

Medical Humanitarian Logistics: A Critical Examination of the Impacts of Medecins Sans Frontieres (MSF) or Doctors without Borders (DWBS) in Nigeria

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Abstract

In most Countries of the World, and particularly in Africa and the Global South, any conversation on the provision of developmental aid through Civil Society Organizations (CSOs) needs to consider the peculiarity of International Non-Governmental Organizations (INGOs). Thus, this paper seeks to critically examine the impacts of Medecins Sans Frontieres (MSF), popularly known as Doctors without Borders (DWBs) in the delivery of critical humanitarian medical aid in all the geo-political zones in Nigeria amidst poor logistical supports and physical insecurity. Consequently, the empirical modalities or strategies within which it achieves its objectives will be highlighted, discussed and descriptively analysed through the fundamental principles of the Neo-Functional theory. Relying majorly on secondary data, the paper establishes that due to the inability of governments to adequately attend to humanitarian catastrophes within their geographical territories, the interventions of MSF became soothingly necessary to save a global scourge. On the strength of this, the paper suggests that governments at all levels should provide the physical and environmental security for the MSF and its likes to carry out their humanitarian activities towards sustainable development devoid of hindrances and/or existential threats. It concludes that the over dependence on developmental aid is dangerous, as it erodes self-confidence, self-sustainability and perpetuates the state of underdevelopment.

Keywords: *Doctors without Borders/Medecins Sans Frontieres, INGOs, Nigeria, Humanitarian Catastrophes and Logistics, Sustainable Development*

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Background to the Study

The Medecins Sans Frontieres (MSF) and/or Doctors Without Borders (DWOBs) was founded in 1971, in Paris, France. It is an international NGO that is strongly committed to the principles of universalism, egalitarianism, and equity, in both its internal and external relations. It combines medical, humanitarian, witnessing, and advocacy action in a distinctive way. It has medical projects in over 80 countries, its Doctors, nurses, logisticians, field project managers and many other professionals work together to deliver emergency medical and humanitarian relief in regions most affected by epidemics, conflict or natural disasters. MSF is guided by the principles of humanity, neutrality, impartiality and independence (MSF's Charter/ Chantilly Document). The MSF rapid response teams get on the ground to provide medical and humanitarian cares within hours of a developing crisis. It often intervenes and provides treatment for severely malnourished children; it also provides treatment for the vulnerable including women and children. Other areas of its care include, moving in quickly when natural disasters occur, fighting and preventing deadly epidemics, and delivering medical and humanitarian cares to people in conflict zones (Joanne, 2016). Over Ninety percent of MSF's fundraising revenue comes from private individual donors from around the world. Together with office and field staff, donors, volunteers, partners and supporters, MSF creates the global movement of Doctors without Borders for the wellbeing of mankind (Idriss, 2018).

As Public Institutions are becoming less capable or unwilling to approach and tackle the humanitarian crisis in a more serious manner, non-governmental orgs are taking the lead in championing the cause with a difference. As long as the public institution continues to be ineffective in the delivery of public policies and programmes, their relevance and credibility becomes insignificant. The direct beneficiaries will then be the International Non-Governmental Organizations; they thrive in their activities in a domain which clearly belongs to the public institutions; this according Usman, (1979) demonstrates the encroachment of the INGOs on the domain or the preserve of the public institutions. Most of the Public Sector Institutions are described as being over-centralized, given too much attention over details that are of no importance, secretive, not out-put oriented and lacked objective criteria for performance evaluation. These weaknesses points to the fact that for a government like that of Nigeria grappling with the onerous task of satisfying needs which compete for scarce resources, for a government which serves a citizenry that stands to be adequately informed, and for a government assuming increasing roles in the peoples' lives; stakeholders are of the view that, this situation is unacceptable, as it is unsustainable. Thus, increasingly, the Public Institutions are being sideline from the lives of Nigerians, while the INGOs are seen as Messiahs (Suku, 2004).

In this direction, it may be correct to say that for many Countrymen, the relevance of water boards has dwindled drastically, particularly in rural areas, same with the electricity company, as with public schools, or even the police. In all spheres of influence/lives, Citizens are making private arrangements. If this is true, it will not be long before people will begin to ask why there is, the Nigeria police without adequate security, why we have

the public schools without quality education, why we have water boards without regular water supplies, and PHCN without adequate energy. Now that people are making private arrangements for these services, is it inconceivable that Humanitarian medical services will increasingly be transferred elsewhere? Already the MSF and other INGOs are doing functions the missionaries once dominated. What will happen is a massive Vote of No-Confidence on Public Institutions; when this happened, it will be because the INGOs who are always there for the people, and by the people, have won the contest of relevance and credibility. What makes an institution credible after all is the degree to which it performs its duties, responsibilities and/or roles (Morton, 2019).

