About Médecins Sans Frontières / Doctors Without Borders (MSF)

Origins of MSF
In 1970, a group of French doctors joined an international aid mission to help victims of Nigeria’s civil war. They were frustrated by government interference in humanitarian aid and felt silenced when they wanted to tell the world about the atrocities they witnessed. To speak out about the plight of victims, and seeking an independent, impartial way to provide care where they saw the greatest need, they joined a group of French journalists committed to the same principles. Médecins Sans Frontières / Doctors Without Borders (MSF) was thus founded in 1971.

MSF now works in more than 60 countries around the world, providing assistance to people affected by armed conflict, epidemics, malnutrition, natural disasters, or exclusion from health care. MSF was awarded the Nobel Peace Prize in 1999, in recognition of its “pioneering humanitarian work”.

What we do
When conflicts erupt, MSF sends doctors, surgeons, anaesthetists, specialised nurses and logisticians to the field with the necessary equipment to establish operating rooms and clinics, provide essential health care and train local medical and support staff.

Within a matter of minutes, natural disasters such as earthquakes, tsunamis and hurricanes can overwhelm an entire population. MSF provides rapid medical care and a coordinated emergency response which are vital to saving lives and protecting survivors.

MSF’s medical activities also focus on a range of diseases that affect people in resource-limited settings, including HIV/AIDS, tuberculosis (TB), meningitis, malaria and sleeping sickness. Providing sexual and reproductive services is also a priority for MSF.

From large-scale catastrophes to local emergencies, MSF’s global network of aid workers and supplies means we can quickly respond to disasters. More than 95% of our funds are raised from the generosity of private, individual donors, which gives MSF an unrivalled level of independence. This means we can respond immediately without having to lobby governments or institutional donors for funds.

MSF in Southern Africa
MSF has been working in Southern Africa since the 1980s, starting with a response for people affected by the Mozambican civil war. In the region, MSF currently has operations in Malawi, Mozambique, South Africa, Swaziland and Zimbabwe.

MSF’s Southern Africa Medical Unit (SAMU) provides technical medical expertise to MSF’s HIV/AIDS & TB projects worldwide.

MSF Operations in South Africa
MSF has pioneered approaches to treating HIV in South Africa since 1999. As one of the first providers of antiretroviral (ARV) treatment in the public sector, MSF started three dedicated HIV/AIDS clinics in Khayelitsha in 2000, which eventually provided treatment for 20,000 people. MSF has also provided HIV/TB care to HIV positive people in Lusikisiki, Eastern Cape, and primary healthcare to migrants in Johannesburg, Musina and Durban.

Today, MSF has four projects in South Africa, and engages extensively with traditional leaders, community based organisations, local civil society, and patient groups.

Improving HIV/TB care, Khayelitsha, Western Cape
The Khayelitsha project, in partnership with the City of Cape Town and Western Cape Departments of Health (DOH), continues to pilot innovative interventions to help increase access to HIV and drug-resistant TB (DR-TB) care. Operational and research outcomes inform MSF’s HIV/TB projects in the region and beyond, and influence local, national, regional, and international policies on HIV and DR-TB care.

Khayelitsha was one of the first sites for HIV adherence clubs, where patients were found to have significantly higher retention in care compared to patients in mainstream clinic care. Adherence clubs have been scaled up across South Africa, and the project has since piloted more specialized clubs for youth and post-natal mother-infant pairs. Postnatal Clubs help prevent transmission of HIV from mothers to infants during the breastfeeding period and provide integrated care.

Other differentiated models include longer refill intervals, with a six months study showing similar retention in care and virological suppression as the clubs receiving treatment every two months, and the piloting of an outreach initiation and management service, where people can be tested, initiated on ART and continue to receive treatment in the community. Other interventions include offering PrEP to young women in a comprehensive package of care to reduce risk of HIV infection.
The next concerning challenge in managing the HIV epidemic is people disengaging from their antiretroviral treatment. Khayelitsha is developing a Welcome Service package to support successful re-engagement with care.

