THE ALLIANCE FOR INTERNATIONAL MEDICAL ACTION

ALIMA

CARING
INNOVATING
TOGETHER

ANNUAL REPORT 2025

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MESSAGE FROM THE PRESIDENT

"The year 2025 will remain a challenging year for ALIMA and for the humanitarian sector as a whole. Multiple crises, escalating conflicts, rising forced displacement, the impacts of climate change, a resurgence of epidemics, and increasing insecurity for humanitarian workers unfolded against a backdrop where the system is being called into question. The decline in institutional funding has also significantly impacted our ability to take action, requiring us to adapt our intervention methods. And yet, we stood strong.

This resilience is based on the commitment of our local partners, the communities, and our teams, who have demonstrated strong agility and determination in unstable contexts. We also extend our gratitude to our members, whose associative and democratic strength guides us in difficult times and helps us remain true to our values. But our priority remains our patients, who are at the heart of everything we do. As the first victims of these crises, they have shown dignity and courage that give full meaning to our commitment. It is for them and with them that we will continue fighting to ensure the right to quality care.

In the central Democratic Republic of the Congo, thanks to the collective effort of authorities, local doctors, the community, and international NGOs, including ALIMA, an Ebola outbreak was contained in a hard-to-reach area within three months. In Burkina Faso and Mali, the dedication of our local partners has enabled families to receive psychological support. In Sudan, despite a very unstable context, our medical team, largely composed of internally displaced people, mobilized to treat patients in overcrowded health centers.

Innovation has also strengthened our impact, particularly in Nigeria, with the end of the operational phase of the Nutrivax research project, aimed at improving vaccination coverage and children's health. On the environmental front, we have continued reducing our carbon emissions and deploying projects, particularly in Chad.

43 million beneficiaries reached since ALIMA's creation

We also owe this resilience to our financial partners and donors, who have remained by our side despite the uncertainties and stepped up to help address funding shortfalls. Their trust is the foundation of our work.

Faced with declining resources, we have strengthened our commitment to efficiency and impact, reinforced our partnerships, and explored new financing methods. This shift, which is at times difficult, has also created opportunities, helping us to build an organization that is stronger, more independent, and better anchored in local realities. These achievements remind us that our mission goes beyond current challenges. It is built for the long term and alongside populations.

If 2025 was a year of resistance, 2026 must be a year of consolidation and hope. We look to the future with clarity, but also with confidence. More than ever, we believe in the strength of a humanitarian model built with communities and for communities. The challenges we face are immense, but so is our collective ability to overcome them."

Dr. Jean-Paul Mushenvula,
President of ALIMA

In 2025, in the face of crises, we held firm.

BEHIND EACH FIGURE ARE REAL LIVES

THE PATIENTS

8,893,267 beneficiaries* in 2025

3,659,688 patients treated

1,442,723 children under 5 years old receiving care

230,818 malnourished children treated

98,181 assisted childbirth

73,031 mental health consultations

123,911 people trained in the prevention of sexual exploitation and abuse (PSEA)

OUR ACTION

14 COUNTRIES of intervention

54 medical projects carried out

11 research projects

1,897 ALIMA employees

95% employees from the countries where the work is carried out

-7% reduction in greenhouse gases (between 2023 and 2024)

5 Responses to epidemics carried out: Meningitis in Nigeria, Mpox and Ebola in DRC, Cholera in Sudan and Chad.

733 health structures (places hosting beneficiaries: tents, hospitals, health and community centers)

55 mobile clinics

4 Environmental projects undertaken

6 Local partner NGOs

*** What does the number of beneficiaries mean?**

This figure represents the total number of people reached through ALIMA's actions. It includes not only patients receiving medical care, but also trained healthcare workers, individuals benefiting from vaccination, mental health support, and health promotion initiatives. The indicator also covers participants in community awareness workshops, particularly those focused on gender-based violence and the fight against malnutrition (such as training on the use of mid-upper arm circumference bracelets[1]).

[1] The MUAC for Mothers program, launched by ALIMA in 2011, enables mothers and healthcare workers to detect child malnutrition early through the use of a color-coded mid-and upper arm circumference (MUAC) bracelet.

ALIMA: CARING, INNOVATING, TOGETHER

The Alliance for International Medical Action (ALIMA) is an international medical NGO founded in 2009 that provides high-quality healthcare to the most vulnerable populations. Since its creation, **ALIMA has reached over 43 million people across 16 countries**, mainly in Africa. The organization is recognized for its medical expertise, particularly in maternal and child health, its fight against acute malnutrition, epidemics, emerging diseases, as well as its technical and operational capacities in research and innovation.

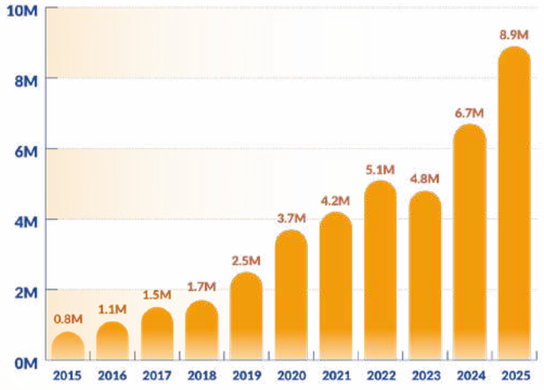
ALIMA's action is rooted in three guiding principles:

CARING

Every day, our medical teams provide treatment to populations facing complex humanitarian crises. Because **every life matters**, we place **patients at the heart of our commitment**. Our actions stem from a constant adaptation to the realities on the ground and are based on medical advances. In 2025, ALIMA reached 8.9 million beneficiaries. Behind this figure are lives, such as Zawadi, shot and injured in Goma, Democratic Republic of the Congo, Marwan, Fatima, and Asma in Tawila, Sudan, or hundreds of patients receiving surgical care in Barsalogho and Titao, Burkina Faso.

Number of medical projects

Number of beneficiaries



The rise in the number of beneficiaries, despite a reduced project portfolio, reflects the scaling up of medical activities within each project, notably the expansion of mobile clinics and the launch of research projects.

INNOVATING

Fueled by the realities of the field and driven by innovation and research, ALIMA **TRANSFORMS HUMANITARIAN MEDICINE** to better protect lives. In 2025, the INTEGRATE clinical trial was launched in Nigeria to evaluate new treatments for Lassa fever, a disease that is often fatal and for which treatment options remain very limited. Our teams are currently working on 11 research projects, including OptiMA and NutriVax, which respectively aim to significantly improve the treatment of acute malnutrition and strengthen vaccination coverage, prevention, and treatment of malnutrition in children under five.

Recognizing the severe humanitarian impact of climate change, ALIMA **INTEGRATES ENVIRONMENTAL ISSUES** into its interventions to transform its practices. Each year, ALIMA assesses its activities and publishes a carbon footprint report (available only in French). Based on these findings, the teams are continuing to deploy environmental solutions across field operations: solarization of healthcare and support facilities, improvement of water and waste management, optimization of the supply chain and transport systems. Projects continue to be implemented in Chad, Burkina Faso, and the DRC, including PLASTIK (reduction and reuse of medical and nutritional waste) and CRESH (Climate Resilience and Environmental Sustainability of Healthcare facilities in the Sahel). These initiatives stem from a roadmap that aims to reduce the environmental footprint of ALIMA's operations by 2030.

TOGETHER

We place local actors at the heart of our humanitarian action. ALIMA builds strong and fair partnerships with Ministries of Health, local NGOs, and communities to design and implement projects adapted to the realities on the ground. Our model is based on co-management, skill transfer, and inclusive governance: national NGOs are represented on ALIMA's Board of Directors and participate in strategic decisions.

This alliance between national and international actors, with 95% of our teams from the countries of intervention and an operational headquarters located in Dakar, **ensures sustainable, anchored, and effective aid**, even in the most complex contexts, such as in the Zabout camp in Chad, in Niono in Mali, in Kaya in Burkina Faso, or in Port-au-Prince in Haiti.

