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# ANNUAL REPORT 2019

The Alliance for International Medical Action







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# A WORD FROM THE PRESIDENT

“

The year 2019 was a special year for our NGO: ALIMA celebrated its 10-year anniversary. Ten years of unique stories and experiences. Each testimony, from patients or health care workers, was a confirmation of the validity of our mission: to care for the most vulnerable populations, without discrimination, hand-in-hand with local organizations.

In 10 years, ALIMA has demonstrated our expertise and competence. Today, we are considered a key international player in emergency medicine and research. This recognition was made possible thanks to the commitment of all our members, who support our actions, while respecting our principles and values.

In 2019, our teams treated 1.3 million patients and more than 2 million people benefited from our emergency medical aid projects.

This year, our objective was to consolidate our operational achievements without increasing our volume of interventions. We chose this approach in order to continue to develop, while maintaining our

identity, our human scale and our human face. Nevertheless, the unstable contexts of our regions of intervention led us to start new projects: the management and operational teams could not imagine leaving the most fragile populations aside. Thus, we responded to major emergencies, particularly in the Democratic Republic of the Congo and in the three-country borders area of Burkina Faso, Mali and Niger. These interventions have resulted in a significant increase in the number of people treated by ALIMA in terms of hospitalizations, deliveries, care for malnourished children and people suffering from malaria.

2019 was also an opportunity to initiate a collective work to review our governance, with the updating of the statutes and internal regulations of the association, whose membership has increased by more than 35% compared to 2018.

I would like to thank each and every one of you, members of the great ALIMA family, and wish you all the best for the next 10 years.

*Let's continue to "put the patient first"  
- always, at the heart of our actions!*

Dr. Richard Kojan



”



# OUR UNIQUE ALLIANCE

Since our creation in 2009, ALIMA has defined ourselves as an alliance, made up of African field teams, whose governance is based on partnerships with local NGOs that have expertise and who provide solutions adapted to field operations. These partner organizations are members of the Board of Directors, and therefore participate in defining and validating ALIMA's strategy. **It is this organization, which is different from traditional humanitarian structures, that allows us to have more impact in our programs.**

Finally, our Unique Alliance involves our other partners in the field, which include the Ministries of Health in our countries of intervention, as well as international NGOs and international research institutes with whom we collaborate.



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Members vote at ALIMA's General Assembly in October 2019, in Dakar.

## MEET OUR PARTNERS



### KEOOGO and SOS Médecins-BF (Burkina Faso)

KEOOGO is a national organization providing protection services to children in vulnerable situations. SOS Médecins Burkina Faso is a national medical organization that helps populations in distress. Together, ALIMA and its partners provide emergency medical and nutritional care to populations affected by the humanitarian crisis in the North, Central-North and Sahel regions.



### Alerte Santé (Chad)

Alerte Santé is a national organization under Chadian law that promotes public health in the country by providing medical assistance and support to local health structures. Alerte Santé is committed to contributing to the improvement of health coverage and accessibility to quality care. Our partnership includes a medical and nutritional program for children under five in the Lake region and in the capital, N'Djamena.



### AMCP-SP: Medical Alliance against Malaria - Population Health (Mali)

AMCP-SP is a Malian NGO dedicated to making health care more accessible and reducing mortality. ALIMA works with AMCP-SP to provide nutritional assistance, as well as to fight malaria and provide care for pregnant women.



### BEFEN: Well-being of Women and Children in Niger (Niger)

BEFEN is an organization dedicated to maternal and child health in Niger. ALIMA and BEFEN work with health authorities to reduce mortality among children under five years, particularly by providing care for malnourished children.

