



## WHY PAEDIATRICS?

MSF Paediatric Days, Dakar, 15 & 16 December 2017



### MAIN KILLERS OF CHILDREN UNDER 5



Nearly **half** of under-5 deaths are **newborn** deaths



Pneumonia, diarrhoea and malaria are the **3 main killers** of children under 5 following the neonatal period



### PAEDIATRIC DAYS

MSF Paediatric Days is an event for paediatric field staff, policy makers and academia to exchange ideas, align efforts, inspire and share frontline research to advance urgent paediatric issues of direct concern for the humanitarian field.

The second Edition took place in Dakar, Senegal, and gathered 210 participants from 53 different countries. The third Edition will be held in Stockholm, Sweden, on April 5 and 6, 2019. Trainings and workshops will be organized a few days before and after the event.

# EVALUATION OF THE MSF PAEDIATRIC DAYS

[January 2019]

This publication was produced at the request of the Organizational Committee of the Paediatric Days, under the management of the Stockholm Evaluation Unit. It was prepared independently by *Nicole Henze*.

#### DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of Médecins sans Frontières or the Stockholm Evaluation Unit.

# ACKNOWLEDGMENTS

The evaluator would like to thank all persons who gave their time to contribute to this evaluation through phone calls, email and participation in the online survey. These are MSF current and previous staff members as well as external professionals involved with the Paediatric Days. Additionally, I would like to extend my gratitude to key stakeholders of similar events in MSF for adding their valuable experiences and statistics to this evaluation. These are Alena Koscalova and Boris Stringer for the Evaluation Day; Emmanuel Baron and Aminata N'Diaye for the Epicentre Day, Sarah Venis for the MSF UK Scientific Day and Veerle Hermans and Samuel Sieber for the Operational Research Day.

A special thanks is expressed to Elise Didier, who supported this evaluation throughout on a range of levels. Without her detailed memory, help and time much information would be missing here.

Lastly, I would like to thank SEU's Eva Rocillo for her time and support from beginning to end.

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# ACRONYMS

CSC	Core Scientific Committee
DNDi	Drugs for Neglected Disease Initiative
ESC	Extended Scientific Committee
MSF	Médecins Sans Frontières
OC	Organizing Committee
OCA	Operational Centre Amsterdam
OCBA	Operational Centre Barcelona-Athens
OCB	Operational Centre Brussels
OCG	Operational Centre Geneva
OCP	Operational Centre Paris
PWG	Paediatric Working Group
TED	Technology, Entertainment, Design (from TED Talks)

# GLOSSARY

Participants	This includes everyone who was present at the Paediatric Days
Attendees	This includes people who were in the audience (not presenting/not involved in preparation)
Contributor	This includes people who are members of either committee, who presented as part of the sessions or a poster, who moderated, who chaired or co-chaired a session.
General Objective*	Is the highest and ultimate goal to which the project contributes, and which justifies the intervention. It defines the impact which cannot be reached by the MSF project alone.
Specific Objective*	Defines one outcome that the project is expected to achieve if completed successfully.
Expected Results*	Expected results are expressed in terms of services or products that the project is to deliver to the target audience
Interviewee	Those who were interviewed during this evaluation
Respondent	Those who answered to the online survey

\* Definitions from "MSF OCB Project Planning and Monitoring, The Logframe for Dummies". June 2006

# EXECUTIVE SUMMARY

The Paediatric Days have been held only twice so far, 2016 in Stockholm and in Dakar in 2017. A third edition is planned for April 2019, again in Stockholm. The event is an international MSF event for MSF Headquarter and field staff of all Operational Centres, academic researchers, partners like Ministry of Health and other agencies; all sharing an interest in improving humanitarian paediatrics. It is organized jointly by MSF Sweden and OCBA in cooperation with the MSF International Paediatric Working Group.

This evaluation assessed both editions of the Paediatric Days against general evaluation criteria aiming to describe potential improvements of preparations and management of the Paediatric Days as well identifying opportunities for additional efforts to refine and fulfil the Paediatric Days' objectives.

The evaluation collected, reviewed and analysed primary and secondary data. Primary data was collected through 56 semi-structured in-depth interviews with 48 key stakeholders selected according to their roles in relation to the Paediatric Days and paediatric field programmes and an online survey of all participants (103 responses/32% response rate). Secondary data reviewed were for example Paediatric Day reports, videos, meeting minutes, budgets, governance documents. Primary data was triangulated with secondary data and between interviewees and online respondents.

The evaluation findings are limited by the low response and availability rate of Paediatric Advisors (50%) and stakeholders that have previously not directly been involved with the Paediatric Days (23%); creating a lack of perspective on the Paediatric Days from non-participants and those who manage and support paediatric programme components in MSF.

## FINDINGS

In 2014, returning Swedish Paediatricians felt the need to push their Association to do more than providing human and financial resources to improve the quality of medical care for children in MSF field missions. Together with interested Paediatric Advisors, the idea to hold a scientific paediatric conference was born. MSF Sweden and OCBA supported and invested in the idea to create this platform. Exchange between academia and MSF on common paediatric challenges and its solutions was determined as core concept of the Paediatric Days.

Children represent a large group of MSF patients and especially neonatal mortality represents almost half of the global child mortality. MSF's paediatric care in humanitarian settings is faced with too few specialized or poorly trained staff, too few diagnostic tools and standardized or simplified protocols and large research gaps. While it is generally recognized that MSF is acknowledging these challenges now better than 10 -12 years ago, they still exist. The Paediatric Days provide a platform to discuss these challenges and aim to contribute towards improved quality of medical care for children in humanitarian settings.

The Paediatric Days are the only scientific-operational event that actively invites academic experts to share their research and strives to use that knowledge to assist MSF finding solutions to identified challenges. While presenting latest research, its usefulness for MSF operations overtakes academic originality.

The Paediatric Days are governed through a combination of a partner section working with an operational centre in close cooperation with an international technical working group. These entities are reflected through the members of the Organizing and Scientific Committee. The governance structure was established 'on-the-go' while planning and implementing the first two events and is found highly adaptable and able to plan and manage the event. The resulting shared ownership and absence of a single appointed responsible person presents a risk of lack of accountability, but this has so far not materialized. Together with a recent creation and clarification of roles and responsibilities, clear and transparent communication between the committees is needed to maintain the successful functioning of the structure. The participatory nature of the committee's work slows down decision making processes but assures needed buy-in at the same time.

The selection of topics presented at the Paediatric Days is a participatory process involving the Organizing and Scientific Committee and the Paediatric Working Group. One survey of participants of Stockholm 2016 yielded a long wish-list of topics which today still contributes to the selection of the overarching topics. Ongoing contribution of field and operational staff is not formalized. The process is supported by a clearly defined abstract review process. Chosen topics are found to be relevant for most participants' daily work.

The participation of the Paediatric Days surpassed expectations but remains limited at 250 to assure successful discussion, exchange and networking. MSF participation lies around 60% versus 40% external participants. In Dakar, the

different Operational Centres participated at different levels with OCBA and OCG presenting more than half the audience, and OCP and OCB another quarter. OCA has the lowest attendance. In Dakar, 85% of MSF participants were field-based and their participation in contributing roles has improved to 27% in Dakar compared to only 7% in Stockholm.

There is a common understanding amongst interviewees what the Paediatric Days are for. Improved quality of paediatric field care crystallized as a general objective. In absence of an explicit logical framework and set indicators, this evaluation has used three most commonly expected results for appraisal. They are presented in the table below together with their achievement.

**Table 1.** Expected results of the Paediatric Days (used for this evaluation) and their achievement

<b>Expected Result</b>	<b>Achievement</b>
<i>Research related to MSF paediatric challenges are highlighted and shared and solutions and recommendations for paediatric programming and care are generated and/or advanced.</i>	<b>Partly achieved</b> <ul style="list-style-type: none"> <li>• Recommendations: YES</li> <li>• Solutions: NO</li> </ul>
<i>Advocacy messages advancing paediatric issues within MSF and beyond are created.</i>	<b>Poorly achieved</b> <ul style="list-style-type: none"> <li>• Messages created: YES</li> <li>• No distinction of advocacy between external advocacy and internal lobbying/influencing</li> <li>• No vision on usage within or outside MSF</li> </ul>
<i>Exchange between MSF staff from missions and headquarters, academia and partners are created</i>	<b>Achieved</b>

The Paediatric Days have achieved some impact. This is associated with a better understanding of possibilities (especially in neonatology) or concepts (like mother-child continuum) and tools (like eCare and telemedicine as well as increased personal, professional skills) that have been applied. Discussions at the Paediatric Days have also contributed to general and ongoing discussions on protocols and guidelines (for example shock) and changes to programmes (increase of patients in sickle cell cohort).

The Paediatric Days are well organized including online streaming and simultaneous translation, both key elements for diversity and broad attendance. The location of the Paediatric Days plays an important role towards geographical field proximity and an interest to hold the event in other locations than Dakar and Stockholm exist. Any gain of a potential new location needs to be examined and balanced with possible increased effort needed to establish the event in a new location. Further aspects of the organization of the event are managed effectively.

The budgets of both events have been effectively managed and no indication of inadequate use of any resource has been detected. The average cost of the event represents 0.07% and 0.03% of their respective total annual expenditure for MSF Sweden and OCBA with actual totals of 76 and 135 thousand Euros. Travel/accommodation and venue cost represent the two largest groups of expenses, in line with similar events in MSF.

## CONCLUSIONS

After two editions of the Paediatric Days, the event is today at a point of becoming established within MSF and formalized in its governance structure.

Both Paediatric Days in itself were overwhelmingly successful but an impact beyond the actual event is expected by the organizers and by MSF's management levels.

Improved quality and a broadened range of medical care for children in humanitarian settings is the ultimate goal the Paediatric Days wish to contribute to. The development of an explicit logical framework with clearly defined general and specific as well as expected results would further facilitate establishing the Paediatric Days more solidly.

Increased inclusion and diversity in planning and implementation, choice of topics and participation will enhance the Paediatric Days and make it a more successful event. Diversity should be considered in terms of the level of seniority, the profession/role, context and location of work of contributors as well as attendees.

The key to assuring relevance of topics is to find a balance between pushing for new topics and addressing already pressing occurring challenges and choosing the associated external and internal research to address the topics and challenges. Not all topics can be equally relevant for all participants but should be at least for a majority of the target audience. MSF field missions and paediatric care in humanitarian settings generally face many challenges providing

medical care and MSF's Operational Centres have varying operational priorities. The Paediatric Days need to identify the most common and pressing ones within these parameters, which is a difficult task. An MSF-wide agreed paediatric agenda or paediatric plan of action would support and facilitate these choices.

This evaluation has found that the Paediatric Days had impact on paediatric field care, largely by individual participants picking up knowledge that they apply directly to their care of patients or continuing to discuss about and work on ongoing challenges and push for change. The Paediatric Days are lacking resources and systems to follow-up on outcomes of the event. Investing in follow-up will allow advanced learning that can be applied to the next Paediatric Days, increase organizational pick-up of recommendations and advocacy messages and increase the impact of the Paediatric Days.

In order to remain appropriate and relevant and increase efficiency, close proximity to MSF field operations is required. Including field and operational presence beyond paediatric specialists in planning, carrying out and attending the Paediatric Days will ensure this proximity while MSF and non-MSF technical, operational and academic expertise will ensure a broad view on relevant topics and priorities as well as presence of best and latest research and practice.

The organizers of the Paediatric Days can be applauded for putting together such an event with extraordinary commitment and limited resources. Now, there is an opportunity to establish the Paediatric Days within MSF and increased investments can yield in significant contributions to improved paediatric field care.

## RECOMMENDATIONS

### To Organizing and Core Scientific Committee

- ⇒ **Recommendation 1:** Create a logical framework for the Paediatric Days including a general and specific objective as well as two to four expected results including activities, smart indicators of success and assumptions.
- ⇒ **Recommendation 2:** Develop and implement an advocacy strategy defining target audience, activities and expected results (for example: pricing, paediatric dosages, equipment, research gaps)
- ⇒ **Recommendation 3:** Expand the promotion of the Paediatric Days, as well as dissemination and follow-up on key recommendations and advocacy messages, for example through identified Ambassadors from all OCs and levels (HQ, field)
- ⇒ **Recommendation 4:** Continue to pursue diversity and field connection through both choice of themes and participants, increase opportunities of skill development at or surrounding the event, including exploring the possibilities to create a workshop on preparing and presenting abstracts

### To MSF Sweden and OCBA

- ⇒ **Recommendation 5:** Continue to support and champion the Paediatric Days and increase the investment in the Paediatric Days to improve efficiency

### To the MedOps Platform

- ⇒ **Recommendation 6:** Identify intersectional paediatric priorities and support communication about and attendance to the Paediatric Days within the respective Operational Centre

# INTRODUCTION

## PROJECT BACKGROUND

At the origin of the Paediatric Days lies a motion put forward by two Paediatricians and their career manager at MSF Sweden's General Assembly in May 2014. This motion was passed and urged MSF Sweden to "step up its contribution" and "take an active role in improving the quality of field based paediatrics."<sup>1</sup> Exploring ways to answer to this, MSF Sweden hosted a one-day seminar called 'Frontline Paediatrics' in Stockholm in January 2015, aiming to inform about paediatric challenges and needs in humanitarian field contexts and to advocate for more paediatrics and paediatric expertise within MSF. The Organizing Committee of the seminar were the authors of the motion. Around 40 people attended, and seven speakers presented a range of topics on paediatrics and neonatology in humanitarian and low-income contexts. The insufficient number of staff either qualified or trained in paediatric care in MSF projects and the lack of (simplified) guidelines and protocols were recognized as common hurdles to high quality care and at the end of the seminar, the need for a platform to continue such discussion and advocacy for paediatrics in MSF was agreed.