Our local partners:

- **Alerte Santé, Chad:** health services for children under five
- **AMCP-SP *(Alliance Médicale Contre le Paludisme - Santé Population)*, Mali:** fight against malaria and nutritional support for pregnant women and children
- **BEFEN *(Bien-Être de la Femme et de l'Enfant au Niger)*:** fight against acute malnutrition and childhood diseases
- **DEMTOU Humanitaire, Cameroon:** health, nutrition, and food security programs
- **KEOOGO, Burkina Faso:** vulnerable child protection and emergency medical and nutritional care delivery
- **SOS Médecins, Burkina Faso:** medical emergency response, HIV/AIDS care, and healthcare in prisons

OUR EXPERTISE

ALIMA intervenes where emergency aid is vital, in areas most affected by conflicts, epidemics, and malnutrition, with a dual mission: **responding to the emergencies** and **building sustainable responses** to protect vulnerable communities. We do this across **8 areas of expertise:**

ALIMA is often on the front line of **EPIDEMICS AND EMERGING DISEASES** such as Ebola, Mpox, or cholera. We carry out rapid, context-specific interventions while collaborating with authorities to contain outbreaks.

In regions where **SURGERY** remains inaccessible for many, ALIMA organizes surgical campaigns to treat patients, train local teams, and restore hope to those who have long been deprived of specialized care.

Each year, millions of children suffer from **MALNUTRITION**. ALIMA works to detect, treat, and prevent this condition by strengthening the capacities of health systems in the countries where we operate.

WOMEN'S HEALTH is at the heart of our mission, with prenatal care, safe childbirth, postnatal follow-up, and treatment of complications, ensuring comprehensive support for women.

In every crisis, our medical teams are mobilized to offer **PEDIATRIC CARE** to the most vulnerable children.

Humanitarian crises not only affect the body, but also the mind. ALIMA integrates **MENTAL HEALTH** care into our support for patients, families, and health workers affected by trauma.

Local **CAPACITY BUILDING** is key to delivering quality care in the short term, and to creating a long-term shift in humanitarian medical aid. ALIMA strengthens the capacities of healthcare workers and teams within the Ministries of Health, contributing to the development of an autonomous and sustainable health system.

RESEARCH and INNOVATION are woven into everything we do. ALIMA conducts clinical and operational research studies to transform humanitarian practices and introduce more effective treatments, such as simplified approaches to treating malnutrition.

OUR EXPERTISE

7 KEY MILESTONES IN ALIMA'S JOURNEY

2010
Emergency response after the **earthquake in Haiti**

2011
Study on the **mid-upper arm circumference strategy (MUAC for Mothers [2]:** an early detection of malnutrition by mothers using a MUAC bracelet

2014
Response to the **Ebola epidemic in Guinea**

2018
First clinical trial of the **OptiMA project[3]** to treat acute malnutrition

2020
Emergency response to **COVID-19 in Africa**

2022
Strengthening of hospital staff skills in the Obo and **Zemio** districts, Central African Republic

2025
Support for hospitals in Goma, Democratic Republic of the Congo, to care for injured individuals, in response to the Kivu crisis

[2] The MUAC for Mothers project is detailed in the country pages for Cameroon, Mauritania, and the Central African Republic.
[3] The OptiMA research project is detailed in the country page for Mali.

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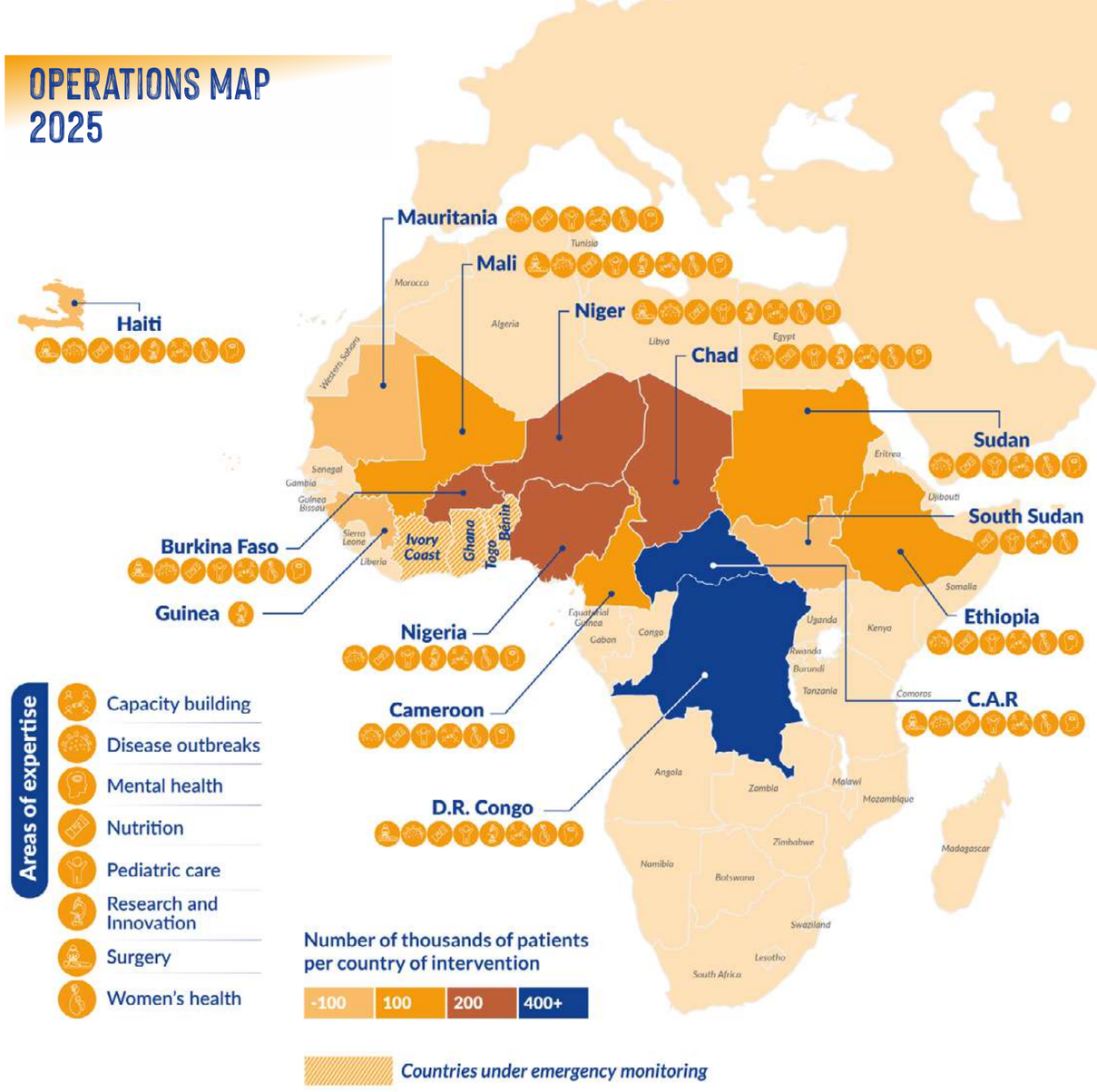
Three-year-old **Aminata** drinks from a cup while holding a ready-to-use sachet of therapeutic food, which is essential for her recovery. This simple act reflects her resilience. Aminata suffers from acute malnutrition, one of the leading childhood illnesses in West Africa, affecting over 14 million children under five. Despite the scale of the crisis, it remains largely underfunded and often overshadowed by other crises. In Mali, ALIMA and its national partner AMCP-SP provide essential care through mobile clinics and nutritional treatment units.

Sénou, near Bamako, Mali, May 2025. © Cora Portais / ALIMA

OPERATIONS MAP 2025



BURKINA FASO

KEY **PROJECTS**

Improving the health of pregnant women with micronutrients

An innovative project is being launched in **Burkina Faso** to improve the health of pregnant women through multiple micronutrient supplements (MMS). Implemented in the Center and Center-South regions, the project is part of a national effort to improve the health and nutrition of women and newborns.

HOW?

- Distribution of micronutrient supplements to pregnant women during prenatal consultations
- Capacity building of healthcare workers to integrate MMS into healthcare practices
- Awareness-raising among women and communities about the importance of good nutrition during pregnancy
- Providing support to the government to sustainably integrate this approach into the healthcare system

This initiative generalizes the use of micronutrient supplements during pregnancy, with the support of our local partners, Keoogo and SOS Médecins BF. The project prevents nutritional deficiencies and improves the health of mothers and children starting from the earliest stages of life.

Strengthening healthcare access for crisis-affected populations in Central and Northern Burkina Faso

The Sahel region continues to face the impacts of climate change and conflicts with population displacement. ALIMA coordinates a consortium of international organizations and local partners to reduce morbidity and mortality among affected communities. It operates in the Center-North and Northern regions of the country, including Kuilsé, Yaadga, Sourou, and Bankui.

