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Médecins Sans Frontières (MSF)

MSF is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters, and exclusion from healthcare. MSF offers humanitarian assistance to people based on need and regardless of race, religion, gender, or political affiliation. MSF works to save lives, alleviate suffering, and restore dignity. The organisation’s actions are guided by medical ethics and the principles of neutrality and impartiality.

For five decades, MSF has responded to a wide range of emergencies. Each experience prompted deep reflection and pushed it to evolve into an organisation of health professionals, logistics specialists, and administrative staff of all nationalities carrying out 6,027 assignments, with more than 37,750 locally hired staff, working in medical programmes in over 85 countries in 2020.
MSF Benchmarking
MSF aims to be a socially responsible employer for our nearly 65,000 employees worldwide, recruiting the best, most committed people to fulfil our social mission. To do so, MSF needs in-depth knowledge of the markets in the countries that we operate in.

The Intersectional Benchmarking Unit, hosted by MSF Norway, collects and analyses data about local labour markets in all locations where MSF employs people. We provide both regular and special-focus market intelligence. Our analysis contributes to informed decision-making in various technical platforms and departments. The surveys cover:

- prevalent local wages and social benefits
- socio-economic context and labour market practice
- household expenditure and living wage assessment
- market response to economic turmoil
- analysis of regulatory compliance

Why benchmarking
In many countries where MSF and other NGOs work, reliable information on the labour market and cost of living is not available. This makes it difficult to know which salary levels and benefits are appropriate for locally recruited staff. Through its Benchmarking Unit, MSF collects labour market and cost of living / workers’ expenditure information in the countries where the organisation operates.

There are numerous economic, social, and legal reasons why we consider benchmarking essential; that all our employees can provide for their families, and that the organisation can retain experienced staff, and reward the intrinsic motivation that we expect from our employees. As an employer in humanitarian contexts, we must ensure that we are not disruptive to the local labour market and comply with national and international labour regulations and norms.
MSF employs people for a broad range of jobs and skill levels who all contribute to ensure that MSF can deliver quality health care to those in need. Our workers are our greatest asset as an organisation. We want to recruit the best, most committed professionals. We often work in locations that lack publicly accessible information on common market practice, cost of living and decent living wage. MSF wants to ensure that our mandate can be carried out under the highest quality standards while at the same time ensure that our employees are treated fairly, money and funds are used in a sustainable way and local norms are respected.

History
The Benchmarking Unit was founded upon the request of the MSF International Office in 2012 to increase the alignment of remuneration policies and HR management among the sections and to participate in and support other activities including the introduction of a common remuneration policy and the roll out of an International Field Function Grid (IRFFG, https://irffg.msf.org/function-grid).

MSF Norway stepped forward to take on the coordination and development of a specialised pool of professionals to conduct labour market and salary surveys and gain a deeper understanding and overview of gaps and differences in salary and benefits between sections and the external labour markets in which they operated. This was a time when internal competition through different rewards systems created potential problems for MSF in many countries where more than one section was present. At the time, no one anticipated the potential growth in acceptance and the scope of activities of the newly created Benchmarking Unit.

Since 2017 the Benchmarking Unit has been actively involved in the introduction of the Living Wage concept in MSF’s Compensation & Benefits strategy and the development of the underlying Monthly Household Expenditure Survey methodology. This regular surveying and innovative methodology make MSF a pioneer in this area within the NGO sector and beyond. MSF continues to improve this process through identifying best practices from leading global experts in this area.

Salary benchmark
A salary benchmark is a management tool and process used to evaluate MSF’s salary practice and additional benefits in a defined reference market, at a given point in time. The survey is a thorough analysis of market trends and practices on all elements concerning the employer-employee contractual relationship. Undertaking such an analysis requires understanding of the local labour law and/or practices considered to be common law, and of political and cultural characteristics that affect the labour market.

The benchmarking methodology is a disciplined approach for determining the relative importance and value of different jobs, and the critical relationships between them. It ensures that jobs are compared based on requirements and accountabilities, and not by a title, status, or other bias. To ensure that jobs of similar requirements and accountabilities are compared, emphasis is put on the core content of each function, reflecting the level of responsibility (knowledge, skills and supervision level) and complexity of tasks. The methodology provides consistent guidelines for every step of the process, from identification and selection of appropriate organisations, training, and tools for the execution of interviews, ensuring that accurate and most needed information is provided, to the final analysis process.

MSF benchmarks are done as a combination of field and desk research, including data collection. To put this data into context and ensure correct interpretation we also talk to people, visit markets, and observe household spending practices. This gives us a thorough understanding of the labour market and socioeconomic context of our studies.
Our analysis includes the competitiveness of salaries and benefits, as well as an estimate of the minimum household expenditure to assess the minimum income threshold that we, as a socially responsible employer, commit to meet. The studies also serve to confirm compliance in all missions with internal and external minimum standards and policies.

