COVID-19 SITUATION IN MALI

During the period from January 11 to 17, 2021, 239 cases of COVID-19 and 12 deaths were recorded in Mali. A total of 10 regions and 49 health districts were affected by the pandemic.

The cumulative number of confirmed cases since the beginning of the epidemic is 7,839 including 161 imported cases. The cumulative number of cured is 5,562 or a cure rate of 70.9%. 310 deaths were recorded out of the 7,839 cases, i.e. an overall lethality rate of 3.9%.

A total of 1,959 confirmed cases are currently being treated in the various care centers. It should be noted that 8 patients have benefited from a medical transfer abroad on request, including 7 in France and 1 in Italy.

In addition, 8,025 samples were tested during the period. The cumulative situation since the beginning of the epidemic is 161,153 samples analyzed.

Source: COVID-19 Situational Report - 11-17 January 2021 / N°137

The Rooted in Trust project aims to disrupt and mitigate the flow of misleading, inaccurate or malignant information to vulnerable populations affected by humanitarian crises during the COVID-19 pandemic.

In Mali, the Rooted In Trust project focuses on listening to and collecting rumors about the virus and the COVID-19 response among displaced populations in the District of Bamako and the regions of Sikasso, Segou, Mopti, and Timbuktu.

We are working in the field with 16 community radio stations and the NGO AMSODE to capture the perceptions and concerns of the community on COVID-19 and health issues in general in order to propose an adapted response and contextualized media content that meet the information needs and provide solutions acceptable to the populations.

HOW WE DO IT

Data collection is conducted in the field with outreach workers, through community radio stations and through monitoring of various information platforms and sites (Facebook, Twitter, WhatsApp, publications, commentaries, stories, etc.).

The data collected is cleaned, analyzed and categorized under a theme and risk level. Selection for this newsletter is based on a risk assessment matrix taking into account the frequency of the theme, the credibility of the rumor and the potential impact on the community and health and humanitarian services.

During the period from December 20, 2020 to January 19, 2021, 425 rumors about the COVID-19 pandemic were collected from IDPs in the project’s intervention regions and 41 rumors collected on social media.
"We’ve heard that if we wash our hands several times, it can kill the virus. But according to our traditions, washing our hands at all times with soap can make us poor."

Male, 45-60 years old, IDP site of Sénou, Bamako

It is important to look at these commentaries which provide insights into the anxieties of communities. Global health guidance may not always be translated into culturally sensitive recommendations at the national or local level and this kind of beliefs or widespread practices may hinder the COVID-19 health response from the shadows.

Such a belief may discourage communities from practicing handwashing as an essential and most affordable form of COVID-19 prevention.

For IDPs in Mali, this hygiene control measure may be one of the the most relevant to avoid COVID-19 transmission and spread of other diseases such as cholera, diarrhea or dysentery in crowded spaces such as camps.

• There is no evidence that handwashing leads to less economic success. However, it may be difficult for this well-known fact alone to contradict such systems of belief on fortune. All societies and cultures around the world hold superstitious beliefs that have been transmitted throughout generations and find base in tradition.

• On the contrary, it is a well-proven fact that practicing handwashing is one of the most important measures to avoid the transmission of harmful germs and to avoid getting sick.

• For COVID-19 this is one of the most recommended preventative measures, together with social distancing and use of masks.

WHAT ARE PEOPLE SAYING

TRADITIONAL BELIEFS AND HAND WASHING

WHY DOES IT MATTER?

FACTS

HOW CAN HUMANITARIANS HELP?

• **Listen to the local difference, find common approaches:** Partners should avoid automatically dismissing communities’ concerns and anxieties based on tradition or culture. On the contrary, listening to their beliefs may provide insights on how to provide public health guidance in a sensitive manner and how to address communication and compliance challenges on preventative measures at the community level.

• **Find your entry point to the community and spread the word:** according to our Information Ecosystem Assessment, community leaders are trusted sources among IDPs in Mali, together with family members, neighbors and friends, as well as local NGOs and community-based associations. Work with them to adjust messages on the importance of handwashing to local relevance and trust the word-of-mouth – face to face activities and baroni sessions are two of the most relevant channels to reach these communities.
WHO and public health authorities recommend the use of masks and hand sanitizers as part of the prevention measures against COVID-19. The high demand for these products in the beginning of the pandemic strained supply chains worldwide and it became difficult to find frontline protective products against COVID-19. WHO and other actors turned to recommend local production of handrubs and fabric masks, adapted to local needs and resources.