# 2019

## IN NUMBERS



145,685

children treated for severe acute malnutrition



15

ongoing research projects



More than 400

health centers, where ALIMA trained local staff



26

CUBEs deployed in DRC to care for Ebola patients



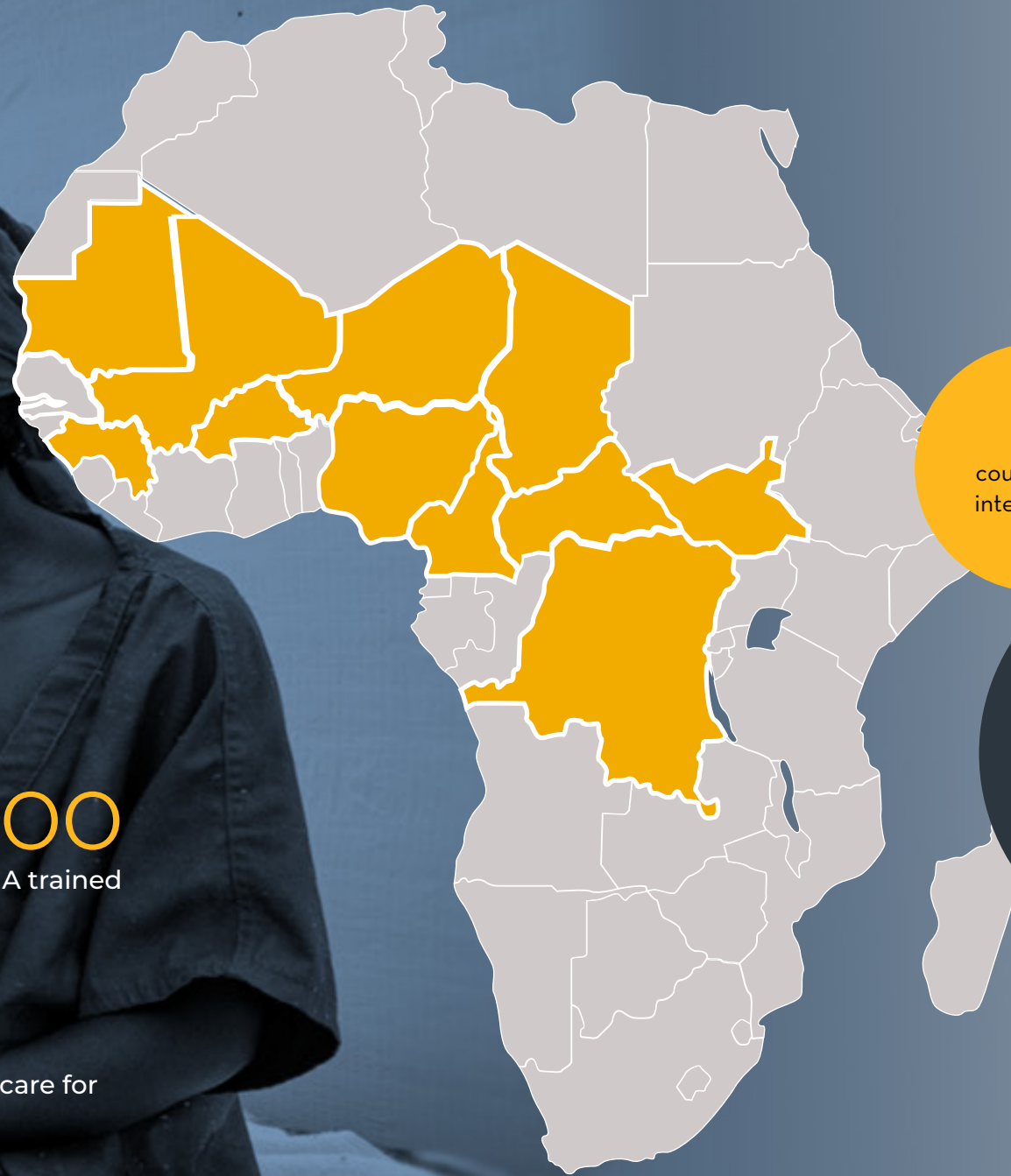
27,808

assisted childbirth deliveries



593,672

consultations for children under 5



38

projects

11

countries of intervention

61.4

million Euro budget

1,368,751


patients cared for

1,920


employees



# MATERNAL AND CHILD HEALTH



27,808 assisted deliveries, an increase of 35% from 2018



593,672 medical consultations of children under 5 years of age



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## MATERNAL HEALTH CARE

Maternal and child mortality rates in many of the regions where ALIMA operates exceed critical thresholds. The World Health Organisation (WHO) reports that among the estimated 830 maternal deaths that occurred each day globally in 2019, approximately two-thirds were in sub-Saharan Africa. There is an urgent need for action, which is why **ALIMA has chosen to strengthen its maternal and child health care programs.**

In 2019, our teams provided quality maternal health care in almost all of our countries of intervention. This care takes various forms including: mobile clinics to reach the most isolated communities, healthcare services in health centers and hospitals in regions weakened by emergencies (Ebola in the Democratic Republic of the Congo, population displacements following violence in northeastern Nigeria, Burkina Faso, Mali and Niger).

ALIMA doctors, nurses and midwives, in collaboration with Ministry of Health teams, offer free prenatal consultations for mothers-to-be, as well as postnatal consultations and care for infants. Our medical teams

assist during delivery from simpler births to births with complications including: Cesarean sections, provide family planning services, and make home visits to mothers and their new babies.

## PEDIATRIC CARE

ALIMA cares for thousands of children as part of its programs to combat malnutrition and diseases that affect children including malaria, one of the leading causes of childhood death in Africa. This year, we carried out nearly 600,000 consultations for children under the age of five.

Additionally, ALIMA's medical teams carried out more than 357,000 routine vaccinations, compared to 100,000 in 2018. In response to large measles outbreaks that occurred in several countries, ALIMA scaled up its vaccination campaigns in 2019. In total, 160,000 children were vaccinated against measles by our teams.

# MALNUTRITION

In 2009, the first project led by ALIMA in Niger aimed to treat and care for nearly 5,000 malnourished children. 10 years later, ALIMA continues to put the fight against malnutrition at the heart of our actions. Each year, we treat more than 100,000 severely malnourished children in our countries of intervention. In 10 years, we have developed a simple and effective approach by combining prevention, treatment and research programs to improve the techniques and protocols for treating malnutrition.


Through various projects, ALIMA and its partners have transformed the response to malnutrition. In 2011, **ALIMA and its local partner BEFEN launched the "MUAC for Mothers"** (Mid-Upper Arm Circumference) measurement program, which trains caregivers to identify the first signs of malnutrition in their children, using a simple tri-colored bracelet.

Since then, ALIMA has trained more than 2 million mothers to use the MUAC. Many countries and international organizations have integrated this strategy into their national health plans.


Launched in 2016, the OptiMA (Optimizing the treatment of acute MALnutrition) research project simplifies the current therapeutic approach so that all children suffering from acute malnutrition, regardless of severity, are treated in a single program.

**In 2019, the results of the first OptiMA trial in Burkina Faso were published in the British Journal of Nutrition.** OptiMA has since been implemented in different countries, including a randomized clinical trial in Niger, the Democratic Republic of the Congo and further operational pilots in Niger, Mali and Burkina Faso. Research is also underway to improve care for malnourished children who require hospitalization.





633,992 mothers trained by ALIMA to screen their children for malnutrition




156,000 acutely malnourished children treated by ALIMA

© Sylvain Cherkaoui / ALIMA




# VIRAL HEMORRHAGIC FEVERS

In 2019, our teams responded to two major hemorrhagic fever outbreaks, Lassa fever in Nigeria and the Ebola Virus Disease in the Democratic Republic of the Congo (DRC), using our expertise and lessons learned from previous outbreaks of viral hemorrhagic fevers, including Ebola outbreaks in Guinea and DRC, Rift Valley Fever in Niger and Lassa Fever in Nigeria.



26 CUBE<sup>s</sup> (Biosecure Emergency Care Units for Epidemics) deployed for Ebola patients in the Democratic Republic of the Congo



759 Ebola patients (confirmed Ebola cases) treated in the Democratic Republic of the Congo



## DRC: RESPONDING TO THE SECOND-LARGEST EBOLA OUTBREAK IN THE WORLD

ALIMA opened three Ebola treatment centers and four integrated transit centers to support patient triage, and stabilize and care for patients. Our actions against Ebola made it possible to receive and treat 9,354 patients, including more than 759 confirmed Ebola cases, and to train 1,000 local health workers.

ALIMA implemented a clinical trial that identified two treatment drugs against the virus in collaboration with the World Health Organization, DRC's National Institute of Biomedical Research and the National Institute of Allergy and Infectious Diseases (NIAID/NIH).


In addition, throughout the year, ALIMA and its partners organized capacity building trainings for health workers from neighboring countries. The objective: to prepare them for an adequate response in the event of an Ebola alert in their country.

## NIGERIA: FIGHTING LASSA FEVER


In 2019, ALIMA treated 315 patients with Lassa fever at the Federal Hospital in Owo, of which 276 were cured. At the national level, ALIMA contributed to the treatment of one-third of the Lassa fever patients, in collaboration with the Nigerian Centre for Disease Control (NCDC). In order to improve patient care of the disease, **ALIMA opened two research programs:** LASCOPE (Lassa fever clinical Course and Prognostic factors in an Epidemic context) and Lassa PKPD (Lassa Pharmacokinetics and Pharmacodynamics of ribavirin) in partnership with the National Institute of Health and Medical Research (Inserm 1219), via the ALERRT consortium (The African coalITion for Epidemic Research, Response and Training) and the University of Oxford.

# EMERGENCY RESPONSE





27 emergency assessments in reaction to a sudden crisis, 9 of which resulted in the implementation of emergency response activities



150,000 displaced people cared for in Niger and Burkina Faso

In 2019, our teams responded to a number of disease outbreaks, including measles, cholera, Ebola, and Lassa fever, and peaks of malnutrition via Rapid Response Mechanisms (RRM).