Common Frame

A Common Remuneration Policy: An Intersectional Commitment

During 2008-2010 MSF developed a common policy for all of its approximately 25,000 national staff at the time. Though some level of consistency in national staff policies existed in the five Operational Centres and between sections in various mission countries it was clear that there were large intersectional differences. Both from an operational and HR perspective it was felt that a common policy would, in many respects, be preferable to five different ones.

The Intersectional HR Policy Framework was intended to ensure a common interpretation of being a “Responsible Employer”, improve coherence towards external parties, and facilitate the process towards joint missions. Additionally, it was also expected to reduce or eliminate security incidents related to national staff administration issues as well as legal risk and its economic consequences.

A core principle underlying MFS’s remuneration and benefits policy is to act as a Socially Responsible Employer including providing:

- Decent and adequate living standards
- Remuneration commensurate with responsibilities
- Promotion of internal mobility
- Fair treatment and transparent HR policies
- Promotion of commitment to the organisation

The Basics of Remuneration

Employee Remuneration refers to the reward or compensation given to the employees for their work input/performance. Effective management of remuneration is believed to support organizations in their effort to attract, retain and motivate employees to perform their job efficiently and effectively. Management of remuneration is dependent on what, how much, and how – what is rewarded and what is the compensation, how large is the compensation, and how it is distributed.

MSF national staff remuneration policy supports its organisational ambition to provide medical care by attracting qualified staff and to achieve fairness and equity in remuneration and reward. The remuneration policy allows MSF to compete effectively in different labour markets, recruit and retain high calibre staff, especially for management and specialist positions. The policy framework also enables MSF to secure its fiduciary duty towards donors by providing mechanisms for cost control and sets boundaries for pay and benefits at certain levels.

Competitiveness in this sense can be defined as how well a company manages their remuneration practice compared to other organizations within the same labour market or industry and its ability to attract, retain and motivate staff. When evaluating competitiveness, companies typically look at their total reward package. A total reward package typically contains elements of basic salary, allowances and benefits, and incentives. It might also include intangible elements such as work-life balance, recognition, career opportunities and job empowerment. MSFs total tangible total reward package consists of basic salary, allowances, and benefits.
Methodology
To facilitate compliance with the Common Frame, a salary benchmark is carried out every 3 – 5 years with the possibility of an update study completed in the years in-between. Minimum living wage/cost of living information comprised of basic living expenses in each country or region is also gathered through surveys or external data.

Remuneration analysts are recruited and trained in MSF Benchmarking unit’s proprietary benchmarking methodology and sent to missions and other locations throughout the world where MSF operates. The typical profile of analysts includes strong analytic skills, good communication skills both written and oral, proactive mentality, and appropriate language skills concerning the country assignment. MSF employs analysts of differing nationality, gender, race, and age worldwide.

Salary surveys are coordinated and supervised by a small, virtual team hosted by MSFs partner section in Oslo, Norway. The team is responsible for MSFs benchmarking activities worldwide.

Benchmarking Team
Coordination and Supervision
Benchmarking activities are coordinated and supervised by a virtual team of five professionals located in four countries representing 4 nationalities.
**Frederic Penhard** (outside right)

Frederic joined MSF as Remuneration Analyst in 2013. His background is in finance and his passion lies in utilizing data to support the humanitarian community. As an analyst, he conducted surveys in Iraq, Palestine and DRC before taking on the role as Coordinator of the Benchmarking Unit in 2014.

He is currently on leave from the Benchmarking Unit to support an MSF Rewards Review project on behalf of OCP. Frederic is a French national and lives in Norway. In addition to French, Frederic speaks English and Norwegian.

**Anja Drame** (outside left)

Anja has been with MSF since 2011 and has worked as logistics administration in Bangladesh before joining the Benchmarking Unit as a Remuneration Analyst soon after its launch in 2012. She quickly recognized the potential for such a unit to contribute to improving the management of compensation and benefits in a complex organisation like MSF through identifying best practices in field operations, innovation, and cooperation with all the different stakeholder in this process.

Since 2016 she has allocated her time between field work and coordination activities of the Benchmarking Unit based in Norway. Her focus has been on fostering relationships inside and outside of MSF and on communication. She has a background in African Studies and Applied Communication.

Anja is a German national, currently residing in Frankfurt. In addition to German, Anja speaks English and some French. She is currently the interim Head of the Benchmarking Unit.

