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Translating Humanitarian Aid into Technical Cooperation: Yugoslavia's Medical Assistance to the Algerian National Liberation Movement (1958 – 1965)

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4 **Translating Humanitarian Aid into Technical Cooperation: Yugoslavia's**
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6 **Medical Assistance to the Algerian National Liberation Movement (1958 –**
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Translating Humanitarian Aid into Technical Cooperation: Yugoslavia's Medical Assistance to the Algerian National Liberation Movement (1958 – 1965)

Shedding light on the complexities of humanitarian aid, this study showcases its intersection with national interests and exposes the agency of beneficiaries in shaping international aid agendas. The paper examines Yugoslavia's medical assistance to the Algerian national liberation movement, tracing its evolution from humanitarian emergency relief amidst decolonization conflict into technical assistance aid in post-colonial reconstruction. Spanning the years 1958 to 1965, it demonstrates the transitions and the nexus between humanitarian aid and development assistance, revealing blurred lines between the two. Yugoslavia's humanitarian efforts in Algeria were not merely acts of solidarity but strategic manoeuvres to enhance its image and influence in the Third World. Following the conflict's end and Algerian independence, the Yugoslav government translated humanitarian aid into technical assistance, thereby exhibiting a shift towards a commercialised approach to aid. However, the paper underscores the significant role of non-political actors, particularly the Yugoslav Red Cross, in building bridges to the post-colonial world and shaping effective humanitarian responses. Moreover, this research emphasizes the dynamic relationship between donor and recipient, which challenges traditional hierarchies of aid. Possessing a significant negotiation capacity, evident at both state and individual levels, the paper revealed how the Algerians were able to direct Yugoslav aid agendas.

Keywords: humanitarian aid, technical assistance, decolonization, Yugoslavia, Algerian Independence War

Introduction

Humanitarian aid has hardly ever been limited to the goal of alleviating human suffering and providing emergency relief in times of crisis. Throughout the history of humanitarianism, various actors have recognised and used it as a powerful instrument of foreign policy. The idea that aid can foster political relations and enhance donors' image was incorporated into multiple humanitarian initiatives originating from the socialist world. Presenting its unconditional support as an extension of the struggle against fascism and capitalist imperialism, the East was a tireless ally in the decolonisation of the African continent, which gained momentum after the Second World War. Under the ideological concept of internationalism, socialist countries were ready to provide liberation movements with humanitarian aid alongside their diplomatic and military support. Coinciding with Nikita Khrushchev's post-Stalinist opening to the developing world,¹ the first significant engagement of socialist nations in a humanitarian crisis related to decolonisation took place during the Algerian War of Independence (1954-62) fought against French colonial rule. In the desire to elevate their reputation in the Third World as well as to achieve various political and economic goals,² rivalry over humanitarian assistance to the Algerian National Liberation Front emerged not only between foreign governments belonging to opposing power blocs, but also among nations with a declared commitment to the idea of socialist internationalism. The intra-socialist competition that began during the anti-colonial war extended into the period of independence, primarily in the sphere of medical assistance provided to the Algerian revolutionary government struggling with the country's post-colonial development.³

Against the backdrop of socialist countries striving to promote their interests in the Third World, this paper will explore the case of Yugoslavia's medical assistance aimed at alleviating the humanitarian crisis during the anti-colonial struggle and in post-colonial Algeria. Among European socialist nations, Yugoslavia stood out not only for its ideological

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4 positioning outside the Eastern Bloc but also for its strategic geographical position on the
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6 southern margins of the continent and its proximity to the decolonising spaces connected by
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8 the Mediterranean Sea. While Yugoslavia's military internationalism has been extensively
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10 covered in several recent studies,⁴ historians have paid only sporadic attention to the
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12 phenomenon of medical internationalism that unfolded in parallel with decolonisation
13
14 processes.⁵

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17 Examining Yugoslav medical assistance to Algeria at the intersection of the Cold War
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19 and decolonisation, this study is built around two main arguments. Firstly, socialist
20
21 Yugoslavia's humanitarian efforts successfully intertwined the endeavour to combat human
22
23 suffering and promote collective wellbeing with its national interests and goals, which were to
24
25 enhance the country's image and build influence in Algeria and the rest of the Global South.
26
27 Secondly, the Algerians played a substantial role in shaping Yugoslavia's humanitarian aid
28
29 agenda, thereby challenging the presumed hierarchical relationship between donor and
30
31 recipient. Rather than being passive beneficiaries, they actively and effectively influenced the
32
33 direction and distribution of humanitarian and technical aid. To demonstrate these two main
34
35 points, I will first focus on three key humanitarian initiatives during the anti-colonial war, in
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37 which the Yugoslav Red Cross played a central role: support to the UNHCR refugee
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39 programme in Tunisia and Morocco, the rehabilitation of injured Algerian guerrilla fighters in
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41 Yugoslavia and the establishment of a rehabilitation centre in Tunisia. I will then shift my
42
43 attention to the early Algerian post-independence period and the transition to direct,
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45 government-oriented aid provided by medical teams dispatched as part of bilateral technical
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47 assistance programmes.
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51 To stress the continuity of Yugoslav medical assistance as it moved from humanitarian
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53 aid to technical assistance, the timeframe covered in the paper spans from 1958 to 1965, that
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55 is, from the first organised humanitarian initiatives undertaken by the Yugoslav Red Cross to
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4 the final mission of medical personnel from Yugoslavia dispatched within the framework of
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6 the technical cooperation programme in the 1960s. Rather than making a clear-cut distinction
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8 and demarcation between emergency relief and assistance for development, a timeframe
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10 extending from the colonial to the post-colonial period reveals how the realm of international
11
12 aid was shaped and transformed according to the interests of different actors.⁶
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14 This article predominantly relies upon primary sources kept in the Archives of
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16 Yugoslavia (*Arhiv Jugoslavije*) in Belgrade, Serbia, with a particular focus on the collection
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18 of the Yugoslav Red Cross within the same institution. Among the diverse array of
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20 documents, field staff reports have proven key sources in drawing the analysis and
21
22 conclusions presented in this study.
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25 26 27 **The Yugoslav Red Cross, the UNHCR Refugee Programme and the ‘Aid Dilemma’** 28

