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A WORD FROM THE PRESIDENT

DEAR FRIENDS,

We are pleased to share with you ALIMA’s 2017 Annual Report that highlights some of our amazing staff and the people they serve in some of the most fragile countries throughout West, Central and Eastern Africa. In this report we present ALIMA’s unique operating model that combines direct, high-quality medical care and humanitarian assistance to some of the most vulnerable communities, in partnership with local medical organizations, and often while conducting cutting-edge operational and clinical research that brings innovation to the field of humanitarian medical action.

Our impact in 2017 was impressive. ALIMA assisted 1.5 million people across projects in 11 countries, while designing innovative treatment tools, and continuing research related to malnutrition and Ebola. We treated more than 112,000 children for severe acute malnutrition, vaccinated 300,000 children and helped almost 20,000 women give birth.

Again in 2017, ALIMA’s work was largely defined by the ongoing conflicts in Lake Chad, the Sahel regions, and South Sudan, affecting an estimated 20 million people. Our programs focused on providing emergency medical care to families uprooted and displaced by the conflicts in these locations. Of course, it’s the children who are most vulnerable. Factors such as food insecurity, low vaccination rates, disease outbreaks (such as measles and cholera), malaria, and malnutrition, contributed high rates of child mortality from these largely-preventable illnesses.

ALIMA’s innovative “MUAC for Mothers” program teaches families to screen their children for malnutrition using a simple, tri-colored bracelet. In 2017, ALIMA trained more than 330,000 mothers to recognize signs of malnutrition and this method has been adopted by some local governments and is also now being used by UNICEF in Niger, as well as multiple other NGOs.

It is critical to note that ALIMA is comprised of five national organizations that include: Keoogo and SOS Médecins in Burkina Faso; Alerte Santé in Chad; AMCP (Medical Alliance Against Malaria) in Mali; and BEFEN (Well-being of Women and Children in Niger). ALIMA’s partnership model allows us to tap into local knowledge and share that expertise across our programs, while building local capacity.

Elsewhere, we put the finishing touches on our newest innovation, the CUBE - a biosecure emergency care unit for outbreaks. The CUBE is a self-contained and easily transportable treatment unit for outbreaks of highly-infectious diseases, which reduces the need for cumbersome protective gear in hot and humid environments. The CUBE also significantly reduces the risk of transmission to health workers, while making the patient feel less isolated. The CUBE will roll out in 2018, allowing ALIMA to more safely and comfortably treat patients during highly-infectious outbreaks.

In Burkina Faso, our OPTIMA (OPTImizing MAlnutrition treatment) research project continued to fine-tune the best treatment regime for children suffering from malnutrition, with promising preliminary results. At the same time, our Intensive Nutritional Rehabilitation and Education (URENI) schools in Chad, Mali and Nigeria trained hundreds of local health professionals to care for children suffering from severe acute malnutrition with complications.

In essence, ALIMA has impact today by treating patients, impact tomorrow by building partnerships, and impact for the future by carrying out research that will enable better, faster and more cost-effective humanitarian assistance programs, all at the same time in an integrated response. We call this transformative medicine.

ALIMA is only able to assist people because of the generous support of our donors - and we are deeply grateful to you. We recognize that you place great trust in us to use every dollar wisely - and we do. Nearly 95% of our revenue is used directly on program activities.

THANK YOU.

DR. RICHARD KOJAN
President
ALIMA
2017 IN NUMBERS

1.5 MILLION PEOPLE BENEFITED FROM 31 PROJECTS ACROSS 10 COUNTRIES

- **330,309** Mothers trained to screen their children for malnutrition with the MUAC bracelet
- **1,820** ALIMA employees
- **112,777** Severely malnourished children treated
- **24,272** Pediatric hospitalizations
- **13** Outbreak responses
- **184,170** Children vaccinated against measles
- **11,504** Blood transfusions
- **11,504** Assisted childbirths
- **880,621** Consultations
- **5** Local NGO partners
- **141,741** Children treated for malaria
- **45** Million budget
- **10** Research projects
Together, we can see firsthand, we have the skill sets, we have the ability to access and understand the community,” explains ALIMA’s Chief Executive Officer, Matthew Cleary. “What this side-by-side partnership enables is access to stronger management, most importantly to expert medical professionals who can provide the technical support to deliver the most effective care.”

**BURKINA FASO:**
**KEOOGO, SOS MÉDECINS**

ALIMA has worked with Keoogo, a charity focused on street children, and SOS Médecins, specialized in medical emergencies, since 2012. This partnership supports 75 health centers in the Yako and Boussé areas of Burkina Faso, and provides the health ministry with training sessions aimed at improving care.

**CHAD:**
**ALERTE SANTÉ**

Alerte Santé promotes the health of Chadians by providing medical assistance and support to local health structures. Our partnership focuses on a medical and nutritional treatment program for children under the age of five in Ngouri (Lake Region) and the capital city, N’Djamena.

**MALI:**
**AMCP (MEDICAL ALLIANCE AGAINST MALARIA)**

AMCP is a Malian NGO dedicated to making healthcare more accessible and reducing malaria-related mortality. ALIMA works with AMCP to provide medical nutrition assistance in northern and southern Mali, as well as tackling malaria and supporting pregnant women.

**NIGER:**
**BEFEN (WELL-BEING OF WOMEN AND CHILDREN IN NIGER)**

ALIMA has worked with BEFEN, an organization focused on maternal and child health, since 2009.

We collaborate with health authorities in Miririah (Zinder region) and Dakoro (Maradi region) to reduce mortality in children under the age of five, while medical teams provide free care to children suffering from acute malnutrition.
"In our areas of intervention, we are seeing fewer children having to go to the hospital," said Susan Shepherd, an ALIMA pediatrician. "We are aiming to prevent acute malnutrition by making sure that children are completely vaccinated in a timely manner and that they are receiving a well-balanced food supplement between 6 and 24 months of age. It's working: nearly 90% of infants in the prevention program are fully vaccinated by 12 months and admissions to the malnutrition treatment program are dropping."

ALIMA treats more than 125,000 children suffering from malnutrition each year, putting such care among our priority medical interventions and research projects. Malnourished children are 10-12 times more likely to die from common infections than their healthy counterparts, which is why ALIMA is taking a preventative approach. In 2017, the progress was clear.

"MUAC FOR MOTHERS"

Since 2011, beginning with a pilot study in Niger, ALIMA has been training mothers to screen their children for malnutrition using a simple, tri-colored bracelet, which measures the child’s upper arm circumference – a key indicator of healthy nutritional status. Throughout much of the Sahel, children are usually screened, at best, one a month, by community health workers. Due to the long distances many mothers must travel to the nearest health clinic, by the time she arrives with her malnourished child, he or she is often already in the advanced stages of the disease and suffering from complications. Thanks to the MUAC for Mothers program, caregivers can screen their children more frequently, and when they think necessary, at home, in order to detect malnutrition at its earliest stages, which facilitates treatment, and reduces the risk of hospitalization and death.
More than 330,000 mothers were trained to screen their children for malnutrition in 2017 by ALIMA across seven countries.

