



World Health
Organization

WHO Emergency Appeal: Humanitarian Crisis in the Sahel

June 2022

WHO emergency appeal: Humanitarian crisis in the Sahel

OBJECTIVE

Improved access to quality essential health services for people in areas affected by the protracted humanitarian crises in the Sahel across Burkina Faso, Cameroon (Far-North), Chad, Mali, Niger, Nigeria (North-East)

AT A GLANCE

33.2 million people in need of humanitarian assistance in six countries

21.6 million people targeted

16.4 million people in need of humanitarian health assistance

10.6 million people targeted by the health sector

1.47 million refugees

6.72 million internally displaced persons

>34 million people expected to be in food crisis phase 3 or worse in 2022

**WHO FUNDING NEEDS
JANUARY–DECEMBER 2022
US\$ 62 723 892**

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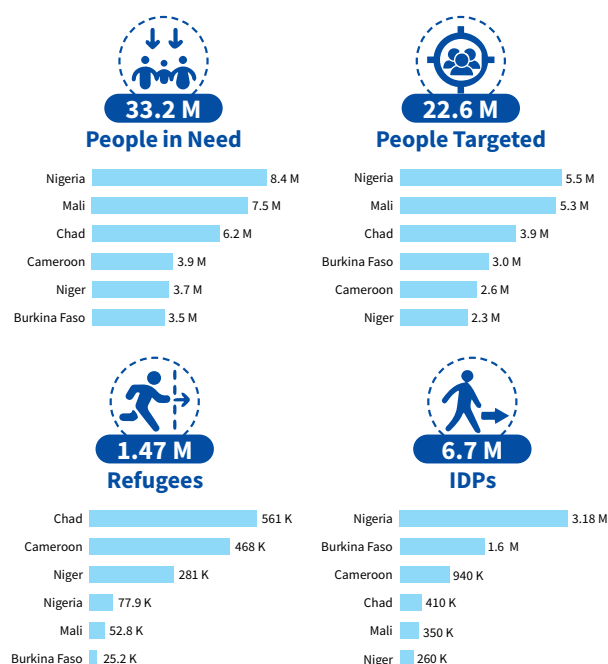
WHO Priorities

Information for action

- Strengthen epidemic surveillance, build capacity for detection and response in humanitarian areas
- Improve health information systems, including through implementing Health Resources and Services Availability Monitoring System (HeRAMS) and Surveillance System for Attacks on Health Care (SSA) in all six countries

Essential Health Services

- Access to quality essential health services and medicines for people in need in areas in humanitarian crisis
- Provide essential medical supplies and equipment for the management of severe acute malnutrition with medical complications and its health consequences
- Access to reproductive health care services in vulnerable settings
- Reinforce the capacities of partners and health workers to coordinate and deliver quality Gender Based Violence services across the region
- “No excuse for sexual exploitation, abuse and harassment (SEAH)” campaign rolled out in six countries
- Deploy psychiatrists and mental health nurses to humanitarian areas for the management of severe cases of psychological distress and trauma
- Strengthen management of non-communicable diseases





IDP Camp, Chad

Current situation and impact on health

The Sahel crisis is one of the fastest growing, yet most forgotten crises in the world. The region is facing unprecedented humanitarian needs due to armed conflict, food insecurity, climate change, disease, loss of livelihoods and political instability. In 2022, more than 33 million people across Burkina Faso, the Far-North of Cameroon, Chad, Mali, Niger, and North-East Nigeria will need life-saving assistance – an increase of more than 25% over the last five years.

Access to health has become more limited due to COVID-19, increasing violence, and damaged health facilities. The number of new displacements in central Sahel is accelerating. Security incidents, attacks and kidnappings have become a daily reality for millions of civilians. In 2020 on a monthly average, 302 security incidents were reported in the Sahel Region. **The number of recorded attacks on health care in Sahel countries in 2021 was 20% higher than in 2020, and the number of deaths increased by 488% to 122.** The already high risk of food insecurity is now compounded by the consequences of COVID-19, climate change, and consequences of the war in Ukraine.