29 From the onset of the Algerian War, Yugoslav leadership demonstrated solidarity with the
30
31 anti-colonial movement burgeoning since 1954 on the other side of the Mediterranean. In line
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33 with its newly-developed foreign policy approach of fostering close relations with anti-
34
35 imperialist nations and movements, later profiled as the ‘policy of non-alignment’,⁷
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37 Yugoslavia early on expressed diplomatic support for the goals of the Algerian National
38
39 Liberation Front (*Front de Libération Nationale*, FLN). However, until 1957, Belgrade’s
40
41 official attitude to the ‘Algerian problem’ was pragmatic and favoured a compromise
42
43 solution. Specifically, in order to avoid the risk of complete diplomatic isolation in Europe,
44
45 Yugoslavia tried to preserve its partnership with France, which had been rooted in ‘traditional
46
47 friendship’ originating in the First World War. Although in 1954 Yugoslav diplomats had
48
49 already established initial contacts with representatives of the FLN and indirectly supplied
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51 them with a small amount of weaponry by concluding a sales deal with Egypt, it was not until
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53 1957 that the leadership headed by Marshal Tito decided to systematically provide extensive
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4 and tangible support to the Algerian liberation efforts.⁸ In fact, Yugoslavia's main way to
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6 show solidarity with the Third World's anti-imperialist struggle in action was to supply their
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8 fighters with a substantial military arsenal. The first evidence of shipping military cargo to the
9
10 Algerian guerrillas was reported in August 1957, when the French Navy intercepted seventy
11
12 tonnes of military equipment aboard the vessel 'Srbija' sailing to Casablanca. The shift in
13
14 Belgrade's stance was largely bolstered in February of the same year, when the United
15
16 Nations introduced the issue of Algeria to the agenda of the General Assembly for the first
17
18 time. Moreover, there was growing condemnation from the international public of atrocities
19
20 committed by the French army in their largest overseas territory, especially after the
21
22 bombardment of the border town of Sakiet Sidi Youssef in Tunisia, which caused a large
23
24 number of civilian casualties. The architects of Yugoslavia's foreign policy saw the moment
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26 as an opportunity to start concretely and consistently supporting Algeria's decolonisation
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28 efforts. From then on, the Yugoslav government decided to complement its military and
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30 diplomatic support with humanitarian aid.
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34 To preserve the appearance of humanitarian neutrality and non-interference in
35
36 France's internal affairs, humanitarian aid sent from Yugoslavia was handled and distributed
37
38 through non-governmental channels of voluntary organisations and associations. Better
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40 known locally as 'socio-political organisations' (*društveno-političke organizacije*), these were
41
42 based on voluntary membership and individual initiatives. However, the organisations
43
44 enjoyed only semi-autonomous status. Financed from the state budget, they were controlled
45
46 and coordinated under the umbrella association of the Socialist Alliance of Working People of
47
48 Yugoslavia (*Socijalistički savez radnog naroda Jugoslavije*, SSRNJ), which was closely
49
50 aligned to the League of Communists of Yugoslavia (*Savez komunista Jugoslavije*, SKJ).
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53 Alongside its primary purpose of maintaining enthusiasm and support for the regime at home,
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55 the mass front of the SSRNJ and its adjunct organisations served as an ideal platform for
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4 establishing and maintaining ‘non-ideological’ contacts abroad. As the political scientist
5
6 Alvin Z. Rubinstein explained, for liberation movements and post-colonial governments
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8 seeking to distance themselves from Cold War ideological confrontations, dealing with mass
9
10 organisations ‘minimized ideological and political controversy’ attached to the SKJ.⁹ On the
11
12 other hand, the socio-political organisations allowed Yugoslav authorities to maintain
13
14 unofficial contacts with Algerian delegates who were regularly invited as guests to their
15
16 congresses and meetings.¹⁰ Organisations and associations of trade unions (*Savez sindikata*
17
18 *Jugoslavije*, SSJ), veterans (*Savez udruženja boraca narodnooslobodilačkog rata*, SUBNOR)
19
20 and youth (*Savez socialističke omladine Jugoslavije*, SSOJ), to name but a few, became the
21
22 main agents of Yugoslav anti-colonial solidarity. For example, the SSOJ organised one of the
23
24 largest humanitarian campaigns to collect funds for Algeria. Under the slogan ‘Children of
25
26 Yugoslavia for the Children of Algeria’ (*Deca Jugoslavije za decu Alžira*), between 15
27
28 December 1960 and 1 February 1961 over 6,000 schools and half a million children
29
30 participated in a large-scale fundraising campaign. The funds collected were used to build ten
31
32 prefabricated schools in Tunisia and Morocco and distribute 10,000 packages containing
33
34 clothes, food, toys, blankets and school materials for children.¹¹ Within the socialist world,
35
36 public campaigns served not only to mobilise domestic support for the regime at home, but
37
38 also to educate and shape the socialist ‘New Man’.¹²
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42 From the early days of the Algerian War of Independence, some of these organisations
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44 were actively yet individually engaged in support for the anti-colonial struggle. To coordinate
45
46 their actions and provide more efficient aid, at the end of 1959 the Yugoslav government
47
48 established the Committee for Helping Algeria (*Komisija SIV-a za pomoć Alžiru*), which
49
50 brought together representatives of socio-political organisations and government bodies. The
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52 committee, running a ‘collective Yugoslav campaign to help Algeria’, was led and supervised
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54 by the Yugoslav Red Cross (*Jugoslovenski Crveni krst*, JCK).¹³ Unlike other organisations
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4 and associations that had emerged during the socialist revolution, the revolutionary
5 government of Yugoslavia (*Antifašističko vijeće narodnog oslobođenja Jugoslavije*, AVNOJ)
6 acknowledged the historical significance of the national Red Cross society and relaunched its
7 activities in May 1944.¹⁴ Under the leadership of secretary-general Olga Milošević, the
8 organisation systematically made efforts to provide relief and alleviate the costs of the
9 Algerian War. With her strong links to the highest political authorities, Milošević
10 symbolically illustrates the organisation's semi-autonomous status; holding the position of
11 secretary-general since 1947, she was a personal acquaintance of Tito's from the Yugoslav
12 National Liberation Army, which she had joined as a medical officer.¹⁵

23 The humanitarian odyssey of the Yugoslav Red Cross in Algeria commenced in
24 February 1958 with a seemingly unassuming prologue: a couple of second-hand trucks
25 designed for the transportation of refugees in Tunisia, which were delivered within the
26 framework of the United Nations High Commissioner for Refugees' (UNHCR) first
27 humanitarian campaign related to decolonisation. This operation, whose scale was as yet
28 unforeseen, was made possible thanks to an appeal to the UNHCR by the Tunisian
29 government. Specifically, in May 1957, the Tunisian President Habib Bourguiba requested
30 UN assistance in providing shelter, food, clothing and medical aid to a population of over
31 200,000 Algerian refugees in his country, predominately women, children and the elderly. In
32 partnership with the League of Red Cross Societies (LRCS), the UNHCR geographically
33 extended the campaign to refugees in Morocco, thereby launching a 'relief operation on an
34 increased scale' in February 1959.¹⁶ Without hesitation, the Yugoslav Red Cross responded to
35 the appeal. In fact, Yugoslavia had already established close and effective cooperation with
36 the UNHCR during the resettlement of 20,000 Hungarian refugees who fled before the Soviet
37 invasion of its territory in 1956.¹⁷