**OPTIMA (OPTIMIZING MALNUTRITION TREATMENT)**

As a pilot project in Burkina Faso in 2017, children with moderate and severe acute malnutrition - two conditions usually treated as distinct and with different therapeutic foods - received the same kind of treatment. Using a phased approach to nutritional recovery, children are also gradually given smaller rations as they begin to recover. This targets more of the most expensive component of malnutrition treatment to children when they are the most malnourished and gradually reduces nutritional support through recovery, resulting in major cost-savings and better health outcomes. We call this approach OPTIMA, which stands for “OPTImizing MALnutrition treatment.” Preliminary results show that 90% of children enrolled in the program achieved nutritional recovery.

“Putting mothers at the center of malnutrition screening strategies acknowledges that they are in the best position to detect the earliest signs of malnutrition and leverages the fact that mothers want to participate as fully as possible in promoting the health of their children.”

Kevin Phelan - ALIMA’s nutrition specialist

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1,000 DAYS

Proper nutrition, access to free health care and vaccinations during the first 1,000 days of life are critical for a child’s physical and cognitive development. Poor nutrition and recurrent infections during this time of life exacerbates high infant mortality rates, and among survivors leads to stunted growth, and reduced performance at school and work.

As part of ALIMA’s innovative 1,000 Days program, we are rethinking maternal-child care by offering a free, comprehensive pre- and post-natal care package to pregnant women and their children, from conception until the age of 2. This includes free medical care for common illnesses, a complete series of routine vaccines, support for breastfeeding and, a daily supply of food supplements to pregnant and nursing mothers and infants 6-24 months.
When providing emergency medical care within the context of humanitarian crises or other urgent situations, the capacity to deliver quality healthcare can sometimes suffer due to financial, material, human resource or security constraints. To help overcome some of these challenges, ALIMA, since its creation in 2009, has been working side-by-side with local, national and international partners, as well as conducting research related to humanitarian medicine, in order to improve the delivery of quality care to our patients within emergency contexts. In 2017, ALIMA was a key actor in emergency care during several outbreaks across the African continent.

“Preparation is key to reducing the response time and providing care as soon as possible. This means being ready before an emergency even exists.”
Augustin Augier - ALIMA’s Secretary General

MEASLES IN GUINEA

ALIMA treated 1,241 people during an outbreak of measles in Guinea that began in January, in the context of a health system weakened by the Ebola epidemic that broke out in 2014. In many rural villages, vaccines are not easily accessible and health care is not always free, meaning parents often wait until measles becomes more advanced before bringing their child to the hospital. Complicated measles cases can have a mortality rate of around 15 percent.

ALIMA’s response to this measles outbreak was multifaceted: supporting the NZerekoré Regional Hospital to treat severe cases, free of charge, supplying health clinics in the area with treatment kits for the management of simple cases, and supporting health
centers in the district to monitor the evolution of the outbreak. To help stop the spread of the outbreak, ALIMA teams vaccinated some 148,000 children in N’Zerekoré against measles.

“It is important that people follow national measles immunization programs to prevent this deadly and highly contagious disease.”

Augustin Augier - ALIMA’s Secretary General

**EBOLA**
**DEMOCRATIC REPUBLIC OF THE CONGO**

An Ebola outbreak began on May 12 in Congo’s Bas-Uélé province, affecting five people, four of whom died, according to the Ministry of Health. In addition, 105 suspected cases, for which laboratory tests were negative, were recorded. In response, ALIMA implemented a strategy honed by our experience of treating Ebola in 2014 in Guinea.

“We preferred to set up small units for the isolation of suspected cases.”

Dr. Moumouni Kinda - ALIMA program manager

Patients were mainly isolated in small emergency units, or occasionally in their homes, to avoid contamination of care teams in charge of transportation. We made every effort to rapidly deploy secure medical care.

ALIMA also provided capacity building during the outbreak, training 20 local health staff to manage patients suspected of having Ebola. In Muma village, ALIMA teams rehabilitated three health centers and set up two isolation centers.

**CHOLERA**
**IN NIGERIA**

An outbreak of cholera was declared in northeastern Nigeria’s Borno State on August 16, 2017. The most affected area is on the outskirts of the state capital, Maiduguri, in the Muna Garage camp, which home to some 32,000 internally displaced people (IDPs). The town of Maiduguri, and the communes of Dikwa, Mafa and Monguno, were also affected by the outbreak. In total, there were more than 5,300 suspected cases and 61 deaths, during a five-month period.

“Many people live in makeshift homes and do not have access to clean water. During the rainy season, parts of the camp are flooded, and the sewage systems are blocked, causing stagnation of dirty water and contaminating clean water sources.”

Jean-Paul Mushenvula - ALIMA’s Head of Mission in Nigeria

To help contain the outbreak, health promotion teams traversed the camps to explain how cholera spreads and remind people of good hygiene measures. In order to treat infected patients as soon as possible, ALIMA installed oral rehydration points in Muna Garage, Muna Customs and two sites in Monguno.

ALIMA also set up four observation sites in Monguno. During the peak of the outbreak in Muna Garage, our teams received an average of 100 patients per week. In total, we cared for more than 2,000 patients.

**LASSA FEVER**
**IN TOGO**

Following the confirmation of several cases of Lassa fever (an acute viral hemorrhagic fever that is transmitted to humans through contact with food or household items that have been contaminated with the urine or feces of infected Mastomys rats) in Togo in April, ALIMA carried out an extensive exploratory mission and concluded that supporting the Togolese Ministry of Health was the best way to assist health structures in the country.

“The evaluation revealed that there was a need for materials, infrastructure and human resources.”

Mélanie Tarabbo - Medical coordinator for ALIMA

ALIMA proceeded to donate medicines and medical equipment, including personal protection kits, and carried out training of local medical staff on personal protective measures and on infection prevention and control measures in medical facilities, in the Savannah region of northern Togo.
Across West Africa’s Sahel region, UNICEF estimates that more than 1.6 million children are at risk of severe acute malnutrition this year, due, in part, to food shortages, following poor harvests last year. As many as 20% of these children will require hospitalization because of concurrent illnesses.

Children suffering from severe acute malnutrition with complications, or co-existing conditions such as malaria, respiratory infections or anemia, require highly-specialized care. But in many countries serious training gaps remain in the regular academic training.

“As many as 30% of patients with severe acute malnutrition and medical complications who don’t receive quality care will die,” said Dr. Kanta Malam Issa, ALIMA’s Head of Mission in Mali.

In 2017, ALIMA added two more locations in Chad and Nigeria to its network of specialized training schools. These Intensive Nutritional Rehabilitation and Education Units, or URENI schools, provide practical, on-the-job training for nurses and doctors to improve treatment for children hospitalized with complicated severe acute malnutrition.

Across West Africa’s Sahel region, UNICEF estimates that more than 1.6 million children are at risk of severe acute malnutrition this year, due, in part, to food shortages, following poor harvests last year. As many as 20% of these children will require hospitalization because of concurrent illnesses.
curriculum, and as a result, health care workers often lack the knowledge required to properly diagnose and treat such patients.

To improve care, the URENI-School’s 3-week curriculum includes both classroom lectures, and more importantly, practicum teaching. Topics such as screening, detection and diagnosis, as well as the care and case management of severe acute malnutrition with complications are covered. At the same time, trainees are paired with health staff in the hospital, where they have the opportunity to practice and hone medical decision-making as well as learn practical skills like the proper placement of feeding tubes.

