

# unicef

## Democratic Republic of Congo



### Situation in numbers

**30,740**

*Suspected cases of measles (80% of total cases in DRC)*

**439**

*Deaths caused by measles (1.42% mortality rate, 90% of total deaths caused by measles in DRC)*

**23 out of 68**

*Health Zones hit by epidemics in former-Katanga province*

**2 million**

*Doses of measles vaccine provided by UNICEF in response to the epidemic*

**4.3 million USD**

*The cost of the Measles Response Plan for former-Katanga Province*

**2.4 million USD**

*Amount available for Response Plan through Pool Fund*

**1.9 million USD**

*Gap for Measles Response Plan*

### Highlights and Situation Overview

- Since January 2015, 30,740 suspected cases of measles have been reported in the former Province of Katanga\*. Of the 68 Health Zones (HZs) in the area, 23 are currently facing a measles epidemic.
- The Provincial Response Plan, finalized last week, will require an estimated USD 4.3 million. The Pooled Fund has already provided USD 2.4 million, with USD 1.5 million to UNICEF and USD 900,000 to NGOs to finance immunization campaigns. A proposal will be submitted to the Measles and Rubella Initiative to cover the gap of USD 1.9 million.
- The response is hindered by several factors including the lack of accurate data concerning the target population, insufficient cold-chain coverage, and limited access to affected HZs in remote areas and/or communities affected by armed conflict. Reinforcing the provincial Health System and the capacity of its leadership is essential.

\* A recent administrative reform in DRC has led to the division of Katanga into four separate provinces (Haut-Katanga, Haut-Lomami, Lualaba, and Tanganyika).

### UNICEF Response

- UNICEF is providing technical support to assist in coordinating the response, finalizing the Provincial Response Plan, and monitoring activities. Furthermore, UNICEF is playing a key role in the procurement and transportation of supplies.
- UNICEF has provided 2 million doses of measles vaccine and inoculation devices and measles management kits to manage 10,000 cases, in addition to supporting the Periodic Intensification of Routine Immunization in affected HZs.
- In April and May 2015, UNICEF-funded activities implemented by ALIMA and MDA led to the end of the epidemic in two HZs where outbreaks began in mid-2014.
- C4D is undertaking advocacy and awareness-raising activities to encourage inclusive, cross-sectoral involvement in the response with decision-makers, community leaders, and representatives of the education, mining, civil society and religious sectors.
- Using the Pooled Funds, UNICEF has placed an emergency order for freezers, vaccine icepack carriers, and generators to ensure the cold-chain, measles kits, Ready-to-Use Therapeutic Food, and one million additional doses of measles vaccines. 1.6 million doses of vaccine and inoculation equipment are available in former-Katanga Province for the immunization mop-up in HZs hit by epidemics.

## Humanitarian Leadership and Coordination

The Ministry of Health, supported by UNICEF, WHO, and other partners, is leading the measles response. Under the leadership of the Minister of Health, coordination committees have been established at the national, provincial\*, and HZ level and meet twice-weekly to coordinate activities and facilitate the preparation, implementation, and monitoring of operational plans, as well as the collection and sharing of information. High-level strategic meetings, led by the Minister, allowed partners and health sector specialists to identify bottlenecks and determine strategies to overcome them.

The Health Cluster, led by WHO, is identifying NGOs to carry out the implementation of activities and providing technical support the Ministry of Health on coordination activities.

*\*A provincial committee has been established in Lubumbashi and committees are being established in the four new administrative provinces, under the leadership of the Heads of the new Provincial Health Divisions.*

## Provincial Response Plan

UNICEF provided technical support to the Government of DRC in the development of the Provincial Response Plan. The strategy uses a three-tier approach to target (i) epidemic-hit HZs, (ii) high-risk HZs (those that border epidemic HZs), and (iii) unaffected HZs. Activities are being implemented by partners such as ADRA, AIDES, ALIMIA, COOPI, IRC, RRMP, and MSF, and include: ensuring gratuity of treatment of all measles cases; reinforcing surveillance; immunization mop-up to target children not vaccinated in previous campaigns, and; the Periodic Intensification of Routine Immunization (PIRI).

The plan will require an estimated USD 4.3 million. The Pooled Fund has already provided USD 2.4 million, with UNICEF receiving USD 1.5 million for the coordination and supervision of activities and the procurement and transportation of vaccines, medicine and kits, and generators to ensure the cold chain. NGOs are receiving USD 900,000 to finance immunization campaigns.

A proposal for the Measles and Rubella Initiative (RBI) is currently being finalised for submission this week. Not only does this proposal cover the Provincial Response Plan's resource gap of USD 1.9 million, it also aims to cover the needs of epidemic response plans for all measles-affected provinces across the country.

Provincial Response Plan	Affected Population	Response Target	UNICEF Target	UNICEF Results to Date
Measles case management		45,000*	20,700	11,486
Measles immunization response in epidemic-hit HZs (children aged 6 months to 15 years)	1,840,803	1,840,803	894,133	258,727
Measles immunization in high-risk of epidemic HZs (children aged 6 to 59 months)	551,679	551,679	551,679	0
Measles immunization (PIRI) in low-risk of epidemic HZs (drop up children aged 6 to 59 months)	764,978	382,489	382,489	0

*\*Estimated number of cases by December 2015*

## For more information

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