

Chatham House Prize 2015: In Conversation with Dr Joanne Liu of Médecins Sans Frontières

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Robin Niblett

Ladies and gentlemen, welcome to Chatham House. I'm Robin Niblett, director of the Institute. It's my very great pleasure to welcome you here this evening, but also Dr Joanne Liu, the international president of Médecins Sans Frontières, who we're going to be in conversation with this evening. I say 'in conversation' because she must feel like she's getting a little tired of Chatham House, because she opened our conference on pandemics and epidemics here yesterday, in front of a lectern with a PowerPoint and a full speech. I said to her, I hope this is going to feel a little bit more relaxing this evening. Though I think for somebody leading a group like MSF, relaxing is not what comes with the job description.

This is on the record, perhaps self-evidently. If you wish to Tweet, it is a different hashtag, for those of you who are Twitter aficionados: it is #CHPrize, because as you all know, we are here to talk to Joanne in her capacity as the lead external representative of Médecins Sans Frontières.

You, our members, and others not in the room today, voted MSF the winners of the 2015 Chatham House Prize earlier this year, for the remarkable work that you and your colleagues undertook in confronting the Ebola epidemic outbreak last year, particularly in West Africa. Not just the work done in the field but also the work undertaken more broadly in raising the profile and the need for a response at a time when the world was not engaging the way that you felt they should be, and turned out to be right in doing so.

When we get into conversation, obviously we'll talk a bit about Ebola, but we will also address some of the many other crises that you and your colleagues are facing and dealing with around the world. It is a dangerous place out there, and Médecins Sans Frontières tend to go to the dangerous places. We will get to Yemen or Darfur, South Sudan, but we will probably also touch on Afghanistan. I think there was no greater need for a reminder of the danger that you and your colleagues have put yourselves in front of over the decades – and you've been involved with MSF since 1996, nearly 20 years – there's no greater reminder of the risks than the tragic loss of life that took place in Kunduz about two weeks ago now. So I just want to say, Joanne, right at the beginning, on behalf of all the membership of Chatham House, how much we share that loss and wish the families of those who lost their lives in Kunduz – and, I might say, those who lost their lives in your staff as well during the Ebola epidemic – the very best and our condolences for the future. I want to just make that point right up front and we'll have a chance to address this again later on this evening.

Joanne, as I said, joined MSF back in 1996, so nearly 20 years ago. You were in the field – I was having a little look through here. Your career with MSF almost tracks some of the biggest crises that I think of when I think of humanitarian crises around the world. You were dealing with Malian refugees in Mauritania. You were involved in dealing with the post-tsunami context in Indonesia, I presume in Aceh and that part of the world there. The earthquake and then cholera epidemic in Haiti. Somali refugees in Kenya. Also some of the comprehensive medical care for the survivors of sexual violence in the Democratic Republic of Congo. It's a dangerous and tough world. We run through this list but this is what you and your colleagues are engaged with. Prior to this, you worked in Palestine, Central African Republic and also in the Darfur region of Sudan, which saw some of the worst atrocities in a long list of terrible tragedies in that particular part of the world.

You trained, before you got into this, at McGill University School of Medicine, specializing in paediatrics. You have a fellowship in paediatric emergency medicine from the New York University School of Medicine. I've been talking to other people about you, Joanne, and I know you very much come at this as having been a practicing person in the field, not simply having to represent MSF, but when you do

represent and go internationally, you become part of the teams, as I understand it. We'll have a chance to come to that in a minute.

Let me kick off here by saying – maybe you could share with us, as our members voted for MSF on the back of Ebola, if we could start with that – what have been some of the biggest lessons you learned from that? It seems to me that MSF played a very particular role there, not simply dealing with the crisis but really acting as the alarm bell for the rest of the world. Is that alarm bell-playing role, that need to get to the media, to get the message out, as important for MSF almost as the work you do in the field?

