The Impact of Doctors without Borders on the Aid Question in Africa.

By

Monday Etumudor
Department of History and Diplomatic Studies
Faculty of Humanities
Ignatius Ajuru University of Education
Rumuolumeni, P.M.B. 5047 Port Harcourt, Nigeria.

Abstract:

One critical situation in human survivalism is meeting and resolving his humanitarian needs created by poverty, poor economy, political instability, crises, and conflicts which are endemic in Africa. Medecins Sans Frontieres is one of the major stakeholders in this front. Among other humanitarian organisations, MSF, has proven to be very active in this regard. In the face of governments inability and insensitivity to providing these needs especially in less developed countries with Africa the most hit, MSF provides among others the following humanitarian services: hospitals, health centres, equipments, food and clean water, medical supplies, trainings for medicare workers, employment, researches into deadly diseases, treatments, fighting diseases, provision of nutrition programmes, mobile vehicles for transportation of victims from war zones and remote villages to available health centre points and others. MSF focused on providing these needs employ methods such as recalcitrance, provocative tendencies, defiance, independence actions, witnessing and openness. MSF in its operation has no territorial limitation as it ignores political and religious territorial boundaries in offering welfare to the needy. It is on the basis of these that MSF is criticized. Despite these criticisms, as social work providers MSF is expending her energy offering its services to reducing human suffering, especially in Africa. Today, other humanitarian organisations are inclined to copy MSF approaches to providing humanitarian services intended to reshape properly the principles of care giving without restraint and intimidation as MSF does.

Keywords: Humanitarian aid, Medics, Interference, Accountability, Transparency.

Introduction:

Among the fundamental needs for the survival of man is good health. This has become scarce following the imbalance in the distribution and flow of wealth and resources, making access to health services difficult. This is affected by the role of social determinants of health which are political, economic and social conditions such as poverty, education, gender inequalities and environmental degradation that affects the health outcome of societies and of specific populations such as women and children (Fidler, 2013, p. 527). Humanitarian organisations inclined to ameliorate this vulnerable conditions come as Medecins Sans Frontieres (Doctors without Borders). The role of these is to substantially solve the health problems afflicting most people who are deprived of essential health services due to poverty induced by wars, conflicts, political instability and other salient factors.

The African continent to a great extent is dysfunctional compared to other continents of the world and is unable to get on its feet economically and many of the states are gradually moving into becoming failed states. Africa is therefore impoverished that its governments cannot fully support the provision of certain health conditions afflicting the people. This has made the health sector more vulnerable to attract the services of humanitarians in the health sector represented by Doctors Without Borders who decides to confront and overcome the risks of whatever odd in their way to providing the vulnerable access to good health.

Doctors Without borders perform humanitarian diplomatic services. The humanitarian diplomacy policy definition of the Red Cross and Red Crescent is 'persuading decision makers and opinion leaders to act at all times, in the interest of vulnerable people, and with full respect for fundamental humanitarian principles' The humanitarian principles of the International committee of the Red Cross(ICRC) as enunciated by the founder, Henry Dunant, at the International Conference of the Red Cross and Red Crescent in 1965 were: Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity, and Universality (Egeland, 2013, p. 286.) This is the foundation upon which humanitarian organisations operate.

Benatar (2014, p. 603), stated that MSF is seen as the most successful and well known apolitical humanitarian endeavour founded in 1971 by a group of French

Doctors in response to the tragedies and atrocities of the Nigerian Civil War. Now, it is a renowned worldwide movement responding to a spectrum of human-made and natural disasters. In 2015 MSF was active in 60 countries, with 36,000 active volunteers consisting medical professionals, structural and civil engineers and administrators. This organization has its base in Geneva, Switzerland with a budget of over $700 million supplied from private and corporate donors. Every year, Doctors without Borders show effectiveness in up to 20 countries in Africa delivering various humanitarian aid. Its health education is seen as the best, MSF is totally impartial as it claims to be a de-territorialized organization, ignoring states under the core tenets of neutrality which allow them work across national boundaries. (Hayenga, 2016, Pp. 4, 5,6).

Purpose of Study

This study intends to identify the role of Medecins Sans Frontieres in providing humanitarian health services to vulnerable peoples in need of such in Africa; examine its differences with other humanitarian aid organisations and its adherence and non-adherence to the principles of operation through provocative, recalcitrant, defiance, speaking out and independence acts to governments in her effort to give care to those who need it without restraint and intimidation; discuss MSF activities in African countries; highlight its criticisms and challenges as well as its relevance in providing health care assistance and facilities to meeting the yearnings in this sector in a continent ravaged by political conflicts, wars, economic backwardness and poverty.