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4 The first Yugoslav humanitarian deliveries channelled via the League were shipments
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6 of food, clothing, hygiene supplies, medicines and medical equipment. Remarkably, two field
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8 hospitals in Tunisia and Morocco were installed in 1961.¹⁸ Initially, due to the limited size of
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10 these donations, Yugoslav aid did not attract significant international attention. Expecting that
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12 at subsequent General Assembly sessions government representatives would publicly
13
14 announce the amount of aid allocated to the UNHCR's Algerian refugee programme, the
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16 Yugoslav Ministry of Foreign Affairs suggested increasing the size of donations.¹⁹ As
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18 anticipated, at the Fourteenth session, the High Commissioner announced 'a contribution in
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20 kind from Yugoslavia to the value of fifty million [Yugoslav] dinars'.²⁰ After this, the sending
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22 of goods to that value such as textiles and tents, with logistical support from the Yugoslav
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24 Red Cross, was adopted by the Yugoslav government as an annual practice.²¹ Despite the fact
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26 that financial contributions were significantly lower than those made by France or the United
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28 States, this commitment put Yugoslav aid into official records and the country on the list of
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30 principal donors.²² Over and above their actual tangible impact, Yugoslavia's regular
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32 financial donations within the UN framework carried a symbolic value, serving both as an
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34 expression of political support for the goals of Algerian liberation and as a tool to enhance the
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36 national image on the world stage.
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40 At a certain point, Yugoslav officials were faced with what can be called the 'aid
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42 dilemma'. Suspecting that it was regularly being purloined in Tunisia, they reflected on
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44 whether to deliver the majority of the humanitarian aid directly to the Algerian Red Crescent
45
46 (*Croissant-Rouge Algérien*, CRA) rather than through the channels of the LRCS, which left
47
48 the task of aid distribution to the Tunisian Red Crescent (*Croissant-Rouge Tunisien*, CRT).
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50 On the one hand, donations assigned directly to the CRA - which operated across Algeria's
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52 borders - would have provided the Yugoslav government with assurances that the aid was
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54 reaching its indented recipients. On the other hand, such a move would have reduced the
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international visibility of the aid, on which Yugoslavia was heavily reliant. In fact, as the CRA had not been granted international recognition, any aid it received was not officially recorded by the UNHCR. Since only one national society was allowed to legally exist in each country, the LRCS refused to recognise the authority of the FLN-affiliated organisation in Algeria, a territory which was still considered part of France.²³ Moreover, as Young-sun Hong argues, the French colonial authorities took advantage of asymmetries in the postwar global humanitarian regime. Seeing it as a 'weapon' in the hands of the FLN, the French goal was to prevent Algerian fighters and the indigenous population from acquiring humanitarian assistance. Apart from making it illegal for doctors to provide insurgents with medical treatment and pharmaceutical products, the colonial authorities held full control over international humanitarian aid within the borders of Algeria.²⁴ Eventually, unwilling to give up the 'propaganda effect' of the aid, Yugoslav officials managed to find a solution. The dilemma was solved by the JCK's decision to send one of its members to Tunisia to oversee the aid distribution and obtain assurances that it had been delivered fully into the hands of Algerian refugees. Although it had decided to continue providing material support via the LRCS and the Tunisian Red Crescent rather than directly to the humanitarian body representing the anti-colonial movement for the sake of acquiring international visibility, the JCK managed not to compromise on the effectiveness of aid and the interest of those in need.

Rehabilitation of Wounded Algerian Fighters in Yugoslavia

Notwithstanding regular deliveries of material aid to Algerian refugees in Tunisia and Morocco, the zenith of Yugoslav humanitarian efforts lay in the meticulous care extended to wounded Algerian guerrilla fighters. In the period spanning from May 1959 to the end of 1963, almost 300 Algerian combatants were hospitalised in Yugoslav medical facilities.²⁵ Rather than a sole Yugoslav initiative, this important humanitarian intervention was executed

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4 thanks to the diplomatic dexterity of the Algerians. Employing the Algerian Red Crescent as
5 an intermediary to formally elicit international logistics support, in February 1959 the FLN
6 turned to Yugoslavia with a specific request. Supposedly facilitating their subsequent transfer
7 to hospitals in Czechoslovakia and East Germany, the FLN sought maritime transportation for
8 a contingent of 100 wounded individuals from Tangier to Rijeka, and their subsequent railway
9 transport to the Hungarian border. In addition to the organisation of the transport and
10 coverage of the related expenses, the Algerians asked for twenty of their injured fighters to be
11 accepted for medical treatment in Yugoslavia. Certain officials at the Yugoslav Ministry of
12 Foreign Affairs harboured doubts about whether the two socialist countries had even formally
13 accepted the Algerian fighters for rehabilitation. Though concerned about a possible scenario
14 of combatants being refused to cross the north-eastern Yugoslav border if the FLN had not
15 managed to obtain the approval of the Eastern Bloc, they regarded the situation of hosting
16 Algerians as one in which Yugoslavia could potentially hold a 'political trump card.'²⁶ In
17 view of the prospective benefit to the country's reputation and diplomatic standing in the
18 Global South, the Yugoslav government sanctioned the application and entrusted the national
19 Red Cross society with its operational execution, alongside the allocation of financial
20 resources necessary for its implementation.²⁷

21
22 By the end of March 1959, a ship owned by the national maritime company Jugolinija
23 was ready to set off for Morocco. However, the action was cancelled, as the national Red
24 Cross societies of Czechoslovakia and East Germany eventually decided to withdraw from the
25 joint undertaking they had initially agreed on.²⁸ A few weeks later, the Yugoslav Red Cross
26 received a new appeal from Algiers to transfer fifty severely wounded combatants, many of
27 whom were amputees and paraplegics, directly to Yugoslavia for medical and professional
28 rehabilitation. This presented the ultimate opportunity to thrust Yugoslavia into the
29 international spotlight. At the end of April 1959, the Yugoslav Red Cross team (composed of
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4 doctor Veljko Majstorović, translator Maja Plavšić and two nurses, Desanka Perović and
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6 Magda Radulović) flew to Morocco to make the final arrangements with officials of the
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8 Algerian Red Crescent, prepare the embarkation of the guerrilla fighters and escort them to
9
10 Yugoslavia. The first ship, 'Petka', set sail from Tangier on 29 April 1959 carrying eight
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12 Algerians, who arrived in Rijeka six days later. Divided between two other vessels, all fifty
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14 Algerians arrived in Rijeka by mid-May. Following comprehensive medical checks at the
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16 local hospital, the Algerians were transferred to nearby orthopaedic centres in Lovran and
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18 Kraljevica or for clinical treatment in hospitals across the country – in Belgrade, Zagreb,
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20 Ljubljana and Banja Luka. As the final step in the healthcare process, they were referred for
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22 physical rehabilitation at a specialist hospital in Stubičke Toplice, a spa centre and health
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24 resort near Zagreb.²⁹

