

Médecins sans frontières: Key Issues in Emergency Projects

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Resumen

Médicos sin Fronteras - Factores clave en la elaboración de proyectos de urgencia

Médicos sin Fronteras es una organización humanitaria que tiene por objetivo principal prestar asistencia médica a las poblaciones civiles en situaciones de peligro. Sus actividades sobre el terreno en el plano mundial fueron recompensadas con el Premio Nóbel de la Paz en 1999. La organización debe tener en cuenta una serie de factores clave a la hora de efectuar una intervención de emergencia: informaciones en tiempo real, análisis y previsiones de situaciones hipotéticas, preparación de "kits" de asistencia médica, procedimientos de normas operacionales, reclutamiento y selección de voluntarios, búsqueda de financiación, creación de redes y acumulación de conocimientos teóricos y prácticos.

A todos esos factores vienen a sumarse otros elementos como la cuestión del personal nacional, la creación de redes con otras organizaciones no gubernamentales, el diálogo con las poblaciones locales y la utilización de procedimientos de normas operacionales, con vistas a una mejor coordinación entre todos los profesionales.

Résumé

Médecins sans frontières : points clés dans l'élaboration de projets d'urgence

Médecins sans frontières est une organisation humanitaire dont l'objectif prioritaire est d'apporter une aide médicale aux civils en danger. Ses actions de terrain à l'échelle planétaire lui ont valu le Prix Nobel de la Paix en 1999. Un certain nombre de facteurs clés doivent être pris en compte par cette organisation au moment d'une intervention d'urgence, comme les informations en temps réel, les analyses et les anticipations des scénarios possibles, la préparation de kits, les procédures de normes opérationnelles, le recrutement et la pré-sélection des volontaires, la recherche de fonds, le réseau, l'accumulation de connaissances et de savoir-faire.

En outre, à ces facteurs s'ajoutent d'autres éléments comme le personnel national, les réseaux avec d'autres ONG, le dialogue avec les populations locales, l'utilisation de procédures de normes opérationnelles, cela dans le but de développer une meilleure coordination entre les professionnels.

A human community is often overwhelmed by the realisation of terrible events happening to them and natural disasters and human conflict are common causes of distress and endless suffering for vulnerable populations.

Médecins sans frontières (Doctors Without Borders) is a humanitarian aid and relief organisation providing medical care and health support to populations in danger. It was founded by a group of doctors with experience of aid in crisis situations. They had been working for the same organisation (ICRC) in the late sixties, some in the floods of Bangladesh and others in Biafra. Both groups had had a very sad and frustrating experience. They all witnessed the suffering and death of people knowing that most of it could have been avoided. When they met in Paris, they analysed and discussed the needs of victims during humanitarian crises and looked at the constraints on "humanitarian aid" when attempting to meet these needs.

The group of doctors who had gone to Bangladesh were very frustrated by the difficulties they went through trying to get authorisations, permits, transport facilities, warehouses, and other requirements. It was late by the time they reached the suffering and dying population. Once there, on the spot, mortality and morbidity (caused by illness or trauma) had been incredibly high and for too long, with epidemics, and malnutrition producing many more victims than the original floods.

They realised that administrative and logistic problems could be obstacles stopping doctors for days or weeks before they could reach the site of the crisis and start work. And so they planned an organisation with expertise in administrative, technical and management skills needed for logistics to be swift, flexible and timely. This meant counting on the work of non-medical professionals who would deal with these matters and any other non-medical issues, leaving the doctors free to reach the victims quickly in the crisis situation and do their work. A quick response was seen as the key to reducing casualties and avoiding further pain and suffering.

The second group of doctors who had been to Biafra, had faced a different situation. The crisis was man-made, being caused by political conflict. The civilian population was caught between two front lines and was used by military combatants as a means of protection and pressure. They realised that the ICRC would not and should not change its mandate to denounce violations of the Geneva Conventions or indeed any other international regulation as this would mean the end of their official status and access to certain populations and of their negotiation role in certain situations. They believed that a new player should take on the role of protection and advocacy in this context.

For more than 35 years now, the "international community" has been able to learn about and follow the development of human crises in real time through the media and technology. The two crises, in Biafra and Bangladesh, were the first to shock western societies by showing real and recent pictures. This was a very important new element in the context of crises. Relations with the media and with society through the media would mean new awareness and reactions. Witnesses could provide direct information on what was happening and could also demand a

reaction from the international community; they could reach societies and institutions.

In 1971 the decision was made to create an organisation devoted to medical humanitarian aid for populations in danger with a mandate that emphasised firstly the importance of rapid intervention and action, and immediate access to civilian victims of human crises and secondly the commitment to protect and promote human dignity and basic rights to life and health. (There is no need here to give further descriptions of the principles, structure and features of MSF as the information is available on the MSF Web site and in MSF offices in more than 100 countries).

