



Humanitarian Activities of *Medecins Sans Frontieres* (MSF) in Some Selected Sub-Saharan African Countries

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Abstract. 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.

Keywords: Conflict, International Humanitarian Law, Medical Humanitarianism, *Medecins Sans Frontieres*, Sub-Saharan Africa.

1. 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.

Amidst the challenges posed by armed conflicts, epidemics, and natural disasters, *Medecins Sans Frontieres* (MSF), also known as Doctors Without Borders, since its foundation in 1971, has emerged as a prominent international non-governmental organization (NGO) providing critical emergency humanitarian assistance to conflict affected countries. They are known for their untiring efforts to assist people in war-torn regions and in developing countries affected by endemic diseases. In 2015 for instance, over 30,000 MSF personnel, mostly local doctors, nurses and other medical professionals, logistical experts, water and sanitation engineers, and administrators provided medical aid in over 70 countries including countries in Africa.

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.

2. Conceptual Clarifications

2.1 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. Oyeniya 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".

2.2 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 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. The degree of suffering associated with the conflicts in Sub-Saharan Africa led humanitarian interventions.

3. The Emergence of Medecins Sans Frontieres

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 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 Français (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.

4. The Principles of Medecins San Frontieres

With regards to its charter, MSF is guided by the following principles in both its organizational structures and in its field missions: medical assistance, neutrality, volunteerism, and self-awareness. These four principles delineate the following guidelines for its field operations:

- Offering assistance to populations in distress, to victims of natural or human induced catastrophes and to victims of armed conflicts regardless of race, religion, creed or political affiliation.
- Observing strict neutrality and impartiality in the name of universal medical ethics as well as everyone's right to humanitarian assistance. The organization demands full and unobstructed freedoms in the exercise of its functions.
- All volunteers (most of whom are doctors and other health-care workers) will fully

respect their professional codes of ethics and maintain complete independence from all political, economic, and religious powers.

As volunteers, all MSF participants are aware of the risks and dangers of the missions in which they choose to partake because they have no right to monetary or material compensations for themselves or for their beneficiaries other than what MSF could afford to provide them.

5. Armed Conflicts in Sub-Sahara Africa

The Sub-Sahara is geographically defined by the United Nations to describe countries of the continent of Africa that lie south of the Sahara Desert. Technically, all of Africa except the five Maghreb countries of Algeria, Egypt, Libya, Morocco, and Tunisia are included in this geophysical classification. After the end of the Cold War the world has witnessed an intensification of internal conflicts resulting in unprecedented humanitarian tragedies, which, in some cases even led to the total collapse of states, for example in Sierra Leone and Somalia. Africa has been the region most devastated by such conflicts and their catastrophic humanitarian consequences. During most of the Cold War period, much of the conflict in Africa had been fueled and fought by African proxies for either the United States or the Soviet Union.

Since the collapse of the Soviet Union, end of the Cold War and lowering of the geostrategic importance of the continent, there had been a shift in the nature of African conflicts to mainly intra and interstate conflicts. The West, occupied with many new problems of its own, was reluctant to respond to the conflicts of the African continent, as shown by situations in countries such as Somalia, Burundi, Democratic Republic of Congo, Rwanda.

As internal conflicts dramatically increased throughout the 1990's, the nature of armed conflicts changed. Civilian populations became increasingly targeted and the world witnessed terrible levels of violence and genocide, for example in Rwanda and Burundi, in the last decade of the twentieth century. This ethnic violence is now becoming a trait of African conflicts as these civil wars took millions of innocent lives. By the year 2000, more than half of African countries and over 20 percent of the continent's population were affected by conflict, with eleven major conflicts with more than a thousand war related deaths per year, making the extent of conflict greater than in any other part of the world. By the year 2005, the number of armed civil conflicts had increased to nineteen. In 2007 close to half of the

people displaced worldwide by conflict were in Africa, spread across 20 countries and constituting approximately 12 million of the world's 23.5 million internally displaced persons.

There are at least 15 countries in Sub-Saharan Africa with active non international armed conflicts with cross-border terrorist activities and insurgent operations that violate the International Humanitarian Law (IHL). The countries include Nigeria, Niger, Sudan, South Sudan, Burundi, Cameroon, the Central African Republic, Chad, the Democratic Republic of Congo (DRC), Ethiopia, Kenya, Mali, Mozambique, and Somalia. The Sahel, Horn of Africa and the Lake Chad Basin regions appear the worst hit because three of the major globally ranked terrorist organisations namely al-Qaeda in the Islamic Maghreb (AQIM), Al-Shabaab, and Boko Haram (BH) and its Islamic State -West Africa Province (ISWAP) are respectively engaged in violent tactics to advance their interests. The BH/ISWAP armed conflict in the Northeast region of Nigeria has since escalated into a major cross-border conflict with severe international humanitarian law violations within the Lake Chad Basin Commission member states.

