WHO's work in Emergency: Humanitarian Crisis in Mali

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Outline

- Background/Country situation
- Humanitarian priorities
- Health concerns
- Health sector priorities
- WHO response
- Challenges
- Way forward
Background / Country situation

- About 4 million people affected by food insecurity last 4ter, 2011
- Coup in March 2012 & Northern part occupied by rebel forces.
- Renewed insecurity since 11 Jan 2013, rebel forces moved south.
- Subsequent French-led military interventions & towns re-taken
- Humanitarian crisis affecting both northern and southern Mali (IDPS)
- Reports of human rights abuses
- UN missions to redeploy to northern Mali as access allows.
- But Insecurity:
  - High risk of kidnappings, and jihadists present.
  - UXOs, IEDS & landmines make access highly complex.
- Elections planned, end July in Mali: political instability may continue
4.3 million people in need of humanitarian assistance /

16 million

**REFUGEES**

Total Malian refugees as of 31 Dec 2012

144,400

Malian refugees in neighbouring countries due to conflict
(11 Jan – 4 Feb 2013)

21,986

Mauritania 14,216
Burkina Faso 5,609
Niger 2,161

**INTERNALLY DISPLACED PERSONS**

New IDPs identified in southern and central Mali
(12 – 31 Jan 2013)

14,242 IDPs

Total IDPs in Mali as of 31 Dec 2012

227,206 IDPs
Humanitarian Priorities

- Access to basic social services and relief: food, water, shelter, health, education, NFI etc.
- Protection of population & monitoring of human rights abuses.
- Secured access to crisis-affected areas and restoration of public services.
- Risk management (incl. contingency planning for various potential scenarios).
- Resource mobilization for humanitarian response
- Resilience – long-term political engagement: for socio-political and food insecurity crises
Health Concerns

- Weak baseline health system: staffing and service delivery
- Poor health indicators (Northern Mali) & High chronic malnutrition (20% assessment in South)
- Destruction and looting of health care facilities & Health Workers displacement.
- High risk of disease outbreak but weak disease surveillance system mainly in the North:
  - Cholera & Malaria outbreaks reported
- Increasingly scarce government resources:
  - Suspension of bilateral support from Partners’ since the coup
  - Disruption of national medicines supply chain…
### Immunization coverage (MoH 2011)

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<tr>
<th>Regions</th>
<th>BCG %</th>
<th>VAR %</th>
<th>Penta3 %</th>
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<tbody>
<tr>
<td>Tombouctou</td>
<td>81</td>
<td>73</td>
<td>72</td>
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<td>Gao</td>
<td>97</td>
<td>84</td>
<td>85</td>
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<tr>
<td>Kidal</td>
<td>64</td>
<td>64</td>
<td>49</td>
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### Few Health care indicators (MoH 2011)

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<thead>
<tr>
<th>Regions</th>
<th>ANC</th>
<th>VAT2</th>
<th>Birth attended by skilled HW</th>
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<tbody>
<tr>
<td>Tombouctou</td>
<td>68%</td>
<td>62%</td>
<td>34%</td>
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<tr>
<td>Gao</td>
<td>64%</td>
<td>58%</td>
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<tr>
<td>Kidal</td>
<td>64%</td>
<td>32%</td>
<td>17%</td>
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Health Sector Priorities

1. Provide emergency care to people affected /conflict;
2. Restore essential health services in the north;
3. Sustain health service delivery to IDPs and host Pop.;
4. Continuous assessment of health situation & services to fill life-threatening gaps;
5. Monitor communities’ health status: disease surveillance and response mechanism;
WHO response

Internal Grading (ERF):

- Newly re-graded at G2 emergency (on 4 Feb 2013).
- Support to WCO since initial G2 in March 2012: 3 ERM & AFFRO support missions; 4 consultants (HC, PH, Nut, Epidemio/GOARN)

Support to emergency services:

- Emergency Kits: Trauma, IEHK, Transfusion kits & DDK
- WHO supported the deployment health workers (Medical Association of Mali) for emergency care
- Response to disease outbreaks (cholera & Malaria)
WHO response (2)

Coordination/Leadership

- Cluster activated since March 2012, WHO leading
- Decentralization: 2 sub-clusters in Mopti and Gao
- Two senior staff surged from AFRO/IST & HQ to WCO:
  - National health cluster revitalized
  - Health sector contingency plan & budget with all partners & MoH;
  - A WCO operational and staffing plan for next 6 months;
  - Support to resource mobilization:
    - mobilizing development partners;
    - donor alert this week to seek funds for the health sector.
- Additional staffing (HCC) in the coming weeks, funding gap.
WHO response (3)

Information management
- Strengthening partners' mapping (4W): Data Manager; iMMAP Expert
- WHO supporting assessment of health situation and response capacity

Providing technical expertise
- Supporting Health system analysis & restoration of essential services: (ERM/IIM; Health economist/IST)
- Disease surveillance strengthening:
  - Revitalization of national early warning and response system
  - Prepositioning diarrhea disease /Malaria kits
- Nutrition: Support to complicated SAM management

Core Services (Logistic, HR...)
Challenges

- Major lack of funds –
  - CAP 2013 requested $370M: < 1% so far, and 0% for health.
  - CAP 2012: 10.6% of $9.47 M required funded & WHO: $1.11M (2.3% of requirements), mainly CERF
  - **RRA-HQ** released $412,000 in 2012 & $160,000 in 2013

- WCO is still learning, was development oriented: repurposing in process

- RO and IST lacking resources for surge; repurposing not yet effective
Way forward

- Humanitarian needs in Mali for several more months.
- Continuous support to health services for IDPs & restoration of health services (North).
- Urgent support to avoid disruption of medical supplies.
- WHO support to coordination, continuous assessment of health system & update info for planning.
- Contingency plans & preparedness actions.
- Access to CERF and other funding a priority: ensure staffing…
- Resilience: strengthening health systems + preventive measures + health care services reorganized with innovative approaches for most vulnerable populations based on the local context (ALL PROGRAMME APPROACH).