**Mikkel Carlsen** (middle right)

Mikkel started with MSF in 2016 as a HR/Finance Manager in Papua New Guinea. Since then, he has been involved in different HR/Finance roles in headquarters and in the field, coordinating the implementation of HR policies and protocols in both regular and emergency mission contexts. He has a keen interest in working with Compensation & Benefits strategies as they are key to reaching operational objectives as well as ensuring MSF’s role as a socially responsible employer. Mikkel did his first mission as a Remuneration Analyst for the Benchmarking Unit in the Middle East in 2019.

In the beginning of 2022, he rejoined the unit as Manager of HR processes, Analyst Pool and Field Support.

Mikkel has a background in international relations and development studies. He is a Danish national, currently based in Lyon, France. In addition to Danish, Mikkel speaks English, French and Spanish.

**Yasmine Dakitse** (screen)

Yasmine worked for various INGOs as an HR, admin, and Finance Manager before joining MSF in 2018. Since then, she has participated in several field missions including the DRC, Haiti and Brazil as a project admin and finance manager or HR Coordinator where she was frequently questioned about compensation and benefits issues. To get a better understanding of MSF compensation policies, she applied for a position as remuneration analyst and participated in the Angola and Kenya Benchmarks.

In January 2022, she joined the Benchmark Coordination Unit as a project manager supporting remuneration analysts working in the field. She is generally interested in coaching, DEI (Diversity, Equity and Inclusion) and enjoys executing training activities.
Yasmine is a French national currently residing in Rio Di Janeiro, Brazil. She speaks French, English and Portuguese.

**Mark Doroski** (middle left)

Mark has recently joined the MSF Benchmarking unit on a voluntary basis. His focus is on work process improvement as well as supporting coordination team activities. Mark has also participated in one complete benchmark and one special study as a remuneration analyst.

Mark has a background in finance and accounting as well as financial communications. He is a naturalised Norwegian, currently residing in Oslo, Norway. Mark speaks English, Norwegian and some Italian.

**Remuneration analysts**

Following is a table of MSF’s pool of benchmark analysts that have completed benchmarks and/or update studies including nationality, place of residence, languages spoken, and studies completed.
<table>
<thead>
<tr>
<th>Benchmark</th>
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<th>Norway</th>
<th>x</th>
<th>x</th>
<th>x</th>
<th></th>
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<td>x</td>
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<td>Somalia (2019)</td>
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<td>x</td>
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<td>Malaysia (2019)</td>
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<td>Norway</td>
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<td>x</td>
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<td>Palestine (2021)</td>
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<td>x</td>
<td>x</td>
<td>DRC (2018), Lebanon (2018)</td>
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<td>x</td>
<td>x</td>
<td>Tajikistan (2019), Uzbekistan (2019), Pakistan (2020)</td>
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<td>Norway</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Sierra Leone (2020)</td>
</tr>
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<td>Norway</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Zimbabwe (2020)</td>
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<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>Uganda (2019), Ethiopia (2019)</td>
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<td>Norway</td>
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<td>x</td>
<td>x</td>
<td>CAR (2019)</td>
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<td>Norway</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Greece (2018), South Africa (2019)</td>
</tr>
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<td>Benchmark</td>
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<td>Norway</td>
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<td>x</td>
<td>x</td>
<td>Bangladesh (2021)</td>
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<td>x</td>
<td>x</td>
<td>Mexico, Honduras, South Africa, Tanzania</td>
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<td>x</td>
<td>x</td>
<td>PNG (2018)</td>
</tr>
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<td>Benchmark</td>
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<td>Norway</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>Ukraine (2017), Liberia (2021)</td>
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<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>Myanmar (2019)</td>
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<td>x</td>
<td>x</td>
<td>Bangladesh, India, Tajikistan, Jordan, Nigeria</td>
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<td>Norway</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Malaysia</td>
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<td>Benchmark</td>
<td>Norwegian</td>
<td>Norway</td>
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<td>x</td>
<td>x</td>
<td>Malawi (2018)</td>
</tr>
<tr>
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<td>x</td>
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<td>x</td>
<td>x</td>
<td>Guinea (2018)</td>
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<tr>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>Russia (2021)</td>
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<tr>
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<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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</table>

The analysts represent 23 nationalities living in 17 different countries, mainly Europe (83 percent). The largest group of analysts have been Norwegian (44 percent).

The benchmarking unit has a goal to increase the diversity of its analysts by increasing the collaboration with Operational Centres to identify candidates with different backgrounds and
language skills. This is expected to facilitate communications and increase the representation of analyst’s nationality with local staff in the various countries where we operate.

Of the more recent benchmarks completed in 2020 and 2021, 28 percent of the analysts were Norwegian while 36 percent were nationals of the EU or EEA representing 64 percent of all analysts.

In 2021, the benchmarking unit recruited 18 new remuneration analysts including 5 Norwegian residents and 13 individuals residing in other countries. Twenty-eight benchmarks were completed in 2021. Fourteen were carried out by new analysts and the remainder, by experienced analysts.

