

5. LESSONS LEARNT

The Angolan case taught us few important general lessons on the conditions needed in order to allow humanitarian assistance in general, and health assistance in particular, to play a role in “peace building”, while guarantee minimum living standard to beneficiaries.

The post-Lusaka “Angolan Complex Emergency” and the humanitarian assistance delivered after the signature of the peace protocol were strongly influenced by the mandate given to the UN system by the protocol itself, particularly in relation to military activities linked to the deployment of 7.000 blue helmets, and the delivery of the humanitarian assistance during the quartering and demobilization process under the coordination and direct responsibility of DHA (UCAH).

Hereafter the lessons learned related to the health sector’s and WHO’s roles are presented. These lessons learned rise-up from a work developed in a structured complex emergency, in a post-conflict scenario with a formal peace-protocol, which assigned a strong mandate to UN system in playing the leading role, at the same time, in conducting essential military and humanitarian activities.

The resources devoted for this mission by the Security Council and the emphasis on the importance of the humanitarian activities to be carried out during the quartering and demobilization exercise reflect the willing to avoid part of the mistakes which contributed to the failure of the previous peace protocol of Bicesse.

5.1 General lessons:

The fact that DHA staff was present during Lusaka talks, and that part of that staff was after deployed in Angola during the implementation phase, gave to ‘humanitarian diplomacy authority and credibility in further negotiations with the parts after the signature of the Peace Protocol; it furthermore gave to humanitarian action a continuity that guaranteed a coherent implementation of humanitarian programs and created a precedent of the two conflicting parties approaching common national problems.

Lesson learnt: the presence of humanitarian staff during diplomatic talks and the continuity in the presence of key persons along the different phases of the peace process are pre-requisites to create an appropriate space in which humanitarian diplomacy can fully act to guarantee a coherent implementation of humanitarian programs toward the common goal of peace building.

Angola shows that, given the political and security conditions, donors are more likely to support a comprehensive humanitarian strategy rather than independent programs.

Lesson learnt: A multisectoral approach in designing humanitarian activities connecting all actors involved in the peace implementation process is a useful and effective tool for the peace building effort, and it is recognized by the international community who has the responsibility to support and finance the overall intervention.

Within the humanitarian activities, the health sector has a central and pivotal role, which can not be limited to the concept of providing basic health care, as often happen. This role includes a comprehensive vision of the basic human right to guarantee the health well-being of the beneficiaries of the interventions. This implies a strict linkages between the technical component and the political and coordination body, which is not usual nor easy to establish.

Lesson learnt: the WHO presence within the local DHA body was essential to guarantee a correct and comprehensive approach in defining, planning and finally implementing the health activities; within the DHA/UCAH body, WHO played, in doing these tasks, not only a technical role, but a political role too, at two levels: in the negotiations with the parties, in the relationships with the donor community. The possibility to replicate this model in future operations should be taken in consideration:

The lack of a common background and understanding of respective roles and responsibilities among different actors involved in the peace process provoked considerable difficulties in the coordination

of activities.

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Lesson learnt: providing that all actors involved have knowledge of other partners and institutions mandates, problems and area of activities is fundamental to allow an effective implementation of humanitarian programs.

The lack of a common understanding of the evolution of the peace process, and of its phases, and of their implications on the ongoing humanitarian activities, can provoke delays and mistakes by the implementing agencies.

Lessons learnt: DHA/UCAH was effective during the Angolan crisis in playing a coordination role, and in proposing effective operational modalities to the different parties involved on the ground during the quartering and demobilization process. This was possible for the consistent technical competency of the staff, of which WHO was part of, and for the direct implementing role of this body at grassroots level.

5.2 Health as a bridge to Peace:

The implications of the speed and of the evolution of the peace process on the health sector are huge and often unpredictable, priorities can change suddenly, replanning and new strategies identification are necessary.

Lesson learnt: To produce, and periodically review, a conceptual framework which links the context of Country with the operational modalities and the priorities for the health sector, can be a useful tool in the implementation and replanning of the overall humanitarian activities.

