



TACKLING THE SAHEL EMERGENCY

WHO in an era of transformation



WHO's renewed focus on the largest, fastest-growing and longest-lasting crisis

98%

overall programme implementation rate in the six targeted countries

98%

of outbreak alerts investigated within 24 hours; a significant improvement

97%

of targeted health facilities in Sahel countries currently functional

87%

of targeted population covered by DTP3¹ or PENTA3² vaccination (up from 40%)

81%

of targeted health facilities conducting nutrition screening (up from 30%)

80%

of FCV³ countries implementing context-specific PHIS⁴ products

66%

(6.1) of targeted 10.6m people in need of support reached

US\$8.6m

mobilized and disbursed by WHO to cover life-saving support activities

Providing relief to people in need

Since 2020, the WHO African Region has strengthened its operations and enhanced support for the Sahel crisis. Large populations in the Sahel have been displaced and lack access to social services, such as health. Populations are malnourished, highly susceptible to diseases, and do not have sufficient basic infrastructure. Sahel countries are also experiencing significant security and development challenges.

The Sahel has recently received increased attention from WHO (2020–2023), via 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. WHO has mobilized US\$ 8.6 million to fund emergencies, established an Incidence Management Support Team (IMST), and strengthened its partnerships in the area.

WHO has also intervened in several Sahel countries, providing seed funding, reinforcing human resources for response, and providing capacity building in targeted areas of need, notably the procurement and supply of emergency kits to six targeted countries.

1. Diphtheria tetanus toxoid and pertussis (DTP3) is a combination vaccine against three infectious diseases in humans

2. Pentavalent 3 (PENTA3) provides children protection from five life-threatening diseases: diphtheria, pertussis, tetanus, Hepatitis B and Hib

3. Fragile, conflict, and vulnerable (FCV)

4. Public Health Information System (PHIS)

Breakdown of the newly recruited national experts per required domain



62 

Experts deployed by WHO

54 national and 8 international experts deployed in key response pillars to countries

Addressing funding gaps

✓ Burkina Faso: US\$ 907 854

More than 300 000 people given essential health services. Rapid response teams were trained, including capacity building in health information and PRSEAH. Procured and supplied large amount of emergency kits.

Result: 91% implementation

✓ Cameroon: US\$ 2 139 900

Trained health workers, nutrition screening, referral, and treatment in IDP camps, and procurement and supply of emergency kits, including support for three COVID-19 vaccination campaigns during the pandemic.

Result: 83% implementation

✓ Chad: US\$ 818 276

Capacity building in health information, trained health workers, including over 4000 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

✓ 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

✓ Nigeria: US\$ 1 767 486

More than 740 000 people were given access to 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

✓ Mali: US\$ 858 400

Supported over 120 000 safe deliveries of babies, including in security-compromised areas. Conducted nutrition screening training sessions, capacity building in health information, and procurement and supply of emergency kits.

Result: 98% implementation

“The worsening humanitarian crises in the Sahel has driven millions of people to extreme deprivation and to the brink of starvation. Without immediate response, millions of lives risk being lost as these emergencies slip off the world’s radar.”

Dr Matshidiso Moeti, WHO Regional Director for Africa



US\$ 1.6m

value of WHO-provided essential supplies

High number of emergency kits and consumables, including 1 834 emergency kits valued at US\$ 1.3 million, were procured and shipped to six targeted Sahel countries

WHO actions to provide relief and reduce hardship in the Sahel

✔ Sustained functionality of health facilities:

Out 949 health targeted facilities, 97% (921) continue to function. About 8% and 7% of health facilities in North-East Nigeria and Burkina Faso respectively were disrupted; interventions have helped to reduce those percentage to 3.6%.

✔ Strengthened surveillance and generation of information:

Helped to strengthen surveillance in Sahel countries with 80% of FCV countries currently implementing context-specific PHIS products. This progress has invigorated monitoring and evaluation, and started to enhance communication and information sharing.

✔ Reinforced capacity for emergency response:

More than 2000 health workers trained in the integrated disease surveillance and response (IDSR) approach, enhanced surveillance, and rapid response teams operations (669), including management of cholera (100), mental health (150) and nutrition.

✔ Improved access to/utilization of essential services:

Nutrition screening and treatment provided to over 8m vulnerable people affected by the crisis. Performance of these services showed excellent progress in several countries, especially Niger (100%), Mali (100%) and Cameroon (99%).