Benchmark Activities

Since the beginning of 2018 the Benchmarking Unit has completed 83 benchmarks, 34 updates and 3 special studies. The number of studies completed in 2019 declined significantly due to restrictions resulting from the covid-19 pandemic. Thirty-five studies are planned for in 2022.

Benchmark activities in 2021
MSFs benchmarking unit was engaged in 28 salary studies in 2021 with two ongoing as of 31 December 2021, with a total of roughly 600 external participants (excluding updates). This included 20 complete salary studies, seven updates and one special study. One complete study was in the preparation phase and external participants were not yet identified (Sudan). In addition, typically at least some of the organisations that have participated in a previous benchmark also participate in the updates.
Table of countries, region, type of study, and number of participants:

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Type</th>
<th>Nr Participants</th>
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<td>Angola</td>
<td>Africa</td>
<td>Benchmark</td>
<td>17</td>
</tr>
<tr>
<td>Burundi</td>
<td>Africa</td>
<td>Benchmark</td>
<td>44</td>
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<td>DRC</td>
<td>Africa</td>
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<td>Venezuela</td>
<td>South/Latin America</td>
<td>Benchmark</td>
<td>21</td>
</tr>
</tbody>
</table>

Number of salary studies by region

- **Africa**: 13
- **Asia & Pacific**: 7
- **Europe**: 6
- **Middle East**: 5
- **South/Latin America**: 4
- **Arab States**: 3

MSF benchmarking activities included five Operational Centres (OCS), one Association and five Partner Sections. Fifteen studies were cross-sectional including two or more OCs. Twenty-four different remuneration analysts of various nationalities carried out the studies including the four coordination team members.

**Operational Centres:**
- OCA – Amsterdam
- OCB – Brussels
- OCBA – Barcelona, Athens
- OCG – Geneva
- OPC – Paris
- WaCA -West and Central Africa Association

Summary of Benchmarks by country
Angola

Key facts and additional information
No. staff in 2021: N/A
Expenditure in 2021: N/A
MSF first worked in the country: 1983
Additional information: msf.org/angola

Needs
The benchmark was requested by OCG to better understand the Angolan labour market to act as a responsible employer towards future MSF local employees, understand the local market practice with regards to inflation and evaluate the cost of living in Luanda vs. Benguela and other smaller cities.

Background
After closing its mission in 2018, OCG returned to Angola in 2021. At the time of the benchmark, the OC was working to get registered in the country to open a nutrition project in the Benguela province. Authorisation to start working in Angola was received on December 10th, 2021.

Burundi

Key facts and additional information
No. staff in 2020: 363 (FTE)
Expenditure in 2020: Euro 9 million
MSF first worked in the country: 1977
Additional information: msf.org/burundi

Needs
The benchmark study was requested by OCB to provide insight on the OC’s competitive position in the Burundian market. This included assessing the compliance/implementation of a new tax law in the market, evaluating changes in cost of living, and market practice pertaining to per diem.

Background
MSF has been present in Burundi since 1995. OCB is the only section present with three projects. Arche project focuses on Orthopedic/Trauma Surgery and is located in Bujumbura. The Kinyinya project focuses on malaria and is located in two places: Kinyinya and Ryansoro. The Muyinga project is a pilot focused on advocacy, hygiene promotion, neglected disease, nursing care and operational research on ulcerative wounds. OCB has 299 National Staff in Burundi.
Democratic Republic of Congo (DRC)

Key facts and additional information
No. staff in 2020: 3,064 (FTE)
Expenditure in 2020: Euro 113.8 million
MSF first worked in the country: 1977
Additional information: msf.org/drc

Needs
The 2021 benchmark study included all five MSF OCs. The main goals of the study were to provide an overview of the labour market, identify differences in HR practices among the OCs in the DRC, evaluate cost of living, specifically in the rural area and evaluate the impact of inflation on salary levels since the last benchmark in 2018.

Background
MSF has a long history in the DRC and has been working in the country since 1977. DRC represents the biggest activity for MSF and is ranked first in terms of annual expenditures, labour costs and number of employees. All five sections are operating in DRC with a particular focus on the capital Kinshasa and the provinces of North-Kivu, South Kivu, Ituri, Kasai and Tshopo (Kisangani).

Guinea

Key facts and additional information
No. staff in 2020: 333 (FTE)
Expenditure in 2020: Euro 9.5 million
MSF first worked in the country: 1984
Additional information: msf.org/guinea

Needs
The benchmarking request was made by OC B, the only MSF OC currently active in Guinea. Specific needs identified included evaluation of salary and benefits since the last benchmark (2018) to assess market competitiveness and macroeconomic developments including the impact of Covid-19 on inflation.