With MSF Sweden's commitment, MSF OCBA's interest and the endorsement and involvement of the Paediatric Working Group, the idea to create an annual, two-day scientific event focusing on paediatrics was developed and the planning of the first International Paediatric Days began. MSF Sweden and MSF OCBA jointly funded the event.

The first edition was held 23 and 24<sup>th</sup> September 2016 in Stockholm in collaboration with the Astrid Lindgren Paediatric Hospital and the Karolinska University Hospital. The second Paediatric Days were held 15 and 16<sup>th</sup> December 2017 in Dakar, Senegal. Abstracts, posters and most videos of both conferences are available publicly.

The event is organized by an Organizing and a Scientific Committee. The Organizing Committee creates the framework of the event and assures its implementation. The Scientific Committee oversees its content and organizes the sessions. Initially, a steering committee was envisioned to connect both committees with each other and solve potential disagreements. It consisted of two members of the Organizing Committee and one member of the Core Scientific Committee. This committee never convened and a natural collaboration between the two committees developed with the Coordinator of the Scientific Committee now being also a member of the Organizing Committee.

Presented topics are generally grouped into two large plenary sessions per day with one day dedicated to neonatology and the other to general paediatrics. Each session is guided by a chair and co-chair and includes two to five presentations by external invitees or MSF staff. Submitted and accepted abstracts are presented either as oral presentation or poster. Some topics are presented through a PaED Talks (based on the TED talk principles). The presentations itself have a scientific-technical and/or operational focus. A question and answer session and a short discussion is part of every session. In cooperation with the Learning and Development units, paediatric workshops and trainings are offered before or after the event, targeting specifically (international and national) MSF field staff.

Attendees of the Paediatric Days were MSF medical and non-medical field and headquarter staff as well as external paediatricians of other organizations, public hospitals and researchers.

The third edition of the Paediatric Days will take place 5 and 6 April 2019 in Stockholm, Sweden, at the Karolinska Institute.

## EVALUATION SCOPE

The organization of the Paediatric Days represents a significant investment for MSF-SE and MSF-OCBA. No formal assessment has been conducted so far, neither regarding the quality of the event nor the achievement of its intended objectives. Future editions of this event may benefit from the conclusions and lessons learned of this evaluation.

The evaluation aims at assessing both editions of Paediatric Days in terms of their relevance, appropriateness, effectiveness, efficiency and impact. The results of this evaluation will be used to:

- Improve the preparation and management of future editions of MSF Paediatric Days
- Guide decisions regarding additional efforts (if any) to fulfil the objective of the Paediatric Days

See annex 1 for complete Terms of Reference.

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<sup>1</sup> Nejat, Elfving and Bushayija 2014, Motion 4: Pediatrics, presented at MSF Sweden General Assembly May 2014



## METHODOLOGY

A combined set of methods was used during this evaluation, including collection and analysis of primary and secondary data.

Primary data was collected through semi-structured in-depth interviews with MSF and external stakeholders and an online survey of participants of the Paediatric Days. Key stakeholders were all members of the Organizing or Core Scientific Committee, MSF Sweden's General Director and MSF OCBA's Deputy General Director. Further interviewees were selected according to the criteria of being a representation of MSF and non-MSF staff, field and HQ, technical and operational role, male and female, representation of experienced and non-experienced speaker. See more details in tables 2,3,4 and 5.

Secondary data reviewed includes Paediatric Day public and administrative reports, governance ToR, internal proposals, Welcome Trust<sup>2</sup> proposal and report, communication material and website, selected abstracts, posters and videos, budgets, minutes of all Organizing Committee meetings, report of Frontline Paediatrics Seminar, Financial and Activity Reports 2017.<sup>3</sup>

**Table 2-3.** Number of interviews conducted and stakeholders interviewed during this evaluation, by affiliation

Interviews and Stakeholders		Affiliation of MSF Stakeholders Interviewed	
Number of interviews <sup>4</sup>	56	OCBA	10
Number of stakeholders	48	MSF Sweden	8
MSF	39	OCG	5
External	9	OCP	5
		OCB	4
		OCA	1
		Other <sup>5</sup>	6
		<b>Total</b>	<b>39</b>

**Table 4-5.** Number of respondents to online survey used in this evaluation, by affiliation and event

Number of Respondents by Affiliation		Number of Responses by Event <sup>6</sup>			
Academia	20	Stockholm 2016	Dakar 2017	Both Events	
Ministry of Health	18	In audience	46	64	13
National NGO	1	Online	4	8	-
International NGO	47				
MSF	37				
Other	17				
<b>Total</b>	<b>103</b>				

All interviews were carried out by skype/phone in English or French. The overall response rate to interview requests was 69% (45/65)<sup>7</sup>. The online survey was sent to participants of both editions and available in English and French. The response rate was 32% (103/322).

<sup>2</sup> The first Paediatric Days received a grant from the Wellcome Trust, supporting travel cost of national medical staff to attend the event.

<sup>3</sup> MSF Sweden, OCBA, MSF International

<sup>4</sup> Members of the Organizing and Core Scientific Committee were interviewed twice

<sup>5</sup> Epicentre (2); MSF UK (1); MSF Luxor (2); MSF Austria (1)

<sup>6</sup> 13 respondents attended both Stockholm and Dakar in the audience. All 4 respondents attending online in 2016 attended 2017 in the audience. 5 of 8 online viewers of 2017 had attended 2016 in person

<sup>7</sup> See annexe 2 for complete list of interviewees.

Primary and secondary data was analysed using an evaluation framework, grouping data by evaluation criteria with its findings and the evidence to support these findings. Data triangulation compared feedback from different stakeholder groups and established areas of agreement and divergence. Methodological triangulation compared data obtained through in-depth semi-structured interviews, document and video review and the online survey.

A working session involving the evaluation's commissioner and consultation group occurred on 11<sup>th</sup> December 2018. The objective of this session was to complement this report through a joint discussion on findings and recommendations. Feedback obtained during the session and in writing are included in this final version.

This evaluation was carried out from September to November 2018.

## LIMITATIONS

A limitation of primary data collection lies in the low response and availability rate of Paediatric Advisors (50%) and of stakeholders that have previously not directly been involved with the Paediatric Days (23%); creating a lack of perspective on the Paediatric Days from paediatric advisors and those who manage and support paediatric programme components in MSF. Information on role and organization of participants is inadequate especially for Stockholm 2016, not allowing to establish a ratio of field versus headquarter participation.

The appraisal of the impact of the Paediatric Days is limited due the lack of a baseline and the fact that only two Paediatric Days were held so far. Additionally, a range of parallel factors (for example trainings, availability of protocols/guidelines, number of departing (international) and hired (national) skilled specialists) heavily influences the quality of MSF paediatric field care. The evaluation collected examples of changes in skills, programmes, policies/guidelines, operational priorities, paediatric agenda and advocacy and /or further unexpected impact as described by key-stakeholders. No wider MSF data or programme review took place.

Lastly, for this evaluation, it is impossible to generally compare resources used at similar events. The costs of the days are absorbed into the various offices in very different ways, resulting in lack of comparable data.

# FINDINGS

The findings of the evaluation are grouped by the evaluation criteria of relevance, appropriateness, effectiveness, efficiency and impact.

During the development of the Terms of Reference of the evaluation, the need to clarify the objective of the Paediatric Days was noticed and henceforth this is discussed here as a separate section.

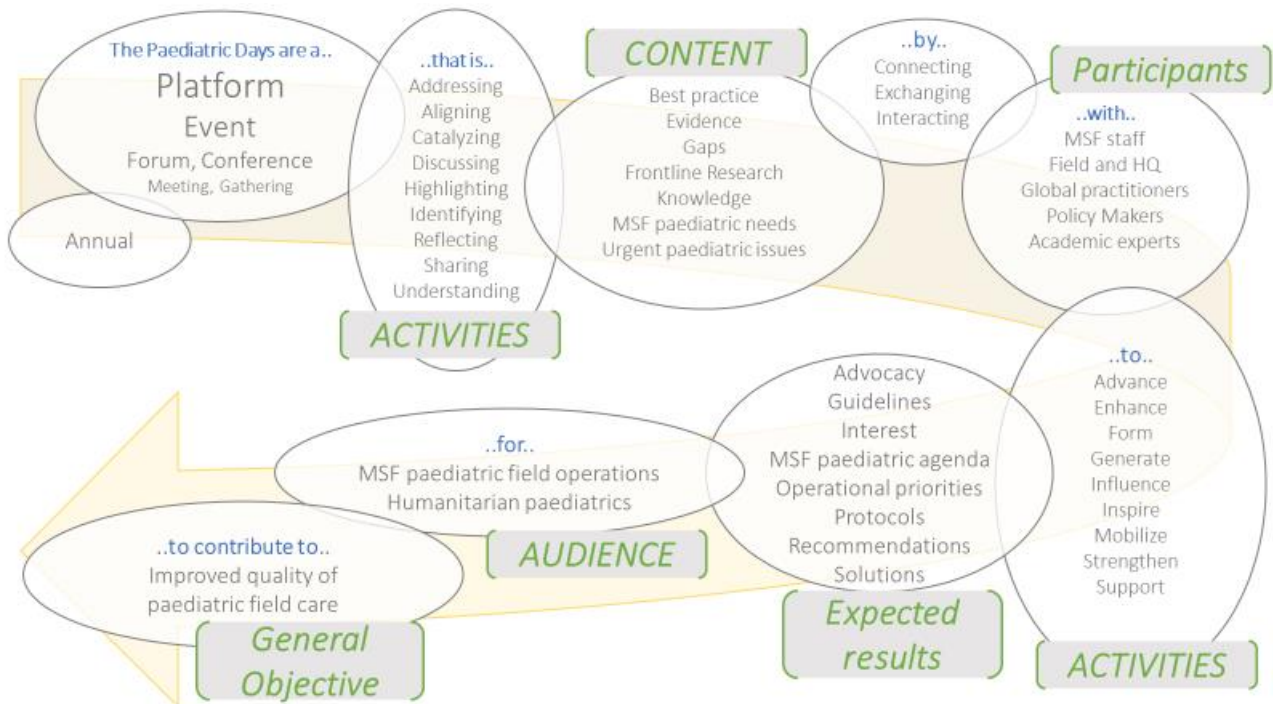
## THE GENERAL OBJECTIVE AND EXPECTED RESULTS<sup>8</sup>

The final Mission and Governance document describes the Paediatric Days as “an annual platform where international MSF Field and HQ staff meet with paediatric humanitarian stakeholders to enhance the quality of MSF paediatric programmes; strengthen the MSF paediatric network; address current paediatric issues; identify priorities for operations; reinforce the paediatric agenda; and advocate for paediatrics within MSF and beyond”.<sup>9</sup>

This written statement includes elements of a general objective, expected results, participants and activities. The lack of a clearly defined general and specific objective and expected results created different understandings of what the Paediatric Days intend to achieve. No activity or outcome indicators to measure achievements were set.

For the purpose of visualization and working towards clarification, the picture below was created through analysis of provided written<sup>10</sup> and oral objectives<sup>11</sup> of the Paediatric Days:

**Figure 1.** Analysis of provided written and oral objectives of the Paediatric Days



In documentation, the Paediatric Days are described mostly as a platform or event with forum, conference, meeting or gathering used less frequently. The variety of verbs, content and participants reflect the range of activities and expected results of the Paediatric Days.

Various similar objectives are described in interviews. The similarity refers to the need and wish to improve paediatric field care in MSF. Differences amongst members of the committees exist specifically around the level of scientific-

<sup>8</sup> **General Objective:** Is the highest and ultimate goal to which the project contributes and which justifies the intervention. It defines the impact which cannot be reached by the MSF project alone. **Expected Result:** Expected results are expressed in terms of services or products that the project is to deliver to the target audience

<sup>9</sup> Final Mission and Governance ToR, 2017

<sup>10</sup> Documentation: What next – Sthlm Dakar paediatric seminar (PPP); Proposal OCBA for Paediatric Days August 2016; Final Concept Paper for Paediatric Days, June 2016; Wellcome Trust Proposal; Paediatric Days 2016, Report; Paediatric Days (Mission, Governance and ToR); <https://paediatrics.msf.org/>; Openpaediatrics.org; Communications Strategy PD (October 2017); Paediatric Days Dakar 2017, Report; <https://paediatrics.msf.org/about>

<sup>11</sup> Consultation process with Members of Commission- and Consultation Group of this evaluation

technical content and the usefulness of the presentation of medical standards of high-income countries. Most attendees of the Paediatric Days define the objective of the Paediatric Days in terms of personal, professional gains of knowledge and as a networking opportunity.

