Transcript: Q&A

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In Conversation with Dr Joanne Liu of Médecins Sans Frontières

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Question 1

I know that Médecins Sans Frontières staff have been detained in or expelled from some countries – Bahrain, Sudan, Myanmar, among others – where you've come under some suspicion from authoritarian governments. I wondered how you would respond to governments who see a powerful non-state actor such as yourselves as a potential challenge or even a threat to their authority.

Joanne Liu

I'm not sure I get your question.

Robin Niblett

The way I understand the question is – it's not just a case of risk, whether you decide to go in or not. You might be in a country and then find that your staff are expelled because you are seen, in the examples given – Myanmar, Sudan, you mentioned Bahrain as well – these are places where you go in but you then find that the government sees you somehow as a problem or a risk or a threat. Is this something you've experienced? If it is, how do you deal with it?

Joanne Liu

Yes, of course we experience it. Then it's a question of how we are being perceived, and it's the question as well what we stand for. So it's a dialogue. Sometimes we are able to find common ground and sometimes we are not able to find common ground. When we don't find common ground, then it most likely means that it's time for us to leave anyway. Maybe temporarily, but we have principles in terms of operation. We have to get some kind of common understanding.

Robin Niblett

An example of that common understanding or principle, would it be something like: we treat whoever comes, therefore we will not distinguish who comes to our treatment centre. We will not hand over, or no one is allowed to come in and arrest people. What's an example of the kind of problem you face in these types of environments that could lead a government to see a group like MSF as a problem?

Joanne Liu

There are some contexts where we have been walking on thin ice. I think Myanmar is one of them. I was there a year ago. Basically, caring for the Rohingya is not well perceived by the authorities. But they need care, so we're trying to get a common understanding of what we can do and not. I guess almost every day we ask ourselves if we're going to stay there. It's been the standing question I wake up with every day about Myanmar.

Robin Niblett

There's something that occasionally comes into the news and generally drifted out, but for you it's something that you wake up with every day. I think it's an interesting point.
Question 2

I would like to know what sort of interaction do you, in the field, have with the International Red Cross and Red Crescent.

Joanne Liu

Thank you for the question. The Red Cross – I would say it’s been such a great ally in the Ebola response, the International Federation of the Red Cross. I would say they have a bravery about them. I think the International Federation of the Red Cross took upon themselves one of the most difficult things in the Ebola response: ensuring safe burials for Ebola patients who have died. They have done this gracefully, they have done it with courage. It’s been so not on the news and recognized. I must say that without the national Red Cross dedication in working in the shadows, in doing that, which was essential in the response for Ebola, we probably wouldn’t be where we are today.

I find that in many places – I think Syria is a good example – the Red Cross has been taking so many upon themselves. They are the ones who are the most mobile right now. They are offering the most care. Again, they are not being seen. They are not in the media hotspot. But they are there. So the Red Cross is having a role and in some places they are not as successful as we would like them to be. I think they are like any big family, they have their lows and highs, like MSF.

Question 3

My question is surrounding the issue of safeguarding the humanitarian space, in terms of risk assessment. I know that MSF prides itself on being very independent in many aspects of its work, but I’m interested to know your feelings about working in closer partnership with other NGOs in areas of conflict.

Robin Niblett

It’s interesting because again, as not an expert, I think of MSF almost as this standalone group. It may be a perception, probably an incorrect perception. My perception, not yours. I’m editorializing your question, I shouldn’t.

Joanne Liu

I know it’s a loaded question. Thank you very much for the question, I think it’s a necessary question. I think in all honesty, MSF is what I call a loner. That’s the start. I think that Ebola has taught us a lot. One of the things is – I always say that Ebola was one of the most humbling epidemics that we have to tackle as an organization. One of the things we found out very quickly is we couldn’t do it on our own. The only way to get some control over the epidemic was to work with others. Are we a great player? Absolutely not. We’ve got much to improve. Did we improve during the Ebola epidemic? I think we did, a tiny bit. But there’s a much longer road to go.

We like to think we’re different, and we like to think we’re special, like everyone else. But we do participate in Health Cluster as an observation member. But I accept the criticism on that, I live with it. I’m committed to have my organization work better. I know we often are attacked on being a bit on the arrogant side. I know that. It’s something that we can improve. I guess I cannot say more than that.
On the other hand, one thing that is really distressing, if not annoying, is the fact that what I find very difficult is when you are in a crisis situation and some organization wants to do things, but they don't have the pace. We want them to follow the pace. One of the very easy examples – when I was in Darfur in 2004 and we were having an epidemic of hepatitis E, and there were organizations saying, yeah, we're going to build latrines. I said, fine, great, how many can you build? What is your timeline? Basically, the timeline is: I'm going to build 80 latrines in the next three months. By the way, I have pregnant women dying now. We have an increasing number of patients with hepatitis E. I want them by the end of the week. If you can deliver them by the end of the week, I'll be more than happy. Go for it. I'm going to concentrate on something else. If you cannot, then I'm going to put some of my team people on there.

