

STRUCTURAL RACISM IN MSF

AN EXPLORATION

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ABSTRACT



The Black Lives Matter movement has inspired a global debate on racism. A similar reflection has been triggered within the humanitarian aid sector, including within the MSF movement where over 1,000 current and former employees stated that MSF is structurally and institutionally racist. Consequently, this paper will analyse and reflect on the extent to which MSF is structurally racist. The paper is divided into four sections. The first part provides an introduction to the subject matter and definitions of the terms racism and structural racism. The second part moves beyond the definitions and gives an overview of how structural racism manifests itself in MSF. It examines how the organization's culture, policies, procedures and processes are embedded in a colonial history and looks at the consequences of the same on employees, especially those from racialized backgrounds. The third part discusses the unequal power relations between communities in distress and MSF, a powerful Western humanitarian agency. This part also endeavours to give an overview of how racial inequality is reproduced and how the knowledge, capacities and the humanitarian action that communities undertake to alleviate their own sufferings is under-represented and how communities in the global south are represented as mere beneficiaries of aid from the West. The fourth part will critically look at the expert/local dilemma and the unequal power relations between the two tiers of employees. Finally, this paper does not aspire to provide a silver bullet on how to address the issues raised, but will provide suggestions on possible measures to address them.

INTRODUCTION

The subject of racism is problematic and is often inadequately understood by many.



Comprised within the term are concepts such as discrimination, biases, prejudice, racial superiority and white privilege. Nonetheless, racism is not a stand-alone phenomenon, it is rooted in social, economic and political systems of power, control and domination that seek to banish, exclude, disregard and marginalize people based on skin colour and other physical characteristics. The idea that human beings could be divided along physical and social particularities was influenced by colonialism- to further white privilege- sadly, this today is still all too rampant.

Founded in a continent with rich colonial history, **MSF is of course not immune from the social and political architecture that reproduces and reinforces racism.** We should also be mindful, that within MSF, racism is experienced not only at the structural, and institutional level but also at interpersonal and individual levels. This together with the growing debate and reflection around racism, MSF should not shy away from tabling the difficult conversations and discussions on race and racism. There should be a candid, honest, open and structured debate within the MSF movement. Sitting on the fence or merely stating that we are not racist will change nothing. Telling employees not to be racist is not enough, webinars and training on cultural sensitivity, diversity and equality are not enough. Affirmative action policies are not enough. The LEAP and HONA programs are of course noble and demonstrate will to change, but are not enough. **To address racism - the elephant in the room- MSF must become an active anti-racist movement and radically change the organization's way of thinking and acting** when it comes to the touchy subject of race and racism. Being passive is tantamount to being complacent.

UNDERSTANDING RACISM

Now, to meaningfully address and tackle racism, it is important to have an understanding of the language of racism. Certainly, the definition of the term racism itself is contested and remains problematic. While there are some universally shared and commonly accepted definitions, the differences in the nuances are massive. It all depends on where you sit in the pendulum. The encyclopaedia Britannica defines racism, also called racialism, as the belief that humans may be divided into separate and exclusive biological entities called “races”; that there is a causal link between inherited physical traits and traits of personality, intellect, morality and other cultural and behavioural features; and that some races are innately superior to others. The Aspen Institute also **defines structural racism as a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.** Now, for the purpose of this paper, the above definitions shall apply.

A MOMENT TO RECKON- HOW IS STRUCTURAL RACISM MANIFESTED IN MSF?

The death of George Floyd at the hands of an American law enforcement officer triggered a global debate on race, racism and discrimination. Floyd, a Black man, died after a white police officer knelt on his neck for close to nine minutes. Within the humanitarian sector, an internal reflection on racism has been set in motion and is gaining momentum by the day. MSF, one of the leading humanitarian agencies is not immune from the racism pandemic. Recently, **an internal statement signed by over 1,000 current and former employees stated that MSF is ‘institutionally racist and reinforces**

colonialism and white supremacy’.¹ This statement, apart from highlighting other issues called for an end to ‘decades of power and paternalism’ within the organization.²

Now, where could the origin and source of this structural racism that is now a ‘pandemic’ within the MSF movement be?