MALI

In Mali - the birthplace of the URENI school-model in 2015, 122 health workers were trained in 2017. Groups of up to 12 health workers per session were brought to the Dioila Hospital, where they participated in both theoretical and hands-on training modules.

“During my training, I learned a lot, including how to insert a nasogastric tube, or take a blood sample,” said Fatimata Sangaré, who came to the URENI school in Dioila from the Kigna District Hospital Referral Health Center in the Sikassou region of Mali.

CHAD

In Chad, the UNT-Ecole (Nutritional Therapeutic Unit School) opened in March 2017, supported by ALIMA and its local partner Alerté Santé. The UNT in N’Djamena is ALIMA’s largest nutrition hospital ward; it can receive up to 200 admissions per week in the peak season of July and August.

To help improve care for these children, we trained 144 staff in Chad in 2017.

NIGERIA

In November 2017, the University of Maiduguri Teaching Hospital (UMTH) and UNICEF began using the URENI training school model in Borno State, an area scarred by Boko Haram attacks on civilians.

“Our goal is to build the capacity, and increase the skills and knowledge of health workers, including doctors, nurses and nutritionists, in order to increase the efficiency and effective day-to-day running of malnutrition stabilization centers across Borno State.” - Professor Jose P. Ambe, head of pediatrics at UMTH and the coordinator of ALIMA’s Intensive Therapeutic Feeding Center. “Up until now, there have only been small training seminars here and there.”

More than 50 doctors and nurses have so far received training.
"A major challenge in Africa is access to quality maternal health care," said Kader Issaley, an ALIMA medical doctor. "If we just look at the rate of cesarean sections, it’s around 3.8% in Africa, compared with the 5-15% standard of the World Health Organization."

Due to the far distances that some women live from the nearest health center, many choose to give birth at home. If a complication arises, it is often too late to get help. For those that go to a clinic to give birth, few structures are well-equipped to handle complications, such as hemorrhaging, and lack the ability to perform surgical procedures, such as C-sections. The high rate of teenage pregnancy means many of these mothers are at very high obstetrical risk.

To help more women give birth safely and successfully, ALIMA medical teams provide maternal health care services in six countries, including Cameroon, the Democratic Republic of Congo, Central African Republic, Niger, Nigeria and Mali. In these programs, ALIMA supports local healthcare facilities and hospitals, where qualified doctors, nurses and midwives offer free pre- and post-natal consultations, and help with simple and complicated deliveries. Midwives also offer family planning services and even make house visits to check in on new moms.

In 2017, ALIMA helped more than 15,000 women safely give birth, including 1,000 surgical interventions, and more than 78,000 pregnant women benefited from pre- and post-natal consultations.

"Marie was eight and a half months pregnant when she went into early labor at her home in the Central African Republic. The closest health facility is a 10-mile walk from the village where she lives. By the time Marie arrived at the maternity ward, she was experiencing strong contractions, but her cervix was taking too long to dilate. This was putting her and her unborn child at risk. The midwife admitted Marie to the hospital, where ALIMA doctors performed an emergency Cesarean section. The operation went well and Marie is now the mother of a healthy baby girl."

Patient story
KEY FIGURES

- **6,560** children treated for malnutrition
- **1,702** pediatric hospitalizations
- **20,153** mothers trained to screen their children for malnutrition
OUR PARTNERS

Keoogo
SOS Médecins

CONTEXT

Located in an arid band of the Sahel, Burkina Faso is plagued by recurrent outbreaks of contagious diseases, such as measles and meningitis, as well as mosquito-borne diseases, such as malaria and dengue fever. Regularly ranked among the poorest countries in the world, people’s livelihoods have been further deteriorated by armed groups, who are threatening the border areas and causing families to flee their homes. Erratic and insufficient rains contribute to high levels of food insecurity - an estimated 20% of people don’t have enough to eat. According to the 2017 National Nutrition Survey, 21% of children under the age of five suffer from stunting, and the national rate of global acute malnutrition increased from 7.6% in 2016 to 8.6% in 2017.

IMPACT AND INNOVATION

In 2012, ALIMA began working with Keoogo, a local organization that supports street children, and SOS Médecins, a medical NGO that specializes in responding to medical emergencies, treating HIV/AIDS, and providing healthcare in prisons.

Our work in 2017 in Burkina Faso focused on simplifying the screening process and improving the treatment of malnutrition, as part of an innovative research study known as OPTIMA (OPTImizing MALnutrition treatment).

OPTIMA aims to revolutionize today’s way of admitting children into malnutrition treatment programs, which is overly complicated. Traditionally, the difference between moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) is just 1mm on the MUAC bracelet, but the treatment programs are managed by different actors, follow different protocols and use different therapeutic foods and supply chains. In many places, MAM programs are no longer funded, which means by the time a child is sick enough to qualify for the SAM program, they are already at the point of needing hospitalization and require more rations of therapeutic food.

With OPTIMA, ALIMA and its partners aim to go one step further and break down the treatment barrier that exists between SAM and MAM. As part of a pilot project, which took place in the Yako health district in northern Burkina Faso, the ALIMA/SOS Médecins/Keoogo consortium trained mothers to screen their children for malnutrition using the MUAC, while at the same time, at the health center, the MUAC is used as the only anthropomorphic measure for admission, along with presence of nutritional edema. And, by expanding the MUAC admissions criteria to include all children suffering from MAM and SAM in the same program, all malnourished children can be treated at an earlier stage, thus reducing the risk of complications. And, by gradually reducing therapeutic food rations as kids get healthier and improve their MUAC status, the program makes more efficient use of the expensive therapeutic food and can treat more children at a similar cost.

The preliminary results were very promising in 2017. Health workers note that despite using smaller rations of therapeutic food for the least malnourished, children are recovering quickly and well, and there have been fewer hospitalizations. The final results will be published in 2018.
KEY FIGURES

- **28,319** children treated as outpatients
- **7,984** children treated for severe acute malnutrition
- **73,880** mothers trained to screen their children for malnutrition
CONTEXT

Cameroon’s Far North Region is one of the areas in the Lake Chad basin where Boko Haram militants are battling state security forces. The fighting, which broke out in 2014 in Cameroon, has displaced 240,000 people internally, while the country hosts 90,000 refugees from Nigeria. The United Nations estimates that 20 million people are affected by the crisis in Lake Chad countries (Cameroon, Chad, Niger, Nigeria).

The chaotic movement of people and the lack of formal structures to welcome them has led to extreme challenges for the health of children under five, as well as pregnant women and mothers. According to UNICEF, the rate of severe acute malnutrition in Cameroon’s Far North Region exceeds emergency levels.

IMPACT

Faced with the rising humanitarian needs in the Lake Chad basin, ALIMA offers free primary health care for children under five in the Makary health district and at nine peripheral health centers in Cameroon. In addition, since May 2016, ALIMA has also taken on all nutrition-related medical activities at the Mokolo District Hospital, close to the Nigerian border.

At the Intensive Therapeutic Nutritional Center in Moloko, ALIMA teams care for children with severe acute malnutrition, as well as children under five hospitalized in the pediatric ward. The hospital offers care to an estimated 58,000 Nigerian refugees who fled Boko Haram and are now living in the Minawao camp a few kilometers away. Our teams also provide medical care to the Koza District Hospital, also close to the Nigerian border.