© Steve Doulkom / ALIMA

HOW?

- Supporting the reopening of closed health centers
- Deploying mobile clinics and health posts in hard-to-reach areas
- Organizing medical consultations to address urgent health-care needs
- Screening and treatment of acute malnutrition in children
- Offering mental health services and support for people affected by crisis
- Providing assistance to survivors of gender-based violence, with tailored support

By combining healthcare, nutrition, and protection, ALIMA provides comprehensive care that meets communities' physical and mental health needs.

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ALIMA'S KEY FIGURES IN BURKINA FASO

379,268 patients treated

17,803 patients treated via mobile clinics

17,959 mental health consultations

503 surgical procedures

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TESTIMONY

"I lost everything: my husband, my son. I lost my bearings. Sometimes, I feel overwhelmed. With my children, we live on the food and care we receive, and we benefit from free healthcare. Before, I didn't think I could find peace again. Now, I feel stronger. I'm beginning to sleep again."

Zenabo, an internally displaced person supported by a mental healthcare worker, in Ouahigouya, Yaadga region.

CAMEROON

KEY **PROJECTS**

Responding to emergencies and supporting local healthcare workers in Makary and Mokolo

In the Far North region of **Cameroon**, the population faces many difficulties. Violence in the Lake Chad Basin has driven to population displacement and the arrival of Nigerian refugees, while recurring droughts and floods undermine livelihoods and weaken agricultural production. Together, these factors exacerbate food insecurity and drive rising rates of acute malnutrition. In response, ALIMA, alongside our local partner DEMTOU Humanitaire, provides care directly on site.

HOW?

- Supporting health centers and hospitals across the region
- Managing cases of severe acute malnutrition, with or without complications
- Providing maternal and child healthcare: assisted births, cesarean sections in the operating theater, and neonatology department
- Offering consultations in nearby health centers
- Referring patients to hospitals when needed
- Providing mental health services and psychosocial support

Improving access to healthcare in Batibo and Bamenda

In the English-speaking North-West region, an ongoing security crisis has caused population displacement and significant humanitarian needs. This project supports four health centers and one hospital.

HOW?

- Offering consultations for all ages and hospitalizations for children under five
- Prenatal monitoring, birth management, and cesarean sections
- Providing mental health services and psychosocial support
- Managing cases of severe acute malnutrition, with or without complications
- Training caregivers in the MUAC for Mothers strategy[4], helping them better detect malnutrition
- Responding to gender-based violence

[4] The MUAC for Mothers program, launched by ALIMA in 2011, enables mothers and healthcare workers to detect child malnutrition early through the use of a color-coded mid-and upper arm circumference (MUAC) bracelet.

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A multifaceted crisis in Northern Cameroon is putting immense pressure on communities and health services. ALIMA's projects make it possible to address emergency needs while working alongside local structures to sustainably improve access to care. In April 2025, however, the termination of USAID funding forced ALIMA to end a project in Dschang, in the South-West region, leaving thousands of people without care.

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ALIMA'S KEY FIGURES IN CAMEROON

143,127 patients treated

53,884 general consultations for children under 5 years old

7,256 malnourished children treated

3,347 assisted childbirth

© ALIMA

TESTIMONY

"My child was treated here for 14 days, placed on oxygen, and a transfusion was necessary. We benefited from care and training on the MUAC for Mother approach. It's like a miracle to see my child recover, I had lost all hope."

Madeleine and her child, in a health center in Mokolo.

CENTRAL AFRICAN REPUBLIC

KEY **PROJECTS**

Mobilization in northwestern Central African Republic

In Bocaranga and Ngaoundaye, near the Cameroonian border, insecurity issues are driving population displacement and placing strong pressure on health facilities. ALIMA, with the Ministry of Health, is deploying an emergency response for the displaced populations.

HOW?

- Providing access to primary and secondary healthcare in supported health facilities
- Caring for vulnerable populations, including children and pregnant/breastfeeding women
- Strengthening immunization coverage through vaccination rollout campaigns
- Treating cases of severe acute malnutrition in children under five
- Training parents in malnutrition screening through the MUAC for Mothers program
- Strengthening capacity of health structures and staff, including surgical care and mental health services

This collective intervention provides essential access to healthcare in an emergency context. It has enabled the treatment of thousands of patients while strengthening local health structures.

Strengthening the health system and community resilience in the south

Implemented in Bimbo and Boda, Performance-Based Financing (PBF) aims to improve sustainable access to healthcare by linking a portion of funding to the results achieved. Health facilities receive financing based on verifiable indicators such as the number of consultations, assisted births, vaccinated children, and the quality of services provided.

HOW?

- Improving health services through the support of hospitals, health centers, and health posts
- Improving access to healthcare for children under five and pregnant women
- Developing maternal and reproductive health activities
- Treating cases of severe acute malnutrition
- Training mothers in the MUAC for Mothers program
- Strengthening community participation in healthcare

The PBF approach contributes to the structural strengthening of the health system by improving access to and quality of care, while also increasing the community's engagement in their own healthcare.

© ALIMA

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ALIMA'S KEY FIGURES IN CENTRAL AFRICAN REPUBLIC

567,581 patients treated

376,327 medical consultations

27,089 mothers trained in the MUAC strategy

25,946 assisted childbirth

© ALIMA

TESTIMONY

"In Bimbo, we have seen many positive changes. Pregnant women and children are receiving care. ALIMA built the laboratory for medical examinations, rehabilitated the pediatrics department, and built an operating theater. Thanks to ALIMA, the district's operational capacity has been strengthened."

Crépin, Sub-Prefect of Boda.

CHAD

KEY **PROJECTS**

Innovation to reduce the environmental footprint of humanitarian actions

After launching the PLASTIK project in Burkina Faso, ALIMA has expanded it across all operations in **Chad**. This innovative project involves collecting, recycling, and repurposing plastic packaging from medical and nutrition programs, the majority of which comes from ready-to-use therapeutic foods (RUTF).

HOW?

- Raising awareness among parents of malnourished children about collecting used RUTF sachets
- Establishing a system for the collection and recycling of medical packaging
- Collaborating with local waste recovery organization RECYDEP
- Transforming medical waste into eco-friendly bricks or handcrafted bags
- Using bricks to create green spaces in ALIMA-supported health centers, including the construction of a storage warehouse for RUTF cartons in N'Djamena

The PLASTIK project offers a practical solution that helps reduce the environmental footprint of medical activities while engaging the local communities.

RISQ: Improving detection of the most severe cases of malnutrition to save more children in Ngouri

In western Chad, the RISQ[5] research project, led by ALIMA, is aimed at improving the treatment of malnourished children by testing an innovative tool—known as the RISQ score—to more effectively assess the severity of a child's condition upon arrival at the health center. This innovative project helps medical teams to rapidly identify the most critical cases and adapt treatment.

© Moctar Ali Tondi / ALIMA

[5] Responses to Illness Severity Quantification

HOW?

- Implementing a simple score based on seven routinely measured indicators: temperature, respiratory rate, heart rate, oxygen saturation, etc.
- In the event of a high score, the child is closely monitored, regularly reassessed, and can be hospitalized immediately if necessary
- The research project aims to compare mortality across 17 health centers using standard care and 17 others using this tool
- Training healthcare workers in the use of the RISQ method
- Sharing results with local teams and partners to consider its wider use in the field

A recent clinical trial shows that integrating the RISQ score into an outpatient malnutrition program can reduce hospitalizations and mortality by 95%. The project highlights the importance of improved case assessment to save more lives in nutrition programs.

ALIMA'S KEY FIGURES IN CHAD

232,471 patients treated

83 supported health structures

18,731 malnourished children treated

34 health centers have integrated the RISQ method

© Moctar Ali Tondi / ALIMA

© ALIMA

TESTIMONY

"For years, we faced the same frustration in the field: children arrived at the hospital when they were already at a very advanced stage of the disease. With the RISQ project, teams now have a simple yet powerful tool: they no longer wait for the situation to become critical before taking action. For families, this means less anxiety and, above all, more children surviving."

Laurent, PhD involved in the RISQ project.

DEMOCRATIC REPUBLIC OF THE CONGO

KEY **PROJECTS**

Emergency surgical response in eastern DRC

In January 2025, clashes in Goma, in eastern **Democratic Republic of the Congo**, caused a massive influx of injured people. In this context of forced displacement, ALIMA deployed an emergency surgical response to support health facilities.

HOW?