Medecins Sans Frontieres (MSF) or Doctors without Borders

Medecin Sans Frontieres or Doctors without Borders is one of the few organizations in the humanitarian field. It is an offshoot of the International Committee of the Red Cross (ICRC) in the 1970s by a handful of Doctors and Journalists. The MSF was born out of the ICRC commitment to remain silent by the French Red Cross personnel working for ICRC during the Biafra war (1967-1970) were it was observed that children were dying en masse because the army blocked access to all supplies to the breakaway region. It was clear to young doctors that speaking out against this situation was their basic duty as “medics.” Flying in the face of the ICRC’s policy of silence, the doctors decided to expose the realities of the Biafra conflict through the media. At this point in time, MSF rejected

a predetermined neutrality that the French doctors viewed as passive complicity with the Nigerian government, which had been accused by adversaries of committing genocide. Its aim was to expand access to medical care across national boundaries not minding race, religion, creed or political affiliation. MSF volunteer doctors came with the French Red Cross team to work in hospitals and designated feeding centres in besieged Biafra. France at this time was the only major country supportive of Biafra and the situation in the region was unknown to the world (Paul, 2019, pp. 1, 2).

Barnard Kouchner of the MSF in Nigeria haven returned to France formed a committee against genocide in Biafra, wrote that, he had signed to be a proper perjurer, reasoning that he did not want to repeat the mistakes of the ICRC during the 1939-1945 war that failed to condemn the Nazi extermination camps. In Biafra, the MSF was subjected to attacks by the Nigerian army and witnessed the atrocities committed against the breakaway region. Thus, the origin of MSF (Medecins du Monde (Doctors of the World) (Brauman, 2012, p.2). As young medics the MSF decided to expose the realities of Biafra conflict via the media.

This action received public criticism and condemnation of Nigerian government and the complicit behaviour of the Red Cross and disagreed with the policy of non-interference with the politics of countries passing through internal armed conflicts. It was this that informed MSF idea that a new organization that would ignore political and religious boundaries and prioritized the welfare of victims was needed (Paul, 2019, p. 2), leading to the formation of the 'Groupe d' Intervention Medical et Chirurgical d' Urgence (GIMCU), that is Emergency Medical and Surgical Intervention Group.

From a small charismatic movement the MSF grew into a large organization comprising 19 sections, 25,000 staff members, 20 presidents, 20 directors, and more than 200 board members operating in over 80 countries. Her actions and interactions with both patients and staff are expected to transcend the boundaries of nations and culture, impartial and non-discriminatory with gender, race, ethnicity, religion, politics, social status or any such particularistic and accidental attributes (Akpikin, 2020, p. 49). It is one of the world's largest international non-governmental organization. After fifty (50) years of existence MSF stands as the

second biggest non-governmental organization in the world with 21 national and 17 branch offices, with an annual budget of 1536 million euros and 47,318 staff (Heyse & Korff, 2021. P. 263).

Doctors without Borders Charter and Operational Tools

Certainly the major purpose of humanitarian activity is the global prevention and alleviation of human suffering. This duty is referred to as humanitarian imperative, void of power and politics (Heyse & Korff, 2021, p. 266). Doctors without Borders mission statement or charter specifies the goals and values of the organization through:

1. Four principles via: medical, ethics, independence, impartiality and neutrality.
2. The organization also promises accountability and transparency and critically adheres to the principle of bearing witness. The principle of bearing witness is the act of speaking out about experiences and observations during aid operations in order to bring abuses and atrocities to public attention, thus, advocating on behalf of aid recipients.
3. Witnessing is a way of showing solidarity with groups in dire need. This is a conflicting state with the humanitarian principle of neutrality that implies not taking sides in hostilities or to 'engage at any time in controversies of political, racial, religious or ideological nature'.
4. It also embodies the moral insistence of human right health and dignity of life that goes with it. So, MSF as an organization is a technical apparatus designed to implement basic health care quickly over great distances and under extreme conditions.
5. In fulfilling its witnessing mission, MSF proved this during the Nigerian Civil War where they were forced to remain silent under the principle of 'neutrality'. It is also very keen to speak out about the plight of victims and seeking independence, impartial way to providing care where they saw the greatest needs.
6. Medecins Sans Frontieres provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. This acts are done regardless of race, religion, creed or political convictions.

7. It observes neutrality and impartiality in the name of universal medical ethics and right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.
8. Its members respect their professional code of ethics and maintain complete independence from all political, economic or religions powers. Being volunteers they understand the risks and dangers of missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them (Heyse & Korff, 2021, p. 268).

MSF Differences with Other Humanitarian Organisations

MSF differ from other humanitarian organisations through its technical and operational expertise with a fundamentally different approach to interpretation and implementation of the principles of neutrality and independence, thus, developed an ethics of refusal which made the organization withdraw from numerous humanitarian organisations. It has a critical attitude to this sector and increasingly, to itself. This has earn it the reputation of an outsider and maverick among the general public (Heyse & Korff, 2021, pp. 263, 264).

