Strategy 2026–2030

MEDECINS SANS FRONTIERES
LÄKARE UTAN GRÄNSER

A mobile clinic traveled for eight days along the Anapu River in the Amazon region of Pará, Brazil.
PHOTO: MARIANA ABDALLA, 2021

Content

Introduction

Médecins Sans Frontières' (MSF) overarching mission is to save lives, alleviate suffering, and restore human dignity. The most important objective for MSF Sweden and Finland is to support this mission. This is increasingly difficult in a rapidly changing political landscape where humanitarian needs are growing and where basic humanitarian principles are being questioned.

We need to stand strong and take a firm position in defending humanitarian values. Healthcare is increasingly restricted by conflict, climate change, and global crises. In this context, it is crucial that we remain a solid and relevant actor, both within the MSF movement, the humanitarian landscape and in society.

This strategy for 2026–2030 builds on our current strategic framework, ensuring continuity while providing a clearer steering of the organization.

We work through:
- Engaging in meaningful ways
- Optimizing MSF Sweden
- Catalysing change within the movement

We create new and more inclusive ways to connect with the public, our donors and our association. We optimize our resources and ways of working to ensure an efficient organization capable of meeting future challenges.

We drive change within MSF by sharing knowledge, enhancing collaboration, and influencing the global direction of our humanitarian work.

The strategy provides MSF Sweden with a solid foundation for decision-making and prioritization for the period 2026-2030. By working in a focused and strategic manner, we continue to be a strong humanitarian force – in Sweden, Finland, and across the global MSF movement.

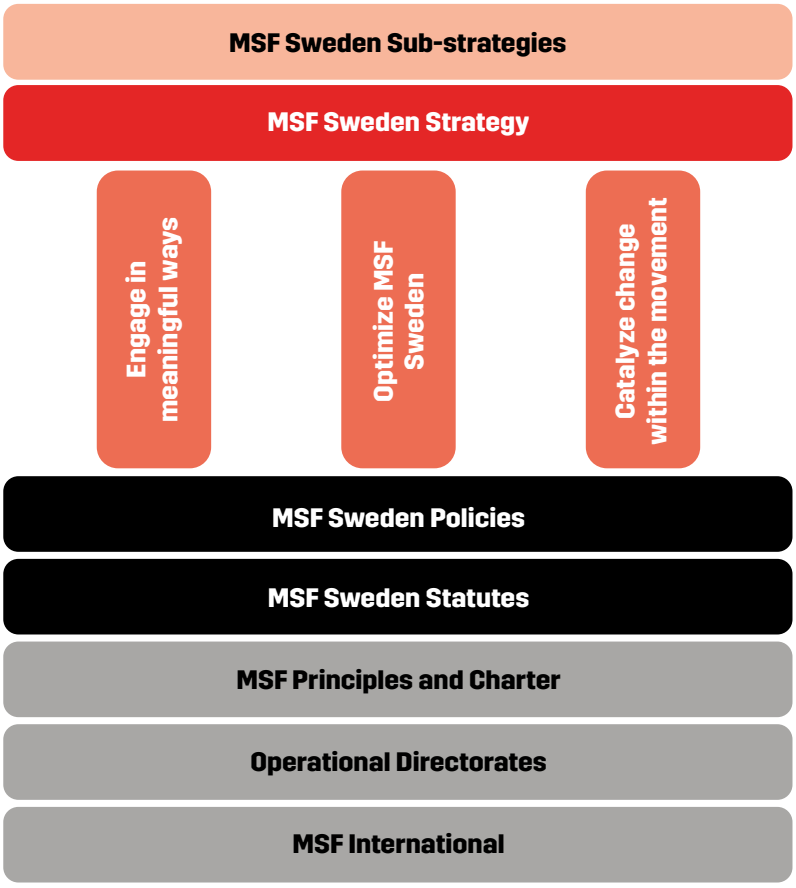
About this strategy

The purpose of the MSF Sweden Strategy is to give clear directions for management and board decisions for the period 2026-2030, on an overarching level. The strategy points out the way forward by setting goals and the strategic principles we need to reach them. In a fast-changing world this method provides clear steering, while leaving the board and management flexibility to adapt to changes.

This overarching strategy will be complemented with sub-strategies, both functional and enabling ones. The sub-strategies will describe how the organisation will work to achieve the goals and stick to the strategic principles. They will be set by the management team when the strategy has been approved by the members at the General Assembly.

Steering of MSF Sweden and MSF Finland

As a Swedish non-profit association, the principal steering document are the statutes of the association. Together with the three main pillars from the present strategy, the MSF Charter, and the Chantilly Document, the Statutes form the strategic overarching structure that guides the association's direction, decision-making processes, and alignment with the broader MSF movement. This ensures coherence between local autonomy



Steering of MSF Sweden and MSF Finland.

and international commitments, anchoring the organization's identity and purpose within a shared global framework.

The strategy is one of many building blocks that creates the steering of MSF Sweden and Finland. Other important sources of steering are strategies, guidelines and policies from MSF International and the Operational Directorates as well as policies set by MSF Sweden and MSF Finland.

Steering of MSF Finland

MSF Finland was established in 2018 as a branch office of MSF Sweden. MSF Finland operates under local legal responsibility through its board, composed of five members from the MSF Sweden management team.

The current governance model, revised in 2021, functions well, albeit with some complexity. Accountability is shared on key areas such as strategic planning and budgeting, with MSF Finland's 2024–2029 Strategic Plan developed with support from MSF Sweden and approved by the MSF Sweden Board. While the mission and strategic focus align with Sweden's, Finland adapts its strategic direction to the local context.

MSF Finland's role is to support the movement with communication, human resources and fundraising. MSF Finland runs its executive operations, including communications, advocacy, and fundraising. MSF Sweden supports Finland's development through governance, strategic input, and financial investment.

