

Health and human rights

Aid and safety for Guinea's refugees

For more than a decade, Guinea has been at the centre of one of the worst refugee crises in the world, providing refuge for populations fleeing conflicts in neighbouring Sierra Leone and Liberia.

Liberia's 7-year civil war forced 235 000 Liberians into Guinea. The war ended in 1997, but ongoing fighting means that around 120 000 refugees remain. Sierra Leone's 10-year conflict has pushed some 330 000 refugees into Guinea. After the peace accord was signed in mid-1999 the United Nations High Commissioner for Refugees (UNHCR) began encouraging repatriation of refugees, but fighting has continued, and the refugees have been unable to return.

Since September, refugees have been caught amid clashes between the Guinean army and different armed groups from Guinea, Sierra Leone, and Liberia in Parrot's Beak, a strip of land in southwestern Guinea. At least 130 000 Sierra Leonean refugees and several thousand Guineans are trapped, subjected to attacks and lootings by armed groups. Hundreds of people have been killed in the past few months.

The refugees in Parrot's Beak have had limited assistance since the attacks began 7 months ago. The killing of a member of UNHCR resulted in UNHCR's complete withdrawal between September and January, while other agencies have continued in their attempt to access the population. Aid delivery is intermittent because massive food distribution may attract attacks from rebel groups.

Testimonies gathered by Médecins

Sans Frontières (MSF) in February among refugees of Kolomba camp, at the tip of Parrot's Beak, tell of the daily calculation people are forced to make between staying and risking attacks while waiting for aid to arrive, or travelling on foot



through insecure territory. The last aid delivery was 7 months ago, and around 20 000 people had been surviving on little more than yams, watching the more vulnerable among them die. Their choice: to retreat into Guinea, where countless checkpoints ensure that families are stripped of their meagre possessions, or to cross the border into rebel-held Sierra Leone, from which many had originally fled.

MSF has been working in the Parrot's Beak region since 1998, when 100 000 refugees arrived after a period of intense fighting in Sierra Leone. The region has never been safe, and MSF has been pressing for the evacuation of the refugees away from the volatile border areas for more than 2 years, and more urgently since January. Despite the deterioration of

conditions in Parrot's Beak, minimal action has been taken to move the population to safety.

At a Security Council meeting on March 8, UNHCR presented a "safe access—safe passage" concept, asking the Security Council to provide more troops to enforce the UN Mission in Sierra Leone to ensure safe passage of refugees within Guinea and through rebel-held territory back into Sierra Leone. The proposal received mixed support from Council members.

It is not possible to guarantee the safety of civilian movement through rebel-held territory: no aid agency working in the region supports this option. Moreover, most of the refugees in Parrot's Beak fear returning to rebel-held regions in a still unstable homeland. Unable to return home, they would add to Sierra Leone's burden of displaced people.

With increased instability, access for aid agencies is no longer guaranteed. The coming rains will lead to epidemics, as well as making road transport to the region almost impossible, restricting aid distributions, and hampering any chance of evacuation.

Limited food aid is not a substitute for protection. The refugees must be moved inland and away from the fighting. Safe sites have been identified. The Guinean government and UNHCR must finally begin the relocation of refugees to these new locations immediately.

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Which comes first—health or wealth?

Economic crises and structural adjustment have left health and health care in many less-developed countries in a parlous state. Stringent cutbacks in government spending demanded by the World Bank and the International Monetary Fund (IMF) saw health expenditure slashed during the 1980s. The 1990s witnessed modest increases, but spending in real terms is still barely above that of the 1970s. To plug the financial gap, the World Bank and other aid agencies suggested that people make more out-of-pocket contributions for their health

care. This recommendation had a disastrous effect on the access of poor people to health services.¹ To mention just one example out of many, user fees dramatically reduced attendance at sexually transmitted disease clinics in Kenya.² User charges for basic health care are now widespread throughout the less-developed world.

A major problem for less-developed countries, especially the highly indebted ones, is that they have lost a sense of national and local ownership over their economic and health policies. Health and health care in

indebted less-developed countries are nowadays much more determined by international donors than by their own governments or local non-governmental organisations. For example, the World Bank, the IMF, and national donors have pushed through structural adjustment policies in the field of economics and health, over-riding national governments, local concerns, and internationally agreed human rights in health and health care.

International institutions such as the IMF and the World Bank say that they are not formally bound by human