Provocateur

Medecins San Frontieres has proven to be a notorious provocateur with little inhibition to deviate from common norms and standards. This act of notoriety and non-conformity has not harmed its reputation, but made it well known and highly respected by the general public. Their controversial acts on the contrary triggered revisions of values and practices creating for MSF the image of the 'conscience of the humanitarian world'. The organization remains strictly autonomous and reluctant to submitting to coordination efforts, thus, receives criticism from fellow humanitarian organisations. However, these non-conformist attitude has in some great measure impacted in multiple ways the way humanitarian organisations operate today. It provided alternatives to the sector's originally strong adherence to neutrality in aid provision and thereby a different way of doing humanitarianism. (Heyse & Korff, 2021, P. 264).

From the period of the 1990s Doctors without Borders and the International Committee of the Red Cross (ICRC) worked in close cooperation in cities at war.

Their central leaderships meet regularly, speaking the same language and agreed about where to draw the line as it concerns the proper relationship between civilian, humanitarian agencies and the military. Their mission bring them together to the point where their differences no longer has relevance but that which makes them have common interest. On the contrary, ICRC public pronouncement is done with one voice, its appeals and statements are clearly signed in line with the words appearing on the emblems. This is not so in the case of MSF. Both has its own history, organizational forms (its culture) with rife disagreements between and within each, this complicates and undermines, though does not prohibit, the treatment of MSF as a homogenous entity (Brauman, 2012, p.1).

The above in line with the act of speaking out buttresses MSF reason for bearing witness to be a moral challenge, an action slogan, and a call for mobilization. This was the beginning of her idea of speaking out, denouncing, and standing up for victims against their murder which became the thrust for the new humanitarian commitment embodied by MSF founded in 1971 in opposition to the culture of silence imposed by the Red Cross. ICRC in 1969, under Bernard Kouchner and Max Recamier described the horrors of the Biafran war and the hard work of the humanitarian volunteers without accusing the Nigerian government. To the French Doctors it was proper to denounce the atrocities committed by the Federal troops. These made MSF to create the attitude of crossing borders clandestinely in order to reach certain war zones to which access was prohibited. However, it was claimed that the accusation of genocide against the federal army was a political tool and a means of mobilizing support for Biafra's independence. (Brauman, 2012, pp. 3, 4).

In the 1990s MSF began to show recalcitrant altitude during this period that the nature of conflict changed along with the nature of humanitarianism in a period the United Nation for the first time acknowledged a universal obligation to intervene in internal conflicts to protect suffering people. On the basis of this, the United Nation in Somali intervention aimed to put humanitarian Non-governmental Organisations to their strong adherence to the principles of neutrality and impartiality in a difficult position. The UN need armed protection so as to reach groups in need. MSF for the first time decided to pay for armed

protection by local groups to get aid delivered in Somalia. To them UN peace enforcement operation was a bridge far away, so it detached and pulled out from the UN operation. Thus, MSF used violence to provide aid to the Somalian people (Heyse & Korff, 2021, p. 275). In 1995, MSF withdrew from Rwanda war during the refugee crisis in the Great Lake Region. It challenged the most fundamental of all humanitarian principles- The imperative. The abuse of aid by perpetrators of Rwandan genocide, who used the refugee camps as bases to reassemble and launch further attacks, MSF decided with 15 other humanitarian organizations to formulate an appeal to the United Nations Security Council (UNSC) to separate known war criminals from actual refugees. The refusal of this appeal led to MSF withdrawal with other humanitarian organisations such as CARE Canada that followed MSF example. This terminated MSF activities in the region on the grounds of claiming, 'right of abstention' from crises where effective relief cannot be implemented. Though criticized for abandoning humanitarian mandate in the Great Lake region, MSF stood its ground that any engagement in the camp would do more harm than good, since humanitarian assistance would help the perpetrators of the genocide to recover and continue with violence (Heyse & Korff, 2021, p. 276).

Impact of Medecins Sans Frontieres in Africa.

In Africa, MSF had impacted positively in providing soft landing for many who life would have treated harshly without the presence of doctors without borders voluntary humanitarian assistance and services. It has a wide operational coverage and environment in Africa and the people have no doubt had benefited immensely. Most African countries from independence had relied on humanitarian aid assistance to cushion the effects of natural and man-made disasters and poor economy that riddled the continent with immeasurable poverty. Doctors without borders must be commended in its mission to providing succour and end suffering in Africa, as this section of this work will present the efforts aimed at achieving the above.