Main relation between Finland and Sweden

- Governance and accountability: MSF Sweden is responsible for the branch office within the movement.
- Strategic investment: MSF Sweden provides financial and operational support to enable MSF Finland's growth strategy.
- International Mobile Staff (IMS): IMS engaged by MSF Finland are under Sweden's responsibility, with administrative delegation to MSF Finland for employment contracts since 2024.
- The Finland based IMS as well as Locally Recruited Staff (LRS) are welcome as members of MSF Sweden association.

There is no separate associative entity in Finland given the branch office status. Since MSF Finland has its own strategic plan, the strategic objectives for MSF Finland are excluded from this document.

A community health worker accompanies 80-year-old Aisha to MSF's clinic in the Adré transit camp in eastern Chad.

PHOTO: ANTE BUSSMANN, 2024

Strategic areas

Position in and influence on the Swedish society

Context

MSF Sweden currently ranks among the top five most reputable non-profit organizations in Sweden, based on public trust and perception of MSF as a medical humanitarian organization. The need for strong, principled and operationally anchored active témoignage is more relevant than ever in a time of increasing conflicts, climate-related crises and forced migration all over the world. Meanwhile, more restrictions are put on humanitarian aid by governments. Disregard for international humanitarian law makes it harder to reach those in need. In Sweden, rising political polarization and dehumanizing narratives in society makes it challenging to reach and influence different stakeholders.

Principles

MSF Sweden should always:

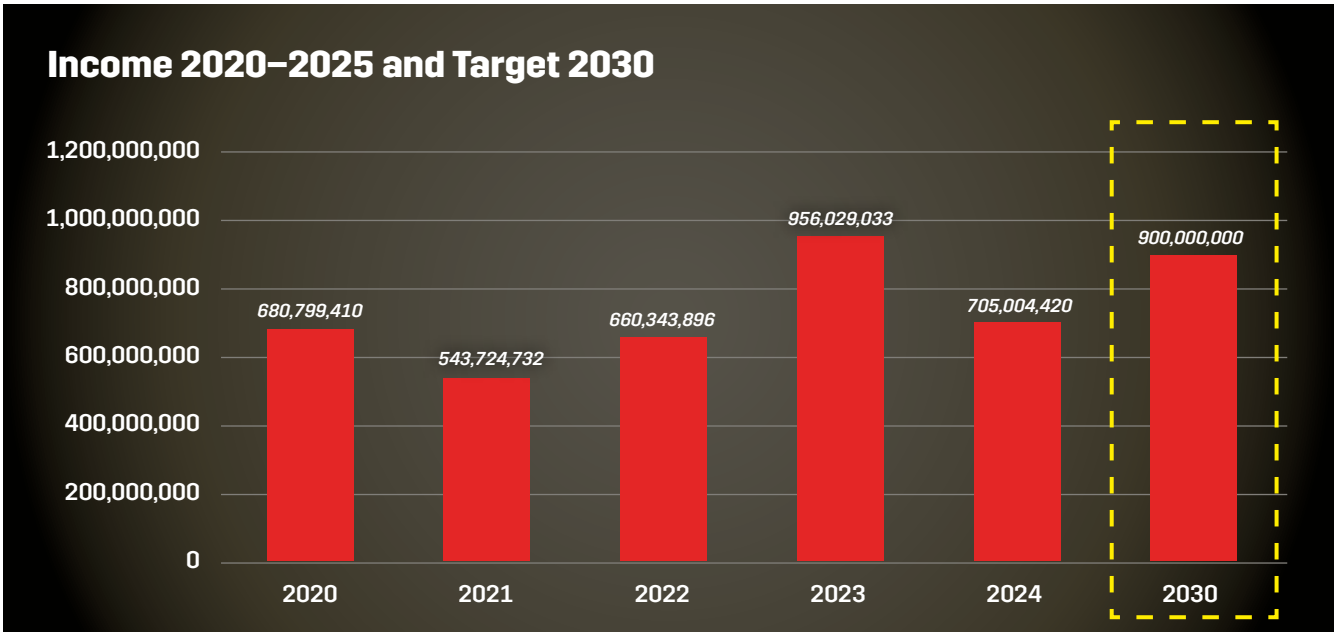
- bear witness and speak out to improve the situation for populations in danger
- safeguard the space for principled, impartial and neutral humanitarian action
- put forward the voices of patients, medical humanitarian staff, and people affected by crises.

We do this regardless of government, political environment or possible risk of backlash such as loss of income.

Goals

Keep our position as a strong, bold and credible organisation in the Swedish society. Increase active involvement of staff, IMS and members in témoignage.

Staff pushes a vehicle stuck in the mud on the way to a clinic for malnourished children in Afar, Ethiopia.
PHOTO: ANTE BUSSMANN, 2024



Please note that the income of 2023 is notably high because of one individual donation.

Fundraising

Context

MSF Sweden's fundraising has reached new plateaus of minimum income over the years, marking significant milestones in our financial journey and contribution to finance MSF's operational needs.

Looking back, the minimum income rose from SEK 150 million between 2005 and 2010, to SEK 300 million between 2010 and 2015, and has reached SEK 500 million since 2015. These increases are not just numbers; they represent our growing capacity and the trust and commitment of both donors and staff.

As instructed at MSF global fundraising level, neither extraordinary income nor income generated by emergency fundraising are included in our income goal for 2030. Being fully aware of how dependent our fundraising has been on emergency fundraising; this ambitious goal is a reflection of our commitment to expand our impact and enhance our fundraising efforts.

Reaching our income goal will require dedication and a collective effort of our entire organization, as well as investments in staff and digital capabilities.

The Swedish fundraising market outlook for the years 2025-2030 remains uncertain due to several factors. While financial recovery is anticipated, driven by lower interest rates and stronger household purchasing power, the overall economic activity may remain lower in the near term. Additionally, inflation and interest rate fluctuations, along with global uncertainties, could impact market stability.

The humanitarian sector also faces enormous uncertainty, with evolving global crises and changes in international aid architecture, affecting funding and resource allocation. Future donor behaviour is unpredictable, influenced by economic conditions, shifting priorities, a harsher view on humanitarian aid and other global challenges.

