

## **GiveWell from meeting between MSF-USA (Jennifer Tierney and Jason Cone), and GiveWell (Wendy Knight and Elie Hassenfeld), September 26, 2011**

### **MSF in general**

- MSF is structured with 5 operational centers (Barcelona, Paris, Brussels, Geneva, and Amsterdam) and partner sections that support the operational centers with human and financial resources. Ultimately, the job of the partner sections is to support the operational centers with financial and human resources, advocacy, communications, technical, and operational support. MSF USA is unique because of the size of its contribution.
- To decide where to work, MSF conducts independent needs assessments. This can occur in emergencies – like a cholera outbreak in Haiti – where an MSF team is already present in the country, or in locations where MSF is not currently operational. MSF will send teams in – typically a doctors/nurses and a logistical person – to assess needs and make a budget estimate. Then, decide whether to intervene and with what type of response. It depends on a lot of factors, including whether other NGOs are there and going to respond. There are a lot of explorations that don't result in operations. In non-emergency contexts, such as an multidrug-resistant TB program, MSF will dispatch teams to conduct longer and more detailed needs and project feasibility assessments. Program proposals are submitted to internal committees of operational managers to determine whether it is feasible to green light the project based on the financial and human resources implications and the operational ambitions of the project.

### **Response to the Somalia famine**

- The situation in Somalia was very complex because all the different teams from different operational centers and operating in distinct geographic locations of the country were attempting to conduct needs assessments in a highly insecure environment. These assessments needed to be consolidated and proposals for emergency programs judged against the difficulty in accessing central and southern Somalia, where the epicenter of the crisis was reported to exist. Taken together, these factors made it difficult to in the beginning weeks of the emergency to determine whether MSF would be able to justify a restricted appeal for funds. .
- It's hard for MSF to share a full budget early on, because during the process, budgets are coming from teams in all areas, so it may not be feasible for MSF to provide budgets immediately after a disaster hits.
- In Somalia, MSF initiated a restricted appeal because of its financial needs globally. In the US, MSF maintains approximately 8 months of financial reserves to ensure the capability of our operational centers to react quickly to emergencies, regardless of whether they draw the kind of media attention that produces spontaneous giving from the public. Internationally, reserves vary from country to country.

- MSF did not want to incur deficit spending as a result of this emergency if it did not have to as it is important for MSF to keep reserves at a healthy level so that it can respond to emergencies that get less public attention, e.g., in excess of \$15m for measles vaccinations in Malawi and Congo in the past year.
- When the needs assessments were completed and analyzed it became clear that MSF would not be in danger of raising more restricted funds than our operational teams expected they would require to scale up our programs.
- The scope of MSF's response in Somalia is determined by what makes operational sense, the needs that the teams on the ground identify. Our response is limited by human resources capacity, logistical capacity, and our access to people in need, however, and so our response won't necessarily be larger if MSF raised more or less money. MSF has set a reasonable target for Somalia fundraising: i.e., it is confident if access to potential aid recipients is maintained it can spend at least that amount well. The current target figure is 64 million euros.