Medecins Sans Frontieres hire its teams from their countries of operation thereby complementing governments effort at providing job to her citizens. In the spirit of international integration theory the MSF desires dreams for a common destiny for humanity in the face of humongous crisis, it synergies with local authorities,

NGOs, other INGOs like Oxfam International, the Red Cross, CARE International, and the UN, WHO, and Unisef to accelerate the delivery of medical and humanitarian services to distressed population of the world. Her quest for safe and healthy world with sustainable development require African governments support to provide conducive climate for MSF operations, and other humanitarian organisations to perform without hindrances (Akpikin, 2020, pp.57, 58).

Medecins Sans Frontieres had intervened in conflict zones in the world, specifically in Africa in places like Liberia, Sierra Leone, Somalia, Sudan, Ethiopia, Niger, Nigeria among others were protracted conflicts, political instability and unrest, natural disasters had created humanitarian catastrophe with overwhelming impact on local health systems. Here, MSF focused on providing the most needed medical and humanitarian assistance. (Hayenga, 2016, p.3), stated that MSF provides aid ranging from relief from human conflict zones with clean water, basic healthcare, medical training in developing areas and epidemic and disease control in areas such as Sub-Saharan Africa such as Democratic Republic of Congo, Mozambique, Zimbabwe and others. Here it is working against infectious diseases like Ebola, Meningitis, HIV/AIDS, lesser known diseases such as Chagas, and parasitic diseases such as Malaria and Kala Azar. As the world sinks into deeper conflicts, violence and natural catastrophe, MSF continues to provide needed medical care to the people in the conflict zones. They care for those whose lives had been shattered by bullets, shrapnel, or severe burns or forcibly displaced by natural disasters (Akpikin, 2020, p.51).

MSF, has proven to be very active in Africa for decades where it sometimes served as the sole provider of health care, food and water. She was dear to the International response in 2014 during the Ebola outbreak in West Africa. The rise of HIV/AIDs in Africa received MSF assistance. Between 2009-2010 it carried out in-depth field analyses in eight key most HIV/AIDS ravaged African countries namely, Uganda, South Africa, Losotho, Kenya, and Democratic Republic of Congo (DRC) and Mozambique providing HIV/AIDS care and treatment for many years. In 2008, this region recorded 20% of HIV/AIDS deaths globally (Paul, 2019, p. 4).

Doctors Without Borders also devotes effort at fighting diseases the World Health Organisation (WHO) classified or defined as Neglected Tropical Diseases (NTDs) which are diverse and connected to parasitic, bacterial and viral-infectious, all of which cause severe disability or death, thus represents a major economic burden on the endemic countries. In consolidation of this, DWBs leads in the diagnoses and treatment of Human African Trypanosomiasis (HAT), commonly referred to as Sleeping Sickness most especially in war-torn areas. More than 2.6 million people has been screened and 48,000 cases of this disease were treated in six countries by 2009. As it concerns mortality rate, in Burundi and Sierra Leone, where the act of giving birth is dangerous and fatal, and made worse by poor transportation and the condition of the roads. Women are by all these limitations constrained to visit medical centres. This made Burundi and Sierra Leone the third and fourth highest in national mortality rate in the world in 2010 with 800 and 100,000 lives births. DWBs had involved itself in this case by initiating a programme in Burundi's Kabezi District and Sierra Leone Bo District where it delivers free of charge central facilities and emergency services. These activities are being carried out with some 2500 international staff of MFS and 30,000 locally hired staff (Paul, 2019, p. 5).

Doctors Without Borders has been operating in Sudan since 1979, providing humanitarian assistance in the war prone zone since the beginning of the civil war. In 2010, it set up its first Kala Azar treatment centre in Eastern Sudan providing free treatment for this deadly disease called Visceral Leishmaniasis, locally called Kalar Azar. This disease if left untreated leads to a fatality rate of 99% in a period between one-four months of infection. Since 2010 when treatment started, MSF had provided necessary medical supplies to hospitals and training South Sudanese health officials to deal with the disease. In 1984 MSF also set up nutrition programme in the wake of famine in Ethiopia (Paul, 2019, pp.2, 7).

MSF operations in Nigeria began in 1971 through its active response to the Nigerian-Biafran Civil War, as its first official operation where it sought to prevent a famine situation. Following insurgency and conflict in Northern Nigeria which has continued to take heavy toll on people, goods and services unabatedly malnutrition and easily treatable and preventable diseases such as malaria, sleeping sickness and dysentery arising from inadequate public health, MSF has

focused its humanitarian activities in this region of Africa. It is providing medical and humanitarian services in Nigeria to vulnerable groups (the aged, women and children), responding to victims of armed conflicts, tackling outbreaks of diseases, controlling the spread of epidemics, making provisions for essential medical care during austere times, pioneering medical research and innovations, feats that distinguishes it from other INGOs (Akpikin, 2020, p.51).