According to Giva Sverige, 53 percent of Swedish people donate to non-profit organizations, including 24 percent who contribute with monthly donations. However, this is still below the 63 percent who a decade ago donated to non-profit organizations.

With the current and intensified changes affecting our fundraising opportunities and needs, our projections for the coming years must be revised regularly and include potential variability in economic conditions, donor behaviour, humanitarian dynamics, and donor engagement.

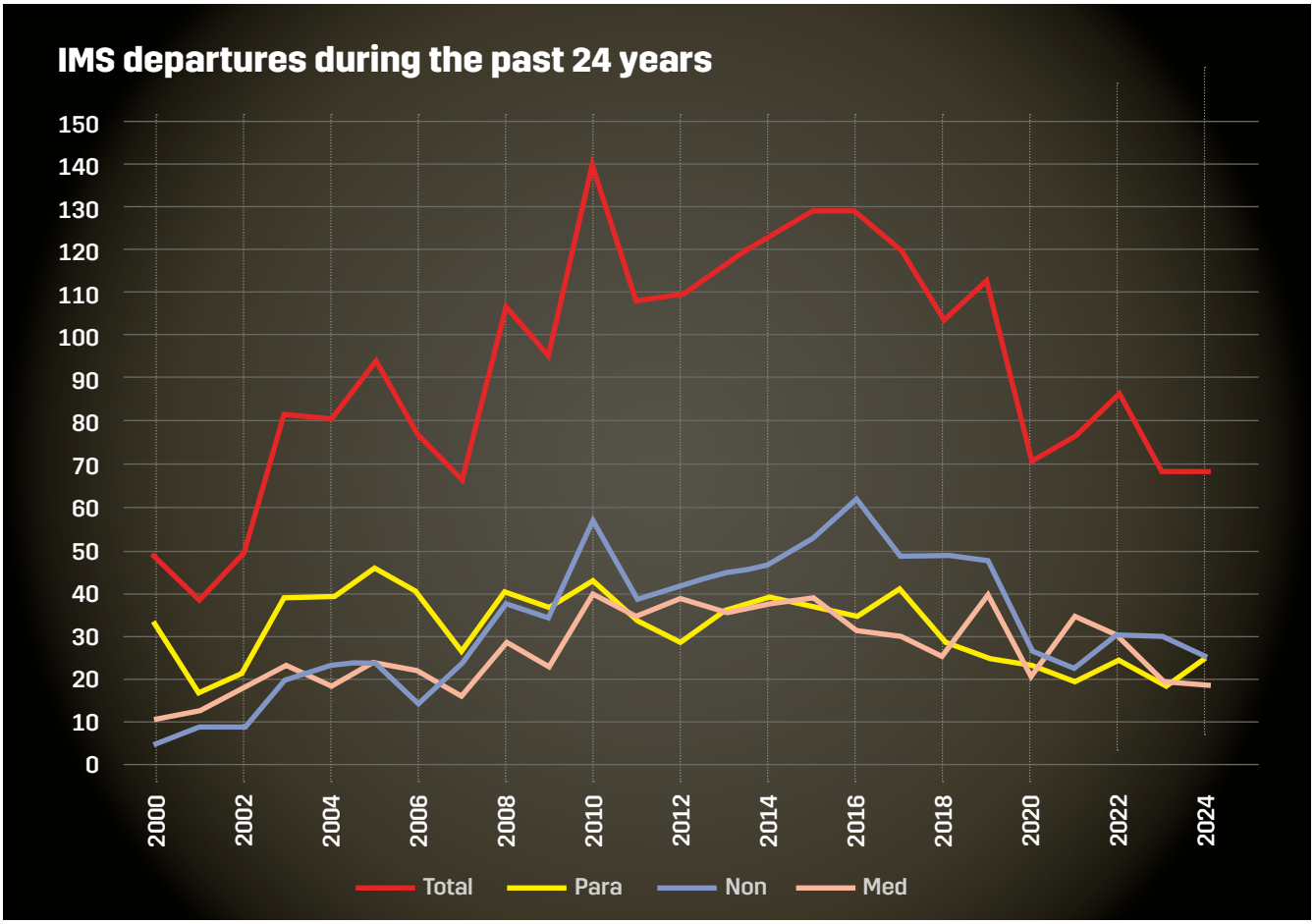
Principles

All fundraising of MSF Sweden should be aligned with the MSF movement's fundraising principles:

- Independence
- Needs-driven approach
- Accountability and transparency
- Respect, honesty, anti-racism and anti-discrimination.

GOALS

A minimum annual income of 900 million SEK in 2030.



Medical: *Doctors.* **Para-medical:** *Medical staff such nurses, mid-wife.* **Non-medical:** *E.g non-medical roles Supply, HR, Finance.*

International Mobile Staff

Context

In the context of Médecins Sans Frontières' humanitarian medical interventions, MSF relies on a skilled and diverse workforce. MSF Sweden continuously strives to recruit professionals including medical experts, logisticians, and administrative support staff and prioritizes recruitment of key profiles as required by the Operational Directorates.

In Sweden, MSF actively works to identify and engage with medical and non-medical professionals who are committed to the organization's mission. This approach guarantees the organization's readiness and flexibility to meet the dynamic needs of the Operational Directorates (ODs).

During the last five years, Sweden has sent significantly less International Mobile Staff (IMS) on assignments. The number of newly recruited IMS securing a first assignment is lower than before.

A decreasing number of people with personal operational experience means that we have fewer who can bear witness in the Swedish as well as the Finnish society, which in turn may hinder the efforts to maintain a strong MSF Sweden Association.

Since 2007, the ratio of IMS recruited by MSF Sweden who has been sent to a project within the first two years has decreased. In 2007, 57 percent of those who were recruited were sent to a project within this time frame. In 2024, the ratio was 13 percent.