Based on this consultation, improved quality of MSF field paediatrics is at the origin of the motivation to hold Paediatric Days, it is perceived as a general rather than a specific objective or expected result.

Following this analysis further and for the purpose of this evaluation, expected results of the Paediatric Days are formulated as following:

1. Research related to MSF paediatric challenges are highlighted and shared and solutions and recommendations for paediatric programming and care are generated and/or advanced.
2. Advocacy messages advancing paediatric issues within MSF and beyond created.
3. Exchange between MSF staff from missions and headquarters, academia and partners are created.

The evaluation will evaluate the two Paediatric Days against these three expected results. The section on impact will examine contributions to the general objective of improved quality of paediatric field care.

## RELEVANCE

**MSF Sweden and OCBA have identified the need of a platform for MSF to share, discuss and use MSF and external research to identify solutions to current challenges in order to ultimately improve the quality of paediatric care provided. Despite the lack of a formal or MSF-wide needs assessment, the need for such a platform and to improve paediatric care have proven pertinent.**

The Paediatric Days are based on the need to improve the quality of paediatric medical care in the field, recognized by two Paediatricians returning from the field who, together with their career manager, presented a motion at the Swedish General Assembly in May 2014. The motion encouraged MSF Sweden to increase its support to quality medical paediatric care beyond the provision of human and financial resources. The motion was followed with a 1-day event called Frontline Paediatric Seminar which concluded agreeing on the “need for a platform for continued discussion and advocacy of paediatrics in humanitarian work”<sup>12</sup>.

Globally, in 2017 almost half of <5 mortality were new-borns<sup>13</sup>. Further, MSF OCBA presents that children under 5 represent 50 – 69% of MSF patients and identifies as specific challenges in paediatric field care poorly trained staff, too few specialized staff, too few diagnostic tools and standardized or simplified protocols and large evidence gaps in field paediatrics<sup>14</sup>. These needs were identified through discussion and experiences supporting paediatric care in field missions.

The idea to hold Paediatric Days was conceptualized and developed by paediatricians and human resource staff of MSF Sweden and paediatric advisors of OCBA and endorsed by the respective General Directorates and the International Paediatric Working Group. The identified and above described needs were not consolidated in a single needs assessment document and figures quoted in proposals, reports and website lack sources.

During this evaluation, interviewees closely involved with paediatric programmes confirm that the challenges faced treating children in MSF are now better recognized than 10 – 12 years ago but still exist, referring especially to the lack of adapted solutions, protocols or guidelines and technology. Interviewees who also attend other paediatric academic conferences have described the MSF Paediatric Days as unique, because of its focus on the humanitarian context and MSF’s expertise and ability to use day-to-day experience with patients to identify constantly occurring challenges and develop and/or test possible solutions.

The need for such a platform and to improve field care was further confirmed during the Paediatric Days. The need for a platform such as the Paediatric Days was confirmed during the closing speech of the first Paediatric Day by Dr Mercedes Tatay.<sup>15</sup> The fact that MSF, despite an identified need, has made no progress on topics like pain management was established in the closing speech of Dr Marc Gastellu-Etchegorry at the second Paediatric Days.<sup>16</sup>

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<sup>12</sup> Frontline Pediatrics – Minutes

<sup>13</sup> WHO Global Health Observatory Data ([http://www.who.int/gho/child\\_health/mortality/neonatal/en/](http://www.who.int/gho/child_health/mortality/neonatal/en/))

<sup>14</sup> 2016 OCBA, Proposal for Paediatric Days

<sup>15</sup> 2016, Mercedes Tatay (17’25’’ [https://www.youtube.com/watch/Mercedes\\_Tatay](https://www.youtube.com/watch/Mercedes_Tatay))

<sup>16</sup> 2017, Marc Gastellu-Etchegorry (9’26’’ [https://www.youtube.com/watch/Marc\\_Gastellu-Etchegorry](https://www.youtube.com/watch/Marc_Gastellu-Etchegorry))

The quality of paediatric field care can be improved through different means. Four main avenues can be identified: 1- the selection and employment of qualified staff and provision financial resources, 2- training and coaching for staff and partners, 3- the creation and/or implementation and use of adequate, adapted protocols and guidelines and 4- to expand and/or include additional areas of paediatric care. Usually, a non-operational MSF partner section would concentrate on recruiting staff and raising funds. With the Paediatric Days, MSF Sweden has chosen to contribute as well to the latter two areas.

MSF strives to provide high quality care to its patients and the La Mancha Agreement states a “willingness to pursue essential innovation and to continue to undertake initiatives in the constant search for relevant and effective action.”<sup>17</sup> Following the analysis of primary and secondary data here, the Paediatric Days are such an initiative aiming to identify relevant solutions and to contribute to improved care for patients and are therefore not only relevant but also **in line with MSF’s social mission**.

MSF holds various other scientific and research days.<sup>18</sup> These have different objectives and largely different audiences. While some of the MSF research presented at the Paediatric Days could be covered at either of these days, the **Paediatric Days is complementary to the other days through its uniqueness**.

Firstly, the Paediatric Days actively reach out to and invite external experts to present research relevant for MSF. MSF UK’s Scientific Day presents research conducted across all MSF entities. Luxor’s Operational Research Day and the Epicentre Day present only research conducted by the respective units, including an accountability aspect towards its Operational Centre and Association to the Days’ objectives. Secondly, the interpretation of ‘scientific-ness’ at the Paediatric Days is wide including observational and case studies as well as experiences of programme implementation. Removing the originality clause of abstracts for the third edition of the Paediatric Days demonstrates this further. This decision by the Core Scientific Committee follows feedback received and aims to focus on the relevance of a topic for MSF rather than its originality in the academic world.

## APPROPRIATENESS

This chapter covers various angles on appropriateness: The governance structure and ownership of the Paediatric Days, its challenges, limitations and opportunities; the selection of topics presented and their format and lastly the participation at the Paediatric Days, both in planning and preparing as well as attending.

### Governance

The governance structure established sits with MSF Sweden, OCBA and the Paediatric Working Group which is reflected through the committees’ members and creating a shared ownership of the event. Despite such cooperation between a partner section, an Operational Centre and a technical working group being unusual in MSF, the established structure is adaptable and functional. The chosen participatory approach to decision making fosters inclusion while it creates challenges to fast decision making and clarity of responsibilities. The shared ownership and absence of one individual holding final decision-making power can represent a limitation for accountability and championing the Paediatric Days within the movement.

The selection of members to the Organizing and Scientific Committee was not pre-defined through quotas but suggested by involved key stakeholders from OCBA, Paediatric Working Group (PWG) and MSF Sweden and modelled on experiences from UK Scientific Day and Epicentre Day.<sup>19</sup> Representation of all concerned entities and beyond has been achieved.

Initial members of the planning committee and then the Organizing and Core Scientific Committee were those involved in the motion, the Paediatric Frontline Seminar and the PWG, adding a senior staff member from MSF Sweden and the head of OCBA’s Dakar Unit. Further members of the Scientific Committee were chosen in a purposive way by the Organizing and Core Scientific Committee considering qualified individuals from different MSF entities and external academics and with interest and willingness to invest time to develop and prepare the Paediatric Days. Committee membership was recognized as a means to involve a broader group of people and increase buy-in to the Paediatric Days. The Terms of Reference for the Scientific Committee describe the balance of skills required within the scientific committee as a combination of academic, clinical and humanitarian paediatric experiences.<sup>20</sup> These skills are well

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<sup>17</sup> La Mancha Agreement, MSF 2006, p. 3

<sup>18</sup> Epicentre Day, MSF UK Scientific Day, Operational Research Day

<sup>19</sup> Meeting minutes Organizing Committee (November/December 2015) + interviews

<sup>20</sup> 2016, ToR Scientific Committee SN LH DMG

represented throughout both events and the representation of MSF entities has grown for Dakar 2017 and Stockholm 2019. For more details see table 6.

Today, of a total of 24 members of the Scientific Committee, 20 are paediatricians in different roles and functions, there are two nurses, one nutritionist and one medical anthropologist.<sup>21</sup> Only three members of the ESC (Extended Scientific Committee) are currently working in MSF operations and there is no member currently working in the field in the Extended Scientific Committee leading to limited operational and no field<sup>22</sup> presence.

**Table 6.** Number of members of Organizing and Scientific Committees, by affiliation and event.

Overview of Committees		Stockholm	Dakar	Stockholm
Organizing Committee	MSF Sweden	2	2	3
	OCBA	2	3	2
	PWG	-	1	1
	Swedish Association	1	1	-
	<b>TOTAL</b>	<b>5</b>	<b>7</b>	<b>6</b>
	Medical background	40%	57%	83%
Core Scientific Committee	MSF Sweden	-	-	-
	OCBA	1	1	2
	PWG	1	1	1
	External	2	3	3
	OCP	-	-	1
	<b>TOTAL</b>	<b>4</b>	<b>5</b>	<b>7</b>
Extended Scientific Committee	External	8	8	8
	OCG	2	2	2
	OCP	1	1	-
	OCA	-	1	2
	OCB	-	1	3
	Austria	-	-	1
	Denmark	-	-	1
	<b>TOTAL</b>	<b>11</b>	<b>13</b>	<b>17</b>
Scientific Committees	<b>TOTAL</b>	<b>15</b>	<b>18</b>	<b>24</b>
	Non-MSF members	66%	61%	45%
Coordinator		1	2 <sup>23</sup>	1

Turn-over in both committees is as expected. The Scientific Committee explicitly foresees change of its committee members as a means to ensure diversity and access to different areas of research and researchers defined by interest and contacts of members. This planned change will happen in the Core Scientific Committee after Stockholm 2019, one event later than planned.

The **role and responsibility** of each committee is described in the *Final Mission Governance and ToR* document, established after Stockholm 2016 and before Dakar 2017 with the tasks of the Scientific Committee being further refined in MSF Paediatric Days 2019 (Terms of Reference of Scientific Committee<sup>24</sup>).

The role of the Coordinator of the Scientific Committee who is also a member of the Organizing Committee is specifically defined. The Chair of the Organizing Committee functions as budget holder, hierarchical line-manager of the event, and the project coordinator.<sup>25</sup> The distribution of tasks to individual members has occurred organically throughout the planning, preparation and implementation of the first two editions. Action points and responsibilities are documented

<sup>21</sup> <https://paediatrics.msf.org/Who-we-are>

<sup>22</sup> The term field here refers to the work location being in a mission as opposed to a headquarters. This applies to MSF staff only.

<sup>23</sup> Second position not a full-time position but joining in Dakar approximately 10-days before the event.

<sup>24</sup> The Organizing Committee assures the implementation of the Paediatric Days by setting the frames and structure of the meeting including approving the final topics, managing budget and facilitating the work of the Scientific Committee. The Project Coordinator is responsible for organizing and delivering the event and reports to the OC Coordinator. The Core Scientific Committee is responsible to develop the medical, scientific and operational programme of the Paediatric Days. This includes coordinating the abstract review and organising the sessions, identifying colleagues to help to do so and bring academic experts to the conference. The members of the Extended Scientific Committee participate in the abstract review process and support the session planning.

<sup>25</sup> See Annexe IV for complete overview

in the minutes of the Organizing Committee meetings. With new members who have not been previously part of the development of the Paediatric Days and the first two editions now joining, a discussion about expected tasks and contributions to the Committee will support a smooth functioning.

The most recent change within the governance structure occurred after the second event and relates to the creation and development of the role of the Project Coordinator from the previous event coordinator.<sup>26</sup> For both events, administrative parameters were not pre-defined but discussed with all members of the Organizing Committee. This often led to lengthy discussions that delayed decisions and blocked tasks from being completed. Administrative and financial frameworks have now been created which the Project Coordinator can consult and work independently within to plan and organize the Paediatric Days without consulting the OC. This change is intended to support a smoother implementation of the Paediatric Days and free the Organizing Committee to focus on its key tasks. It is too early to assess if this change will achieve its intended results but stakeholders consulted are confident that it will.

The **decision making** in the Organizing Committee has been found slow for the past two events by its members. While still aiming for consent and a unanimous decision, it was quickly understood by OC members that decision by majority vote will be required to be more functional. Members expressed that the democratic nature is a strength due to its inclusive and participatory nature harnessing the range of experiences available within the committees. At the same time, it is a weakness due to the delays it causes. Concerned interviewees expressed that some discussions are held for an unnecessary long period of time before a vote is sought. The now even number of OC members carries a risk of even outcome of votes creating prolonged discussions and further delays. The Governance Proposal of January 2018 adds the option of the Project Coordinator seeking arbitration with MSF Sweden and OCBA's GDs in case of persisting disagreement or conflicts that cannot be solved within the Organizing Committee. This option has so far not been used.

