ALIMA: the NGO doing things differently

Founded only in 2009 but central to the Ebola response in DR Congo, ALIMA brings local leadership to humanitarian action. Andrei Popoviciu reports.

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The Alliance for International Medical Action (ALIMA) is not a household name in the humanitarian sector but it has become one of the operational and scientific backbones of the Ebola response in DR Congo. The non-governmental organisation (NGO) runs roughly 200 Ebola treatment beds across four centres in Ituri, alongside four rapid-response teams. It was central to the Pamoja Tulinde Maisha (PALM) trial, which identified the two monoclonal antibody treatments now used to treat Ebola, and it is currently co-running EBO-PEP (the first trial of post-exposure prophylaxis for Ebola contacts) with DR Congo's National Institute for Biomedical Research and France's National Institute of Health and Medical Research (Inserm), among other partners.

Founded in Niger in 2009, during a severe child malnutrition crisis and in the wake of mass expulsions of international NGOs from the country, ALIMA was built by a group that included several Doctors Without Borders (Médecins Sans Frontières) alumni who wanted a structurally different model, namely an alliance linking national NGOs, local clinicians, and international research institutions as genuine partners, not subcontractors. Today, ALIMA works in more than a dozen countries, with its operational headquarters in Dakar, rather than Paris or Geneva like most humanitarian organisations, with roughly 95% of field staff drawn from the countries where it operates.

Moumouni Kinda, who has been ALIMA's Chief Executive Officer since early 2021, joined the organisation in 2012 as a medical coordinator, 3 years after its founding, having previously worked with Médecins Sans Frontières in Haiti, Chad, and DR Congo. "I found myself asking why I had to go work in other countries when there were needs in my own country", he said.

What kept him, he adds, was a structure that let him work close to home while still being valued—in pay, responsibility, and status—much as an international expatriate would be, alongside a flatter hierarchy that gave field leaders real decision-making power. "Skills and people already exist in the countries where we work, so we try to be complementary to the resources that are already there", said Kinda.

That structure now underpins ALIMA's central claim to distinctiveness: local partner NGOs, in countries such as Niger, Chad, Mali, Burkina Faso, and Cameroon, sit not just as implementing partners but as members of ALIMA's Board of Directors.

"They know what's being discussed, they know the stakes, they know ALIMA's direction", Kinda says, and can flag "differences in perception between, say, Niamey, Dakar, and Paris" that then shape operational decisions.

Unlike most front-line medical NGOs, ALIMA also runs a research division alongside its emergency teams, which means that trial preparations, such as for EBO-PEP, can begin well before an outbreak occurs. "It took us a few years to prepare that trial", Kinda says, work he attributes to lessons drawn from the 2018 DR Congo and the 2014 Guinea epidemics.

Professor Thierno Balde, Incident Manager at WHO, speaks highly of ALIMA, with whom the UN agency works in DR Congo's Ebola outbreak zone. "They're flexible and good partners, they're determined and serious, even though they could use more support to extend their capacity", said Balde. "Their involvement in the research part and operational part is also very unique."

However, challenges persist. In May, 2026, a crowd burned down an ALIMA-run treatment centre in Rwampara, Ituri. The distressed family, wanting to take the patient's body themselves, clashed with staff.

Kinda acknowledges there was a timing failure but frames the deeper problem as structural to Ebola response everywhere, as communities are asked to accept that a loved one's body cannot be touched or buried in the customary way, in a context already thick with distrust of outsiders and armed-group violence. ALIMA leans heavily on recovered patients, including local pastors and community leaders, to testify publicly and rebuild trust.

"It's violent, really. You have a loved one who dies, and you're told the person died of an infection, that you can't touch the body, that you can't bury them the normal way, and people don't understand that", he said.

Funding cuts from the US and European governments have already forced ALIMA to close a project in Cameroon's Anglophone crisis zone and reduce operations in the Lake Chad region of Chad. Kinda says the cuts are slowing investment in long-horizon research and innovation.

"We are convinced that international actors need to work much more closely with local actors because it's the local actors who truly understand their own reality, and it's they who will make it possible for the population to better accept humanitarian aid", said Kinda. "ALIMA has a history that isn't very long, but it's rich enough that its lessons can be used to improve humanitarian action more broadly."

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