MALI SITUATION UPDATE 18 April 2013

Background / Country situation

- Large-scale humanitarian needs still on – 4.3M people affected (OCHA, 13 Feb 2013) in total in Mali, including approx. 293K IDPs, and 175K refugees in neighbouring countries. IDPs in Mali are dispersed in host communities and not in camps. Population movements in Mali remain fluid. In parallel to the returns to the north from the southern part, new movements from the north to other parts of the country and to Niger are also observed.
- There are only few humanitarian agencies present in northern Mali due to insecurity (ICRC, MSF, Alima, AVSF, MDM Belgium mainly), refer to map attached.
- The humanitarian crisis affects both northern and southern Mali – over 80% of needs are reported to be in the south due to failing social services and IDP movements.
- There are numerous reports of human rights abuses and stigmatization of certain ethnic groups.
- Food security experts have warned of severe food insecurity prevailing in the northern regions (of Timbuktu, Gao and Kidal), which is likely to worsen in the coming months. According to the Food Security Cluster, it has reached the level 3 (a severe lack of food).
- An initial assessment by humanitarian actors (UN & NGOs) led to the Mali CAP priority actions document that triggered a rapid response CERF grant allocation. Further assessment missions are planned as access allows.
- Security is still a major issue as high risk of kidnappings, and jihadists still present. Many UXOs, IEDS and stockpiles of ammunition and landmines make access highly complex. However humanitarian activities continue in accessible areas in the north and the rest of the country.
- Elections are planned for end July in Mali: political instability may continue for some months yet. France announced permanent military presence in the country.

Humanitarian Priorities

- Address needs within Mali as a priority but look at Sahel as a whole with the coming lean season. Current priority geographical areas are north of Mopti-Gao-Timbuktu and border area with Niger.
- Access to basic social services and relief such as food, water, shelter, health, education, NFI etc.
- Redeployment of state services (rule of law, justice, protection) vital.
- Protection of population (esp. minors) and monitoring of human rights abuses.
- Regular security analysis to inform missions and redeployment of staff and sub-offices.
- Risk management (incl. contingency planning for various potential scenarios).
- Increase presence of and coordination among partners for security, logistics, situation assessments, measures to deal with voluntary returnees.
- Funding – Additional funds required to complement CERF allocation.
- Resilience – long-term political engagement needed to prevent recurrence

Health Concerns

- Weak baseline health system: staffing and service delivery gaps. No recent capacities mapping.
- Physical destruction and looting of health care facilities in the north.
- Health workers have not yet returned to the north. Their absence continues to limit access to basic health services in the north.
- Increasingly scarce government resources allocated to health facilities: national medicines supply chain may be affected soon due to lack of funds from government and suspension of bilateral support from Partners’ since the military coup in March 2012. (NGOs working with diabetes patients in the south recently called the Health Cluster for urgent action to avoid shortage of medicine).
Health Sector Priorities

- Provide emergency care to people affected by violence related to the on-going conflict through supply delivery, trained staff deployment and emergency services organization.
- Restore essential health services in the north (in areas recovering access).
- Sustain health service delivery to IDPs and other people affected by the crisis in all parts of the country, including through mobile clinics to fill gaps and medical supply provision;
- Continuously assess health service availability to fill life-threatening gaps;
- Monitor communities’ health status through disease surveillance and response mechanism;
- Strengthen health coordination to ensure an efficient health response based on joint priority setting related to the evolving situation on the ground.

WHO response

Internal Grading:
- Graded a G2 emergency for the impact of civil unrest (on 4 Feb 2013).

Emergency services support:
- In addition to trauma kits provided to hospitals for about 100 trauma surgery in mid-January from prepositioned stock, 4 Trauma A and 4 Trauma B kits arrived on 28 Jan in Bamako to support emergency care for about 400 severe cases. Blood transfusion supplies were also delivered.
- WHO supported the deployment of 30 health workers (with the Medical Association of Mali) to support regional hospitals in Segou, Mopti, Gao and Tombouctou for war wounded as well as other surgical and obstetrical emergencies for the displaced populations. Two missions of three weeks since January.

Coordination:
- WHO is supporting 2 sub-clusters set up since mid-February in Mopti and Segou (supportive missions conducted by the HCC in March);
- The national health cluster has been revitalized (W4: partners mapping; Health cluster bulletin; and web site: www.clustersantemali.net; dynamic health response plans are now available);
- Three senior staff were surged from AFRO/IST and HQ; IIM Coordinator to support WCO. IMM supported the Health system assessment (HeRAMS).
- Health sector contingency plan and budget finalized with all partners and MoH and helped for resource mobilization (mainly RR CERF; and prioritization of CAP projects)
- Mobile medical missions in the north have resumed as well as mobile clinics (AVSF, MSF, Alima) to fill health service delivery gaps, in coordination with all health partners ;
- Through the National health cluster, WHO is supporting assessment of health services and advising on the restoration of essential services in the northern areas that are newly re-accessible; WHO is collaborating with UNICEF to support the MOH plan of the return of health workers in the north. Regional Health Directors have returned in Tombouctou and Gao. They are assessing needs to restore vital services.
- WHO is supporting a health system capacity and needs analysis (HeRAMS) in the south and if security allows in northern regions, for a medium term plan that will address residual humanitarian needs as well as rehabilitation of the health system (data compilation is in process after initial support from IIM in February).
- WHO is a mobilizing development partner to address critical gaps mainly support the MoH policy of free health care in crisis affected regions (north and IDPs’ areas).
- A WCO operational and staffing plan for next 6 months has been developed. ERM helped in the recruitment of HCC and public health officer. A comm/info Officer to be deployed soon.
- WHO issued a donor alert in February to seek funds for the health sector.