Beyond child nutrition, ALIMA supports maternal health in the area, offering free prenatal consultations and assisting deliveries. Health workers offer new moms advice on breastfeeding and proper hygiene, to help keep themselves and their babies healthy.

In Cameroon’s Far North Region, ALIMA began, during 2017, to train mothers - nearly 75,000 so far! - to regularly screen their children for malnutrition using the MUAC bracelet.

“We eat in the morning and in the evening, but only if there is something left. Since Boko Haram came, we suffer a lot. Everything has changed and food is expensive.”

Marie
Mother of 2-year-old Kotada, who was treated for malaria, acute bronchitis and malnutrition at the Mokolo district hospital
The Central African Republic (CAR) regularly ranks near the bottom of global human development indexes, with around half of its 5 million people in need of humanitarian assistance, according to the United Nations. A civil conflict that broke out in late 2012, ended in 2014, but the restoration of the government and the deployment of U.N. troops has not stopped widespread insecurity caused by rival militias.

Between January and August 2017, more than 200,000 people were forced to flee their homes. Thousands have been killed, injured or raped. Ongoing fighting and new flashpoints of conflict mean that local needs have returned to levels not seen since the height of the war in 2013-14.

Today, nearly 700,000 Central Africans are internally displaced and some 582,000 have taken refuge in neighboring countries, according to the United Nations. As many as two million people face food insecurity, due in large part to disruptions to agriculture.

**KEY FIGURES**

- **6,075** assisted births
- **23,132** prenatal consultations
- **76,802** pediatric consultations
production and the markets in conflict zones. Pregnant women in rural areas, in particular, lack access to health care, leading CAR to have the highest maternal mortality rate in the world - 890 deaths per 100,000 live births. There are less than two licensed midwives per 10,000 people.

**IMPACT**

In 2017, ALIMA continued its work in Pétévo (a neighborhood within the capital, Bangui) and Bimbo (a health district on the outskirts of Bangui), offering primary health care and restarting medical activities at once-abandoned health structures. In these two areas, ALIMA supported 9 different health centers and, until January, worked in a settlement for displaced people on the outskirts of Bangui. This includes consultations, sexual and gender-based violence support and care, treatment for severe acute malnutrition and capacity building of local health workers.

In Boda, a town south-west of Bangui, which is home to the sole hospital in a three-hour radius, ALIMA is the only NGO offering primary and secondary health care. Here, there is a particular emphasis on pediatric and maternal health, as access to obstetric services is particularly compromised and the majority of deaths that result from labor complications can be avoided with access to proper care and medical equipment. To help more women give birth safely and successfully, ALIMA supports three local health facilities and the district hospital, where our teams offer free prenatal consultations. When giving birth, women have 24-hour access to a surgeon, anesthetist and midwife, as well as guaranteed follow-up appointments, where midwives visit new moms, and offer advice on breastfeeding and family planning. ALIMA also offers free transportation to and from the hospital.

“Sometimes these young mothers are saved at the last second, but more likely, if the birth isn’t going well, even a small problem can quickly become a tragedy if they have no access to proper care. So more centers for C-sections are vital for pregnant women’s survival.”

*Patricia Marcel - ALIMA nurse in Central African Republic*
KEY FIGURES

- **32,792** children treated for severe acute malnutrition
- **30,591** children treated as outpatients
- **28,843** mothers trained to screen their children for malnutrition
OUR PARTNER

Alerte Santé (AS)

CONTEXT

Chad faces a number of significant barriers to meeting adequate childhood nutritional needs, including the insecurity caused by the Boko Haram insurgents, exacerbated by sustained drought, which has led to inadequate food production in the Lake Chad area, and disproportionately high food costs in the market. Overall, OCHA says some 4 million people were food insecure in 2017. Chad continues to be highly vulnerable to natural disasters, including flash floods, along with outbreaks of measles, cholera and Hepatitis E.

With more than 700,000 refugees and displaced people, health services in local host communities, where many of the refugees and displaced are living, are severely constrained. Many health centers have been abandoned, and in those that remain open, there are not enough qualified health workers or supplies to provide adequate care. The majority of operational health centers are now run by NGOs. Ongoing insecurity makes it difficult for people to travel long distances to the nearest health center.

As a result, malnutrition rates among children under the age of five worsened this year, according to a September 2017 survey conducted by the Chad Ministry of Health and its partners. Global acute malnutrition alarmingly registered at 13.9% of children aged between six months and five years, up two percentage points since 2016. Meanwhile, the rate of children under five suffering from severe acute malnutrition rose to 3.9%, up from 2.6% in 2016, and is now twice the accepted emergency threshold issued by the World Health Organization. Despite some advances in recent years, infant mortality remains a chronic problem in Chad, where one in five children will not reach their fifth birthday, according to UNICEF.

IMPACT

In 2017, ALIMA and its Chadian partner, the medical NGO Alerté Santé (AS), continued to support regional health authorities in the capital, N’Djamena, as well as the health districts of Ngouri and Isseirom in the Lake Chad area.

Within the Chad-China Friendship Hospital, in N’Djamena, ALIMA/AS provides free care to children suffering from severe acute malnutrition (SAM), offering both outpatient treatment for non-severe cases and inpatient care for cases of SAM with complications. This year, we treated more than 32,000 children for SAM, including more than 5,200 who were hospitalized, in N’Djamena.

In 2017 ALIMA/AS launched a training program in the Chad-China Friendship Hospital based on the URENI-school model. Its objective is to bolster the capabilities of health workers who treat patients suffering from severe acute malnutrition with complications. So far, 118 local health workers have taken part in these specialized trainings.

In Ngouri and Isseirom, ALIMA/AS supports 28 ambulatory nutrition units and one inpatient therapeutic nutritional and pediatric unit, where some 10,000 children were treated for malnutrition this year. Our teams also began integrating WASH (water, sanitation and hygiene) activities into the nutritional units, and supporting reproductive health activities. Finally, in April, ALIMA/AS began enrolling the first of more than 2,000 pregnant women and their children into the 1,000 Days program, which provides a full health care package to mothers, from the time of their child’s conception until the age of two.
KEY FIGURES

23,742 children under five treated

17,186 children under five received malaria care

7,303 routine vaccines administered
CONTEXT

The Democratic Republic of the Congo (DRC), the second largest country in Africa, has been the scene of conflicts since the early 1990s. Despite being rich in natural resources, the DRC has been affected by dire humanitarian and health crises for many years. This has resulted in large population displacements, as well as the destruction of health facilities and public services. The medical needs here are enormous and the country’s infant and maternal mortality rates are among the highest in the world. According to UNICEF, 1 in 7 children in DRC will die before they reach their fifth birthday, and 13 out of every 1,000 women die while giving birth.

IMPACT

ALIMA has been active in DRC since August 2011, with a focus on emergency outbreak response. This includes multiple outbreaks of cholera, measles and Ebola. Between 2013 and 2017 in the former Katanga province, ALIMA had in place an emergency intervention team, known as RUSH, which supported the epidemiological surveillance, investigation and response to possible outbreaks.

In 2017, ALIMA continued to respond to emergencies, most notably, an outbreak of Ebola in the Bas-Uélé province and an outbreak of cholera in the Kanda-Kanda area.