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27 Upon their arrival in Yugoslavia, the wounded fighters instantly became a media
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29 sensation. They attracted photo reporters, journalists and camera crews eager to capture the
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31 faces of the anti-colonial struggle unfolding across the Mediterranean. The officials of the
32
33 Yugoslav Red Cross, who were tasked with organising and supervising the stay of the
34
35 Algerians, warned government representatives that the hospitalised patients should be
36
37 shielded from excessive media exposure, due to their psychological fragility and wartime
38
39 trauma.³⁰ Nonetheless, the Yugoslav politicians wished to take advantage of the Algerians'
40
41 presence in the country, which they had funded to a considerable extent. Along with
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43 compatriots working or studying in Yugoslavia (in 1963, sixty-three Algerians attended
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45 university courses, and 240 various vocational training programmes),³¹ the Algerian fighters
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47 were invited to popular and cultural events across the country, such as film screenings, public
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49 lectures and art exhibitions. At these events, the Yugoslav general public was able to come
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51 into direct contact with eyewitnesses to the anti-colonial struggle and hear first-hand
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53 impressions from the battlefield. In this way, the authorities hoped not only to elicit sympathy
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4 among Yugoslav citizens for the Algerian liberation movement, but also to educate the public
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6 to become fully-fledged adherents of the country's new foreign policy trajectory of promoting
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8 cooperation with developing nations.³² Similarly, to familiarise the public with Yugoslavia's
9
10 role in the global fight against colonialism and its policy of non-alignment in general, a
11
12 photography exhibition was held in December 1959 in Belgrade. The Algerians were
13
14 considered an excellent subject for public display. For this purpose, a series of staged
15
16 photographs was taken at the rehabilitation centre in Belgrade. As is often the case with
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18 humanitarian photography, which strives to convey a specific narrative and evoke an
19
20 emotional response from viewers, the Algerians were asked to follow a prepared script
21
22 designed to portray their arrival and rehabilitation in the country as a success story for
23
24 Yugoslavia's humanitarian efforts and anti-colonial solidarity.³³

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27 Moreover, since they occasionally reported to the Algerian media on their experience
28
29 of rehabilitation in Yugoslavia, the Yugoslav government also sought to gain the support of
30
31 the combatants, who were highly influential among the Algerian population.³⁴ To this end,
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33 besides providing high-quality medical care, the Yugoslav Red Cross officials paid
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35 considerable attention to their experience of the stay in itself. In order to maintain their
36
37 protégés' enthusiasm for Yugoslav assistance - which was expected to translate into political
38
39 support - the Red Cross tried to make their sojourn as pleasant as possible. Attempting to
40
41 create a 'homelike atmosphere', they provided them with a daily pack of cigarettes, hygiene
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43 kits, weekly visits to the cinema, and the possibility of sending letters to their families twice a
44
45 month.³⁵ In addition, the Algerians were given a substantial allowance for personal
46
47 necessities, which they frequently used to pay for the services of local prostitutes. Rather than
48
49 a moral issue, sexual and romantic encounters with local women were seen as something that
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51 could potentially distract the combatants from the main reasons for their stay. Yet,
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53 acknowledging the intrinsic human need for intimacy, especially in such psychologically
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4 challenging circumstances, the hospital management turned a blind eye to occasional visits by
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6 groups of prostitutes from Zagreb. However, the Red Cross officials regularly complained
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8 about the lack of discipline among their guests. Apart from the aforementioned instances of
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10 'misconduct', this included reselling donated clothing and footwear, skipping therapy sessions
11
12 and ignoring medical advice.
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14 Above all, excessive alcohol consumption leading to physical and verbal
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16 confrontations was the most serious issue in hosting the Algerians. In an effort to increase
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18 control over their protégés, the hospital administration barred them from leaving the centre.³⁶
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20 Feeling that their fundamental right to freedom of movement had been denied, the Algerians
21
22 harshly protested against the decision. What's more, they often asked to travel to nearby
23
24 towns for weekend trips, pay visits to their comrades residing across Yugoslavia, or even
25
26 embark on romantic getaways with local women. Considering their behaviour excessive, the
27
28 Red Cross officials were shocked that the combatants continued to demand further medical
29
30 treatment, such as dental reconstruction or vision correction, or even requesting sunglasses
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32 and having their wristwatches repaired.³⁷ Fighters hospitalised in Yugoslavia attempted to
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34 take advantage of their membership in FLN's military wing for their own personal benefit.
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36 The latter example indicates how, instead of regarding themselves as victims deprived of
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38 agency, aid beneficiaries held considerable capacity for negotiation.
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42 The challenges of hosting the Algerian combatants led the Yugoslav Red Cross to take
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44 a more cautious approach to the prospect of admitting a new group of patients for
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46 rehabilitation. In addition to the above-mentioned concerns, they calculated that
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48 accommodating more than 50 patients simultaneously would be not only financially but also
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50 logistically challenging, due to the limited capacities of the local medical facilities. However,
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52 a high-level Algerian delegation persuaded the local officials to continue extending
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54 humanitarian assistance to refugees and wounded fighters. Ferhat Abbas, a prominent figure
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4 in the FLN and President of the Provisional Government of the Algerian Republic
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6 (*Gouvernement provisoire de la République algérienne*, GPRA) paid a visit to Yugoslavia in
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8 June 1959. As well as holding talks with Tito, Abbas arranged a private meeting with the
9
10 Minister of Public Health, Herbert Kraus, and two members of the Yugoslav Red Cross who
11
12 were responsible for the rehabilitation of the Algerians, namely Veljko Majstorović and Maja
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14 Plavšić. In an amicable atmosphere, he expressed his gratitude to the JCK representatives for
15
16 hosting the fighters and requested further help. Following negotiations, the Yugoslav
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18 authorities approved a second group of fifty combatants for treatment in the country.
19
20 However, to expand the capacity to accept new groups, Secretary-General Olga Milošević
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22 proposed a change in the rehabilitation process for the Algerian combatants. To reduce the
23
24 costs and the patients' length of stay in Yugoslavia, yet keep the initial promise and
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26 credibility given to the officials of the FLN, the JCK offered brief training programmes
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28 lasting two to three months (such as hygiene and driving courses) instead of extensive
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30 professional rehabilitation. As a result, in late January 1960, the Yugoslav Red Cross officials
31
32 Svetomir Jauković and Maja Plavšić flew to Tunisia to pick up the new patients. In fact, from
33
34 then on, planes never returned to Yugoslavia with empty seats. Over the next two years, seven
35
36 additional groups of injured Algerians were brought from Tunisia and Algeria.³⁸ Following
37
38 national independence in 1962, two more groups were admitted for rehabilitation in
39
40 Yugoslavia. The majority of patients had completed the rehabilitation process and been sent
41
42 home by the first half of 1963.
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46 This episode is yet another example of a 'race to provide humanitarian aid,'³⁹ which
47
48 successfully served the interests of the beneficiaries and extended from wartime into the post-
49
50 independence period. Despite their status as aid recipients, FLN's official and unofficial
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52 representatives held significant negotiating power in dealing with their benefactors. This
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54 power largely stemmed from the rivalry among socialist countries over the size, scope, and
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4 anticipation of humanitarian aid to the Algerians to earn their goodwill and generally elevate
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6 their reputation in the Third World. With a clear understanding of the motives behind these
7
8 humanitarian initiatives, the Algerian representatives managed to shift the trajectory of aid in
9
10 their favour and maximise the amount of assistance and benefits they received. In addition to
11
12 having received significant medical aid abroad, they invited the Yugoslav Red Cross on their
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14 side of the Mediterranean to care for their ill, injured, and displaced compatriots.
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19 **Organising In-Situ Rehabilitation in Tunisia: The Nassen Centre**