- Managed injured patients and cases requiring surgery
- Provided medical, nutritional, psychosocial, and logistical support to two hospitals in Goma
- Rehabilitated infrastructure and training local health teams
- Deployed emergency stocks and establishing a patient referral system

The violence severely disrupted health services in medical facilities across Goma. Thanks to its local presence, ALIMA intervened quickly and supported the health system to treat the injured families.

Response to the Ebola outbreak in Kasai

At the end of 2025, an Ebola outbreak hit the Kasai region near the center of the Democratic Republic of the Congo. The remoteness of villages, the rapid spread of the virus, and fear complicated the response. The Ministry of Health quickly mobilized its teams, local doctors, international NGOs, including ALIMA, and community relays to contain the epidemic.

HOW?

- Provided care for patients by establishing triage, transit, and Ebola treatment centers
- Organized epidemiological surveillance and monitoring of contact cases
- Trained healthcare workers in Ebola treatment and strengthening local capacities
- Supported the Ministry of Health's vaccination campaign
- Strengthened community outreach and the training of community relays
- Offered psychosocial support for patients and their families

Thanks to ALIMA's local presence and the community's mobilization, the **epidemic ended within three months**. Subsequently, ALIMA maintained its intervention in Kasai, focusing on strengthening the capacity of local medical teams to improve preparedness for future health emergencies.

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ALIMA'S KEY FIGURES IN DEMOCRATIC REPUBLIC OF THE CONGO

1,028,681
patients treated

861,672
general consultations including **253,375** children under 5 years old

196,009
recycled sachets

113
suspected Ebola cases taken care of

© Joséphine Franc Rousseau / ALIMA

TESTIMONY

"Our challenge was to stop this epidemic we did not know enough about in this area. ALIMA showed us the way forward. They taught us how to respect protection protocols, how to treat patients, and how to raise awareness in the community. These skills will allow us to better protect the population in the future."

Georges, a local general practitioner and participant in the Ebola response.

ETHIOPIA

KEY **PROJECTS**

Delivering healthcare to populations affected by drought and climate shocks in the Somali region

As the impacts of the climate crisis intensify in **Ethiopia**, with prolonged droughts, floods, and population displacement, access to healthcare is becoming increasingly limited for vulnerable communities.

HOW?

- Detecting and treating acute malnutrition in children under five, as well as in pregnant and breastfeeding women
- Providing essential health and nutrition services, including medical consultations
- Supporting health facilities through the supply of medicine, nutritional inputs, and equipment
- Training healthcare workers
- Improving community engagement and awareness surrounding malnutrition and disease prevention
- Strengthening the treatment of severe cases and monitoring severely malnourished children
- Supporting routine vaccinations and surveillance of vaccine-preventable diseases

Building resilience and providing essential health services in the Tigray region

In a context marked by successive crises, communities in the Tigray region face limited access to health services. ALIMA is implementing interventions aimed at restoring care and strengthening the resilience of the healthcare provided.

© ALIMA

HOW?

- Deploying mobile health teams to reach remote and underserved populations
- Providing maternal health services, including assisted births
- Delivering primary healthcare and medical consultations
- Treating acutely malnourished children
- Strengthening epidemiological surveillance and rapid response to health alerts
- Training healthcare workers in emergency obstetric care, clinical management of violence, and protection approaches
- Rehabilitating health infrastructure, including water supply systems and medical waste management

Beyond emergency responses, these interventions aim to sustainably strengthen local healthcare systems, improve access to healthcare, and build community resilience to both climate and humanitarian crises.

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ALIMA'S KEY FIGURES IN ETHIOPIA

107,045 patients treated

40 trained local healthcare professionals

25,160 general consultations for children under 5 years old

3,843 assisted childbirth

© ALIMA

TESTIMONY

"I train midwives in patient care and monitoring, and I support maternity services. I remember a patient who arrived from far away, pregnant, weak, and injured. We supported her through childbirth, and she left with a healthy baby."

Jemal, midwifery supervisor at Hargele Hospital, Afder zone, Somali region.

GUINEA

KEY **PROJECTS**

Guinea holds a historic place in ALIMA's story, particularly in the field of research. In collaboration with our local and international partners, ALIMA has contributed to the development of the first vaccination (PREVAC/PREVAC-UP) and therapeutic (JIKI) strategies against Ebola and COVID-19 (COVICOMPARE). New research initiatives continue to emerge today.

Preventing Ebola: research for community health

The response to Ebola outbreaks is based on responsiveness, coordination, rigorous epidemiological surveillance, and prevention. The EBO-PEP study aims to assess whether post-exposure treatment can prevent individuals exposed to Ebola from getting sick. If confirmed, this hypothesis could prevent contacted persons from developing the disease, thus constituting an additional tool in the fight against Ebola.

HOW?

- Leading an international consortium of research experts, institutions involved in the Ebola outbreak response in Guinea, and data analysis specialists
- Developing protocols and procedures adapted to implementing emergency trials during disease outbreaks in the country
- Building team capacity: training was organized to consolidate skills on good clinical practices and the implementation of emergency research protocols

In Conakry, ALIMA works closely with the National Agency for Health Security (ANSS) and the Center for Research and Training in Infectious Diseases of Guinea (CERFIG). As key players in the EBO-PEP project, these partners play a key role in responding to health crises in the country.

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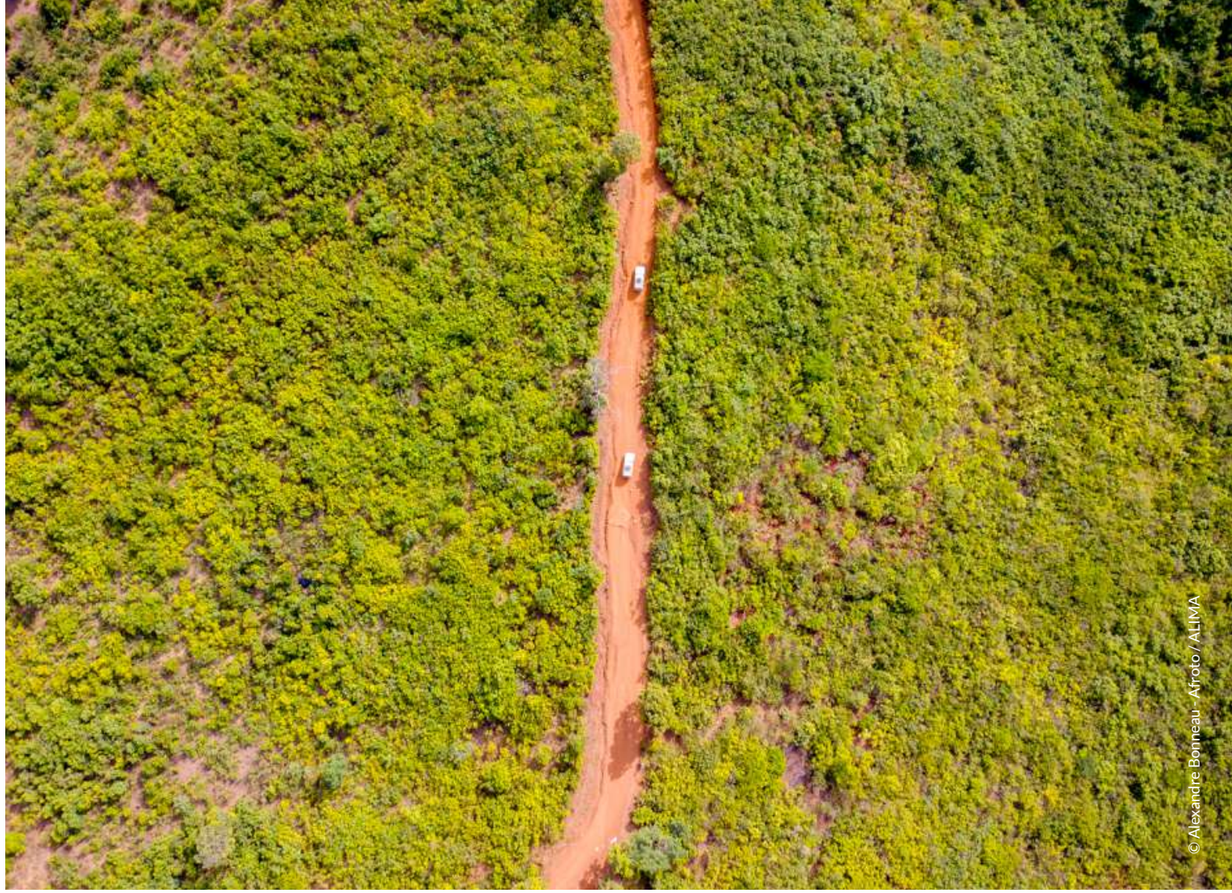

© Alexandre Bonneau - Afroto / ALIMA

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TESTIMONY

"We work closely with local actors to protect communities at risk of Ebola. By combining field expertise and scientific research, EBO-PEP demonstrates that research can help reduce Ebola-related mortality and better protect in the event of an outbreak."

