WHO INITIATIVES IN THE SAHEL

WHO in an era of transformation

World Health Organization

African Region

Contents

Abbreviations

CDC	Center for disease control
CERF	Central Emergency Response Fund's
DHIS2	district health information system
DTP3	Diphtheria tetanus toxoid and pertussis
FCV	Fragile, conflict, and vulnerable
GBV	Gender-based violence
HCC	Health care coalition
HeRAMS	Health resources availability mapping system
HSAS	Health system attack monitoring system
IDSR	Integrated disease surveillance and response
IMS	Incident Management System
IMST	Incidence Management Support Team
JORs	Joint operational reviews
KPIs	Key performance indicators
OSL	Operations, supply and logistics
PENTA3	Pentavalent 3
PHIS	Public Health Information System
PHIS-IDSR	Public health information system-integrated disease surveillance and response
PRSEAH	Preventing and responding to sexual exploitation, abuse, and harassment
RRTs	Rapid response teams
SOPs	Standard operating procedures
SSA	Surveillance system for attacks
TA	Transformation Agenda
UNICEF	United Nations Children's Fund
UNISS	United Nations Integrated Strategy for the Sahel
UNOWAS	United Nations Office for West Africa and the Sahel
WFP	World Food Program
WHO	World Health Organization

Highlights of progress in the Sahel 2020–2023

- **98%** of outbreak alerts investigated within **24 hours**, a significant improvement.
- **80%** of FCV[1] countries implementing context-specific PHIS[2] products.
- **98%** overall programme implementation rate in the six targeted countries.
- **66%** reached, 6.1 million out of targeted 10.6 million people in need of support.
- **97%** of targeted health facilities in Sahel countries are currently functional.
- **87%** of targeted population covered by DTP3[3] or PENTA3[4] vaccination (up from **40%**).
- **81%** of targeted health facilities are conducting nutrition screening (up from **30%**).

Outreach to communities affected by the crisis in the Sahel, a field mission to North-East Nigeria

1 Fragile, conflict, and vulnerable (FCV).
2 Public Health Information System (PHIS)
3 Diphtheria tetanus toxoid and pertussis (DTP3) is a combination vaccine against three infectious diseases in humans.
4 Pentavalent 3 (PENTA3) provides protection to a child from five life-threatening diseases - Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib

Executive Summary

The ambitious transformation reform, which started in 2015, was designed to ensure that WHO activities align with regional needs, priorities, and commitments to meet stakeholder expectations in countries. It was aimed at making the WHO in the region more "proactive, results-oriented, accountable and appropriately resourced to deliver on its mandate". The reform effort has also led to renewed WHO focus on the complex crises in the Sahel.

Due to the complexity of issues, WHO has applied multifaceted solutions, mobilized resources to fund emergencies, established an incident management team, strengthened its partnerships in the Sahel, and enhanced engagement with the United Nations Integrated Strategy for the Sahel (UNISS) and partners like the United Nations Children's Fund (UNICEF). The organization mobilized US$ 8.6 million from the WHO Contingency Fund for Emergencies and utilized the fund to provide life-saving support to bridge urgent gaps in the Sahel.

WHO has intervened in several Sahel countries, with a 98% overall programme implementation. It has provided seed funding and reinforced human resources for response and capacity building in targeted areas of need, particularly through the procurement and supply of emergency kits to six targeted countries. The Organization has reinvigorated its response capacity and established an Incidence Management Support Team (IMST) of 12 core staff based in Dakar, Senegal. It has also strengthened its response capacity in the countries through the strategic recruitment of 62 experts, comprising 54 nationals and eight internationals, in key response pillars consisting of epidemiologists, psychologists, health information management officers, data managers, and clinical psychologists.

A total of 10.6 million people were targeted in six of 10 Sahel countries with various amounts of the mobilized funds expended in Burkina Faso (US$ 907 854), Cameroon - Far North (US$ 2 139 900), Chad (US$ 818 276), Mali (US$ 858 400), Niger (US$ 1 658 651), and Nigeria - North-East (US$ 1 767 486). Key areas of expenditure are US$ 1.34 million for medical supplies, US$ 685 000 for prevention and management of malnutrition, US$ 352 000 for preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH), US$ 580 000 for cholera preparedness and response, etc. These interventions have helped to sustain health facilities, thereby contributing to their functionality and enabling 97% (921) of targeted health facilities (949) to continue functioning despite risks of disruption and to reach 66% of people in need of support, i.e. 6.1 million out of the 10.6 million targeted. It has strengthened surveillance, generated health information, and had 98% alerts investigated within 24 hours.

Furthermore, it has invigorated monitoring and evaluation, as well as enhanced communication and information sharing. It has also reinforced the capacity for emergency response, trained over 2 000 health workers in various areas of need, and significantly improved access to health services, thereby providing essential health services to over 8 million vulnerable people, with over 300 000 people in Burkina Faso, more than 120 000 safe deliveries in Mali, etc. The capacity-building support provided by the Organization has increased awareness of gender-based violence, with health workers trained in PRSEAH which has been incorporated into 43% of humanitarian appeals, training for 80 healthcare providers, community outreach, and training for 240 women in available Gender-Based Violence (GBV) services in Mali.

Executive Summary

Vaccination campaign in Burkina Faso

The key challenges have been inadequate human resources for data and information management in countries, poor collaboration from national teams, insufficient support for the implementation of the health resources availability mapping system (HeRAMS), and reluctance of the countries to share available data on health system attacks and impact on health personnel, resulting in delays in obtaining required data, and long lead time for the delivery of health emergency kits.

The vital lessons learned suggest that recovery from the Sahelian crisis can take a long time and that regular update of country baselines is required to better reflect progress and facilitate future planning and quality improvement of situational analyses. There are also significant delays in procurement and shipment, which require regional suppliers to reduce lead times.

In addition, strict enforcement of the standard operating procedures (SOPs) for managing emergency funds is required to enhance transparency and accountability. Other lessons learned include the need for countries to accelerate the workplan approval process by being proactive to obtain early approval and ensure more regular public health information system-integrated disease surveillance and response (PHIS-IDSR) reporting for timely information dissemination and continuous capacity building due to high staff turnover.

To accelerate the current progress, it will be necessary to include countries not initially included, like Mali, for capacity building, incorporate important areas like essential medicines management, and adopt resilient approaches to protracted humanitarian response. Measures should be taken to reduce long lead times through collaboration and engagement with logistic partners in West Africa, especially UN-affiliated

Executive Summary

organizations like WFP and UNICEF, to pool logistic resources. Human resources in the countries need to be increased to near required capacities, and gaps in planning response bridged. Efforts should also be made to support HeRAMS implementation in the long term and advocate for feedback or sharing of information on health system attacks and impact on staff.

In addition, collaboration with stakeholders should be strengthened for effective monitoring and evaluation. Awareness campaigns on WHO's role in nutrition during emergencies should be organized and measures taken to bolster nutrition capacity with partner visibility. Also, the WHO should continue to incorporate GBV into its responses and provide adequate support to facilitate prevention, particularly referral pathways for survivors.