20
21 On 26 June 1960, a JAT Airways DC6 plane departed from Belgrade en route to Tunis with
22
23 the task of repatriating fifty-four members of the first group (and partially the second) of
24
25 injured fighters who had completed their rehabilitation in Yugoslavia. Simultaneously,
26
27 another group of fifty passengers was warmly welcomed onboard. The main accompanying
28
29 person delegated by the Yugoslav Red Cross was Miroslav Zotović, the director of the
30
31 Federal Institute for Rehabilitation (*Institut za rehabilitaciju*) in Belgrade. In addition to
32
33 escorting the Algerians, he was tasked with handling the preparations for the establishment of
34
35 a rehabilitation centre in Tunis, where there were a significant number of wounded Algerian
36
37 fighters. His mission was in line with the Algerian Red Crescent initiative to provide
38
39 comprehensive physical rehabilitation *in situ*. To this end, on his return from Tunisia in
40
41 August 1959, Zotović presented to the Yugoslav authorities a proposal drawn up in
42
43 collaboration with Ivan Pintarič, a rehabilitation specialist based at the Medical Faculty of
44
45 Ljubljana. Based on the original idea of the Algerian Red Crescent, he proposed opening a
46
47 centre for the medical and professional rehabilitation of disabled combatants and civilians
48
49 near the Tunisian capital. As an alternative to sending patients to Yugoslavia, on-the-spot
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51 rehabilitation was expected to speed up and increase the overall efficiency of the recovery
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53 process, as well as create a permanent healthcare structure in the Maghreb.⁴⁰ Moreover, to
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4 ensure the self-sufficiency of the facility, the comprehensive plan included setting up a
5
6 workshop for crafting and repairing prostheses, and also for training local experts. Yugoslavia
7
8 was to contribute to the centre with specialist staff and necessary equipment.⁴¹
9

10
11 However, from the Yugoslav perspective, the main reason to support the CRA
12
13 initiative was financial rather than ideological: rehabilitation on-site would substantially
14
15 reduce the expenses associated with the transportation of wounded Algerian fighters to
16
17 Yugoslavia and back, and their accommodation and treatment in the country. On average, the
18
19 cost of hosting one group of fifty individuals was estimated to be approximately thirty-six
20
21 million Yugoslav dinars, while the cost of opening and maintaining a rehabilitation centre
22
23 abroad was calculated as approximately twenty-one million Yugoslav dinars.⁴² No less
24
25 important, as Zotović emphasised in his report, was the soft power effect in the region arising
26
27 from launching such a pioneering project in North Africa. After the stabilisation of the
28
29 political situation in Tunisia in October 1960, the Yugoslav government granted the JCK the
30
31 necessary funding to bring the overseas project into being.⁴³
32

33
34 With the help of the Yugoslav Red Cross, the rehabilitation centre was formally
35
36 inaugurated on 23 April 1961 in Nassen, a suburb of the Tunisian capital. During the official
37
38 opening ceremony, Olga Milošević delivered a moving speech in the presence of politicians
39
40 from Tunisia and Algeria.⁴⁴ Her address conveyed the deep sympathy of the Yugoslav people
41
42 for the Algerian cause, which was congruent with the official solidarity discourse. Mainly
43
44 developed along the lines of a 'shared past', the speech identified the national partisan
45
46 liberation movement with the Algerian anti-colonial struggle.⁴⁵ The Red Cross dispatched a
47
48 team of three Yugoslav professionals to the facility: a doctor, a physiotherapist and a
49
50 prosthetics expert who ran the prosthetics department and provided on-site training to five
51
52 future Algerian prosthetists. The team was joined by six Algerian physiotherapists who had
53
54 been trained at the Yugoslav Rehabilitation Institute (*Savezni Institut za rehabilitaciju*),
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4 together with Zouhir Yagoubi, an Algerian doctor who had taken a two-year specialisation
5
6 degree in physiotherapy in Belgrade.⁴⁶
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8 According to Yugoslav reports, despite operating with a modest capacity of fifty beds,
9
10 in one year the centre admitted approximately 350 patients and offered rehabilitation to over
11
12 1,000 disabled persons. Following the Évian Accords in March 1962, which marked the end
13
14 of military operations in Algeria, the rehabilitation centre was handed over to the Algerian
15
16 authorities. The centre in Tunis played a pivotal role as a precursor to another facility
17
18 established the following year in Douera, near Algiers. According to the original Yugoslav
19
20 plan, the facility in Tunisia was to be physically transferred to Algeria following the
21
22 proclamation of independence. However, because the equipment from Nassen went missing
23
24 during the relocation process, the Yugoslav Red Cross had to dispatch new equipment for the
25
26 hospital and tools for the prosthetics workshop.⁴⁷ Clearly, the Yugoslav authorities took
27
28 immense pride in the Nassen centre. Their internal reports and local media stressed that it had
29
30 been frequently visited by foreign delegations from countries that also had sent medical staff
31
32 to the Maghreb, supposedly admiring the advanced and modern orthopaedic and rehabilitation
33
34 methods developed in Yugoslavia.⁴⁸ Whether or not this was the case, owing to this project,
35
36 Yugoslavia contributed to establishing permanent healthcare infrastructure across the
37
38 Mediterranean, thus successfully marrying humanitarian values with its national interests.
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44 **Commercialise the Aid: Yugoslav Medical Experts in Post-Colonial Algeria**