Decisions in the Core Scientific Committee are taken by agreement or majority vote if needed and discussions are described by its members as lively and useful. Decisions aim to be made with input from all Core Scientific Committee (CSC) members and the Paediatric Working Group, which does not allow for fast and agile decisions. While at times frustrating, interviewees generally describe the advantage of broad participation and buy-in outweighing the delays. The multiplicity of actors involved though creates a lack of understanding who actually is responsible for decisions as pointed out by some members of the scientific committee. This refers especially to confusion and misunderstandings how final topics are decided. A communication on the rationale of the final choice to all committee members would reduce that confusion.

During both events, last-minute changes on the agenda were decided or approved by the Organizing Committee. This refers to adding a presentation in Stockholm 2016 and identifying different speakers or cancelling presentations in Dakar 2017 due to unexpected absences of participants. While such decisions cannot be avoided, the rationale of each decisions should be recorded and be available to participants of the Paediatric Days interested understanding the decisions. The lack of transparency and information on these decisions can create discontent and represents a reputational risk.

The use of a web-based chat software (like Slack or Yammer or any system MSF might already use) could be a useful tool of communication for the committees and PWG, facilitating instant and easier conversation and exchanges than by email including accessing previous discussions through archives and search functions.

This evaluation has found that **no single but a shared ownership** developed through the progression of the Paediatric Days. Sharing entities are MSF Sweden, OCBA and the Paediatric Working Group and within that, the Organizing and Scientific Committee each are responsible jointly for their respective tasks and functioning.

Legal and financial accountability sits with the chair of the Organizing Committee. In accordance with the location of the event, this role alternates between a senior management staff of MSF Sweden (Director of Human Resources<sup>27</sup>) and OCBA (Head of Dakar Unit), both reporting to their line manager. Beyond this, no individual person has been appointed responsible for the Paediatric Days. While this is a risk for accountability, this has not been found problematic within the first two events, as pointed out consistently by members of the committees. Contrary, deciding a single person being responsible will always exclude two members of the triad which is expected to upset the balance of the current arrangement. However, the lack of one individual taking overall responsibility can create a vacuum of accountability and might impede promoting and following-up on the event. Clear and transparent task distribution and responsibilities of committee chairs and members offset this risk. Additionally, the General Director of OCBA and MSF Sweden are already identified as arbitrators and could together form a higher platform the Paediatric Days' Committees report to.

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<sup>26</sup> Governance Proposal and Terms of Reference, January 2018

<sup>27</sup> Since April 2018. Previously Head of Human Resources.

Additionally, individuals active in the committees are at the origin of the idea and conception of the Paediatric Days which generated a strong sense of ownership of the event amongst those involved but does not translate into formal accountability. The ultimate responsibility sits jointly between the General Directors of MSF Sweden and OCBA.

The Paediatric Days present an opportunity for MSF Sweden to broaden its co-ownership and use elements of it throughout the year and various departments (for example advocacy, communications, recruitment).

## Topics and format

The decision on the selection of topics and formats of presentation are a consultative and participatory process between Paediatric Working Group, Scientific Committee and Organizing Committee with a final approval of topics through the Organizing Committee. This process aims to identify and select the most relevant and urgent topics for MSF field operations. Participation to this process has increased for Dakar 2017 through collection of feedback on potential topics by participants of Stockholm 2016 but it lacks contribution from those involved in paediatric care who have not previously attended the Paediatric Days. This group of people is only represented through each Operational Centres' paediatric advisor who are part of the PWG or either committee. A majority of interviewees and respondents judged the topics presented to be relevant.

Selected topics include ongoing technical challenges in existing programmes (like treatment of shock or neurocritical conditions) as well as topics where more focus is needed or required (like sickle cell disease or pain management and palliative care). Criteria for selection are relevance as seen by PWG and Committees but reflect also on feasibility of preparing relevant sessions, specificity of topics for a short session (like Malaria and Paediatric HIV too broad for a main topic) or coverage of topics elsewhere (like antimicrobial resistance). See summary of topics discussed in table 7.

For the first Paediatric Days, the topics were selected by the committees in cooperation with the Paediatric Working Group. After Stockholm 2016, a survey was sent to all participants to choose and suggest topics for the next Paediatric Days, creating a long list of desired topics which was reduced to a 'long short-list' by the Core Scientific Committee and circulated for input to the Paediatric Working Group, choosing then four topics based on consensus. Additional informal input was sought by the coordinator of the Scientific Committee from the panellists of the operational wrap-up discussion in Dakar 2017 who provided feedback after consultation in their respective Operational Centre. This was combined with the remaining topics of the 2016 participants survey and the topics for Stockholm 2019 were chosen from that list, again through discussion between Paediatric Working Group, Scientific and Organizing Committee. Field staff contributed to this selection if they attended the first Paediatric Days in Stockholm 2016 and responded to the survey.

**Table 7.** Main topics discussed in Paediatric Days.

Stockholm 2016	Dakar 2017	Stockholm 2019
Critical Care and Shock Management	Neonatal Asphyxia and Hypoxic Ischaemic Encephalopathy – Helping Babies survive vs helping babies breath	Challenges regarding malnourished young infants (< 6 months)
Sickle Cell – a neglected disease	Neurocritical conditions in resource limited settings	The changing landscape of paediatric noncommunicable diseases in humanitarian settings
New-born care in humanitarian and low-resource settings	Pain management in resource limited settings	Respiratory support in neonates and paediatrics – progress in MSF settings
Neonatal Infections in field settings -a major cause of mortality	Supportive care in MSF	Child protection in disasters and humanitarian emergencies – the role of MSF?

Interviewees and online respondents consistently expressed that the topics discussed in Stockholm 2016 and Dakar 2017 were mostly relevant for their or MSF's daily work. Operational experiences and qualitative research were named as being particularly useful. The appreciations of the technical-scientific content vary with some respondents appreciating it mostly for their personal learning while others would prefer more operational content. This scale was presented through all groups of interviewees and respondents and cannot be attributed to a specific group.

As a common thread to suggested improvements, respondents and interviewees propose to include topics that are transversal including other sectors of MSF's work like nutrition, HIV/TB, mental health, obstetrics. The settings



envisioned in most presentations are Sub-Saharan where 57% MSF's overall activities<sup>28</sup> are and many large paediatric and neonatal programmes are implemented by MSF.<sup>29</sup> While in the minority, there were presentations including research and experience from Lebanon, Afghanistan, Bangladesh and Myanmar.

The formats within which the topics are presented are standard compared to other conferences. Interviewees and respondents agree with the format as such but frequently wish for more time for discussion and less topics presented but, in more depth, or through slightly longer presentations. The balance between breadth of topics versus depth of topics is difficult to strike but should relate closely to the expected results and specific objective that the Paediatric Days identify.<sup>30</sup> A few interviewees and respondents who presented or were in the audience pointed out that not all presentations reached the same level of quality suggesting a general editing of all presentations might be useful. Given the distance to the events, concrete examples were not remembered.

Committee members responsible for each session work with the presenters but no formal means of coaching on preparing a poster or presentation and presentation skills exist. Individual respondents expressed that support with this would be appreciated.

The format of the **PaED Talk** was developed for the first event. This is based on the concept of TED Talks and aims to present compelling ideas in a conversational and concise manner.<sup>31</sup> The Scientific Committee identifies an abstract or topic of a keynote speaker that is suitable to be transformed into a PaED Talk and works with the presenter to prepare for the talk including a rehearsal. In total, there were 11 PaED Talks across both events. In Stockholm, two focused on paediatrician's personal experience working with MSF and one presented a patient's experience. The remaining reflected on a specific topic, for example nursing care, child-centred care, telemedicine, working with adolescents or introducing a new tool like eCare (seven PaED Talks). One PaED Talk presented an innovative idea (use of bicycle lights to assist venous puncture in babies). Interviewees and respondents' opinion on the PaED Talks varies more than on the classical presentations and is the only format that was questioned as such. Those who liked them, do so because they are lively and break-up a long flow of presentations.<sup>32</sup> However, this format received also the only 'I don't like it at all' response in the online survey and was mentioned by a hand-full of interviewees as tricky or awkward. Those who did not like them expressed that the format does not add much to the conference, especially if content of a PaED Talk is based on the presentation of general professional experiences and not an abstract or a specific relevant topic. It is essential to identify exceptional topics and skilled speakers and to provide coaching and rehearsal for the PaEd Talks to remain a successful component of the Paediatric Days.

### Participation<sup>33</sup>

The participation at the Paediatric Days is diverse within the Paediatric community though some Operational Centres (OCBA, OCG) are more presented than others. The expected ratio of 60:40 between MSF and external staff was reached with 63% MSF staff attending. No ratios are set for presence of field staff in attending and contributing roles. Especially amongst presenters, field presence is perceived low by interviewees even though it almost quadrupled from Stockholm 2016 to Dakar 2017.

The attending audience of the Paediatric Days is diverse, from students and junior medical to senior and massively experienced professionals in a variety of roles in MSF missions and headquarters, in public hospitals, in research institutions in Europe, North America and Africa.

The available data sets are incomplete and therefore limiting the available analysis. Attendees registering for the previous Paediatric Days used mostly their private email address without indicating whether they work for MSF. Additionally, nationality, profession or current professional role and workplace of attendees is not registered for everyone. For Stockholm 2016 it is impossible to know how many attendees worked for MSF at the time of the conference and data can therefore not be presented. For more details see table 8.

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<sup>28</sup> 2017 MSF International Activity Report at: <https://www.msf.org/international-activity-report-2017/2017-figures>

<sup>29</sup> For example in Sub-Sahara: 14 countries (Cameroon, CAR, DRC, Ethiopia Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Sierra Leone, South Sudan, Tanzania) and 6 non Sub-Saharan countries (Afghanistan, Haiti, Iraq, Jordan, Pakistan, Yemen)

<sup>30</sup> In Stockholm 2019, each session will start with the presentation of a field challenge related to the topic of the session.

<sup>31</sup> <https://trainingmag.com/ted-talk-%E2%80%9Cprinciples/>

<sup>32</sup> For example 88% of online respondents (53% very much and 33% mostly)

<sup>33</sup> Participation is grouped into participants (everyone), attendees (audience) and contributors (those who organize, speak, chair or moderate the event). All of these are participants who physically attended the event.

**Table 8.** Number of participants of Paediatric Days, by type and affiliation

	Stockholm 2016	Dakar 2017
Participants	189	197 <sup>34</sup>
from MSF	n/a	125 (65%)
MSF from field	n/a	106 (85%)
Attendees	122	114
Contributors	67	83

The initial expectations for physical participation at the first Paediatric Days was around 70-90 participants but this was quickly surpassed as registration opened.<sup>35</sup> At both events, attendees<sup>36</sup> are around 60% (60/57) versus 40% of contributors<sup>37</sup>. Participation is kept at a maximum of 250.

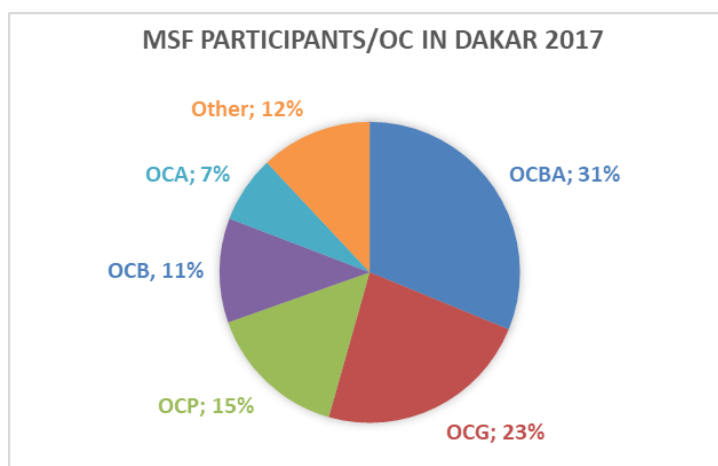
It is often pointed out that the Paediatric Days are a unique event because it is an opportunity for MSF field staff to participate in such an event and be in contact with headquarters and academia. But what ‘field’ staff means is not uniformly understood by interviewees of this evaluation. For most, these are MSF staff not based in MSF Headquarters but in a field mission. For others, these mean national staff, i.e. people working in their country of nationality rather than international staff. For again others, this implies ‘non-western’ or ‘from the Global South’, regardless their location of work. Any of these understandings implies a close proximity to paediatric patients in MSF relevant and humanitarian contexts with often expected lesser exposure to or time for academia and research.

For the analysis of data available, the definition of field staff used here is MSF staff not based in headquarters.<sup>38</sup>

No specifically defined selection criteria for attendees was found throughout this evaluation but selection always aimed at MSF presentation being higher than external. This was achieved for Dakar 2017 with 65% (125) of attendees are known to be working for MSF<sup>39</sup> and 85% of these were field-based.<sup>40</sup> Of the remaining attendees, 15% are known to be external to MSF but no information is available for the remaining 20% of attendees who would be either MSF or external. For 2019, a ratio of 60% MSF to 40% external is envisioned.