Background
MSF has been working in Guinea since 1984 and currently employs a total of 264 National Staff in Conakry and Kouroussa. The mission supports the Ministry of Health through two projects; one HIV-project located in the capital of Conakry, and one project in Kouroussa (Kankan region) where the main activities are malaria prevention and malnutrition. In March 2021, the mission helped the Ministry of Health in the fight against Ebola in Nzérékoré region after a cluster of cases had been reported.
Liberia

Key facts and additional information
No. staff in 2020: 328 (FTE)
Expenditure in 2020: Euro 6.1 million
MSF first worked in the country: 1990
Additional information: msf.org/liberia

Needs
This benchmark study was requested by OCP, the only OC currently present in Liberia, with the main objective to provide up to date information about the labour market in the country. A previous benchmark was completed in 2016 with an update in 2018.

Background
MSF was present in Liberia from 1990 until 2009 during the civil wars, returning in 2014-2015 to respond to the Ebola epidemic. Different sections of MSF opened Ebola Treatment Centres (ETC), while OCP supported non-Ebola health services which had collapsed. With the national health system decimated, OCP stayed post-Ebola to support the recovery of health facilities.

Niger

Key facts and additional information
No. staff in 2020: 1,469 (FTE)
Expenditure in 2020: Euro 26.8 million
MSF first worked in the country: 1985
Additional information: msf.org/niger

Needs
The benchmark was requested by three MSF sections present in Niger. A previous benchmark was completed in 2017. The motivation behind the request was primarily related to understanding the market evolution and MSF competitiveness, medical staff retention and remuneration levels for basic skilled staff.

Background
OCBA has 3 projects in Niger. In Agadez, the OC contributes to promoting access to health care and the protection of the physical and psychological integrity of migrating populations. Since 2015, the OC has been providing urgent medical and humanitarian assistance to refugees, internally displaced persons, returnees, and host families in the Diffa region. Since 2018, OCBA provides regular medical and humanitarian assistance in the Tillabéri region to victims of violence. OCP started its activities in the Maradi region in 2001 and has been supporting the Ministry of Public Health in the paediatric, malnutrition and neonatal services of the Madarounfa District Hospital since 2015. OCG has one
project in a sub department of Zender. Since 2005, supporting the Ministry of Public Health in the management of the Paediatric Unit of the District Hospital of Magaria.

Nigeria

Key facts and additional information
No. staff in 2020: 2,380 (FTE)
Expenditure in 2020: Euro 45 million
MSF first worked in the country: 1996
Additional information: msf.org/nigeria

Needs
The previous benchmark in Nigeria was completed in 2016 with an update in 2018. Economic strain in Nigeria has increased concern among staff regarding remuneration practices in MSF. High inflation, coupled with a reduction in food production due to conflict, has resulted in high market prices and an increased cost of living.

Background
MSF has been present in Nigeria since 1996, with OCB, OCG, OCP, OCA, and WaCA currently running operations in 12 states. Collectively, these sections employ over 1,600 national staff. Most MSF projects are in the north, where conflict has created humanitarian crises.

South Sudan

Key facts and additional information
No. staff in 2020: 3,555 (FTE)
Expenditure in 2020: Euro 77.8 million
MSF first worked in the country: 1983
Additional information: msf.org/south-sudan

Needs
This intersectional salary survey was requested by the five MSF sections present in South Sudan, providing an updated market assessment and data on cost of living.

Background
MSF has been working in the area that now is the independent nation of South Sudan for more than 30 years. All five MSF sections run field projects, providing health care to both local populations and IDP throughout the country. A limited education level is making it difficult to recruit sufficiently qualified field staff locally, resulting in many higher-level functions being filled by global recruits.
Occupied Palestinian Territories

Key facts and additional information
No. staff in 2020: 335 (FTE)
Expenditure in 2020: Euro 18.2 million
MSF first worked in the country: 1989
Additional information: msf.org/palestine

Needs
A previous benchmark was completed in 2017. An overall assessment of MSF’s position and key market developments was requested for Jerusalem, the West Bank, and Gaza where three OCs are presently operating. This included assessing differences in market practices, an evaluation of cost of living, and other specified benefits in Gaza.

Background
MSF has worked in the Occupied Palestinian Territories (OPT) since 1989, initially focusing on psychological support to victims of the occupation and violence in the West Bank. Since then, MSF has strengthened its teams in West Bank and opened projects in Gaza. Today OCP, OCB and OCBA offer comprehensive medical and mental health services in several locations across the country.

Bangladesh

Key facts and additional information
No. staff in 2020: 1,982 (FTE)
Expenditure in 2020: Euro 32.9 million
MSF first worked in the country: 1985
Additional information: msf.org/bangladesh

Needs
Four MSF OCs were involved in the benchmark. A request was made for a complete benchmark study and to evaluate certain additional questions specific to the Bangladesh operations.