According to a report by the Urban Institute,³ structural racism in any organization, including MSF, **manifests itself in three ways:**

- 1 Past discriminatory policies, procedures and practices** that serve to reproduce and reinforce each other.
- 2 Accumulated disadvantages** such as inadequate access to opportunities that compound over time and across generations.
- 3 Current practices and policies** that perpetuate racially disproportionate access to opportunities.

For MSF all three sources could be valid.

Cognizant of the historical, social, political and economic architecture that run through the MSF movement, it is reasonable to assume that structural racism does exist in MSF. In fact, employees from the global south, mostly national staff, were precluded from positions of power, leadership and influence and **it was only after more than two decades of**

¹ Karen McVeigh, “Medicins San Frontieres is ‘institutionally racist’ says 1,000 insiders” Guardian, July 10, 2020 <https://www.theguardian.com/global-development/2020/jul/10/medecins-sans-frontieres-institutionally-racist-medical-charity-colonialism-white-supremacy-msf>

² Amy Mackinnon, **The International Aid Sector faces a Reckoning**, the Foreign Policy, July 10, 2020 <https://foreignpolicy.com/2020/07/10/international-aid-sector-faces-reckoning-doctors-without-borders-letter-msf-racism-colonialism/> (Foreign policy)

³ Urban institute, **structural barriers to racial inequity in Pittsburgh, Pennsylvania, 2015. Oct 9 2020** <https://www.urban.org/sites/default/files/publication/73901/2000518-Structural-Barriers-to-Racial-Equity-in-Pittsburgh-Expanding-Economic-Opportunity-for-African-American-Men-and-Boys-1.pdf>

existence that MSF allowed national staff expatriation for the first time. A glass ceiling was in operation for this staff segment. **Some were disqualified on grounds of 'neutrality' and vulnerability to corruption'**⁴. Surprisingly, projects in Europe, including the immigrants and Covid-19 projects were led by national staff from the European country in question something which is obviously a clear manifestation of the inherent double standards in MSF, and has a moral overtone in that it is ok for a Spanish person for example to lead a project in their own country, but not for African or Middle Eastern counterparts in theirs.

In fact, while acknowledging the lack of diversity in leadership, **the MSF Board of Directors admitted that the organization's 'governance' and existing power relations do not reflect the diversity' of the movement.**⁵ The Executive Directors equally acknowledged that 'the vast majority of the General Directors appointed by the associations are of European descent thus limiting the ability of the organization to identify biases (ibid). For instance, in MSF Spain, the Board of Directors is all white, with only two female. OCBA's governance body, the AGORA which is responsible for providing strategic direction, also has a white majority. The trend is the same in almost all the other MSF sections where a vast majority of MSF Board members, decision-makers and staff based at headquarters are white.

Of course, the organization's culture, systems, processes and procedures are all embedded in a history of imperialism: the organisation was founded in Europe, a continent with a rich colonial history. **All of the organisation's operational centres, bar one, are in European cities and run by European dominated senior**

management.⁶ To address this structural problem, decentralized branches and sections were set up in regions outside of Europe-opening up more key positions that allowed non-europeans to reach more senior management positions through regional hubs like Beirut, Dakar, Hong Kong, Nairobi and Rio de Janeiro.

For almost five decades MSF has been offering medical assistance to people based on needs and irrespective of their race, religion, gender, or political affiliation. We also speak out, including when we witness acts of violence, or deprivation of care directed towards people simply because of who they are. The organization's founding documents including the Charter, the Chantilly documents and the La Mancha agreement are all liberal and are 'committed to transnational, universalistic, and egalitarian values'⁷. Based on these progressive values of impartiality, neutrality and non-discrimination engrained in MSF's culture and coupled with the liberal ideals enshrined in the organization's founding documents, one would expect that MSF's relationship with both its employees and the communities it serves to transcend the characterization of its stakeholders in any form or shape. Yet that is not case, at least for some.

