

Tribute to Médecins Sans Frontières (MSF)

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2012 J. William Fulbright Prize for International Understanding
Award Ceremony Honoring
Médecins Sans Frontières (MSF)

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Library of Congress
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Médecins Sans Frontières (MSF)/Doctors Without Borders asked Treatment Action Group's (TAG's) Mark Harrington to deliver a tribute to its work on September 8, 2012, when the Fulbright Association presented the 2012 J. William Fulbright Prize for International Understanding to MSF.

Previous recipients of the Fulbright Prize include Nelson Mandela (1993), Jimmy Carter (1994), Corazón Aquino (1996), Václav Havel (1997), Kofi Annan (2001), Bill Clinton (2006), Desmond Tutu (2008), and Bill and Melinda Gates (2010).

The Prize "recognizes and rewards outstanding contributions toward bringing peoples, cultures, or nations to greater understanding of others." It is awarded to "individuals, groups, or organizations whose contributions have made a substantial impact in breaking through the barriers that divide humankind."¹

Thank you. I am honored and humbled to have been asked to provide this tribute to the amazing work of Médecins Sans Frontières (MSF).

The Library of Congress, where this award ceremony is taking place, and the Fulbright scholarships, which inspired this award, represent the best of our country—devoted to learning, open to the world, and promoting knowledge and understanding.

MSF represents the best of our world—devoted to providing people in conflict zones and the poorest, most marginalized, and most excluded with the best possible health care. Treatment Action Group (TAG) and our colleagues in the worldwide AIDS activist movement have drawn great inspiration from the work of MSF, collaborating with them in the struggle over the past years for universal access to high-quality HIV prevention, treatment, and care. It has been a long journey.

When TAG was founded, twenty years ago, there were just two drugs approved to treat HIV. Today, there are over 36 drugs and fixed-dose combinations approved for the U.S. Food and Drug Administration (FDA) to treat HIV infection, and over 150 generic formulations tentatively approved by the FDA for use in developing countries.

TAG has been fortunate to work with MSF since 2000, when, after the Durban AIDS conference, we teamed up with South Africa's Treatment Action Campaign (TAC) to conduct the first treatment literacy workshops for South Africans living with HIV. It was a time when many people said that HIV treatment was too expensive, difficult, and long-term for poor countries and poor people. Back in those dark days, South Africa's president and health minister were in denial that HIV even caused AIDS. Back then there were no people on HIV treatment in the public sector in South Africa, home of the world's largest HIV epidemic. MSF showed that it could be done.

In Cape Town, we met with Treatment Action Campaign and MSF and learned about the pioneering MSF program that was beginning to provide HIV treatment in the township of Khayelitsha, under the leadership of MSF's Dr. Eric Goemaere.

MSF and TAC worked together, shared the same offices, and collaborated with the Western Cape provincial government in their pioneering efforts to show that high-quality HIV treatment could be delivered in poor urban townships and in remote rural locations in South Africa. Together, MSF and TAC—health workers and HIV-positive activists—forced the South African government to change its HIV treatment policy.

Now, twelve years later, South Africa has the world's largest HIV treatment program. Two million South Africans are now receiving lifesaving antiretroviral therapy²—a number almost twice as high as the United States' entire HIV-infected population.

MSF did this over and over, in many countries, spreading skills and knowledge that HIV could be treated, effectively, and sustainably. In 2000, virtually zero people in developing countries were on HIV treatment. Today, thanks in part to the pioneering work of MSF and its activist colleagues around the world, over 8 million people with HIV in developing countries are receiving treatment for HIV.

But MSF does not just work in the trenches, delivering treatment and care. MSF also identifies the systemic problems that have resulted in unjust research and health care systems and works to change them, at the highest policy levels as well as at the point of care.

In the past decade, TAG has worked with MSF to bring greater political attention, scientific resources, and activist urgency to some of the biggest problems in worldwide tuberculosis (TB) control. We have worked together to demand greater investment in new drug and regimen development for all forms of TB, including drug-resistant (DR) and pediatric TB, as well as worked to highlight the urgent need for a cheap, accurate, rapid point-of-care diagnostic test to quickly identify those with TB and enable them to start the right combination therapy.

In the coming years, we hope to intensify our collaboration so that people with HIV, tuberculosis, and—we hope—hepatitis C virus (HCV) will receive high-quality treatment wherever they live.

I want to close with some reflections on the great legacy and greater future made possible by MSF's work.

Last night, I was talking with my sister on the phone, and I looked out the window in New York.

The Towers of Light were on for the first time this year—two bright pillars of light that commemorate the thousands of people who were killed in a man-made disaster in our city eleven years ago.

I suddenly thought, wouldn't it be wonderful if we had towers of light around the world for each of the 25 million people who have died of AIDS since 1981? They could light up the world, especially the parts where the suffering has been greatest—in sub-Saharan Africa, parts of Asia, Eastern Europe, Latin America, the Caribbean—and parts of our own country, including New York City itself.

Commemorations are important. We need to remember and honor those who have been lost, and who have suffered—often unnecessarily, often agonizingly, and always causing great loss and leaving sorrow in their wake. But, to me, the best tribute to their untimely deaths is to work to save the lives of those still living.

MSF, through its work, has lit up the world with towers of life—showing how we can work together to make the impossible feasible, and how to make the necessary mandatory. So congratulations, MSF, and let us keep up and accelerate our work together for health and life.

Accepting on behalf of MSF were Francis Gatluak Nhial Jock and Dr. Unni Karunakara. Francis Gatluak Nhial Jock is “a citizen of the new nation of South Sudan,” who “was one of the first patients successfully treated by MSF for the deadly neglected disease visceral leishmaniasis (kala-azar). After his recovery, he began working as a clinician with MSF in 1989 to treat people suffering from the same disease that nearly took his own life—work he continues to this day.”³

Dr. Unni Karunakara “has been involved with MSF since 1995 and was elected International President of the organization in 2010. He has worked in Ethiopia, Azerbaijan, Brazil, and the Democratic Republic of the Congo, as well as with MSF–Holland and MSF’s Campaign for Access to Essential Medicines.”⁴

The event was held at the Library of Congress on September 8, 2012.

Endnotes:

1. The J. William Fulbright Prize for International Understanding Selection Criteria.
2. Program notes, 2012 J. William Fulbright Prize for International Understanding Award Ceremony. September 8, 2012. Library of Congress, Washington, D.C.
3. Ibid.
4. Nathan Geffen, treasurer, Treatment Action Campaign (TAC), personal communication.