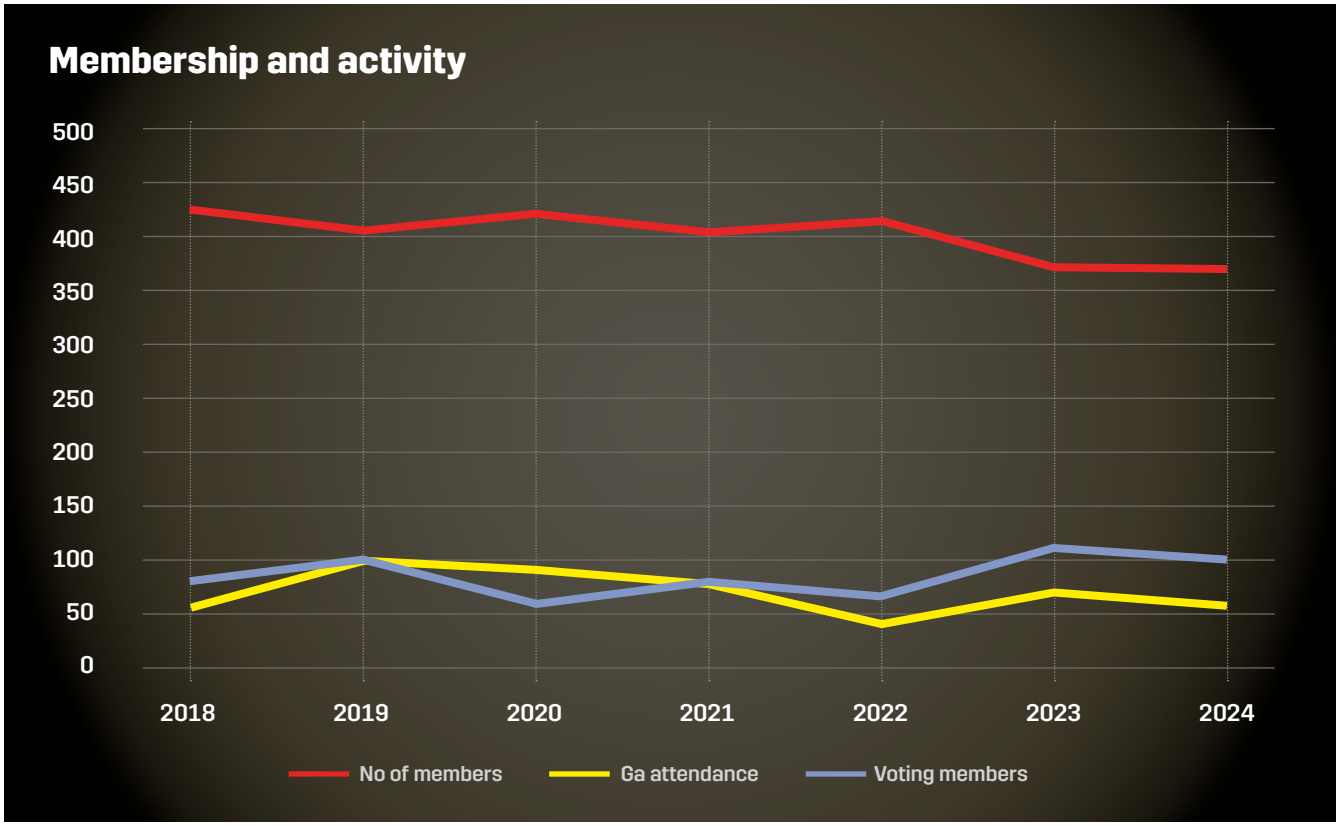
Principles

MSF Sweden should follow these principles:

- International Mobile Staff (IMS) should primarily be recruited to provide competence needed and requested by the Operational Directorates.
- MSF Sweden will strive to recruit IMS for long term engagement in the movement.
- Since IMS are vital for a vibrant association, active recruitment to the association should be an integral part of the IMS-process.

GOALS

At least 75 percent of recruited and trained IMS are working in projects within one year.



Association

Context

MSF is an association at its core. The associative and executive bodies are intertwined, with the Association setting key orientations and the executive implementing them. The Association is more than the Board of Directors or the General Assembly – it consists of all MSF members who question, challenge, and contribute to improving our work. This culture of engagement and ownership unites current and former, locally recruited and international mobile staff in a shared commitment to MSF's humanitarian medical mission.

As MSF grows, professionalizes, and adapts to a changing humanitarian landscape, maintaining a strong associative spirit is essential. The Association fosters debate, self-reflection, and engagement, shaping MSF's identity and ensuring that our actions align with our principles.

To uphold this, we strive for an engaged association that actively drives the organization forward and takes part in discussions on MSF Sweden's governance and development.

This means that the association should:

- Steer MSF Sweden through internal governance
- Represent MSF in the Swedish and Finnish societies as ambassadors and spokespeople
- Engage in movement-wide debates and discussions to drive change in MSF

To sustain a dynamic and engaged member base, we must attract eligible members to join our association. Project and medical experience among our members remain central to our identity, ensuring that MSF stays connected to operational realities.

Even though the number of members has gradually decreased during the years 2018–2024, the number of members that are active in democratic decision-making within the association has been stable and growing. The percentage of voting members has risen from 19 percent in 2018 to 28 percent in 2024.

YEAR	PROJECT EXPERIENCE	MEDICAL PROFILES
2018	80%	60%
2019	80%	57%
2020	80%	60%
2021	80%	58%
2022	78%	51%
2023	75%	50%
2024	75%	43%

Even if the association still has a solid base of members with project experience, the percentage of members with a medical profile is significantly smaller in 2024

An information session on tuberculosis in Mbomou, Central African Republic.
PHOTO: JULIEN DEWARICHET, 2023

compared to 2018. For the first time, less than half of the members have a medical background. This is a risk to the organization's profile as a medical humanitarian organization. Active measures need to be put in place during the strategic period 2026-2030.

YEAR	ELIGIBLE	BECOME MEMBER	RATIO
2024	16	6	38%
2023	13	4	31%
2022	16	8	50%
2021	17	5	29%

Based on the ratio of recruitment of eligible members among the international mobile staff, there is a potential for a higher influx of members into the association.