It is not surprising that racism exists in MSF, in fact, **racism is present in almost every sphere of our present-day life.** What is unusual is how the movement has until recently ignored the obvious biases and discrimination in some of the organization's processes and procedures, and the privileges unfairly granted to some of its employees manifest in the form of apparent structural barriers that

⁴ Yasin Al Saadi, Decolonizing INGOS: MSF has a fundamental flaw its white savior can't solve' the Arab News, July 29, 2020
<https://english.alaraby.co.uk/english/comment/2020/7/31/msf-has-a-flaw-its-white-saviours-cant-solve>

⁵ MSF, Update on racism, June 5, 2020
<https://www.doctorswithoutborders.ca/article/msf-updates-racism>

⁶ Yasin Al Saadi, Decolonizing INGOS: MSF has a fundamental flaw its white savior can't solve' the Arab News, July 29, 2020
[https://english.alaraby.co.uk/english/comment/2020/7/31/msf-has-a-flaw-its-white-saviours-cant-solve\(AL ARABIYA 2\)](https://english.alaraby.co.uk/english/comment/2020/7/31/msf-has-a-flaw-its-white-saviours-cant-solve(AL%20ARABIYA%20))

⁷ Shevchenko Olga & Fox Renee, "Nationals and Expatriates" Challenges of fulfilling Sans Frontieres("Without Borders") ideals in international humanitarian action, Health and Human Right in Practice, Vol 10, issue , <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2469/2013/07/11-Scevchenko.pdf>

impede meaningful growth and progression for racialized staff.

Some of these structural barriers have been kept in place by MSF's culture of recruiting from a pool of old and familiar networks, having skewed promotion policies, systematic othering of people of colour, limited and restricted access to training, information and knowledge (especially the nationals), the informal social networks that grant a privileged few access to internal connections to opportunities and jobs, and most importantly the lack of diversity in leadership and decision making.

In order to address some of these barriers, **MSF, and OCBA in particular has started plans to eliminate any glass ceilings still in place due to administrative or logistics constraints and to enhance the visibility of National Staff mobility and development**, HONA-an affirmative action to develop career plans for African women has been recently introduced. Coordination and management roles have also been opened up to people outside of MSF in

order to attract diverse talent, there are ongoing efforts to make learning tools such as TEMBO and knowledge hubs accessible to all and most importantly engender vocational programs to empower people with potential to grow, a programme with a high number of involvement of staff from African contexts in particular have been initiated.

However, is the impact and scope of some of these affirmative action policies (policies meant to favour individuals belonging to groups known to have been discriminated against previously) sufficient to produce a major change? They could be said to be a step

in the right direction but could also be said to be so far inadequate and insufficient to radically address deep rooted structural inequalities in the short-term. Whilst these types of initiatives are necessary, **it is important to also tackle attitudinal factors**, where it is not outright discrimination that one experiences but rather more subtle, internalised prejudice that keeps people perpetuating the same structures and practices and where little changes.

Apart from the structural and system-wide inequalities that exist within the MSF movement, **employees, mostly those of**

colour are also subjected to frequent slurs, harassment, discrimination, biases, as well as microaggressions.

According to a report by MSF on abuse, exploitation and harassment in the workplace, 322 grievances and complaints were made from the field in 2019 alone, out of this 154 were confirmed as either situations of abuse or of inappropriate behaviour.⁸ The complaints ranged from discrimination,

harassment, exploitation and abuse of power. Though not specific to racialized employees, the statistics do point to a serious level of discrimination and other forms of harmful practices existing in MSF. Exemplifying this situation is the story of Arnab Majumdar, a former MSF staffer who in the course of his work felt discriminated, harassed and abandoned by some colleagues and managers in equal measure, a situation which led him to take the difficult decision of resigning from his



⁸ MSF, Update on racism, June 5, 2020

<https://www.doctorswithoutborders.ca/article/msf-updates-racism>

position. Correspondingly, an MSF Canada report on equality, diversity and inclusion (EDI), published in January 2019, found that trust had been broken in the organisation after “abuse of power issues”⁹.