Joanne Liu

Thank you for that nice and long introduction. With respect to Ebola, I really think that our biggest lesson learned is the fact that we didn't know that the world wasn't ready to answer the epidemic. We didn't know that they weren't willing to answer it. It's only when it knocks at the door of Europe and the US that all of a sudden the world pays attention. It's very, I would say, distressing and unsettling to realize that. It's something we see again with the migrant/refugee crisis, it's the same thing. The migrants and refugees are knocking at the doors of Europe and all of a sudden it's an issue and we have to pay attention. The reality is this has been going on for years, if not decades. Of course, this year the movement of the population is much bigger than what it used to be, but unless somehow the Western world doesn't feel its interests being at stake, they don't pay attention.

This is why there are so many crises off the radar, like the one you mentioned in South Sudan. I just returned from there a few days ago. Or Central African Republic. Nobody talks about those crises.

Robin Niblett

I think people were surprised to learn that one of the biggest sources of refugees and asylum seekers into Europe is Eritrea, a part of the world that's almost been off the radar screen of the European newspapers for quite a long time at the moment. But it seems that across parts of Africa – West Africa, the Horn of Africa – there's been a persistent flow of conflicts that have – do you think they have broken apart the systems of governance, of sustenance, for populations? Are people just evacuating these countries? Is this the beginning of a longer-term process of people just trying to go to where security is, let's say in Europe? Is this conflict by conflict or are we in something bigger?

Joanne Liu

I don't think I have the visibility on that per se. But the reality is, I see it more like a pressure [indiscernible], and we've been accumulating the pressure, and all of a sudden there's a bit of an outlet for the steam. So people are just trying to escape, I would say, the condition of living that is not humanly acceptable. So it can be war, it can be diseases. The thing is, what is clear to me is we should really be careful in how we are looking at people who flee. We should not judge why people are fleeing. People are fleeing because it's not bearable. I think it's really normal for human beings to hope for a brighter future. Everybody has the right to a brighter future.

Robin Niblett

You said you were shocked and surprised back in Ebola and you're equally frustrated that governments have not been heeding the warnings of problems that have taken quite a long time to gestate. What is the problem? Do you have an insight? I know maybe it's unfair to ask for somebody who's really come up

through the field, but you are now the public face of MSF. You have to go to the UN. You have to go to the World Health Organization, bang the tables on behalf of your staff members and colleagues. Can you share any insights of what you think is structurally wrong? Is it simply that we as publics don't have the appetite, so we don't pressure our politicians? Or are there some type of structural obstacles that you think are there, that you would know how to fix?

Joanne Liu

I would never have the presumption that I can know how to fix the world's problems. I don't think I can have that pretension. But what I can tell you is I think there's a huge vacuum of political leadership in the world right now. I think that's what we saw for Ebola, when nobody wanted to just take the leadership and step up to their responsibility, nationally but internationally. It's the same thing today. Everybody right now is looking at each other to figure out, how are we going to fix the Yemen crisis right now? Are we going to come up with a political solution while we are in this really bloody military phase of the conflict? So I think that somehow there's a lack of political courage and leadership across the world.

Robin Niblett

But the creation of groups like the World Health Organization, even the role that the UN plays more broadly, is meant to help coalesce that leadership. It's meant to help bring it together or nurture it, rather than you having to do it or other humanitarian organizations. Is there something about the World Health Organization that could operate differently? Is there an early warning approach that you think could be handled differently? Do you find when you're in the field with your MSF colleagues that there isn't a presence of these organizations there to take the message back? Is there anything you think these organizations could be doing differently to mobilize political leadership?

Joanne Liu

I wish I would have the answer to your question. But what I can tell you and what we see in the field right now is there is a lot of crises that are not attended and don't find any actor to respond to it. We are in this very paradoxical situation that we've never seen such a huge international workforce, in terms of humanitarian and aid workers, as well as the budget for humanitarian aid that is now up to £17 billion, according to the last figures for 2014. But that being said, and despite all that, we still are seeing situations like in – I just returned from South Sudan, where we have a camp for displaced people, where people don't even have the basics, which is shelter, food and medical care. I don't believe that in the 21st century we just cannot address that. I don't believe that we accept, as an international community, this kind of situation. We don't accept it at MSF. We try to do our best. But we cannot be the fireman of the world. Some other people are going to need to take their responsibility. This needs to happen, but somehow I find there is some sort of complacency often. I think Ebola was a great example of that. People have taken for granted that for the emergency response somehow MSF as an organization and a few other organizations will take the brunt of the beginning of the response, and after that people are going to try to figure it out.

