence)	Topic	Recommendation or motion to the movement	Original text in French / Spanish	Recommendation or motion to the mission	Original text in French/ Spanish	Notes	Decision
Southern Africa	**No Discrimination Based on Sexual Orientation – To Be Included in MSF Charter**	Motion: Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions. The OCB Association supports a change in the MSF Charter to include reference to non-discrimination based on sexual orientation.				Only the IGA can decide on amending the Charter. OCB is not an institutional member.	Motion to the OCB Gathering
Southern Africa	**Sexual Exploitation & Harassment In MSF: "Are We Doing Enough?**	Recommendation: The MSF movement is not doing enough to address sexual exploitation and harassment. More must be done urgently. We ask the movement to revise existing mechanisms to address the following weaknesses: - The protection of beneficiaries, - Preventative mechanisms - Reporting mechanisms - Support structures				See feed back to the 2018 Motion 6 on Humanity, respect and non-tolerance of abuse	Recommendation to the executive.