One of MSF innovative developments was the use of standardized kits for medical equipment and supplies which enabled it offer quick and constant delivery services efficiently in dire areas of needs. The kits are customized to meet specific emergences, geographic conditions and climates and medical guidelines to streamline delivery of care for a wide range of crisis situation as in the North East of Nigeria. Just as its task and experiences became increased, MSF established Epicentres (Epidemiological Research Centre) for the conduct of research in humanitarian settings, involving refugee crisis and epidemic outbreaks, performing clinical trials, trainings and analysis of humanitarian medicine in crisis situations. A good example is the Clinical trial initiated by the Epicentre in the North east and extending into some parts of Niger Republic was the heat-stable vaccine against rotavirus that help prevent large numbers of children from dying of severe diarrhea (Akpikin, 2020, p. 52).

In 2003, MSF adopted the employment of the altra-sound to meet the needs of field projects in the North East. This has the potential as a mainstay diagnostic tool because it can be ware-housed in a unit that is both durable and portable. In Yobe and Borno states, it launched a training programme used to identify Point- of Care-Ultrasound (POCUS) to assist with the diagnosis of common pulmonary diseases and in 2018 it worked in a clinical hospital where its clinical team introduced the use of ultra-sound in diagnosing pediatric patients. It went further to introduce more formal training and education of health workers in Adamawa, Borno and Yobe states and in other parts of Nigeria aimed at strengthen the capacity of care providers. In addition, was the establishment of a Reconstructive-Surgery programme in 2016 to treat victims of war, insurgencies, terrorism and other related ailments. This is accommodated in independent hospitals to provide care to the war-wounded and other patients from across the country. The very purpose of this is to quicken MSF mobilization and evacuation where physical security

becomes an issue of primary concern and returning to an area without spending hours or days unpacking and setting up equipment and facilities is made easy and cheap.

MSF is the closest medical facility to the frontline and being an operating theatre on wheels, reaching patients easily in complex situations and giving the team full sets of tools to operate on patients quickly and efficiently (Akpikin, 2020, pp. 52-53). These were employed in Liberia, Sierra Leone and the insurgency zone in North Eastern Nigeria. In the North East, North West and North Central by 2019 over 1.9 million people were displaced and thousands killed, 7.7 million in dire need of humanitarian assistance, Doctors Without Borders were conspicuously seen impacting the victims of insurgency, terrorism, banditry, militancy and other forms of violence and disaster in the area and the country a whole. A range of basic specialist health care programmes and strategies in responding to emergencies across the country is being maintained by DWBs and also provides the following: medical kits and guides, logistics, Epicentres, Cholera treatment, drugs for neglected diseases initiatives, Inflatable Hospitals, HIV CARE, Telemedicine, Unmanned Aerial Vehicles (UAVs) and others. DWBs treated a total of 334,300 outpatients, and consultations were made, 60,000 people were admitted and about 26,900 people treated for cholera across Nigeria (Akpikin, 2020, pp. 53-55).

The United Nations humanitarian commission for Refugees (UNHCR) in 2019 reported the displacement of over 230,000 people and over 800, 000 out of the reach of aid organisations, many more died out of malnutrition, measles and malaria. Medical services in the North East area was at this time was inadequate and concentrated in Maiduguri. The people became constrained to carry on their economic (farming) activities due to restrictions on movement and humanitarian assistance by terrorists. Not deterred by this, MSF was able to carry out her supportive humanitarian emergencies in operating theatres, maternity and pediatric wards and other inpatient departments, carrying out nutrition programmes, vaccination campaigns, offering health care, supporting victims of violence and many more in a possible and timely manner. Referrals were also made to Teaching Hospitals in city centres, monitoring food, water and sanitation needs among the displaced (Akpikin, 2020, p. 54). In this same region between 2018 and 2019 MSF operated fix public primary health care facilities in some state

capitals and suburbs of Maiduguri, Damaturu , Yola, Damboa, Gwaza, Ngala, Bolari and others, treated over twenty thousand children underage fifteen for malaria. One of these primary health care facility was bombed in error by the Nigerian military resulting in 90 deaths, including 3 MSF staff and many injured. MSF handed over these health care centres to the state ministry of health while it operated mobile clinics on ad-hoc basis in places like Gajigana, Mubi, Gajiram and others. The reduction in material and neonatal mortality became MSF priority leading to the provision of comprehensive emergency obstetric and neonatal care in the North West. With the outbreak of lead poisoning in Northern Nigeria, MSF worked in Anka General Hospital in Zamfara state in 2010. It also assisted local medical authorities with oral vaccine campaigns against polio, in 2017 responded to the largest Meningitis outbreak in Nigeria especially in the North and in the treatment of Lassa Fever and cholera (Akpikin, 2020, pp. 54-56).