In response to five confirmed cases of Ebola, including four deaths, in Likati (Bas-Uélé province) in May, ALIMA trained 20 medical staff on the management of patients with Ebola, supported three health centers and set up two isolation units in Muma village. We also donated nearly two tons of medications and medical equipment, including protective kits to health authorities.

A few months later, in November, in response to an outbreak of cholera in Kanda-Kanda health district in Kasai, ALIMA treated more than 3,000 people for the water-borne disease. We also provided supplies of treated water to prevent the spread of the disease, and launched community awareness campaigns to promote good hygiene practices.

Beyond emergency response, ALIMA started a new project in January 2017, which provides access to primary health care in the Opienge health district (Tshopo Province) for the host population and people displaced by conflict further east. In addition to primary care, ALIMA provides emergency obstetric and neonatal care, emergency medical care for victims of sexual violence and routine immunizations.

“We were working with the District Ministry of Health on a cholera program and during a meeting, they expressed concern that in an area not too far away there were a number of unexplained sudden deaths.”

Solenne Barbe - ALIMA’s Director of Operations

“Our team explored the area and actually discovered the clinical presentation of what looked like an Ebola outbreak. It was then confirmed and we were able to launch a response together with the Ministry of Health.”

Solenne Barbe - ALIMA’s Director of Operations
KEY FIGURES

- **1,085** people enrolled in Ebola vaccine trial
- **1,329** children treated for malaria
- **148,344** children vaccinated against measles

CONTEXT

Guinea was heavily impacted by the 2014-16 Ebola epidemic, registering 3,804 cases and 2,536 deaths. Ebola not only highlighted the weaknesses of the epidemiological surveillance system, but also the limits of the country’s health system in dealing with outbreaks. Declining public confidence in the health system, reduced attendance at health facilities and falling immunization coverage rates have led to a weakening of the overall health status of the Guinean population and a significant increase in their vulnerability to infectious disease.

IMPACT

ALIMA continued to support activities at the N’Zérékoré Regional Hospital, in Guinea’s southeastern Forest Region, in 2017, where our teams provided pediatric and nutritional support, as well as helped run the laboratory. At the same time, ALIMA worked with local health authorities to strengthen epidemiological surveillance, diagnosis and investigation of infectious diseases with epidemic potential.

When an outbreak of measles was declared in February, ALIMA provided support to the Ministry of Health-led response. This included setting up treatment tents and caring for more than 1,200 children suffering from measles at the N’Zérékoré regional hospital.
hospital. In March, to help stop the spread of the outbreak, ALIMA teams carried out a mass vaccination campaign in the region, which reached nearly 150,000 children (between the ages of six months to 10 years) with the lifesaving vaccine.

Finally, in the aftermath of the Ebola outbreak, which left behind more than 1,110 survivors, ALIMA provided free medical and psychological care for a cohort of 114 people cured of Ebola in N’Zérékoré. Many of them still suffer from various physical and mental health problems, including depression, post-traumatic stress disorder, headaches and joint pain.

INNOVATION

To help better prepare against and help quickly contain future outbreaks of Ebola, while protecting people against the deadly virus, ALIMA continues to act as the implementing partner in the PREVAC (Partnership for Research on Ebola VACCination) Phase 2 clinical trial in Guinea, in partnership with Guinean health authorities, the French National Institute of Health and Medical Research (INSERM), the U.S. National Institutes of Health (NIH) and the London School of Hygiene and Tropical Medicine.

"ALIMA’s medical teams were on the front line when caring for patients with the Ebola virus in Guinea" says Solenne Barbe, ALIMA’s Director of Operations. "Today we know that this virus may reappear at any time. We therefore want to continue to support the population by pursuing the search for a vaccine capable of protecting the population from future outbreaks."

The purpose of this trial is to test the efficacy of three candidate Ebola vaccines against placebo regimes, with more than 2,500 voluntary participants within urban and rural sites in Guinea (Conakry and Maferinyah). In 2017, more than 1,000 child and adult volunteers were vaccinated as part of the study, which will continue into 2018 and 2019.

"After I got sick with Ebola, we had to move our home because the village rejected me. Since then, I’ve had many health problems. I have no appetite, I have pains in my legs, I often have nightmares about death."

Andrea Conde - age 35, Ebola survivor
13,531 children treated for severe acute malnutrition
134,092 outpatient consultations
4,277 assisted deliveries
694 surgical interventions

AMCP (Medical Alliance Against Malaria)

Mali’s national security situation remains very unstable following a French military intervention in 2013 that drove armed groups out of key northern towns. The signing of a peace accord in 2015 between rival militias has done little to stop infighting in the north, and insecurity also deteriorated in the country’s central belt in 2017. Few of the provisions laid out in the peace deal aimed at reconciling Mali’s warring factions have been enacted and there continue to be frequent attacks against the military and civilians, while banditry runs unchecked in large swathes of the country. The International Organization for Migration estimates that there are nearly half a million people either displaced within the country or seeking refuge elsewhere.

As a result, access to health care remains limited and people’s livelihoods have been disrupted. The health needs among the population are of several types, including preventive care, such as
educating the community about health issues, and curative care, such as surgery. Food insecurity in Mali also remains a chronic problem, contributing to high rates of malnutrition. According to a November 2017 report from the UN, 24% of households suffer from food insecurity, with these rates reaching as high as 48.5% in the Timbuktu region. According to U.N. Office for the Coordination of Humanitarian Affairs (OCHA), the rates of both global and severe acute malnutrition exceed the emergency thresholds set by the World Health Organization, at 10.7% and 2.6%, respectively.

**IMPACT**

ALIMA has partnered with the Malian NGO AMCP (Medical Alliance Against Malaria), which aims to improve access to health care while reducing malaria-related deaths, since June 2011. Together, we provide medical and nutritional assistance in northern and southern Mali.

In the northern Timbuktu region, ALIMA/AMCP teams now support 35 primary health centers in the two districts of Diré (since 2012) and Goundam (since 2014), as well as two district hospitals. This includes maternal and child health care, as well as treating children with severe acute malnutrition at 27 health centers. In Goundam, where ALIMA/AMCP are the only actors currently providing health care, our teams performed nearly 700 emergency surgical procedures at the hospital. This included traumatic emergency cases as a result of conflict-related wounds, car accidents and obstetric surgery to save women who experience complications while giving birth.

To the south, in the Koulikoro region, ALIMA/AMCP continues to help to reinforce the health system by increasing the capacity of local staff, and supporting 119 health centers with health and nutritional care. At the URENI School in Dioila, more than 120 health workers were trained this year to care for cases of severe acute malnutrition with complications.

As part of our ongoing strategy to combat malaria in Mali, ALIMA/AMCP supported local health authorities to administer, on average, 95,000 doses of seasonal malaria chemoprevention (SMC) therapy, each month, for four months, to children under the age of five, in Diré, Goundam and Koulikoro. The World Health Organization says that SMC has been shown to protect up to 75 percent of children under the age of five against uncomplicated and severe malaria. At the same time, in Kolokani health district, children received rations of LNS, a ready-to-use, lipid-based nutritional supplement, in order to prevent malnutrition, as children suffering from malnutrition are more often affected by malaria.

“As a surgeon, I am like a firefighter ready to act in the face of any emergency. We often encounter patients facing severe, life-threatening injuries, who we must make every effort to provide quality care to, despite our limited resources and challenging working conditions.”