After supporting the decentralisation of DR-TB care, which allows patients to start treatment at their local clinic rather than at central hospitals, the project has focused on improving DR-TB treatment outcomes. As a registered site for national clinical access programs, MSF-supported clinics in Khayelitsha have provided patients with bedaquiline and delamanid - the only new DR-TB drugs to have come on the market in the past 50 years - and is one of the few places in the country providing these two drugs in combination. Patient support activities aim to ensure adequate counselling services are provided. Khayelitsha is also a site for EndTB, a multi-partner, multi-site phase III clinical trial aimed at finding an injectable-free, less toxic treatment regimen for DR-TB.

Improving HIV/TB care, Eshowe and Mbongolwane, KwaZulu-Natal

KwaZulu Natal has the highest HIV prevalence in the country. Since 2011, MSF has been working in collaboration with the KwaZulu-Natal Department of Health to help reduce deaths and new infections from HIV and TB through its ‘Bending The Curves’ project in Eshowe and Mbongolwane in wards 1-14 umalazi Municipality. The project works across the full cascade of HIV and TB care, and works with partners, traditional leaders and their communities to pilot and adapt innovative community-driven ‘models of care’ and activities designed to reach deeper in communities to help increase HIV testing & TB screening, link people quickly to treatment, and help them stay in care.

Since 2012, approximately 80% of all HIV tests conducted in the catchment area of the project have been conducted in the community; either as part of its Community Health Agents Program that provides door-to-door testing, fixed testing sites in the community or via a mobile van which circulates at schools, events, churches, taxi ranks or other sites on request. In 2018, the CHAPs program transitioned into the Luyanda Community Sites Program, with sites throughout the area bringing both HIV & TB services closer to the community. MSF’s Schools Health program has successfully demonstrated the feasibility of delivering sexual and reproductive health services on school grounds.

In 2018, an MSF survey confirmed that the project had exceeded the UNAIDS 90-90-90 targets (whereby 90% of all people living with HIV know their status, 90% of all people diagnosed with HIV are on treatment, and 90% of those on treatment are virally suppressed) making it one of the first areas in South Africa reach, and exceed, the targets, with the project reaching 90-94-95 overall.

Four operational research projects commenced in 2018: treatment of advanced HIV at primary health care level, Oral Self Testing through peer distribution, PrEP distributed and managed within the community, and a before and after study on diagnosis of TB at hospital by Community Health Workers.

MSF KZN’s TB activities are activities right across the TB cascade of care, which aim to bring services closer to the community whilst simultaneously improving the standard of care for TB patients. Services either piloted or commenced in 2018 include a mobile chest X-ray pilot, TB programs in schools, TB mentoring in the clinics, and continued decentralisation of DR-TB. Plans for 2019 include the further decentralisation of DRTB treatment to selected primary health care centres and, for children with DRTB, from King Dinizulu Hospital in Durban to Eshowe Hospital.

Responding to sexual violence, Bojanala District, North West

Since July 2015, MSF has worked with the North West Department of Health in Bojanala District on the platinum mining belt, providing patient-centred medical, psychological, and social care to survivors of sexual and gender-based violence. A 2015 MSF survey found that one in four women living in Rustenburg had been raped in her lifetime, and approximately half were subjected to some form of sexual or intimate partner violence. In 2018, a total of 1270 survivors of sexual and gender-based violence were treated in four MSF-supported community healthcare facilities called Kgomotso Care Centres (KCCs), where an essential package of medical care including forensic examination, psychological care, and social services are available to survivors.
Aside from medical examination and collection of evidence, forensic nurses provide comprehensive medical care including treatment of injuries, provision of prophylaxis for HIV, emergency contraception, STI treatment and prophylaxis, and vaccination for hepatitis B and tetanus.