Disease surveillance strengthening:
- The national early warning and response system is re-vitalized as HCFs re-open
- WHO has prepositioned diarrhea disease kits and has some more in the pipeline given difficult access to water and sanitation in some areas.
WHO facilitated response to measles outbreaks in Gao; with support from MdM Belgique, ICRC and MSF 53,000 children were immunized. WHO, MoH and partners planning similar response in Kidal.

WHO and UNICEF and cluster partners supported Local Polio Immunization days in IDP’s regions (Sikasso, Segou and Mopti): 1.5 million under 5 children were immunized.

**Partner issues**

- Most agencies have declared internal Level 2 emergency;
- Most of the agencies have scaled up their operations including additional staff deployment;
- Coordinated efforts in place within Health cluster forum to improve access and assessments in liberated areas.
- Health cluster led by WHO is working in improving coordination between humanitarian and development actors.
- NGOs must be kept engaged.

**Funding**

- Lack of funds – Revised CAP 2013 requested $410M - has received 26% so far (12 April 2013), and 19% of health requirement funded out of $29M.
- 9.8% of WHO requirement of $20M met so far: Euro1M from Finland and $556K CERF Rapid Response grant.
- In 2012 the health sector was also underfunded: 10.6% of $9.47 M required in the CAP was funded. WHO received: $1.11M or 12.3% its requirements (667,783 USD from CERF; 150,000 Euros from Irish; 300,000 USD mobilised locally by the WCO).
- RRA-HQ released $412,000 in 2012 for the food crisis and released $160,000 on 31 Jan 2013 for the conflict.

**Priorities for WHO**

- Finalize the HeRAMS, support a comprehensive health situation assessment as security allows, and help in developing coherent health response plans for a short and medium term plan to restore health services.
- Ensure up-to-date health information is gathered, analysed and disseminated.
- Implement preparedness actions related to the health sector contingency plan (mainly response to disease outbreaks);
- Ensure close coordination with UNCT for all movements and assessments;
- Resource mobilization at the country level with close follow-up at global level should secure funds;
- Ensure short-medium term WCO staffing plan is filled to fulfil critical functions.

**SAHEL:**

- Over 2011-2012, drought, poor harvests, high grain prices, environmental degradation, insecurity, population displacement, coupled with chronic underdevelopment placed 18.7 million people at risk in nine countries in the Sahel. Countries mainly affected were Niger, Chad, Mali, Mauritania and Burkina Faso. Over 1.1 million children were reported to suffer from severe acute malnutrition (SAM).

- While the food insecurity situation has improved in the Sahel, thousands of children are still at risk. Severe acute malnutrition (SAM) prevalence is still above the emergency threshold (2%) in Mali, Niger and Chad. The health system is weak and critical gaps remain in health service delivery and the reach of preventive programmes.

- In mid-2012, heavy downpours then resulted in widespread flooding across West Africa and the Sahel, and flooding directly affected more than 3.8 million people mainly in Nigeria, Niger, Chad, Senegal and Cameroon.
In 2012, cholera, malaria and measles affected the Sahel population already hit by food insecurity and the floods. Cholera outbreaks occurred in Niger, Nigeria, Mali, Burkina Faso and Sierra Leone. All outbreaks are now over except in Niger where cholera is still ongoing, although with incidence declining.

WHO declared the Sahel food insecurity crisis and Nigeria floods as G2 emergencies in 2012 and provided support to restore health service delivery (including through provision of medicines/supplies), deployed experts for coordination, planning and public health technical assistance, strengthened disease and nutritional surveillance, and supported preventive interventions including vaccination.

In 2013 UN Agencies have appealed for over US$1.6 billion to help millions of people affected by the food and nutrition crisis, conflict and displacement across West Africa’s Sahel region. The funding will provide life-saving aid to people and help them rebuild their lives in countries like Burkina Faso, Chad, Mali, Mauritania, Niger, Senegal, Gambia, Cameroon and Nigeria, with emphasis on resilience. “It is time to deal with the structural problems we see in in the region.” Said the former Regional HC, Mr Gessly.

**Conclusion**

- Humanitarian needs in Mali will persist for several months as it will take time to resume and scale up programmes.
- For health this implies continuous support to health services for IDPs and restoration of health services in the northern area where redeployment of staff may take some time.
- There is an urgent need to avoid disruption of medical supplies for the whole country including the southern part.
- WHO is supporting Health partners and MoH to assess health system in the south as well as the accessible regions in the north to identify priorities for health interventions at short and medium term.
- Given political instability, contingency plans should address both improved and worsening humanitarian situation.
- Access to fund to complement CERF rapid response grants is a priority in Mali as well as for other Sahel countries mainly those hosting refugees. Additional resource will be required to restore the health system through a medium term plan that is in process.
- Resilience in the Sahel as a whole requires the strengthening of health systems, ensuring that preventive measures are undertaken (e.g. immunization coverage improvement) and that health care service delivery is reorganized with innovative approaches to reach the most vulnerable populations.