Dr. Michel Mwepu Ilunga
ALIMA surgeon in northern Mali
**KEY FIGURES**

- 27,932 children under five treated for malaria
- 41,867 children under five treated for severe acute malnutrition
- 14,439 assisted births

**PARTNER**

BEFEN (Well-being of Women and Children in Niger)

**CONTEXT**

Landlocked Niger continues to suffer from the spillover of the volatile security situations of its neighbors, in Mali, Nigeria, Chad and Libya, and is now home to around 100,000 refugees from Nigeria. Children, above all, are affected by a chronic nutrition crisis linked to lack of access to healthcare, insecurity, climate change and high food prices. Although child mortality has dropped significantly since 2009, when ALIMA’s operations in Niger began, malnutrition rates remains unacceptably high. According to the World Food Programme, more than 40% of children suffer from chronic malnutrition and 10.3% suffer from acute malnutrition. Other health threats include malaria and diarrhea, as well as recurrent outbreaks of measles, meningitis, and cholera - all of which disproportionately affect vulnerable groups. Malaria remains the biggest risk to children living in Niger, especially when it occurs simultaneously with malnutrition.
IMPACT

Together, ALIMA and its partner BEFEN have been supporting the Ministry of Health to tackle malaria, acute malnutrition and other health problems in Niger since 2009, with the aim of improving the access to and quality of pediatric and maternal health care in the country.

In Mirriah, in the Zinder region, and Dakoro, in the Maradi region, ALIMA/BEFEN provide free health care to children under the age of five, as well as treat children suffering from severe acute malnutrition and offer pediatric hospitalization. Given the fact that malaria remains a leading cause of death for kids under five in Niger, ALIMA teams provide rapid diagnostic testing for the disease and offer free treatment for all positive cases.

‘MUAC for Mothers’ continues to remain the cornerstone of our prevention measures. This year, nearly 200,000 women were trained to screen their children for malnutrition using the MUAC bracelet.

INNOVATION

1,000 Days

In an effort to rethink maternal-child care by offering a free, comprehensive pre- and post-natal care package to pregnant women and their children, from conception until the age of two, more than 20,000 mothers and 9,500 children benefited from these “one-stop shops” in Niger’s Zinder region. Each time a mother brings her child, he/she is screened for malnutrition, their vaccine record is checked and updated if necessary, and a nurse is available to diagnose and treat infections. Children between six and 23 months also receive a small daily amount of food supplement to prevent them from losing weight and becoming wasted.

If the child is diagnosed as malnourished, he/she receives therapeutic rations of nutritional supplements, to help regain lost weight over a period of 4-6 weeks. If the mother is pregnant, she can receive prenatal care during the same visit as her child.

Nomadic Health

To the north, in Niger’s Tchintabaraden department, ALIMA/BEFEN continued to offer free healthcare to nomadic populations via mobile clinics, across a band of the Sahel that extends from Meneka, Mali, to Niger’s Tahoua region, as part of an innovative nomadic health project. Health care coverage in this area is particularly low and access to medical care is limited by geographic isolation. Just 25% of the population in Tchintabaraden has regular access to care and 60% of nomadic people live more than 15 kilometers (9.3 miles) from the nearest health center. To help meet the medical needs in this area, ALIMA/BEFEN teams provide a holistic care package to nomadic populations that prevents, treats and promotes good health. This includes deploying mobile clinics and working with trained liaison officers, who can refer patients to the nearest health center, or provide first aid and dispense medicine. Additionally, thanks to a network of community relays, equipped with telephones, our teams can maintain a link between health staff and the nomadic populations as they move around.

Since the project began, nearly 100,000 children under five received care free of charge and health indicators in the departments of Tilla, Tassara and Tchintabaraden have significantly improved. At the same time, the mortality rate in the pediatrics ward of the Tchintabaraden Hospital decreased from 13.8% in 2015, before the implementation of the project, to 0.74% in 2017.

“With the 1,000 Days project, maternal and child health indicators in my health area have improved markedly and the number of malnourished children admitted in the program has dropped significantly.”

Abdoulrazak Souley
Head nurse at the Guirari health center
“After experiencing extreme stomach pain, I visited a traditional birth assistant who told me to go to ALIMA’s Mother and Child Health center. She said I could die or lose my unborn child. After being examined by a midwife and a doctor, they said I needed a cesarean section. I was taken to the general hospital in Monguno and my baby was born, but needed oxygen straight away. After a week with ALIMA, I left the hospital with my baby, in good health, without paying a single Naira. I am living proof of what ALIMA can do for people suffering from health problems.”

Amina Isa, 30

**CONTEXT**

Since 2009, northeastern Nigeria has been severely affected by violent conflict between the Nigerian Federal Army and armed insurgents, including Boko Haram. Nigerian security forces have recaptured a number of villages and towns in the region since the beginning of 2016, revealing acute humanitarian needs of populations who were previously inaccessible.

Around a third of the people living in Borno State are currently internally displaced, with the majority seeking refuge in the state capital, Maiduguri. Health facilities have been destroyed, looted or damaged as a result of the armed conflict. Those health facilities still functioning are constrained, with inadequate staffing, and insufficient supplies and equipment to cover the health needs of internally displaced persons and the local populations.
Before the insurgency, Borno State already had health indicators significantly lower than national figures. The deterioration of the already precarious health situation, combined with the disruption of local markets, trade and agriculture has led to high levels of food insecurity. Infant and maternal mortality rates have skyrocketed due to low vaccination coverage, and a high prevalence of diarrheal diseases and acute malnutrition.

**IMPACT**

ALIMA runs health clinics in camps for the displaced in Muna and Monguno, where children under five receive free primary health and nutritional care, a mobile health clinic in the Bakassi host community, and supports the Mother and Child Health center, a 29-bed treatment unit that serves as a referral center for stabilizing complicated malnutrition cases, in Monguno. ALIMA also began offering maternity services in Monguno this year, including assisted childbirths and pre- and post-natal care.

Within the University of Maiduguri Teaching Hospital (UMTH), ALIMA is supporting a 30-bed Inpatient Therapeutic Feeding Center (ITFC), which is equipped to care for children suffering from severe acute malnutrition (SAM) with complications. Within the UMTH, a new URENI-school training program teaches health staff from around Borno State best practices on detecting and caring for severe acute malnutrition with complications.

In 2017 ALIMA’s presence in the region enabled us to rapidly respond to a deadly cholera outbreak in Borno State, which affected 5,000 people.

“In Borno State, families have suffered 9 years of conflict and been displaced from their homes. Imagine: Their health situation is poor and children especially suffer from severe malnutrition. In 2017, I’m proud that my team diagnosed and treated 88,000 children, including 11,500 children with severe acute malnutrition. We also trained more than 23,000 mothers to monitor their babies for malnutrition, which can lead to earlier diagnosis, preventing a child from becoming severely malnourished and needing to be hospitalized.”

*Dr. Abdoul Bing - ALIMA’s Deputy Medical Director in Nigeria*
SOUTH SUDAN

KEY FIGURES

🌟 19,778 patients treated for malaria
💰 24,945 children under five treated as outpatients
📅 1,123 children treated for severe acute malnutrition
CONTEXT

Tragically, South Sudan’s independence in 2011 was followed in December 2013 by the country’s descent into civil war. According to UNHCR, more than 2.6 million people have now fled to neighboring countries, while more than 7 million people are in need of humanitarian assistance inside the country. Conflict-related violence has forced the closure and disruption of medical facilities, and in many of the worst-affected areas, there are few humanitarian actors present. Displaced families often do not have tents to protect them from the sun or the rain. Women and children often take shelter in old, run-down rooms or, in the absence of adequate structures, under trees.