WHO's health response in the Sahel

Amidst the continuing deterioration of the humanitarian health situation in the Sahel, WHO is intensifying its role both as support to health authorities in strengthening health systems and as provider of health services of last resort, following the Humanitarian-Development-Nexus (HDN) approach. On 10 February 2022, WHO graded the Sahel as a Grade 2 acute emergency and set up an Incident Management Support Team in Dakar, Senegal. A disbursement from the Contingency Fund for Emergencies (CFE) of US\$ 8.3 million was released to allow for rapid scale up of operations. All six countries have since established dedicated Incident Management Teams which are coordinated by the new Sahel Command Centre with 11 full-time staff, hosted in WHO's regional emergency hub in Dakar.

WHO's emergency work in the six countries is guided by the Emergency Response Framework (ERF), which sets out the Organization's critical functions and core commitments in emergency response: leadership; partner coordination; information and planning; health operations and technical expertise; operations support and logistics; and finance and administration.



Cholera vaccination in Niger

WHO has been present in the six focus countries for decades – supporting national and subnational governments as part of its mandate. As the lead/co-lead agency of the Health Cluster – as part of the UN Inter-Agency Standing Committee (IASC) Cluster System – WHO coordinates and collaborates closely with health sector partners on the responses at country level. Additionally, WHO is an active member in other national humanitarian and development coordination mechanisms, as well as relevant technical working groups.

Building on its work on health emergency preparedness and response, WHO has strengthened regional integration and cross-border collaboration. This was demonstrated in 2021 during the cholera outbreaks in the Lake Chad Basin region, as well as during the COVID-19 pandemic. This approach is aligned with the broader humanitarian community, which increasingly considers the Sahel as a regional crisis.

WHO's Response Strategy

Throughout 2022, WHO will work with health authorities and health cluster partners in the six priority countries in the Sahel to **strengthen epidemic surveillance and health management information systems (HMIS)**. To improve the detection of outbreaks of epidemic prone diseases such as cholera and meningitis, WHO will establish its Early Warning and Response System (EWARS) in parts of Cameroon and Niger, while strengthening health authorities' capacities for Integrated Disease Surveillance and Response (IDSR). Rapid response teams and strengthened laboratory capacities in the region will facilitate faster investigation, testing, and adequate response. In addition, WHO will improve the coverage of its Surveillance System for Attacks on Health Care (SSA) and strengthen the monitoring of health resources and services availability (HeRAMS). This will allow for better planning by all stakeholders, including humanitarian and development partners, and will thus foster collaboration under the HDN approach.

Highlights of WHO's actions in 2021:

- **Burkina Faso:** WHO distributed emergency health kits (Interagency Emergency Health Kits, cholera, COVID-19, trauma, SAM) as well as medicines for the management of chronic conditions to those most in need, reaching over 300 000 people
- **Cameroon:** WHO supported the vaccination against cholera of 204 800 people
- **Chad:** WHO trained approx. 4000 health personnel on surveillance, case management, and infection prevention and control of COVID-19
- **Mali:** WHO supported access to quality primary health care services, including in hard-to-reach areas. >120 000 women delivered safely in health facilities and >2.6 million people, including children under 5, benefited from primary curative consultations
- **Niger:** WHO reached some 363 000 people aged 2–29 years with vaccines against meningitis, and >1.8 million people aged 1 year and above with vaccines against cholera
- **Nigeria:** WHO provided essential health services to more than 740 000 people, detected and investigated more than 3000 outbreak alerts, and responded to epidemics of cholera, measles, cVDPV2 and COVID-19

To **strengthen access to health services of vulnerable populations**, including IDPs and refugees, WHO will strengthen existing and establish new mobile clinics. These clinics offer services ranging from routine immunization against vaccine-preventable diseases, to diagnostics and treatment of malaria and pneumonia, and onward referrals for complex conditions like exacerbated diabetes or kidney failure. Led by local teams, these clinics can access hard-to-reach areas including in the Lake Chad basin and the Liptako Gourma border area to provide humanitarian aid to those in need. Due to the high burden of **mental health** conditions in conflict zones, WHO will also support mental health through the deployment of mental health teams. A specific focus remains on **reproductive, maternal, newborn, child, and adolescent health**, which will be strengthened across all six countries to leave no one behind.