As a grand norm, the MSF operate in an international system that respects the sovereignty of States, as mentioned earlier, it does not do things that constitutes interference in the internal affairs of host-countries; thus, it functions or works within a context of non-interference in the domestic affairs of host countries, as provided by the United Nations Charter. The seeking of permission, signing partnership deals with governments, and aligning aid initiatives to national and sub-national priorities are not only requirements for the preservation of national sovereignty and territorial integrity, but in tandem with the UNs Charter. Its potential and pragmatic contributions to redress developmental issues in developing countries are a major input in contemporary integrated global development agenda for the betterment of Mankind; it was not surprising therefore, that its activities have been applauded by the UNs and other international actors (Orbinski, 2016).

As an INGO, the MSF has evolved from a small, charismatic movement into a large organization made up of 19 sections, with some 25,000 staff members, 20 presidents, 20 Directors, and more than 200 Board of members. It operates in over 80 countries. As emblematically expressed by its name, “Sans Frontieres/without Borders”, and has from its inception been committed to trans-national, universalistic, and egalitarian values. the MSF's foundational values are deemed applicable not only to the way that the organization provides medical care for the most vulnerable individuals and populations in critical and catastrophic situations, but also to the solidarity of the relations among MSF's personnel and the fairness of their conditions of work. (Shevchenko and Renee, 2008). Ideally, MSF's actions and interactions with both patients and staff are expected to transcend the boundaries of nation and culture, and to be impartial and non-discriminatory with regard to gender, race, ethnicity, religion, politics, social status, or any such particularistic and accidental attributes. The Medecins Sans Frontieres (MSF) is one of the World's largest INGOs, it works only on humanitarian assistance, delivering emergency aid to people affected by armed conflict, epidemic, pandemics, healthcare exclusion and natural or man-made disasters (John, 2018). It was awarded the Nobel Peace Prize in 1999 for its superlative services to humanity (Orbinski, 2016).

Furthermore, noting the fact that MSF's first intervention in Nigeria, was its first official mission after its establishment, the enthusiasm for the research problem escalated, and it became expedient to examine its impacts, inter-alia.

Conceptual Pathway

International Non-Governmental Organizations (INGOs)

The INGOs have specialized functional capacities in virtually every aspects of the global economy. They assist/help developing countries in Global South in their developmental agendas in housing, health, agriculture, education, livelihood, environment and other critical sectors of the global economy. They function effectively within an international system that respects/recognizes the sovereignty of states. They require a high levelled permission to engage and operate in national and sub-national sectors of countries' economies, and implementation of programmes. The symbiotic process of obtaining license for activities or functions consolidates the partnership between them and the governments at sub-national, national, and in some cases even at local government levels. INGOs provides platforms for multilateral aids in the international political system for the pursuance of a global developmental agenda, within the auspices of the Sustainable Development Goals (SDGs) regime (USAID,2010).According to Brown, 2007, Dwevedi, 2012, Morton (2019) the INGOs networks with NGOs and CSOs, and enter into alliances with host-countries to scale of operations, provides personnel and funding for implementation of projects and programmes; they are very powerful force in the delivery of aid, and important actor within the international development architecture.

They are now providing aid to developing countries than ever before, and the budgets of particularly large INGOs like the MSF, have surpassed those of some Organization for Economic Co-operation and Development (OECD) donor countries. In synergy, some renown INGOs including Medecins Sans Frontieres (MSF) in 2011 pooled a combined revenue of more than 11.7 billion US Dollars. They represent a major presence in many developing countries, receive substantial sums from donors to actualize humanitarian assistance and development works, and are an increasingly influential actor in policy processes and in the global governance of aid (Ronald, 2010).Their nature, in terms of global outreach, operations, size, scope, scale, geographic reach, access to funds, budget, staffing, and Organizational capacities differs; similarly, their range of relationship/partnerships and roles in development clearly distinguished them from one another and from National Civil Society Organizations (CSOs) or indigenous Non-Governmental Organizations (NGOs). They exercise great influence over Nation States, particularly when the areas of intervention and/or the issues at stake attracts the common interests of the different countries of the world with different levels of functional strength. In this context, the realists have posited that the more advance or powerful countries normally influence the decisions of INGOs, while the less developed countries cannot do same. However, the Idealist observed that INGOs utilizes the institution of international law, embodied in the various treaties establishing them to determines who gets what, where, when and how globally (Morton, 2019). Mitrany (1966), one of the Proponents of the International Integration Theories (IITs) contextualized the activities of the INGOs within the framework of a “working peace system” that is centered on the specialized functional authority in prioritized areas of disadvantage. This conceptualization broadly predominates the scholarship of the Idealist Orientation, which he, (Mitrany) belongs. The functional utilities of these organizations depend to a large extent on the grave necessity and/or exigencies of needs in technical, material and financial limitations of client-countries.