Béatrice Serra, ALIMA researcher.

Behind this desert landscape bordered by mountains lies a **dark page of history...**

Tawila. North Darfur, Sudan. © Mamadou Lamine Diop / ALIMA

In 2025, Sudan sank into a severe humanitarian crisis following two years of conflict that forced millions of people to flee. In North Darfur, violence in El Fasher caused further mass displacement toward safe areas, such as Tawila. After several days of walking without food or water, exhausted families arrived and settled in extremely precarious conditions. Meanwhile, overwhelmed health facilities struggled to respond to injuries and severe malnutrition. Since February 2025, **ALIMA has been present in the area, deploying mobile clinics and health structures** to provide life-saving care and support local health teams. Despite the resilience of the communities, the needs far exceed the response capacities due to insufficient funding. Yahya Ishag's story reflects this reality: she traveled this long road with her five children to reach Tawila.

Tawila. North Darfur, Sudan. © Mamadou Lamine Diop / ALIMA

HAITI

KEY **PROJECTS**

Mobile clinics and strengthening of health services in the metropolitan area of Port-au-Prince

Faced with an ongoing humanitarian crisis in the metropolitan area of Port-au-Prince, ALIMA is implementing a health and nutrition response to strengthen access to care for displaced populations.

HOW?

- Deploying mobile clinics and supporting health facilities
- Providing sexual and reproductive healthcare, pediatrics, and mental health care with psychosocial support for assisted individuals
- Supporting treatment of acute malnutrition and promoting nutritional healthcare for children under five
- Strengthening community awareness and engagement
- Rapidly responding to health emergencies
- Rehabilitating and restoring health facilities, particularly in pediatric and maternity services
- Training healthcare workers and strengthening local capacities

This intervention helps preserve the dignity of community members in a densely populated urban area by strengthening health services and the overall capacity of the local system.

Providing care for those deported from the Dominican Republic

Anse-à-Pitres, located in southeastern Haiti, on the border with the Dominican Republic, is an area where Haitians used to cross the border for medical treatment. However, increasingly restrictive border policies have severely limited access to healthcare. In this context of a medical desert, ALIMA has launched a project to improve access to healthcare for deportees and the population in the border region.

© Woo- Jerry Mathurin / ALIMA

HOW?

- Strengthening primary, pediatric services, and emergency obstetric healthcare
- Providing medical and psychological support for survivors of gender-based violence, and establishing appropriate referral systems
- Training and certification of healthcare staff to improve the quality of care
- Strengthening referral systems
- Securing the supply of medicines and nutritional treatments
- Preventing and treating malnutrition in collaboration with community workers and local authorities

Thanks to the rehabilitation of health services, ALIMA teams have supported healthcare workers and families who no longer had access to care. This project has also strengthened the health system in southeastern Haiti over the long term.

ALIMA'S KEY FIGURES IN HAITI

66,828 patients treated

3,990 mental health consultations

240 survivors of sexual violence receiving care

820 malnourished children treated

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© Woo-Jerry Mathurin / ALIMA

TESTIMONY

"I heard that ALIMA provided quality care for pregnant women, so I came right away. The midwife advised me on how I should take care of myself during my pregnancy. Not everyone has access to free hospital care. Here in Cité Soleil, we're really lucky to have ALIMA."

Vanessa, internally displaced person in Port-au-Prince.

MALI

KEY **PROJECTS**

Providing local healthcare in Bamako

Bamako hosts a large number of displaced people from central and northern Mali, which increases the pressure on peripheral neighborhoods and health facilities. ALIMA and its local partner AMCP-SP are strengthening access to healthcare in Commune VI of Bamako, with a focus on maternal health, nutrition, and community care.

HOW?

- Treating severe acute malnutrition and common illnesses in children under five
- Strengthening childhood vaccination coverage
- Supporting sexual and reproductive health services
- Establishing mental health and psychosocial support
- Training healthcare workers and community relays
- Raising community awareness on child nutrition and hygiene
- Supporting WASH[6] activities in assisted health facilities

This project improves access to essential healthcare while building community resilience.

OptiMA: simplifying treatment of acute malnutrition in children under five

In **Mali**, acute malnutrition is a major challenge for children under five. To address this, ALIMA is implementing a simplified approach in Bamako and Niono to strengthen early detection and improve access to treatment. The approach relies on a screening for malnutrition with a single measurement: the mid-upper arm circumference (MUAC), assessed using a color-coded bracelet.

© Cora Portais / ALIMA

[6] WASH: Water, Sanitation and Hygiene

HOW?

- Training mothers and healthcare workers to use the mid-upper arm circumference bracelet (MUAC for Mothers) for early malnutrition detection at home
- Strengthening community awareness of acute malnutrition and its warning signs
- Distributing ready-to-use therapeutic food (RUTF), adapted to the child's nutritional condition

This approach has significantly improved the early detection and treatment of malnutrition across 52 health facilities in Mali. Results have shown an increase in care coverage for children and an optimized use of nutritional supplies.

© Cora Portais / ALIMA

ALIMA'S KEY FIGURES IN MALI

162,013 patients treated

14,002 children cared for using the Optima approach

46,905 prenatal consultations

22,730 malnourished children treated

© Cora Portais / ALIMA

TESTIMONY

"When I see mothers with their children, happy and healthy, it fills me with joy. I know this is my calling! Even when I'm tired, I walk nearly an hour to get here. I do it for myself, for my work, for my family, and so that displaced people can access proper healthcare."

Kanou, nutrition assistant in Bamako.

MAURITANIA

KEY **PROJECTS**

Responding to overwhelmed health services in Eastern Mauritania

For over 13 years, **Mauritania** has welcomed Malian refugees. Along the eastern border, humanitarian needs continue to rise. In this remote Sahelian setting, ALIMA works to improve access to healthcare and combat malnutrition in the Hodh Ech Chargui region.

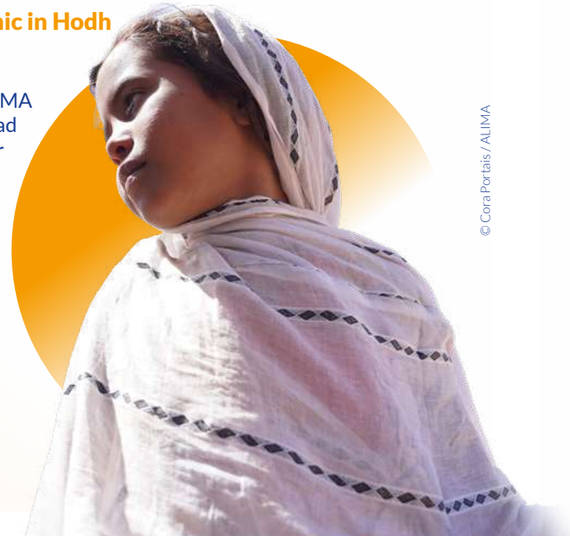
HOW?

- Supporting Bassikounou Regional Hospital in the treatment of severe acute malnutrition
- Deploying five mobile clinics to reach isolated populations
- Training parents in the MUAC for Mothers strategy for early detection of malnutrition in children
- Supporting two border health posts to ensure access to quality primary healthcare
- Strengthening the capacity of the local health system to manage the influx of patients

In a context marked by displacement and humanitarian underfunding, this response ensures life-saving access to healthcare in a remote area while strengthening the broader health system.

Response to the diphtheria epidemic in Hodh Ech Chargui

Faced with a resurgence of diphtheria, ALIMA deployed a rapid response to limit the spread of the disease and ensure treatment for affected populations. Diphtheria is a serious bacterial infection — particularly dangerous for children — that tends to re-emerge in areas with low vaccination coverage.



© Cora Portais / ALIMA

HOW?

