



Stockholm Evaluation Unit – Guidelines

ETHICAL GUIDELINES

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CONTENTS

INTRODUCTION	2
Background.....	2
Rationale	2
Purpose of this document.....	3
PRINCIPLES OF ETHICS IN EVALUATION	4
Integrity.....	4
Accountability	4
Respect.....	4
Beneficence.....	5
ACCOUNTABILITY FOR IMPLEMENTATION	7
SITUATIONS REQUIRING PARTICULAR ETHICAL ATTENTION	8

INTRODUCTION

In alignment with MSF's values, the Stockholm Evaluation Unit (SEU) is committed to seriously considering and appropriately applying ethical principles in its evaluation processes. These guidelines are not meant to be seen as a set of compliance requirements, but rather as enablers to deliver respectful, relevant, and responsible evaluations.

The document contains a set of principles which the SEU and its partners commit to strive towards, an overview of how we aim to hold ourselves accountable to these principles, including cases requiring particular attention.

BACKGROUND

The SEU began implementing its Ethical Guidelines in 2022, which were based on an adapted version of the 2008 United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluations. Evaluation processes and tools were revised to integrate the guidelines. The SEU also invested in strengthening staff knowledge and skills related to ethics.

As the UNEG has revised its guidelines, the SEU felt it useful to also consider the updates and how they would apply to the SEU's commitments and approach to ethics. This document constitutes the SEU's revised Ethical Guidelines for Evaluation, based on the renewed UNEG Ethical Guidelines, which themselves draw on recommendations from the 2019 UNEG Mapping and review of Evaluation Ethics. These revised guidelines are consistent with the MSF Ethics Framework and MSF's Behavioural Commitments.

The ethical principles of Integrity, Accountability, Respect and Beneficence are forward looking, interlinked and mutually reinforcing.

RATIONALE

Ethical dilemmas are inherent to evaluation, particularly in the complex and dynamic environments where MSF operates. During evaluations – especially those conducted in project settings – evaluators and commissioners are often required to make difficult judgments in real time.

There can be an implicit assumption that all parties involved share a common ethical framework and will resolve dilemmas in similar ways. Yet, ethics are deeply contextual. Patients, communities, and organizations may hold different understandings of what constitutes ethical behaviour. In medical humanitarian work, these differences are amplified by significant power disparities and shaped by a web of cultural, social, and historical factors. The priorities of those involved in or affected by evaluations (patients, communities, project teams, implementation partners, and headquarters) can vary widely, and this divergence is often most visible in crisis situations.

A commitment to an ethical approach helps balance the goals of evaluation with the rights, interests, and dignity of diverse participants and stakeholders. When ethical considerations are not adequately addressed, evaluations may unintentionally cause harm to those they aim to serve or distort the

realities they seek to understand. Thoughtful, ongoing ethical reflection helps safeguard against these risks and ensures that evaluations remain respectful, relevant, and responsible – even in complex and rapidly changing contexts.

It is therefore essential that SEU evaluation processes are guided by clear ethical principles that support decision-making at every stage of the evaluation process. Ongoing ethical reflection enables evaluators, commissioners, evaluation managers and other stakeholders involved to question assumptions, adapt to emerging challenges, and uphold MSF's humanitarian values. This is not only a matter of professional integrity, but also central to delivering evaluations that are credible, respectful, and ultimately useful for improving outcomes for patients and communities.

PURPOSE OF THIS DOCUMENT

This document aims to ensure that an ethical lens informs MSF's evaluation practice. It provides:

- Four ethical principles for evaluation,
- Our commitments towards how we will hold ourselves accountable to these principles,
- Cases where we think additional review is necessary.

These guidelines are designed to be useful and applicable to all SEU evaluative exercises, regardless of differences in exercises that are undertaken.

PRINCIPLES OF ETHICS IN EVALUATION

The four SEU guiding ethical principles for evaluation are: Integrity, Accountability, Respect, and Beneficence.

INTEGRITY

Integrity is the active adherence to moral values and professional standards, which are essential for responsible evaluation practice. Integrity in evaluation means:

- Honesty and truthfulness in communication and actions.
- Professionalism based on competence, commitment, on-going reflective practice as well as credible and trustworthy behaviour.
- Independence, impartiality and incorruptibility. These are interdependent and mutually reinforcing. They mitigate or prevent conflicts of interest, bias or undue influence of others, which may otherwise compromise responsible and professional evaluation practice.

ACCOUNTABILITY

Accountability is the commitment to answer to all decisions made and actions taken, and to be responsible for commitments or actual harms observed through the appropriate channels. Accountability in evaluation means:

- Transparency regarding evaluation purpose and actions taken, establishing trust and increasing answerability on performance to the public, particularly those populations affected by the evaluation.
- Responsiveness as questions or events arise, adapting intentions and plans as required. Where corruption, fraud, sexual exploitation or abuse or other misconduct or waste of resources is identified refer to appropriate channels.
- Taking responsibility for meeting the evaluation purpose and for actions taken, for exercising due care and, for ensuring redress and recognition as needed.
- Account giving through justification and fair and accurate reporting to stakeholders, including to patients and communities, on decisions, actions and intentions.
- Applying MSF and SEU guidelines for responsible data management to facilitate that the ethical principles of integrity, respect and beneficence are honoured.