**Response to medical-nutritional emergencies in Niger:** Insecurity linked to the presence of armed groups in the north of Nigeria has led to an influx of refugees in southern Niger. In the Maradi region, ALIMA and its local partner BEFEN provided medical and nutritional care, while continuing to treat children under 5 years old suffering from malnutrition or other pediatric illnesses, and monitoring pregnant women in the districts of Mirriah, Dakoro and Abala.

**Humanitarian crisis and violence in Burkina Faso:** ALIMA and its national partners KEOOGO and SOS Médecins Burkina Faso have increased access to medical and nutritional care for the populations affected by the crisis in the districts of Barsalogho, Kelbo, Djibo, Thiou and Seguenega, by urgently opening several health centers and a hospital.

**Fight against outbreaks in the Democratic Republic of the Congo:** In Kasai, more than 14,000 children affected by measles have benefited from vaccination and care

campaigns organized by ALIMA. In North Kivu, 759 patients with the Ebola virus were treated.

**Preventing and treating acute malnutrition in Chad:** A new emergency project opened by ALIMA and its local partner Alerte Santé has increased the number of hospitalizations and antenatal consultations, provided mental health care and treated malnourished children in Liwa, the Lake region.

**Emergency response in conflict zones in the Central African Republic:** The RRM project deployed mobile clinics in response to humanitarian crises around Kaga Bandoro, in the middle of the country, as well as in Upper-Mbomou, bordering South Sudan and the Democratic Republic of the Congo.

**Caring for people fleeing conflict in Nigeria:** ALIMA offers medical and nutritional care for displaced populations in Monguno and on the outskirts of Maiduguri, in Muna, in the northeast. Our NGO continues its support to Teachers Village, which hosts about 20,000 internally displaced persons in the Maiduguri area, and the reception facility at the Waterboard camp in Monguno, a transit center for new arrivals.



# RESEARCH AND INNOVATION

**ALIMA's President receives the Game Changing Innovator Award from Bill Gates**, for the creation of the CUBE. "This award, which I am receiving on behalf of ALIMA, is an honor for me, but it is the medical innovation brought by this tool, for the benefit of the patient, that must be rewarded. It is thanks to our collective intelligence, to the ALIMA health workers who are present in the field every day, that we are transforming humanitarian medicine." -Dr. Richard Kojan.



This year, 15 research projects were conducted by ALIMA, some of which led to major advances and innovations in patient care.

**PALM (Pamoja Tulinde Maisha)\*:** 2019 marked the completion of the clinical study carried out by the National Institute for Biomedical Research (INRB) in the Democratic Republic of the Congo (DRC), and implemented by ALIMA and its partners in DRC, which led to a transformation in the care of Ebola patients by identifying two therapeutic molecules, making it possible to significantly reduce the mortality of the disease. This study confirmed the major role of ALIMA at the international level in research on emerging diseases.

*\*Swahili for: "Saving lives together"*

**LASCOPE:** Launched in 2018 in Nigeria, this study will be completed in 2022. It is the first prospective cohort of patients with Lassa fever. It consists of describing and documenting their physiological parameters in order to improve their treatment and develop a better diagnosis at an early stage. In particular, it will ultimately facilitate the evaluation of the efficacy of candidate vaccines to prevent future outbreaks or new therapeutic treatments.

**AM-EWS (Acute Malnutrition-Early Warning Score):** Launched in 2019 in Maiduguri, Nigeria, this study consists of developing an easy-to-use tool to identify malnourished children most at risk of dying.

# CAPACITY BUILDING

## Training local staff

Staff trainings allow us to strengthen both the skills and expertise of ALIMA's health workers, as well as that of our partners (Ministries of Health, local NGOs, etc). In 2019, in Nigeria and Chad, 148 doctors and nurses were trained in specialized schools called "URENI Schools." These courses offer practical training to improve the treatment of children hospitalized with severe acute malnutrition, suffering from complications.

In the Democratic Republic of the Congo, ALIMA trained 2,687 health workers during the Ebola response. In particular, frontline staff learned how to use the CUBE (Biosecure Emergency Care Unit for Epidemics), which has significantly improved the treatment of Ebola patients and health workers, since it was implemented in North Kivu in late 2018.

## Internal training

In order to increase the efficiency of its programs, ALIMA trains our teams at the operational headquarters in Dakar and in the field missions on a continuous basis. In 2019, face-to-face training sessions, such as the medical week,

and the logistics and supply week, were each attended by around 20 employees. Other teams also attended the RRM (Rapid Response Mechanism) training in Burkina Faso, in the presence of partner NGOs.

## International training courses

ALIMA has partnered with many organizations to offer specializations to certain collaborators, such as the London School of Hygiene and Tropical Medicine, the Development Research Institute, the European Centre for Disease Prevention and Control (Epicentre) and the Humanitarian Leadership Program at Deakin University.

## Diploma courses

In order to facilitate the access of ALIMA staff or partner NGOs to international training courses leading to a diploma, ALIMA has set up the Individual Fund for International Training (FIFI). This system of employee savings matched by ALIMA enables the creation of grants for staff training. In 2019, two employees earned a Master's degree in public health with the Bordeaux Institute of Public Health, Epidemiology and Development (ISPED).



**4,935** Ministry of Health staff trained by ALIMA and our partners



Around **400** health structures where ALIMA trained local staff in 2019



# PROJECTS BY COUNTRY





## BURKINA FASO

Burkina Faso has long suffered from high rates of maternal and child mortality, food insecurity and malnutrition. In 2019, the humanitarian situation deteriorated further, following an increase in armed attacks, particularly in the north and east of the country. The insecurity led to the interruption of many basic services and the internal displacement of some 560,000 people, according to UNHCR. An estimated 1.5 million people are in need of urgent assistance (OCHA, 2019) and more than 133,000 children under 5 suffer from severe acute malnutrition (UNICEF, 2019).

In collaboration with our national partners, KEOOGO and SOS Médecins Burkina Faso, ALIMA provided an emergency response to strengthen access to medico-nutritional care for the populations affected by the crisis in the districts of Barsalogho (Central-North Region), Dablo (Sahel Region). More than 40,000 children under 5 benefited from primary care and some 4,300 from hospital care. Additionally, 1,707 children were treated for severe acute malnutrition.

ALIMA is also supporting the hospital in Barsalogho, maintaining pediatric and maternity services activities. In Thiou and Seguenega districts (North Region) the consortium ALIMA/KEOOGO/SOS Médecins BF has implemented the MUAC for Mothers approach at district level. A total of 63,873 women were trained to screen their children for malnutrition by teaching them how to use color-coded Mid-Upper Arm Circumference (MUAC) bracelets.