Background
MSF has been active in Bangladesh since 1985. Since August 2017 the number of national staff increased from approximately 350 to 1,982 employees. The main activities are hospitals, clinics and primary health care centres in Cox’s Bazar, where we also support the MOH with the Covid-19 outbreak, and two health clinics and one mobile clinic including community engagement and research in Kamragirchar (Dhaka).
Philippines

Key facts and additional information
No. staff in 2020: 75 (FTE)
Expenditure in 2020: Euro 2.5 million
MSF first worked in the country: 1987
Additional information: msf.org/philippines

Needs
OCP is the only section present in the Philippines, requested the benchmark study. A previous study was completed in 2018. The main aim of the study was to ascertain MSF’s competitiveness in the local labour market and to obtain updated information on local salaries, taking into consideration increasing inflation in the last two years.

Background
MSF has been active in the Philippines on and off since 1984. After the emergency response to Typhoon Haiyan in 2013, OCP decided to remain permanently, mainly due to recurring natural disasters and the ongoing conflict in the southern region Mindanao.

Thailand

Key facts and additional information
No. staff in 2020: 24 (FTE)
Expenditure in 2020: Euro 1.2 million
MSF first worked in the country: 1976
Additional information: msf.org/thailand

Needs
The benchmark requested by OCBA was the first to be performed in Thailand. The current salary scale was based on a Birches Report when the project opened in 2017. The benchmark was aimed at valuating MSF’s competitive position in the local market.

Background
OCBA began operations in the southern provinces of Thailand in 2015. The principal objective of the OC in the south of Thailand is to improve access to healthcare with a special focus on mental health for those affected by the conflict and unrest that cannot access government-provided health care and medical services. In August 2021 the OC conducted an exploratory mission on the Thailand – Myanmar border with the objective of researching possibilities of supporting those affected by armed conflict affecting between 100 000 and 250 000 people.
Greece

Key facts and additional information
No. staff in 2020: 291 (FTE)
Expenditure in 2020: Euro 13.3 million
MSF first worked in the country: 1991
Additional information: msf.org/greece

Needs
The 2021 Greece Benchmark was requested by OCB, OCG and MSF Greece. A previous benchmark was completed in 2018. The study included additional information for specific IRFFG functions and HQ positions as well as information relating to the employment of migrants and asylum seekers.

Background
MSF has had activities in Greece since the emergency response in 2015 providing medical care to refugees and migrants arriving at sea principally from Asia and Africa. Refugees have been arriving in Greece and Europe since before 2015 fleeing economic, social, and political insecurity. In 2015 the number of migrants arriving spiked and continues to present logistical and political challenges to Greek authorities.

Norway

Key facts
No. staff in 2020: 124 (FTE)
Expenditure in 2020: Euro 50 million
MSF first worked in the country: 1996

Needs
MSF Norway is a partner section of OCB and has a secondary partnership with OCBA. MSF Norway requested a salary benchmark to gain updated information on their competitiveness in the labour market, and because it has been three years since the last benchmark (2018).

Background
MSF Norway was established in 1996 and has its main office located in Oslo, with small regional offices in Bergen, Trondheim, and Tromsø. In addition, there are fundraising activities in Kristiansand,
Stavanger, and Ålesund. The office focuses on the activities within fundraising, communication, advocacy, as well as, recruiting field staff for projects in other countries where MSF operate. Additionally, the Oslo office has the Mentoring & Coaching Hub (MCHub), the Benchmarking Unit, and the Inclusion of Disabilities project.

**Russia**

![Map of Russia with cities and project locations](image)

**Key facts and additional information**

- No. staff in 2020: 20 (FTE)
- Expenditure in 2020: Euro 1.3 million
- MSF first worked in the country: 1992
- Additional information: [msf.org/russia](http://msf.org/russia)

**Needs**

The benchmark was requested by MSF OCA, including the Moscow Branch Office. The previous benchmark in Russia was completed in 2015 with an update in 2016. The focus of the study was to gain insight on MSF’s position in the Moscow and Arkhangelsk labour markets with regards to salaries, benefits and allowances.

**Background**

One MSF section is present in the Russian Federation, MSF Holland, which launched its first project in 1996. Currently there are two projects in Russia, the main one in Arkhangelsk to support the public TB dispensaries in treating the most severe forms of tuberculosis and a HIV Project in Moscow and Saint Petersburg aimed at mitigating the negative impact of COVID-19 among vulnerable, excluded and discriminated people. In 2017 MSF Germany opened in Moscow a Branch Office with main functions in communications/representation and HR support.
Switzerland

Key facts
No. staff in 2020: 140 (FTE)
Expenditure in 2020: Euro 67 million
MSF first worked in the country: 1993

Needs
MSF Switzerland is a partner section of OCB and has a secondary partnership. MSF Switzerland requested a salary benchmark to gain updated information on their competitiveness in the labour market, and because it has been three years since the last benchmark (2018).