Theoretical Perspective

The theoretical framework of analysis for this paper was anchored on the fundamentals of the Neo-Functional Theory. This is one of the Theories of International Integration, which expatiated the rudiments for state integration. The main proponent of the theory is David Mitrany (1966), and its major thrust is aimed at integrating individual sectors in hopes of achieving a value chain to further the process of integration. It argues that there is a symbiotic relationship between global development agencies with specialized functions and content-specific sub-national and national development needs that can serve as a means to realizing a more peaceful and a prosperous world. Neo-Functionalism is no normative, and it tried to describe and explain the process of regional integration based on empirical data (Jeffrey, 1947). The originators of the theory sought to evolve a working peace system in which functional agencies with specialized responsibilities in the realms of health, technology, education, industry, governance, gender to mentioned but a few, champion the course for providing solutions to complex global problems. The operations of these International NGOs are governed by formal consensus among sovereign nations states in the international system, thereby creating peaceful international environment that propels integration. In this parlance, integration was recognized as a wave of globalization that is inevitable, rather than a desirable state of affairs that could be introduced via the whims and caprices of the political elites of the involved States' societies. Neo-functionalism assumes a decline in the importance of nationalism, it sees the political and interest groups within States to be pursuing a welfare state objective which can be best satisfied and actualized by integration (Jean, 1888-1979).

Methodology

The Qualitative method was utilized for the paper, the data obtained through this approach provided immense insights on the Research problem. All the 'secondary resources' used for the paper are properly acknowledged. To facilitate easy comprehension of the general conversations on the theme and sub-themes, the paper was divided into sections.

The Impacts and Achievements of Medecins Sans Frontieres (MSF) /Doctors Without Borders (DWBs) in Nigeria: A General Overview

Medecins Sans Frontieres (MSF) or Doctors without Borders (DWBs) was established in 1971 in Paris, France. This is one of the World's largest INGOs; unlike others who specializes in varieties of operations/or sectors; MSF only specializes in providing medical and humanitarian assistance to victims of natural and man-made (force majeure) disasters all over the world. Thus, from Afghanistan to Pakistan to Bangladesh to Rohingya to Syria, Iran, Iraq, and the Occupied Palestinian Territories, to Haiti, to New-Orleans, to Liberia, Sierra-Leone, Somalia, Sudan, Ethiopia, Niger, Nigeria, to cite but a few; where protracted conflicts, political unrests and/or upheavals, and natural disasters had occasioned humongous humanitarian catastrophes which overwhelmed local health systems; the MSF had intervened to provide the most needed medical and humanitarian succour and/or assistance. Thus, according to the UN (2018), "as the dire need of medical aid mounts across the Globe, as thousands of people suffered grievous war-related

wounds or injuries, which tend to go untreated and worsen with epidemic effects in the course of the widening spirals of violence and natural catastrophes; the MSF continue to provide urgently needed medical care to people suffering the consequences of the wars and blockades in conflict zones". The caring for patients whose lives have been shattered by bullets, shrapnel, or severe burns, or who have been forcibly displaced by natural disasters, is often a long and complex process. This is the onerous task which MSF/DWBs specializes, and bring the best medical and humanitarian cares possible to those who need it most (John, 2018).

In the context of several socio-economic and political upheavals, humanitarian aid organizations must constantly adapt and seek new strategies and/or methodologies to arrest/meet growing needs. The MSF/DWBs began operations in Nigeria in 1971, via its active response to the effects of the Nigerian-Biafran civil war. It was in fact, its first official Mission after its establishment in the same year in Paris, France. It scaled up the provisions of medical and humanitarian assistances to the victims of the civil war, and ensuring that a situation of famine was avoided (<https://www.msf.me.org/country/nigeria>). Since then it has continued to provide medical and humanitarian services in Nigeria in these critical broad fields, responding to the victims of armed conflicts, providing Humanitarian Care, tackling outbreaks of diseases, controlling the Spread of Epidemics, and Providing Humanitarian Services to vulnerable group (The Aged, Women and Children) among other things, in Nigeria. The MSF often innovates strategies and methodologies, that is, opts for new ideas or device to upscale its efforts in delivering high-quality medical and humanitarian cares to patients around the world (Chantilly Document, 1997). The MSF is well known for providing essential medical care in austere settings, but it may be surprising to some that it is also engaged in pioneering medical research and innovations, which are no means feat that distinguished it from its peers (other INGOs).

It is instructive to note that unfamiliar situations and/or conditions in the field frequently warrants or require new and creative approaches in order to locate, access, treat patients and provide humanitarian services effectively. One of the first innovative developments in MSF's history was the use of standardized kits for medical equipment and supplies to enable the quick and consistent delivery of health services in the areas of dire needs. These are ready-to-use medical kits custom-designed for specific emergencies, geographic conditions, and climates as well as standardized medical guidelines to streamline delivery of care for a wide-range of crisis situations like those in the North East Region. The larger scale adoption of this principles led to the creation of Logistique in 1986, that was MSF's first satellite entity. In 1987, this made it more self-sufficient in its activities. As the volume of MSF's clinical tasks and experience was becoming more substantial, it established Epicentre, that is, an Epidemiological Research Centre. This superlative development made it to uniquely poised to conduct medical research in humanitarian settings, including refugee crisis and epidemic outbreaks; it also performs clinical trials, trainings, and analysis in humanitarian medicine in crisis situations (John, 2018).