As seen in figure 2, when analysed by Operational Centre, the participation of OCBA and OCG is highest with OCA having the lowest participation. Other refers to participants with un-identified MSF section (6%) MSF Sweden (4%) and MSF Austria, Denmark and Norway (2%).

**Figure 2.** MSF participants of Paediatric Days Dakar 2017, by OC affiliation.



<sup>34</sup> 50 registered participants could not attend the days in Dakar due to the airport strike (12 contributors and 38 attendees).

<sup>35</sup> Final Report. First MSF Paediatric Days

<sup>36</sup> These are participants in the audience who were not involved in any presentation or preparation of the Paediatric Days

<sup>37</sup> These are participants that were involved in preparing the Paediatric Days, present a poster, an oral abstract or were invited to present their research as a key note speaker, moderated the event or chaired sessions.

<sup>38</sup> It is not possible to analyze the contractual situation (i.e. international or national employment contract) of participants.

<sup>39</sup> This analysis is based on email addresses and knowledge of organizing staff of participants MSF affiliation.

<sup>40</sup> The final concept notes of June 2016 speaks of a desired field presentation of 20%

Most attendees are paediatricians working as such or as technical advisor or researcher but also nurses, general doctors, obstetrician and a few other professions attended. More people have registered than places available and priority was given to MSF field staff, aiming at representation from various Operational Centres and diverse field settings.

No quota has been set for field presence in presenting roles. Interviewees perceive the field presence here to be too low even though this has improved in Dakar 2017 compared to the first edition. In Stockholm 2016, only 7% (2/29) of MSF presenters were field staff. Of these, there was one PaED Talk and one poster. In Dakar 2017, 27% of MSF presenters were from the field. Of these 60% presented a poster and 40% an abstract orally. Further, interviewees point out that most of these contributors from the field are international staff but would prefer a higher participation of national staff here. This claim cannot be verified due to unavailability of information on contractual situation of attendees.

**Table 9.** Number and percentages of contributors of Paediatric Days, by affiliation

	Stockholm 2016	Dakar 2017
Speaker, Chair, Moderator, Poster, Presenter	48	78
from MSF	29 (60%)	37 (47%)
from the field	2 (7%)	10 (27%)

Attending the conference is free-of-charge but travel, accommodation and visa costs need to be covered. This means that the respective Operational Centre needs to cover costs for attendees. The Paediatric Days have means to cover costs for contributors and 2 attendees/OC. Finding the financial means to attend is challenging for interested individuals and costs present an obstacle for many to attend. Offering trainings before and after the Paediatric Days allows more field staff to attend since travel costs are covered and only extra accommodation need to be paid for.

An additional aspect to increase participation would be for field missions with large paediatric components to routinely plan for and include participation of selected staff in their annual budgets. Paediatric Advisors and medical-operational responsible should encourage this while the medical directorate should support and justify these expenses through review processes.

## EFFECTIVENESS

### Achievement of Objectives

**Expected result I:** *«Research related to MSF paediatric challenges is highlighted and shared and solutions and recommendations for paediatric programming and care are generated and/or advanced».* **The first aspect of this result has been achieved with the majority of research presented being related to MSF paediatric challenges. The second part was partly achieved in Dakar by producing recommendations but less so in Stockholm. No explicit solution was developed directly at the Paediatric Days.**

Interviewees state that most topics presented across both events are related to MSF paediatric challenges, but comparing answers per Operational Centre, it shows that not all challenges have equal priority within the different Operational Centres. In proximity to this, there is also not a single vision within MSF of what paediatric needs are and priorities here vary between missions and Operational Centres.

Interviewees and respondents confirm that research presented relates to already occurring challenges in day-to-day paediatric field care that require better knowledge and protocols. Most mentioned here by interviewees and respondents are the sessions on shock, new-born sepsis, pain management, neuro-critical conditions, malnutrition, neonatology in general and the continuum of mother-child care. Other topics presented relate to challenges in implementing certain aspects of programmes or care for specific patients like sickle cell disease or supportive care. Free oral presentations outside the four main topics contributed also to this achievement. Memorable sessions mentioned by interviewees and respondents were 'Building therapeutic alliances between health workers and guardians', 'the organization of a neonatal ward to decrease mortality', 'treating fever at community level'. The sessions presented here are the ones the most remembered by interviewees and respondents. This does not mean that topics and presentation not mentioned here are not in line with challenges MSF faces.

Both Paediatric Days produced recommendations. For Stockholm, key points and recommendations for each session are part of the overall report. This report<sup>41</sup> was made public more than six months after the event and is not known by interviewees outside the committees.<sup>42</sup> In Dakar, main messages and recommendations are part of the report and in addition a one-page containing eight messages with related recommendations was produced. This document has been appreciated by interviewees who know it and it is described as still being used and referred to, for example in briefings and discussions. These interviewees stated that this was a useful document that was easy to find on the web. These messages are given different importance according to each interviewees' focus but none of the messages was singled out as irrelevant.

The Paediatric Days have not directly and immediately identified any solutions to problems, while, as further described below in impact, the Paediatric Days contributed to the ongoing search for solutions.

**Expected result II: «Advocacy messages advancing paediatric issues within MSF and beyond are created» Some advocacy messages with potential to advance paediatric issues were created but no information has been found if they have been acted upon. No advocacy plan exists, and messages are not distinguished between messages for external audiences (advocacy) and internal messages (lobbying/influencing). This result has therefore been poorly achieved.**

Issues for advocacy with potential to advance paediatric issues have been identified but this evaluation has found no examples of further development of these messages. Some of the recommendations attached to Dakar's key messages contain advocacy components like lowering the price for Levetiracetam or increased research to develop therapeutic options beyond antimalarials for cases of cerebral malaria for children in humanitarian settings. There is a non-specific recommendation for reduced costs of technology needed for quality paediatric care. More advocacy messages are created as part of key messages of sessions and presented in both Paediatric Days reports. In Stockholm 2016, the first message relates to the need for more research on shock treatment and the use of fluids and the second urges advocacy and a public awareness campaign on sickle cell disease. In Dakar 2017, the need for advocacy 1- to improve access to diagnostic investigations and treatment for children in neurocritical conditions and 2- at all levels to improve access to pain medicines for children was identified. This evaluation has found no information what happened with advocacy related recommendations and no interviewee or respondent reported on them. Advocacy messages that would be used after the conferences present a genuine opportunity to contribute to identify solutions to challenges in paediatric field care. Based on identified paediatric issues and MSF's general experiences, examples for such messages could be lowered prices of paediatric medicines, development of paediatric dosages and paediatric technical equipment and closing gaps in research. Beyond that, suggestions to include Access Campaign and the Drugs for Neglected Disease Initiative (DNDi) were made.

The conference as such contributes to the promotion of paediatric issues and priorities within MSF and can further be seen as lobbying on issues faced by children in humanitarian settings. Analysing primary data and secondary data, the extent of pick-up on paediatric priorities is linked to the lack of resources available to the Paediatric Days team in combination with a lack of sufficient influential internal and external actors attending the conference. In order to enhance more exchange beyond paediatrics, interviewees and respondents have pointed out that increased attendance of non-paediatric staff would be useful. Most mentioned ideas are to diversify outside paediatrics into areas like nutrition, reproductive health care and operations. This is also echoed by members of the committees

#### A consideration – Child Health Days?

The Paediatric Days are for those who provide medical care for children in humanitarian settings, extending the audience beyond paediatricians and paediatric nurses to medical doctors, obstetricians, nurses, midwives, and other professions as well as medical and non-medical operational staff and decision makers. This evaluation has not assessed how the Paediatric Days are perceived by those who have not attended and are not primarily involved with Paediatric care but a suggestion was made by two stakeholders to consider the title 'Child Health Days' instead of 'Paediatric Days'.

Changing the title could be one way to formally address and include a broader audience. Child health is also used on MSF International Website to present a range of paediatric programmes and topics.<sup>[1]</sup> With the planning of the third event underway, more transversal topics and cooperation with other MSF technical working groups is already happening.<sup>43</sup> Additionally, changing the title to 'Child Health' Days carries the risk of weakening the paediatric-medical components of the events which are considered to require more improvement within MSF than overall child health. Further the potential risks (lack of recognition of the event and/or perception of another, new specialist event) of changing the title need to be carefully assessed.

[1] <https://www.msf.org/child-health>

<sup>41</sup> Report of the First MSF Paediatric Days 2016 by Patricia Khan

<sup>42</sup> Side note: this report is missing the description of the entire second afternoon session of day 1 (free oral presentations)

<sup>43</sup> Nutrition, Sexual- and Reproductive Health, Non-Communicable Diseases and Child Protection for Stockholm 2019

**Expected result III:** «Exchange between MSF staff from missions and headquarters, academia and partners created». **The participants at the Paediatric Days were from MSF missions, Headquarters, academia and other partners creating multiple opportunities for formal and informal exchange; this expected result has been achieved.**

In Dakar 2017, 63% of participants were from MSF and 37% from academia and other partners like Ministry of Health or other INGOs. The participation of academia was a planned key component and has been valued by interviewees and respondents as providing a needed angle of discussion that MSF alone and internally could not achieve.

The networking during the event has been described as very useful and resulted in contacts being made, reinforced and used afterwards as pointed out by many interviewees and respondents. The event has created more avenues of access to experts and between practitioners. Especially respondents working in missions have pointed out the usefulness of meeting and exchanging with colleagues working in similar contexts during and after the conference.

Trainings or workshops before or after the event, online streaming and simultaneous translation are means to increase attendance and diversity. Attendance from the field is high for Operational Centres that organize trainings before or after the Paediatric Days. In Dakar 2017, OCBA and OCG had the highest participation of field staff with 65% of their participants attending a training or workshop. Exploring opportunities of Operational Centre specific or joint trainings could be explored with all Learning & Development Units.

Online streaming has been available for both events but insufficient data for online viewing analytics is available. Dakar 2017 had almost 2,400 views during and within the first week following the event. The ability to connect with participants around the world in English and French and to include more field programmes of all Operational Centres presents an opportunity to broaden and deepen the exchange.

Especially respondents and interviewees who are neither involved in planning the Paediatric Days nor are solely working in paediatrics have expressed a wish for more tangible products of the PDs to be available. This is based on the general lack of time to read an entire report amidst multiple priorities. This could be booklets (physical as well as online) with key presentations and posters, and general information including an overview of type of paediatric projects in MSF with a focal point and references to further resources and available online learning where available. This would support the continuation of exchange as well as it could contribute to further personal, professional learning. All products should be available in English and French.

**Other outcomes:** Some interviewees have noted an increased interest amongst those who attended the Paediatric Days to conduct research in their project, this is also reflected in respondents wish to receive more support on preparing and presenting abstracts. This could be further developed into a learning and development objective of the Paediatric Days and include coaching on abstract and poster preparation as well as presentation skills.

All expected results would yield higher achievement if key recommendations and action points would be paired with an Ambassador. This would allow structured and planned follow-up rather than by individual commitment of committee members and participants and whenever working time allows.

Currently, there are no resources available to formally plan and address the follow-up on recommendations and advocacy messages.

## **Organization of the Paediatric Days**

**The Paediatric Days are a well-organized event including key elements like online streaming and simultaneous translation. The abstract review process follows established criteria. The initially planned annual frequency has proven impossible to maintain and only the next event in Stockholm will allow a comparison of ability of field staff to attend either location. Immediate evaluation-surveys are carried out amongst participants, but efforts should be made to increase the level of participation to the event survey.**

The abstract review process has been described as efficient and fair by interviewees and respondents reviewing as well as those being reviewed. Stockholm 2016 received 47 abstracts to review, Dakar 2017 received 81 abstracts. Clear procedures and criteria are set for the abstract review and these are followed. Each abstract is reviewed by two different reviewers, accepting the abstract for either poster or oral presentation or rejecting it, justifying their judgement. A third reviewer will review abstracts that was rejected by one but accepted by the other reviewer (13% of all abstracts). The Core Scientific Committee reviews all ratings given and takes a final decision. The rates of abstracts accepted for oral (31% and 27%) and poster (55% and 58%) are similar in both years but the number of abstracts to review have increased.

In 2016 the deadline of abstract submission was extended due to lack of abstracts received. As a consequence, the timing for the review was tight and late in relation to the event (2.5 months before). This had improved for Dakar 2017.

**Table 10.** Number of abstracts received and accepted, and average of abstracts reviewed by reviewer.

	Stockholm 2016	Dakar 2017
Abstracts received	47	81
Accepted for oral presentation	15	22
Accepted for poster presentation	26	47
Average abstracts reviewed/reviewer	6.7	9.6

Respondents who submitted an abstract were very much (58%) and mostly (29%) satisfied with the abstract review process but wished to receive recommendations for improvements if the abstract was rejected.

The **location** of the Paediatric Days plays an important role towards participation and perception of the event but common assumptions by interviewees about cost are not correct. The level of MSF field participation at the next event in Stockholm will allow to compare if and how much more field and partner (especially MoH) attendance Dakar attracts over Stockholm. With incomplete data available for Stockholm 2016, this comparison is currently not possible.