MSF counsellors, who are registered counsellors in South Africa, provide supportive counselling to survivors of sexual and gender-based violence, to address the immediate as well as short- to long-term psychological needs of survivors. MSF counsellors also make assessments to determine when referrals to a psychologist may be required and are able to link survivors to care by making referrals to psychologists based within the Department of Health Centres. This has resulted in the effective management of high risk patients and improved quality of care for mental health both on the short and long term.

MSF social workers are also based within the KCCs to provide essential social services, which includes conducting safety risk assessments to ensure the on-going safety needs of the survivors. Where high risk for safety is assessed, MSF social workers ensure that a safety plan is developed for each survivor and this could include placement at a safety house. MSF social workers make referrals to the Department of Social Development, to provide continued follow-up social services for survivors. This aspect of the service has resulted in effective reduction of recurring incidences of sexual and gender violence as well as ensuring the safety and protection of minors, who form almost half the patient profiles that present at the KCCs.

In addition to direct service delivery, MSF continues to provide capacity-building and technical support to partner institutions through trainings, workshops, and participation in the Victim Empowerment Fora at different levels. Survivors of sexual and gender-based violence face numerous barriers to seeking care and MSF health promotion and outreach activities with grassroots community-based organisations aim to ensure as many survivors as possible receive access to medical assistance, and are appropriately referred to other social or legal services through creating supportive networks within the communities. In 2018, 70,135 individuals have been reached through the health promotion activities.

In March 2018, MSF also partnered with the Department of Basic Education to provide sexual and reproductive health information during life orientation classes for learners from grade 4 to 12, with 12,719 learners being reached in 2018. Apart from increasing learner knowledge on sexuality and health, MSF school teams have also provided an avenue for individual sessions where learners who experience and are continuously experiencing SGBV are identified and linked to care.

MSF nurses also support provision of sexual and reproductive health services, including choice of termination of pregnancy (CTOP) in two community healthcare facilities, where 1,725 clients received first trimester CTOP in 2018. In addition, capacity-building, material, and logistical support for CTOP activities within Department of Health Centres have been enhanced since 2018.

Responding to refugee needs, Tshwane, Gauteng

South Africa is the main target destination for asylum seekers from across sub-Saharan Africa and increasingly, from North and West Africa as well. Tshwane, being the site of one of three Refugee Reception Offices, is the primary contact point for refugees. In May 2019, MSF opened a project providing primary health care with a focus on psychological support targeted towards undocumented migrants and asylum seekers living in greater Tshwane who are often excluded from services, including public health care. The city hosts many migrants, refugees and asylum seekers including from the Great Lakes, the Horn of Africa and Asia. Others who live outside the city are forced to visit the Refugee Reception Office regularly to renew their papers. Working with partners and communities, the project provides limited primary health care services and counselling, with referrals for further care. In addition, a one-stop hub facility offers a safe space and also provides social and legal orientations to other services to help support asylum seekers and migrants to better understand their rights.

MSF is also running a small intervention in a men’s shelter in Musina to improve the living and sanitation conditions of the approximately 300 mostly Burundian and Congolese men sheltering there.

Engagement with Civil Society

MSF is a founding member of Stop Stock Outs, a national consortium of six organisations dedicated to assisting people in South Africa whose lives are threatened by stock outs of essential medications. Stop Stock Outs crowdsources stock out reports from health service users and healthcare workers, and escalates confirmed reports to the Department of Health, in order to seek supply chain resolutions.

MSF is also a founding member of the Fix the Patent Laws campaign, a coalition of 36 patient groups and organisations advocating to reform South Africa’s intellectual property laws, in order to facilitate access to more affordable medicines.

MSF is also a member of two coalitions addressing issues of sexual violence: Shukumisa, which advocates for implementation of the Sexual Offences Act, and the Stop Gender Violence campaign, which calls for finalization of a National Strategic Plan on gender-based violence.

1https://www.doctorswithoutborders.org/about-us/history-principles/nobel-peace-prize