UNICEF estimates that 250,000 children suffer from severe acute malnutrition, and malaria remains one of the leading causes of death. In Raja County, where ALIMA works, a 2017 report from the IPC (Integrated Food Security Phase Classification) found 135,000 people are urgently in need of food assistance. The health needs are huge.

IMPACT

ALIMA, along with our local partner AFOD (Action for Development), began running medical programs in Western Bahr El Ghazal State in May 2017, following three months of several exploratory missions in Central Equatoria State and in Western Bahr El Ghazal. Based on the identified needs, ALIMA now supports the state hospital in Raja County and surrounding health facilities, where medical teams treat children under the age of 15 suffering from acute malnutrition, as well as acute diarrhea and respiratory infections. This includes both inpatient and outpatient services.

To reach people living far from the hospital, including more than 13,000 IDPs in the Raja area, mobile health teams began offering free care to people in the villages surrounding Sopo and Mangayat, in July.

In August, during the peak malaria season, ALIMA expanded our work to Aweil, in Northern Bahr El Gazal State, where emergency rapid response teams tested more than 73,000 people from the villages of Panthou, Maper and Guengkou areas for malaria. An alarming 85% tested positive for the mosquito-borne disease. Our teams went on to treat some 60,000 people, free of charge, as outpatients, while hospitalizing more than 700 patients who suffered from severe malaria, at the ALIMA-supported stabilization center for severe cases of malaria in Panthou.

“The idea is to get closer to communities with the mobile clinics, because, during rainy season, there are floods; the roads are poor and access to healthcare is a big challenge. At the same time, malaria is really making people suffer. This is why it is important to go to them, to reach them, so that we can test and treat them.”

Mathieu Kinde - ALIMA’s project coordinator in Aweil
Coral: Combining Clinicians’ Expertise with Academic Excellence

While three in five deaths in Africa are caused by infectious diseases, in 2017, only 2.6% of clinical trials concerning infectious disease took place in Africa.

The Clinical and Operational Research Alliance (CORAL), is a partnership of scientists from Inserm (French National Institute for Health & Medical Research, based in Bordeaux and Abidjan) and humanitarian aid workers from ALIMA, whose aim is to propose high-quality innovative and transformative research for the improvement of humanitarian medicine in West and Central Africa. This alliance, formed in September 2016, sets scientific policy, regulates and supervises research implementation in operations and the dissemination of results among the humanitarian and scientist community.

ALIMA is a leading innovator in the management of acute malnutrition, having introduced new strategies such as teaching family members to screen their children for acute malnutrition with the MUAC tape. CORAL scientists from Inserm have a well-established record of high-quality medical research in the fields of HIV and epidemic diseases, leading to WHO policy changes.

Current studies ongoing via the CORAL platform include piloting a simplified protocol for the treatment of acute malnutrition in Burkina Faso (OPTIMA 1) reaching 5,000 children in Burkina Faso; a prospective cohort study of 1,625 pregnant women and their children through age two years, a 1,000 Days project, in Zinder, Niger and an observations study documenting clinical presentation of patients with Lassa Fever in Nigeria. Three other research projects are currently being developed by CORAL.

CORAL is an active collaborator in the ALERRT (African coaLition for Epidemic Research, Response and Training) international consortium, which aims to organize a network of medical researchers and health workers to battle outbreaks and epidemics in Africa. This network aims to develop a laboratory collaboration, streamline data management and conduct a clinical trial together.

Providing medical care to people in acute and chronic crises is often limited by the lack of effective tools, strategies and policies.

Following the 2014-16 Ebola crisis, during which ALIMA’s medical staff worked closely with researchers from Inserm and PACCI, a Franco-Ivorian research program, we decided to address the deadly neglect we witnessed in Guinea by conducting robust clinical and operational research on current and emerging health threats in Africa, combining the strengths of the group’s clinical and academic expertise from CORAL.

1 Source: https://clinicaltrials.gov/ct2/search/map
“With the CORAL, ALIMA’s objective is to bridge the gap between the most vulnerable people and the top researchers trying to solve these problems,” said Augustin Augier, ALIMA’s Secretary General. “Our research collaborations allow us to remove obstacles to reach the people who need us the most.”

Over the past two years, ALIMA projects through CORAL has hosted six masters students for practicums, in topics ranging from subjects in malnutrition to hospital infection control, to introduction of electrolyte testing in hospital, and the feasibility testing of a point-of-care testing for Cryptosporidium and Giardia in children suffering from diarrhea in outpatient clinics.

THE CUBE: BIOSECURE TECHNOLOGY AT THE HEART OF OUTBREAKS

In 2014, faced with the unprecedented magnitude of the West Africa Ebola epidemic, ALIMA’s teams encountered numerous constraints in Ebola treatment centers:

• The centers were expensive and took a long time to deploy.
• Patient treatment required significant numbers of highly specialized staff.
• Conditions were poorly adapted to provide effective patient monitoring.
• Sick patients were separated from families, causing community tensions.

Drawing from lessons learned in the aftermath of the epidemic, ALIMA and its partners developed the CUBE, a Biosecure Emergency Care Unit for Outbreaks. The CUBE is a self-contained and easily transportable system for outbreaks of highly-infectious disease.

The CUBE’s main advantage is to upgrade the level of care to patients, especially resuscitation, and decreasing the level of risk exposure for staff from contaminated fluids. Consequently, the health workers need less cumbersome Personal Protective Equipment, which can easily cause fatigue and dehydration among health workers in hot and humid environments.

With its transparent walls and external arm entries, medical teams can comfortably ensure continuous monitoring of an infected patient and administer medications from the exterior, while family members are able to remain in contact with their loved ones. The CUBE will roll out in 2018 after extensive testing held in 2017.
ALIMA GOVERNANCE

GENERAL ASSEMBLY

The ALIMA General Assembly is the sovereign body of the ALIMA association and whose members ensure that actions are taken in support of its social mission. The association is made up of members who have contributed to, or continue to participate in, the development and implementation of ALIMA’s objectives. The General Assembly convenes once a year to allow members of the association to vote on ALIMA’s most important strategic decisions and to appoint the Board of Directors. In 2017 the association consisted of 234 members.

A WORD FROM ALIMA PRESIDENT RICHARD KOJAN

“ALIMA adopted, for the very first time, a charter at our general assembly on October 21, 2017, with the support of association members and staff. This was a process of defining, discussing and validating the fundamental principles of our work, and will allow us to keep caring for patients guided by the values that define us.”

ALIMA’S CHARTER

ALIMA published our first charter in 2017, to define our values and to move forward with the transformative medicine that is our trademark today, tomorrow and for the future.

ALIMA’s purpose is to save lives and provide care for the most vulnerable populations, without any discrimination based on identity, religion or politics, through actions based on proximity, innovation, and the alliance of organizations and individuals. We act with humanity and impartiality in accordance with universal medical ethics. To gain access to patients, we undertake to act in a neutral and independent manner. We belong to our members.