MSF Sweden and OCBA decided during the conception stages that the event's location would alternate between Stockholm and Dakar while already discussing the option of other locations (most notably Nairobi)<sup>44</sup>. In the opinion of interviewees, holding the event in Stockholm presents opportunities for the Swedish office to connect to operations and to utilise the event within the Swedish public as well as it can take advantage of connections to Sweden's excellent paediatric facilities; while for OCBA, Dakar presents opportunities to give visibility to a decentralized office. These motivations are in addition to the wish to bring the event geographically close to MSF projects and contexts. Stockholm requires longer travel times for field participants and often a Schengen visa application but travel costs to Stockholm were actually 21% cheaper than to Dakar. The visa application process for Senegal has been described as lengthy by non-West-African and non-European participants. Kampala, South Africa and Nairobi are the alternative locations most mentioned by interviewees. Timely planning and financial resources for traveling is equally key to broad attendance (possibly more than location).

Any potential new location for the Paediatric Days needs to be assessed in terms of accessibility for staff that comes in a majority from Europe and Africa, visa conditions, availability of needed services like internet, streaming and conference facilities and MSF presence. Expected gains of a new location need to be balanced with the increased effort needed to establish the event in a new location.

In documentation, if mentioned, the **frequency** of the Paediatric Days is referred to as annual but this review finds that with current available resources, it is impossible to achieve this frequency. So far, the Paediatric Days are held in about 15-months intervals. Holding the event annually is generally understood as impossible by committee members due to the amount of work it takes to prepare a quality event. An annual event would require more dedicated and permanent human resources to manage the event. All interviewees suggest holding the event every 18 or 24-months. Some suggested to consider the possibility of adding a third day if biennial. In either case, early planning and fixing of the date or at least a target month is key for increased attendance and establishment of the regularity of the event. While it is not easy to fit dates into the MSF international calendar, ideally, the date or at least target month for the following Paediatric Days would already be known at the ongoing event.

The Paediatric Days are held in English and French with presentations in either language. **Simultaneous translation** is available and videos produced are available in either English or French. Those participants who used the translation rated it as excellent. French speaking interviewees and respondents pointed out that they would not be able to attend the conference if only in English. Additionally, simultaneous translations allow presentations in French which adds to the availability of a more diverse pool of speakers.

**Online streaming** of the event is available publicly and viewers watching the live stream can interact with the conference via Twitter. This has been used but not all online viewers consulted during this evaluation process knew how to interact with the conference. This evaluation lacks insight on online viewers. No viewing analytics or information on viewers other than numbers were made available. Online viewers were also not part of the immediate event evaluation. It is known from organizers and individual respondents who followed online that some technical hiccups with the live stream

<sup>44</sup> 170119 Minutes OrgCom Meeting

occurred in both Stockholm and Dakar. They were fixed during the event but are present as discouraging to continue watching or join again online for the next event. Solid online streaming with excellent quality is a way to increase access to and attendance of the Paediatric Days and an area of investment that should continue. Dakar had almost 2.400 online views. More detailed online viewing analytics need to be collected in order to analyse online viewings.

At the time of the event or shortly after, participants receive a **survey to evaluate the event**. In Stockholm 2016, the evaluation was paper based with one form per day with a total response rate of 30%. In Dakar 2017, the evaluation was combined for both days and sent to participants within a week after the conference, having a response rate of 43%. The responses were analysed and included in debriefing and the administrative report. The evaluation format was elaborated significantly in Dakar asking questions concerning all aspects of the Paediatric Days. It gives opportunity to participants to give an overall rating of the quality of the event and the relevance of topics discussed for participants' work. It also separated questions about the format of the presentation from its content, allowing this to be evaluated separately. Therefore, only selected information can be compared between Stockholm and Dakar.

Higher responses might be yielded by announcing the survey through the moderator and sending the link to participants right at the end of day 2, with a reminder to participate a few days after. The survey should be similar to the one used in Dakar 2016 to allow comparison. This survey should also be available to online viewers adding specific questions about their experience following the event through streaming.

## EFFICIENCY

**This evaluation has found no evidence of inefficient or inadequate use of any resources. Each event has one appointed budget holder and the costs occurred are reasonable and the type of costs like travel expenses, venue hire and services like streaming and translation are as expected for such an event. The time invested by Committee members is a significant human resource contributing to the event. Only the purposively hired Project Coordinator (previously Event Coordinator) gets remunerated.**

The costs of holding the event are shared equally between MSF Sweden and OCBA. The Coordinator of the Organizing Committee is the budget holder, delegating authority to the Project Coordinator for implementation (Stockholm 2019). Financial funds used pass through MSF Sweden and OCBA's respective audit systems. The average cost of the event represents 0.07% and 0.03% of their respective total annual expenditure for MSF Sweden and OCBA. For more details, see table 11.

**Table 11.** Costs of Paediatric Days

	Stockholm 2016	Dakar 2017
Total cost of event <sup>45</sup>	76.092 €	134.988 €
Venue cost (% of total cost)	-	13%
Accommodation and travel cost (% of total cost)	21%	18%
Average cost of purchased flight ticket	584 €	746 €
Cost/participants <sup>46</sup>	409 €	546 €
Event cost/MSF Sweden total annual expenditure <sup>47</sup> (%)	0.04%	0.11%
Event cost/MSF OCBA total annual expenditure <sup>48</sup> (%)	0.02%	0.03%

Some concerns have been raised by a few interviewees about high costs of purchased flight tickets on Paediatric Days' budget. Examining all ticket prices, this concern is unfounded. Tickets were purchased within a reasonable price range. The cost of the highest priced ticket for Stockholm was 1.848 € followed by the next highest ticket prices being 1.256€. Overall, both in Stockholm and Dakar, around 20% of tickets costing above 1.000€. For Dakar 2017, the highest amount paid per ticket was 1,476.14€. At the Epicentre Day for example, an average ticket price in 2018 was 1.080 €. The costs

<sup>45</sup> This includes all costs occurred by the Paediatric Days including salary costs for project coordinator.

<sup>46</sup> This is a rough calculation of total costs of the event divided by total number of participants. For Dakar, this calculation is made including confirmed participants who did not attend due to the airport strike since planning (catering, venue) and travel costs were occurred regardless.

<sup>47/48</sup> Calculated with total annual expenditure as available in annual financial statements and half of total event costs, see annex V for details.

for travel and accommodation of invited participants averages around 35% of the Paediatric Days total budget for both events.

The first Paediatric Days received a grant from the Wellcome Trust to facilitate travel for field participants, lowering the costs of the conference for MSF to 64.724 €. In Stockholm, the Paediatric Days have no venue costs. Organizers of the other events have pointed out that costs for venue hire and travel expenses for selected speakers are key expenses groups, which is in line with the Paediatric Days. Investing in translation and quality streaming is essential expense for broader participation at all events.

This evaluation has found that the organizers have actively tried to reduce costs where ever possible. This includes contributors being asked if they are able to pay for their own travel and accommodation cost. Opportunities for supporting grants should be identified and pursued while being aware that it will require human resources to do so.

The Project Coordinator is the only salaried staff of the Paediatric Days and a key resource of the Paediatric Days is the invested **working time of the committee members**. This was completed within and outside regular working hours as indicated by committee members during this evaluation. No formal system to record time spent on the event is in place and it is difficult to impossible for most members to accurately estimate the time they spent on the event. A workload of 11-13 days/event is estimated for members of the Organizing Committee.<sup>49</sup> One member indicated that the estimated workload for past events was higher with around 24 days/event. The Coordinator of the Scientific Committee is also a member of the Organizing Committee and his/her workload is with an estimated 36 – 40 days/event three times higher than that of all other members.<sup>50</sup> Where estimated, time spent by scientific committee members (estimated 13 for core and two for extended committee) are largely in line with expectations. MSF staff members seek an agreement with their line manager to support the time spent on the Paediatric Days. Previously, a non-MSF staff member was part of the Organizing Committee carrying out this workload fully as volunteer. If a non-MSF staff member joins the OC again, the question of potential compensation should be examined. External members of the Scientific Committees have not raised such concerns. Interviewees not working for MSF Sweden or OCBA perceive it more difficult to balance the work for the Paediatric Days with the regular workload, related to the less obvious support of the Paediatric Days by the work environment. Clarifications on roles and responsibilities, established frameworks and learnings from the two first events are expected to decrease the workload for committee members for the next events. With stabilization and potential growth of the Paediatric Days, additional remunerated human resources will be required to handle the workload.<sup>51</sup> Depending on frequency, some could be working part-time but year-round.

## IMPACT

**This evaluation has found that the Paediatric Days have had impact on the care of children. This has occurred as a consequence of individual participants applying skills and knowledge they gained at the Paediatric Days either in direct patient care, through contributions to ongoing work on protocols and guidelines and by increased understanding of programmatic aspects.**<sup>52</sup>

The expected results of the Paediatric Days established above are expected to increase the quality of care provided to patients.

The impact of the Paediatric Days can be grouped into impact on individual participants and impact on an organization<sup>53</sup>, both contributing to the general objective. Increased skills and knowledge of individuals caring for children is likely to improve the quality of care they are providing. 69% of online respondents reported an improvement of their individual professional skills. The reorganisation of a neonatology ward by an MSF doctor using evidence given in a presentation in Stockholm is a concrete example where impact on quality of care is highly likely.

Organizationally, the Paediatric Days contribute to ongoing discussions within MSF and support advancements on the development of protocols and guidelines and programme components. Regardless of the Paediatric Days, revisions of protocols and guidelines and development of tools is an ongoing work and long process in MSF but some interviewees (paediatric advisors) credit the opportunities for peer review, advancing or streamlining discussions between the different Operational Centres and presenting new protocols, guidelines and tools to the Paediatric Days. The session on

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<sup>49</sup> Final Mission and Governance ToR

<sup>50</sup> ToR Scientific Committee MSF Paediatric Days Third Edition (Stockholm2019)

<sup>51</sup> Possibilities: additional logistical and administrative support to free Project Coordinator to manage the event; a medical editor; communication specialist

<sup>52</sup> The appraisal of the impact of the Paediatric Days is based on the perception of interviewees and respondents and not based on morbidity/mortality data or an MSF data or programme quality review.

<sup>53</sup> MSF, other (I)NGO, Ministry of Health, Research Institution



the challenges of treating shock has been mentioned by several respondents and interviewees as having had positive contributions to the long and ongoing work on the treatment protocol. Presentations on the use of eCare and telemedicine have been mentioned by individual interviewees as encouragement to move forward with existing plans to use or increase the use of these tools.

Interviewees, especially paediatric advisors, have shared examples where the Paediatric Days has contributed to certain advancement of ongoing projects or programme planning. This includes the more readily application of the concept of the continuum of care for mother and children with less stand-alone either maternity or neonatology units being opened and existing stand-alone ones requesting support to integrate the other; a better understanding of pain management and palliative care with more requests from the field for support on establishing palliative elements in existing programmes or an interest of the Ministry of Health of Liberia in study results of mothers monitoring their babies heart beats for possible national implementation<sup>54</sup>. Interviewees are acknowledging that these changes are not solely due to the Paediatric Days but are confident that the event has contributed despite being unable to measure the exact level of contribution.

OCBA is planning a pilot on the use of plastic bags to prevent hypothermia in pre-term babies, heard at the Paediatric Days and taken forward by an interviewee from the operational department.

When faced with the worldwide shortage of Phenobarbital, MSF changed the use of Levetiracetam to a first line treatment option. While this change would have need to be made regardless, it is perceived to have happened faster because of previous discussions at the Paediatric Days and contact with global specialists. Hydroxyurea (Sickle Cell Disease) was included in MSF drug catalogue. Both were topics of discussion at the Paediatric Days and interviewees closely involved with these changes attribute contribution to this change to the Paediatric Days. No straight line of causal inference can be drawn but these examples were mentioned several times and it is fair to assume that discussions at the Paediatric Days have contributed to the larger and ongoing discussions on these topics in MSF.

This evaluation found no examples of solutions created at the Paediatric Days but some topics presented were translated into solutions for MSF field challenges. OCBA for example uses now chlorhexidine gel sachets for community based post-natal care which were presented at the Paediatric days.

This evaluation has found no evidence of any negative impact on paediatric patients caused by the Paediatric Days.

Currently, neither proxy-indicators nor systems to assess the impact of the Paediatric Days are in place. Both are a useful tool to review each event. The classical proxy indicator of a scientific conference is the number of publications and citations, however this is contradictory to the operational focus of the Paediatric Days.

An option to collect information about impact is to prepare and send a survey to selected presenters 6-months after the conference, inquiring how and if data or experiences were used. A presenter is likely to be 'in-the-know' about this but this survey could also be sent to other chosen participants of the Paediatric Days. Such a survey is conducted for example by the MSF UK Scientific Days.