The crucial next steps to deal with the crises include the mapping of potential hazards, vulnerabilities, and sector readiness for response, as well as potential impacts in Sahel countries. Support should be provided to ensure that sectors develop capacities and prepare to prevent/mitigate the future impacts of epidemics and pandemics, particularly mechanisms to preserve cross-border and international trade and control population movements during outbreaks to reduce economic hardships. WHO should continue to adopt a multisector approach and strengthen veterinary and human health capacity to mitigate disease risks from the human-animal-environment interface.

Furthermore, the Organization should, through collaboration, trigger robust epidemic and pandemic alerts and provide response to ensure the recovery of health systems by building and reinforcing surveillance and early warning and alert systems at all levels. Stakeholders should be encouraged to work together and utilize cost-sharing strategies where possible, as well as assess optimal intervention strategies when necessary. Finally, the WHO should also encourage the adoption of creative solutions and tools, utilizing technologies and digital tools to address challenges to help sustain the economy, as well as foster the delivery of health services in the Sahel.

1 Introduction

1. Introduction

In 2015, an ambitious reform plan, known as the Transformation Agenda (TA), was initiated with the intention of changing the World Health Organization (WHO) into an institution that is proactive, results-driven, accountable, and meets stakeholder expectations. It also sought to transform and improve the delivery of public health services in the African Region. The reform process was designed to ensure that the Organization's activities align with regional needs, priorities, and commitments, so as to meet stakeholder expectations. It was aimed at making WHO in the region more "proactive, results-oriented, accountable and appropriately resourced to deliver on its mandate".

As part of this effort, WHO has reinforced its focus on the Sahel crises. Since 2020, the WHO African Region has strengthened its operations and enhanced support for one of the largest, fastest growing, and longest lasting crises in the world, the Sahel crisis. The Sahel lies between the Sahara Desert to the north and the tropical savannas to the south. There is no universally defined list of Sahel countries. However, the United Nations Integrated Strategy for the Sahel (UNISS) covers 10 countries comprising Burkina Faso, Cameroon, Chad, The Gambia, Guinea, Mali, Mauritania, Niger, Nigeria, and Senegal[5]. Rural areas in the northern parts of the Sahel lack access to social services, such as health, and do not have sufficient basic infrastructure, with about 50% of the population living in extreme poverty and two thirds relying on an underdeveloped system of livelihood, like farming, fishing, and pastoralism.

5 Regional Director's Brief on the Sahel, Reengaging WHO strategic actions with the United Nations Integrated Strategy for the Sahel (UNISS)

1. Introduction

Vaccinating children against diseases in one of the crisis-prone areas, North-East Nigeria

There are several security and development challenges in the Sahel countries. This is due to a complex interaction of various risks, particularly attacks and kidnappings by non-State armed groups, intra- and inter-community violence, etc. This has led to a protracted conflict, displacing over 30 million people, leaving communities without access to essential services, and exposing aid workers to increased risks. The destruction of health facilities and displacement of health personnel have impacted access to health services for millions of people in need, with more than 34 million people affected. These malnourished people have become highly susceptible to diseases, turning the Sahel region into an epicentre for epidemics and cross-border transmission of diseases like cholera, meningitis, and yellow fever. The situation prompted WHO to review the grading of the Sahel crisis to a regional acute event (G2[6]) in 2022, followed by the activation of the WHO Incident Management System (IMS).

6 Grade 2 - a single country or multiple country emergency, requiring a moderate response by WHO with the level of response required by WHO always exceeding the capacity of the WHO Country Office. Organizational and/or external support required by WCO is moderate.

2 Renewed WHO focus on the Sahel

2. Renewed WHO focus on the Sahel

In recent years (2020-2023), the Sahel has received increasing attention from WHO through a series of joint operational reviews (JORs), field visits, and advocacy coupled with strengthening of the WHO Dakar emergency hub in Senegal to support disease outbreaks. In addition, WHO has mobilized resources to fund emergencies, establish an Incidence Management Support Team (IMST), and strengthen its partnerships in the Sahel. Key actions taken to facilitate this effort are highlighted in the following sections.

2.1 Mobilization of resources to fund emergencies in Sahel countries

To combat the myriad of problems observed in the Sahel countries, US$ 8.6 million were mobilized and disbursed from the WHO Contingency Fund for Emergencies to cover life-saving support activities and bridge urgent gaps in the Sahel region. A total of 10.6 million people were targeted to be reached with various health services in six countries: Burkina Faso, Cameroon (Far North), Chad, Mali, Niger, and Nigeria (North-East).

2.2 Establishment of an incident management support team

To refocus attention on the Sahel crisis and reinvigorate its response capacity, WHO has established an Incidence Management Support Team (IMST) comprising 12 core staff based in Dakar, Senegal, to:

- provide oversight to the implementation of response.
- engage in key partnerships to promote visibility, buy in, and support for the initiative based on the Organization's comparative advantage and implementation as one UN;
- harness achievements and identify key performance indicators (KPIs); and
- recommend the next steps for undertaking targeted and tailored responses to protracted emergencies.

WHO team assessing needs at a health facility during a field visit in Burkina Faso

2. Renewed WHO focus on the Sahel

2.3 Strengthening collaboration and partnership in the Sahel

Given the nature and complexity of the Sahel crises which require multifaceted solutions, WHO has actively engaged and collaborated with various partners in several support activities related to health and peace under the UN Secretary General Peacebuilding Fund in two countries: Burkina Faso (US$ 1.5 million) and Cameroon (US$ 2.5 million). The Organization has also participated in the Central Emergency Response Fund's (CERF) anticipatory action pilot for drought in Niger (US$ 550 000) and increased its engagement with the United Nations Office for West Africa and the Sahel (UNOWAS) and the United Nations Integrated Strategy for the Sahel (UNISS) for the humanitarian-development-peace crisis.

In addition, WHO provided US$ 50 000 to support the Office of the UNISS Development Coordinator and preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH) as well as gender-based violence (GBV) actions, which were incorporated into 43% of the humanitarian appeals.

WHO Team after inspecting an internally displaced people (IDP) camp in Cameroon

3 WHO interventions in the Sahel

3. WHO interventions in the Sahel

The Organization has intervened in several Sahel countries, providing seed funding, reinforcing human resources for response, and providing capacity building in targeted areas of need, particularly the procurement and supply of emergency kits to six targeted countries, with **98% overall programme implementation**.