Trypanosomiasis incidence increased dramatically during the war particularly among the population of the North of the Country, UNITA and the Government were deeply concerned about this problem; WHO played an essential role in providing technical assistance, and in establishing the dialogue among the two parts in order to produce and implement a common national program to control trypanosomiasis during the large displacement of people foreseen by the demobilization process.

Lesson learnt: when two conflicting parties perceive an health issue as a problem, there is the opportunity for the health sector, through the mediator role of WHO, to promote and to implement control activities on problems of public health relevance through joint team work also in the field when the political environment of the Country is still cool; this can give a contribution to the national reconciliation process, giving a sense of the evolution of the peace process at peripheral as well as at central level, and becoming important precedents for dealing with other problems quicker and again jointly in the future.

The lack of human resources is one of the most dramatic consequences of the Angolan war. Training of health staff was top priority during quartering process in order to address health needs of soldiers and dependants and furthermore it created a core of trained personnel to be later assimilated in the National Health System.

Lesson learnt: training is the key activity to guarantee the passage from relief activities to rehabilitation of the health system and it guarantee the full participation of beneficiaries to humanitarian programs.

The numerous meetings between WHO/UCAH health co-ordinator and UNITA and Government health personnel created the habit of working together to solve specific problems; furthermore health was able to reach an agreement among the parts on national procedures (Es. standardization of health information system, adoption of common protocols of diagnosis and treatment of common diseases) a lot earlier than the normalization of state administration started.

Lesson learnt: Health can furnish a working environment in which confidence between the parts can be built, and from which the process of the extension of the state administration of the new

Government of Reconciliation can benefit.

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5.3 Limits of health sector:

As it has been said a peace process is a political process, co-ordinating health activities cannot be done without a deep understanding of the political and military processes.

Lesson learnt: Health cannot be a substitute of the political level, but it has to monitor the political evolution of the process in order to take advantage of the situations in which it can operate to reinforce the peace building efforts.

Lesson learnt: technical co-ordination can be done only in accordance to the various phases of the peace process otherwise there is the risk that health assistance will not be correctly target to the needs.

Frictions among different bodies within UN system at central and at peripheral level happen sometimes during the management of complex emergencies, particularly when the military and civilian components have to work closely together.

Lesson learnt: the importance of the role which can be played by the health sector, and what this can implies during the implementation of the overall humanitarian assistance should be a specific subject of the briefing sessions of the various personnel at different level involved in the decision making and management of this kind of operation, more, a specific component of the international courses which prepare this kind of military and civilian personnel should be developed.

The chance given by the tremendous restructuring of the countries during the post-conflict period should find prepared the implementing agencies in playing a real role in supporting the reforms of the social and health services, this implies a team work of a wild range of professional figures.

Lesson learnt: the figure of a jurist in the work done during the incorporation of the military and civilian health personnel of UNITA in the national Health System was crucial in complementing the initiative taken by WHO, and in supporting the local authorities in find the appropriate solutions to work within the legal framework of the Country. The back-up of the endorsement of the Joint Commission was essential, it was linking in an official setting the different local and international components.

5.4 Some operational implications for WHO:

The following are essential skills and knowledge, in addition to the technical competence, which are required for WHO staff working in complex emergencies:

1. understanding and sensitivity of the political, legal, socio-economic environment of the country, specifically in relation with the peace process;
2. clear understanding of the roles and mandates of the different organizations and international agencies involved in the peace process;
3. capacity to identify opportunities and crucial issues to bring technical people from conflicting parties to meet and work together;
4. problem solving skills for creating new working environment for dialogue take place;
5. leadership capacity to be technical reference point to seek joint solutions to meet common needs, to bring the parties to the negotiating table;
6. mediating skills to fill the gap between needs and the capacity of the response of the international community;
7. proposing clear technical principles as basis for negotiations to avoid political manipulation of aid.

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