Thirty-three years later we can say that the formula has proved to be a very good one. We have run emergency projects in more than a hundred countries, saved millions of lives, relieved millions of injured and sick people and stopped the post-crisis situation getting worse for populations at risk. We are listened to and followed by the media worldwide; people know what we do and what our goals are and they help us with financial contributions and expressions of opinion and support in many different ways. We have become more efficient thanks to technology and accumulated know-how and also thanks to the support of the people. Many times, simply because of our presence, international public law is not violated and otherwise reluctant witnesses are willing to speak out in defence of the civilian population. More than 70% of our income is from private donations and membership fees and, at this very moment, more than 3,500 expatriate volunteers (doctors, nurses, epidemiologists, public health experts, psychologists, pharmacists, water engineers, architects, administrators, financial controllers, lawyers, sociologists and others) recruited in more than thirty different countries, with high professional skills and a genuine commitment to the objectives and values of MSF, are working on more than 500 projects in 84 countries that do not have the resources or political determination needed to solve or improve the critical health problems of the population.

With the help of national and local task forces (more than 10,000), plus guidance and support from headquarters in developed countries and the resources they provide, MSF is still saving millions of lives every year by assisting civilian populations in areas of conflict or crisis and helping prevent health situations from getting worse by working and planning through a public health approach and protecting populations by taking a strong political stance in favour of their basic rights and against the impunity of the criminals attacking civilians and innocent victims.

MSF has received international recognition on many occasions for the targeted and efficient medical assistance in emergency and hazardous situations and for its political independence and stance defending civilian populations at risk, the most important being the 1999 Nobel Peace Prize.

I am here to report on the keys to this successful performance and recognition and this may be of use for the subject of the symposium and related projects and activities. The keys are, as already mentioned, quick reaction making it possible to provide effective medical assistance at an early stage in the crisis and the use of international public law, medical

ethics and other means of defending civilian populations through strategies for information, awareness raising, advocacy and, if need be, for speaking out against intolerable acts and situations.

A quick reaction basically means that most of the work is done beforehand and that our teams find the right way when out in the field in a crisis. No matter how committed or competent volunteers or national staff are, there is always a range of different things to be done once a crisis arises, for, from that minute on, time means casualties. But it is not enough just to prepare in advance and do homework; we also need teams to be efficient once they are there, in the middle of the mess, surrounded by confusion and pain, for that is what you find in a humanitarian crisis: institutions are not operational, most people have lost their home or belongings and loved ones. Everybody is confused and scared and in many cases, food is scarce. It is not safe to move around and nervous militia, soldiers or armed men are running in all directions, threatening civilians. The hospitals are not working, there is no running water, the shops are not open, the streets are full of smelly garbage, and the power supply comes and goes.

The key factors of MSF emergency interventions, organised in advance, are:

- Real-time information

Permanent scanning and monitoring of critical political situations or risks of natural disasters. This is done through our own teams and volunteers present in all vulnerable regions around the world and in neighbouring regions. We also provide support to field teams with our own political analysts and experts in different types of disaster. And, of course, we also use information from other humanitarian agencies and organisations, from press agencies and the media, from information centres and the opinions formed by outside experts and specialists, think-tanks, academics and others. We track conflicts, hurricanes, health indicators, harvests, heavy rains and droughts, developments in health policies in the different countries and their economies.

- Analysis and anticipation of possible scenarios

Again, we use our own resources, plus external sources and networking. We have plans covering most scenarios for MSF intervention. The study of scenarios can be general, e.g. displaced populations, refugees, malnutrition and different epidemics, or specific, which means occurrences possible in specific places or conditions, e.g. conflict or the year of El Niño.

- Preparation of kits

Kits are packages including all equipment and items needed for the most frequent scenarios and needs, e.g. the treatment of 10,000 cholera patients, the vaccination of 5,000 children or the setting up of a refugee camp or base office. We have kits for almost every need, ready in warehouses at strategically chosen sites near safe airports.

- Design and use of standard operational procedures and protocols that can be applied to different situations

If everybody knows the standard procedure for opening a cholera camp nobody will have to spend a lot of time thinking, discussing and deciding

how to organise it when the first patients arrive. This also applies to administrative authorisations, permits and agreements, vehicle maintenance, security and the evacuation of a team. Most things that can be thought of and organised beforehand have a protocol or procedure that only needs to be adjusted to the situation.

- Recruitment and pre-selection of future volunteers with appropriate standard profiles

These pools of candidates to coordinate missions, projects and activities cannot cover all needs, but for most cases, when there is a need for doctors, midwives and logisticians, they will be selected and ready to go in a very short time.