- Established isolation facilities and treatment systems
- Treated patients
- Traced contacts to limit transmission
- Conducted targeted vaccination campaigns
- Trained healthcare workers and provided protective equipment
- Strengthened WASH[7] infrastructure
- Raised community awareness of prevention and early detection

Collaboration with community actors enabled a rapid, coordinated response, and ensured care for hundreds of patients.

[7] WASH: Water, Sanitation and Hygiene

© Cora Portais / ALIMA

ALIMA'S KEY FIGURES IN MAURITANIA

50,417 patients treated

43,887 medical consultations

4,847 vaccinated people

2,688 malnourished children receiving care

© Cora Portais / ALIMA

TESTIMONY

"I work on the deployment of mobile clinics. As a Mauritanian and a healthcare worker, I understand how important this project is in my country's poorest region. Without mobile clinics, thousands of people would have no access to healthcare."

Mohamed, State nurse, Kindjerlé site, Hodh Ech Chargui region.

NIGER

KEY **PROJECTS**

OPTIMAX, combining nutritional supplements and vaccination to strengthen pediatric monitoring

In Mirriah, southern **Niger**, children under five continue to be severely impacted by acute malnutrition. The OPTIMAX research project is an innovative study conducted to improve vaccination coverage in children by combining vaccination and nutritional supplementation.

HOW?

- Implementing the project across 10 health centers
- Distributing SQ-LNS nutritional supplements to children aged 6 to 18 months — a fortified supplement designed to prevent deficiencies in young children
- Comparing vaccination coverage and acute malnutrition rates between two groups after one year: children receiving vaccination combined with SQ-LNS supplementation, and those following the standard vaccination program
- Conducting qualitative research to identify barriers to vaccination

In 2025, working with local partner BEFEN, ALIMA's study reached 6,418 children in Niger. OPTIMAX aims to demonstrate that integrating nutrition can be a lever for improving both access to and adherence to vaccination in rural areas.

Emergency rapid response in Niger's western region

For over a decade, ALIMA has been working in western Niger, along the borders with Mali and Burkina Faso, to provide refugees with healthcare. In the regions of Tillabéri, Tahoua, and Maradi — areas exposed to epidemic diseases such as measles, meningitis, and diphtheria — access to healthcare remains limited. ALIMA is deploying an emergency response adapted to population movements and vital needs.

© Steve Doulkom / ALIMA

HOW?

- Deploying the Rapid Response Mechanism (RRM), designed to adapt interventions to population displacement and needs while ensuring strategic coordination across affected regions
- Supporting health facilities and mobile clinics for emergency medical and nutritional treatment
- Strengthening health surveillance and humanitarian monitoring to anticipate needs
- Treating acute malnutrition in children under five
- Conducting large-scale consultations in health facilities and via mobile teams

This humanitarian RRM enables rapid, adaptable responses to medical needs in crisis areas, and is also deployed in the Democratic Republic of the Congo.

© Steve Doulkom / ALIMA

ALIMA'S KEY FIGURES IN NIGER

380,097 patients treated

82,131 patients treated via mobile clinics

4,204 mental health consultations

97 Supported healthcare facilities and deployed mobile clinics

© Steve Doulkom / ALIMA

TESTIMONY

"After being informed by community relays, I went to the health center to treat my malnourished child. She is 16 months old and is doing very well now. During the visit, she also received her vaccinations. The healthcare workers explained that they would protect her against several diseases."

Bamara and her child participated in the Optimax project in Mirriah.

NIGERIA

KEY **PROJECTS**

Strengthening the health system in northern Nigeria

In **Nigeria**'s northern states, violence and food insecurity have led to mass population displacement and have significantly limited access to healthcare, particularly for women and children. Over the last decade, ALIMA has responded to health, nutrition, and epidemic crises through a community-based approach.

HOW?

- Supporting health facilities in Katsina, Yobe, and Borno states
- Strengthening primary health services, including caring for children under five
- Offering outpatient and inpatient treatment of severe acute malnutrition
- Providing support for maternal and reproductive health services
- Providing support for routine vaccination of children
- Community outreach initiatives, including MUAC for Mothers training for families and health facilities

ALIMA develops projects in consultation with the very communities the projects are intended to serve. In these regions, community-based activities focus on maternal health and treatment of malnutrition among children under five.

Research serving community health

In Nigeria, ALIMA is conducting two research projects that reached key milestones in 2025: NUTRIVAX, which combines nutritional supplements and vaccinations to prevent severe acute malnutrition while strengthening child health, and INTEGRATE, which uses collaborative clinical research to develop more effective treatments for Lassa fever.

© Nandak Chingle / ALIMA

HOW?

NUTRIVAX

- Distributing lipid-based nutritional supplements (SQ-LNS) to children aged 6 to 23 months
- Finalizing clinical trials, cohort follow-up, and field activities

INTEGRATE

- Completion of studies on community acceptability and cost effectiveness
- Ongoing data analysis, with promising preliminary results
- Preparing for the publication of results, expected in 2026

© Nandak Chingle / ALIMA

ALIMA'S KEY FIGURES IN NIGERIA

367,508 patients treated

10,029 children benefited from the SQ-LNS

25,210 children under 5 years old hospitalized

5,215 mental health consultations

© Nandak Chingle / ALIMA

TESTIMONY

"I stopped coming because it had become difficult to reach the center, and I noticed that my daughter lost all her energy. Other women in the community encouraged me to continue seeking care. She has now regained her strength and is playing normally. Thanks to nutritional supplements, her appetite has returned."

Maimuna and her mother participated in the Nutrivax project in Yobe State.

SUDAN

KEY **PROJECTS**

Responding to the world's largest humanitarian crisis in North Darfur and South Kordofan

After two years of conflict, **Sudan** continues to face a deteriorating humanitarian crisis, which far exceeds available local response capacities. ALIMA was one of the first NGOs to mobilize in response to this crisis. Persistent insecurity forces teams to continuously adapt their approach, including frequent relocation of health services to ensure healthcare remains accessible.

HOW?

- Providing support to local healthcare personnel from the Sudanese Ministry of Health
- Deploying five mobile clinics to reach displaced populations in Tawila and El Fasher, North Darfur
- Strengthening emergency response in overcrowded healthcare facilities: acute malnutrition, maternal and child health, general consultations, and injury treatment
- Offering psychosocial support and care for survivors of gender-based violence
- Supporting maternal and pediatric services of the Kadugli University Hospital

In North Darfur, over 70% of ALIMA's medical team consists of internally displaced people, who have themselves been impacted by the conflict and forced to flee their homes. These doctors, midwives, nutritionists, and nurses are now caring for their own communities, while supporting local teams who are facing a continuous influx of patients.

© Mamadou Lamine Diop / ALIMA

Response to the cholera outbreak in North Darfur

In August 2025, large waves of displaced people fleeing violence in El Fasher arrived in Tawila, North Darfur, as an outbreak of cholera was beginning to emerge. Heavy rains, flooding, lack of sanitation, and limited access to clean water quickly worsened the situation and led to the spread of the disease. Already present in the region, ALIMA quickly mobilized on the ground.

HOW?

- Established a cholera treatment center and treatment unit
- Deployed five oral rehydration points
- Community outreach activities on prevention
- Strengthened infection prevention and control measures
- Trained Ministry of Health staff

Before the cholera epidemic, Tawila's health system was already severely weakened, with the population facing hunger and malnutrition. Each rainy season adds additional pressure to the already strained system as epidemics, such as cholera, re-emerge.

© Mamadou Lamine Diop / ALIMA

ALIMA'S KEY FIGURES IN SUDAN

101,348 patients treated

82,452 general consultations

1,286 suspected cases of cholera being treated

4,451 malnourished children treated

© Mamadou Lamine Diop / ALIMA

TESTIMONY

"We left our house in El Fasher and walked to Tawila with my family. I first joined ALIMA as a volunteer. Then I got my certificate, and I now work with the medical team. I can't leave my country. I am Sudanese, and I want to help everyone who needs care. I am ready to give my life for this."

Wisal, ALIMA nutrition assistant, Tawila, North Darfur.

SOUTH SUDAN

KEY **PROJECTS**

Providing emergency maternal and pediatric care

In Aweil, in northwestern **South Sudan**, ALIMA has strengthened emergency obstetric and pediatric care at the Maper and Akuem health facilities. Following the rehabilitation of the infrastructure, health services were progressively re-established.

HOW?