In 2018 it published the results of a clinical trial initiated by the Epicentre in the North East and some part of Niger- Republic, demonstrating that a new, heat-stable vaccine against rotavirus could help to prevent large numbers of children from dying of severe diarrhea, an uncommon achievement, stakeholders described as a potential game-changer. Many of the diseases MSF treats are largely ignored by a system of medical research and development that invests little in diseases that affects the world's poorest people. In 2003, MSF cofounded the Drugs for “Neglected Diseases initiative, an independent non-profit drug research and development foundation that is expanding treatment options or solutions. This strategy tremendously plays important roles in its interventions in Nigeria. This great INGO launched one of its most exciting avenues for innovation, it adopted the use of Ultra-sound to meet the needs of field projects in the North East. Ultrasound has tremendous potential as a mainstay diagnostic tool because it can be ware-housed in a unit that is both durable and portable. Additionally, ultrasound images can be transmitted remotely, allowing for secondary reading of studies by practitioners anywhere in the world. In Borno and Yobe States for instance, it launched a training programme to use to identify Point-of-Care- Ultrasound (POCUS) to assist with the diagnosis of common pulmonary diseases, amongst other conditions. In 2018, MSF worked in a Pediatric Hospitals in the North East, during that period, its clinical team introduced the use of ultrasound in diagnosing Pediatric surgical patients. The use of this method assists to confirm that a child was suffering from an abdominal emergency known as intussusception, a telescoping of the intestine inside of itself. Some other children were found to have large abscess inside their livers. It performed successful surgeries on the children. The MSF introduced more formal training and education of health workers in Adamawa, Borno and Yobe States, and in other parts of the country within the scope of its works. The objective is to expand the educational emphasis in pediatric anesthesia and perioperative care to nursing students, as well as surgical residents within some basic training programmes, helping to strengthen the capacity of care providers. The MSF's Reconstructive Surgery Program was established in 2006 to treat victims of war, insurgencies, terrorisms and other related ailments; ten years after, the programme is accommodated in independent hospitals to provide care to war-wounded and Noma patients from across the country, and particularly in the North East, and the North West regions.

As observed earlier, the MSF is the world's leading independent, international medical relief or humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemic, and exclusion from healthcare and natural disasters. It has provided humanitarian and medical services in all the geo-political zones in Nigeria. The MSF in its bid to meet medical emergencies and to move quickly to the frontline of conflict areas, it innovates the establishment / idea of Mobile Unit Surgical Trailer (MUST);it is a Trailer with multiple compacts that ware-houses supplies, operating theaters, intensive care units, pharmacies, and storage containers. The elements form a medical complex that offers emergency triage, surgeries, and general medical care to those in dire need. Apart from facilitating quick mobilization, this innovative design enables MSF Teams to quickly evacuate if physical security becomes an issue of primary concern and the return to an

area without having to spend hours or days unpacking and setting up equipment and/or facilities. It is a closest medical facility to the frontline; it is an operating theater on wheels, the benefit is the mobility, it's easier to reach patients in really complex situations, and that gives the team the ability to deploy a full set of tools quickly and efficiently. This affords the MSF Teams the flexibility to quickly reach or access people in need of life saving trauma surgeries, while ensuring hygienic, temperature-controlled conditions in places hit by Wars, Conflicts or Natural Disasters, better still referred to as “Acts of God” and “Acts of Man”. The first of its kind was built in Mosul, Iraq in 2017, and it is replicated and effectively put to use in war zones and areas plagued with natural disasters, for example, the tsunamis in Haiti, Japan, and New-Orleans, the Conflicts in South-Sudan, Liberia, Sierra-Leone, and the insurgency in the North Eastern Nigeria (Khoudiacoff, 2018). Consequently, the fore going paragraphs expatiated in detail the activities and/or impacts of the MSF/DWBs in Nigeria.

The conflicts in North Eastern Nigeria and the Banditry in the NW and NC, and the general sense of insecurity across the country have scaled up; according to the UNs (2019), over 1.9 million people have been internally displaced, and thousands of people have been killed. By the end of 2019, it was reported that about 7.7 million people were in dire need of humanitarian assistance in the North Eastern Nigeria. Doctors Without Borders and/or Medecins Sans Frontieres (MSF) is very visible in Nigeria, its impacts are felt in all the geopolitical zones in the country. It has unabatedly continued to assist people affected by insurgency, terrorism, banditry, militancy and other forms of violence and disasters in the country. It maintains a range of basic and specialist health care programmes and strategies in responding to emergencies across the country. It does all these with the combination of these innovative actions and strategic approaches:

- i. Medical Kits and Guides,
- ii. Logistics,
- iii. Epicenter,
- iv. Cholera Treatment,
- v. Malaria Treatment,
- vi. Drugs for Neglected Diseases Initiatives (DNDi),
- vii. Inflatable Hospitals,
- viii. HIV CARE,
- ix. TELEMEDICINE,
- x. Ready to-Use Therapeutic Foods,
- xi. Drug-Resistant Tuberculosis,
- xii. Unmanned Aerial Vehicles (UAVs) and
- xiii. Point-Of-Care-Ultra-Sounds (POCUS) etc.