MSF does not condone racism and discrimination in any form or shape. Far from it! The charter, the code of ethics, and the behavioural commitments are all very clear on this. That notwithstanding, there are instances where the actions or inactions of some, especially those in positions of power within the MSF movement could be interpreted as racism and discrimination being somewhat legitimized and normalized at higher echelons, often by a privileged white minority, supposedly to protect what some would call colonial patriarchy and white privilege.

For instance, MSF Italy’s objection to the use of the word ‘racism’ in the ongoing racial discourse and that the racism problem in America, e.g the Black Lives Matter movement, is not and should not be a priority for MSF was interpreted as an affront to the anti-racism course and a legitimization of racist and discriminative practices. MSF Italy has so far apologized for this position.

Along similar lines, **MSF’s International General Assembly’s failure to adopt a motion presented to it with the aim of “deconstructing racism, prejudice and privileges” within the MSF movement** was also seen a slap in the face for those willing to create a just and fair movement.¹⁰ And above all, the absence of a strongly diverse and inclusion framework to address racial discrimination and other harmful practices in the workplace could be seen as a systematic and deliberate move to ignore discrimination based on race, gender, sexuality and religion.

⁹ Karen McVeigh, MSF ran ‘white savior’ TV ad despite staff warnings over racism, Guardian, September 10, 2020 https://www.theguardian.com/global-development/2020/sep/10/msf-ran-white-saviour-tv-ad-despite-staff-warnings-over-racism?CMP=Share_AndroidApp_Other

¹⁰ The Middle East Eye, ‘MSF accused by staff of upholding white supremacy and colonialism’ July 10, 2020 <https://www.middleeasteye.net/news/medecins-sans-frontieres-accused-white-supremacy-colonialism>

For example, OCBA had no diversity and inclusion resource until September this year. Currently there is only one person dedicated to this and who is expected to turn the tides in a complex organization with almost 7,000 employees. Perhaps the level of ambition could be higher.

THE WHITE ‘SAVIOURS’ AND THE PASSIVE ‘BENEFICIARIES’

International non-governmental organizations have always been, and indeed continue to be so justly accused of deforming and distorting facts and realities around populations in distress. **Communities, and in particular those in the global south are depicted as poor, impotent, feeble and incapable and as people entirely dependent on the west or external aid.** MSF, being of one of the leading international humanitarian is not immune from perpetuating governance and **operational models that are inherently built on dominance, control and most importantly ones that promote ‘poverty porn’ and an imbalanced power relation** that does not acknowledge and appreciate the abilities and capacities of populations in distress and the significant contributions made by ‘grassroots groups’ to projects in the field.



In MSF, we have guidelines on the production and use of images and videos. While respecting the dignity, pride and honour of

the people we assist we also use truthful images/video that fairly represent populations in distress. At the same time, some of these endeavours fail to communicate the complex structural problems and the realities of people in distress by way of **using negative images and videos often designed to evoke empathy from potential donors**. Moreover, just like many other INGOs, there are times when we take credit for alleviating human suffering without taking into account the humanitarian and development actions undertaken by affected communities themselves. For instance, a TV fundraising campaign in Canada by MSF played ‘images of crying black children being treated by MSF medics’¹¹. In all fairness, the advert grossly misrepresents, humiliates, disempowers and objectifies populations in distress. It equally perpetuates and maintains the notion of the west bringing help to the needy people of Africa.