- Rehabilitation and operationalization of Maper and Akuem health facilities
- Deployment of emergency obstetric and neonatal care services
- Community awareness activities to encourage childbirth in health facilities
- Strengthening the health system with a 24/7 ambulance service
- Development of pediatric outpatient and inpatient services
- Training of healthcare workers, traditional birth attendants, and community volunteers

South Sudan remains one of the most dangerous countries in the world in which to give birth. Recurrent floods linked to climate change isolate communities, while healthcare needs far exceed existing capacities. In collaboration with the Ministry of Health, ALIMA is responding to meet the basic needs of mothers and children.

© Marie Lechaplays / ALIMA

Malaria peak response

In the middle of the rainy season during the summer of 2025, violent floods hit Aweil, causing a proliferation of mosquitoes and leading to a sharp increase in malaria cases. Since movement was severely restricted by floods, ALIMA launched an emergency response to ensure rapid diagnosis and immediate treatment of impacted populations.

HOW?

- Mass screening and testing of children under 15 at six health facilities
- Rapid treatment of confirmed malaria cases
- Integration of nutritional screening and referral of acute malnutrition cases
- Community awareness campaign to encourage early care
- Collaboration with the Ministry of Health, WHO, and nutrition partners

Malaria positivity rates reached up to 90%, demonstrating how the climate crisis is affecting the health of vulnerable populations, particularly children. Since 2025, ALIMA has been deploying an emergency response in Aweil, where the population has no other way to access healthcare.

© Marie Lechaplays / ALIMA

ALIMA'S KEY FIGURES IN SOUTH SUDAN

66,841 patients treated

55,265 children up to 15 years old suffering from malaria treated

11,576 children under 5 years old taken care of

88,703 community members made aware

© Marie Lechaplays / ALIMA

TESTIMONY

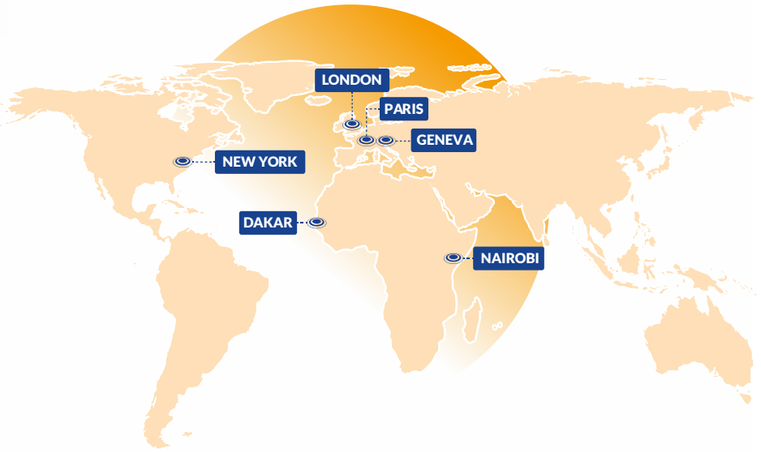
"Before, when it rained and ALIMA was not present, many children and pregnant women died. Today, even when roads are cut off due to flooding caused by climate change, children can receive healthcare thanks to ALIMA's presence."

Bol, community representative in Aweil.

OUR HUMANITARIAN TEAM

ALIMA is governed by a **Board of Directors** elected by its members, which sets strategic direction, approves the annual budget and operational plan, and oversees key decisions in support of its humanitarian mission. Our local NGO partners play a central role in ALIMA's **governance** through their representation on the Board.

As an international NGO with a strong presence in Africa, ALIMA has its **operational headquarters** in Dakar and a European headquarters in Paris. Based in **Kenya**, ALIMA's regional platform leads its activities in East Africa. Its offices in the **United States**, **France**, the **United Kingdom**, and **Switzerland** are dedicated to fundraising, communication, advocacy and representation.



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The European Campaign Committee supports ALIMA in France and Europe by strengthening its public profile and fundraising efforts.

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- Dr KINDA Moumouni
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- Dr OSUR Joachim, Treasurer
- Dr OGUTU Bernhards, Secretary

HIGHLIGHTS AND INTERNAL ACTIVITIES:

- ALIMA was appointed co-lead, alongside UNICEF, of the regional network on Prevention of Sexual Exploitation and Abuse in West and Central Africa. Through this leadership role, the organization contributes directly to the strengthening and harmonizing of safeguarding standards across the region.
- ALIMA's e-learning platform, Learn Box, continues to grow with increased team participation and enriched content. It now offers 134 online courses, including career paths in French and English.
- A blood donation campaign was organized at ALIMA's headquarters in Dakar, bringing together 50 participants on February 14.

1,897 employees

95% from operation countries

+400 association members

6 international offices

OUR RESULTS

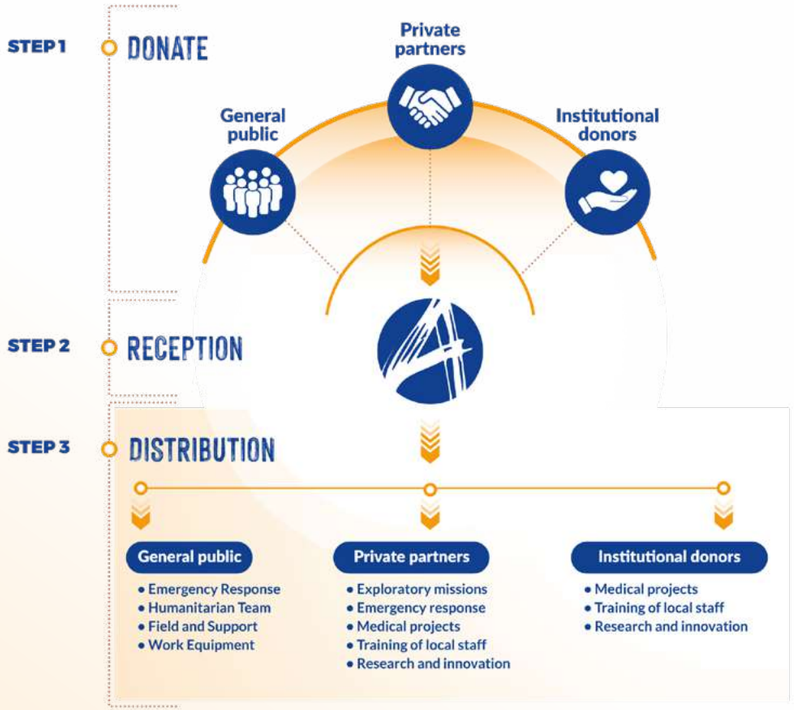
FINANCIAL **TRANSPARENCY**

All the money invested contributes to saving lives and building a sustainable future. Our rigorous management is based on strict controls:

- Annual certification of our accounts by an independent auditor
- Regular audits by our main partners (European Commission, ECHO, USAID, French government, UN agencies)

These requirements ensure efficient management aligned with international standards.

HOW DOES YOUR GENEROSITY CHANGE LIVES?



FUNDRAISING

ALIMA's financing model is primarily based on public funding, complemented by 28% of private resources. Private fundraising is structured across four main markets:

- **France**, through major donors, foundations, corporations, and the general public;
- The **United Kingdom**, through private foundations and individual donors;
- The **United States**, where significant revenue is generated through the support of major foundations, as well as major donors, corporations, and general public;
- Since this year, **Switzerland** has been supplementing this scheme to broaden access to private foundations.

Despite global funding challenges, private fundraising continued to grow—particularly in the United States and the United Kingdom—thanks to private foundations and major donors. In France, growth was supported by an increase in individual donations and the recruitment of 4,000 new monthly donors. ALIMA's registration in Switzerland at the end of 2025 also allowed the development of new partnerships with foundations. ALIMA is quickly diversifying our private resources to strengthen stability, independence, and ability to respond to declining public funding.

ALIMA ASSERTS ITSELF AND GAINS VISIBILITY

In the media

On October 27, the French evening news (on *France 2*) aired a **report on the humanitarian crisis in North Darfur**, highlighting ALIMA's work in Tawila, Sudan. This marked the first on-the-ground coverage from the region since the conflict began in 2023 and focused on the scale of humanitarian needs and the urgency of strengthening funding.