Most of these pragmatic strategies were occasionally deployed in Nigeria to enable the MSF to meet its humanitarian objectives. These methods/designs empower the MSF to provide the relevant quality health care services regardless of the dynamics of the environment of services. These approaches were birthed out of the dire need for MSF officials to be completely autonomous in going to the field to access patients everywhere

in Nigeria by land, sea and air (Olivier, 2018). In 2019, the MSF consulted about 334, 300 outpatients, admitted about 60, 200 people and treated about 26, 900 people for cholera across the country.

Impacts of MSF in the North East

The conflict in the NE showed no sign of abating for over a decade; the conflicts have taken a heavy toll on people, goods and services in the entire region. Many thousands have been killed or have died of malnutrition and easily treatable and/or preventable diseases such as malaria, sleeping-sickness and dysentery due to inadequate public health care. The MSF have been working to fill gaps/lacunae in services, but its access to troubled spot is frequently hampered by insecurity. The United Nations Humanitarian Commission for Refugees UNHCR in 2019, posited that there were over 230,000 people newly displaced in the last quarter of 2019 alone, and over 800,000 persons remained out of reach of aid organizations; and many more are dying due to the deadly combination of malnutrition, measles and malaria. That vital medical assistance in the NE is mostly concentrated in Maiduguri, the State capital of Borno, which is the epi-centre of the insurgency. It hosted over one million displaced persons, but even there, health/medical services remained inadequate. It was reported that away from the State's Capital, people living in towns and sub-burbs controlled by the military are unable to farm or fish, due to restrictions on their movements, constraining humanitarian assistance to people living in areas under the influence of the terrorists. The MSF has teams in various locations in the NE, supporting humanitarian emergencies in operating theatres, maternity and pediatric wards and other inpatient departments, carrying out nutrition programmes and vaccination campaigns, and offering mental health care, reconstructive and reproductive health services, support to victims of violence, including sexual violence, female genital mutilations, HIV testing and treatments. The various strategic approaches enumerated above made the provisions of these services possible and timely. It also supports referrals to Teaching Hospitals in the city centres, and monitors food, water and sanitation needs among the displaced.

In 2018 -2019, it ran fix public primary health care facilities in some State Capitals, and in suburbs like Maiduguri, Damaturu, Yola, Damboa, Beniisheik, Gwaza, Ngala, Rahn, Banki, Kukerita, Jakusko Damasak, Dikwa, in Jakusko. It was reported that MSF treated more than 20, 200 children under age 15 for Malaria. In the town of Rahn, where the MSF runs a primary health care facility, it was bombed in January, 2018; at least ninety (90) people, including three (3) MSF workers, were killed, and several people injured. The Nigerian Army later claimed responsibility for the bombing, saying it was an error (...).Secondary health care facilities were also established in Pulka and Gwoza, and Pediatric hospitals in some State Capitals like Bauchi, Maiduguri, Damaturu, Yola; as well as in Monguno and Bama towns. The MSF also handed over its mother and child healthcare programme in Maimusari and Bolori, in Maiduguri, to the State Ministry of Health and closed Gwande intensive therapeutic feeding centre, but maintained the focus on child health care by opening a pediatric hospital with an intensive care unit in the same town. The MSF also operates mobile clinics on an ad-hoc basis in Gajigana, Gajiram, Mubi,

and Kukawa, to mentioned but a few. It is worthy of note that, in 2018-2019, the MSF Teams conducted over 247,400 outpatient consultations, assisted more than 5000 births, treated over 15,700 children for malnutrition and 20, 200 people for malaria, in the entire NEN. It also responded aggressively to cholera outbreaks in Adamawa, Bauchi, Borno, Taraba and Yobe States; treating thousands of people. It also propped the Federal Ministry of Health to implement an oral cholera vaccination campaign across the NE.

The Doctors without Borders also provides health care and humanitarian services for the vulnerable group, including the aged, sick, women and children; it engages in reducing maternal and neonatal mortality, it does this as a priority through the provision of comprehensive emergency obstetric and neonatal care in North West (NW). Since 2010, when Lead poisoning became contagious in the NW, the MSF has been treating children aged under-five years for Lead poisoning associated with artisanal gold mining in the entire NW Zone. MSF Teams work in the 99-bed pediatric ward of Anka General Hospital, Zamfara State, and in other General Hospitals, and several outreach clinics in the surrounding States. The MSF also responded promptly in treating Polio and Cholera crisis in Kano, Zamfara, Sokoto, and other Sates in the zone, it assisted local medical authorities to implement an Oral Vaccination Campaigns (OVCs) particularly, against Polio in the entire NW (WHO, 1990-2015). In 2017, it also responded to Nigeria's largest Meningitis C outbreak in the last ten (10) years, in Zamfara, Sokoto, Katsina, Jigawa and Kebbi States, it deployed specialist medical teams to support local officials in the worst affected areas of the aforementioned States by providing medical supplies, training and assistance with case identification and management. It expanded its programmes in Jahun General Hospital, Jigawa State, and in some parts of Zamfara, Kebbi and Katsina States to include the free treatment and prevention of other outbreaks like Lassa-fever and cholera ((Nigeria Demographic and Health Survey, 2013).