WHO Team collaborating with partners during a vaccination campaign field visit in Republic of Chad

3.1 Seed funding for countries to address gaps

WHO disbursed some of the mobilized resources to Burkina Faso, Cameroon, Chad, Niger, Nigeria, and Mali. This was intended to kickstart the implementation of approved workplans aimed at alleviating some of the needs in the six targeted Sahel countries. The seed funding was used to provide access to essential health services, training for health care workers, and vaccination campaigns, particularly the procurement and supply of emergency kits. The overall average implementation level of this intervention in the six countries was 93%. Key details for the various countries are highlighted below:

1. BURKINA FASO: US$ 907 854

- More than 300 000 people given essential health services. Rapid response teams were trained including procurement and supply of emergency kits, and capacity building in health information and PRSEAH.
- **Result: 91% implementation**

2. CAMEROON: US$ 2 139 900

- Trained health workers, nutrition screening, referral, and treatment in Internally Displaced Person (IDP) camps, and procurement and supply of emergency kits, including support for three COVID-19 vaccination campaigns during the Pandemic.
- **Result: 83% implementation**

3. WHO interventions in the Sahel

3. CHAD: US$ 818 276

- Capacity building in health information, trained health workers, including over 4 000 health care workers, for the management of COVID-19 and other diseases. Procurement and supply of emergency kits and trained rapid response teams.
- **Result: 99% implementation**

4. NIGER: US$ 1 658 651

- 363 931 people vaccinated against meningitis during a major outbreak. Provided training in integrated disease surveillance and response, capacity building in health information, including procurement, and supply of emergency kits.
- **Result: 99% implementation**

5. NIGERIA: US$ 1 767 486

- More than 740 000 people were given essential health services. Consistent supply of emergency test kits and other basics, capacity building in health information, trained health workers in nutrition, mental health, and rapid response.
- **Result: 96% implementation**

6. MALI: US$ 858 400

- Supported over 120 000 safe deliveries, including those in security-compromised areas. Conducted nutrition screening training sessions, capacity building in health information, and procurement and supply of emergency kits.
- **Result: 98% implementation**

Creating health awareness among vulnerable population during a field outreach in North-East Nigeria

3. WHO interventions in the Sahel

3.2 Experts deployed to countries

WHO's response capacity in the countries was strengthened through the strategic recruitment of 62 (54 nationals and eight internationals) experts in key response pillars, comprising epidemiologists, psychologists, health information management officers, data managers, clinical psychologists, infection prevention and control experts, security officers, logisticians, preparedness officers, and health cluster coordinators (see Figure 3.1 and Figure 3.2).

Figure 3.1. Number of international experts recruited for strengthening response capacity

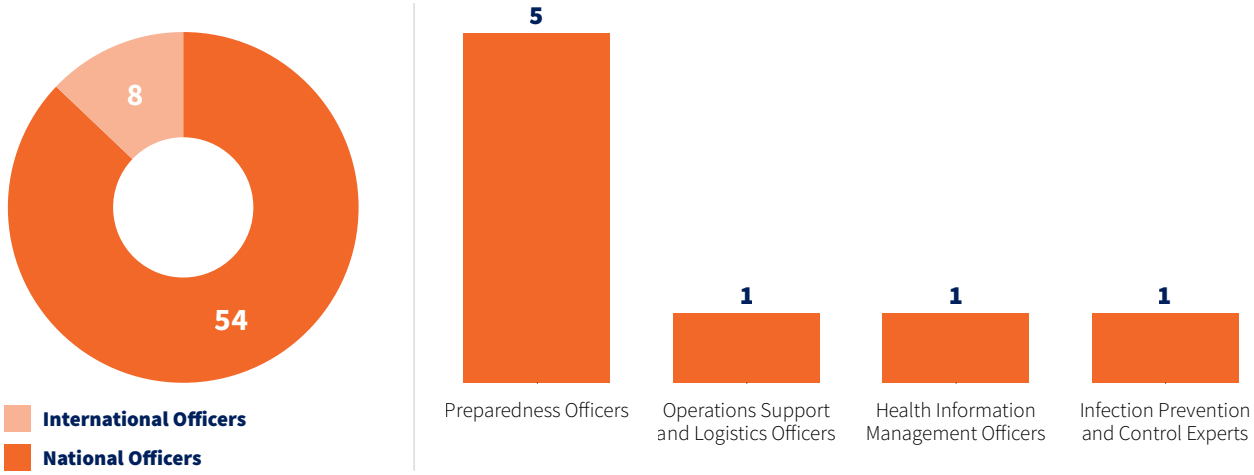
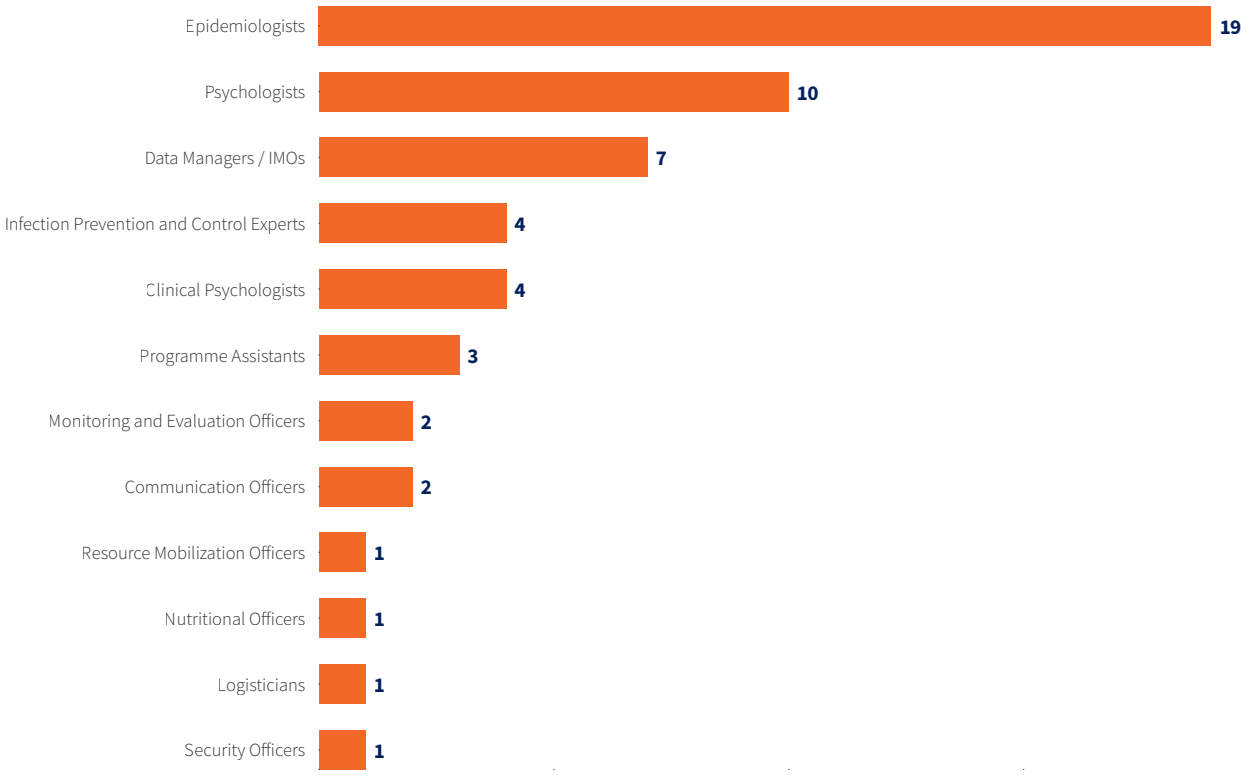


Figure 3.2. Breakdown of the newly recruited national experts per required domain



3. WHO interventions in the Sahel

The response capacity enhancement has strengthened the Organization's humanitarian effort, improved its visibility, and reinforced the awareness of WHO's work in the Sahel. It has also improved partner coordination at operational level, as well as capacity for detection and reporting of health events at community level, including the incorporation of psychosocial care, mental health, and primary care for gender-based violence (GBV).