45
46 The end of an armed conflict that had lasted nearly eight years did not bring much relief to the
47
48 Algerian people. In the summer of 1962, the country was paralysed by the chaotic political
49
50 situation caused by the power struggle between factions of the FLN.⁴⁹ For the traumatised
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52 population, the consequences of the war were heavy. Civilians struggled with poverty and
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54 malnutrition, children were left as orphans while veterans suffered injuries or disability. Amid
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4 the brutality of the war, many people were displaced to camps along the border in Tunisia and
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6 Morocco, while others fled from the countryside to slums on the outskirts of Algiers. Lack of
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8 sanitation and hygiene caused by inadequate housing contributed to the spread of diseases
9
10 such as tuberculosis, typhoid, dysentery and cholera.⁵⁰ The already severe situation worsened
11
12 with the massive exodus of French colonists, locally known as *pieds-noirs*, who had formed
13
14 the vast majority of skilled labour and experts, including healthcare workers. Eventually the
15
16 population of eleven million people was left with only 200 doctors, while in rural areas health
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18 services were virtually non-existent.⁵¹ The newly-established Algerian authorities issued an
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20 international plea for help. Socialist Yugoslavia was among the first nations to respond.
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22

23 On the evening of 1 August 1962, a charter flight from Belgrade landed at Algiers
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25 airport. Among the passengers on board the Adria Airways flight were thirteen Yugoslav
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27 doctors and nurses.⁵² The medical mission, consisting of two surgical teams,⁵³ took over the
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29 surgical department at the Parnet hospital on the outskirts of Algiers. The first team, whose
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31 six members were affiliated with the Military Medical Academy (*Vojnomedicinska*
32
33 *akademija*), was led by the renowned thoracic surgeon Ervin Günsberg, who had earned a
34
35 considerable reputation by serving in the Yugoslav People's Army during the Second World
36
37 War. The second team was led by orthopaedist Cvetko Rakić from the newly-established
38
39 orthopaedic-surgical Banjica hospital in Belgrade. Boasting a considerable capacity of 600
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41 beds, the medical facility they took over had been mostly vacant since the departure of the
42
43 French settlers who had previously managed it. Just two days after their arrival, the team
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45 began their operation schedule with the first patients – a group of four children requiring
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47 urgent surgery.⁵⁴ Though primarily composed of surgical professionals, the first Yugoslav
48
49 medical mission ran comprehensive hospital services, delivered a variety of medical
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51 interventions, and imparted training to their Algerian counterparts.⁵⁵
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Commending the dedicated efforts of the health workers stationed at Parnet, Algerian officials extended public recognition to the effectiveness of the assistance provided by Yugoslavia. The FLN's official newspaper, *El Moudjahid*, hailed the team as 'ambassadors of friendship who left their homes and families to work day and night, without stinting, for the benefit of Algerian people.'⁵⁶ On one occasion, Ahmed Ben Bella, at the time the head of the Algerian government, visited Parnet himself.⁵⁷ The presence and accomplishments of the Yugoslav medical mission not only impressed the local authorities, but also resonated with the indigenous population, who symbolically referred to Parnet as 'the Yugoslav hospital.'⁵⁸ Yugoslav officials were gratified by the public praise and expressions of thanks for their humanitarian endeavours offered by FLN leaders on various occasions in the presence of local and international media. Notably, during his first official visit to Algeria in April 1965, President Tito received accolades from his Algerian hosts, who lauded the outstanding contributions of Yugoslav experts, especially teams of healthcare workers.⁵⁹

The diplomatic success of the first Yugoslav medical mission proved to be catalytic, as it stimulated the Yugoslav government's commitment to sustain and expand healthcare initiatives in Parnet and Algeria. As a result, Branko Radulović, the founder and director of Banjica hospital, was delegated to Algeria to make an overall assessment of the country's post-colonial healthcare system. He suggested that the authorities in Yugoslavia rapidly dispatch staff to other vacated departments at Parnet in order to completely take over the running of the hospital. In his view, such a move would not only allow more effective and holistic treatment of patients, many of whom were children, but also secure greater political impetus.⁶⁰ Following this advice, two paediatric specialists, Sreten Šićević and Dimitrije Vulović from the Institute for Children's Health Care (*Institut za zdravstvenu zaštitu dece*) in Novi Beograd, were posted to Parnet in September 1962. Furthermore, recognising the prerogative of the Algerian healthcare system to focus on the rehabilitation of wounded

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4 fighters and civilians, Radulović brainstormed the idea of opening a department for physical
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6 rehabilitation at Parnet. However, due to the facility's infrastructure constraints, this was
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8 instead built in the nearby Algiers district of Douera.
9

10 Indeed, Yugoslav humanitarian efforts in Algeria culminated with the establishment of
11
12 the first National Rehabilitation Centre and prosthetic workshop. As previously mentioned,
13
14 the Yugoslav Red Cross provided the staff, equipment and instruments needed for running the
15
16 facility. Moreover, in order to take positions at the centre, another five Algerian
17
18 physiotherapists underwent training in Yugoslavia, while the Algerian medical staff from
19
20 Nassen were transferred to Douera, including the specialist Yagoubi. Under the leadership of
21
22 a Yugoslav prosthetist, also sent from Douera, five Algerians were accepted for training in
23
24 prosthetics in order to develop the skills and capacity to run the workshop autonomously.⁶¹
25
26 Since the new medical facility required additional personnel, in December 1962 an
27
28 orthopaedic-surgical team led by Ivan Kenig and Milorad Simjanović from the Banjica
29
30 hospital in Belgrade arrived in Douera. The team remained in Algeria until May 1963, when
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32 they were replaced by a new group of Yugoslav health experts.⁶² As a place where Yugoslavs
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34 worked hand in hand with local physicians, in the eyes of the local population the centre
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36 became a tangible symbol of Yugoslavia's humanitarian efforts and the friendship between
37
38 the two nations.⁶³
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43 Diplomatic accomplishments underpinning early humanitarian work in independent
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45 Algeria motivated the Yugoslav government to respond affirmatively to a request by the
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47 Algerian Minister of Health, Mohamed Seghir Nekkache. In October 1962, Nekkache asked
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49 Yugoslavia to dispatch additional cohorts of medical professionals, and ultimately try to
50
51 maintain a regular presence of healthcare teams in the country.⁶⁴ As with the centre in Douera,
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53 the previous teams at Parnet were successfully replaced by May 1963. Moreover, a team of
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55 thirteen health workers from the Socialist Republic of Croatia opened a second surgical unit at
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4 the hospital. However, Yugoslavia did not initially plan a systematic, long-term campaign of
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6 medical aid in Algeria. The primary reason for this was a general shortage and high demand
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8 for medical personnel at home, particularly nurses and midwives,⁶⁵ as well as certain groups
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10 of specialists who were frequently dispatched to Algeria, such as orthopaedists or
11
12 anaesthesiologists.⁶⁶ In fact, Duško Četković, an official of the Federal Administration for
13
14 International Technical Cooperation (*Savezni zavod za međunarodnu tehničku saradnju*;
15
16 ZAMTES), a national body responsible for the posting of experts, expressed his concern in
17
18 this regard:
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22 ‘We don't have enough doctors in our country, but we have several hundred of them in Africa.
23
24 Some African countries cover the costs of our experts themselves, but in the case of Algeria,
25
26 we are depriving ourselves of our experts and even paying for them.’⁶⁷
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28
29 The latter was a key obstacle to the continuation of the overseas medical missions and
30
31 in general for the technical expert programme in Algeria and the rest of the Global South.
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33 This was due to the fact that Yugoslavia was limited in terms of both human and financial
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35 resources. As a result, the idea of charging for the delivered aid was gaining momentum.
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37 Rather than continued provision through the Yugoslav Red Cross, which implied delivery free
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39 of charge, Yugoslav policy-makers aimed to place medical assistance entirely under the
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41 banner of technical aid administered by ZAMTES.⁶⁸ The substitution of humanitarian aid
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43 with commercialised development assistance was not case-specific for Yugoslavia, but a
44
45 general trend in socialist Eastern Europe.⁶⁹ As Četković pointed out, Yugoslavia fully
46
47 financed the stay of its medical staff and other experts posted to Algeria by covering their
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49 travel expenses, salaries and sometimes accommodation. Lacking federal funds, the Yugoslav
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51 authorities aimed to change that. As a result, they pushed their Algerian counterparts to
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53 officially define and regulate the terms and conditions of the growing bilateral technical
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55 assistance in such a way that the host country would be required to bear most of the financial
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burden. Optimistically, the Yugoslav officials expected to benefit in terms of minimal or reduced costs and the presence overseas of experts who could promote the viability of Yugoslav self-management socialism through their work and their lifestyle.