Background
MSF Switzerland (Lékény Utan Gränser) was founded in 1993. Over the 28 years of existence, MSF Switzerland has grown to its current size employing around 140 employees. The office focuses on the activities within fundraising, communication, advocacy, as well as, recruiting field staff for projects in other countries where MSF operate.

Egypt

Key facts and additional information
No. staff in 2020: 158 (FTE)
Expenditure in 2020: Euro 3.1 million
MSF first worked in the country: 2010
Additional information: msf.org/Egypt

Needs
A benchmark was requested by OCB in August 2021. A previous benchmark was completed in Egypt in 2019. The purposes of this study was to evaluate MSF’s competitiveness in the Egyptian labour market including Information about different contract types (linked to nationality), social contributions and informal payments.

Background
In Egypt, MSF primarily responds to the needs of migrants, refugees and asylum seekers living in Cairo. More than 259,200 refugees and asylum seekers were registered with the United Nations refugee agency, UNHCR, in Egypt in 2020. Launched in 2021, MSF operates an integrated healthcare clinic in the capital offering a range of medical and mental health services, including sexual and reproductive healthcare, and treatment for people with physical and psychological trauma.
**Iraq**

**Key facts and additional information**
No. staff in 2020: 1,076 (FTE)
Expenditure in 2020: Euro 38.7 million
MSF first worked in the country: 2003
Additional information: msf.org/Iraq

**Needs**
OCP, OCA, OCB and OCG are present in Iraq and were involved in the benchmark. A previous benchmark was completed in 2017. The main objective of the study was to assess an overall picture of MSF’s position in the market in addition to evaluating recruiting challenges for specific medical specialists. Cost of living considerations were also evaluated in response to certain fiscal and macro-economic developments.

**Background**
MSF first intervened in Iraq 1988, in response to the Halabja chemical attack in Sulaimanyia in the Kurdish region of Iraq. The current phase started in 2015 and focused on displaced people. In July 2017, the Baghdad Medical Rehabilitation Center (BMRC) opened to improve postsurgical recovery process. MSF teams are working in Baghdad, Erbil, Sulaimanyia, Sinuni, Hawija, Abbasi, Kirkuk, Mosul, and Dohuk.

**Yemen**

**Key facts and additional information**
No. staff in 2020: 2,621 (FTE)
Expenditure in 2020: Euro 76.3 million
MSF first worked in the country: 1986
Additional information: msf.org/yemen

**Needs**
All five OCs are operating in Yemen. The main objective of the benchmark was to evaluate MSF’s market competitiveness in an economically volatile context.

**Background**
MSF first worked in Yemen in 1986 and continuously from 2007. OCB is the most recent OC in the country, operating a surgical trauma and maternity hospital in Mocha, and a Covid-19 response in
Aden. The other four sections work with addressing maternal and child health care, trauma, surgery and nutrition and health promotion, and since the middle of 2020, Covid-19.

**Venezuela**

![Map of MSF Presence in Venezuela - 2021](image)

**Key facts and additional information**
- No. staff in 2020: 477 (FTE)
- Expenditure in 2020: Euro 18.9 million
- MSF first worked in the country: 2015
- Additional information: msf.org/venezuela

**Needs**
The benchmark was requested to evaluate salary levels based on the economic context of hyperinflation, cost of living, food basket, with special focus on allowances: Per diem and Transport allowance as well as the challenge to retain and recruit medical staff.

**Background**
MSF has been present in Venezuela since 2015. OCBA and OCB were the first sections to participate in different projects in the country with focus on prevention and treatment of malaria, and sexual and primary health care. OCA started its recruitment in 2019 and is now with consolidated projects in Sucre, Amazonas, Táchira and Caracas. From the start of its operations, the focus has been to provide support to organizations that work with vulnerable populations, with the purpose of improving the access of victims of urban violence and sexual violence to comprehensive care and, specifically, to curative and preventive mental health services.

**Other Benchmarking Unit Activities**

**Rewards Review**
A *Rewards Review* initiative was started in 2018 with the objective to transform MSF’s contracting and rewards policies and practices to ensure that they are adapted to a global workforce that is diverse at all levels and able to meet evolving operational and organisational needs. After a period of analysis of the underlying principles and foundations, Operational Centres refocused and clarified their objectives in 2020. This led to a revised overarching observation:

"Our tangible reward policies and processes do not match our ambition for a diverse global workforce, do not fully support our evolving operational and organizational needs, lead to inconsistencies, hamper mobility and are perceived as inequitable by many staff."