Vulnerable child under observation by a WHO personnel during a community field mission to Mali

3.3 National capacities built for preparedness and response

Due to the protracted nature of the Sahelian crises, the main purpose of the capacity building was to enhance skills and improve efficiencies in responding to both acute and protracted humanitarian crises. It was also intended to position and adequately prepare countries to conduct effective response transitions from acute to resilient approaches in protracted responses.

The capacity building support provided by WHO in the Sahel was aimed at strengthening skills in the following areas, which are usually in high demand and common in humanitarian situations:

- management of epidemic-prone diseases, like cholera, meningitis, and yellow fever;
- screening for malnutrition cases;
- management of severe acute malnutrition with medical complications.
- response mechanisms, such as the rapid response teams (RRTs) and community surveillance through the integrated disease surveillance and response (IDSR) approach.
- raising awareness of WHO staff and health sector partners on preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH); and
- gender-based violence (GBV).

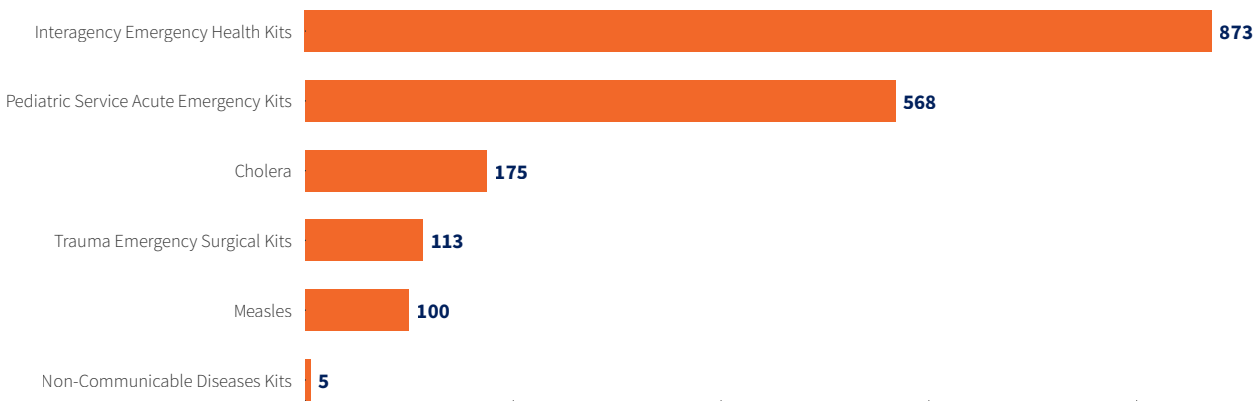
3. WHO interventions in the Sahel

Child receiving vaccine during a community field mission by WHO in the Republic of Niger

3.4 Essential supplies provided to countries

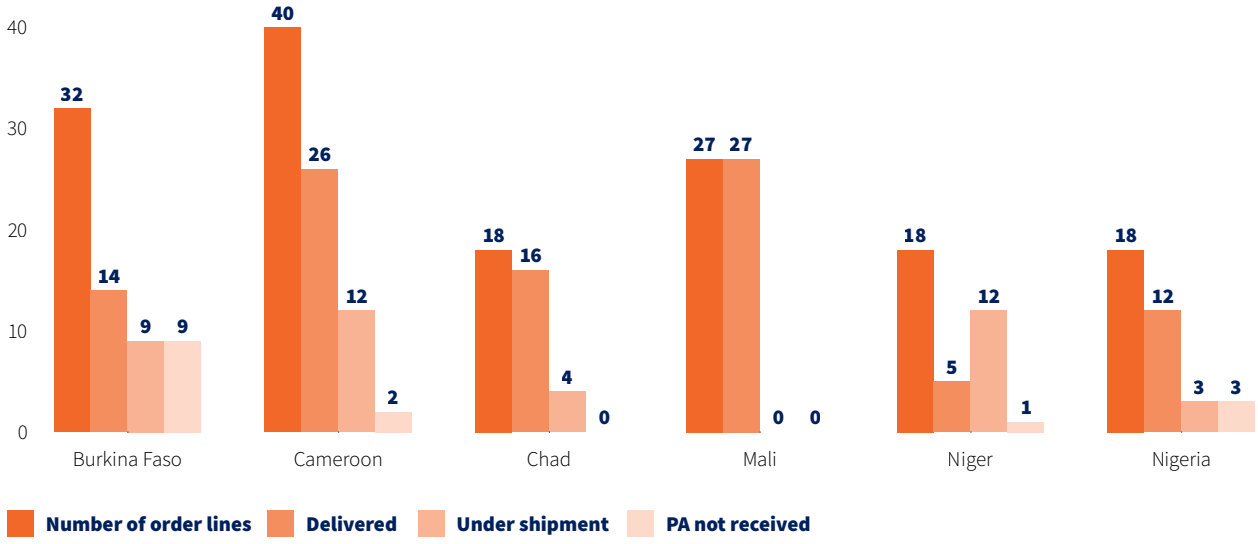
A high number of emergency kits and consumables valued at US$ 1.6 million, including 1 834 emergency kits valued at US$ 1.3 million, were procured and shipped to six targeted Sahel countries in need (see the distribution in Figure 3.3 and Figure 3.4). WHO also rehabilitated a warehouse in Mali to support the country and regional logistics for public health events.

Figure 3.3. Number of emergency kits procured and shipped, 2020–2023



3. WHO interventions in the Sahel

Figure 3.4. Number of emergency kits procured and shipped per country, 2020–2023



4 Results of WHO interventions in the Sahel

4. Results of WHO interventions in the Sahel

As a result of WHO's efforts, initiatives, such as the mobilization of funding, the establishment of an incidence management team, the reinforcement of human resources, the strengthening of partnerships, and important health activities carried out between 2022 and 2023, have generated some results, in particular sustained functionality of health facilities, strengthened surveillance and generation of health information, reinforced capacity for emergency response, and improved access and utilization of health services. Details of these key results are highlighted in the sections below.

Community member interacting with WHO staff during a Sahel field mission in the Republic of Chad