On 23 July 1963, the two countries signed the bilateral Agreement on Scientific and Technical Cooperation (*Accord sur la coopération scientifique et technique; Sporazum o naučno-tehničkoj suradnji*), by which they officially agreed to ‘exchange experts’. In reality, the institutionalisation of cooperation turned into a unilateral obligation requiring Yugoslavia to place at Algeria’s disposal a requested number of skilled personnel each year, and to host and offer educational programmes for Algerian students and trainees.⁷⁰ According to this document, the Algerians had the right to define in writing their expectations regarding the annual number of dispatched experts. The number and the conditions of employment were further defined in the regular plans of cooperation. According to the First Annual Plan, issued for the year 1963/1964, Yugoslavia was to provide 287 experts (including fifty-two individuals who were already residing there). Of this number, the Algerian Ministry of Public Health requested a total of 149 medical workers – fifty-six doctors and forty-three paramedics to work in hospitals, and forty-two general practitioners to serve as ‘rural doctors’ in the *wilayas* (provinces). Apart from Parnet and Douera, where the majority of the newly requested staff were already working, the plan envisaged Yugoslav missions in hospitals in urban centres near the Algerian coast – in Orleansville, Miliana, Cherchell, Tenes and Medea.⁷¹ Except for the latter, all these facilities were taken over and supervised by teams sent from Croatia, the Yugoslav republic which statistically had the highest number of medical staff per capita in the Federation.⁷²

Between 1962 and 1965, ZAMTES dispatched a total of 545 experts to Algeria, predominately healthcare workers. By doing this, Yugoslavia almost completely fulfilled the official Algerian requests expressed in two annual plans (1963 and 1964). In spite of all the

difficulties and limiting factors, particularly the inherent scarcity of medical personnel within their own borders, the Yugoslav authorities exhibited a resolute willingness to respond positively to the Algerian demands.⁷³ With great pride, Yugoslav officials, including Tito himself, often turned the tables by declaring that sending experts to their partners in the Global South, while the country itself was lacking staff, was an ultimate and genuine expression of solidarity and humanism. Although sending medical experts was the best way to convey an image of disinterested humanitarianism and solidarity, the ultimate goal of the Yugoslav authorities was to increase the number of personnel in industry and agriculture, sectors in which the country had strong export interests. As the Ministry of Foreign Affairs pointed out, Yugoslavia ‘helped Algeria for the sake of helping, but also so that it could later sign contracts with them in various fields’.⁷⁴ In other words, the focus was shifted to export potential to the receiving country rather than prioritising the goal of improving their population’s well-being and healthcare services. The phenomenon of donors emphasising commercial and business interests over development goals has been phrased as ‘the commercialisation of aid’.⁷⁵ As the result of an interplay between several other factors, the substantial shift in the structure of Yugoslav expertise overseas by the end of the decade can be viewed as one of the clearest indicators of the ‘commercialisation’ of Yugoslav aid: while in 1962 medical staff accounted for 75% of all experts dispatched to the Global South, in 1969, the ratio dropped to 35%, in favour of experts employed in sectors such as administration, agriculture, industry and construction.⁷⁶ Despite restructuring in the needs of post-colonial nations, which embarked on a socialist course of development, prioritising rapid industrialisation and agrarian revolution, there was a persistent demand for healthcare workers on the African continent.

Indeed, after 1965, the presence of Yugoslav medical professionals in Algeria was scaled down significantly. Their place was quickly taken by other experts from Eastern

