Doctors without Borders and Humanitarian Aid in the 21st Century Africa

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Abstract

Doctors Without border and Humanitarian Aid in the 21st century Africa, this paper examines the humanitarian activities of Medecins Sans Frontieres (MSF), also known as Doctors Without Borders, in some selected Sub-Saharan African countries; Somalia, Rwanda, Sudan, Liberia and Nigeria. MSF is an international non-governmental organization (NGO) that provides medical assistance to populations affected by crises, including armed conflicts, epidemics, and natural disasters. This paper explores the historical context, principles, and operational strategies of MSF in delivering humanitarian aid. The paper adopted descriptive analytic method and secondary source of data was mostly used in the course of writing this paper. The findings of this paper, reveals that, the MSF has contributed immensely in providing emergency medical assistance in situations of armed conflicts. The paper also reveals that the MSF also faces some obstacles that impact their ability to deliver medical care to affected communities. Some of the key challenges identified included; insecurity, limited resources and funding among others. The paper therefore recommends that the leadership and members of MSF should endeavour to be as neutral as possible in political and ideological matters because how the organization is viewed would determine whether it will be granted access into troubled areas to carry out its humanitarian objectives.

Keyword: Conflict, Humanitarian Aid, Armed conflict, Non-Governmental Organization, Africa

Introduction

For several decades, Non-Governmental Organizations (NGOs) have gained eminence in global affairs. Apart from serving as a medium for the less privilege in the society to voice their concerns on particular issues, they have also been relevance in providing opportunities for those who wishes to make a difference in their various communities. In situations of severe humanitarian crises for instance, the very nature of these organizations (NGOs) has allowed

them to circumvent the limitations of state sovereignty and complex regulations of international bureaucracies to provide immediate assistance to those affected by violent conflicts. In some occasions, NGOs also play vital roles in raising international awareness on those who are neglected by the global community due to their race, socio-economic status or geographical location.

Africa and Sub-Saharan Africa in particular faces a multitude of complex crises that often result in severe health consequences for its populations. Armed conflicts and violence disrupt healthcare systems displacing communities and leaving them vulnerable to disease outbreaks and inadequate medical care. In this context, MSF's intervention efforts have been instrumental in addressing immediate healthcare needs and providing long-term support for affected communities. The primary objective of this paper is to shed light on MSF's experiences and practices in Sub-Saharan Africa and contribute to a deeper understanding of the dynamics of humanitarian intervention in armed conflicts in Sub Saharan Africa.

Conceptual Clarifications

Conflict.

Conflict is an inherent incompatibility between the objectives of two or more characters or forces, which creates tension and interest in a story by adding doubt to the outcome. Oyeniyi defines conflict as an inevitable outcome of human diversity and a world without conflict is not desirable, because it would mean a world without diversity. It is also 'any event that is, or expected to lead to, an unstable and dangerous situation affecting an individual, group, community, or whole society. Conflict and human security are inextricably linked. Conflict is present in every facet of human society whether in the family, workplace or school. In fact, the existence of man signifies the reality of conflicts. According to Ross, "conflict occurs when parties disagree about the distribution of material or symbolic resources and act because of the incompatibility of goals or a perceived divergence of interest".

Humanitarian Interventions

Humanitarian intervention involves the use of military force or other forms by external actors to protect people from gross and systematic human rights violations. It typically occurs in situations where a sovereign state is unable or unwilling to protect. Fernando Teson provides a definition of humanitarian intervention that omits the issue of consent, depicting it as proportionate help, including forcible help, provided by governments (individually or in alliances) to individuals in another state who are victims of severe tyranny (denial of human rights by their own government) or anarchy (denial of human of rights by collapse of social order).

In major emergencies or conflict situations, a variety of individual groups and organizations provide assistance to people affected by the crisis. This ranges from community-based organizations; local, regional and national government actors; to national and international humanitarian organizations; and military and security forces. The primary objective of humanitarian intervention is to abate suffering and save human lives. In other words, humanitarian assistance is need-based with sole purpose to save lives and reduce human suffering that originated from crisis. Protection is fundamental to humanitarian actions; therefore, humanitarian actors seek to minimize risk faced by affected people. It is pertinent

to note that military and humanitarian concepts of protection of civilians share the same basis in law, international humanitarian law in particular. Humanitarian actors may engage with the military to promote adherence to international humanitarian law or to reduce risk faced by affected people through information sharing and advocacy. However, humanitarian Intervention in this study denotes the emergency relief operations, rather than a military intervention which is how the term has subsequently come to be used in most works.