This is the thing about what is going on right now in many health emergencies. We have development organizations who want to do emergency, and then we have the emergency organization who does emergency. I'm an ER doc. The reality is that in my ER crash room, only the ER doc walks in. I don't get to know the gerontologist physician to come and try to save the life of the three-year-old because – sorry to say – I'm probably the best to do it. I think that everybody has a competence field and we need to accept that. What we need to accept about health emergencies is there's some people who are trained and have the competence to respond to the health emergency, and some people that have the post-phase emergency and then the long term. We should respect each other and all those most likely should be running parallel to each other but discussing with each other.

But I will not try to do developmental stuff either. We are not that good. We've tried. In some areas we maybe have more success but we're not the best. I always say that MSF is an organization that is impatient for patience. I think it's fair.

Question 4

I want to pick up on something that Robin was asking and you were talking about. We say anecdotally that the role of the non-state actor is becoming more and more relevant today than the state. You earlier talked about a lack of leadership in institutions. Just now you've been talking about the very necessary and integral role of an organization like MSF in an emergency. You've described a situation which really enforces this idea that the state isn't capable of doing what we'd want it to do, and therefore it's non-state actors like MSF, like Save the Children, like other private individuals or organizations, who are taking the traditional role of the state. Can you talk about where you think that's going to go? Because you said you want to see more leadership, but it's unclear how that leadership can come to pass.

Joanne Liu

I wish I could have a clear answer for you, but I don't have it. What I can tell you is the fact that – and it's probably because I'm Canadian, but I do believe that health is a public good. Hence, if it's a public good, then it's a public responsibility. So states are responsible for health for their citizens, they are accountable for it. The reality is that the more that we increase the space for what I call the private sector to respond to health emergencies, I think it's an issue. I think it can be a philanthropist organization or it can be an international organization like MSF. But as an international medical organization, I am not accountable to the health of citizens. This is why I will do it, but I think there's a danger of de-responsibilizing states about what is their core responsibility. So sorry for not giving a clear-cut answer but this is where I stand.
Question 5
In terms of your communication channels with people on the ground, is it more informal or formal? How do you rely on the information that you’re getting?

Question 6
I’ve always been a great admirer of MSF. I’ve been a specialist in French politics and international relations. I’d like to ask you whether you feel your French title leads to a limited support from the English-speaking world.

Robin Niblett
I notice I kept calling you Médecins Sans Frontières, and you kept saying Médecins Sans Frontières/Doctors Without Borders. Maybe I’m over-reading into things.

Joanne Liu
It’s difficult to say but I’m sure somehow Médecins Sans Frontières might not have as much resonance in an English-speaking country. This is why in some places, especially the US, Doctors Without Borders is really tacked on to Médecins Sans Frontières. Like in Canada, we use the two interchangeably. But MSF is our branding somehow. I cannot say to what extent this has prevented us from getting support from English-speaking countries. I don’t have that kind of visibility. But I think it would not be – I think it’s more than a plausible hypothesis, for sure.

I’m French-Canadian so I have a lot of sensitivity about French. But in Quebec, if you say Doctors Without Borders, they will say, Qua? It needs to be Médecins Sans Frontières. So I guess it works both ways. But yes, possibly.

Robin Niblett
And if your 90 per cent funding is independent, is it very global where it comes from, this private funding? Is it from all over the world or does it have more of a geographic bias? The West, Europe, America?

Joanne Liu
It is global to a certain extent but the reality is more or less 20 per cent of our budget is coming from private donors in the U.S.

Robin Niblett
The U.S. rather than North America. Okay. The second question is about communications strategies, how you communicate – how do you share information internally so you can develop a response. This is a crisis. How do you network what is a very disparate organization to manage a crisis, in terms of your internal communications?
Joanne Liu

I'm not sure I get you. I think we're a diverse family and we all have our family communication problems. That's one thing. So I'm not sure what issue you're getting at. What am I supposed to answer? Of course we communicate with each other, but of course we have issues.

Question

[follow-up, off-mike] At what point did you make the assessment that the Ebola crisis was a crisis? [indiscernible]

Joanne Liu

I think that all our communication is based on the field, the field facts. I'm not sitting in Geneva trying to figure out what is going on in Conakry, in West Africa. So everything is arising from the field and what we see and how we interpret it. That's basically it.

So what happened specifically for Ebola is the fact that very early on, our reading was, this is going to be different. Then we had our first press release on March 31, where we said this Ebola epidemic is geographically spread. There were four spots more than 250 kilometres spread apart. So we knew it would be different because in the past, the biggest one we had was in Uganda, where 425 people were infected in one spot. Now we were having four spots that were really apart geographically. So it means we will have to deal with a chain of transmission in four geographically different spots.

So we didn't know what it meant really, but we knew it would be different. Then very early on when we saw the chain of transmission increasing and increasing, we just said: this is really bad. But the thing is, what happened is in Week 14, which is in the spring, we saw a bit of a lull in terms of number of cases. Like any other human being, we have some wishful thinking. We said: although we thought it might be bad, it might be like it used to be in the past. So for a few weeks, we thought we might be out of the woods. But then after that we realized that by May, by the end of May, we had 60 different chains of transmission, so there would be no way it would be like any other Ebola epidemic. This is when we used the word – and I think if I'm not mistaken it was June 18 – we had a press release where we just said, it's unprecedented and out of control.