Furthermore, Nigerian South West and South-South also benefited from the MSF effective humanitarian gestures. In South West it supported the treatment and controlled the spread of Lassa –fever epidemic by providing to the General Hospitals in the region with technical expertise and drugs. This was appreciated by the Nigerian government. In South-South Nigeria, Akwa-Ibom and Cross River states received waves of refugee's inundation following the escalation of violence in Cameroon's South West and North West regions in 2018 were more than 30,000 people fled into Nigeria. MSF again provided emergency intervention programme offering medical and humanitarian services such as clean water to refugees and host communities. In Port Harcourt and Yenegoa, MSF teams worked in health centres providing comprehensive medical cares and psychological support to increasing number of victims of drug abuse, sexual violence, cult groups and cult wars, oil and military violence (Akpikin, 2020, pp. 56-57).

In Cameroon, MSF has operated since 1984 and in the southwest region since 2018. Since 2019, its medical teams have provided more than 400,000 medical consultations, and more than 68,000 consultations in health facilities. In 2021, MSF supported facilities also assisted 2,284 births. Its ambulance teams, offered emergency referral system and transported more than 8,000 patients for urgent medical care until its activities were suspended in 2021.

In Mali medical care is limited by the absence of medical staff, medical centres and supplies and violence among armed groups. Here, the MSF did not relent in assuming a vital place to assist the vulnerable and other groups in need of medical care. MSF in the growing crisis is providing healthcare to nomadic communities in the north, caring for cancer patients in Bamako, the capital, supports nutrition and paediatric services in the southern Koutiala district (Country map for the IAR media, 2021).

MSF provided aid to migrant Africans who cross the Mediterranean Sea from North Africa on the island of Lampedusa since 2002. In 2015, it launched a search and rescue operation Mare Nostrum which was aimed at rescuing boat refugees from North Africa. As this was the first time of engaging in such activities, they decided to do so basically on humanitarian purposes and its witnessing principles. She was criticized by this operations as one encouraging and stimulating refugees to cross the sea. In response she refused any more EU funding for its operations (Heyse & Korff, 2021, p. 282).

MSF Criticisms and Challenges

Even in the face of these tremendous free humanitarian and health services offered the Medecins Sans Frontieres faces difficulties that inhibits its activities. The first negative impact and criticism is that it harms the local economies where it operates. A study on the Gross Domestic Product (GDP) of countries of operation for some years revealed no growth while significant growth was recorded in countries where it did not operate, meaning there is no GDP growth in MSF active countries as they recorded lower average GDP growth rate. This implies that MSF involves itself in disaster areas which affects national GDP greater than the effect of the aid provided by it. This means that countries without MSF aid grow better economically than those with MSF presence. The study by Alsan in 2006 on the level of MSF involvement in 19 African countries viz; Burundi, Cameroon, Chad, Ethiopia, Guinea, Kenya, Liberia, Lesotho, Madagascar, Mali, Mauritania, Mozambique, Niger, Nigeria, Sudan, Swaziland, Uganda, Zambia and Zimbabwe as countries receiving MSF assistance and on the other hand, Benin, Botswana and Tanzania as control group representing countries without MSF presence for over 14 years' time period (2000-2014), better

reflect average economic growth in the continent without MSF influence (Hayenga, 2016, pp. 2, 6, 7).

Doctors Without Borders have continued to encounter criticism over its provocative, recalcitrant, defiant and witnessing acts towards governments and other humanitarian organisations. Government hostilities and insensitivity to humanitarian acts in Africa is determined by the desire to maintain and retain power for a long time and promoting ethnic bigotry. This affects the productivity level of humanitaritarian organisations in their effort to attain their goals.

Médecins Sans Frontières five staff faced trial in Cameroon, accused of complicity with secession. In December 2020, government authorities suspended MSF activities on the allegation of her support for local armed groups, an offence MSF denied. Four MSF staff members were under incarceration for many months. On Dec. 26, 2021, an MSF nurse and an ambulance driver were arrested in Nguti (southwest region of Cameroon), while transporting a patient with a gunshot wound to hospital. After five months detention in prison they were charged similarly of complicity with the secessionists and later released in May, 2022. Several MSF staff members detained on the same charges were released after the Military Tribunal ruled "no case to answer", on grounds of lack of evidence. These staff endured almost a year of imprisonment which caused them untold distress and anguish. Cameroon government has never been responsive to MSF attempts to open a channel of dialogue with the government to ensure continued humanitarian activities in its southwest region, making it difficult to ensure good working conditions and safety of humanitarian teams and patients. In Mali the MSF teams are confronted violently leading to obstruction in their activities. In 2021 this led to patients deaths after an MSF ambulance was violently detained (Cameroon: All MSF staff acquitted in military tribunal, 2021).