Within the framework of the Regional Rapid Response Mechanism (RRM), an emergency program set in the “3 borders” zone of Burkina Faso, Niger and Mali, ALIMA/KEOOGO/SOS Médecins BF deployed immediate relief responses to sudden massive displacements and/or outbreaks in the North, Central-North and Sahel regions of Burkina Faso. This mechanism allows an 8 week-intervention to be launched within a maximum of 10 days- from the time an alert is received and confirmed. In 2019, the RRM has helped care for more than 22,000 people in the 3-borders region.

 6,832 children treated for acute malnutrition  
 40,207 pediatric consultations



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# CAMEROON

66,272 pediatric consultations  
9,353 prenatal consultations



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In 2019, 4.3 million people, including 2.8 million children, were in need of emergency humanitarian assistance in Cameroon, according to the United Nations. This situation is linked to the deterioration of the security situation around Lake Chad, food insecurity, recurrent measles and cholera outbreaks, and the consequences of climate change, including the abnormal flooding of the Logone River.

ALIMA intervenes in the Far North of the country, in five districts: Mokolo, Makary and Mada, for pediatric care, nutrition, and sexual and reproductive health activities; as well as Kousseri and Goulfey to respond to the polio outbreak.

At the Mokolo District Regional Hospital, children under five years of age suffering from complications related to malnutrition or other pediatric emergencies were treated. ALIMA has also developed outpatient pediatric and nutritional care in five health centers in the district.

In the districts of Makary and Mada, our teams worked in 12 peripheral health centers to provide access to

pediatric, nutritional and maternal health care to internally displaced persons and host communities affected by the crisis. At Makary Hospital, ALIMA provides care for pediatric emergencies, cases of severe acute malnutrition and complicated deliveries.

Access to some of the 12 health centers in the Far North of Cameroon was made difficult by the prevailing insecurity. Despite this, nearly 80,000 women benefited from "MUAC for Mothers" trainings. ALIMA and health promoters also jointly conducted campaigns to detect malnutrition, raise awareness on infant and young-child feeding, the link between health, hygiene and sanitation, sexual and reproductive health, malaria prevention, and exclusive breastfeeding.

As part of its emergency response, ALIMA responded to a massive influx of more than 30,000 Nigerian refugees in Goura in the Makary district by providing primary and secondary health care to pregnant women and children under 5 years of age.

# CENTRAL AFRICAN REPUBLIC

Following years of conflict, 2.9 million people still remain in need of humanitarian aid within the Central African Republic (OCHA, 2019). This situation is exacerbated by a weak national health system, poor-functioning health infrastructures, and low availability of medicines and medical equipment. Maternal and infant mortality rates are the second- and third-highest in the world, respectively.

Present in four health districts, ALIMA focuses its efforts on responding to emergencies, and providing medical and nutritional care to pregnant and lactating women, children under five and victims of gender-based violence. Our teams also work to strengthen the national health system and improve access to health care in a sustainable way, by training local health staff, and helping to construct or refurbish health facilities.

In Boda, ALIMA supports the malnutrition treatment ward, the emergency ward, the surgical block and the

maternity ward at the Boda General Hospital. In Bimbo, our teams support 13 community health centers, with a focus on the detection and treatment of malnutrition, and maternal health care. To respond to record-level flooding, which displaced over 20,600 people in two months (IOM, November 2019), mobile clinics delivered care and vaccinations to local communities in the area.

ALIMA also provided medical assistance through the Rapid Response Mechanism (RRM) to displaced and returnee populations in Nana-Gribizi and vaccinated 17,000 children aged 6-59 months in response to the measles outbreak that affected the region.

Finally, in September 2019, projects were opened in the southeast of the country where our teams support two hospitals in Zemio and Obo, and the surrounding health districts. Rehabilitations and medical support allow host and displaced populations to have access to quality care.



122,338 pediatric consultations  
4,007 children treated for acute malnutrition

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# CHAD

Chad, in particular in the Lake region, has suffered for several years from the continuing insecurity caused by the insurgency of armed groups, which has led to population displacements. The arrival of refugees from neighboring countries is amplifying humanitarian needs. Chad has the sixth-highest infant mortality rate in the world, and one in eight children die before reaching the age of five. Every year, from July to October, N'Djamena, the capital city, is particularly vulnerable to recurrent spikes in malnutrition.

In 2019, ALIMA worked on several areas of intervention: screening for severe acute malnutrition in children under five, training mothers and caregivers to screen their children for edema and malnutrition using the MUAC bracelet, as well as raising household awareness on essential good practices, including nutrition, hygiene and health.

Thanks to an initiative known at the Therapeutic Nutritional Center school, 98 Chadian health professionals were trained to care for malnutrition with complications, where ALIMA works in partnership with the Ministry of Health.

In Ngouri, in the Lake region, 7,013 children under the age of two were treated under a new program for the prevention and treatment of malnutrition in children and the follow-up of mothers affected by food insecurity.

In the Liwa health district, ALIMA supported the medical and nutritional care of displaced and indigenous people through mobile clinical care. Out of 10,495 children under five years of age identified as severely acutely malnourished, 1,539 required admission to the dedicated treatment program. Finally, 2,022 women benefited from prenatal consultations, to provide them with the best possible support during their pregnancy.



56,541 children treated for Severe acute malnutrition



345,121 mothers trained on good health practices



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# DEMOCRATIC REPUBLIC OF THE CONGO

Since the early 1990s, conflict in the Democratic Republic of the Congo has caused a serious humanitarian and health crisis. The child mortality rate is one of the highest in the world; malaria, cholera and measles outbreaks occur regularly.

In 2019, DRC faced the largest and deadliest Ebola outbreak in its history. On the ground, ALIMA's emergency response team cared for suspected and confirmed patients in transit centers and treatment centers in Beni, Katwa and Mambasa (North Kivu and Ituri provinces), equipped with 26 Biosecure Emergency Care Units for Epidemics (CUBEs). More than 8,000 patients received care in 2019, including 759 confirmed Ebola patients. 360 were cured. ALIMA also implemented under the direction of the National Institute for Biomedical Research (INRB) a clinical trial that has identified two effective treatments against the disease.

In the Kasai region, ALIMA continues to provide health and nutritional assistance to the most vulnerable populations, and to provide medical and psychological support to female victims of violence.

Our teams responded to an outbreak of measles in Tshikapa, treating more than 14,000 children, as well as in Oriental Kasai, with a focus on community awareness. Nearly 28,000 children were treated for malaria.

In 2019, ALIMA continued the implementation and scientific evaluation of its OptiMA (Optimizing the treatment of acute MAInutrition) protocol in DRC, which began in July 2018, to determine whether this strategy for simplifying the treatment of acute malnutrition works effectively in a region with a high prevalence of edematous malnutrition. More than 1,000 children who are enrolled in the 30-month study were treated for severe and moderate malnutrition in Kamwasha.

Finally, in October 2019, a project to facilitate access to primary and secondary care was implemented in six health areas in Beni, using an integrated approach to health, nutrition and protection, to reduce morbidity and mortality among the population.