So should we have said it earlier? Possibly, but we didn't have completely all the information. But possibly we could have gained a few weeks, yes, looking in hindsight.

Question 7

I was wondering if you could comment on the evolution of the professional figure of the emergency aid worker since you started working for MSF, and how do you see this professional figure evolving going forward, especially in terms of skills. What are the skills that were required 20 or 25 years ago to work for MSF, and what are the skills that you're looking for now? How do you see this figure professionally going forward?

Question 8

My question for you is about Kunduz. In addition to being a tragedy, it's also a difficult situation because it puts you as an organization in the position of having to, in a sense, be an advocate in part for crimes,
intended or unintended, that were in part against yourselves. So my specific question is about your call for an independent commission of inquiry. I'm curious if you can say more about what you think would constitute independence. Does this need to be an international commission? Does it need to be outside of the system of something that comes from within the US military or the Pentagon? Does it need to be independent of the US government? If you could just say a little bit more, I know it’s a tricky question but I’d be curious to hear.

**Question 9**

What I’ve observed in my professional career is we live in an age where everything is measured. I’m wondering how MSF measures success. How do you know you’ve done a good job and how do you keep yourself motivated to go on to the next crisis?

**Joanne Liu**

In terms of skill set for emergency aid worker, there’s a lot of initiatives trying to come up with a list of competences. Actually I know that Canada is working on that – it’s one of the leading universities, McGill, they are doing that. I think it’s good and not good. This is something that as well in MSF we discuss over and over again because of the voluntary spirit and all that, but as well we know that you need some specific skills.

My take on this is the fact that good intention is not good enough. That’s the basic. I think you start from there. We know today that on the other hand, there are some soft skills, personal skills, that you just don’t learn in any university. We need to be able as well to factor this in. So I think there's some specific competences that we want in our aid workers. This is why if we want to send an orthopaedic surgeon in Kunduz, he needs to have his degree in orthopaedics. But I think where we are much more inclusive and more open is when it comes to skills of negotiation, contact [indiscernible] and all that. I always find that the background of physicians is so boring in MSF, whereas people who are what we call the logisticians basically are the ones who are allowed to have a site with electricity and water, do the site planning for where we work and all that, they come from so many – an array of different backgrounds, and they are so interesting. This is why you see so many couples in MSF, the nurses going with the logisticians, because they are coming from somewhere so different. I saw people from Cirque du Soleil being there, I saw engineers. I saw a huge scope of competences.

So people who like to [indiscernible], I think we should – because there’s such today a big – I was told that at Johns Hopkins, the fastest-growing department is global health. We see so many people with a lot of diplomas coming into the field. It’s good to have a diploma but it’s good to have a hands-on and field experience and some sort of maturity. So we need to strike the right balance.

On the independent commission, thank you for the question, because this is what we fight for. I think for us the basic – in my very simple language, it’s the fact that we find it very difficult to have an investigation that one of the parties in the conflict would be leading the investigation. So why did we call for the International Humanitarian Fact-finding Commission? Because basically this was created exactly for what we are trying to understand today, where there is violation of international humanitarian law. So this is why we think it’s the right tool. There will be other investigations by the parties in conflict who are going to look at the chain of command and all that. I think that is going to be done according to the purpose of what they’re looking for, probably the right way. But what we’re looking for is this specific question of violation of international humanitarian law. So this is why we think the tool of this fact-finding commission is the best tool to answer the question we have right now in our head.
Defining success. MSF, I think we have a great skill in self-criticism. I think that's what keeps us on our toes and then not being complacent about what we do. So people praising us for answering Ebola, and for us it's been one of the toughest journeys we went through as an organization. We lost a lot of colleagues. In addition, we lost more than 50 per cent of our patients. In no other context did we lose 50 per cent of our patients in our hospitals. So everything is a question of perception. But we do evaluate ourselves regularly. We overly self-criticize ourselves, internally at least, sometimes in leaks. This is MSF.

Robin Niblett

Joanne, thank you very much. That was a fascinating look into the pressures and challenges of a leading global NGO in that humanitarian space, which in a way does connect with a lot of the work that institutes such as ours deal with as well – conflicts, crises around the world. You're coming at it on the ground, immediate answer, definition – you just said, what is success? How many patients survive and don't. It is a very granular, specific type of answer, and yet you're running an organization with a $1.5 billion budget. This is both scale and micro at the same time, it must be very difficult to manage.

I'm going to take away this comment about MSF being a bit of a loner, the ER mentality, but going through a midlife crisis – no, a midlife transition, let's call it a transition. You used crisis, I'll say transition. I think I'd speak for everyone here when I say that we hope that in that transition, you keep the elements of your character that have made MSF the organization our members voted for. We're proud to have chosen you. We wish you the best for the future.

Joanne Liu

Thank you.