This development has led to the internal displacement of persons, murder, torture, suicide bombings, kidnapping, child soldiers among several other violations of the principles of IHL as established by the Geneva Conventions of 1949, the Additional Protocols of 1977, and the Rome Statute of the International Criminal Court (ICC) to which most countries in the region are State Party.

6. 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.

It is important to note that, Liberia's fourteen year civil war has left a trail of destruction as violence committed during the conflict also included many forms of sexual violence, which had mostly affected women and girls. Not only is Liberia's legal system incapable of delivering justice, the health care system is also unable to provide adequate medical care to victims of sexual violence as well as for the general population due to damages inflicted by years of civil conflict Hence, given this circumstance; since 2005, MSF has been delivering medical care to rape victims in two health centers and one pediatric hospital in Bushrod Island, an overcrowded area in Monrovia, which is home to more than 500,000 people. In 2008, MSF medical teams in Bushrod Island had treated 771 survivors of sexual violence and delivered gynecological and obstetrical emergency services for 886 rape survivors in Paynesville, a suburb of 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 operations due to the agreements. 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.

In the course of its emergency operations, MSF treated nearly 5,000 children in its feeding centers, which included 1,000 for severe acute malnutrition and 4,000 for moderate acute malnutrition. In order to better care for these malnourished children under five, it disbursed 15,000 rations on three occasions to increase every family member's food rations by 25%. Additionally, MSF distributed 500,000 liters of drinking water per day, which is around 5-7 liters a person per day. Since February 2004, 15,000 children under age five were vaccinated against measles as MSF health care teams conducted 15,000 medical consultations with 400 hospitalizations

Moreover, as of June 2004, 90 international volunteers and approximately 20,000 Sudanese staff delivered medical and nutritional care to more than 400,000 displaced people. Furthermore, MSF medical teams conducted medical consultations and hospitalizations for those who needed longer-term care, treated victims of violence, cared for both moderately and severely malnourished children, as well as handed-out water, blanket feedings, and other essential items to those in need in all three states of Darfur (i.e. West, South, and North). Additional medical teams also provided assistance for Sudanese refugees who sought shelter in the areas of Chad, such as; Adre, Birak and Tine, Iriba and Guereda, which border the Darfur region

Besides providing medical and nutritional care to refugees and malnourished children, as in Liberia and in the eastern region of the Democratic Republic of Congo, MSF also delivered both medical and social care to victims of sexual violence. Between October 2004 and the first half of February 2005, MSF physicians had treated almost 500 rape victims in numerous venues throughout South and West Darfur. In West Darfur alone, from October 2004 until February 15th, 2005, MSF health clinics treated 297 rape victims, 99% of whom were females between the ages of 12 and 45. With regards to providing

health services to victims of sexual violence, in general, MSF medical teams strive to deliver comprehensive and quality medical care in confidential settings since these services are absent in most mission countries. In addition to treating the victims' wounds, offering emergency contraception, and helping to prevent sexually transmitted diseases; in some projects, MSF also organized psychological counseling to help rape victims better recuperate from their emotional traumas and regain their sense of self-dignity.

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 non-governmental 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 paediatric 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. They also provide basic health care through mobile clinics to people living in Refugees camps"

Generally, through its humanitarian service and its selfless dedication to those in need, MSF not only has made tremendous contributions to contemporary

Africa by helping those who are forgotten and neglected by the global community, it has also served as a role model for NGOs that have adopted borderless sense of space as well as principles of direct intervention and media involvement.

7. 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 Dafur 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 includes ethical dilemmas in treatment prioritization, neutrality and political challenges among others.

Despite these challenges, MSF continues to provide vital medical assistance and advocate for improved healthcare systems in the region especially areas affected by conflicts and diseases. The organization's

commitment to the humanitarian principles of impartiality, neutrality, and independence guides its efforts to address the complex and evolving needs of the populations it serves.

8. 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.