4.1 Functionality of health facilities sustained

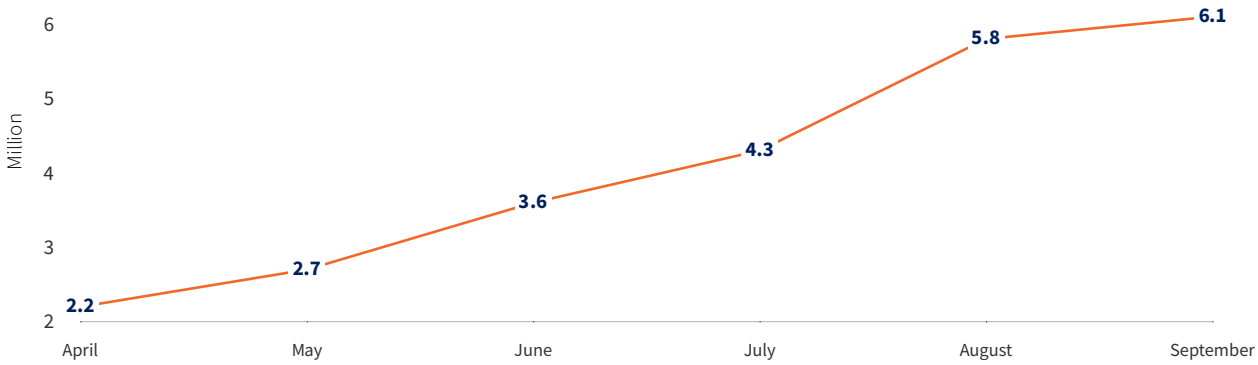
Several interventions, such as capacity building for healthcare workers in key areas of need and procurement and supply of emergency kits, have helped to sustain health facilities in crises prone areas. A total of 949 health facilities were targeted. The interventions resulted in about **97% (921) of targeted health facilities in Sahel countries continuing to function**. In the same vein, 8% and 7% of health facilities in North-East Nigeria and Burkina Faso respectively were disrupted. However, these interventions have helped to reduce the percentage of dysfunctional health facilities to about 3.6%.

4. Results of WHO interventions in the Sahel

WHO Team mission to a crisis-hit community in the Republic of Chad

Similarly, WHO supported **three COVID-19 vaccination campaigns in Cameroon and improved the capacity of more than 4 000 health care workers in Chad for the management of diseases**, including **COVID-19**. The effort to sustain these health facilities helped them to reach more people in need of essential health services. About **66% or 6.1 million out of the targeted 10.6 million people in need of support were reached**. For example, the progress rate between April and September 2022 was significant, reaching a total of **3.9 million people within a period of 6 months** (see Figure 4.1).

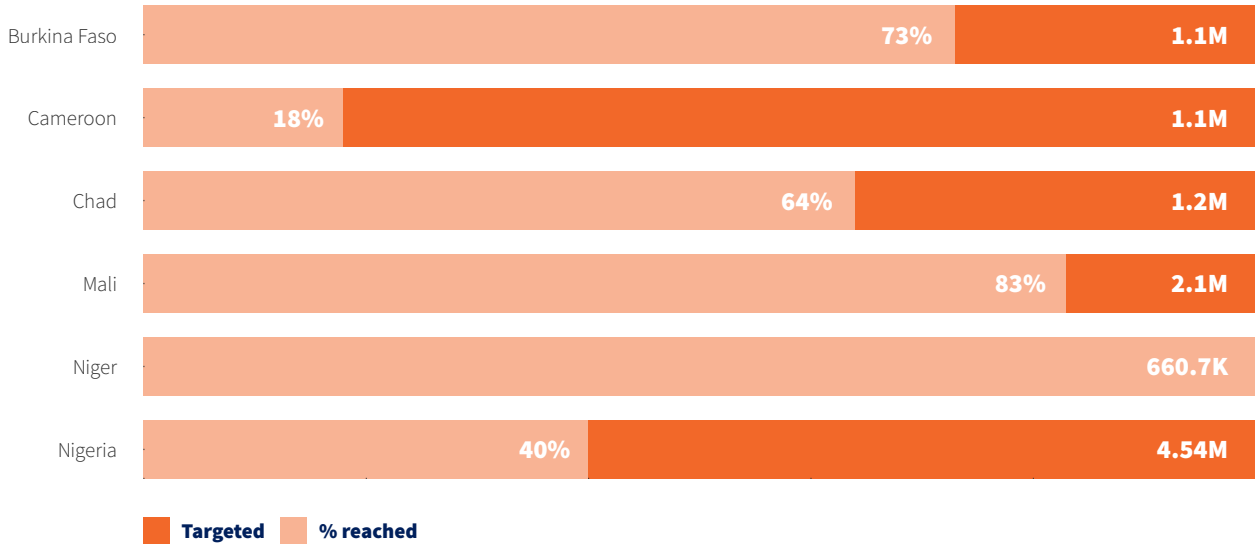
Figure 4.1. Progress in the number of people reached between April and September 2022



4. Results of WHO interventions in the Sahel

Furthermore, performance was good in **Niger (100%), Mali (83%) and Burkina Faso (73%)** where most or all the people targeted were reached (see Figure 4.2). Despite this feat, there is still room for improvement in Cameroon (18%) and Nigeria (40%) where performance was significantly below the target as more people are required to be reached.

Figure 4.2. Progress on the number of people reached per country, 2020–2023



4.2 Surveillance and generation of information strengthened

WHO **helped to strengthen surveillance in Sahel countries** by establishing community-based surveillance systems. Five Sahel countries also established mechanisms for routinely capturing community feedback and public perception with information obtained incorporated into emergency response. All these efforts, especially capacity building in IDSR and surveillance, led to a significant reduction in the time used for alert investigations with about **98% of alerts investigated within 24 hours**.

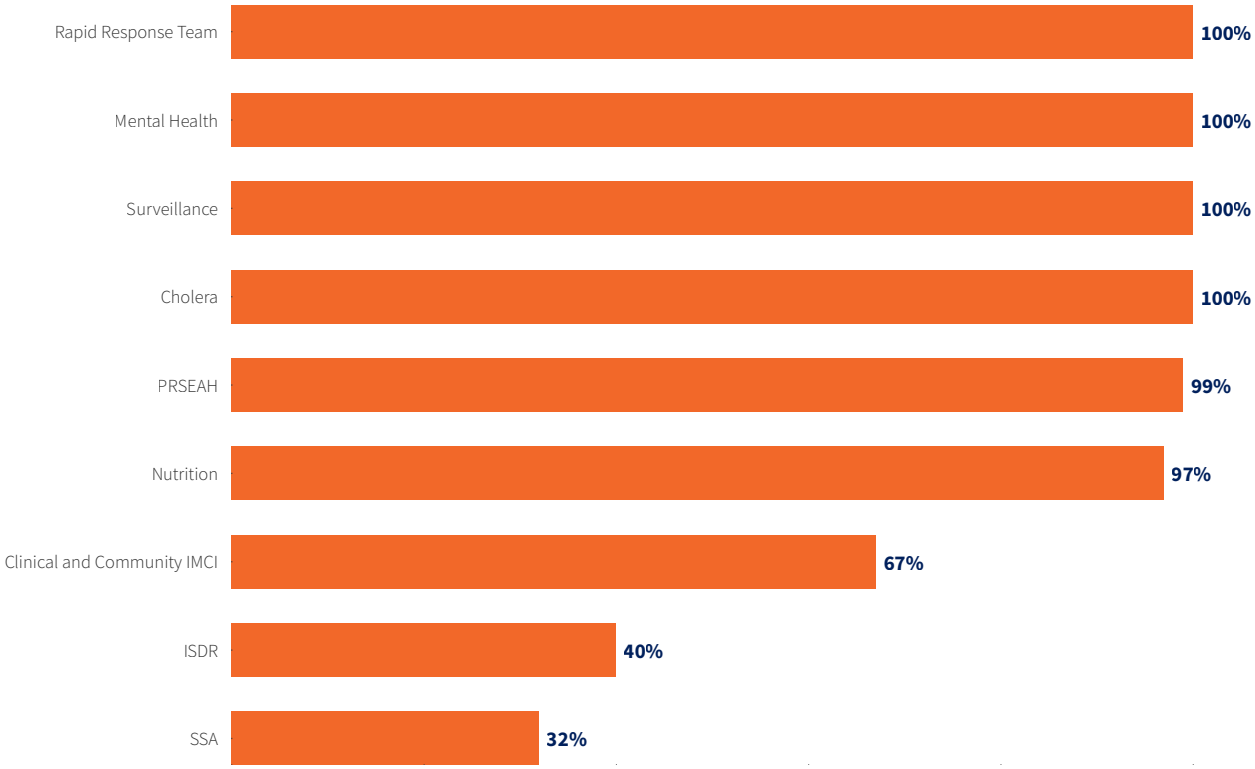
In addition, the generation of health information has been improved with data on service delivery, such as vaccination, nutrition, humanitarian response financing, and number of people reached, captured in key indicators for humanitarian crisis response. To improve the generation of information on essential health resources and services, a health resources and services availability monitoring systems (HeRAMS) platform was established in Niger and Cameroon. **Eighty percent of FCV countries are currently implementing context-specific PHIS products.** This **progress has invigorated monitoring and evaluation** and started to **enhance communication and information sharing**. However, more collaboration is needed for further improvement.

