Highlights

- On October 4 the Government launched its response plan, mobilizing community authorities and civil servants, reducing large gatherings, and temporarily closing schools – currently until early November.

- UNICEF Madagascar is deploying its full resources in support of the Government’s efforts to bring Madagascar’s current plague outbreak under control, working in close collaboration with the World Health Organization (WHO) and other partners. Over the past two weeks, outbreak control efforts have significantly accelerated to facilitate detection of plague cases, access to treatment and tracing of people who have come in close contact with infected individuals.

- Madagascar experiences annual outbreaks as the plague remains endemic in rural parts of the country, however the current outbreak is particularly concerning due to the predominance of pneumonic plague among confirmed cases - the most dangerous and contagious clinical form of plague, and given the high case load found in urban centres (particularly the capital Antananarivo and the main port Tamatave).

- As of 19 October, a total of 1,297 plague cases have been notified (among these 131 confirmed, 574 probable and 592 suspected cases), with numbers indicating two concurrent epidemics of pneumonic (human to human transmitted) and bubonic (flea-bite transmitted) plague forms: 846 pneumonic, 270 bubonic, 1 septicemic, 180 non-specified. Among these, 102 deaths have been recorded and 39 of the country’s 114 districts are affected. The WHO currently rates the outbreak as high risk at national level, medium risk at regional level and low risk at international level.

- UNICEF has been leading communication efforts to ensure that the population is sufficiently sensitized to report any plague symptoms early and thereby facilitate access to treatment. UNICEF interventions have further focused on supporting Ministry of Health case management and community response interventions, leading WASH interventions in hospitals and care centres, as well as providing support to the Ministry of Education to establish special prevention measures in schools.
Situation Overview & Humanitarian Needs

Madagascar is one of a few countries globally where the plague remains endemic. Plague outbreaks, which occur annually in Madagascar, are usually confined to remote rural areas and triggered by the wide-spread ‘slash and burn’ practice as rats which carry the fleas carrying the bacteria *Yersinia pestis* move towards habitation locations thereby facilitating human infection through flea bites – resulting in the *bubonic* form of the plague.

The current outbreak features two concurrent epidemics: A *bubonic plague outbreak* and a second epidemic of the highly contagious *pneumonic plague*, which is spread through human to human transmission - with the majority of the reported cases being *pneumonic plague*. Of concern is that the majority of this year’s cases are in densely populated urban areas including the capital Antananarivo (3,724,021 population), and the two coastal towns of Tamatave (1,412,021 population) and Mahajunga (889,277 population). The recovery rate from plague infection is excellent if treated rapidly with antibiotics. However, if not diagnosed and treated immediately, death occurs within one-three days.

Given the annual recurrence of plague outbreaks, Madagascar has in place basic plague control measures and good technical expertise especially via the Institut Pasteur Madagascar. However, due to the overall weak state of the health system and the new dimension with the current outbreak being concentrated in urban centres and the much greater magnitude, the country does not have the capacity to respond to the situation without additional international technical and financial support. The WHO has to date classified the current epidemic as high risk for the country, medium risk for the region, and low risk globally.

Humanitarian leadership and coordination

Given the scale and magnitude of the outbreak and the necessity for a multi-sectoral, integrated response, a *Ministerial-level Steering Committee* chaired by the Prime Minister has been established, including all ministries involved in the response to ensure strategic engagement and decision-making for multi-sectoral action. At the operational level, cross sectoral support by non-Health actors (media, transport, defense, education) is being coordinated by the National Risk and Disaster Management Office (BNGRC).

The primary health plague response is coordinated by the Ministry of Public Health and the World Health Organization through a Central Crisis Cell. Under the Crisis Cell, five response committees (surveillance; case management; community response; social mobilization and communication; logistics) have been established to plan and implement the joint technical response. The committees, co-led by Ministry of Health and partners, also include other line Ministries such as Ministries of Water & Hygiene, Education and Population, and international technical partners (WHO, UNICEF, French Cooperation, USAID, PSI, IFRC, MSF, MDM). *Institut Pasteur Madagascar*, a recognized global leader in plague response, is providing additional technical support for the response.

A joint coordination task force bringing together operational partners supporting the plague response, chaired by WHO meets daily; Health and WASH clusters meet regularly on an as needs basis to move specific response elements forward. The Humanitarian Country Team has been convened to mobilize partners beyond the immediate health/WASH/communication elements and to review and endorse priorities for the Central Emergency Response Fund (CERF) proposal.

Response Strategy

A National Response Plan was approved on 4 October and the strategy consists of four pillars: (1) surveillance; (2) case management; (3) community response and (4) social mobilization and communication. The plan is *budgeted at USD 10 million identifying USD 6.5 million as the required funding for the most immediate response needs*. The main objectives of the plan are to bring the outbreak under control, and to ensure proper care for patients in an efficient, yet dignified environment with mobilisation of all actors, especially local population.