RESPECT

Respect involves engaging with all evaluation stakeholders in a way that honours their dignity, wellbeing and personal agency while being culturally sensitive and free of discrimination, promoting the rights and dignity of all. Respect in evaluation means:

- Provision of clear and accessible information so that participants of the evaluation have sufficient and adequate information for informed consent, including explicitly noting their

right to skip questions or withdraw consent at any stage in the evaluation process without fear of penalty.

- Respect of participants' right to provide information in confidence and take appropriate measures to ensure that participants fully understand the scope and limits of confidentiality. Ensure that information cannot be traced to its source.
- Access to the evaluation process and products by all relevant stakeholders- be they powerless or powerful.
- Meaningful engagement and fair treatment of all relevant stakeholders in the evaluation processes - from design to dissemination, facilitating the engagement of stakeholders so they can actively inform the evaluation approach and products rather than being solely a subject of data collection.¹
- Fair representation of different voices and perspectives in evaluation products.
- Evaluation designs consider stakeholder dynamics and power relations and create space for the voices of the most vulnerable be heard.

BENEFICENCE

Beneficence means striving to do good while minimizing harm arising from evaluation as an intervention. For MSF's evaluations this expressively refers to the evaluation stakeholders, including patients and communities. Beneficence in evaluation means:

- Explicit and on-going consideration of risks and benefits from evaluation processes, products and longer-term consequences.
- Striving for evaluation to create benefits at systemic, organizational and programmatic levels.
- Doing no harm² and not proceeding where harms cannot be mitigated (See Box 1 below).
- Ensuring evaluation makes an overall positive contribution to patients and communities, as well as their environment.

Box 1: Working with stakeholders and Do no harm

Beneficence means that it is necessary to achieve a compromise between the risks an evaluation exposes stakeholders to, on the one hand, and maintaining the positive change objectives of the evaluation, on the other. Every possible measure should be undertaken to ensure that no stakeholder is put in danger through an evaluation. There are many types of harm that require anticipation and consideration in evaluations. Examples include discomfort, embarrassment, intrusion, devaluation of worth, unmet expectations, stigmatisation, physical injury, distress and trauma. Political and social factors may also jeopardise the safety of participants before, during or after an

¹ This principle should be balanced and coherent with the principle of integrity, particularly in terms of independence, impartiality and incorruptibility.

² Harms can be immediate or long-term; physical, social, emotional or psychological; and can relate to the welfare and security of an individual, institution or group, or to the natural environment.

evaluation. While “do no harm” applies to all settings and all stakeholder groups, it is a particularly important concept in conflict settings and when working with the least powerful. In these circumstances, a double safety net needs to be in place. This involves the usual considerations plus additional consideration to avoid further perpetuation of exclusion, unmet expectations and distress.

Beyond harm to participants, this principle also requires consideration of potential harm to evaluators themselves, particularly in terms of safety, potential trauma, culture shock and availability of emotional support.

Conversely, there may be situations where powerful stakeholders seek to divert evaluator attention away from potentially confronting or examining uncomfortable areas or truths under the guise of ‘do no harm’. Evaluators need to apply professional scepticism and watch out for risks, but also proceed without fear or favour, and carefully, respectfully, and intelligently uncover those truths. In turn, evaluators must ensure that they are using the principle appropriately and not using it to shy away from difficult conversations.

ACCOUNTABILITY FOR IMPLEMENTATION

The SEU and its partners, including evaluators, commissioners and the governance mechanism (Programmatic and Governance committees) are committed to the ethical principles outlined in this document as a basis for fostering a consistent and harmonized approach to the continual improvement of our evaluations. We will apply them through efforts geared towards monitoring and learning, transparency, building capacity and culture and integrating it through our governance.

This is based on shared responsibility and mutual trust rather than formal enforcement. To support this collaborative approach, the following practices can help hold us accountable:

- We commit to work in adherence to the principles, including making sure we have the resources and capacity to do so.
- We will integrate ethical principles into the SEU evaluation processes and tools, ensuring they are part of everyday practice.
- We will promote regular dialogue within the SEU, with evaluators, commissioners and in our governance on the principles and their application.
- For each evaluation, evaluation commissioners and those who conduct evaluations will review and commit to the SEU's ethical principles.
- The evaluation manager will work closely with the commissioner and evaluator to review the application of the ethical principles in the evaluation process.
- In evaluations where we involve particularly vulnerable participants, additional attention will be taken to ensure that we are adhering to ethical practice.
- We will use MSF's existing codes of conduct to act towards behaviour deemed unethical. Reporting of behaviour that should be further referred should go directly through the Head of the SEU.
- We will periodically review how we work to uphold the principles through structured reflection processes, using practical examples to learn from and strengthen our practice.
- We will track and document ethical challenges or dilemmas encountered in evaluations, analysing patterns to inform continuous improvement.
- We will openly share our ethical principles with external stakeholders and invite feedback on how well we embody them in practice.
- We will report to our governance structure on our adherence to ethical principles, including challenges faced and actions taken.
- We will ensure that ethical performance is considered in quality assessments of our evaluation work.