4. Results of WHO interventions in the Sahel

4.3 Capacity for emergency response reinforced

The capacity building support provided by WHO has reinforced capacities for national emergency preparedness response. More than 2 000 health workers were trained in the integrated disease surveillance and response (IDSR) approach, enhanced surveillance, and rapid response teams operations. Other areas included the management of cholera, nutrition, and mental health. These capacity-building interventions have improved preparedness response capacities in six targeted countries. Capacity-building efforts were totally successful in areas such as the training of rapid response teams, mental health, and cholera (see Figure 4.3). There is room for improvement in areas such as IDSR and surveillance system for attacks on health care (SSA) among others.

Figure 4.3. Levels of capacity built for various areas of emergency response needs, 2020–2023



A recent analysis has shown the number of health workers trained in rapid response team operations (669), mental health (150), cholera (100), and IDSR (79) (see Figure 4.4). A breakdown by country with differing prioritized areas is shown in Figure 4.5.

4. Results of WHO interventions in the Sahel

Figure 4.4. Number of capacities built in required areas for emergency response, 2020–2023

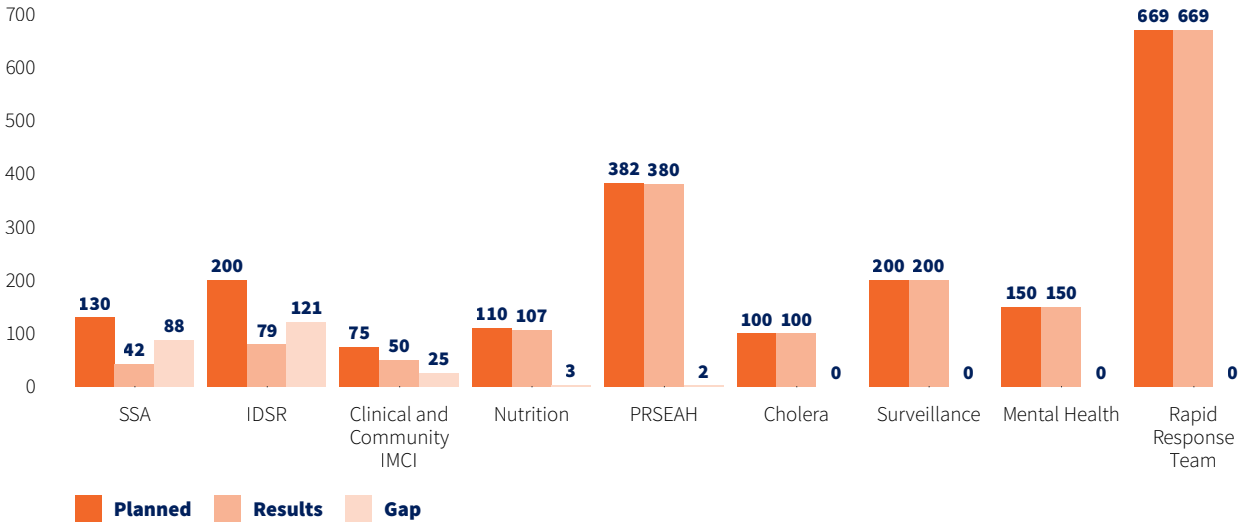
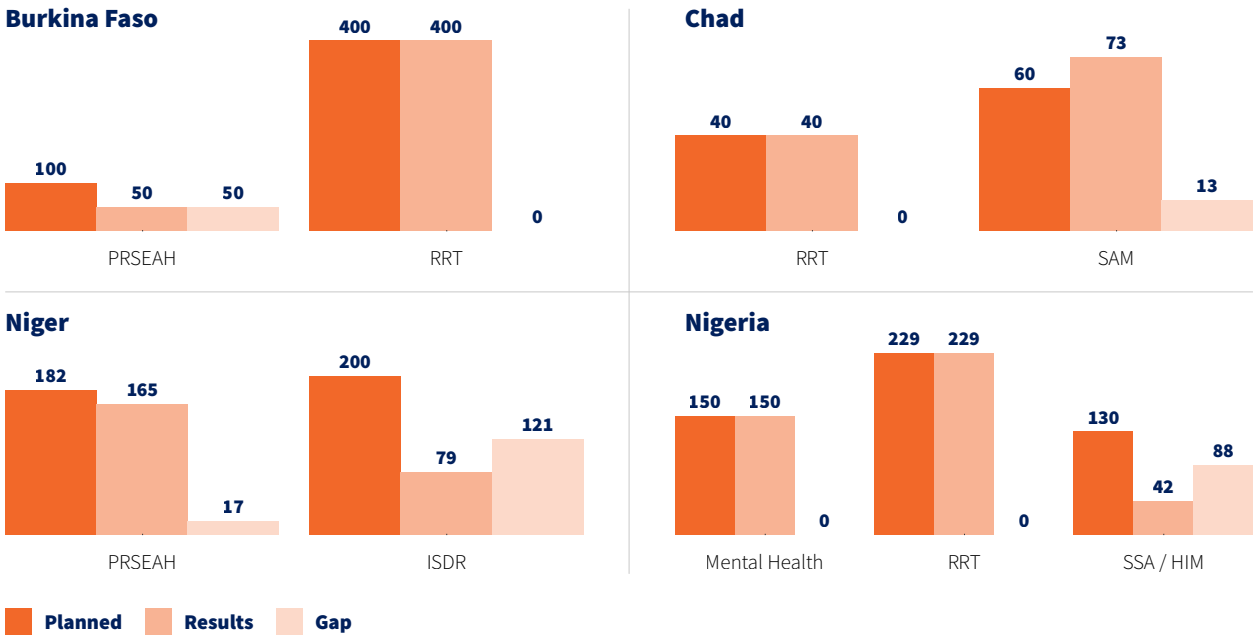


Figure 4.5. Country capacities built in required areas for emergency response



4. Results of WHO interventions in the Sahel

4.4 Improved access and utilization of essential services

WHO interventions also improved access and utilization of essential services in several areas within the targeted countries. The improved functionality of health facilities has significantly strengthened health services in the Sahel countries with **essential health services provided to over 8 million vulnerable people.** WHO support **provided essential health services to over 300 000 people in Burkina Faso**. It also provided support to more than **120 000 safe deliveries in Mali**, including in security-compromised areas. Other benefits of the Organization's support include **assistance to 363 931 people in Niger for vaccination against meningitis** during a large-scale disease outbreak and **essential health services to over 740 000 people in North-East Nigeria**.

