FEATURE

THE BMJ WINTER APPEAL 2014

What will MSF do with your £47 000 Christmas gift?

The *BMJ*'s readers have donated £47 086 to Médecins Sans Frontières since December—more than for any of our previous Christmas appeals. The humanitarian charity was “more stretched than ever” in 2014, already sending medical volunteers after natural and human made disasters all over the world. And then came Ebola. **Richard Hurley** found out how your generosity might help MSF in 2015. Thank you for your support

Richard Hurley *deputy magazine editor, The BMJ, London, UK*

“Undoubtedly humanitarian aid work has become more dangerous over the past 15-20 years,” Vickie Hawkins, executive director of Médecins Sans Frontières in the United Kingdom, told *The BMJ*.

“Our financial independence is a very important way that we can explain to the different armed groups that we encounter that we are not part of bigger political agendas,” she said.

The majority of MSF's funding comes from private donations—like those from *The BMJ*'s readers. This independence in funding means that MSF can decide where to go based primarily on need.

At the beginning of 2014 MSF was responding to crises in South Sudan and the Central African Republic and to Typhoon Haiyan in the Philippines. And within a few months Ebola virus disease broke out in west Africa, and the world turned to MSF to lead the global response.¹

Hawkins described 2014 as a “horrific year” in which “MSF was more stretched than ever in our history.”

This is one reason why *The BMJ* chose the charity for its Christmas appeal for a third time.² And readers clearly support the decision: as of 27 January you had donated £47 086 (€63 000; \$71 000) some three times the total raised in either 2008 or 2009. Most of the 250 or so donations came from the United Kingdom, but *The BMJ* has generous readers all over the world, including in Iceland, Japan, Israel, the United States, and Malaysia. Two donors gave £4000 each, the biggest single donations.

Really prioritise emergency response

What are MSF's intentions for 2015? Hawkins explained that other organisations in the sector have shifted focus to training local staff in poorer countries. “We ringfence resources for emergencies so we always have the ability to respond,” she said. “We plan to invest more and really prioritise emergency response.

“Capacity building is for the needs of tomorrow rather than the needs of today. In a natural disaster such as the Philippines there's a lot of coping capacity. In the Central African Republic, whatever local capacity there was is really impacted by the violence. [The local staff] are part of the population and just as affected.”

MSF was already helping to deliver primary and secondary care in the republic when civil war started two years ago. A million people have been displaced from their homes.

MSF's staff have experienced this violence first hand in 100 incidents in 2014. Three of its staff were killed in an attack on a hospital in the northern town of Boguila, forcing MSF to leave this part of the country.

“The mantra is that the violence is abating,” said Hawkins, “In December some of the French peacekeeping forces left, and international governments are talking about the situation stabilising.”

But Lisen Bjorklund, a Swedish nurse working for MSF in the Central African Republic told *The BMJ*, that the situation is still “precarious.”

Bjorklund was speaking from Bossangoa, a city 300 km north of the capital, Bangui. On her sixth mission for MSF, Bjorklund is working with the republic's health ministry to reinstate hospital services in Bossangoa.

“I don't feel scared,” she said.

“We have the support of the community, and our services are well accepted. In other parts of the country this is not the situation, and things can change quickly.”

Although security has improved in the city, further out “people are living in the bush without access to water, sanitation, shelter.”

Malaria is “rampant,” she said: they treated 1750 people in Bossangoa in December. In the country as a whole, MSF treated more than 600 000 patients with malaria last year.

MSF is also helping the republic's many victims of sexual violence, offering "psychological first aid" as well as HIV testing, pregnancy checks, prophylaxis for sexually transmitted infections, and emergency contraception.

"But men are also victims of this," Bjorklund said.

Bjorklund explained that simply being able to access healthcare services is a huge problem, with people having to walk for days. And she mentioned a woman who needed a caesarean section who reached the hospital by cart. "Her family had been pushing her for 40 km."

Ebola treatment for pregnant women

The Central African Republic is just one of more than 60 countries to which MSF is bringing much needed medical care. In 2015 work in west Africa will continue. In Sierra Leone's capital, Freetown, MSF has recently opened the first Ebola treatment centre for pregnant women, who are at particular risk. But health systems have collapsed, and even basic care is lacking.

From trying to find better ways to treat multidrug resistant tuberculosis, particularly in central Asia, to caring for patients with leishmaniasis in Sudan, to campaigning for cheaper and easier ways to deliver childhood vaccinations,³ MSF's list of priorities seems without end.⁴

Hawkins has been with MSF for 16 years, after starting in financial support. She moved into programme management and

has taken part in several missions, most recently three years in Myanmar (Burma). She was keen to emphasise the options for qualified doctors and support staff to work on short and longer term projects with MSF (www.msf.org.uk/work-us).

"We rely on people volunteering their time for us and going out to work in these incredibly hard situations," she said.

And her message in response to the donations from *The BMJ*'s readers? "The support of the medical community is really important symbolically—as well as what we can do with the money. A massive thank you from all of us."

Competing interests: I have read and understood BMJ's policy on declaration of interests and have no relevant interests to declare.

Access all of *The BMJ*'s content on the ongoing Ebola outbreak at thebmj.com/ebola.

Provenance and peer review: Commissioned; not externally peer reviewed.

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- 2 Godlee F. "The west African Ebola disaster has stretched us to near breaking point": MSF's volunteer doctors need your support. *BMJ* 2014;349:g7402.
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- 4 MSF. Blog posts. <http://blogs.bmj.com/bmj/category/msf/http://blogs.bmj.com/bmj/category/msf/>.

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MSF's volunteer doctors need your support: please give generously

- £38 can pay for a suit to protect against Ebola virus
- £53 can send a doctor to the field for a day
- £95 can provide a year's supply of treatment for a person with HIV or AIDS
- £153 can provide lifesaving blood transfusions for three people

You can donate:

- Online at www.msf.org.uk/thebmj
- By phone: +44 (0)800 408 3897
- £5 by texting "Doctor" to 70111*

*UK mobile networks only. You will be charged £5, plus your standard network rate. MSF will receive 100% of the £5 donation. If you have any questions please call +44 (0)20 7404 6600.