



DOCTORS WITHOUT BORDERS SET UP OFFICE IN SA

Médecins sans Frontières (MSF) has opened its first 'section' office in Africa in Johannesburg, hoping to recruit humanitarian-minded young doctors for short-term deployments to some of the world's neediest countries and nurture an *ubuntu* ethic.

While there are dozens of MSF 'missions' across Africa (two local ones, formerly at Lusikisiki and still in Khayelitsha near Cape Town, carved an indelible mark on the HIV/AIDS medico-political landscape), there are no 'Section' offices.

Sharon Ekambaram, the executive director of the new office, said the kind of activism that was part of South African civil society, politically courageous local scientists and proximity to Third World diseases, made this the ideal country to operate in.

Citing Dr Eric Goemare, whose groundbreaking work in showcasing the efficacy of ARVs in Khayelitsha at a time when political denialism was rampant, she said MSF was about advocacy based on medical experience, not simply attacking politicians.

'We have strong roots in activism but it's the kind of challenge that is based on the reality on the ground and not just pontificating, analysing and laying blame – our advocacy is based on medical experience,' she said.

South Africa's multicultural and representative nature, its good communications, excellent Constitution and strong judiciary separate from the State made it a natural choice for the MSF board in Brussels, until now largely Eurocentric.

There is only one other MSF section office in a resource-poor country – Brazil.

Here to contribute, not 'steal'

Ekambaram was quick to dismiss fears that the new MSF office would contribute to the local 'brain drain',

suggesting that it would instead benefit the country and the region.

She said a doctor's 6-month to 1-year posting to a struggling Third World country would instead instil a rare and invaluable vocational ethic.

'They're more likely to come back and contribute here in a way that makes a real difference with a renewed, strong humanitarian ethos, than stay away.'

Ekambaram believed that South African doctors and society in general also needed to 'give back' to a region where neighbouring countries had played a pivotal role in toppling Apartheid.

MSF volunteers accept at the outset that MSF can post them anywhere in the world, but Africa is a likely destination.

Besides recruitment and advocacy, the most significant part of the Johannesburg office's current work is a medical unit that conducts training and will eventually do research, collect statistics and write up scientific papers.

'Unlike the London office, for example, we have the luxury of being in a context where we see HIV, malaria, cholera, TB and so on,' she added.

The new development comes after a lengthy MSF moratorium on setting up new sections internationally in a bid to reduce bureaucracy and become more effective.

According to Dr Alma de Vries, a former Rudasa chairperson and MSF board member, the Johannesburg office will 'add an African voice' to the organisation, traditionally European with many of its beneficiaries African. 'It will also give MSF SA more credibility to speak out on populations in urgent need of medical care on the continent.' The long-term plan is to interact and speak out to continental bodies like the African Union, she revealed.

MSF first started working in South Africa in 1982 with Mozambican refugees on the border.

Early recruit 'enthusiastic'

Among the first new local recruits is Prinitha Pillay, a Wits graduate who has worked for MSF in Lesotho and India before but is now in Sudan on what she says has been a 'life-changing' adventure.

Pillay recently impressed a group of Johannesburg clinicians with a striking and shocking presentation on the situation of people living with HIV and AIDS based on her recent experience of working as a doctor in an MSF project in Mumbai, India.

Ekambaram, herself a South African, said that while there were many young doctors ambitious to make money in the private sector, there were as many who had a true vocational humanitarian ethos who would benefit hugely from MSF experience.

While many doctors left the country permanently in order to make more money, just as many made short-term foreign forays to pay off loans before settling down to make a significant impact at home.

The type of doctor who signed up with MSF generally fell into the latter category.

She said that currently there was a perception by a number of African countries in the region and on the continent that South Africa was only interested in spreading its commercial interests in Africa.

The norm was that while the President, Thabo Mbeki, travelled throughout Africa in an attempt to bring about peace, behind him were big commercial companies looking for new markets.

South African doctors working in crisis-torn parts of Africa would enable MSF SA to speak out about the medical humanitarian crisis taking place in these countries, based on the testimonies of returning doctors.

Chris Bateman