As **gender-based violence** remains a challenge in the Sahel, WHO is committed to improving coverage and quality of health services for survivors of GBV in all six countries. Through training of health care workers and

partners, WHO will increase awareness of the needs of GBV survivors and improve their care. At the same time, WHO is committed to **Preventing and Responding to Sexual Exploitation, Abuse and Harassment** under a zero-tolerance approach. A “**No excuse for SEAH**” campaign is being rolled out in all the prioritized countries, and community-based reporting mechanisms on incidents are being set up.

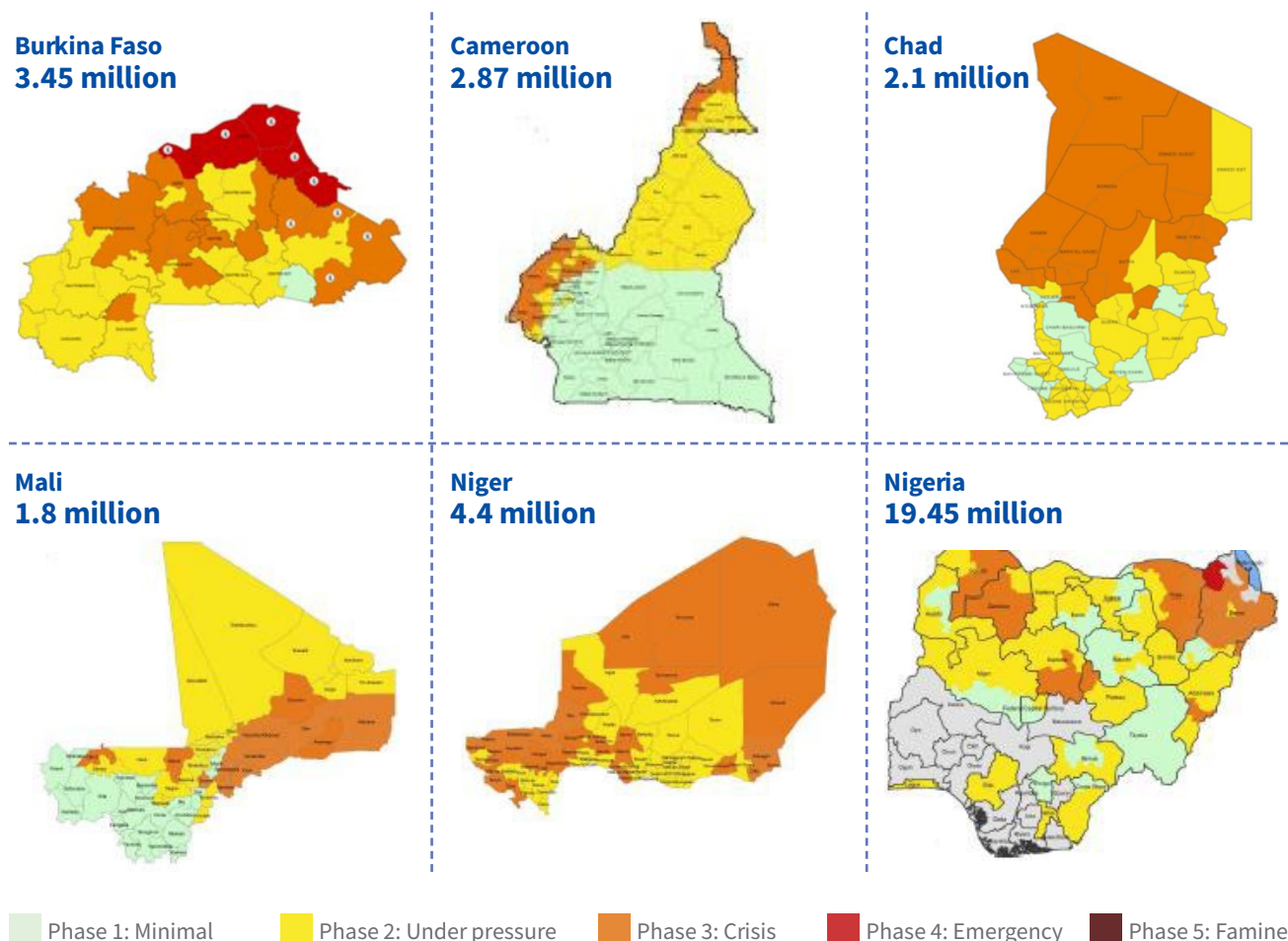
To prepare for and respond to the increasing burden of **food insecurity and its health consequences**, WHO will strengthen countries’ human resource capacities to detect and manage malnutrition and its medical complications. To address the cross-cutting nature of malnutrition, WHO will work with health authorities to integrate essential nutrition actions into routine health services. By **strengthening national supply chains**, WHO will ensure adequate stockpiles of clinical nutrition kits, but also of other essential items like vaccines against measles, mumps and rubella (MMR) or trauma kits to ensure health care providers in the six countries can provide vulnerable populations with the whole spectrum of essential health services.