In response to this shortage, governments across the world, including many in African countries, adopted temporary policies that allowed the production of hand sanitizers by non-specialized manufacturers, including alcohol distillers. This opened the door to sub-standard products of high concern for public health. For example, the repeated use of methanol-based hand sanitizer can cause it to be absorbed through the skin and result in chronic toxicity, hallucinations or even death in extreme cases. Other substances used in these fake sanitizers can be toxic and life-threatening when ingested, they can cause skin allergies or can damage the skin, often presenting as a form of eczema.

While in the US alone, over 200 fake sanitizers were recalled by October 2020, the Nigeria Institute for Pharmaceutical Research and Development advised mid last year that 63% of this market in the country were fake. In South Africa, a study found that two out of the 11 hand sanitizers bought from retailers in the city of Pietermaritzburg had an extremely dangerous substance, 1-propanol.

Sources:
- WHO. Guide to local production. 20 January 2021
- WHO. When and How to Use Masks. 20 January 2021
- TheConversation.com. South Africans are not being protected from fake sanitizes: What needs to be done. 20 January 2021
- BBC.com. Coronavirus news update: How to spot fake hand sanitizers for Nigeria market. 20 January 2021

Since the outbreak of COVID-19, several brands of hydroalcoholic gels of various origin and composition have invaded the Malian market. In the absence of quality control of these prevention products, there is a great risk that they will expose communities to public health problems. It is therefore natural for communities to raise their concerns on these types of products that endanger their health.

Thus, it is especially important to look at those groups which may experience hindered access to standard manufacturers due to socio-economic reasons, lack of transportation or factors such as illiteracy. Additionally, it is important to monitor the evolution of these rumours, as concerns on the quality of gels and masks could turn into increasing rejection of this essential equipment for COVID-19 prevention.

Local radios are strong allies to give the alarm: these community-based media provide locally relevant information in languages that communities speak. It is essential to work with them, explain the dangers that communities face with low-quality products and provide them with up-to-date information on identified fake sanitizers or high-quality ones that are safe for human use. Additionally, these radios can also work as entry points of information from the communities, identifying dangerous reactions to sub-standard products and notifying relevant actors.

Visibilize the danger: Support joint advocacy strategies that raise awareness on these dangerous products, targeting non-specialized manufacturers, vendors and relevant authorities.
Beliefs in home remedies and ‘alternative’ natural treatments for COVID-19 have been common since the beginning of the pandemic. Most of these beliefs focus on aliments and foods such as lemon or ginger which may help to mitigate mild symptoms.

However, there is no evidence that any of these home remedies will help preventing infection or curing the disease. Moreover, some remedies such as the one illustrated in the above rumour, can even pose additional risks to the health of individuals.

Without a cure for COVID-19, it is normal that communities may turn to and find comfort in home remedies and natural treatments – especially when they are confronted with significant obstacles to access health care or when they face financial limitations that turn affordable solutions into attractive options.

In the absence of official treatments to cure COVID-19, ideas for a traditional treatment for Coronavirus disease with unconfirmed efficacy and unproven safety are legion in Mali. Some of these so-called remedies are likely to divert communities away from health centers for early management of the disease or constitute a public health risk to the population.

Additionally, the use of these ‘alternative’ treatments can help to fix the idea that the virus is similar to flu or other mild conditions that do not need extraordinary prevention measures, increasing the risk of communities to acquire the virus.

“An acquaintance told me that inhaling the smoke produced by sugar poured over embers of fire was an effective remedy.”

Male, Mopti IDP camp

**WHAT ARE PEOPLE SAYING**

**FACTS**

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**HOW CAN HUMANITARIANS HELP?**

- **Draw the line between comforting and curing:** partners should raise awareness and discuss with communities about the differences between alleviating symptoms and curing the disease. It is important not to dismiss automatically communities’ traditional and local attempts at health and wellbeing. Yet partners must monitor and follow up on those options which do indeed pose additional risks.

- **Identify those that tested these remedies and share their experience:** testimonies from community members who tried these remedies in vain could be shared in face-to-face activities or radio talk shows to build awareness on their ineffectacy, promoting conversations at the community level among neighbours, families and friends.

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