References

Oral Interviews

- Collins Mathias, 30+, MSF Staff, Interviewed at the NDA, Kaduna, 12/07/2023
 Dr. Stephen Yohanna, 40+, Lecturer, Interviewed at Kaduna State University, Kaduna, 08/06/2023
 Ibrahim Suleiman, 41 years, MSF Volunteer Staff, Rigachikun Kaduna, 14/07/2023

Published Books

- Achike Udenwa, Nigerian/Biafra Civil War: My Experience, (Ibadan: Spectrum Book Limited, 2011).
 Jorre J, The Brothers War, (London: Hoddersand Stoughton, 1972).
 Kevin O'Sullivan, "Biafra's Legacy: NGO Humanitarianism and the Nigerian Civil war", In: Christina B, Matthew F, & Hanna B. K (eds.) Learning from the Past to Shape the Future Lessons from the History of Humanitarian Action in Africa, Overseas Development Institute, (2016)
 MacMillan M, War, How Conflict Shaped Us, Canada: Dexter Filkins, 2020.
 Ross, M. The Culture of Conflict, New Haven: Yale University Press, 1993.

Journal Articles/Book Series

- Debrix, François, “Deterritorialised Territories, Borderless Borders: The New Geography of International Medical Assistance.” *Third World Quarterly* 1998.
- Jau-Yon Chen, “A Paradigm of Medical Humanitarianism: The Case of Médecins sans Frontières (Doctors without Borders) in Africa” *Online Journal of African Affairs* Volume 3, Issue 6, 2014. Available Online at <http://www.onlineresearchjournals.org/JAA>. Date retrieved: 3rd May, 2023
- Olabanji, Akinda, “Boko Haram Insurgency in Nigeria: Between Islamic Fundamentalism, Politics and Poverty”. *African Security*, 8, 1:10, DOI:10.1080/19392206.2015.998539.
- Onuoha, F. C. “The Islamist challenge: Nigeria’s Boko-Haram crisis explained” *African Security Review*. 19(2). 2010.
- United Nations Office for the Coordination of Humanitarian Affairs, “Humanitarian Civil-Military Coordination, a Guide for the Military” V. 10, July, 2014.

Thesis/Dissertations

- Ezeani, P O. “Catholic Church and Humanitarian Activities in Igboland during the Nigerian Civil War, 1967 – 1970”, PhD Thesis, Department of History and War Studies, Nigerian Defence Academy, 2023.
- Nathan, Hayenga “The Effect of Doctors without Borders on Lowand Middle-Income Countries in Sub-Saharan Africa”, University Honors Program Theses. 164. Available at <https://digitalcommons.georgiasouthern.edu/honors-theses/164> (Date Accessed: 4th May, 2023)

Lecture Notes/Paper Presentations

- Audu, B J, “Lecture note on International Humanitarian Law, Military History, Department of History and War Studies, 2021/2022 Academic Session.
- Ndeche, O. “International Humanitarian Law (IHL) and Armed Conflict: A Perspective on Terrorism in Sub-Saharan Africa”, In: Iroye, S. O. and Ibebunjo, B. O (Eds.). *Readings in Peace, Conflicts and Strategic Studies*, Abuja: Department of Peace Studies and Conflict Resolution, National Open University of Nigeria, 2022

Internet Sources

- <http://esa.un.org/unpp/definition.html>;
<https://unstats.un.org>.
<http://world.time.com/2014/02/26/hospital-patients-in-south-sudan-shot-dead-in-their-beds/>. Date Retrieved: May 6th 2023
- <http://www.bbc.com/news/world-19293687>. Date Retrieved: May 6th 2023
- <http://www.bbc.com/news/world-africa-26357138> Retrieved: May 6th 2023 a
- <http://www.doctorswithoutborders.org/article/msf-responds-evolving-needs-amidst-fighting-south-sudan>. Date Retrieved, May 3rd 2023
- <http://www.msf.ca/en/south-sudan>. Date Retrieved, May 3rd 2023
- <http://www.nytimes.com/2012/07/07/world/africa/refugee-children-dying-at-alarmsing-rate-in-south-sudan-aid-groups-say.html?ref=africa&r=0>
- <http://www.onlineresearchjournals.org/JAA>. Date retrieved: 3rd May, 2023
- <http://www.sbs.com.au/news/article/2014/02/26/south-sudan-violence-healthcare-msf>. Date Retrieved: May 6th 2023
- Ian Davis “Armed Conflict and peace processes in sub-Saharan Africa” available online MSF (Médecins Sans Frontières). Activities. <http://www.msf.org/msfactivities>. Accessed: 13 June 2023.
- Ozerdem A and Rufini, G “Humanitarianism and the Principles of Humanitarian Action in Post-Cold War Context”, 2015, Available at: <https://www.researchgate.net/publication/242183027>, (Accessed on 26 August, 2023)
- Paul, S., “Doctors Without Borders”, ResearchGate @ <https://www.researchgate.net/publication/343041197>. Date Retrieved, May 3rd 2023