Along with creating a victim v/s saviour narrative and sensualizing the realities of people in distress, there is also **the exclusion of local actors and affected populations in decision making processes**. This is often justified in the pretext of the ‘emergency’ nature of MSF work. For example, according to a report by MSF’s Vienna evaluation unit MSF’s ward In Yambio, South Sudan, facilities for patients with sleeping sickness remained empty despite the existence of several cases. It was only after the communities were involved in the selection of new screening locations that the number of treated cases in the ward increased drastically.¹² **Equally, MSF, just like many other western INGOs is vulnerable to viewing situations from a euro-centric perspective thus ignoring local culture, knowledge, capacity, attitude and systems.**

¹¹ Karen McVeigh, MSF ran ‘white savior’ TV ad despite staff warnings over racism, Guardian, September 10, 2020 https://www.theguardian.com/global-development/2020/sep/10/msf-ran-white-saviour-tv-ad-despite-staff-warnings-over-racism?CMP=Share_AndroidApp_Other

¹² MSF Vienna Evaluation Unit, involving communities-guidance document for approaching and cooperating with communities October 5, 2020 https://evaluation.msf.org/sites/evaluation/files/involving_communities_0.pdf

Today, despite its strong work ethic, its people centred approach and its ability to negotiate and work with local actors, **MSF remains integral to the collective failure of international humanitarian actors to engage people in distress**. There are significant barriers for meaningful engagement and participation of affected populations to happen. First of **all the decision-making centres are based in western Europe**, far away from field staff and communities in distress. Secondly, **officials based in headquarters are not sufficiently in the know and are as such not adequately knowledgeable about the realities of people affected by disasters, conflict and violence in faraway lands**. In fact, according to a report by the Global Monitoring Initiative on Localization in Practice ‘capacity sits with those nearest to the crisis affected-populations as they are best placed to respond quickly and appropriately’.¹³ Thirdly, **the belief that MSF is accepted and positively perceived by communities because of its humanitarian principles is grossly misleading**. We must at all times appreciate that humanitarian principles and values are conceived and interpreted differently depending on the context and the actors involved. Finally, **the argument that MSF “knows best” when it comes to the needs and expectations of beneficiaries does not hold water.**

It is imperative to actively engage communities in project planning and implementation.

We must listen more actively to the communities and patients we assist. Their views must be more included in decision making processes and their voices must count for more, not only because it is inclusive to do so, but **because they have key knowledge**

¹³ Global Mentoring Initiative, “Localization in Practice” Emerging Indicators & Practical Recommendations, June 2018 <https://reliefweb.int/sites/reliefweb.int/files/resources/Localization-In-Practice-Full-Report-v4.pdf> Relief web report.

about themselves and their needs. In so doing, we will be able to not only incorporate their views and opinions into programs but also build meaningful relationships, create buy-in and strengthen ownership of projects. It will also help us to appreciate and utilize local knowledge. However, in pursuit of this noble course, it must be clear to all that public participation and engagement is not a one size fit all affair, especially in conflict zones where MSF is at the frontline to assist affected populations. Management and staff in the field should always be mindful of the existing inequalities, internal power structures and demographic make-up of affected communities.



Meanwhile, there are also some other unintended impacts of MSF's work, especially on the social contract between communities in distress and local authorities/elites. MSF provides critical and basic services like healthcare which is traditionally seen as a

function of the state. **Provision of such services by a foreign entity may be seen to diminish the legitimacy of the state.** In the spirit of temoignage, MSF also speaks out authoritatively to either denounce actions of governments or even tell them what to do. This is more pronounced in conflict zones where gross human right violations are committed-at least in the eyes of a western INGO. Furthermore, **humanitarian agencies, including MSF are not directly accountable to state agencies and as such may be perceived as imperialist organizations and agents of the west furthering the global north's geo political interests.** However, there has never been any study or analysis carried out on how MSF presence or work alters the social contract between populations and local authorities/elites. It would be interesting to do so.

THE 'EXPERT' VS THE 'LOCAL' DILEMMA

The adage 'all animals are equal but some are more equal than others' in George Orwell's *Animal farm* could be true for the expat/local staff relationship in many international non-governmental organizations. The book, a political satire tells the story of animals in a certain English rural farm agreeing 'on a set of rules' that will guarantee all animals fairness and equality. However, the reality is different for all the other animals except the most intelligent animal on the farm who is allowed some self-assigned special privileges.¹⁴ The anecdote, though too radical but when pushed to its limits can exemplify the unfair and unequal power relation between the two-tier of employees i.e. the all-knowing international/'expert' and the unqualified, unknowing nationals/locals.

