November 6, 2019, DAKAR - Large-scale population displacements, a proliferation of armed attacks and high levels of food insecurity have contributed to a humanitarian emergency in the ‘three-border zone’ of Burkina Faso, Mali and Niger. To meet the ever-increasing needs, ALIMA (The Alliance for International Medical Action) is strengthening its Rapid Response Mechanism (RRM), which aims to ensure access to medical and nutritional care for the most vulnerable people, within a context marked by a deterioration or withdrawal of essential public health facilities.
ALIMA, an alliance of African doctors who are transforming humanitarian medicine, has set up an intervention system based on an early warning system that allows humanitarian monitoring in the three-border zone, where 5 million people are in need of humanitarian assistance. Since the project began in May 2018, ALIMA has trained 360 people on raising alerts in order to send information from the field to regional coordinators regarding medical and nutritional emergencies. In the event of an alert, an RRM team can be deployed within 72 hours to assess the situation and, if needed, start delivering emergency medical assistance.

The challenge of access to populations

"Within a displaced persons’ camp, the spread of an outbreak can be very rapid, and the health situation can very quickly deteriorate," says Dr. Moumouni Kinda, ALIMA’s Director of Operations. "The RRM mechanism allows us to save precious time and to treat patients quickly in places where no one else is going." ALIMA operates in the three countries in partnership with local NGO partners: The Medical Alliance Against Malaria - Health Population (AMCP-SP) in Mali, the Well-Being of Women and Children in Niger (BEFEN), and Keoogo and SOS Médecins in Burkina Faso. "This model has proven its success," Dr. Kinda continues. "The RRM can respond to emergencies in a context where access is difficult. Our national partners make this possible."

Since the beginning of the regional RRM project, 69 alerts have been launched by our teams, and 20 interventions supporting populations in the three-border zone have been carried out. More than 15,500 people have thus benefited from ALIMA’s activities. These interventions allow for the treatment of medical emergencies and the vaccination of children against measles, diphtheria and other infectious diseases. As part of the MUAC for Mothers program, ALIMA teams train caregivers to measure the Mid-Upper Arm Circumference (MUAC) of their children under the age of five, using a simple, tri-colored MUAC bracelet. This leads to earlier diagnosis and treatment for children at risk of acute malnutrition. In total, 25,000 consultations and vaccinations have been carried out.

An underfunded humanitarian crisis affecting Sahel populations

The crisis in the Sahel has forced millions of people to leave their homes. Deprived of their livelihoods and without access to health facilities, these refugees and displaced persons are extremely vulnerable. Because of insecurity, reaching these vulnerable communities remains the main operational challenge, and now the lack of funding for programs is a major issue.

"Humanitarian needs are increasing while resources remain insufficient," says Dr. Oumarou Maidadji, general coordinator of BEFEN, ALIMA’s partner in Niger. "We need more financial support to be able to support operational initiatives such as the RRM. These funds should enable us to better combat the excess mortality..."
linked to acute malnutrition and pediatric diseases in the Sahel. We deplore the decrease in funding for the fight against malnutrition. The rise in insecurity in the Sahel is having a major impact on the populations of the region, who are seeing a concomitant decrease in humanitarian funding and public health spending to finance security spending."

ALIMA urges all stakeholders (national and local authorities, NGOs, donors) to respond to the deteriorating humanitarian situation affecting the entire Sahel region with financial resources commensurate with urgent needs. Mobilization to address the humanitarian consequences of the security crisis must not be at the expense of the chronic medical and nutritional crisis in these three countries, where, in 2019, more than 660,000 children suffered from the deadliest form of malnutrition (severe acute malnutrition) according to the UN Office for the Coordination of Humanitarian Affairs (OCHA). ALIMA also warns that the desire to impose the “triple Nexus”, an approach that attempts to integrate emergency aid, development and security, can lead to confusion between military and humanitarian agendas, and jeopardize assistance to vulnerable populations.

**HOW IT WORKS**

Due to the conflict, people find themselves forced to flee their villages to IDP (Internally Displaced Persons) camps, where the health situation can easily deteriorate.

The “whistleblower”* notices a movement of populations, combined with the deterioration of the health situation. He/she contacts ALIMA.

ALIMA intervenes within 72 hours to assess the situation, and if needed, treats patients.

The ALIMA medical staff stays in the area to continue our medical activities during a one to three month period.

*Community, governmental, local or international organizations member.

**About the RRM project**

Launched in May 2018 with initial financial support from the European Commission’s Directorate-General for Civil Protection and European Humanitarian Aid Operations (DG - ECHO), the regional RRM project has just received support from the Bill and Melinda Gates Foundation. This financial support is in addition to that of ALIMA’s partners in this initiative: United States Agency for International Development (USAID) and the Ministry of Europe and Foreign Affairs - Crisis and Support Centre (CDCS).
About ALIMA

ALIMA (The Alliance for International Medical Action) is an alliance of African doctors who are transforming humanitarian medicine to provide quality care to the most vulnerable people in emergencies or recurrent crises.

Placing the patient at the heart of its strategic vision, ALIMA is based on inclusive governance and works in partnership with local and national medical organizations and international research institutes.

Based in Dakar, Senegal, ALIMA has treated more than 4 million patients in 14 countries during the past 10 years and has launched more than 15 research projects on malnutrition, malaria, the Ebola virus and Lassa fever. ALIMA has been present in the Sahel since its creation, where it relies on its network of national NGO partners: BEFEN (Niger), AMCP (Mali), Keoogo and SOS Médecins (Burkina Faso, and Alerte Santé (Chad). There it has developed a simple and innovative training program, to teach mothers to diagnose malnutrition using the MUAC bracelet, which families can use at home and which favors early treatment.

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