759 confirmed Ebola patients treated



42,295 outpatient consultations



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# GUINEA

ALIMA has been present in Guinea since 2014 as part of its response to the Ebola epidemic. It participates in various research projects throughout the country.

## PREVAC Trial

Since April 2015, ALIMA has been implementing the PREVAC (Partnership for Ebola Vaccine Research) vaccine trial in Guinea. This research consortium is composed of the health authorities of Guinea, Liberia, Mali and Sierra Leone, Inserm (French National Institute of Health and Medical Research), NIH (US National Institutes of Health) and the London School of Hygiene and Tropical Medicine. The aim of the trial is to identify the best vaccine against the Ebola virus. In 2019, as part of the long-term follow-up, 2,330 participants from Guinea continued to be monitored until October 2023.

## EBOVAC III Trial

Under the responsibility of Inserm, ALIMA is implementing the Ebovac III trial in Guinea. It aims to evaluate the efficacy of an Ebola vaccine in infants under one year of age in Guinea and Sierra Leone. In November and December 2019, 55 infants were identified and enrolled in the study in Guinea. A percentage of infants received a meningitis vaccine instead of the Ebola vaccine evaluated in the trial, serving as a control group. These infants will be followed for 12 months, with regular medical visits and blood tests.

## AIRE (Improving the Identification of Respiratory Distress in Children)

The AIRE project, funded by UNITAID, aims to reduce infant and neonatal mortality in West Africa. It aims to improve the availability and use of pulse oximeters to identify cases of severe fevers in newborns and children. In 2019, the ALIMA teams collected information and set up the institutional partnerships essential to the successful implementation of the project over the next few years. It will be implemented in two areas: the commune of Matoto in Conakry and the prefecture of Téli-mélé in the Kindia region.



2,330 participants followed in the randomized Ebola vaccine trial (PREVAC)



55 infants, aged 0 to 1 year, included in the Ebola vaccine randomized trial (EBOVAC)



© Anne-Gaëlle Borg / ALIMA

# MALI

Since the crisis began in Mali in January 2012, the emergence of armed groups, against a backdrop of inter-community tensions, has led to significant population movements. In December 2019, the Population Movement Commission reported more than 200,000 internally displaced persons in Mali, compared to 120,000 in January 2019. Livelihoods remain precarious, with approximately 3.8 million people suffering from food insecurity and nearly 870,000 children suffering from acute malnutrition, according to the 2019 Harmonized Framework.

In 2019, ALIMA and our local partner, the Malian NGO AMCP-SP (Medical Alliance Against Malaria - Population Health), provided medical and nutritional care in 119 health centers, carrying out nearly 100,000 general and pediatric consultations and assisted more than 2,000 women during childbirth. ALIMA also trained 128,435 mothers to detect the first signs of malnutrition in their children using the “MUAC for Mothers” approach, measuring their Mid-Upper Arm Circumference with a tri-colored bracelet.

In the north of the country, ALIMA performed 442 emergency surgical interventions at the Goundam hospital where ALIMA is the only health actor in the area. In the central district of Niono (Ségou region), ALIMA intervened in 16 health centers and 33 sites for internally displaced persons with the help of three mobile clinics. This helped 17,173 people to have access to free, quality medical and nutritional care, including vaccinations, and training for mothers and caregivers in the detection of acute malnutrition.

**This year, the operational research project OptiMA (Optimizing the treatment of acute MALnutrition) was launched in Bamako.** It will make it possible to integrate at the national level a simplified protocol for the care of children under five suffering from acute malnutrition. More than 2,500 children are expected to be integrated into this research program, the results of which are expected in 2021. It will also make it possible to train health staff in the care of malnutrition.



4,701 children treated for severe acute malnutrition



128,435 mothers trained to use the MUAC bracelet




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# MAURITANIA



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 5,719 prenatal consultations

 1,535 assisted deliveries

In 2019, the ALIMA teams took over the activities of Doctors Without Borders-Belgium in the Bassikounou department, located in the Hodh El Chargui region. To support the care of the host communities and the Malians refugees in the Mbera camp, ALIMA put activities in place to respond to and meet the medical and nutritional needs of these populations.

This year, our teams carried out 5,719 prenatal consultations, 12,066 outpatient pediatric consultations, and hospitalized 528 children under 5 years of age. ALIMA responded to the medical needs of the host and refugee populations by intervening at the health center in Fassala, and in the health centers and posts of Mbera

and Bassikounou. Our NGO also supported secondary health care at the Bassikounou Health Center, including surgical and obstetrical emergencies by supporting the activities of the operating theater. In addition, we have provided free care to the most vulnerable people, such as children, pregnant and nursing women.

ALIMA's intervention strategy in the country has focused on the provision of health care for these populations by state health structures, in order to integrate the provision of care for refugees into the national health system, a process of inclusion initiated by the United Nations High Commissioner for Refugees (UNHCR) in collaboration with the Ministry of Health.

# NIGER

Niger continues to face various humanitarian crises, exacerbated by the Lake Chad crisis and the security instability in northern Mali. The humanitarian situation is marked by the persistence of five major problems: food insecurity, malnutrition, population displacement, floods and disease outbreaks. According to the 2019 SMART survey, the global acute malnutrition rate in Niger stands at 10.7%, above the emergency threshold.

ALIMA intervenes in Niger on the themes of nutrition, pediatrics, maternal health, rapid response to emergencies (RRM mechanism) and research. In 2019, ALIMA continued to work hand-in-hand with our local partner BEFEN, particularly on the fight against acute malnutrition and malaria. This partnership made it possible to set up the "MUAC for Mothers" project, which aims to enable caregivers to detect the first signs

of malnutrition in their children, using the Mid-Upper Arm Circumference (MUAC) bracelet. In 2019, our teams trained 129,961 mothers to use the MUAC.

Our field teams treated 32,466 children through projects set up to reduce acute malnutrition, mortality and stunting in infants. We also conducted 10,546 prenatal consultations.

Finally, as part of a regional Rapid Response Mechanism (RRM) project, we intervened in the regions of Tillabéri and Tahoua, deploying emergency responses via mobile clinics, within 72 hours after receiving an alert related to population displacement.



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 32,466 children treated for Severe acute malnutrition

 10,546 prenatal consultations



# NIGERIA

In Nigeria, the persistence of a decade-long armed conflict has contributed significantly to the deterioration of the humanitarian situation, particularly in the northeastern part of the country. In 2019, nearly 2.7 million people faced critical food insecurity, with more than one million children suffering from malnutrition, according to the Office for the Coordination of Humanitarian Affairs (OCHA).