Our principal values:

- Putting the Patient First
- Revolutionizing Humanitarian Medicine through Innovation
- Responsibility and Freedom
- Improving the Quality of our Actions
- Placing Trust
- Collective Intelligence
ASSOCIATION

The ALIMA association, through the General Assembly, guarantees the observance of ALIMA’s social mission. Becoming a member is an opportunity to make an individual contribution to ALIMA’s strategic direction (identity, intervention model, governance, and implementation of the social mission). This is a space for deliberation, discussion and exchanges, and a chance to bring ideas and projects before the Board of Directors.

BOARD OF DIRECTORS

The General Assembly names a president and elects the Board of Directors who are responsible for the monitoring and verification of the work of the executive management. The Board of Directors are responsible for voting on the budget and the operating plan each year as well as all major strategic decisions.

- Dr. Richard Kojan - President
- Dr. Oummani Rouafi - Vice President
- Augustin Augier - Secretary General
- Eric Barte de Sainte Fare - Treasurer
- Dr. Lamine Kolle
- Marc Sauvagnac
- Dr. Ibrahim Kandian Diallo
- Etienne Gignoux
- Xavier Anglaret
- Dr. Hinberka Sodje
- Nicolas Chaltiel
- Alexis Smigielski
- Marion Pechayre
- Dr. Eric Diendere

EXECUTIVE MANAGEMENT

The day-to-day running of the association’s activities is delegated to an executive management under the authority of a Chief Executive Officer who supervises five subsidiary departments:

- **Chief Executive Officer:** Matthew Cleary
- **Director of Operational Support:** Solenne Barbe
- **Director of Human Resources:** Morgane Daumarie
- **Chief Financial Officer:** Thomas Bounameaux
- **Director of Logistics:** Pierre-Vincent Jacquet
- **Director of Communications and Development:** Stephanie Nadal

INTERNAL AUDITS

Internal audits help ALIMA reach our goals by evaluating our management processes for financial risks, audit processes and governance. We regularly evaluate each mission and project site, and make proposals to bolster the efficacy and financial transparency of the organization.

EXTERNAL AUDITS

Independent statutory auditors ensure rigorous management and account transparency, which is published each year. Moreover, our institutional donors provide ongoing monitoring of our accounts, both at headquarters and in the field, and they conduct regular audits.

ALIMA USA

BOARD OF DIRECTORS

- Pierre Cremieux - Chairman
- Alan Harper - Treasurer
- Denise Jarvinen - Clerk
- Augustin Augier
- Jody Blagrove
- Catherine Dumait-Harper
- Katherine Haver
- Glenda Hersh
- Lisa Meadowcroft
- Julie Rousseau
- John Penney
- Elya Tagar
- Jennifer Tierney
- Kris Torgeson

STAFF

- Lisa Meadowcroft - Executive Director
- Charlie Kunzer - Development Manager

ALIMA USA Inc. has been registered since 2014 as an American non-profit organization under statute 501(c)(3). ALIMA USA aims to support ALIMA’s medical humanitarian work, by providing care to the most vulnerable populations through fundraising and communication campaigns, as well as through the development of partnerships within the United States.
ALIMA Program Services by Country

OPERATIONS ALIMA 2017 in k$

TYPE OF PROJECTS

ALIMA EFFICIENCY

Comprehensive Pediatric Care Package, including acute malnutrition: 35.60%
Maternal Health: 10.90%
Clinical & Operational Research: 15.20%
Sexual & Gender-Based Violence: 8.70%
Acute Emergency Response & Investigation including outbreaks: 29.60%

Program Services: 92.77%
Running Costs: 5.69%
Fundraising: 1.54%
### INCOME STATEMENTS

<table>
<thead>
<tr>
<th>OPERATING REVENUES</th>
<th>AMOUNT 2017 IN USD ($)</th>
<th>AMOUNT 2017 IN EUR (€)</th>
<th>AMOUNT 2016 IN USD ($)</th>
<th>AMOUNT 2016 IN EUR (€)</th>
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<td>101,882</td>
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<td><strong>Total Operating Revenues</strong></td>
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<td><strong>37,419,318</strong></td>
<td><strong>33,923,394</strong></td>
<td><strong>32,182,330</strong></td>
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### OPERATING EXPENSES

**Program Services**

| Comprehensive Pediatric Care Package Including Acute Malnutrition | 14,889,150 | 12,414,867 | 13,380,320 | 12,693,596 |
| Maternal Health | 4,558,756 | 3,801,181 | 2,782,356 | 2,639,559 |
| Clinical & Operational Research | 6,357,165 | 5,300,730 | 5,680,762 | 5,397,744 |
| Sexual & Gender-Based Violence | 3,638,640 | 3,033,970 | 2,407,207 | 2,283,661 |
| Acute Emergency Response & Investigation including outbreaks | 12,379,742 | 10,322,473 | 7,002,784 | 6,643,377 |
| **Total Program Services** | **41,823,454** | **34,873,221** | **31,262,429** | **29,657,935** |

**Supporting services**

| Management and general (Running cost) | 2,565,303 | 2,139,000 | 2,099,418 | 1,991,669 |
| Fundraising | 694,395 | 570,000 | 368,935 | 350,000 |
| **Total Supporting Services** | **3,259,697** | **2,709,000** | **2,468,353** | **2,341,669** |
| **Total Operating expenses** | **45,083,151** | **37,591,221** | **33,730,783** | **31,999,604** |

**Excess (deficiency) of operating revenues over operating expenses (Operating Result)** | -206,163 | -171,903 | 192,611 | 182,726 |

**Financial income related to positive exchange difference** | 415,791 | 346,695 | 191,474 | 181,647 |
| **Other financial income** | 13,429 | 11,197 | - | - |
| **Financial charges related to negative exchange difference** | 670,916 | 559,473 | 42,262 | 40,093 |
| **Other financial Charges** | 15,319 | 12,773 | 34 | 32 |
| **Financial Result** | -257,075 | -214,534 | 149,178 | 141,522 |

**Net Result at the end of year (Increase in Net assets)** | -463,238 | -386,256 | 341,790 | 324,247 |
| **Net assets at beginning of Year** | 1,668,102 | 1,390,896 | 1,124,356 | 1,066,650 |
| **NET ASSETS AT END OF YEAR** | 1,204,864 | 1,004,639 | 1,466,146 | 1,390,898 |
On behalf of our patients, ALIMA would like to thank all of our individual donors, corporations, institutions and foundations who supported our activities in 2017. Your support allows us to provide quality care and medical innovation to the most vulnerable people.

**Institutional donors**
- European Commission’s Humanitarian Aid and Civil Protection department (ECHO)
- European Union Trust Fund (BEKOU)
- European Union (EU)
- United States Agency for International Development (USAID)
- Office of U.S. Foreign Disaster Assistance (OFDA)
- Interministerial Food-Aid Committee, France (CIAA)
- French Development Agency (AFD)
- German Agency for International Cooperation (GIZ)
- National Institutes of Health (NIH)
- National Institute of Health and Medical Research (INSERM)
- Start Fund (StartNetwork)
- The Crisis and Support Centre (CDCS)

**United Nations Agencies**
- United Nations Children’s Fund (UNICEF)
- World Food Programme (WFP)
- World Health Organization (WHO)

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