

Interview

Burkina Faso: an unprecedented humanitarian emergency for the country

Paris, 20 March 2020 - Isabelle Defourny, MSF Director of Operations, was recently in Burkina Faso and raises the alarm on the humanitarian situation in the most conflict-affected areas of the country.

1) What's the extent of the humanitarian crisis and violence in Burkina Faso?

The first attacks claimed by jihadi groups in Burkina Faso took place in 2015. The extremely rapid deterioration in the security situation of the past two years has plunged the country into an unprecedented crisis.

In the worst affected zones, i.e. Nord, Centre-Nord and Sahel regions, hardly a day goes by without violence. In addition to the fighting opposing armed groups and the national army and their allies, the civilian population is subjected to a violent catalogue of lootings, targeted assassinations and massacres. The latest example are the attacks on three villages in Nord region's Yatenga province on 8 March, during which, according to the government, at least 43 people were killed. Most of the victims were members of Fulani communities regularly marginalised and targeted by members of other communities who, in a dangerous conflation, assimilate or accuse them of colluding with jihadi organisations. Our teams, who helped to treat survivors of this most recent wave of attacks in the hospital in Ouahigouya, provide medical consultations and distribute water to thousands of people who have sought refuge in the principal town in Yatenga province.

The growing number of people forced to flee their homes is a sign of a deadly escalation also affecting other communities across the country. At the end of 2018, close to 48,000 people were internally displaced. By the end of 2019, they were 560,000 and today their numbers rises to 780,000. Some forecasts indicate that within the next few months one million people may be displaced.

2) Is the assistance delivered by MSF and other organisations enough to meet the basic needs of people affected by the situation? What do we do in this type of environment?

The speed of the crisis has all but stunned relief organisations deployed in the field, and it's patently obvious that there's not enough aid. The massive presence of displaced people is also putting a strain on infrastructure in the towns where they've taken refuge. For example, in Titao there's not enough water to go around anymore. Our teams have been drilling wells and trucking water to distribute to around 10,000 local inhabitants and 20,000 displaced people since November 2019, but the threshold of 5 litres of water per person per day still isn't guaranteed. Our teams also distributed 3,600 kits of basic necessities to Titao and Ouindigui. The authorities and World Food Programme began food distributions in the country, but so far these distributions have reached only a portion of those affected and contain few foods that can prevent nutritional degradation.

The health care system is virtually on its knees, and most medical facilities in Sahel, Centre-Nord and Nord regions have either closed or are barely able to function. We provide medical care in places like

Barsalogo, Djibo, Ouahigouya, Titao and Ouindigui, but because of the security issues, running our operations can be extremely challenging. We work with small teams, and some are confined in towns because they can't go anywhere else. Other areas are easier to get around—Boucle du Mouhoun, for example, where we are planning to run a measles vaccination campaign for 120,000 children in Dédougou and Boromo districts. However, at any point the situation could deteriorate rapidly.

Lastly, many among the population are exposed to violence. They live in areas with intense military activity that we simply aren't able to reach. We don't have even the most basic security guarantees we must have to go and assess needs and set up an appropriate response. Bahn and Solé north of Titao near the Malian border are two cases in point.

3) The humanitarian situation is already alarming, and is very probably set to get worse with the start of the seasonal malaria peak and hunger gap in June. A catastrophic scenario, but is it preventable?

We're making preventing it our priority. Of course, we must continue to consolidate our presence, set up networks and ensure proximity to the population to try and secure access to more areas and provide aid wherever it's needed. But hundreds of thousands of people in villages, towns and camps can be reached right now. Managing security is an issue, but it's still possible to deploy humanitarian aid in such areas.

The period between June and October is always the most critical for young children in the Sahel band. It's hard to envisage this year's drug distribution campaigns (called seasonal malaria chemoprevention) usually implemented in Burkina Faso to prevent an explosion in malaria cases going ahead as usual. We mustn't forget that most of the 780,000 displaced people have had to leave everything behind—their land, livestock and resources—and are suffering severe economic hardship that will make it difficult for them to confront the next hunger gap. The conflict's impact on agriculture and trade is extremely damaging. Local communities hosting the displaced in their villages are also under increasing pressure.

So, there's a window of only a few months to deploy an effective emergency aid effort on a massive scale and avert the wave of mortality likely to begin in June. This implies providing water in sufficient quantities, food distributions with nutritional supplements and ensuring access to medical care. Time hasn't run out yet. The aid effort, and this includes MSF's assistance, must be ramped up now.

4) The first death in sub-Saharan Africa of a coronavirus patient was reported in Burkina Faso. Another major concern?

The first cases appeared in Ouagadougou on 9 March, who had been infected with Covid-19 in France, and were quickly followed by others - at least 27 as of 18 March. This is very worrying as the country is already facing an unprecedented humanitarian crisis and its health system is weakened as a result.

Our teams are in contact with the authorities to assess how to help contain the Covid-19 outbreak and detect and manage cases. In this kind of epidemics, healthcare workers are on the front line. It's key to ensure they are protected against the risk of Covid-19 infection and receive adequate medical care when needed.

Travel restrictions and other measures to stop movements of people are also a challenge for us. They may limit our ability to deploy experienced staff to Burkina Faso, whose presence is now needed to enable a surge in humanitarian relief in the coming weeks.