WHO Team's visit to a health facility in Cameroon during a Sahel field mission

Improved access to health services for the population helped to improve immunization coverage, with **87% of the targeted population covered by DTP3 or PENTA3 vaccination (up from 40%)**. In 2022, the vaccination rate was 87% in April and reached a peak of 94% in August, which was an excellent performance (see Figure 4.6).

Furthermore, WHO built the capacity of 10 experts in health and nutrition focusing on nutrition strategy in support of regional efforts to respond to food insecurity, drought, and malnutrition in Sahel countries. This **helped to provide excellent services in nutrition screening and treatment** to people affected by the crisis. **Eighty-one percent of the targeted health facilities are currently conducting nutrition screening (up from 30%).** The progress in nutrition services demonstrates the excellent performance in

4. Results of WHO interventions in the Sahel

several countries, especially in **Niger (100%), Mali (100%) and Cameroon (99%) for providing both nutrition screening and treatment services**. On the other hand, Chad and Burkina Faso performed optimally at 100% in providing nutrition screening but lagged significantly in nutrition treatment (see Figure 4.7).

Figure 4.6. Overall monthly vaccination progress in 2022

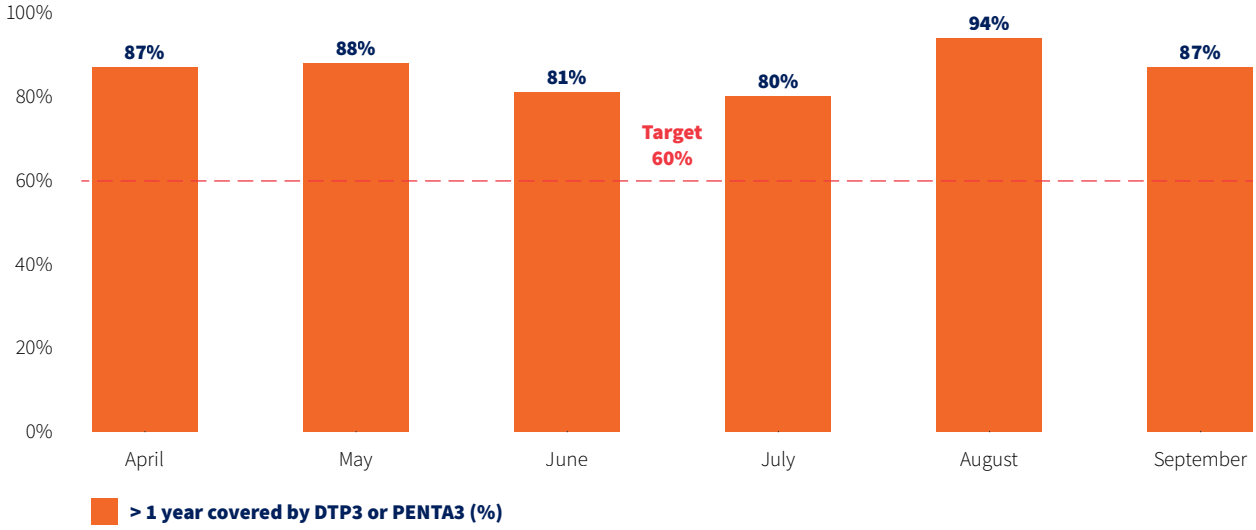
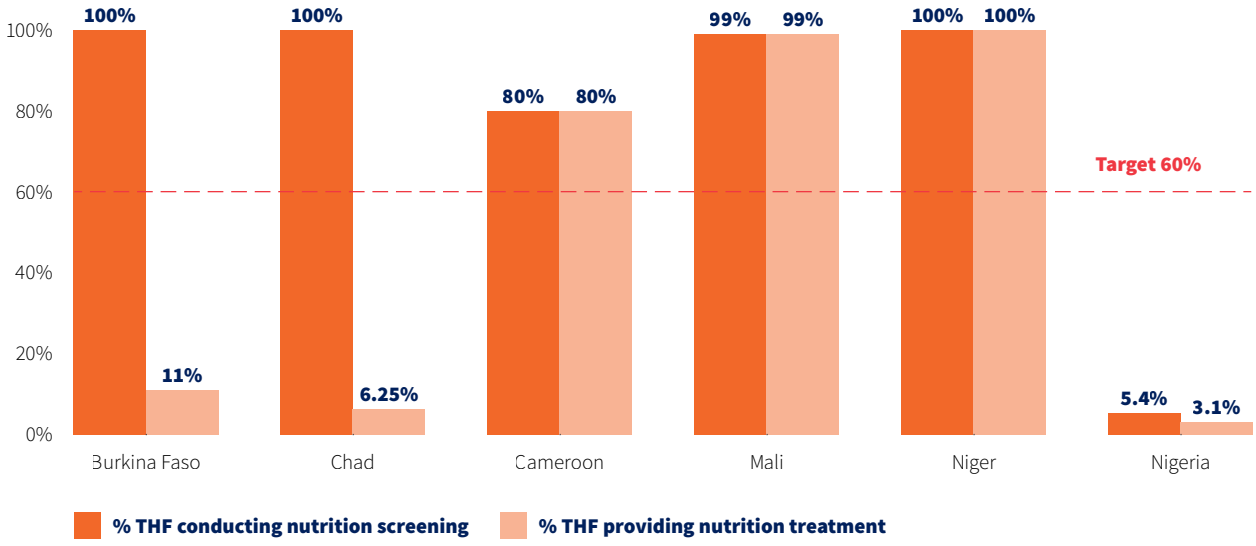


Figure 4.7. Progress in nutrition in various Sahel countries in 2022



4. Results of WHO interventions in the Sahel

4.5 Increased awareness of gender-based violence and prevention of sexual harassment and exploitation

The capacity building support provided by WHO **increased awareness of gender-based violence, with health workers trained** in prevention and response to sexual exploitation, abuse, and harassment (PRSEAH). The Organization disbursed **US$ 352 000 to support 10 core implementation actions** on PRSEAH. This led to its incorporation into 43% of humanitarian appeals.

WHO approach to gender-based violence (GBV) in emergency situations, such as epidemics, disasters, and conflicts, was integrated into prevention and response, capacity building of health personnel, and follow-up training to ensure impact. WHO is also institutionalizing and incorporating GBV into its emergency response and developing training tools and resources, particularly data collection and analysis for advocacy and engagement with agencies, institutions, relevant ministries, and NGOs.