Principles

MSF Sweden is an inclusive organization open to all members who fulfil the membership criteria. To uphold MSF Sweden's profile as a medical humanitarian organization, the section should actively recruit new members with a medical background and project experience.

Goals

The Association has more members in 2030 compared to 2025.

At least 30 percent of the members vote at the General Assembly each year. At least 50 percent of the members in 2030 have a medical background.

At least 75 percent of people returning from projects who meet the membership criteria become members in 2030.

Midwife Sabrina Sarmeen with a newborn at MSF's clinic in the Kutupalong refugee camp in Bangladesh.
PHOTO: ANTE BUSSMANN, 2025

Position in and influence on the movement

Context

MEDICAL COMPETENCE

There is a direct correlation between the availability of adequately trained medical staff and the quality of healthcare services. This is essential for improving the quality of health services.

Over the past decade, Médecins Sans Frontières (MSF) has significantly expanded the scope of specialist care across its medical missions, aiming to improve access to advanced treatments and to address the diverse healthcare needs of the populations we serve. This expansion reflects MSF's commitment to providing comprehensive medical care, ensuring that specialized services are available in contexts where they are most needed, from trauma and surgery to maternal, neonatal and paediatric care.

However, despite these advancements, the quality of both primary healthcare and specialized services are not at the level we should expect in our projects. A recurring challenge is the insufficient availability of adequately trained staff with the necessary qualifications and licenses to provide the level of care required. This issue, which spans multiple contexts and regions, threatens to undermine the impact of MSF's medical interventions and our ability to deliver high-quality, patient-centred care. Addressing this gap is critical to

the continued success and sustainability of MSF's projects, and MSF Sweden should further explore the challenges and potential solutions to enhance the quality of care across both primary and specialized services.

POWER SHIFT

MSF as a movement has historically been a very Eurocentric movement with most partner sections and Operational Directorates placed in Europe. As a movement we have taken strategic decisions, such as the Structures definitions project and the MSF We Want To Be process. These decisions aim to change the image of MSF from a Eurocentric to a diverse movement. This shift can be seen in our workforce that in 2023 was made up of 69,179 colleagues, coming from more than 160 different nationalities. In 2018 MSF started its first Operational Directorate outside Europe, in West Africa, and has expanded its movement with new entities in South America, Asia and Africa. MSF Sweden believes this diversification is a necessity for the evolvement of our movement, and that the diversification should also be reflected in the decision-making bodies.

Principles

Representatives of MSF Sweden, when acting in decision-making bodies, should:

- Uphold a focus on the patient when it comes to use of resources, accountability, as well as in other areas
- Strengthen the movement outside the "Global North".

Goals

Strengthen MSF's operations by utilizing MSF Sweden's highly specialized medical competence and good connections with academia and hospitals for training and knowledge transfer across the movement.

MSF provided emergency care to hundreds of Palestinians injured during an Israeli police operation in Jerusalem.
PHOTO: JULIEN DEWARICHET, 2023

Nordic Collaboration

Context

MSF Sweden supports deepening the Nordic collaboration for the period 2026–2030 but stresses that any structural changes must be driven by the goal of strengthening MSF's social mission.

Current joint initiatives, such as shared annual meetings and knowledge exchange between sections, are positive for the organization as are executive-level efforts to identify and utilize operational synergies.

Collaboration can be further developed on two levels:

- Associative: joint activities, campaigns, learning, and advocacy
- Executive: shared resources, knowledge exchange, and support for management decisions.