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Nigerian children in a refugee camp, Chad

Number of people in the Sahel projected to be in Food Crisis Phase or Worse (CH Phase 3 or above), June-August 2022



Country-focused interventions in six priority Fragile, Conflict-affected and Vulnerable Sahel Countries

Strategic Priority 1: Information for Action

1.1 Establish and Reinforce Country Specific Epidemic Surveillance Intelligence

- Institute community-based surveillance in difficult terrains where the vulnerable are settled
- Establish EWARS in the Far-North of Cameroon and expand EWARS to 4 regions of Niger
- Establish and reinforce active Rapid Response Teams (RRTs) in humanitarian areas
- Build capacity for IDSR in Cameroon and Niger
- Strengthen laboratory systems and align medical posts for disease detection

1.2 Improve Health Information Systems

- Deploy data managers to the priority counties to establish HeRAMS in Cameroon and Niger, and to sustain continued data collection and analysis to feed HeRAMS analysis in the other 4 focus countries. Reinforce capacities to sustain reporting on SSA in 4 countries and establish SSA in Chad and Niger

Strategic Priority 2: Access to essential health services

2.1 Access and utilization of health care services

- Mobile Clinics: Procure dispensary tents, provide a comprehensive range of essential health care packages, medicines and medicine storage units, in order to establish medical posts in locations receiving displaced and vulnerable persons including migrants

2.2 Food Insecurity and Severe Acute Malnutrition with medical complications

- Build capacity of health personnel to manage medical complications of severe acute malnutrition
- Strengthen operational response on the inpatient management of severe acute malnutrition, through boosting the capacity of medical staff and equipping nutrition wards with essential medicines
- Enhance capacity to produce quality nutrition data for an improved monitoring of the crisis
- Recruit and deploy nutrition focal points to the six countries
- Integrate essential nutrition actions (Infant feeding, screening and referral)
- Procure and stock clinical nutrition kits

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2.3 Mental Health and psychosocial support

- Deploy mental health response teams to vulnerable locations (psychiatrists, psychologists, mental health nurses, psychosocial first aiders)

2.4 Gender-based Violence (GBV)

- Improve the coverage and quality of health services for GBV survivors in the 6 countries
- Strengthen capacity of health providers to identify and meet the needs of GBV survivors
- Strengthen technical capacities of WHO staff and Health Cluster partners to coordinate and deliver quality GBV health services

2.5 Reproductive health care services in vulnerable settings

- Integrate Minimal Essential Service provision for maternal and child health in the essential healthcare packages for the medical posts.