SITUATIONS REQUIRING PARTICULAR ETHICAL ATTENTION

While all evaluative exercises should apply the ethical principles outlined in this guideline, certain situations require additional reflection, anticipation, and care. These contexts often involve heightened risks related to consent, power dynamics, safety, confidentiality, or potential harm. The list below is not exhaustive but outlines commonly encountered situations where enhanced ethical consideration may be needed. In such cases, evaluators, commissioners, and evaluation managers are encouraged to engage in early ethical reflection and seek advice from the SEU ethical focal point as needed.

Minors and people with limited or fluctuating consent capacity require particular attention. This includes children (less than 18 years old), as well as individuals whose ability to provide fully informed and voluntary consent may be reduced or temporary (for example due to cognitive impairment, acute mental distress, or the influence of substances). In these cases, teams should assess whether inclusion is necessary and ethically appropriate, ensure informed consent or assent processes that are adapted and understandable (including those provided by parents or guardians where appropriate), and regularly check for ongoing consent, avoiding participation when individuals cannot safely consent.

People living in institutional or highly controlled settings, such as prisons, refugee reception centres, residential facilities or similar environments, may face constraints on their freedom of choice. In these contexts, teams should assess whether consent can be genuinely free from coercion or perceived pressure, use recruitment processes that remain independent from institutional authorities, and prepare safe ways of responding should disclosures of mistreatment or abuse arise.

People affected by violence, trauma or acute distress may be encountered intentionally or unintentionally during an evaluation. This may include survivors of physical or sexual violence, SGBV, torture, human trafficking, or people experiencing acute grief or distress following recent crises. Here, a trauma-informed approach is essential to avoid re-traumatisation. Evaluators should ensure privacy, confidentiality, and emotional safety during all interactions and have referral pathways ready in case distress or protection needs emerge.

Sensitive or highly stigmatised topics and identities—such as sexual and reproductive health (including SAC), LGBTQ+ individuals, men who have sex with men, sex workers, or any topic exposed to strong stigma—require strict attention to confidentiality to avoid exposing participants to harm or social sanction. Care must be taken not to reinforce stigma through the design of sampling, questioning, or reporting approaches, and teams must carefully assess whether participation could place individuals at risk.

Evaluations intended for scientific publication, including peer-reviewed or scientific dissemination, require early reflection on whether an Ethics Review Board (ERB) process is necessary before data collection. Teams should also anticipate the risks, benefits, and practical implications associated with

an ERB process, including possible delays, and ensure participants understand how their information may be used in publicly accessible formats.

Environments not conducive to open or honest participation can undermine ethical engagement. In some contexts, participants may fear repercussions, or evaluation stakeholders may attempt to influence the process or its results. Teams should determine whether honest and safe participation is possible, seek to mitigate power imbalances and undue influence, and be ready to adjust or stop data collection and or reporting when conditions compromise participant safety or evaluation integrity.

Reports of misconduct, harm or unintended consequences may surface during an evaluation, whether relating to project activities, organisational behaviour, or even the ethical conduct of evaluators themselves. In these situations, concerns must be reported safely and confidentially through established MSF mechanisms, and care should be taken to avoid exposing individuals to further risks by mishandling disclosures.

Potential or actual conflicts of interest may arise within evaluation teams or other involved stakeholders and can compromise independence, impartiality, or credibility. Conflicts of interest occur when circumstances create a risk that professional judgement might be influenced—consciously or unconsciously—by personal, financial, professional, or relational interests. Examples include situations where evaluators previously worked on, managed, or designed the project being assessed; or have close personal or professional relationships with key actors. Conflicts should be identified and disclosed as early as possible and addressed through appropriate mitigation measures, such as adjusting roles or recusing involved individuals.

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The guideline is an adapted version of the 2020 United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluations.

The UNEG is an interagency professional network that brings together the evaluation units of the UN system, including UN departments, specialized agencies, funds and programmes, and affiliated organizations. The UNEG Ethical Guidelines for Evaluation were formally approved by UNEG members at the UNEG Annual General Meeting 2008 and updated in 2020. They are in line with the main international standards of ethical frameworks for evaluation.

Cover photo: @MSF Switzerland, Yemen, 2019. Title: Medical activities in Hodeidah, Al Salakhana hospital.
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