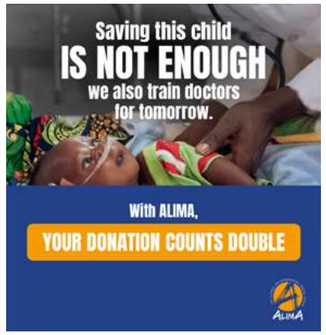
ALIMA's voice

Alongside a coalition of organizations, ALIMA advocated at the Nutrition for Growth Summit, held in Paris on March 25, to mobilize a sustainable response to malnutrition. The NGO highlighted the effectiveness of solutions such as RUTF[8] and called for stronger financing through two key measures:

- Reallocate a share of solidarity taxes to international solidarity efforts
- Increase the soda tax by 0.01 € to sustainably finance the fight against malnutrition

General public campaign

At the end of 2025, ALIMA continued its "YOUR DONATION COUNTS DOUBLE" campaign, highlighting its humanitarian model to the French public. This second edition increased its visibility, reaching 9 million people and generating over 590,000 clicks.

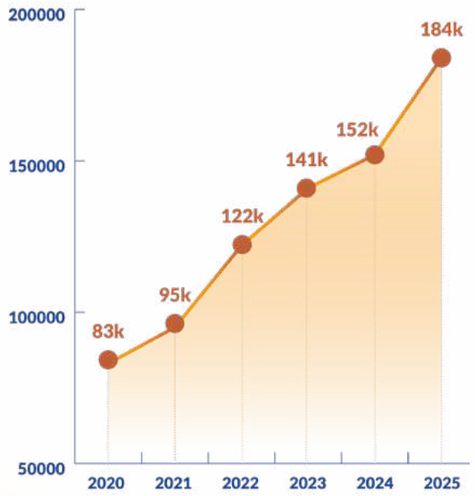


39.9M
views of the French awareness campaign

+55 MEDIA MENTIONS
including **the Washington Post, the Wall Street Journal, El Pais, Arte, Le Monde and France 24.**

- **2** press visits to Sudan and Chad
- **41** videos produced
- **82** articles published on alima.ngo
- **184,959** subscribers across all social networks (**+21%**)
- **391,020** unique visits to the website (**+115%**)

Number of social media followers



Follow us on:

[8] Ready-to-use therapeutic foods

FINANCIAL REPORT

ALIMA's budget amounts to **€74.7 MILLION,** a 5% decrease compared to 2024.

The table below provides an overview of the 2025 financial balance sheet.

INCOME STATEMENT		
in K€	2024	2025
Operating income	78,906	74,781
Operating expenses	78,211	75,108
Operating result	**695**	**-326**
Financial result	789	158
Exceptional item		
Total result	**1,462**	**-174**

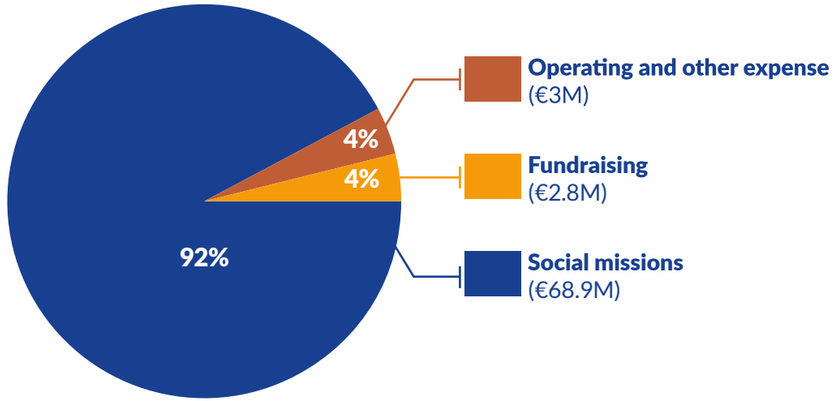
ACTIVE BALANCE		
in K€	2024	2025
Fixed assets	553	642
Current assets	72,259	48,345
Adjustment accounts	36	541
Total result	**72,849**	**48,988**

LIABILITIES BALANCE		
in K€	2024	2025
Association funds and reserves Other equities (association securities)	3,514	3,340
Association funds and reserves Other equities (association securities)		
Provisions for risks	509	381
Liabilities (> 1 year)		
Liabilities (< 1 year)	67,255	45,255
Total	**72,849**	**48,988**

Operational expenditures illustrate the tangible impact of each donation on the lives we serve.

Countries of operation (K€)	2024	2025
Burkina Faso	6,849	6,182
Cameroon	6,005	3,704
Central African Republic	8,763	5,702
Chad	8,444	7,125
Democratic Republic of Congo	7,307	10,533
Ethiopia	1,846	1,727
Guinea	1,137	109
Haiti	1,299	4,026
Mali	3,796	3,685
Mauritania	1,503	1,368
Niger	7,982	7,339
Nigeria	7,792	7,700
Sudan	2,182	3,120
South Sudan		699

RESOURCE ALLOCATION



EVOLUTION OF ALIMA'S BUDGET OVER THE LAST 10 YEARS (M€)

THANK YOU FOR YOUR SUPPORT

ALIMA expresses its gratitude to our major donors, research partners, institutional partners, corporations, and foundations. Your generous support enables us to provide assistance to the most vulnerable and help transform humanitarian medicine.

OUR RESEARCH AND MEDICAL PARTNERS IN AFRICA, THE UNITED STATES, AND EUROPE:

- **ANRS MIE:** French National Agency for Research on AIDS and Emerging Infectious Diseases
- **ANSS:** National Health Security Agency of Guinea
- **Barcelona Institute for Global Health** – ISGlobal
- **BNITM:** Bernhard Nocht Institute for Tropical Medicine
- **CEPI:** Coalition for Epidemic Preparedness Innovations
- **CERFIG:** Guinea Research and Training Centre in Infectious Diseases
- **DNDi:** Drugs for Neglected Diseases initiative
- **EDCTP:** European & Developing Countries Clinical Trials Partnership
- **ELRHA:** Enhancing Learning and Research for Humanitarian Assistance
- **EPICENTRE**
- **FMCO:** Federal Medical Centre Owo
- **GAVI**
- **HUG:** Geneva University Hospitals
- **IMT Antwerp:** Institute of Tropical Medicine
- **INRB:** National Institute for Biomedical Research
- **Inserm:** French National Institute of Health and Medical Research
- **INSP:** National Institute of Public Health, DRC
- **Institut Pasteur and Pasteur Centre** of Cameroon
- **IRD:** French Research Institute for Development
- **IREIVAC:** Innovative Clinical Research Network in Vaccinology
- **ISPED Bordeaux:** Institute of Public Health, Epidemiology and Development
- **ISTH:** Irrua Specialist Teaching Hospital
- **Johns Hopkins University**
- **Ministries of Health and Public Health Institutes** in our countries of operation
- **MSF:** Médecins Sans Frontières (Doctors Without Borders)
- **NIH/NIAID:** US National Institutes of Health / National Institute of Allergy and Infectious Diseases
- **PAC-CI Programme,** Côte d'Ivoire
- **PANTHER:** Pandemic Preparedness Platform for Health and Emerging Infection Response
- **Pierre Louis Institute of Epidemiology and Public Health,** APHP
- **SESSTIM:** Health Economics and Social Sciences & Medical Information Processing
- **SickKids Hospital Toronto**
- **University Clinic of Kinshasa**
- **University of Bangui,** Central African Republic
- **University of Oxford**
- **Yobe State University,** Nigeria

OUR MAJOR DONORS

We are deeply thankful to all our major donors for their invaluable contributions to three strategic pillars of our work:

- Emergency humanitarian response
- Research and innovation
- Development of humanitarian talent

OUR INSTITUTIONAL PARTNERS

FOUNDATIONS AND COMPANIES

THE ALIMA HEADQUARTERS TEAM AND THE HEADS OF MISSION OF THE 14 COUNTRIES OF OPERATION GATHERED IN DAKAR IN OCTOBER 2025.

An ALIMA midwife examines newborns at the maternity ward of the provincial hospital in Goz Beida, eastern Chad. The country hosts 1.3 million displaced people, including many Sudanese refugees, mostly women and children. ALIMA operates in eastern Chad, in Goz Beida.

SENEGAL
Almadies Road,
Lot no. 22 zone 9
BP 15 530 Dakar
+221 76 223 81 44
office@alima.ngo

FRANCE
Chez Urban Station
1, rue Philidor
75020 Paris, France
+33 01 73 01 52 52
office@alima.ngo

UNITED STATES
PO Box 3187
New York, NY
10008-3187
+1 646 619 9074
info.usa@alima.ngo

UNITED KINGDOM
City Road, London,
EC1V 2NX
0203 962 5752
info@uk.alima.ngo

SWITZERLAND
info.suisse@alima.ngo

KENYA
east-africa@alima.ngo

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