In Borno State, where ALIMA has been present since 2016, just half of the health facilities are fully functional. In Monguno, a city of 40,000 inhabitants that housed more than 200,000 internally displaced persons in 2019, ALIMA is providing assistance to the displaced populations and host communities. In eight outreach centers and one hospital, our teams provide medical and nutritional, neonatal, maternal and emergency care. In 2019, they conducted 61,455 outpatient consultations and more than 10,332 prenatal consultations in Monguno. 78,000 mothers were trained to diagnose malnutrition by measuring their child's Mid-Upper Arm Circumference. ALIMA

was among the first international NGOs to work in this city.

At the University Hospital of Maiduguri, south of Monguno, ALIMA is involved in the care of children hospitalized for severe acute malnutrition with complications. In 2019, ALIMA trained more than 50 local health workers to strengthen their skills in the care of malnourished children.

The teams also provide medical care for children under 5, and pregnant and lactating women, in the Muna and Teachers Village camps for internally displaced persons, on the outskirts of Maiduguri.

At the Owo Federal Medical Centre, in collaboration with the Nigeria Centre for Disease Control (NCDC), ALIMA is supporting the response to the Lassa fever outbreak. This year, 253 affected patients received care thanks to our teams. ALIMA is also conducting four research projects for better management of Lassa fever.



130,822 mothers trained to screen their children for malnutrition

245,597 routine vaccinations

© Etinosa Yonne / ALIMA

# SOUTH SUDAN



129,430 outpatient consultations

19,974 mothers trained to use the MUAC bracelet

© Patrick Meinhardt / ALIMA

In South Sudan, an estimated 7.5 million people are in need of humanitarian assistance (Humanitarian Needs Overview 2019, OCHA). Continuing armed conflict in the country has resulted in the closure or destruction of many medical facilities. 80% of the country's health facilities are supported by international NGOs.

In 2019, ALIMA continued to provide medical and nutritional care in Western Bahr el-Ghazal and Northern Bahr el-Ghazal States. In Raja County, primary and secondary health care and nutritional care were provided to the population, including through mobile clinics. In Boro Medina and Wau, two other mobile clinics supported health structures, offering primary health care.

In Aweil, ALIMA provided primary and reproductive health care to the most vulnerable populations at a fixed site and through a mobile clinic.

From September to December 2019, during the rainy season, two additional mobile clinics were set up to respond to the peak of malaria. Nearly 50,000 patients were treated for this disease, which remains the leading cause of child mortality.

In an effort to prevent malnutrition, our teams trained 19,974 mothers in the use of the Mid-Upper Arm Circumference (MUAC) bracelet to quickly detect malnutrition in their children.

Finally, nearly 100 health workers were trained by ALIMA on Infection Prevention and Control measures, and in the management of patients suffering from the Ebola Virus Disease. These trainings enabled ALIMA to support South Sudan's Ministry of Health to prepare the country to face a possible spread of the virus. Seven areas of the country, bordering the Democratic Republic of the Congo, where the virus was spreading, were targeted, and sixteen people were trained to use the Biosecure Emergency Care Units for Epidemics (CUBEs).



# ENGAGING ALIMA DONORS

The generosity of private donors, foundations and corporations represented 1.3 million euros in 2019, an increase of 50%. This growth is a sign of renewed confidence and the interest of a growing number of individual donors, companies and foundations in ALIMA's work.

**More than 2,500 donors support ALIMA every month through our monthly donor program.** This number increased sharply in 2019, up from 450 in 2018, thanks to digital marketing, face-to-face fundraising and telemarketing campaigns. ALIMA thanks all our monthly donors. They are essential for the future care of our patients. 15,000 one-time donors supported ALIMA at the end of 2019, 20% more than the previous year.

**Acceleration of the "Transforming Humanitarian Medicine" campaign:** Since the launch of our mobilization campaign in 2017, our major donors have become a real driving force

behind our responsiveness and effectiveness. Thanks to the three ALIMA Funds (Emergency response, Research/Innovation and humanitarian talent/capacity building), these donations are a real source of leverage to act on priority needs, which are sometimes not fully supported by our institutional partners.

This campaign is active on three continents: Europe, Africa and North America. At the end of 2019, three events were organized to celebrate ALIMA's 10th anniversary in Dakar, Paris and New York. These events raised more than 465,000 euros.

More and more foundations and corporations are also getting involved with ALIMA, with more than 900,000 euros in funding for our humanitarian projects. It is a real recognition to see these partnerships with foundations and companies develop.



ALIMA's donors helped raise 420,000 euros during a special event to celebrate ALIMA's 10th anniversary at the Palais de Tokyo in Paris in November 2019.

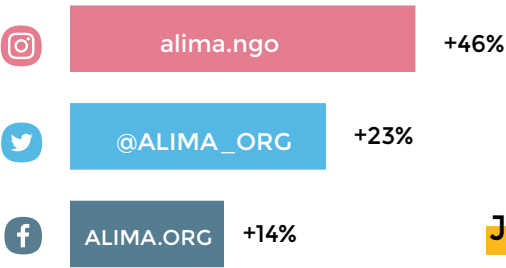
## Members of the campaign committees:

- Africa:** Madjiguene Sock and Tidjane Dème (co-presidents), and Babacar Sy
- North America:** Elya Tagar (Chair), Jody Blagrove, Dr. Pierre Cremieux, Catherine Dumait-Harper, Anne-Catherine Faye, Dr. Cecily Gallup, Dan Gwinnell, Alan Harper, Glenda Hersh, John Penney, Dr. Julie Rousseau, Bernard Yancovich, Augustin Augier, and Charlie Kunzer
- Europe:** Serge Morelli and Tidjane Dème (co-presidents), René Célestin, Didier Cherpitel, Sylvie Dumaine, Anne-Marie Idrac, Hervé Schricke, Annick Schwebig and Olivier Renault

# COMMUNICATION

## DIGITAL COMMUNICATION

### A GROWING COMMUNITY!



JOIN OUR FOLLOWERS!

## MEDIA RELATIONS

- 6 press releases
- 250 media mentions (185 linked to ALIMA's Ebola emergency response in DRC)
- More than 50 journalist visits to our projects
- 2 Ebola communication officers recruited

## EVENTS

In October 2019, the communication team supported the organization of the 10th anniversary party of ALIMA in Dakar, in the presence of 200 people from all over the world to celebrate these 10 years of emergency medical action in support of some of the world's most vulnerable populations.



## MULTIMEDIA PRODUCTION

Eight field missions were organized by the Communication team in order to better inform our partners and the general public of the needs of the most vulnerable populations.

Thanks to visits to Nigeria, Central African Republic, Niger, Mauritania, Democratic Republic of the Congo, Chad and South Sudan, 12 videos and 4 photo reports were produced and shared on social networks in both English and French.

*"My assignments for ALIMA are always an opportunity to learn. Their staff are kind and emphatic, and they go all out to get the work done. Hearing patients share their stories of recovery from the deadly Lassa fever, after getting proper medical care from ALIMA made me realize the importance of health workers."*

- Etinosa Yvonne, ALIMA photographer



PUTTING THE PATIENT FIRST





# ALIMA'S GOVERNANCE

## THE ALIMA ASSOCIATION

ALIMA is a French association under Law 1901. In 2019, a review of our governance structure was carried out over the year and we initiated an assessment of our statutes and the internal rules of the organization.

