

## Health and human rights

# Slow response to Angola's food crisis

"I don't want to go back to my village, I can't work, I'm blind. Even if there is peace, I can't work in our fields there. I'm waiting for the government to help me. Even if the government tells me to go back there—when there's nothing, absolutely nothing there anymore. I won't go back. The government should help all of us."<sup>1</sup>

Alberto, 49 years old, lost his sight, together with the thumb and index finger on his right hand, clearing mines in Caala (Huambo province, western Angola). Displaced by the war, he and his sister have spent the past decade living in the woods after the government burned their house. "For these past 10 years, we have been unable to go home, to return to our village, because the government and UNITA [National Union for the Total Independence of Angola] have been at war, and we were caught in the middle. We had to flee, flee all the time." He is one of thousands of people displaced by Angola's war, which ended on April 4, when a ceasefire was signed.

The ceasefire brought increased safety but did not alleviate the problems of the civilians. Three million people are estimated to be in need of medical and nutritional assistance, and an estimated 500 000 have had no access to international humanitarian aid since the conflict resumed in 1998.

These huge needs are a direct result of war tactics pursued by both UNITA and the Angolan government against civilians during the 27-year conflict. Forced displacement, indiscriminate

violence, and the burning of villages and fields left people with disastrously diminished means to survive, and insecurity in many regions prevented access to humanitarian assistance, in complete disregard of



international humanitarian law which guarantees the right of civilians to receive assistance.<sup>2</sup>

The end of the conflict opened up previously inaccessible regions of the country where the terrible hardships of people living through years of war were revealed. For example, the starvation among such people is among the worst

seen in Africa in the past decade. 3 months after the ceasefire was signed, malnutrition and mortality rates continue to exceed emergency thresholds in many provinces throughout the country (panel).

Medical supplies are in short supply. Access is still a problem in some remote areas, because of destruction of the infrastructure and the proliferation of landmines. Together with Cambodia and Afghanistan, Angola is one of the most heavily mined countries in the world. The response to the emerging crisis since the ceasefire has been too slow and largely inadequate.<sup>3</sup> Drought and poor harvests have resulted in food insecurity throughout southern Africa, but the immediate crisis in Angola remains inadequately addressed, and people continue to die of starvation every day.

Effective humanitarian assistance requires good coordination between all organisations and individuals involved in aid delivery, to ensure that appropriate aid gets to those in need, and to prevent duplication and friction between different actors.<sup>3</sup> However, in politicised emergencies such as Angola, Afghanistan, and Sierra Leone, coordination between different groups with differing agendas—governments, the UN, non-governmental organisations, and donors—can lead to subordination of humanitarian needs to broader political, economic, and military concerns. A clear separation of these issues is necessary if the immediate needs of populations in danger are to be adequately met.<sup>4</sup>

Nathan Ford

Médecins Sans Frontières,  
124–32 Clerkenwell Road, London EC1R 5DJ,  
UK  
(e-mail: office@london.msf.org)

## Nutritional surveys by Médecins Sans Frontières

A rapid nutritional survey in Galangue (Huila province, southwest Angola) in the first week of June, this year, estimated that in a population of more than 5000, 52% were malnourished, and more than half were severe cases. In Chipindo (Huila province) nearly 4000 people (more than a fifth of the population) died since September, last year.

In Bailundo (Huambo province) a nutritional survey of 15 000 people during June 10–14, this year, showed that one child in six has malnutrition, which was the most significant cause of mortality. Crude daily mortality (2.3 per 10 000) and daily mortality in children younger than 5 years (5.7 per 10 000) were both double emergency thresholds.

In Mavinga region (Cuando Cubango province, population 7000) a rapid assessment at the end of June, this year, showed that one in three (32%) children younger than 5 years are malnourished and 10% have severe malnutrition.

In Luena (Moxico province, eastern Angola) a retrospective mortality survey among displaced people from Feb 22, to the beginning of July, this year, showed a crude daily mortality rate of 3.6 per 10 000 and a daily mortality rate in children younger than 5 years of 6.02 per 10 000.

1 Fouchard A. Testimony gathered among displaced in Bunjei and Caala, Angola. MSF, Luanda: Médecins Sans Frontières, 2002. <http://www.msf.org/countries/page.cfm?articleid=9725E18A-E5FE-40B6-A03EAD54E29137A> (accessed July 11, 2002).

2 Stokes C, Ford N, Sanchez O, Perrin J-M, Poncin M, Joly M. Angola's suffering behind a pretence of normality. *Lancet* 2000; **356**: 2093.

3 Editorial. Beyond trading insults in international humanitarian aid. *Lancet* 2002; **359**: 2125.

4 Ford N, Davis A. Chaos in Afghanistan: famine, aid, and bombs. *Lancet* 2001; **358**: 1543.