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<sup>54</sup> This example is from a respondent

# CONCLUSIONS

In 2014, returning Paediatricians felt the need to push their Association to do more than providing human and financial resources to improve the quality of paediatric medical care for children in MSF field missions. Together with interested Paediatric Advisors, the idea to hold a scientific paediatric conference was born, developed and implemented by MSF Sweden, OCBA and the Paediatric Working Group. After two editions of the Paediatric Days, the event is today at a point of becoming established within MSF and formalized in its governance structure.

Both Paediatric Days in itself were overwhelmingly successful but an impact beyond the actual event is expected by the organizers itself and by MSF's management levels.

Improved quality and a broadened range of medical care for children in humanitarian settings is the ultimate goal the Paediatric Days wish to contribute to. The development of an explicit logical framework with clearly defined general and specific as well as expected results would further facilitate establishing the Paediatric Days more solidly.

Increased inclusion and diversity in planning and implementation, choice of topics and participation will enhance the Paediatric Days and make it a more successful event. Diversity should be considered in terms of the level of seniority, the profession/role, context and location of work of contributors as well as attendees.

The key to assuring relevance of topics is to find the right balance between pushing for new topics and addressing already pressing occurring challenges and choosing the associated external and internal research to address the topics and challenges. Not all topics can be equally relevant for all participants but should be at least for a majority of the target audience. MSF field missions and paediatric care in humanitarian settings generally face many challenges providing medical care and MSF's Operational Centres have varying operational priorities. The Paediatric Days need to identify the most common and pressing ones within these parameters, which is a difficult task. An MSF-wide agreed paediatric agenda or paediatric plan of action would support and facilitate these choices. This evaluation has found that the Paediatric Days had impact on paediatric field care, largely by individual participants picking up knowledge that they apply directly to their care of patients or continuing to discuss about and work on ongoing challenges and push for change. The Paediatric Days are lacking resources and systems to follow-up on outcomes of the event, decreasing efficiency and impact. Investing in follow-up will allow advanced learning that can be applied to the next Paediatric Days, increase organizational pick-up of recommendations and advocacy messages and increase the impact of the Paediatric Days.

In order to remain appropriate and relevant and increase efficiency, the content of the event requires close proximity to MSF field operations. Including field and operational presence beyond paediatric specialist in planning, carrying out and attending the Paediatric Days will ensure this proximity while MSF and non-MSF technical, operational and academic expertise will ensure a broad view on relevant topics and priorities as well as presence of best and latest research and practice.

The organizers of the Paediatric Days can be applauded for putting together such an event with extraordinary commitment and limited resources. Now, there is an opportunity to establish the Paediatric Days within MSF and increased investments can yield in significant contributions to improved paediatric field care.

# RECOMMENDATIONS

## To Organizing and Core Scientific Committee

- ⇒ **Recommendation 1:** Create a logical framework for the Paediatric Days including a general and specific objective as well as two to four expected results including activities, smart indicators of success and assumptions
- ⇒ **Recommendation 2:** Develop and implement an advocacy strategy defining target audience, activities and expected results (for example: pricing, paediatric dosages, equipment, research gaps)
- ⇒ **Recommendation 3:** Expand the promotion of the Paediatric Days, as well as dissemination and follow-up on key recommendations and advocacy messages, for example through identified Ambassadors from all OCs and levels (HQ, field)
- ⇒ **Recommendation 4:** Continue to pursue diversity and field connection through both choice of themes and participants, increase opportunities of skill development at or surrounding the event, including exploring the possibilities to create a workshop on preparing and presenting abstracts

## To MSF Sweden and OCBA

- ⇒ **Recommendation 5:** Continue to support and champion the Paediatric Days and increase the investment in the Paediatric Days to improve efficiency

## To the MedOps Platform

- ⇒ **Recommendation 6:** Identify intersectional paediatric priorities and support communication about and attendance to the Paediatric Days within the respective Operational Centre

# ANNEXES

## ANNEX I: TERMS OF REFERENCE

Subject/Mission:	PEDIATRIC DAYS EVALUATION
Commissioner	Organization Committee of the Paediatric Days <sup>55</sup> Spokespersons: Jean-Christophe Dollé
Evaluation Focal Point	Jean-Christophe Dollé
Consultation Group	Core-Scientific Committee of the PDs <sup>56</sup> ; International Paediatric WG Lead (Marie-Claude Bottineau); MSF-Sweden GD (Oliver Shultz); OCBA Deputy GD (Elena Sgorbati)
Starting Date:	July/August/September 2018
Duration:	2 months

### MEDICAL HUMANITARIAN CONTEXT

At the end of 2015 the MSF PWG reached jointly MSF-Sweden and MSF-OCBA to ask them to organize the First MSF Paediatric Days (PD). Two committees (scientific and organising) were created and an event coordinator employed for the preparation of the event. The event took place in September 2016 in Stockholm.

Based on an internal evaluation conducted, PD was perceived as a successful event with more than 180 people attending physically and more than 250 streaming units (See Final Report MSF Paediatric Days). MSF-Sweden and MSF-OCBA achieved a moral commitment to continue cooperating on the organization of this event for few years (2020?), alternating Stockholm and Dakar.

A slighted revised organization committee was set up in early 2017, and additional resources have been allocated in the event organization. The event will be organized in Dakar on December 2017. On the time of drafting this ToR, last phase of preparations of the event is taking place.

The origin of the PD is somehow link to the so called "Paediatric Motion"<sup>57</sup> adopted by the MSF-SE General Assembly in 2014. It aimed at «contributing to improve the quality of paediatric medical care in MSF missions». Since then different initiatives were created in response to this motion, including some contacts with the MSF International Paediatric Working Group (PWG). However, it seems that the overall follow-up of the motion was mainly linked to the associative platforms and anchored into individuals.

### REASON FOR EVALUATION / RATIONALE

The organization of such event represents a significant investment and a new area of expertise for MSF-S and MSF-OCBA. No formal assessment has been conducted so far, neither regarding the quality of the event nor its contribution to the objective defined by the paediatric motion. Future editions of this event may benefit from the conclusions and lessons learned of this evaluation.

### OVERALL OBJECTIVE and PURPOSE

The evaluation aims at assessing the Paediatric Days in terms of their relevance, appropriateness, effectiveness, efficiency and impact. The results of this evaluation will be used to:

<sup>55</sup> Organization Committee Members (14<sup>th</sup>.June.2018) as following: Stephane Doyon (2016), Eugene Bushayija, Christian Casademont, Jean-Christophe Dollé, Laurent Hiffler, Daniel Martinez

<sup>56</sup> Core Scientific Committee Members as following: Kristina Elfving, Laurent Hiffler, Marie-Claude Bottineau, Mats Blennow, Ousmane Ndiaye

<sup>57</sup> Extracted from the motion: "(...) With this motion we argue that MSFSE should step up its contribution to improve the quality of pediatric medical care in the field. Sweden has a strong pediatric community of nurses and doctors, and is in the frontline in neonatal research which makes it an important contributor to pediatric care. We challenge MSFSE (the association, the board and the executive) to move beyond the role of mere resource providers, and take an active role in improving the quality of the field based pediatrics. We ask MSFSE to advocate and support operational research in areas of pediatrics, and in particular, the new field-based neonatology. We urge MSFSE to identify channels through which Swedish experts in neonatology and pediatrics best could contribute to the quality of MSF field operations. While MSFSE should take ownership of this ambition, we ask the board to present the outcome at the next GA".

- Improve the preparation and management of future editions of MSF Paediatric Days
- Guide decisions regarding additional efforts (if any) to fulfil the objective of the Paediatric Days

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## EVALUATION QUESTIONS

### RELEVANCE:

- *Which are the needs that PDs aim to address? How were these needs identified?*
- *Do project objectives correspond with identified needs?*
- *To what extent the PDs are in line with MSF social mission?*
- *To what extent the PDs are complementary to other similar MSF events? (ie: Epicentre Days, London Scientific Days, Operational research Days, Evaluation Days) And to other Paediatrics International Conferences?*

### APPROPRIATENESS:

- *Are the PDs an appropriate strategy to achieve the objectives (explicitly or implicitly) defined?*
- *Which are the challenges, limitations and possibilities of the governance model chosen?*
  - *having PDs delegated by the international PWG to a combination of an OC and a PS?*
  - *considering the role than a non-operational PS can play for a medico-operational topic?*
- *Which are the challenges, limitations and possibilities of the organizational structure and internal governance mechanisms (Organization Committee, Scientific Committee)? Including, among others, the following aspects:*
  - *number, selection criteria and assignment of members*
  - *role of different members*
  - *functioning and decisions procedures*
- *To what extent the PDs topics reflects the operational concerns and priorities of MSF? How do the mechanisms to select the topics of the event contribute to this?*
- *To what extent the field staff have participated/been integrated in the PDs?*

### EFFECTIVENESS:

- *Although no objectives seem to have been defined explicitly in the PDs documentation, which are (in the opinion of the commissioners of the PDs) the implicitly defined objectives for the PDs? To what extent have they been achieved?*
- *To what extent have the goals and expectations defined for the PDs been achieved?*
  - *What are the main outputs of the PDs?*
- *What were reasons for achievement or non-achievement of objectives/goals and expectations?*
- *Were the PDs carried out as originally planned?*
- *What can be done to make the PDs more effective?*
- *Are there other elements that need to be further developed to increase the impact of the PDs?*
  - *Some of the by-products of the Paediatric Days (such as the [www.paediatrics.msf.org](http://www.paediatrics.msf.org) website), should and could they be further developed into a platform for paediatricians and other actors involved in paediatric care?*

### EFFICIENCY:

- *In what ways were utilised the financial, logistics, and HR arrangements to contribute to the efficient use of resources? What improvements can be made (ie: local use of resources, combining PDs with other events, identifying other locations)?*
- *How do the PDs costs compare to other MSF similar events?*

### IMPACT:

- *To what extent does the Paediatric Days event contribute, in the opinion of key MSF stakeholders, to fulfil the objective of improving paediatric care in the field?*

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## EXPECTED RESULTS

- Understand and clarify what the objectives of the PDs have been
- Written report (20-30 pages) as per [SEU standard](#) responding to this ToR and including recommendations
- Presentation to main findings to evaluation group

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## TOOLS AND METHODOLOGY PROPOSED

- Retrospective observation (on-line) of the 1<sup>st</sup> and 2<sup>nd</sup> Edition of MSF Paediatric Days
- Review and analysis of project and other relevant documents (ie: MSF Paediatric Guidelines, protocols, tools...)
- Interviews/Focus Group Discussion with MSF key informants
- On-line survey to event attendances (2016 & 2017)

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## RECOMMENDED DOCUMENTATION:

- Paediatric Motion
- Paediatric Days Organization Committee Meetings Notes
- On-line record of Paediatric Days 2016 & 2017
- Presentations and other materials for Paediatric Days 2016 & 2017 (including abstracts and posters)
- MSF Paediatric Days 2016 & 2017 Reports
- MSF Paediatric Days Website
- MSF Paediatric Guideline, protocols,

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## PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	1
Timing of the evaluation	July-October 2018
Required amount of time (Days);	
• For preparation (Days)	4
• For retrospective observation (Days)	2
• For interviews (Days)	7
• For data analysis (Days)	3
• For writing up report (Days)	5
• For presentation of results (Days)	1
Total time required (Days)	22

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## PROFILE /REQUIREMENTS: EVALUATOR(S)

- Project Management and/or Business Administration background
- Experience in working and evaluating scientific/dissemination/academic events
- Demonstrable evaluation competency
- Medical and/or Paramedical knowledge (paediatric specially) as asset
- Language requirements: English (mandatory), French (as an asset)