### THE BOARD OF DIRECTORS

At ALIMA's operational headquarters, the Board of Directors (BoD) is responsible for voting on the budget and operational plan each year, as well as any major strategic directions. The BoD elects an Executive Committee, which is the liaison between the BoD and the Executive Management Team, and to which the General Assembly delegates its powers to carry out ALIMA's mission.

#### BOARD MEMBERS

- Dr. Ibrahim Kandian Diallo
- Dr. Éric Diendere
- Dr. Lamine Kolle
- Lyna-Laure Amana-Priso
- Marion Péchayre
- Dr. Oummani Rouafi
- Mathieu Dufour
- Amélie Banzet

#### Executive Committee of THE BOARD OF DIRECTORS

- Dr. Richard Kojan - **President**
- Marc Sauvagnac - **Vice-President**
- Nicolas Chaltiel - **Secretary General**
- Frédéric Lemoine - **Treasurer**

### THE EXECUTIVE MANAGEMENT TEAM

Management of day-to-day activities of the organization is carried out by the general directors and its various departments. In 2019, a team has been assigned the following roles:

- **Chief Executive Officer: Augustin Augier**
- **Deputy Executive Officer: Henri Leblanc**
- **Director of Operations: Dr. Moumouni Kinda**
- **Administrative and Financial Director: Thomas Bounameaux**
- **Human Resources Director: Benoit Loop**

### THE ASSOCIATION MEMBERS

At the end of 2019, the Association had 504 members, an increase of 35% compared to 2018. Membership of the Association is open to anyone (minimum one year seniority for ALIMA employees) who contributes to the achievement of ALIMA's social mission. Joining the Association gives the opportunity to contribute to the future and vision of the NGO, to stay informed of ALIMA's essential decisions and to choose the members of its Board of Directors.

### ASSOCIATIVE LIFE

The associative life of ALIMA is managed by an Associative Life Commission, composed of three members of the Board. Each year, this Associative Life is highlighted by two General Assemblies: one in June in Paris and one in October in Dakar. The General Assemblies are convened to allow members to be informed about ALIMA's latest news, to vote on strategic decisions and to elect the Board of Directors. Apart from the General Assemblies, Associative Life is based on the organization of debates in the field and at headquarters.

In 2019, the Associative Life Commission held meetings in Guinea, the Democratic Republic of the Congo, Niger and Senegal.

### NATIONAL ASSOCIATION REPRESENTATIVES

In 2019, three national association representatives were elected in the Democratic Republic of the Congo, the Central African Republic and Mauritania to lead association life in field programs.

### A LOOK BACK AT THE OCTOBER 2019 GENERAL ASSEMBLY

On October 19, 2019, 86 members attended the General Assembly. They validated the update of ALIMA's Statutes and Internal Regulations and elected four candidates to join the Board of Directors. It was also an opportunity to discuss two topics: research and its implications, and responsibilities of ALIMA in the face of climate change.

### ALIMA IN THE USA, UK AND AUSTRALIA

ALIMA USA, ALIMA UK and ALIMA Australia are separate registered charitable organizations with their own boards of directors and governance. They adhere to the same principles and carry out communication, advocacy and fundraising activities in support of the association's projects.

### BOARD OF DIRECTORS OF ALIMA USA

*As of Dec. 31, 2019*

- Elya Tagar - **President**
- Augustin Augier - **Ex-Officio Member**
- Bernard Yancovich - **Treasurer**
- Dr. Pierre Cremieux - **Clerk**
- Jodyann Blagrove
- Catherine Dumait-Harper
- Alan Harper
- Glenda Hersch
- Dr. Cecily Gallup
- Daniel Gwinnell
- Anne Catherine Faye
- John Penney
- Dr. Julie Rousseau
- Charlie Kunzer - **Executive Director ALIMA USA**

### BOARD OF DIRECTORS OF ALIMA AUSTRALIA

- Dr. Nikki Blackwell - **President**
- Juanita Williams - **Secretary**
- Sonia Girle
- Chris Brasher

### BOARD OF DIRECTORS OF ALIMA UK

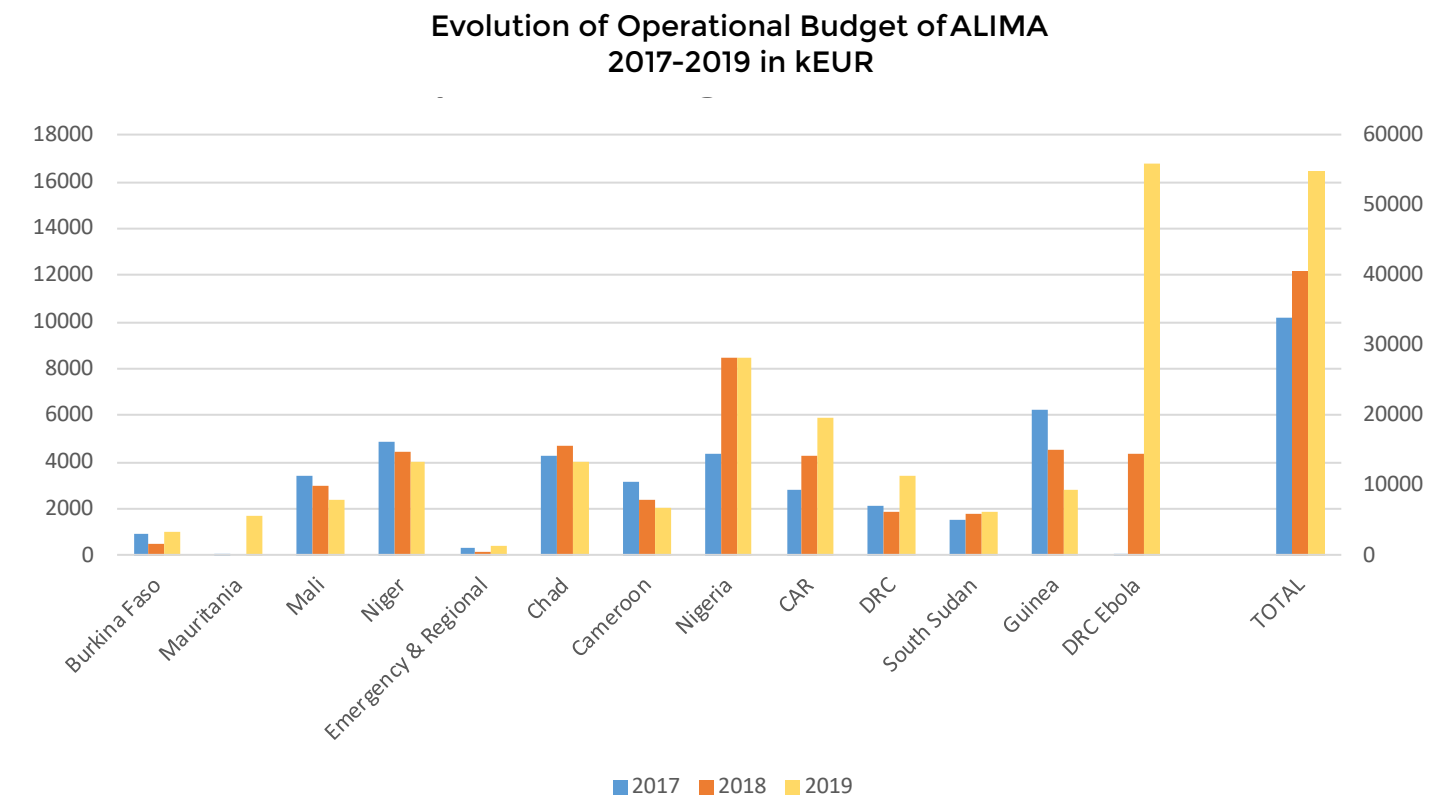
- Stéphane Epin - **President**
- Nicolas Mounard
- Alexander Booth
- Augustin Augier
- Dr. Nikki Blackwell



