Health Cluster partners require US$ 29 million to address the health needs of the population affected by the crisis in Mali in 2013, of which US$ 12 million are urgently needed for priority activities in the next six months.

**Current situation**

At least 4.3 million people urgently need humanitarian assistance in Mali as a result of the armed conflict that broke out in the north in January 2012. By April, the country was divided in two with the north under the control of armed groups and the south controlled by the Malian government.

About 410,000 people have been displaced, 230,000 within the country and 147,000 as refugees in neighbouring countries.

The conflict has compounded the effects of the Sahel food and nutrition crisis, which was already projected to affect four million Malians (OCHA, June 2012), as access to food and other basic supplies has been severely disrupted. The risk of food insecurity is growing in the north, where WFP has estimated that 585,000 people are already directly affected and 1.2 million are threatened.

Malian and French forces have recently secured central Mali and the northern cities of Timbuktu and Gao (partially). Humanitarian access has started to improve, but conditions remain volatile and security remains a major concern in northern Mali with unexploded or improvised devices in some areas.

The humanitarian crisis affects both northern and southern Mali. In the south, social services are failing while there are massive population movements further straining the infrastructure.

**Health concerns**

The country’s health infrastructure is weak and there are significant gaps in staffing and health service delivery. There have been reports of both destruction and looting of health care facilities in the north, which has significantly reduced access to basic health services. Nearly 90% of community health centres in the regions of Kidal, Gao and Timbuktu are not functional due to the departure of health personnel and the lack of medicines and other medical supplies and 23% have been looted or damaged, according to a report from the Ministry of Health and WHO.

Referral mechanisms for medical and surgical obstetric emergencies are also affected by the lack of qualified personnel, lack of medicines and medical equipment and the destruction of health and other infrastructure (e.g. water pumps and electrical installations).

Health facilities in conflict areas (referral hospitals in Bamako, Mopti and Gao regions) have also reported about 181 cases of traumatic injuries with 21 deaths (11 January - 13 February). With the clashes still in progress, the number of cases of traumatic injuries will increase. Recent fighting in Gao city brought several injured patients to a recently looted referral hospital.

The risk of disease outbreaks remains high due to the massive population movement, precarious living conditions, and the disruption or interruption of the epidemiological surveillance.
and early warning system. A localized outbreak of measles has been reported in the region of Ségou (in the south of the country) and a malaria epidemic with 1519 cases and 15 deaths (as of mid-January) has been reported in the Dire district. A cholera outbreak was reported last year in the occupied northern regions.

Government resources allocated to health facilities are becoming increasingly scarce and the national medicines supply chain has also suffered by the lack of funds. For example, NGO’s working with diabetes patients in the south recently called for urgent action to avoid a shortage of insulin.

### Health sector priorities and planned outputs

WHO has internally classified the situation in Mali as a Grade 2 emergency due to the consequences of the civil unrest. The main geographical priorities are north of Mopti, Gao and Timbuktu and the border area with Niger. The Health Cluster is targeting a total of 2.5 million persons.

In order to decentralize coordination WHO, together with Health Cluster partners, has established sub-clusters in Mopti and Segou.

The 2013 consolidated appeal for Mali established the following health priorities:

1. **Improve access to quality basic health services and referral services, including reproductive health care and HIV-AIDS treatment for crisis-affected target populations**

   Planned outputs:
   - 90% of functional health structures in crisis-affected zones will offer basic health care services. Obstetric and neonatal care services will be reinforced in health structures.
   - Vaccination coverage will be reinforced: more than 95% of children aged between six months and 15 years are planned to be immunized against measles.
   - At least 70% of the population has access to health services.
   - 80% of people with HIV/AIDS and tuberculosis in target areas will have access to adequate treatment.

2. **Strengthen early warning and surveillance systems, ensure adequate preparedness and response to diseases with epidemic potential and other disasters.**

   Planned outputs:
   - A contingency plan for major health risks is established and stocks of medicines and medical equipment pre-positioned.
   - Epidemics are detected in a timely manner, and 95% of epidemics and disasters are responded to appropriately in less than 15 days.
   - 80% of the health personnel in zones at risk receive training on epidemic response.
   - Social mobilization is reinforced.

3. **Contribute to the rehabilitation of health facilities**

   Planned outputs:
   - 25% of crisis-affected referral health facilities are rehabilitated and equipped by the end of 2013.
   - Health facilities in buffer zones in Mopti, Ségou and Koulikoro are strengthened.

4. **Strengthen coordination of emergency health interventions within the framework of the sectoral responsibility approach in 2013.**

   Planned output:
   - Close collaboration among all health cluster partners is established and coordination of activities improved at national and regional level

### Health sector contingency plan

Due to the fluidity of the situation, in January 2013 WHO developed a contingency plan for the health sector, in coordination with the Ministry of Health and partners. The main objectives of the plan are: 1) to support the preparation of the health system to address the various risks associated with the crisis; 2) to ensure a swift, coordinated and efficient health response, 3) restore essential health services in the target areas.

### WHO activities

#### Emergency services support

- In order to restore basic health services, WHO supported the deployment of 30 health workers (with the Medical Association of Mali) to assist Segou and Mopti regional hospitals with war wounded as well as other surgical and obstetric emergencies.
- In mid-January, WHO provided hospitals with trauma kits to cover surgical needs for approximately 100 trauma surgeries, from prepositioned stock. WHO sent four Trauma A
and four Trauma B kits to Bamako to support emergency care for approximately 400 severe cases. Blood transfusion supplies to process 8000 transfusions were also delivered.

- Malaria medicines and insecticide-treated nets have been sent by the Ministry of Health and WHO to strengthen the response to the malaria outbreak in the three northern regions.

Disease surveillance strengthening:

- The national early warning and response system has been strengthened, including in the northern regions. The system will be expanded as health care facilities re-open. The system facilitates the rapid detection of communicable diseases.
- WHO has prepositioned diarrhoeal disease kits in areas with limited access to water and sanitation in some areas.

Coordination

- Health cluster coordination has been strengthened. There are now 23 health partners, including national and international agencies and NGOs, regularly participating in the coordination mechanism. WHO has deployed two senior public health officials to support coordination activities.
- Two sub-clusters have been established in Segou and Mopti. Health partners are coordinating support to referral health services in the northern regions.
- Through the national health cluster, WHO is supporting assessment of health services and advising on the restoration of essential services in northern areas that are now accessible.
- WHO will support a health system capacity needs analysis in the south for a medium-term plan to address residual humanitarian needs and the rehabilitation of the health system.
- Planning is underway to re-deploy medical staff or to use mobile medical missions in the north to fill health service delivery gaps, in coordination with all health partners.
- A plan for the WHO country office operation has been developed. Pending funding, additional staff will be deployed from WHO and stand-by partners to support coordination, information management and health system strengthening plans.

Funding requirements

The total funding required by health sector partners in the 2013 consolidated appeal amounts to US$ 29 million. WHO has partnered with national health NGOs in the development of health response projects for a total of US$ 20 million.

The recent Health Sector Contingency Plan calls for urgent funds in the amount of US$ 12 million to cover priority activities for the next six months.

According to the OCHA Financial Tracking Service, no funding has been received for the health sector in 2013.


In 2012 the health sector only received 10.6% of the US$ 9.47 million required in the CAP. WHO received US$ 1.11 million, which was only 12.3% of its requirements.

Donors supporting WHO activities in Mali in 2012 were: United Nations Central Emergency Response Fund and Ireland.