- Training

Many things we need to know when working in a crisis situation are not taught at school or university and a person who does not practise procedures cannot develop the right reflexes. We invest a great deal in training our volunteers, national staff and staff at headquarters. We design and teach most of the courses and workshops, but occasionally send our human resources to do outside training courses.

- Fund raising

Emergency medical projects often require substantial amounts of money to get under way. We need to have a reliable cash flow and efficient financial management to have the funds when needed.

- Visibility, transparency, credibility and recognition

When a crisis occurs, we need to ask affluent societies for funding and other resources. They need to know who we are, what we have done what we are doing with the money they have given us. Preparing and producing reports, press releases, leaflets and images, publishing books, attending conferences and symposia, teaching courses, lecturing, responding to media requests, organising campaigns, designing communication strategies - a great deal of work has to be done on a day-to-day basis.

- Network

Networking is needed for everything mentioned above. We have proper coordination with organisations such as ICRC, UNHCR, WHO, WFP, UNICEF and ECHO and with other NGOs at the time of the crisis so that we know one another well before we are all in together in the tornado of the emergency.

- Accumulated experience and know-how

Our volunteers and professionals rarely stay with the organisation for very long, so it is important to have efficient knowledge management. We need to spend time writing reports and memoranda; we have centres with documentary records; we assess our projects and audit our accounts. We want to learn and grow, but it is not easy and this requires time and energy at headquarters and on completion of projects.

Key elements to consider on the spot (focusing on efficiency and security):

- Direct exploration and data gathering

A good relationship and understanding with local authorities and institutions. This is easier to establish when in the country for a long period before the crisis. Collaboration is simpler and it is important to be on good terms with the local health and other authorities. Security often depends on them and so does our ability to be operational. Nevertheless, on a number of occasions in the past, we have had to intervene without legal permission or authorisation, we have crossed borders without notice and have pushed on until expelled or seriously threatened. Our commitment is to civilian populations in danger and we defend the right to provide humanitarian, medical and emergency aid to civilian populations needing it. Basically we try to collaborate and reach an understanding, but this is not always possible and then we just have to keep on doing our work. Of course, in all cases security and risks have to be properly analysed.

- National staff

Our employees on projects and in capitals for MSF missions are key elements in understanding and finding the best ways of achieving our aims. They are also the ones who do most of the work. Volunteers would be blind and helpless without the national teams. They are often highly qualified and the only reasons for them not running the projects themselves are related to security and protection, advocacy and their proximity to the victims. Many have expertise and skills which would qualify them to take on other major roles in MSF or higher responsibilities in other institutions. The agencies have a responsibility towards these people.

- Networking with other agencies or NGOs present in the field or operating during the crisis

It is very important to have coordination and help each other; most of the time we have complementary roles. For security, such collaboration is a key issue.

- Respect for the people and communication with the local community

They understand what we cannot even see. They can and will help if they understand what we are doing in their region or country. We have to ask them and talk to them. This may seem simple, but most outsiders do not do it. When security is an issue, the locals know the best way to get around safely, to reach certain places and what things should not be done. And they are usually the first ones to report on needs. In very difficult situations, when volunteers evacuate, national staff stay behind to continue work and carry on projects.

- Use and knowledge of standard operational procedures

Manuals, guidelines, procedures, technical support from headquarters. People know what to do and if they do not they request assistance as soon as possible. You obviously need to be flexible, creative and adaptable, but there is no need to spend time re-inventing the wheel. Most problems we face have already been faced and dealt with by others who have reported on what works and what does not. Most of this is included in internal guidelines and protocols.

- A dependable and quick supply system

If you have a team on the spot (e.g. in a refugee camp), and if they cannot attend people because of shortages of drugs or medical facilities, for example, they will lose credibility and waste important time. What is needed is a good system run by professional logisticians and technicians.

There must be a good security plan, with different scenarios and levels adjusted to the situation and context at different moments and with an option for evacuating teams if need be.

A good coordination team has professionals with genuine commitment, a blend of experienced and new members, volunteers (there where they want to be), highly competent fellow workers trained to use standard operational procedures but also prepared to understand a changing context and flexible enough to adjust strategies.

A good project, with targeted and relevant objectives and results. When out in the field we are accountable for our objectives, strategies and activities. Planning and coordination are important, but objectives and results are the aim. Sometimes it is more important to be effective than it is to follow plans.

Ethics. The way you spend money, the way you treat national employees and so on may shock the local community in a crisis situation. The credibility and reputation of humanitarian agencies can sometimes be lost because of offensive behaviour by members.

And one further, very difficult, but very important point is to have a good relationship with journalists.

An in-depth analysis of these elements should highlight a series of ideas and approaches which, I trust, will be useful for other sectors, such as the protection of the artistic and cultural heritage of endangered communities. This heritage is important in rebuilding the dignity and hope of the communities, and indeed of the human race in general.