According to the United Nations (2018), it was estimated that 58, 000 women die from complications during pregnancy, and childbirth, and that every year, one in eight children died before the age of five in these States, due to preventable diseases. The UN (2018), also reported that 63 percent of the 16.019 pregnant women admitted in the Jahun General Hospital, Jigawa State, had complications. A specialist Team from MSF performed hundreds of thousands of vesico-vaginal surgeries on women and married young girls with obstetric fistula, a condition resulting from prolonged or obstructed labour. The MSF made sure that basic emergency obstetric and neonatal care are also available at strategic health centres in the region. In its effort to make available basic health care for children, the Noma Children in Sokoto State were not left out; the MSF supports the Noma Children Hospital, the main facility in the North West, and indeed in Nigeria that specializes in Noma, a facial gangrene infection that affects children in particular (Nigeria Demographic and Health Survey, 2013). The MSF Teams in 2018 performed over hundreds of Noma infections' surgeries; as well as providing mental health care services, and community outreach, surveillance, awareness-raising, sensitization-advocacy, and health promotion.

In 2018 to 2019 it was reported that DWBs treated around 800 patients a month in a Project for Lead-poisoned children it established in Rafi, Niger State, in 2015. Other related projects were also set up in Plateau and Nasarawa States, these facilities are now under the care of the National Health Care Authorities. Equally, it is worthy of note that the MSF and the Federal Ministry of Health organized two medical conferences in 2018, in the NW Geo-political zone; one on the Noma infection, and the other on Lead poisoning; in both cases the objective is to upscale the advocacy and/or awareness, and heighten, encourage and arrest the attention of the communities, governments and other stakeholders, with a cardinal principle for prevention. In Benue and Plateau States, thousands of people were displaced by communal violence and/or inter-ethnic conflicts over natural resources; the MSF responded swiftly by setting up health care services and shelters in Internally Displaced Camps (IDCs) in some areas of the States, providing treatment and maximum succour and/or comfort to the Internally Displaced Persons (IDPs) (Nigeria Demographic and Health Survey, 2013).

DWBs was also active in the South East (SE). In response to one of Nigeria's largest-ever Lassa fever outbreaks, the DWBs deployed a team to support health services in the 700-bed Federal Teaching Hospital in Abakaliki, Ebonyi State. It tremendously improved infection prevention and control measures, strengthened surveillance and case notification systems. It also provided clinical management and operational research to help tackle this poorly understood, and neglected viral hemorrhagic disease in the entire geopolitical zone (Global Humanitarian Assistance, 2009)). The MSF was also active in projects and programmes implementation in Anambra State, where it vigorously supported malaria testing and treatments in several primary health care centres, and in many health posts in Okpoko Township. It was reported that from 2017 to 2019 thousands of indigent people were tested and treated for malaria in Anambra and surrounding States (<https://www.doctorswithoutborders.org>). Majority of these patients were pregnant women and children under five years; it also started a new project in Onitsha to tackle malaria through water and sanitation, and vector-control activities. The DWBs also provides tremendous medical support to the local public health facilities in the entire zones.

Impacts in South West

Similarly, in the South West (SW), the MSF provided medical and humanitarian services during the outbreak of the Lassa Fever epidemic, it supported the States in the South West to treat and to control the spread of the epidemic. For instance, it supported several General Hospitals in the region with technical expertise and drugs during that trying moment. Lucid examples were the supports it rendered to the Lagos Ogun, Oyo, and Akure General Hospitals, and several health centres in these States, and other States in the zone during the epidemic period. The Nigerian Government was very appreciative of the MSF's roles in controlling the further spread of the disease, and in the treatment of patients with the disease (Global Humanitarian Assistance, 2009).

In the South-South, the story is not different, particularly in Akwa-Ibom and Cross River States. As political violence escalated in Cameroon's Southwest and Northwest regions in 2018, over 30,000 people fled into Nigeria as refugees; the MSF quickly launched an emergency intervention programmes in Akwa-Ibom and Cross River States to provide medical care, and humanitarian services like clean water to refugees and the host communities in the two States. It was reported that by the end of the year, the teams from MSF had conducted thousands of medical consultations and provided the required treatments for the refugees and community members. The MFS also constituted teams that worked in several clinics and public health centres in Port Harcourt and Yenegoa, providing comprehensive medical cares, and psychological and psychosocial support to an increasing number of victims of drug abuse, sexual violence, cult groups and cult wars, and oil-violence or militancy (UN, 2018). Thousands of people were consulted, given advice and treated in 2018 through 2019; 61 percent of whom were under 18 years of age. Furthermore, Outreach and Community-based awareness activities were also organized in Schools, Police Stations, Military Barracks, and through the Print and Electronic Media (<https://www.doctorswithoutborders.org>).