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4 Europe. As previously mentioned, the dramatic drop in the number of Yugoslav medical staff
5
6 in Algeria was the result of more than one factor. The main but not the only reason was that
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8 other socialist countries offered to provide staff under more favourable financial conditions.
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10 Specifically, since the Agreement on Technical Cooperation between Yugoslavia and Algeria
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12 only broadly established the basic principles of cooperation, the conditions under which
13
14 experts would be employed were to be precisely defined in supplementary documents.
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16 According to the Protocol (*Protokol o načinu primjenjivanja saradnje; Protocole concernant*
17
18 *les modalités d'exécution de la coopération*) which accompanied the 1963 Agreement, the
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20 terms of employment and payment were stated in annual plans.⁷⁷ As set out in the first two
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22 such plans, Yugoslavia agreed to subsidise 25% of salary expenses for just over a third of the
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24 total number of experts requested by the Algerian government.⁷⁸ However, since the long-
25
26 term payment conditions were not defined, they were prone to frequent alterations – often
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28 downscaling.
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32 Though they were regarded as aid beneficiaries, the Algerians skilfully developed a
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34 national strategy involving multiple donors to negotiate favourable conditions for receiving
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36 assistance. The presence of multiple foreign actors in their country reflected a strategically
37
38 planned diversification policy. In this way, the Algerians were able not only to increase the
39
40 amount of assistance but also to prevent any single state from acquiring excessive influence.
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42 On the ground, this policy was manifested through the presence of numerous foreign
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44 healthcare workers from Eastern Europe. Moreover, they managed to dictate and control the
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46 compensation of foreign experts from the socialist East. Additionally, the Algerian
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48 administration effectively exploited the discord, antagonisms, and competition within the
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50 socialist world to expand their diplomatic manoeuvring space and secure affordable expert
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52 labour.⁷⁹ Once they reached a bilateral agreement with the government providing the most
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54 experts, other countries had limited room to negotiate the compensation for their personnel's
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4 services. Having significantly reduced the number of its experts, Yugoslavia lacked the
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6 negotiating capacity to demand higher salaries. Yet, the position of Yugoslav experts in
7
8 Algeria, particularly in financial terms, was regularly brought back to the table by the
9
10 Yugoslav delegations.
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13 The funding of experts' activities was thrown into turmoil by the Convention on
14 Scientific and Technical Cooperation signed on 29 October 1965. This new bilateral
15 agreement stipulated that Yugoslav experts must be paid solely by the Algerian government.
16
17 As this provided significant relief on the constrained federal budget, the Yugoslav
18 government gladly accepted the provisions, which removed its obligation to contribute to the
19 salaries of its experts. This was a long-awaited development, since the Yugoslav government
20 had not planned to carry the financial burden of technical assistance in the long run. In a later
21 report reflecting on the issue of the experts' salaries, the Yugoslav Embassy in Algiers
22 reported that 'it was expected [...] Algeria, as an oil exporter and a country with relatively
23 significant financial opportunities, could provide more attractive conditions [salaries of
24 technical experts] [...]'.⁸⁰ However, the same document incorporated foreign experts in the
25 local wage system, whereby their salaries became aligned with those of their Algerian
26 counterparts. This was an attempt to financially, and also symbolically, erase the divide
27 between domestic and international staff and balance the two groups. Over time, the Algerian
28 authorities drastically reduced the salaries of public employees. Low incomes became one of
29 the main - though not the only - reason for Yugoslavs' growing reluctance to work in Algeria,
30 with financial considerations revealed as a key factor in experts' individual motivations.
31
32 Faced with serious difficulties in finding suitable and willing personnel, Yugoslavia failed to
33 dispatch any new teams of medical experts to Algeria after 1965. In fact, while occasionally
34 sending general practitioners or dentists, ZAMTES did not manage to send a medical mission
35 to Algeria for over years (until 1987, when eight Yugoslav specialists travelled to the hospital
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4 of Bou Saada, some 250 km south of Algiers).⁸¹ Eventually, the reduced presence of
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6 healthcare and other experts on the ground was reflected in the subsequent loss of influence in
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8 a country in which Yugoslavia had invested substantially for a decade.
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10 11 12 13 **Conclusion**

14
15 This paper examined Yugoslavia's medical assistance to the Algerian national liberation
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17 movement, which began as humanitarian emergency relief delivered through the national Red
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19 Cross society during the struggle for decolonisation and continued during the post-colonial
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21 period in the form of medical experts dispatched as part of government technical aid
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23 programmes. To highlight the continuities and shifts in Yugoslav foreign aid to Algeria, from
24
25 wartime humanitarian aid to government-directed development assistance, the paper
26
27 considered an extended timeframe spanning from 1958 to 1965. The case study examined in
28
29 this article explored the transitions and nexus between humanitarian assistance and
30
31 development aid, lines which in practice are often blurred. It showed how changes in the
32
33 provision of international aid serve the interests of different actors, both donors and
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35 recipients.
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39 Examining three key Yugoslav humanitarian initiatives in Algeria during the latter's
40
41 struggle for independence, the paper revolves around two main arguments. Firstly, it shows
42
43 that the Yugoslav humanitarian response was characterised by the interplay between efforts to
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45 effectively address humanitarian needs and the pursuit of national interests. While portraying
46
47 medical assistance as an expression of solidarity, one of the key principles of socialist
48
49 internationalism, internal records reveal that Yugoslav officials put a strong emphasis on
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51 acquiring soft power (the 'propaganda effect') from all the humanitarian activities they
52
53 engaged in. Seeking political influence on the world stage and economic opportunities in the
54
55 Global South, and bolstering the country's national image by identifying it as a donor,
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4 Yugoslav policy-makers sought to publicise their humanitarian initiatives within the UN or to
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6 attract international media attention, particularly during the delivery of substantial
7
8 humanitarian aid. Nevertheless, thanks to the officials of the Yugoslav Red Cross, addressing
9
10 human suffering and furthering collective welfare remained a priority of the Yugoslav
11
12 humanitarian endeavour.
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15 Secondly, the paper underlines the dynamic relationship between donor and recipient.
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17 Rather than being perceived as a 'victim', the latter acquired considerable negotiating
18
19 capacity. Moreover, the case study reveals how the agency of the recipients emerged at both
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21 state and individual level. In other words, the challenge to the presumed donor-recipient
22
23 hierarchy of international aid was not limited to the institutional relations expressed in official
24
25 Algerian requests but also translated to the micro-level. While the Algerian politicians were
26
27 able to shape the donor's agenda by directing the trajectory of Yugoslav humanitarian aid, the
28
29 agency of the recipients themselves was seen in the demands of the injured Algerian
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31 combatants hosted in Yugoslavia, who were similarly able to negotiate the conditions of their
32
33 stay. For example, they frequently and unhesitatingly articulated their needs, going well
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35 beyond the urgent medical care they were originally entitled to.
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39 With the end of the armed conflict, the Yugoslav government moved medical
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41 assistance delivered through the Yugoslav Red Cross directly into bilateral agreements.
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43 Though presented as a continuation of aid to the Algerian liberation movement, the technical
44
45 assistance provided after Algerian independence saw a shift towards a commercialised
46
47 approach to aid, whereby Yugoslavia attempted not only to monetise the services of its
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49 medical staff but also to profit by investing substantial resources in the Algerian war of
50
51 decolonisation.
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54 Finally, the paper stresses the contributions of non-political Yugoslav actors,
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56 organisations and individuals in building bridges to the post-colonial world. Against the
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backdrop of the Algerian conflict, it was mainly the national Red Cross society that shaped Yugoslavia's humanitarian response. Operating under semi-autonomous conditions, the Yugoslav Red Cross managed overseas operations and took care of logistics in close coordination with the Ministry of Foreign Affairs, the political decision-making body. Nevertheless, the paper showed that its officials and affiliated persons, enjoying substantial room for manoeuvre, had a certain influence on Yugoslavia's humanitarian agenda in Algeria.

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