Reaching vulnerable countries in the Sahel: WHO Incident Manager with team members on a field mission to a vulnerable community in the Republic of Niger

In **Mali**, WHO supported the **training of 80 health-care providers and sponsored community outreach, with 240 women trained** in available GBV services. In **Nigeria**, the capacity of health centre trainers was built, especially in how to help women facing gender-based violence. A tool was developed for the collection and analysis of GBV health services, and the Organization also strengthened engagement with humanitarian partners. Two scoping missions were also undertaken to Cameroon and Chad, and three technical support missions to Burkina Faso and Nigeria.

5 Key challenges and lessons learnt

5. Key challenges and lessons learnt

Throughout the Organization's re-engagement in the Sahel, including during the implementation of interventions, the key challenges encountered need to be considered and lessons learnt incorporated in the next planning cycle to reposition and strengthen the health agenda for the Sahel. The key challenges and vital lessons are detailed in the sections below.

5.1 Key challenges

Several challenges were encountered in efforts to provide support in Sahel countries. The challenges were encountered during the establishment of the WHO response team, reinforcement of human resources in the countries, capacity building, monitoring, and evaluation, as well as procurement and shipment. However, the key challenges were as follows:

- lack of adequate human resources for health data and information management in the countries, leading to high workload for data personnel and delays in obtaining the required data;
- insufficient focal points and poor collaboration from national teams, as well as inadequate support for the multi-year implementation of the health resources availability mapping system (HeRAMS);
- reluctance to share tasks between HeRAMS and the district health information system (DHIS2), as well as unwillingness to provide data access on health system attacks and impact on health personnel available on the health system attack monitoring system (HSAS).
- long lead time for delivery of emergency kits, difficulties in the identification and estimation of emergency kits needed including inadequate staff capacity, and challenges in preparing distribution plans at country level, as well as the lack of visibility on partners' logistical activities in the Sahel region.

WHO on a field mission distributing emergency aid to people affected by the crisis in Burkina Faso

5. Key challenges and lessons learnt

5.2 Vital lessons

- Health crises in the countries do not simply result in the disruption of services to people in need but also constitute a risk for the communities, and recovery can take a long time, especially in resource-constrained systems, as in the Sahel.
- Although the overall performance in countries based on the monitoring and evaluation results was positive, there is need to regularly update country baselines to better reflect progress, facilitate future planning, and improve the quality of situational analyses.
- To reduce delays and facilitate timely procurement and shipment, it is necessary to identify regional suppliers to provide medical items, as well as products to reduce lead time.
- To ensure effective emergency response, designated full-time operations, supply and logistics (OSL) focal points are required at country level.
- To enhance transparency and accountability, emergency standard operating procedures (SOPs) for managing emergency funds need to be enforced.
- Countries must be proactive to obtain early approval of finalized workplans prior to implementation of support activities to reduce time for clearance of emergency requisitions and accelerate the approval process. Such a plan needs to be updated in agreement with the command centre.
- Due to high staff turnover, continuous capacity building for both acute and protracted humanitarian crises need to be conducted on a regular basis to update capacity.
- Countries like Mali have not been included in the capacity-building plan that was implemented, and vital capacity-building areas such as management of essential medicines, non-communicable diseases, and resilient approaches to protracted humanitarian response need to be integrated.
- It is necessary to make PHIS-IDSR[7] reporting more regular to ensure availability of timely information.
- It is also necessary to enhance the incorporation of gender-based violence information into humanitarian response plans; this is important for creating awareness, as well as ensuring prevention.

7 Public Health Information System - Integrated Disease Surveillance and Response (PHIS-IDSR)

6 The way forward

6. The way forward

To improve effectiveness and enhance the implementation of WHO interventions, some important measures need to be taken to accelerate the current progress. Furthermore, to ensure steady progress in WHO's response to the Sahel crisis, important next steps need to be considered to strengthen the Organization's efforts in addressing the crisis. These two vital components are highlighted in the sections below.

6.1 Important actions required to accelerate progress

- Focus on resilient approaches for implementing response in protracted crises; this needs to be done at the very early stages to ensure harmonization of support activities for effective transition from acute response support to development strategies.
- Incorporate all capacity gaps into protracted humanitarian response planning as capacity for implementing the humanitarian development nexus is key for success.
- Incorporate countries like Mali that were not initially included in the implemented capacity building plan, as well as vital areas, such as management of essential medicines, non-communicable diseases, and resilient approaches to protracted humanitarian response.
- Support the deployment of adequate data and information management focal points to health facilities, support the implementation of HeRAMS in the long term, and advocate for feedback or sharing of information on health system attacks and impact on staff.
- Ensure that there is a health care coalition (HCC) in all Sahel countries; there is none in Mali and Burkina Faso, the coalition in Nigeria needs to be relocated to the North-East, close to the operations base.
- Ensure close monitoring and evaluation, including the information management component, in all countries and centralize information management to harness all data from WHO and partners in an appropriate format for utilization by all health stakeholders in response planning and advocacy.

WHO Team working with partners on a field mission to Cameroon

6. The way forward

- Strengthen collaboration between WHO emergencies and health cluster coordinators to ensure data availability, as well as effective monitoring and evaluation of support plans implementation.
- Expedite the ongoing creation of regional stockpiles in Dakar and Nairobi to meet urgent country needs for effective reduction of long supply lead times.
- Improve collaboration and engage with relevant logistic partners in the West African region, especially UN affiliated organizations such as WFP and UNICEF, as well as partners like CDC, to pool logistical resources, including medical supplies, equipment and means of transport during protracted humanitarian emergencies in the Sahel.
- Where possible, increase the human resources in the countries; for example, there is currently only one dedicated nutrition officer in Cameroon and three out of 10 required resource mobilization officers.
- Build and create awareness of WHO's role in nutrition during emergencies, strengthen WHO's nutrition capacity and visibility with partners, and coordinate with and engage partners involved in nutrition in the Sahel region.
- Incorporate GBV into response, ensure adequate human resources to provide technical support to countries, reinforce the role of the health cluster and partners to facilitate prevention and response by providing training in first line support, as well as clinical management of rape, intimate partner violence, and referral pathways for survivors.

6.2 Next steps

- Map all potential hazards, vulnerabilities, and readiness of various sectors to respond, as well as the potential impact on various segments in all Sahel countries.
- Support Sahel countries to ensure that all sectors develop capacities and prepare to prevent/mitigate impact of future epidemics and pandemics.
- In outbreak situations, provide support to ensure that cross-border and international trade, as well as population movements are preserved during epidemics/pandemics.
- Promote multisector approaches such as "One Health" and help to strengthen veterinary and human health capacity to mitigate disease risks from the human-animal-environment interface.
- Promote joint work to ensure robust epidemic and pandemic alert, response, and recovery of health systems through joint programming at community, subnational, and national levels.
- Build and reinforce surveillance, early warning and alert systems, and outbreak investigation and control across public and private sectors and relevant agencies.
- Encourage sector stakeholders at local, national, and international levels in the subregion to work together more systematically to ensure informed system, risk, and impact analysis.
- Encourage cost-sharing strategies for building resilience where possible and assess optimal intervention strategies when necessary.
- Encourage creative solutions and tools, utilizing innovative technologies and digital tools to address challenges and help sustain economic sectors and health service delivery in the Sahel.

African Region

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