The Benchmarking Unit has played an active role in this project since 2018 as leader of a data team, providing relevant market and compensation and benefits insight to aid in the analysis work.

Since 2020, the Benchmarking Unit has been a member of a Minimum Standards for Pay & Benefits working group. The aim of the group is to develop new rewards solutions for the entire MSF global workforce that will enable the organisation to better meet its operational demands and contribute to MSF becoming a more equitable, just, and global organisation.
The working group is focusing on developing minimum standards for benefits, including health coverage, retirement, provisions in case of death or disability, and paid leave, in addition to a common frame for minimum lower-level salaries, building on MSFs existing Living Wage methodology (household expenditure surveys) and other indicators included in benchmark studies conducted by the Benchmarking Unit. The main objective is to establish a remuneration policy that supports and empowers local level decisions by providing standards and tools for local adaptation, supported by the benchmarking process.

Training
Information obtained from a salary study has the potential to have a significant financial and operational impact on MSF operating units and on the operating units of the numerous organisations participating in the study, including the employees of these organisations. Benchmark training is designed to enable new analysts and analysts that have completed relatively few salary studies to become proficient in executing established processes and methodologies to complete a high-quality study with the aim to bring fairness and equity to all individuals involved.

Training encompasses the core principles, guidelines, and methodologies that are the foundation for an effective benchmark, as well as important templates and tools. A typical training seminar is carried out over a three-day consecutive period for six hours each day. The training includes substantial time dedicated to work sessions individually or in small groups covering each phase of the benchmark process.

Two group training sessions were completed in 2021, in addition to three individual training sessions, together encompassing more than 15 first-time analysts comprised of different nationalities and located in various countries. In addition to preparing these individuals for executing benchmarking studies, the training provides additional skills and expertise that can be applied in other HR roles within MSF.

Client Satisfaction Surveys
To facilitate continuous improvement of the benchmarking process, the MSF Benchmarking Unit completes a survey of participants regarding their overall satisfaction of the benchmarking process. In 2021, MSF surveyed the participants of eight benchmarks including International NGO’s, Local NGO’s and businesses, international agencies and Public institutions. We asked participants to rate each main process activity on a scale of 1-5 from being dissatisfied (1) to being very satisfied (5) with how each activity was carried out. All the responses were near or above 4 on this scale.
Table summarising score for 66 participants:

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Nr Responses</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications regarding the benchmark process and your participation in it were clear and understandable.</td>
<td>66</td>
<td>4.41</td>
</tr>
<tr>
<td>The Data Collection Sheet (DCS) was a useful tool to collect information about your organization.</td>
<td>65</td>
<td>3.98</td>
</tr>
<tr>
<td>The DCS was reasonably easy to use independently or with support from the Analyst.</td>
<td>65</td>
<td>3.92</td>
</tr>
<tr>
<td>The Benchmarking Report was delivered to you in accordance with the commitments made by MSF and timely in terms of your needs and expectations.</td>
<td>66</td>
<td>4.33</td>
</tr>
<tr>
<td>The Benchmarking Report included no information that would enable anyone outside your organisation to identify any information pertaining to you.</td>
<td>65</td>
<td>4.42</td>
</tr>
<tr>
<td>The Benchmarking Report layout, structure and content was clear, easy to understand and provided you with useful information regarding your position in the market.</td>
<td>66</td>
<td>4.14</td>
</tr>
<tr>
<td>The overall benchmarking study was an efficient and well managed process for your organisation.</td>
<td>63</td>
<td>4.27</td>
</tr>
<tr>
<td>You would like to participate in further benchmarking studies with MSF.</td>
<td>64</td>
<td>4.36</td>
</tr>
<tr>
<td>You would recommend to other organisations to participate in benchmarking studies with MSF.</td>
<td>66</td>
<td>4.38</td>
</tr>
</tbody>
</table>

Challenges in 2021
The pandemic continued to present challenges to benchmarking activities during 2021. Travel restrictions and quarantine requirements impacted the timing and efficiency of certain studies. Communications with potential participants became more onerous due to lockdowns. This resulted in fewer in-person solicitation of potential participants, as well as more frequent on-line interviews. Travel arrangements were more complex and scheduling more difficult.

Outlook
In 2021 we started, together with the support and encouragement of the MSF International Office, to increase our scope and reach and become the information centre for all MSF sections and entities with respect to labour market information and data. Today, such information is distributed and scattered between different locations. Our vision is to develop an accessible depository to enable management in headquarter operations and the field locations to access the information needed for decisions relating to compensation and benefits. We also aim to be a link between specialists and users of data and information. This will improve consistency in the development and implementation and of rewards-related policies across the movement in the future, avoid costly redundancies and inefficient processes and contribute to a better resource optimization.

Contact us for more information