



MSF and accountability to beneficiaries

Brief introduction:

MSF's accountability to beneficiaries is stated in many of our key documents¹. However, we still struggle even to define what the term actually means for MSF as a medical humanitarian organization. At the same time, several MSF- associations have in recent years brought up the need to further define and pursue our accountability towards patients and beneficiaries in general.

There is a considerable tension between the conceptual idea of accountability towards intended beneficiaries and its practice. Our beneficiaries live in a relationship that is asymmetric, and other forms of accountability (including movement-wide mutual accountability, compliance assurance, and outward/upward accountability towards donors and society at large), even with the best of intentions might be a bit blind-sided in that they continue to divide the community into "us" and "them". There are, however, some reasons and issues with the practicality of such accountability mechanism, which include logistical constraints, difficulty adjusting program management to reflect existing local skills, values and customs, dysfunctional or chaotic local institutional settings, emergency contexts, and attempts by powerful local actors to divert resources from those most in need even if an accountability process in place. In the end, the focus may need to be on specific approaches for increasing accountability that lead to meaningful improvements of MSF operation and effectiveness.

As a part of the Associative Roadmap, an international associative working group set out to draft a possible definition for accountability to beneficiaries from an MSF-perspective.

To frame accountability towards beneficiaries we suggest a few key aspects:

- The process whereby MSF gains access, defines programs and maintains an acceptable space to work should be done with as much transparency as is feasible, regarding both the choices made and the limits of our ability to assist.
- This includes an obligation to understand the priorities from a beneficiary's perspective.
- This also includes, but is not limited to regular information sharing of assessments, program development and activities including subsequent adjustments and changes.
- With respect to medical care for the individual, accountability to beneficiaries includes the empowerment of the patient in order to take informed decisions on health and wellbeing.

See more in "MSF's definition and mission statement on accountability towards beneficiaries" (www.association.msf.org/node/262895 login: msf / password: iga, or on

¹ For instance in the Chantilly and the La Mancha documents



From the working group we would very much like to get your ideas and thoughts on this. Are the key aspects heading us in the right direction? Do you already have positive examples of how this is implemented? Below you find some questions we suggest but feel free to frame them the way you see fit in your mission/association.

To start with such accountability process there are important questions to be explored and answered within the movement:

- I. *How do we define accountability towards the beneficiaries? What do we mean by this accountability mechanism?*
 - a) *Are the key aspects suggested above the right ones and do they suffice?*
 - b) *Or could/ should our beneficiaries also be effectively involved in accountability process and decision-making, priority setting, programming or allocation of resources? (Commonly stated in accountability definitions.)*

- II. *What are some of important challenges and what do you see as positive and negative effects of accountability towards the beneficiaries?*

- III. *What are some of the concrete measures that could be put-in-place within MSF, from the field up to the board levels that could facilitate or reinforce accountability to beneficiaries?*