These are some major impacts of the MSF/DWBs in Nigeria from 1971 – 2019. What became obvious from the above narrative is that, there were minimal interventions of the MSF/DWBs in the SW, SE and SS Geo-political zones, because the exigencies for interventions were less; juxtaposed, with its interventions in the Northern geo-political zones, where illiteracy, poverty and unemployment have combined to negatively produced a culture of terrorism, banditry, cattle rustling and systemic violence.

Recommendations and Conclusion

As the World is being confronted with massive humanitarian catastrophes on all fronts; the MSF has scaled up its rapid response teams to help millions of people in distressed areas around the globe. The above narratives highlighted and discussed the several methodologies and/or strategies employed by the MSF in testing new ground to provide or bring the best medical and humanitarian services possible to those that needs it most. It prioritizes areas where conditions are worst to provide critical services, and saves lives threatened by violence, disease, malnutrition, exclusion from health care and catastrophic occurrences as contextualized by the Nigerian narratives above. MSF's medical teams are composed of both local and international staff; it is worthy of note that Nine (9) out of Ten (10) staff members are hired in-country, thereby complementing the efforts of local authorities in providing jobs to citizens.

In the spirit of the International Integration Theory, the MSF desires, design, dream a common destiny for humanity in the face of humongous crisis, it synergizes with local authorities, CSOs, NGOs, other INGOs like Oxfam International, the Red Cross, CARE International, and the UN, WHO, and UNICEF to seamlessly accelerate the delivery of medical and humanitarian services to distressed population of the world. It will be imperative for the MSF to continue to be impartial, and neutral in its affairs to make it lucid to all stakeholders that it serves no political agenda other than delivering quality

medical and humanitarian cares to those that needs it most. Considering the strength of the conversations above, the paper concludes that the MSF has indeed contributed immensely in the provision of medical and humanitarian assistance to people in distressed areas in Nigeria, since 1971. Thus, no doubt, it has impacted positively in Nigeria, towards her quest for safe, and healthy World within the paradigm of sustainable development. In this vein, it is the responsibility of Governments at all levels to provide conducive climate for the MSF in particular, and other INGOs to perform their activities without hinderances.

However, it has observed that, as the INGOs continues to upscale their services particularly in the Global South, what will appears to unfold and/or become naked is a picture of “Culture of Surrender and State in Crisis”, years ago Usman (1979) foresaw this trend and called it, “the weaknesses and confusion of government”. These weaknesses and confusion have become glaringly intense and exacerbated as the INGOs have developed their character and conducts; and are earning more acceptance, and being perceived as “alternative governments”. This is by extension the rejection of public agencies, institutions and governments. Thus, it is left for the State to effectively operate and sustains the principles of the “Social Contract”, or only time will tell if the INGOs will be sufficiently developed, and propped by 'local and international collaborators' to provide an alternative government.

References

- Carruth, L. (2015). *Doctors without borders: Humanitarian quests, impossible dreams of Medecins Sans Frontieres (MSF)*. Institute for Global and International Studies, Elliott School of International Affairs, George Washington University, Washington D.C.USA.
- Brown, L. D. (2007). *Civil society legitimacy and accountability: Issues and challenges*” Hauser centre for nonprofit organizations and CIVICUS Working Paper, No. 32, Hauser Centre for Non-Profit Organizations, Cambridge.
- Diego, C. G. (2006). *International integration theories, Regional Scenerios*.
- Doctors Without Borders (2019). *What we do in countries*, Sourced at (<https://www.doctorswithoutborders.org>). Retrieved on 4th April, 2020.
- Doctors Without Borders. (2019). *Providing urgent medical assistance in neglected areas of North East Nigeria*, Sourced at (<https://www.doctorswithoutborders.org>). Retrieved on 7th April, 2020.
- Doctors Without Borders (2017). *Innovation in action: Healing the wounds of war in the middle East*, Mosul, Iraq.