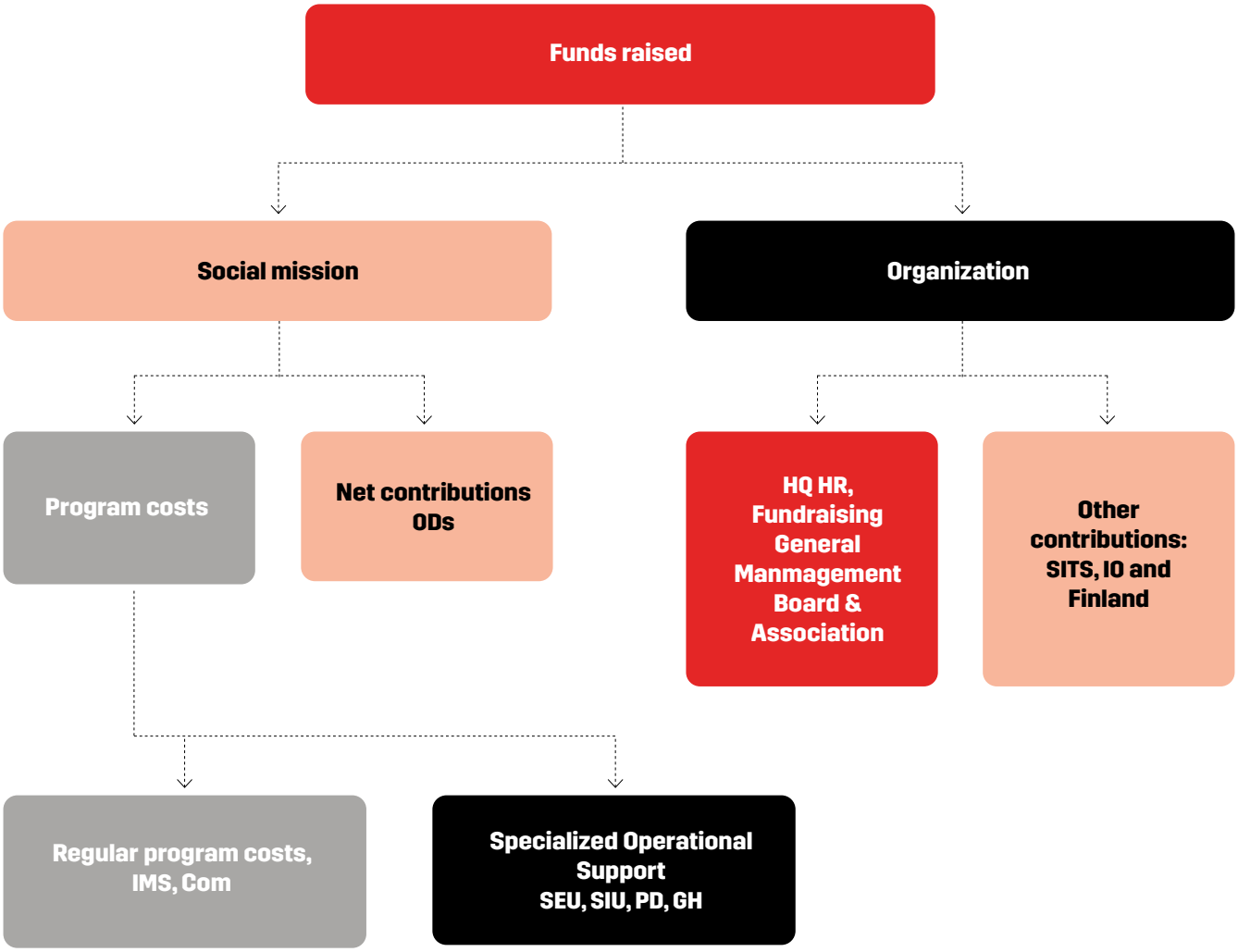
Principles

MSF Sweden has the following principles for Nordic collaboration:

- Collaboration with other sections should be actively pursued when it, directly or indirectly, can contribute to our social mission.
- Any structural or legal changes to Nordic collaboration must clearly contribute to improving MSF's social mission and is dependent on clear evidence of gains in efficiency, cost savings, or improved outcomes for the social mission.
- We seek to influence change through cooperation with like-minded sections to promote inclusivity.

Goals

MSF Sweden, together with the Nordic sections, contribute to a shift of power to entities outside the "Global North".



The following graph1 illustrates on an overarching level how funds can be used in MSF Sweden.
See acronym list in Appendix 3.

Use of funds

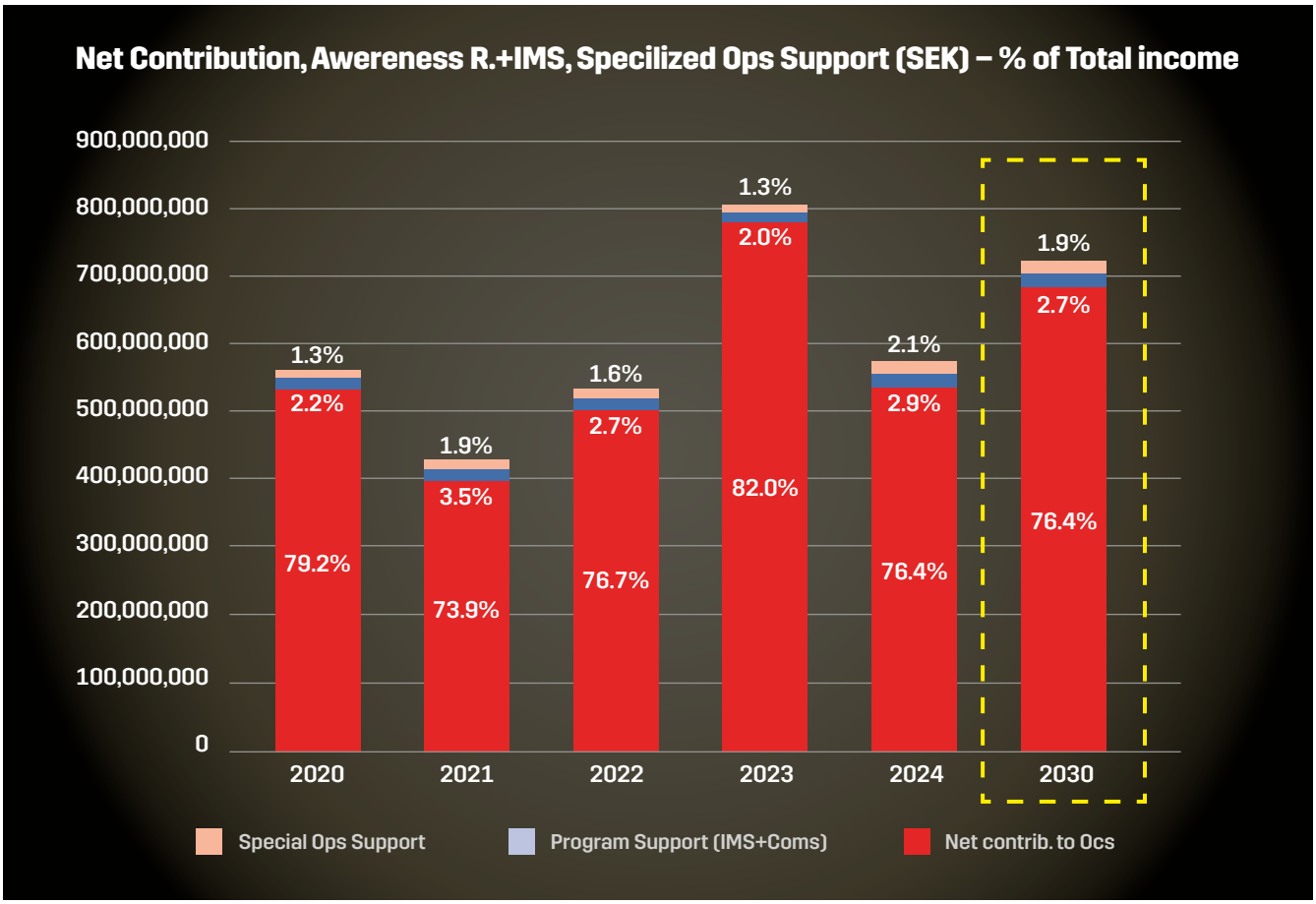
Context

MSF Sweden's strategy for 2026-2030 aims to leverage financial stability, strong partnerships, and clear mission to optimize resource allocation.