Poor facilities in Africa also imposes difficulties to MSF activities as it hampers its speed and progress delivery. The few hospitals in existence are ill-equipped, transportation and roads are lacking, thereby limiting the fundamentality of humanitarianism.

MSF reasons for being provocative and recalcitrant is to prevent aid from becoming an instrument in the hands of criminal regimes who they do not want to be seen as their accomplice. Speaking out on crises is to fulfil this mandate. This is interpreted as arrogance on the part of MSF attitude to strict autonomy and reluctance to submitting to coordination efforts as part of its criticisms by other like-mind organisations. The MSF is also disturbed by the rate of killings in any conflict area, it is this that informed her decision to lobby and appeal for a necessary international military intervention especially as experienced in Rwanda in 1992. (MSF in Mali, 2021).

There is the problem of withdrawal of funding and support from donors like the Plan and Ark Zimbabwe sudden withdrawal of support for Médecins Sans Frontières, thus, MSF gradual exit over two years. The consequences of sudden withdrawal of support are delayed planning, limited involvement of hospital programmes, scaling down as well as stopping of programmes. These affects delivery of humanitarian needs and services to the needy (Hamisi & Jill, 2023). Though MSF is barraged by criticisms, its rapid response teams get on the ground to provide medical humanitarian cares within hours of a developing crisis. It combines medical, humanitarian, witnessing and advocacy actions distinctively from other humanitarian organisations (Akpikin, 2020, pp. 47-48). While operating internationally, it respects the sovereignty of states and do not do things that constitutes interference in the internal affairs of host countries. Its work is limited within the contest of non-interference in the domestic affairs of host countries as enunciated by the United Nations Charter. Again, its potential and pragmatic contributions to redress developmental issues in developing countries are major inputs on contemporary integrated global development agenda for the good of mankind, hence the recognition given to MSF by the United Nations and other international actors (Akpikin, 2020, p.48).

They assist in humanitarian supply chain management, emergency medicine and psychosocial care with doctors that have passionate, courageous and insightful attitudes. (Heyse & Korff, 2021, p. 264; Benatar, 2014, p. 603). MSF teams are keen on providing medical care to every patient in need, in line with medical ethics which guide their activities following the humanitarian principles of independence, impartiality and neutrality. MSF provided an alternative to the

sector's originally strong adherence to neutrality in aid provision and a different way of 'doing humanitarianism'. Thus, has impacted humanitarian aid practices through her contributions to the fields of humanitarian supply chain management, emergency medicine and psychosocial care. No wonder it won in 1999, the Nobel Peace Prize, which enabled it to finance a campaign for wider access to medicines for treating tropical diseases or AIDS.

Conclusion

The mitigation of human suffering is a necessity to virile and peaceful development in Africa. This is only possible through humanitarian organisations doing social work which stand to eliminate prejudices, negative discriminatory behaviours and rescue people faced by ill-treatment in societies. This condition is prevalent mostly in Africa. Social workers inclination therefore, focus on lessening differences based on altruism aimed at exhibiting natural empathy by feeling distress when seeing someone in distress and relief when their suffering ends (Myers, 2013, p. 387). Some social workers help attract rewards and relieve guilt, others are bent on increasing another's welfare, as well as producing satisfaction for oneself. Social work is directed towards enhancing the personal and social functioning of an individual, family, group or society (Anyangunna, 2008, p. 2).

It is note worthy, therefore, to understand that the function of social work is the prevention of social dysfunction, because when a society is dysfunctional it will limit development. Being a value-based profession, it considers what you do and do not consider important and worthwhile. The social worker provides services to help people achieve their maximum potential, seek social justice for others, stand for the dignity and worth of the person, importance of human relationships, intergrity and competence (Kirst-Ashman, 2007, pp. 35-37).

Going by the above, one could discern correctly the motivating factors for humanitarian work and the propelling wheel that drives Medecins Sans Frontieres. MSF therefore, works to fulfil the fact that, "If the world is to change for the better it must have a change in human consciousness". This need all our sense of responsibility towards the world, a responsibility towards something higher than self which is the only means to human sustainability and survival (Myers, 2013, p. 408), Africa desire this more.

Using MSF to account for the great roles of humanitarian organisations in the drive to provide man sustenance, their effective functioning as INGOs, they are quite taking the place of public institutions and governments, as they earn more acceptability and are perceived as "alternative governments". It is clear, the public is greatly expressing rejection of agencies, institutions and governments. African governments are the major culprits here. The governments therefore must strive to effectively operate and sustain the principle of "Social contract" or its place will be given to INGOs when they develop fully and provide an alternative government (Heyse & Koff, 2021, p. 558).