2.6 Logistics and supply chain for health care products

- Establish supply chain channels for all health care products for the vulnerable locations
- Build capacity of local logisticians to sustain implementation of the logistic supply chain
- Procurement of vaccines, surgical kits (MCH), and infectious and epidemic-prone disease kits

2.7 Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- Roll out “No excuse for SEAH” campaign in all the prioritized countries
- Institute community-based reporting mechanisms on SEAH incidents
- Integrated appropriate health service requirements for SEAH survivors

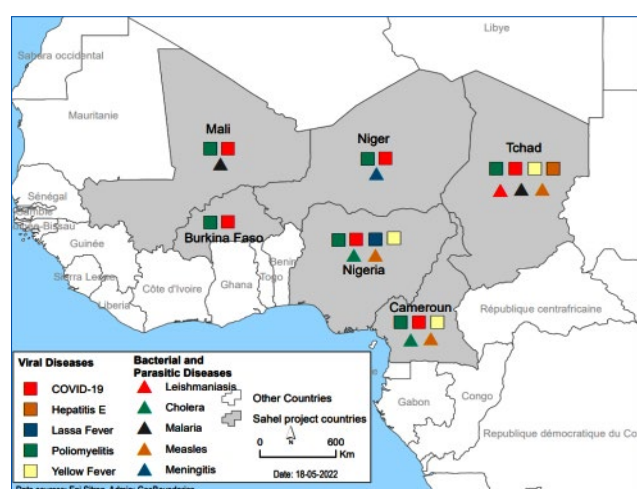
2.8 Non-communicable Diseases (NCDs)

- Strengthen management of non-communicable diseases

Priority Areas for Action

Infectious disease outbreaks and epidemics have no borders

Cholera, yellow fever, meningitis and other outbreaks spread across borders. Disruptions to preventative and emergency immunization campaigns during COVID-19 have left countries vulnerable – more than 110 000 cases of cholera were recorded in 2021, and yellow fever transmission is at a 20-year high. Meanwhile, none of the countries is on track to meet the target for vaccinating their populations against COVID-19 by mid-2022.

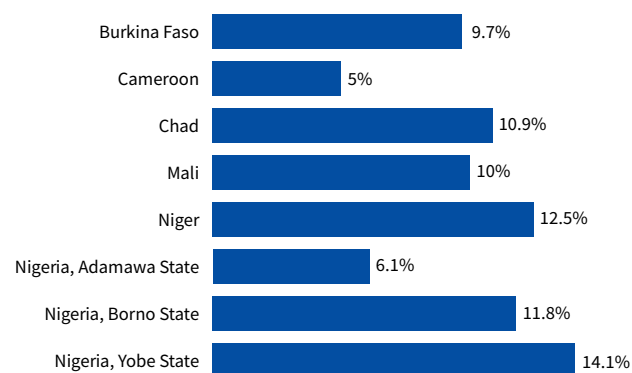


Epidemic-prone diseases in the Sahel

Food insecurity and Severe Acute Malnutrition with medical complications

The Sahel region is experiencing the highest rates of food insecurity and acute child malnutrition in years, aggravated by high inflation and record food prices, population displacements, and climate change-related drought. In the six countries targeted in this appeal, it is projected that more than **34 million people will be in food crisis phase 3 or worse (Integrated Food Security Phase Classification)** between June and August 2022, an increase of 10 million people since 2021.

2021 SMART Survey – Prevalence of Global Acute Malnutrition (GAM) among children under 5 years of age



Mental Health

Currently, no data is available to depict the consequences of the Sahel crisis on people's mental health, but it is anticipated that there are millions of people experiencing mental disorders with little or no access to treatment, and psychological distress and trauma worsened by the crisis. In sub-Saharan Africa, only 1% of health budgets are allocated to mental health. 75% to 85% of people with severe mental disorders receive no treatment in low- and middle-income countries, and among people who have experienced war or other conflict in the previous 10 years, one in five (22%) will suffer from depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.