# FINANCIAL REPORT

## OPERATIONAL BUDGET

In 2019, ALIMA continued to grow its field operations posting a 36% increase in the financial volume of operations compared to 2018, to reach a total budget of €61.4 million. This increase is mainly due to the deployment of our response to the Ebola outbreak in the east of the Democratic Republic of the Congo.



In 2019, 94% of our financial resources came from institutional donors and 6% from private funders (companies, foundations, major donors and individual donors). ALIMA has continued to diversify its donor base which includes 30 different corporate and foundation partners, whose support has benefited our emergency or research projects.

## REVENUE STATEMENT

In 2019, ALIMA generated a net income of €159,000, which was allocated by the General Assembly to the reserve funds. This result is due to a well managed operational growth together with a positive financial result that stemmed from foreign currency gains on USD and FCFA transactions.

REVENUE STATEMENT		
	in kEUR	
	2019	2018
Operating revenue	61,410	45,269
Operating expense	61,324	45,158
Operating Result	86	111
Financial Result	58	-11
(Extraordinary gain)	15	0
Net result	159	100

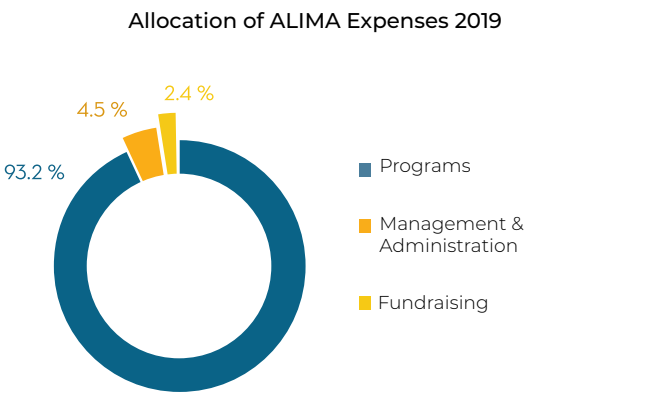
## 2019 REVIEW

Our reserves and other equity represent more than 20% of our balance sheet.

ASSETS		
	in kEUR	
	2019	2018
Fixed Assets	586	650
Cash, Receivables, and Other Assets	15,718	12,538
Total Liabilities and Equity	16,304	13,188
LIABILITIES		
	in kEUR	
	2019	2018
Retained Earnings and Reserve Fund	1,264	1,105
Others Associative Capital	2,000	2,000
Risk provision	408	270
Liabilities (+ 1 Year)	271	363
Liabilities (- 1 Year)	12,361	9,450
Total Liabilities	16,304	13,188

## USE OF FUNDS

ALIMA places our patients at the heart of our work. Therefore, 93.2% of our resources are allocated to our emergency medical and research projects and less than 7% to operating and fundraising costs.



## FINANCIAL TRANSPARENCY

In 2019, the sound management of ALIMA was verified and confirmed by 10 external audits and four internal audit missions.

The internal audits allow ALIMA to evaluate the financial risk management, audit and governance processes. ALIMA regularly evaluates countries of intervention and proposes measures to strengthen the efficiency and financial transparency of the organization. In addition, independent auditors ensure rigorous management and transparency of the accounts, which are the subject of an annual report. In 2019, the auditor's report gave notice of an uncontested certification of the accounts.

*"We certify that the annual accounts are in accordance with French accounting rules and principles, regular and sincere and give a true and fair view of the results of the operations of the past financial year, and of the financial situation and assets of the association at the end of this financial year."*  
- Excerpt from Auditor's letter 2019.



# OUR SUPPORTERS

ALIMA would like to thank all our partners and donors who support our mission to care for and innovate together. It is a true alliance that allows us to act, each day, in the field: institutional partners and international organizations, foundations and companies, and corporate and individual donors. This growing support allows us to respond as quickly as possible to the needs of vulnerable populations with quality medicine.

## INSTITUTIONAL PARTNERS



## FOUNDATIONS AND CORPORATIONS



## MAJOR DONORS

- Investors: More than €150,0000**
- Dr. Denise Jarvinen and Dr. Pierre Cremieux
- Global Leaders (between €50,000 and €150,000)**
- Dominique Gaillard
  - The OFREC Society
  - Anonymous

And to all our individual donors!

## OUR RESEARCH PARTNERS:

- Ministries of Health in our countries of intervention
- Inserm (French National Institute for Health and Medical Research)
- PAC-Ci: ANRS (French national AIDS and viral hepatitis research agency) program in Ivory Coast
- Yale School of Public Health
- Oxford University
- ISPED Bordeaux: Institute of Public Health, Epidemiology and Development
- Reacting (REsearch and ACTION targeting emerging infectious diseases)
- EDCTP: Europe - Developing Countries Clinical Trials Partnership
- NIH/NIAID: United States National Institutes of Health
- ALERRT: African Coalition for Training and Response in Epidemic Research Training and Response
- Toronto SickKids Hospital



# 10-YEAR ANNIVERSARY SPECIAL



© Simo SOUGOU / ALIMA

DAKAR



© Nicolo Revelli - Beaumont / SIPA / ALIMA

PARIS



© Gabriel Gomez-Bush / ALIMA

NEW YORK







# ALIMA'S 10-YEAR ANNIVERSARY







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TOGETHER SINCE 2009




THE ALLIANCE FOR INTERNATIONAL  
MEDICAL ACTION






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## FIND OUT MORE ABOUT OUR ACTIONS:

[www.alima.ngo](http://www.alima.ngo)