Differences Between Humanitarian Aid and Development Aid

Humanitarian aid provides short-term, immediate life-saving relief (food, shelter, medicine) during emergencies like disasters or conflicts. In contrast, development aid focuses on long-term, structural improvements (education, infrastructure, governance) to reduce poverty and promote sustainable growth. While humanitarian aid focuses on survival, development aid targets root causes

When armed conflict breaks out or natural disasters strike, entire communities are affected, disrupting their day-to-day lives and long-term development prospects. Humanitarian aid is designed to save lives and alleviate suffering during and in the immediate aftermath of emergencies, whereas development aid responds to ongoing structural issues, particularly systemic poverty, that may hinder economic, institutional and social development in any given society, and assists in building capacity to ensure resilient communities and sustainable livelihoods. Both humanitarian and development aid are related, and different forms of aid often have both humanitarian and development components. Development aid can exist without humanitarian aid (in developing countries that do not have humanitarian crises), but it also often exists in addition to humanitarian aid during and after crises. For example, if an earthquake strikes a country, shortterm humanitarian aid is needed. This includes the delivery of food and water, the provision of temporary shelter, as well as health services

Theoretical Framework

Dependency Theory and Donor Aid

This paper adopted the dependency theory as the framework for describing the intentions of the ‘core’ nations (developed nations) on the ‘periphery’ nations (developing nations).

Dependency theory in humanitarian aid argues that aid perpetuates underdevelopment by keeping poorer "periphery" nations reliant on wealthy "core" nations, functioning as a tool of neocolonialism rather than development. It suggests aid fosters a "dependency syndrome," undermining local economies, discouraging self-sufficiency, and forcing recipients to comply with donor interests.

Tony Blair once remarked that Africa “is a scar on the conscience of the world”, a view supported by Moyo (2009); who has provided the rationale for giving aid to Africa. Unaware of the link between donor aid and dependency, Africa has thus, so far received US$1 trillion in developmentrelated aid for the past 50 years. Hitherto, instead of taking Africa out of poverty Moyo (2009) laments the resultant dependency and stifled growth that has characterized development in Africa. Therefore, this article is a theoretical discussion and appreciation of the relationship between the dependency theory and donor aid. It is a conspicuous recognition that donor aid fosters the dependence of Third World countries on

First World countries. There is an unambiguous link between donor aid and dependency. Moreover, there has been growing resentment to the dependency theory as a quantum of scholars argue that it has lost relevance.

Matunhu (2011) argues that the expansion of Europe into Africa facilitated a conducive environment for siphoning resources from Africa to Europe. Idiosyncratically, Europeans used military force through colonization to entrench their control over Africa. Furthermore, Matunhu (2011) reiterates that Africa was and continues to be dominated economically and politically by external centers of power. Most noticeable here is the economic, political and cultural dependence of the continent on America and Europe. Blatantly, donor aid continues to be used as paraphernalia for enforcing control over Africa by western countries. Countries that resist the western control are coerced into submission by threats that they will not receive donor aid from western powers. Countries such as Malawi for instance, have been implicitly coerced into accepting homosexuality by being threatened that support in the form of huge budgets from USA and other funders will be withdrawn if homosexuality is outlawed. Therefore, donor aid has been used as an impeccable tool of control over poorer countries by wealthy nations.

In 2000, Zimbabwe embarked on the Fast Track Land Resettlement Programme (FTLRP), an exercise that was viewed by the European Union as unconstitutional and uncalled for. The European Union, with Britain at the fore-front, unequivocally resorted to withdrawing donor aid as a tool to ensure that the country abandon land reform programme. Donor assistance and support heavily truncated from an annual average of US$138 million in the 1990s to US$39.9 million between 2000 and 2006 (Kabonga 2015). Consequently, The Danish International Development Agency (DANIDA) and the Canadian International Development Agency (CIDA) pulled out their aid in 2001 and 2003, terminating projects that were running and retrenching the human resource that was attached to projects (Gara 2009).

The unabated flow of resources from poorer countries has blatantly enriched the wealthy nations through conditions tied to aid and the hiring of expatriates. The process has dialectically impoverished the poorer nations even more (Rodney 1972). It is not romanticizing to argue that the wealthy nations have built their cities from the resources of poorer nations. Industries in the wealthy nations have historically, and even in this epoch, depended on raw materials from poorer nations. Concisely, the flow of resources to First World Countries has only benefitted the core at the expense of the periphery.

Evidence in superfluity; both in theory and practice, tend to agree on how aid has benefitted the countries that give aid than those that receive aid, given the stringent conditionalities (Stevenson 2006). An impeccable example of this fact is Zimbabwe, when in 2005 USAID gave US$15 billion in aid to the former, for a period of over five years to combat HIV and AIDS; through its Presidential Emergency Plan for AIDS Relief (PEPFAR). The money had ineffable strings and conditionalities attached to it (see Gukumure 2012). NGOs as purveyors of donor aid, have been lambasted for hiring expatriates who are paid staggering amounts of salaries. In this manner the aid flows back to the richer countries.