- Doctors Without Borders (2017). *Doctors without borders/Medecins Sans Frontieres: Providing medical and humanitarian aid to those most in need regardless of their race: Religion or Political Affiliation* 40 Rector Street, 16th Floor, New York, NY. USA.
- Dwivedi, S. S. (2012). International organizations and global governance, *International Journal of Social Sciences and Interdisciplinary Research*, 1 (12), pp. 188-195. Sourced at (<http://www.indianresearchjournals.com/pdf>). Retrieved on 17th March, 2020.
- Fox, R.C. (1995). *Medical humanitarianism and human rights: Reflections on doctors without borders and doctors of the world*,
- Global Humanitarian Assistance, "Global Humanitarian Assistance Report (2009). *Global humanitarian assistance*, Bristol, 2009. Sourced at (<http://www.globalhumanitarianassistance.org>). Retrieved on 14th March, 2020.
- Head, D. (1996). *Models of democracy*, Cambridge: Polity Press,
- Jean, M. (1888 – 1979). *Neo-Functionalism*. Yale University Press. WIKIPEDIA, 2020, Retrieved on 10th February, 2020.
- Jeffrey, A. (1947). *Neo-functionalism*. sourced at wikipedia, 2020, Retrieved on 6th February, 2020.
- Joanne, L. (2016). *Seaking out: By speaking out, we seek to alleviate suffering, protect life and health, and respect for human rights*, Being a Text of Address by the International President of Doctors Without Borders to the UN Security Council. MSF-UN.
- John, L. (2018). *Alert: Innovation in action, healing wounds of war in the middle east*". *Medecins Sans Frontieres/doctors without borders*, President, MSF-USA Board of Directors.
- Khoudiacoff, K. (2018). *The significance of must project*". *MSF Alert- innovation in action, Mosul, Iraq*, Sourced at (<https://www.doctorswithoutborders.org>). Retrieved on 6th April, 2020.
- Mitrany, D. (1966). *A working peace system*, Chicago: quadrangle Books sourced at (<http://ieie.itam.mx/alumnos>). Retrieved on 1st January, 2020.
- Morton, B. (2019). *An overview of international NGOs in development cooperation: Possibilities for South-South Cooperation? Case Seven (7)*, In "Working with Civil Society in Foreign AID". Sourced at (<https://www.ingos.org>). Retrieved on 12th March, 2020.
- MSF (2018). *Delivering emergency medical and humanitarian cares around the world*" MSF, 40 Rector Street, 16th Floor, New York, NY. USA.

- MSF, Chantilly Document. (1997). *The text of the chantilly document. doctors without Borders/Medecins Sans Frontieres, 333 Seventh Avenue, 2nd Floor, New York: NY.*
- MSF (2019). *MSF condemns the killing of four aid workers in North East Nigeria*, Sourced at (<https://www.doctorswithoutborders.org>). Retrieved on 12th April, 2020.
- MSF in Nigeria: International activity report, 2017/18. Sourced at (<https://www.doctorswithoutborders.org>). Retrieved on 4th April, 2020.
- Nigeria Democratic and Health Survey (2013), Abuja, Nigeria
- Orbinski, J. (1999). *Speaking out: "We Are not sure that words can always save lives, but we know that silence can certainly kill*, Being a text of Address to the UN Security Council. (Dr. James Orbinski was the former President of MSF). MSF-UN.
- Olivier, D. (2018). *Alert: Innovation in action. must 2. MSF. (Olivier, isa project coordinator for the 16-module must2, in Mosul, Iraq. MSF.*
- Organization for Economic Co-operation and Development (OECD) (2005). *The Paris declaration on aid effectiveness and the Accra agenda for action*, Sourced at (<http://www.oecd.org>). retrieved on 5th January, 2020.
- Ronald, P. (2010). *The change imperative: Creating the next generation NGO*, Kumarian Press, West Hartford, CT.
- Save the Children (STC), (2013). *Save the Children". STC. London*, Sourced at (<http://www.savethechildren.net>). Retrieved on 13th March, 2020.
- Shevchenko, O. & Renee, C. (2008). *National" and "expatriates": challenges of fulfilling "San Frontieres" ("Without Borders") Ideals in international humanitarian action*, University of Pennsylvania. USA.
- Suku, A. B. (June, 2004). *The Role of Non-Governmental Organizations (NGOs) in Public Policy Implementation in Nigeria"*, in the *Nigerian Journal of Administrative Studies* 1 (2). Pp.81-85. A.B.U. Zaria, Nigeria.
- United Nations (2013). *World economic and social survey: Sustainable development challenges. United Nations Publication*, Sourced at (<https://sustainabledevelopment.un.org>), retrieved on 4th February, 2020.
- United Nations Office for the Coordination of Humanitarian Affairs. *Nigeria humanitarian dashboard, January-November, 2017. Borno State, Displacement Profile as at 19th April, 2017.*

Union of International Associations (UIAs). (1978). *Challenges to the actions of international Non-Governmental Organizations (INGOs)*, Sourced at (<https://www.laetusinpraesens.org/doc>). Retrieved on 7th Jan, 2020.

USAID, (2010). *Report on voluntary agencies*", United States Agency for international development, Washington DC. Sourced at (<http://pdf.usaid.gov/pdf>). Retrieved on 15th April, 2020.

Usman, Y.B. (1979). *For the liberation of Nigeria: Essays*, Nigeria: New Beacon Books, Nigeria.

Waltz, K. (1986). *Reflections on theory of international politics. A Response to my Critics*. In R.O Keohane (eds), *Neorealism and its Critics*, New York: Columbia University Press.

W.H.O, (1990-2015). Trends in maternal mortality, WHO, Nigeria.

WIKIPEDIA, (2020). *Structural functionalist and the neo-functionalist theories*.