Despite unpredictable funding and technological adoption challenges, MSF Sweden's robust financial management and market share provide a solid foundation. The organization will capitalize on its strong brand and credible voice to attract new funding sources and foster innovative partnerships.

However, MSF Sweden must remain agile in order to navigate in a context of political and economic uncertainties, increased competition for funding, and cyber security threats. Addressing movement governance structure and priorities will be crucial to maintain funding independence and a strong employer brand.

By focusing on interdependence gains and optimization, MSF Sweden will be able to future-proof its impact and resilience in a rapidly changing landscape.



Historical financial outcome

As seen in the graph below, MSF Sweden's social mission ratio has been close to or over 80 percent during the last five years. The social mission ratio measures how much of our donations that are used for the projects. During the same period, the net contribution, which measures MSF Sweden's financial contribution to projects, has been almost 75 percent or above of the total income.

Predicted needs for investment (use of funds) for the organization

In the strategic planning for 2026–2030 MSF Sweden needs to invest further in the organization. Some important areas being:

- Investment in the Finnish market
- Development of staff to meet the competences needed
- Ways of working to be able to adapt an ever-changing context
- Brand building
- Technological and digital transformation
- Investment in cybersecurity and data governance.

These investments, together with the running costs, shall be covered within the 20 percent of the income that is not included in the social mission.

Principles

MSF Sweden should use resources in a way that upholds the principles set out in MSF's Strategic Planning and Resource Cycle (SPARC) process[2]:

1. Centrality of humanitarian operations
2. Adaptability
3. Accountability
4. Efficiency

Goals

A social mission ratio that is at least 80 percent of the total income each year during the strategic period. A net contribution ratio that is at least 75 percent of the total income each year during the strategic period.

2) The Strategic Planning, Accountability and Resource Cycle (SPARC) is a multi-year strategic and resource allocation framework that will guide MSF's common objectives from 2026 to 2031. This initiative marks MSF's first concerted effort to align movement-wide strategic priorities with resource planning. It ensures that our shared commitments to addressing the needs of our social mission are adequately supported and that we hold ourselves accountable to these goals.

On board our search and rescue vessel in the Mediterranean during a rescue operation.
PHOTO: PABLO GARRIGOS, 2021

Specialized operational support

Context

MSF Sweden hosts three Specialized Operational Support entities: Sweden Innovation Unit, Stockholm Evaluation Unit and MSF Paediatric Days. Read more in Appendix 2.

Principles

MSF Sweden should invest in Specialized Operational Support only when there is a clear and unmet need in the movement that cannot be addressed through existing structures, as well as when MSF Sweden is best suited to host it and when all criteria outlined in Appendix 1 are fulfilled.

GOALS

Maintain the existing three Special Operational support units during the strategic period and evaluate them against the criteria in Appendix 1 before 2028.

Appendix 1
Evaluation Criteria for Specialized Operational Support

• RELEVANT AND PURPOSEFUL
Directly supports MSF's social mission by addressing real needs, adapts to changing contexts, and upholds ethical standards to enhance the quality of medical humanitarian operations.

• STRATEGIC
Aligns with MSF Sweden's ambitions and clear advantage for MSF Sweden to engage, diversify its contributions to the movement, strengthen its values and culture, and enhance its reputation as an efficient partner.

• CATALYTIC
Drives positive, sustainable change by shaping knowledge, attitudes, and practices, requiring long- term funding and support, and promotes collaboration, capacity building, and learning across the MSF movement. Always seeks synergies.

• MEASURABLE
Is measurable at both project and organizational levels, focusing on effectiveness, efficiency, and impact to ensure objectives are met, resources are well-utilized, and activities have significant effects.

Appendix 2
A brief description of present Specialized Operational Support

STOCKHOLM EVALUATION UNIT (SEU)
SEU is dedicated to enhancing the quality and accountability of MSF's medical humanitarian operations through evaluation. The SEU fosters credible, utility-driven, and inclusive evaluations. It also generates institutional learning through transversal analysis. As a tool for learning and accountability, evaluation shapes internal narratives, strengthens the quality of care, and supports commitments to diversity, equity, and inclusion. It also creates a connection to other medical and humanitarian actors through the evaluation sector.

Over the years, the SEU has built a strong reputation for delivering credible results that are valuable to the organization. A meta-evaluation conducted in 2022 showed an increase in the quality of SEU evaluations over recent years. However, the preconditions for driving a culture of evaluation at MSF are not entirely present and remain mostly person dependent.

To bridge ambition and reality, the SEU works to increase stakeholders' capacity to meaningfully engage. It generates learning by viewing evaluation as a holistic process that brings value to participants at each stage, from design to data collection, to dissemination and use. To achieve this, the unit plays a pivotal role in shaping the type, nature, quality, and resourcing of evaluation efforts.

Though most evaluations are conducted with the Operational Directorate based in Brussels (OCB), learning is made available to the entire movement. Furthermore, the SEU is constantly answering requests for input and providing expertise across the movement, actively engaging with key stakeholders, on project and HQ level. Evaluation findings are broadly communicated both internally and externally, living up to the organization's commitment to transparency.

MSF SWEDEN INNOVATION UNIT (SIU)
SIU is dedicated to fostering a culture of innovation within MSF. By collaborating with colleagues worldwide and embracing diverse perspectives, we design and support innovations that save lives, alleviate suffering and restore human dignity. Partnering with strategic allies, we build an inclusive innovation system that addresses local issues and prioritizes inclusion to tackle systemic challenges. Whether focusing on digital or process-oriented innovations, our primary objectives are to enhance patient-centeredness and community engagement, thereby improving the quality of care in MSF projects.