According to Nazneen (1993), aid from Western countries has resulted in the imposition of ethnocentric solutions to local challenges. Aid resources have been dwindling rapidly, and the stampede for aid results subsequently from countries listening to advisors from the North, who inherently lack appreciation of local problems. The mere fact that Third World countries are in need of aid compels them to listen to the advisors. Nazneen (1993) further submits that advisors are without doubt products of their own experiences and environments – no doubt some bad advice has been tendered by some culturally unaware and incompetent people. This however becomes antithetical and antagonistic to sustainable development.

Donor aid should not be considered as a panacea for the underdevelopment that has become a permanent feature of most Third World countries. Instead of considering it as a solution to the ever-spiraling levels of poverty, donor aid should be considered a problem – as it is famed for its colonial and neo-colonial culture of dependency. Instead of appreciating local solutions to local problems, donor aid encourages dependency on flimsy imported ideas. It is not over-ambitious to argue that donor aid stifles creativity within communities and erodes the self-confidence of the community.

The Emergence of Medecins Sans Frontiere

According to Paul Samuel, the history of Medecins Sans Frontieres can be traced to the Nigerian Civil War (1967-1970) when a group of French doctors and journalists who were dissatisfied with the response of the Red Cross to the humanitarian crisis induced by the Nigerian civil war. The Nigerian Armed Forces formed a blockade around the Biafran occupied territory in a bid to enforce the economic blockade imposed by the Federal Military Government. At the time, France was the only major country supportive of Biafrans and the conditions within the blockaded area were unknown to the world. The economic blockade as well as the incessant bombardment of the seceding region resulted in to massive humanitarian crises across the eastern region. The International Committee of Red Cross alongside other humanitarian agencies began to respond to the crises by sending relief materials to Nigeria. A number of French doctors volunteered with the French Red Cross to work in hospitals and feeding centers in besieged region.

After entering the country, the volunteers, in addition to Biafran health workers and hospitals, were subjected to attacks by the Nigerian army, and witnessed civilians being murdered and starved by the blockading forces. The doctors publicly criticized the Nigerian government and the Red Cross for their seemingly complicit behavior and disagreed with the policy of not interfering in the politics of countries undergoing internal armed conflict. These doctors and journalists decided that a new aid organization was needed that would ignore political and religious boundaries and prioritize the welfare of victims.

The Nigerian Civil War thus, resulted in the founding of Groupe d'Intervention Medical et Chirurgical d'Urgence (GIMCU) meaning Emergency Medical and Surgical Intervention Group in English. A second similarly complex humanitarian emergency was the result of Cyclone Bhola in eastern Pakistan (now Bangladesh). The crisis led to the establishment of Secours Médical Francais (SMF), i.e., French Medical Relief. On December 20, 1971, MSF was born from the merger of GIMCU and SMF, with Kouchner as its first director. MSF major aim

is to expand access to medical care across national boundaries irrespective of race, religion, creed or political affiliation.

The organization is primarily comprised of volunteer physicians, health professionals, and other support staff to ensure its smooth operation. This organization is independent of all nation-states or any governmental institutions as well as of all political, economic, and religious influences. Most of all, MSF relies on individual donations as its main financial source. As of June 2014, the 4.5 million individual donors around the world provide around 90% of its funding, while the remaining 10% are from governments and international organizations. This financial structure in turn helps to ensure the organization's operational independence and flexibility.

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. These 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).

Humanitarian Activities of Medesins Sans Frontiers in Some Selected Sub-Saharan African Countries

Since its inception, the African countries have played an important role in MSF's formation and expansion due to the widespread conflicts and disasters throughout the region. According to MSF's financial report, as of 2013, its annual expenditures on missions and projects in Africa were 422 million Euros, which amounts to USD572 million. This figure not only comprised 68% of its total program expenses for 2013; it also demonstrates the degree in which Sub-Sahara Africa represents the regional epicenter of the medical humanitarian world. In terms of providing emergency humanitarian assistance during conflicts, the highlights include: working with Ethiopian refugees in Somalia until MSF was forced to temporarily leave the country in 1988 due to security problems stemming from the violent civil war. It subsequently worked in Boroma, which was a government held area, for the well-being of Somalia's displaced population until the complete disintegration of this country's central government in 1991 made its humanitarian work impossible by all means. Despite the difficulties, however; during the peak of Somalia's civil conflict, an MSF team flew into the capital, Mogadishu, to administer aid programs in both government and rebels held territories.

In Liberia, MSF was active in the Liberian capital, Monrovia during the height of this Country's civil conflict back in 1990s. At that time, MSF was the largest foreign humanitarian agency carrying-out medical work in a situation of complete anarchy as intrusions of both government and rebel combatants on hospital premises were common. Meanwhile, this doctors without borders also worked on different sides of the frontline and managed to maintain working relations with all the warring factions. After a decade-long civil war ended, MSF continued its humanitarian project in Liberia by treating women and girls who were victims of sexual violence. From early 2000 until 2009, this organization has provided medical and mental care for victims of sexual assault in two hospitals and two clinics in Monrovia.

