Founded 1971 in Paris by a group of journalists and doctors, Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, pandemics, natural disasters and exclusion from healthcare.

The crisis is changing the way MSF usually works. Since the outbreak of the pandemic, MSF has started programmes in nine European countries, including Italy and Spain, the two European countries most affected by the virus. In Italy, MSF is active in the Lombardian region with a total of 40 staff supporting three hospitals and managing outreach activities to help the most vulnerable. In Spain, in addition to the same outreach activities taking place in Italy, the organisation has set up two temporary health structures with a total capacity of 200 beds – usually the size of hospitals in MSF’s biggest projects. The main issue, however, is yet to come and will take place outside the European borders. Gorgeu explained: “The challenge ahead of us is to prepare for the next wave of this pandemic, looking at Africa, the Middle East, and Latin America. When we see already the struggle of some very developed countries in managing the situation, we really wonder how the situation will be in the coming weeks in countries with very fragile health systems.” In order to prepare for this wave, MSF is engaging with ministries in different countries and with other international actors, such as WHO, to identify how best to contribute. Travel restrictions are one point of the negotiation agenda. Gorgeu noted that fortunately, a lot of MSF staff working at the frontline in affected countries come from these same countries.

Gorgeu further highlighted three crucial elements that MSF is pushing the humanitarian sector to consider when delivering aid, based on lessons learned in the Ebola crisis: 1) Community engagement and inclusion, knowing that only collective efforts will be effective; 2) Continuity of health care, and the importance that not only COVID-19 patients, everyone – especially the most vulnerable – need to continue to have health care access; and 3) Awareness of the tension between some public health measures, especially containment of populations, and the restrictions of human rights as a consequence of these measures. Here, Gorgeu pointed to the Siracusa Principles, drafted in 1984 by the UN Commission on Human Rights, highlighting that they should be used as an ethical framework to navigate the tension.

Responding to a question on how to set priorities, Gorgeu emphasised the need to take a holistic approach: While COVID-19 is on everyone’s lips and urges the sector to step up its response measures, other programmes that have been existing for years must be preserved. “The time of choices and priority has not come yet, but most likely will come soon. This will be a very tough moment for everyone, including for MSF. It is important to be guided by key principles in these moments, and for us, it will always be about the question of the most vulnerable and the most marginalised”.

Adopting a long-term perspective, Gorgeu predicted that the crisis will challenge key principles at the foundation of our solidarity models. Topics such as universal health coverage or the global health security agenda will be brought back to the table, with political actors emerging stronger out of the crisis than other players. “Emergency response must absolutely be prioritised. But we need to be able to anticipate what the future issues will be and how some ideas and narratives can already be shaped now. This pandemic reminds us of the value of health care,” Gorgeu concluded.

Full interview available at https://www.youtube.com/watch?v=8MQfQAKczT8