As part of building this inclusive innovation system, the SIU is currently formalizing partnerships with MSF UK/the Operational Directorate based in Amsterdam (OCA) and the Operational Directorate based in Geneva (OCG), and strengthening synergies with educational institutions for MSF staff, such as the Global Health Humanitarian Medicine course and Paediatric Days. Additionally, we drive innovation inter- sectionally within the topics of non-communicable diseases, women's and children's health, and mental health, with considerable focus on volatile settings and displaced populations. This has manifested in close collaboration with working groups (NCD, Paediatric, etc.) as well as regional presence with various Operational Directorates (ODs), for example, in the Middle East, DRC, and Cox's Bazar, Bangladesh.

During the upcoming strategic period, the SIU

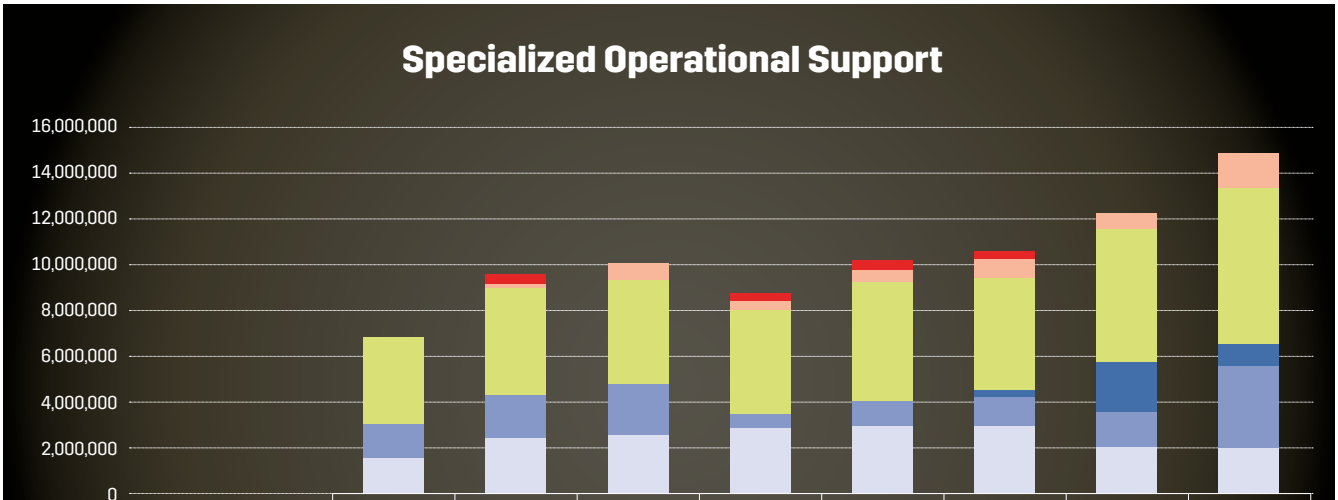
aims to be a catalytic driver of positive change through innovation, doing so in a more impactful and systematic manner than before. This involves not only operations and the wider movement but also embedding our work within MSF Sweden's strategy through close collaborations with other departments.

MSF PAEDIATRIC DAYS

The MSF Paediatric Days is an event for MSF 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 event was created in Stockholm, Sweden in September 2016, where the first MSF Paediatric Days took place at the Karolinska Institutet. Consequent events have taken place in rotating locations including Nairobi, Kenya, and Dakar, Senegal.

Despite huge global advances in neonatal and paediatric care in the past 30 years, the availability of high- quality, cutting-edge care is not universal. When scientific research takes place in high-income countries, as is often the case, the resulting evidence-based recommendations may not be feasible in countries without the same health infrastructure and resources. As such, 'best practice' must be continuously adapted to different contexts to ensure that guidance and tools are practical and useable while remaining of high-quality.

Through multidisciplinary brainstorming and teamwork, the MSF Paediatric Days aim to find more innovative ways to manage the challenges faced in neonatal and paediatric care in MSF. The synergy between hands-on practitioners, technical referents, and leading academics has thus far resulted in an operationally relevant conference with a scientific foundation.



	2017	2018	2019	2020	2021	2022	2023	2024
Global Health Course		405,328		318,750	387,500	288,156		
Paediatric Days (Program costs)	0	185,420	736,033	368,401	521,769	799,610	596,889	982,672
Evaluation Unit HQ costs	3,769,970	4,654,217	4,501,123	4,563,243	5,139,623	4,878,421	5,884,160	7,306,972
TIC funds – innovation						272,073	2,141,239	924,259
Innovation Program Costs	1,538,307	1,864,620	2,294,666	585,503	1,171,724	1,334,589	1,535,362	3,589,952
Innovation Unit HQ costs	1,530,492	2,463,975	2,522,827	2,878,667	2,944,488	2,928,688	2,058,969	2,017,756

Historical financial outcome 5 years

	2020*	2021	2022	2023	2024
SEU HQ costs	4 563 243	5 139 623	4 878 421	5 884 160	7 306 972
SEU Program Costs**		345 118	372 637	344 761	558 000**
PedDays HQ costs	368 401	521 769	799 610	596 889	982 672
SIU HQ Costs	2 878 667	2 944 488	2 928 688	2 058 969	2 017 756
SIU Program Costs	558 503	1 171 724	1 606 662	3 676 601	4 514 211

*** Covid pandemic affecting program costs (SIU had program costs of 2,294,666 SEK in 2019)**

**** (1) To be confirmed, (2) Funded directly by OCB, MSF South Africa, OCG**

Appendix 3
List of abbreviations

COMS: Communications
GH: Global Health
HQ: Head Quarter
HR: Human Resources
IMS: International Mobile Staff
IO: International Office
LRS: Locally Recruited Staff
MSF: Médecins sans Frontières
OCA: The Operational Directorate based in Amsterdam
OCB: The Operational Directorate based in Brussels
OCG: The Operational Directorate based in Geneva
OD: Operational Directorate
PD: Paediatric Days
SEU: Stockholm Evaluation Unit
SIU: Sweden Innovation Unit
SITS: Shared IT Services
SOS: Specialized Operational Support
SPARC: Strategic Planning and Resource Cycle
TIC: Transformational Investment Capacity