Gender-based violence (GBV)

In the Sahel, gender-based violence is widespread and under-reported – women and girls experience some of the highest recorded rates of GBV, and 6 out of 10 countries in the Sahel have the highest rates of child marriage in the world. Moreover, the COVID-19 pandemic and subsequent lockdowns in nearly all countries were shown to be a driver of domestic violence worldwide, and the Sahel was no exception.

Health service delivery in the Sahel

The COVID-19 pandemic badly affected health service delivery and supply chains in the Sahel region throughout 2020 and 2021. According to the [2021 WHO Global Pulse Survey](#), in Chad 83% of health services were still disrupted in the fourth quarter of 2021, 47% of services in Cameroon, 27% in Mali, and 4% in Niger. Humanitarian access was further disrupted due to conflict, direct threats to aid workers, administrative barriers and natural disasters.



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WHO-supported mobile health teams reaching the underserved populations with urgently needed health services in hard-to-reach locations in Borno State, Nigeria



Mobile Health Clinic, Burkina Faso

Mapping the functionality of health facilities (HeRAMS)

The functionality and accessibility of health facilities remain a challenge in the Sahel. The main causes of non-functionality identified by HeRAMS remain insecurity, lack of personnel, lack of equipment, lack of financial means, physical and geographical inaccessibility. HeRAMS data is missing in Cameroon and Niger and incomplete and/or outdated in some of the other countries.

Data on infrastructural damage, April 2022

Country	Total health facilities	Not functional	Partially functional
Burkina Faso	2791	47	162
Chad	1706	54	23
Mali	2621	30	84
Nigeria (North-East)	2217	91	434

Prevention and response to sexual exploitation, abuse and harassment (PRSEAH)

WHO is committed to safeguarding vulnerable communities, and has zero tolerance towards sexual exploitation, abuse and harassment. WHO adopted and is implementing the United Nations-wide policy on protection from SEAH. This is also embedded in the WHO Health Emergencies Programme's Emergency Response Framework across all emergency operations. WHO has deployed dedicated PRSEAH officers in all Regional

Offices and highest risk countries, as well as focal points in all other WHO country offices. WHO also works to ensure adequate capacities for management in the event of a SEAH incident, including in priority fragile, conflict-affected, and vulnerable settings such as the Sahel.

With the initial disbursement of CFE funding, WHO is supporting PRSEAH related activities across the six Sahel countries, including :

- Training and orientation of implementing partners and staff on WHO's zero tolerance policies on PRSEAH
- Training of partners on taking into account gender aspects in the humanitarian health response
- Production and dissemination of information, education and communication materials on PRSEAH.

The Nigeria country office, for example, has a dedicated PRSEAH focal person; WHO's PRSEAH policy is included in all contract letters with partners; and during the Lassa Fever outbreak in February 2022, 79 personnel were trained on PRSEAH.

WHO's Funding Needs

Pillars		Total (US\$)
1	Leadership, coordination, planning and monitoring	\$ 12 533 842
2	Risk communication and community engagement	\$ 1 111 000
3	Surveillance, case investigation and contact tracing	\$ 8 392 495
4	Travel, trade, points of entry and mass gatherings	\$ 1 405 456
5	Diagnostics and testing	\$ 3 772 047
6	Infection prevention and control	\$ 2 319 863
7	Case management and therapeutics	\$ 7 478 478
8	Operational support and logistics	\$ 5 728 597
9	Essential health systems and services	\$ 14 417 479
10	Vaccination	\$ 4 861 827
	PRSEAH	\$ 604 900
	Command Centre Running Cost (Personnel and Field missions)	\$ 97 909
TOTAL		\$ 62 723 892