There's a huge lack of a sense of urgency in trying to save lives in the world. We are numb to loss of life. We just don't see the stories of human beings behind. I find it absolutely unacceptable. I don't find strong enough words to express my feeling on that.

Robin Niblett

That lack of empathy, I think, is part of the issue, but as you said, it's a stronger issue. Do you think groups like MSF are now, given perhaps the lack of governments' and international organizations' ability to get involved early enough, are you starting to have to play a different role in these crisis environments? Helping build up, training for health – I noticed you'd given out during the Ebola crisis over 2 million malaria vaccinations. It's almost like MSF had to step in, with others' support I'm sure, other organizations as well, to almost become health systems. Are you having to help coordinate, are you able to leave behind a stronger health system than you found when you first got there? Are you becoming part of the infrastructure for these countries, given the government's not doing it? Are you able to leave behind more than you find, or do you just have to move from crisis to crisis to crisis?

Joanne Liu

I think a lot of people would like MSF to change in terms of building capacity. I think that we do see ourselves as an organization, a humanitarian medical organization, that brings assistance to people in need due to conflicts, natural disaster, epidemics. Then we do respond in the emergency phase. Then we have to decide for ourselves now how much of the mid-term to long term we are going to be there. The reality is we like to tell ourselves that we're only there for the emergency phase but if we look at our record, we've been for more than two decades in the Democratic Republic of Congo. We've been in South Sudan since 1983. We had some absence but we've been since the 1980s in Afghanistan. So the reality is we have what I call the mid- to long-term relationship with many different countries, but we don't make the commitment somehow.

So we're going to need to reflect a little bit more on that. This is a fundamental question for the organization because this might change, some people say, our DNA. We might not be ready for a DNA makeup.

Robin Niblett

Many people here probably won't know how MSF is structured. Is it volunteer doctors who are coming in? There's a crisis, you call out, there's a team you can bring in. But you said you had permanent presences in many countries, or semi-permanent, for 20 or 25 or 30 years. What's this balance between being a sort of quick response, having a network that you can bring to bear on a crisis, and how much now is it permanent staff? What's that balance at MSF?

Joanne Liu

MSF existed in 1971 and then it was created from what we call 'voluntary spirit'. So it's always been there, the voluntary spirit. But the reality is, volunteers are aging. We are voluntary people who are aging and getting older, so with different needs. So we are that but the reality is we have 35,000 workers across the world and we have 28 offices. Basically, we still have people with this really voluntary basis who want to go and make a difference in the field, but we have as well adapted as we are aging. We are in our middle age, 44 years, so we are going into a huge middle-age crisis as well.

Robin Niblett

There's obviously no shortage of topics that you have to undertake at the moment. How are you able to preserve your independence in countries that you go into? This issue of how NGOs relate to the countries

that they operate in, how they maintain their values and standards – how does MSF think about this issue of independence? Is it simply taking care of people, it doesn't matter about the government? How do you deal with that issue?

Joanne Liu

I think we mix a lot of those principles. We often talk about neutrality, impartiality and independence. We often tag on our independence to our financial independence. I think today Médecins Sans Frontières has the unique privilege of being at 90 per cent financially independent, meaning that 90 per cent of our money comes from private donors. We have an income budget of \$1.3 billion. So we are absolutely fortunate today.

This is what gave us our edge and our capacity to not have to wait for any grant to go and just say, we want to go there and we need to go now. We can mobilize a team within a couple of hours. So this is something very important. It is as well important because in regards to some conflicts – if we take Afghanistan, we are completely in private funds. In many conflict areas, we are completely in private funds. We do believe that it's important to be totally financially independent.

