

Suggested starting points for discussion

This research, *In Service of Emergency: Understanding Power and Inequality in MSF*, provides analysis to inform members of MSF as they examine and address the inequalities and power dynamics that affect their work. The study was not intended to develop recommendations. Nonetheless, we have provided questions that aim to trigger critical debate and reflection, based on some of the study's key findings.

Chapter 3: What is an 'emergency'? How does this shape affect MSF's systems and structures, and its everyday work? Is responding to an emergency more important than thinking about the structural inequalities MSF might be reproducing? Are these things in competition?

Chapter 4: What 'currencies of influence' have you observed in your time with MSF? Have they changed over time? What is their relationship with 'emergency'? How might this be linked to inequalities between MSF and its patients, and within the organisation?

Chapter 5: What is MSF identity? What are some of the markers of being MSF? Who can best embody these and how does this shape participation in the organisation? What are the roles of locally recruited staff in MSF's operational decision making and associative life?

Chapter 6: Do locally recruited staff manage internationally mobile staff in the contexts where you have worked? What are the advantages and disadvantages of powerful coordination roles? What are the limits of security provision and health care for different contract types? Where should such decisions be made and what might accountability look like?

Chapter 7: What are the key attributes through which people gain legitimacy in MSF? Do you think this is evolving? Do you agree or disagree with the argument that by investing in DEI we take resources away from the medical mission? In your experience, how important is the idea of volunteerism to MSF, and what are its impacts?

Chapter 8: Do attitudes to leadership shape what is it possible to do within MSF? Do you think MSF's principles and values are universal? If so, in what ways? What is the role of patients in decision making? What would you do to try to influence a change in how MSF works?

Prioritising where to take action

The research describes many inequalities and inequities, as well as problems such as discrimination and abuse of power. A discussion about what and how to prioritise could be valuable to inform decision making in MSF about systemic actions as well as *ad hoc* ones.

- What are the potential criteria for prioritising where to focus efforts to improve conditions and experiences? For example, should the focus be on issues that:
 - affect the largest number of people,
 - have the most severe impacts,
 - are connected to many dynamics, or
 - have the greatest chance of leading quickly to improvements?
 - What other considerations are there?
- Who needs to be involved in making decisions about priorities? How can the inequalities and inequities documented in the research be overcome so that previously marginalised voices are able to participate?
- Thinking about your own workplace or team, which of the issues raised in the research do you think should be prioritised? Why? Are there dynamics in your workplace that are not reflected in the research?

Enabling and protecting individuals

Individuals have played important roles in raising awareness, campaigning, and proposing responses. Some of this work has been done by people in formal positions but much has also been achieved by staff members acting on their own initiative. Exploring the potential and limits of individual agency and its relationship to the institution could be beneficial.

- What are the areas where there is scope for individuals to bring about improvements? Looking at how this plays out in specific places (not generalising), what is allowing or preventing this happening? How can the institution learn from these experiences?
- Are there roles or positions that should have less power? Are there roles or positions that should have more?
- What responsibilities does MSF have for enabling staff and association members who are active on issues related to internal power dynamics and inequalities? How can individuals with roles that require influencing others (e.g. DEI implementors, PCC ambassadors, ALFies) be supported in their roles? How can self-mobilising staff and allies be protected from burnout?