No matter the magnitude of criticism against MSF, it cannot be considered an opportunistic organization. It expends great energy offering its services to reducing human suffering. Its accusation of ethical refusal, arrogance, aloofness, recalcitrance, defiance, independence of action and provocative tendencies towards governments and other humanitarian organisations are intended to shape properly the principles and methods of care giving without restraint, intimidation and devoid of any form of support from government and donors who have secret intentions towards the giving and level of giving of aids, either by donors and those who want to use the stoppage to punish or attain political gains.

To attain its objective/s, MSF stakes its head to steep conditions which ordinarily anyone without penchant for human development will not undertake. By its activities which had attracted support of many, it had shown its openness in the act of humanitarianism. Therefore, MSF activities are not to seek prominence or noticeability but justifiable means to improve and help the world to retain conditions efficient for continued existence. The humanitarian organisations such as MSF objectives includes providing support to peace and stability, building of state institutions to delivering life-saving assistance, as well as bridging the gap between relieve and development. The MSF had continued to offer African countries enormous humanitarian assistance, where poverty, lack of economic development and political instability had created unending great conflicts and wars that demand such.

References

Akpikin, M. W. (2020). Medical humanitarian logistics: a critical examination of the impact of medecins sans frontiers (msf) or doctors without borders (dwbs) in Nigeria. *International Journal of Scientific Research in Technology, Applied Sciences and Health Studies*, 4/1, http://internationalpolicybrief.org/journals/international-scienti□c-research-consortium-journals/intl-jrnl-of-scienti□c-research-in-tech-applied-sci-health-studies.

Ayangunna, J. A. (2008). *Social work practice (vol. 1)*. Distance Learning Centre.

Banatar, S. (2014). Doctors without borders: Izindaba. In R. C. Fox, Md. Baltimore (Ed.) *Doctors without Borders: humanitarian quest impossible dreams of Medecins Sans Frontiers.* Book Review. 104(9). Bioethics Centre University of South Cape Town and Joint Centre for Bioetics Toronto University of Canada,

Brauman, R. (2012). Medecins sans frontiers and the ICRC: matters of principles. Opinion note. *International Review of the Red Cross* Vol. 94/ (888), (P. 2.).

Cameroon: All MSF staff acquitted in military tribunal (2021).

Country map for the IAR 2021. © MSF. Pink October campaign in Bamako MALI: Three questions on the challenges of treating cancer in Mali. INTERVIEW. 11 NOV 2021. *Press Release*. media: orange_logic_image:58fefb5c-f5ea-4981-9d6f-8ad9752287a1.

Egeland, J. (2013). Humanitarian diplomacy. Andrew, F. Cooper., Jorge H., Ramesh T. (ed). *The Oxford Handbook of Modern Diplomacy.* (pp. 286). DOI:10.1093/oxfordhb/9780199588862.013.0020

Fidler, D. P., (2013). Health diplomacy. In Andrew, F. Cooper., Jorge H., Ramesh T. (ed). *The Oxford Handbook of Modern Diplomacy*. (pp. 527). DOI:10.1093/oxfordhb/9780199588862.013.0020.

Hayenga, N., (2016). The effect of doctors without borders on low- and middle-income Countries in sub-saharan Africa. *University Honors Program Theses*, 164 https: //digital commons. Geogiaassoythern.edu/honors-theses/164

Heyse, l., Korff, V. (2021). Provocateurs of the humanitarian sector. In A. Boin; L. A. Fahy; P.

Hart (Ed.). *Guardians of Public Value*: *How Public Organisations Become and Remain Institutions.* (pp.603). 104/ (9). https://doi.org/10.1007/978-3-030-51701-4. Palgrave Macmillan.

Boin, A., Fahy, L. A. and Hart P. (2021). Guardian of Public Value: How Public Organisations Become and Remain Institutions. In Boin, A., Fahy, L. A., Hart, P. (2021). *Guardians of Public Value: How Public Organisations Become and Remain Institutions.* https://doi.org/10.1007/978-3-030-51701-4. Palgrave Macmillan.

Kirst-Ashman, K K., (2007). *Social welfare critical thinking perspectives*. Thomson Brooks/Cole.

MSF in Mali, 2021.

Myers, D. G. (2013). *Exploring social psychology.* 6th ed. McGraw-Hill International Edition.

Paul, S. (2019). Doctors without borders- Medecins Sans Frontiers. *Research Gate.* https: //www. Researchgate, net/publication/343041197. https://doi.org/10.1007/978-3-319-74336-3_528-1.

Rashid Hamisi, R., Jill, O. (2023) *The effect of funding withdrawals in a fragile systems: a case study in Tsholotsho District Hospital in Zimbabwe.* University of Cape Town. P.2. DOI: https://doi.org/10.21203/rs.3.rs-2897284/v1