Robin Niblett

I want to ask one last tough question, in a way. How do you approach the issue of risk for your staff? How do you balance when a situation is too dangerous, not dangerous enough? How do you tackle that incredibly difficult call of – you're needed often in the most dangerous environments. Is this on a case-by-case basis? Is it left very much to the local leaders on the ground? How do you handle this issue of risk?

Joanne Liu

Risk is a daily question for our organization. There's no one-size-fits-all approach for all the conflicts. We take it case by case. It's really important that anyone that goes into the field takes it upon themselves, that they're taking a personal risk, but the organization does due diligence in terms of figuring out, do we have the assurance to go and care for patients who need our assistance? Sometimes we get the assurances from the local authorities and as well the regional and international, and sometimes we don't. So there are some areas we pull out. We left Somalia a few years ago. There are some areas in Syria we are not there, because we cannot find the assurances that we can go and work there.

But what is clear to us is we are not there for human sacrifice. We are not martyrs. This is not what MSF is about. We need to be clear about that. But we wish we could do much more in some crises, like Syria and even Yemen. But sometimes we reach a limit on what we can handle.

I think I'm just going to add that because Kunduz is a very difficult situation for us. I guess there's no words. There's no words for my organization, in terms of how this has been so difficult. We have closed our Kunduz trauma centre and we know there are millions of Afghan people who cannot benefit from the trauma care that we've been giving for the last four years. So when you are talking about risk, until we understand what happened, how it happened, we cannot go back to Kunduz. This is why we are asking for an impartial, independent investigation. If we don't get clarity on that, we will not be able to go back to Kunduz.

Robin Niblett

A very important point to make, the transition from – because I'm sure even in the media, people are saying, look, fog of war, etc. Terrible tragedy, these things happen. The point you're making here, just so I completely get it, is in a way, unless you understand how it happened, you can never have the confidence to be able to say to your staff, your people: this is a place we know we can be in because that thing will not happen again, because we know why it happened. If you don't know why it happened, you can never trust the assurance that you might get again, correct?

Joanne Liu

Somehow, we need to know what happened and why it led to an airstrike on a hospital which has been known in the region for the last four years, which has been treating thousands of people. We need to understand why. My goal today is because we want to prevent the occurrence of another event like this. That's one thing. But the other big thing and the bigger picture for me is to safeguard the ability to work in conflict zones, the ability for a population living in a conflict zone to access health care. That's what is at stake today, because otherwise if we don't get reaffirmation of the Geneva Convention by different states and by the international community, we will not be able to continue to work in some crisis zones, like Yemen, like South Sudan, like Central African Republic.

Robin Niblett

So you think, depending on the answer you get here, you may have to think about other places where you are currently based – that the Kunduz thing may change MSF's outlook more broadly? You'd have to look at risk differently?

Joanne Liu

I wouldn't formulate it this way. What I'm trying to say, and I guess I'm not clear, is the fact that Kunduz is one thing, and we need to get clarity about Kunduz, and that will have a direct impact on our deployment in Afghanistan. But on a more broad thing, and this is why we are bringing it to the world, is the fact that it is important today that we safeguard what I call the humanitarian medical space, meaning the ability for health care workers to work in a conflict zone, but as well the access of the general population to health care. Meaning that we cannot target patients, we cannot target medical facilities, we cannot target ambulances. We cannot target health care workers. That's the bottom line. That's what the Geneva Convention is giving us, and we've been working under the understanding that people are respecting that. This is why in our calculations, when we go and negotiate – when you were asking about risk – we weigh all that in. If somehow we decide that this is not respected anymore, that puts everything – we question everything after that.

So the impact of what happened in Kunduz has a huge impact on the MSF organization, but has a huge impact on the whole humanitarian community. That's what it's all about.

Robin Niblett

Joanne, thank you very much for taking these questions. I see lots of hands going up.