In addition to Liberia, Sudan is another country in which MSF has continue to respond to humanitarian crisis, especially in Southern Sudan, while other humanitarian organizations that were bounded by their official agreements with the Sudanese government had to frequently halt their operation due to the agreement. With regards to the Darfur region, MSF has been working there since December 2003. At the time, it was the biggest humanitarian organization operating in the region, and its presence was even bigger than the African Union. As of December 31st, 2012, MSF was active in both North and South Sudan as peace agreements have not brought stability to these two countries, especially the Darfur region. By the end of 2012, there were 1,031 MSF staff in North Sudan and 2,145 in the South as the organization launched one of its biggest emergency medical service programs to respond to the influx of Northern Sudanese refugees into South Sudan.

Also, in Rwanda, during the 1994 humanitarian crisis, medical humanitarian teams sent by NGOs like MSF were the only transnational forces operating in the country after practically all the foreign agencies had left. While the genocide was ignored by the international community until it was over, it was nongovernmental organizations that not only provided assistance, but also raised international awareness of this catastrophe and brought it to the attention of global news networks such as CNN and BBC.

In Nigeria, the escalating violence has killed thousands and displaced millions of people. Doctors without borders whose impact in Nigeria was first felt during the Nigerian Civil War (1967-1970) has continued to respond to humanitarian crises across the country. In recent years, violence and insecurity have increased humanitarian needs in Nigeria. It has been over 14 years since insurgency began in northeast Nigeria, with armed opposition groups fighting the Nigerian army. Thousands have been killed in fighting and many more by malnutrition, measles and malaria. People are unable to farm or sell their goods and mass displacement has resulted in catastrophic living conditions.

MSF has been at the forefront in humanitarian assistance to the displaced people and host communities through provision of maternal and pediatric care, mental health support, treatment of malnutrition, support for survivors of sexual violence, provision of water and sanitation, non- food items and shelter. According Ibrahim Suleiman: "MSF teams in northeastern Nigeria are providing inpatient and outpatient treatment for malnourished children, and targeted supplementary feeding for children with moderate malnutrition to prevent them from becoming severely malnourished.

Criticisms and Challenges of Medesins Sans Frontieres

Doctors Without Borders, faces numerous challenges and ethical dilemmas in their humanitarian interventions in Africa. While their work in the region was commendable, they encounter various obstacles that impact their ability to deliver medical care and navigate complex ethical decisions. For instance, the issue of insecurity has been a major setback to MSF operations in the region. Many regions in sub-Saharan Africa experience ongoing conflicts, violence, and insecurity, making it difficult for MSF teams to access and provide assistance to affected communities. In some areas, armed groups and political instability pose significant risks to the safety of MSF personnel and hinder the delivery of vital medical aid. In Sudan for instance, the MSF officials could not get access to most of affected victims in Darfur due to the nature of the conflict in the region. Also, collaborating with local authorities, non-governmental organizations, and other stakeholders is essential for effective humanitarian interventions. However, navigating bureaucratic processes, negotiating access, and ensuring mutual cooperation can be challenging in diverse and dynamic political landscapes in some of the Sub-Saharan African region.

Humanitarian interventions in the region require significant financial, logistical, and human resources. According Ibrahim Suleiman; MSF often faces challenges in securing funding, recruiting skilled professionals, and maintaining sustainable operations in resource-constrained environments. Collins also observes that cultural and linguistic barriers has also affected the operations of MSF in Nigeria and other African regions. MSF operates in diverse cultural and linguistic contexts across sub-Saharan Africa. Communicating and building trust with local communities while respecting their customs and beliefs can be complex, especially when addressing sensitive health issues or implementing preventive measures. Other setbacks include ethical dilemmas in treatment prioritization, neutrality and political challenges among others.

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).

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: 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 organizations. 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).

Conclusion

This paper examines MSF's engagement in humanitarian intervention in Sub-Saharan Africa using countries such as Rwanda, Somalia, DRC, Liberia, Sudan and Nigeria as a case study. It explores the organization's history, principles, operational strategies, as well as the challenges confronting the organization. By examining MSF's experiences, the paper contributes to the ongoing discourse on effective humanitarian intervention and the long-term sustainability of healthcare interventions in Africa particularly in Sub Saharan Africa. Moving in to the future, the leadership and members of MSF should endeavour to be as neutral as possible in political and ideological matters because how the organization is viewed would determine whether it will be granted access into troubled areas to carry out its humanitarian objectives.

The mitigation of human suffering is a necessity to virile and peaceful development in Africa. This is only possible through humanitarian organization's 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).

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 organizations 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.

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