This nomenclature and categorization of employees is also applied within MSF workforce. **The use of semantics to categorize staff on the basis of their nationalities runs counter to the**

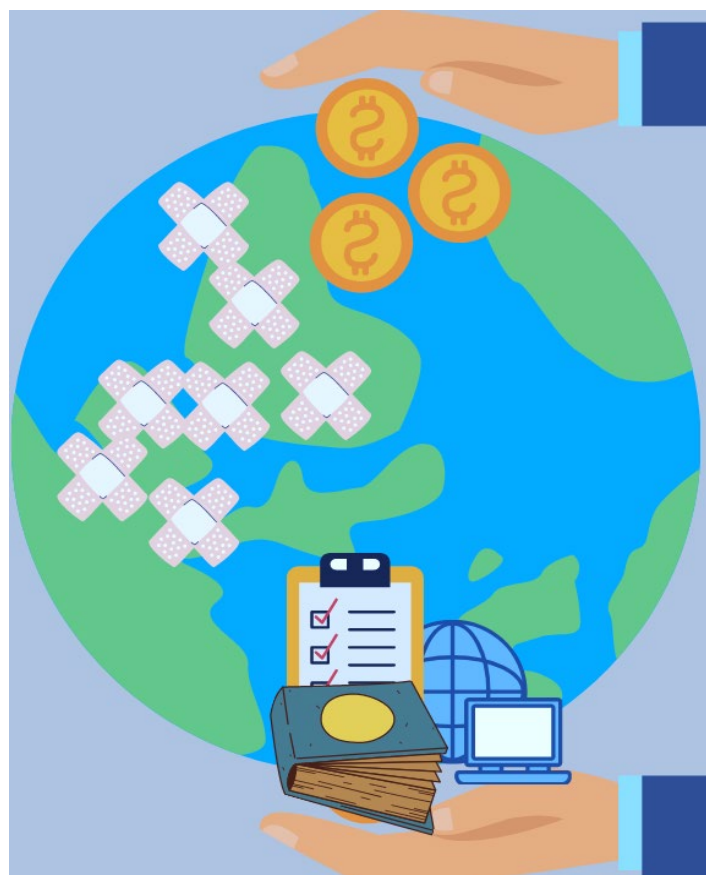
¹⁴ Griffin, John, and George Orwell, 1989. *Animal Farm*, George Orwell. Harlow: Longman

organization's "without borders" vision'¹⁵ and creates a reward policy based on country of origin rather than one based on qualifications, experience, skills, competence and most importantly linked to the nature of the job. It also constructs a hierarchy of 'value or worth' (ibid) where the international staff is entitled to better salaries, decent housing allowance, school fees for their children and other benefits including per diem which is sometimes more than the monthly salary of a national staff! Indeed, **the concentration of 'power and money' in the hands of the international, mostly from the global north is nothing but a continuation of 'colonial legacy'**¹⁶. This reward principle does not only demotivate 'nationals', who are mostly racialized, but also negatively impacts on quality of care for patients.

MSF recruits the majority of its workforce locally, but despite the predominant proportions, national staff is not equitably represented in management and coordination roles. For instance, in OCBA 44% of senior managerial positions at field level are held by locally hired staff'.¹⁷ This is despite the 'locals' making up almost 90% of the organization's total workforce! **International staff are often placed in management positions regardless of experience and other factors unlike national staff who are most often "frozen" in terms of upward mobility** (e.g. often, a local nurse with 10-15 years of on the job training and experience with MSF is still "capacity built" by a 1st assignment nurse from overseas. Whilst in war settings international staff is internally seen as a way to "preserve" independence of mind and action (decision making) regarding the political and social context, very often this argument does not suffice. Another reason put forward for not

putting local staff in key decision making positions is that they would be more exposed to pressure, threat and extortion. Above all, **our attitudes towards the 'locals' is not only often characterized by arrogance and an extraordinary degree of ignorance but also by a form of discrimination that is "racist", "colonialist" and neo "colonialist"**.¹⁸

Over the years, gaps in representation in regards to positions of coordination and management have narrowed. **More national staff has risen to coordination roles.** The percentage of MSF's international programme coordinators from non-Western regions grew from 24 per cent to 46 per cent.¹⁹ Nonetheless, the initial rationale for this positive progress was not borne out of a genuine goal to address imbalances and inequalities but was more of an operational need to field non-white coordinators to reduce threat to western staff.