## ANNEX II: LIST OF INTERVIEWEES

	Name	MSF/Ext	MSF Affiliation	Reason for Interview
1	Alena Koscalova	MSF	Austria	Similar events: Evaluation Day
2	Aminata N'Diaye	MSF	OCP/Epicentre	Similar events: EpiCentre Day
3	Anna Sjoblom	MSF	Sweden	Organizing Committee
4	Boris Stringer	MSF	Sweden	Similar events: Evaluation Day
5	Christian Casademont	MSF	OCBA	Organizing Committee
6	Christopher Mambula	MSF	OCP	Medical Responsible Cell 3
7	Claire Dorin	External		Key Note Speaker/Poster
8	Claire Mills	MSF	OCP	Medical Director
9	Daniel Martinez	MSF	OCG	Organizing Committee
10	Daniel Remartinez	MSF	OCBA	Organizing Committee
11	David Southall	External		Extended Scientific Committee
12	Elena Sgorbati	MSF	OCBA	Consultation Group
13	Elise Didier	MSF	Sweden	Staff
14	Emmanuel Baron	MSF	OCP/Epicentre	Similar events: EpiCentre Day
15	Eugene Bushayija	MSF	Sweden	ex-Organizing Committee
16	Florencia Romero	MSF	OCG	Medical Responsible Cell 4
17	Francisco De Bartolome Gisbert	MSF	OCB	Medical Officer Cell 2
18	Frederic Sorge	External		Extended Scientific Committee
19	Hans-Joerg Lang	MSF	OCB	Paediatric Advisor/PWG
20	Inmaculada Carreras	MSF	OCBA	Attendee/Poster
21	Irene Adehossi	External		Extended Scientific Committee
22	Jean François Saint-Sauveur	MSF	OCBA	Medical Director
23	Jean-Christophe Dollé	MSF	Sweden	Organizing Committee
24	Joanne Cyr	MSF	OCG	Key Note Speaker/Poster
25	Kristina Elving	External		Core Scientific Committee
26	Laurent Hiffler (also HoCSC)	MSF	OCBA	Organizing Committee
27	Lindsay Bryson	MSF	Sweden	Organizing Committee
28	Maartje Hoetjes	MSF	OCA	Extended Scientific Committee
29	Marie-Claude Bottineau	MSF	OCG	Core Scientific Committee
30	Marta Canas	MSF	OCBA	General Director (previous Director of Operations)
31	Matilda Brzezinska	MSF	Sweden	ex-Staff
32	Mats Blennow	External		Core Scientific Committee
33	Mercede Rocaspana	MSF	OCBA	Op Health Advisor (Nigeria, Niger, Mali, Guinea Bi)
34	Mohamed Eltom	MSF	OCBA	Op Health Advisor (South Sudan, Sudan, Ethiopia)
35	Myrto Schaefer	MSF	OCP	Core Scientific Committee
36	Nadia Lafferty	MSF	OCBA	Paediatric Advisor/PWG
37	Nikola Morton	MSF	OCP	Paediatric Advisor/PWG
38	Oliver Schulz	MSF	Sweden	Consultation Group
39	Oluwakemi Ogundipe	MSF	OCB	Paediatric Advisor/PWG
40	Ousmane Ndiaye	External		Core Scientific Committee
41	Roberta Petrucci	MSF	OCG	Paediatric Advisor/PWG
42	Ryan Carrol	External		Key Note Speaker/Poster
43	Sahar Nejat	External		ex-Organizing Committee
44	Samuel Sieber	MSF	Luxor	Similar events: Operational Research Day
45	Sarah Venice	MSF	UK	Similar events: UK Scientific Day
46	Sebastian Spencer	MSF	OCB	Medical Director
47	Stephane Doyon	MSF	OCP	ex-OC (OCBA Head of Dakar Unit)
48	Veerle Hermans	MSF	Luxor	Similar events: Operational Research Day

## ANNEX III: ADDITIONAL MEASURES SUGGESTED

This table suggests additional activities and ideas to achieve or support the implementation of the recommendations that were developed during the evaluation. The table could be used as a basis to develop an action plan for implementation of the recommendations.

**Table 12.** Activities to support the implementation of evaluation recommendations.

<b>1. Create a logical framework for the Paediatric Days including a general and specific objective as well as two to four expected results including activities, smart indicators of success and assumptions.</b>			
What	Why	Who	Additional Resources <sup>58</sup>
Identify additional support for development of logical framework	Focused and faster development of a logical framework	OC, Project Coordinator	Yes
Fix frequency (every 18-month or biennial) and length (3-rd day?) in the scope of the event	Improved clarity and forward planning (including annual mission budgets) Improved ability to monitor the event	OC/CSC	No
Aim at early identification of dates of future events or continuously fixed dates (or target month)	Improved planning	OC/CSC	No
Include event evaluation in the activities of the logical framework: - Make the evaluation available immediately at the end of the event - Make the evaluation available to online viewers - Analyze statistics of attendance and online viewers	Improved knowledge about attendance and viewing ( <i>to be used to measure coverage of event, target lobbying about event and assure diversity</i> )	Project Coordinator	No
<b>2. Develop and implement an advocacy strategy defining target audience, activities and expected results (for example: pricing, paediatric dosages, equipment, research gaps)</b>			
What	Why	Who	Additional Resources
Broaden co-ownership of MSF Sweden and use elements of it throughout the year and various departments (for example advocacy, communications, recruitment). (also R#3)	Increased profile of and support to Paediatric Days	MSF Sweden members of OC	No
Invite Access Campaign and DNDi to participate (also R#4)	Improved development and pick-up of advocacy messages	OC/CSC	No
<b>3. Expand the promotion of the Paediatric Days, as well as dissemination and follow-up on key recommendations and advocacy messages, for example through identified Ambassadors from all OCs and levels (HQ, field)</b>			
What	Why	Who	Additional Resources
Promotion and follow-up: - Identify Ambassadors to actively champion the Paediatric Days at field and HQ (medical and operational departments, management)	Increased knowledge about and participation at Paediatric Days	OC/CSC, Project Coordinator, Additional resource	No Yes (for follow-up)

<sup>58</sup> This refers largely to additional financial resources needed in order to identify further human resources to support or financial resources to pay for services and occurring costs.



<ul style="list-style-type: none"> <li>- Identify Ambassadors to support dissemination and follow-up on key messages and recommendations</li> <li>- 1 or 2 Ambassadors/Committee Member</li> <li>- Ambassadors from field/HQ and each OC</li> <li>- Develop a plan to receive feedback from Ambassadors</li> <li>- A group of staff from paediatric projects could be purposively invited to discuss a specific challenge. These can also report back at agreed intervals of what has changed in the field.</li> <li>- Survey selected presenters 6-/12-months after event to enquire about usage of knowledge/data presented</li> </ul>	Increased knowledge about level of usage of key messages and recommendations		
Expand fund-raising and communication	Increased profile of the Paediatric Days and resources	OC/CSC, Project Coordinator, Additional resource	Yes
Investigate possibility to develop further take-home products (booklet, brief summaries, information overviews on key MSF projects, online resource and training overviews; contact information of MSF projects, speakers)	Increased dissemination and usage of Paediatric Days' messages and recommendations	OC/CSC, Project Coordinator Additional resource	Yes
Add reference and sources to data presented	Increased credibility	Project Coordinator, Authors of documents	No
<b>4. Continue to pursue diversity and field connection through both choice of themes and participants, increase opportunities of skill development at or surrounding the event, including exploring the possibilities to create a workshop on preparing and presenting abstracts</b>			
What	Why	Who	Additional Resources
Include operational staff in surveys about paediatric challenges faced and priorities	Increased inclusion of operations in selection of topics	OC/CSC	No
Include transversal topics including other relevant sectors like HIV/TB, mental health, obstetrics	Increased range of topics	OC/CSC	No
Continue to extend invitations to staff working in other areas like nutrition, reproductive health, mental health	Increased diversity of participants	OC/CSC, Project Coordinator	No
Explore opportunities to offer more existing trainings/workshops (by Operational Centre or joint) with all Learning & Development Units	Increased field attendance	Project Coordinator, additional resource	Yes
Explore opportunities to develop a workshop/training on abstract preparation and presentation skills	Increased skills development	Project Coordinator, additional resource	Yes
Cover travel/accommodation cost for national staff participating	Increased diversity of participants	OC, Project Coordinator	Yes
<b>5. Continue to support and champion the Paediatric Days and increase the investment in the Paediatric Days to improve efficiency</b>			
What	Why	Who	Additional Resources

Lobby for field missions with large paediatric components to routinely plan for and include participation of selected staff in their annual budgets.  (also R#6)	Increased and regular field participation from relevant programmes	OC/CSC with technical and operational staff	No
<b>6. Identify intersectional paediatric priorities and support communication about and attendance to the Paediatric Days within the respective Operational Centre</b>			
What	Why	Who	Additional Resources
Attempt to include the Paediatric Days as a point on the agenda at one of the MedOps meetings, present clarified vision, expected outcomes (based on developed logical framework) and support needed	Increased acknowledgement off and support to Paediatric Days	OC/CSC + selected Ambassadors	No
Initiate discussion about the creation of an intersectional paediatric agenda and action plan, including operations	Easier selection of relevant topics for Paediatric Days and increased joined efforts to improve paediatric field care	OC/CSC + selected Ambassadors	No

The table below includes additional measures to improve appropriateness, efficiency and impact. These are not directly attributable to the key recommendations above. All these suggestions are mentioned within the report.

**Table 13.** Additional measures to improve Paediatric Days, not directly attributable to recommendations, mentioned in the report

Topic	What	Why	Who	Additional Resources
Appropriateness	Discuss and clarify expected tasks for new members of the Organizing and Core Scientific Committee	Improved clarity of roles and harnessing of available abilities	OC/CSC	No
Appropriateness	Define procedure in case of undecided votes/draw in the OC	Assuring decision making	OC	No
Appropriateness	General Director of OCBA and MSF Sweden can form a higher platform the Paediatric Days' Committees report.	Decreased risks of lack of accountability	OC	No
Efficiency	Investigate the use of a communication platform for Committees and PWG	Improved communication, searchability and archiving of information and decisions	Project Coordinator	Yes
Efficiency	Document rationale for key decisions, especially on choice of topics and changes to agenda/speakers; make this information available to those interested	Improved transparency	OC/CSC	No

## ANNEX IV: OVERVIEW OF TASKS ATTRIBUTED TO COMMITTEES

Tasks of Organizing Committee	Tasks of Scientific Committee
<ul style="list-style-type: none"> <li>• Determine the agenda and oversee timeline and planning of the event</li> <li>• Foster an environment that generates innovation and stimulates discussion</li> <li>• Support the Scientific Committee in selecting key attendees and keynote speakers</li> <li>• Build on paediatric Network in the organization database Recruit additional committee members &amp; take responsibility for committee succession planning</li> <li>• Act as liaison between MSF, other organizations and external speakers</li> <li>• Assist and advise on formulation of plans and policies “setting the frames” of the event</li> <li>• Ensure the organization of the event according to plan and principles and in line with the vision outlined above</li> <li>• Attend and participate in the effectuation of the event</li> <li>• Agree on follow-up actions</li> <li>• Take responsibility for all final decisions</li> <li>• Oversee evaluations and outcomes</li> <li>• Share feedback &amp; lessons learnt for coming year</li> </ul>	<p><i>Accountable to Organizing Committee</i></p> <ul style="list-style-type: none"> <li>• Develop the scientific, medical and operational content of the MSF Paediatric Days conference with the organizational committee following organization committee suggestions.</li> <li>• Identify and invite relevant keynote speakers (if needed external) moderators or chair-persons to the conference.</li> <li>• Set up criteria for abstracts based on methodological quality and related to the scientific, medical or operational content of the meeting.</li> <li>• Participate to the call for abstracts.</li> <li>• Review abstracts to be selected for presentation based on pre-specified criteria.</li> <li>• Group accepted abstracts into oral or poster sessions.</li> <li>• Share the main outcomes of meeting in written with the organizing committee.</li> <li>• Review Conference report content.</li> </ul>
Tasks of Chair of Organizing Committee	Tasks of Scientific Committee Coordinator
<p><i>Budget holder and final decision maker on budget related questions</i></p>	<ul style="list-style-type: none"> <li>• Coordinate the work of the scientific committee and link with the organizational committee.</li> <li>• The coordinator is a member of the core scientific committee which he leads.</li> <li>• The coordinator makes sure that tasks and outcome of the scientific committee are in line with agreed calendar.</li> <li>• The coordinator centralizes information and documents suggested by other members.</li> <li>• The coordinator organizes regular meetings with core members and is the principal interlocutor to the extended scientific committee members.</li> <li>• The coordinator is also de facto a member of the organization committee as he is the official link with the scientific committee.</li> </ul>

## ANNEX V: EVENT COSTS AND ANNUAL TOTAL EXPENDITURES

	OCBA	MSF Sweden
Total Expenditure 2016 (EUR)	182,716,379	81,461,878
Total Expenditure 2017 (EUR)	197,659,596	62,891,705
Costs Paediatric Days 2016 (EUR)	32,362	32,362
Costs Paediatric Days 2017(EUR)	67,494	67,494
Costs of Paediatric Days 2016/Total Expenditure 2016 (%)	0.02%	0.04%
Costs of Paediatric Days 2017/Total Expenditure 2017 (%)	0.03%	0.11%

Sources:

MSF Sweden Annual Report 2016:

[https://lakareutangranser.se/sites/default/files/msf\\_arsredovisning\\_2016\\_eng.pdf](https://lakareutangranser.se/sites/default/files/msf_arsredovisning_2016_eng.pdf)

Exchange rate used 31/12/2016:

[https://www.exchangerates.org.uk/SEK-EUR-31\\_12\\_2016-exchange-rate-history.html](https://www.exchangerates.org.uk/SEK-EUR-31_12_2016-exchange-rate-history.html)

MSF Sweden Annual Report 2017:

[https://www.lakareutangranser.se/sites/default/files/msf\\_arsredovisning\\_2017\\_eng.pdf](https://www.lakareutangranser.se/sites/default/files/msf_arsredovisning_2017_eng.pdf)

Exchange rate used 31/12/2017:

<https://www.exchange-rates.org/Rate/SEK/EUR/12-31-2017>

OCBA Annual Report 2016:

[file:///C:/Users/user/Downloads/informe\\_empresas\\_2016.pdf](file:///C:/Users/user/Downloads/informe_empresas_2016.pdf)

OCBA Annual Report 2017:

<https://www.msf.es/sites/default/files/attachments/web-msf-empresas-2017-cast.pdf>

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