¹⁵ Shevchenko Olga & Fox Renee, "Nationals and Expatriates" Challenges of fulfilling Sans Frontieres ("Without Borders") ideals in international humanitarian action, *Health and Human Right in Practice*, Vol 10, issue <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2469/2013/07/11-Scevchenko.pdf>

¹⁶ The guardian, "why do expats earn more than the rest of us" **March 29, 2016** <https://www.theguardian.com/global-development-professionals-network/2016/mar/29/secret-aid-worker-why-do-expats-earn-more-than-the-rest-of-us>

¹⁷ MSF Strategic plan 2020-2023

¹⁸ Javid Abdelmoneim, addressing racism in MSF, **June 30, 2020** <https://msf.org.uk/article/addressing-racism-msf>

¹⁹ Jennifer Tierney, **How we're tackling racism, July 14, 2020** <https://msf.org.nz/article/statments-opinion/how-were-tackling-racism>

RECOMMENDATIONS

We must acknowledge that racism, discrimination and other intersecting exclusions exist and thrive in MSF. **Our organization's culture, procedures, processes and system continue to perpetuate inequality, dominance and discrimination-especially against women and people of colour.** There is inherent power imbalance internally and externally-negatively impacting on staff morale and quality of services provided to people we assist. The ongoing debate on racism provides an opportunity to reflect on who we are and what we want to be. **Those in positions of power and influence must seize this opportunity through continued, strong action and visible leadership.** It should equally be expected that everyone proactively demonstrates the willingness and readiness to adapt change quickly and embrace a long term change with short term action plans, though understanding that **individuals need to self-examine and self-check their own internalised prejudices, and be shown how to do this.** In this regard and in the spirit of continuous improvement this paper recommends that:

1. MSF should **proactively embrace and lead the conversation on racism and other forms of discrimination** and publicly acknowledge the existence of structural racism in MSF. The leadership must set the pace and should not adopt a defensive stance regarding the present situation.
2. MSF must **explicitly adopt an anti-racism approach** which should be manifest in the organization's culture, values, norms, system, policies, processes and procedures.
3. MSF must listen to employees, patients and stakeholders who are directly or indirectly affected by the work of MSF. In so doing, the **organization should remove any bureaucratic and administrative barriers that discourage people to speak out** about difficult and controversial subjects.
4. MSF must put in place a **progressive diversity and inclusion policy that will empower people of colour**, and most importantly ensure that underrepresented groups have a voice within the organization.
5. MSF must recognize overlapping identities and experiences such as race, gender, sexual orientation, religion among others **to unpack how discrimination is experienced within the movement.**
6. MSF must invest in training of staff **to ensure non-racialized staff understand and address their hidden biases and blind spots.**
7. MSF must endeavour **to eliminate the two tiers of employees**, International staff and Nationals and **have a global, borderless workforce** that is compensated based on a global reward policy that takes into account qualification, experience and of course nature of job regardless of country of origin. This needs to move at a faster pace.
8. Finally, If we want to see a truly representative, diverse and inclusive MSF- **THE MSF WE WANT**, then we must have **people of colour-especially women, in positions of power, influence and leadership within the movement.**



CONCLUSION

As the world confronts the racism pandemic, **humanitarian agencies including MSF are coming up with strong and progressive policies to eliminate racism, discrimination and inequality based on our differences** in respect of race, gender, sexuality, religion etc. However, there will always be the paradox of those willing to tirelessly undermine change and make every effort to retain the status quo. Within MSF, there is a need to identify such voices and make them part of the change, however, difficult it may be.

Let us all collectively and individually strive for the MSF WE WANT