Key joint response interventions to date have focused on early reporting and detection of symptoms through sensitization of the population about the risks and the available treatment, free treatment of suspected and confirmed cases, tracing of individuals the suspected and confirmed cases have been in contact with (contact tracing), and a range of transmission prevention measures such as restrictions on large gatherings, temporary closure of schools, screening procedures at the airport and on main transportation routes between the affected urban areas etc.
UNICEF has been supporting the case management and community elements of the health response including key WASH elements since the beginning of the response. UNICEF continues to co-leading crucial sensitization and social mobilization communication of the population, and intensified support as the outbreak increased in magnitude.

Summary Analysis of Programme Response

**Health**

Within the overall framework of the National Plague Response Plan and Strategy, UNICEF supports the Ministry of Public Health and WHO in reinforcing advanced triage and treatment capacity.

**Activities undertaken to date:**

- The Central Emergency Cell of the Ministry of Public Health was equipped with laptop and telephones.
- Strategies and protocols defined for case management and community response to break the chain of transmission, such as an algorithm for triage and the “circuit” of patients.
- A contact tracing protocol was finalized and disseminated, and training of trainers conducted with UNICEF support.
- Treatment sites have been established in six major hospitals in capital Antananarivo. UNICEF has supported this by providing 18 tents, medical supplies, and protective gear.
- 188 Health Centre supervisors have been trained in Greater Tana, as well as 1850 Community Health Workers.
- Major supply reinforcements including tents and medical supplies to Tamatave were delivered.
- UNICEF pre-positioned emergency stocks for prevention and treatment of 3,000 people.

**C4D/Communications**

Within the framework of the National Plague Response Plan, sensitization and guidance for the population through multi-stakeholder communication is one of the cornerstones for the response. Communication is key for people to be aware of the epidemics, where to go to get treatment, what to do if they meet someone with symptoms. Communication is also key to reduce panic, address rumours, and counter stigmatization.

Information and sensitisation material on the symptoms and the risks of the plague and the behaviours to adopt to facilitate early identification and access to treatment have been developed, field tested at community level and widely distributed through a range of dissemination channels, including local government, churches, NGOs and the media. A new set of sensitisation materials was finalised on 11th October (pictured)
Activities undertaken to date:

- Production of field-tested public awareness/education materials (posters, brochures, radio/TV spots). 69,000 posters and brochures have been produced and distributed, including to partners in the Ministries of Transport and Tourism, church groups and other key influencers.
- Support to the Ministry of Public Health in disseminating video spots via social media and SMS message sent to all phones from Ministry with UNICEF and WHO support.
- Training of all (194) “warden chiefs” of Greater Antananarivo for support to identification, facilitation and communication.
- Radio spots aired every 15 minutes on public radios, every hour on private radio, every hour on television.
- On-going training of Community Health workers with support of UNICEF/WHO/USAID/Red cross.
- Mobilisation of a volunteer network capable of spreading key messages: through the Red Cross, more than 5,000 families have been reached in 4 Regions; 900 volunteers through the churches in Tana and Tamatave have been mobilized and door to door sensitization has been taking place.
- In order to deal with the culturally sensitive issue of corpse disposal, a burial practice protocol is being finalized with major local consultations, given extreme sensitivity of the issue on Madagascar. Reassurance that traditional burial practices can be observed – under special easy-to-follow hygiene conditions – should reduce the risk of non-declaration of deaths.
- UNICEF supported trainings for media practitioners along with partners.
- Three special sensitization meetings with the private sector and private sector platforms were organized to ensure that the Private sector is aware and supports relevant measures for their staff and to mobilize private sector support for the response.

WASH and hygiene

Improving the water, sanitation and hygiene (WASH) situation is a critical element of epidemic propagation control and WASH interventions are central to the case management and community response elements of the pneumonic plague response. WASH provisions are also essential to interrupting the bubonic plague epidemic as well as to provide treatment conditions that respect human dignity and avoid nosocomial transmission.

Activities undertaken to date:

- The UNICEF WASH team undertook early assessments of six Antananarivo hospitals that are treating plague cases. As a result, two 500 litre water tanks have been installed in CHAPA hospital, which has also been reconnected to the water supply following repairs, and Anosivaratra hospital is currently being reconnected. 20 latrine cubicles were installed in CHAPA hospital and 20 more are underway for Anosivaratra. A total of 41 handwashing facilities have been installed in three Tana hospitals and soap and waste disposal units have been provided.
- Assessments of hospitals were also conducted outside in Tamatave and Fenerive Est. Two 500 litre water tanks have been installed in PPH Toamasina Hospital in Tamatave with two more underway in CTTP Fenerive Est
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Hospital. Additional latrines, incinerators and hand washing station and showers were provided to main hospitals. Soap, disinfectant gel, buckets, and waste disposal facilities have been provided.

- 294 logisticians, hygienists, and cleaners are paid by UNICEF and installed in treatment centres.
- Chlorine and tarpaulins have been supplied to the Ministries of Water and Education in Tana and in Atsinanana (the region of Tamatave).
- The situation of detention centres is being assessed in partnership with ICRC.

**UNICEF staff improving latrines in plague treatment centres**

**EDUCATION**

Since Schools are public areas where children gather in a closed environment, the Government temporarily closed the 1,800 schools in the plague affected areas to allow for disinfection to be undertaken and to determine additional measures to be put in place to prevent transmission among 450,000 school children in Antananarivo and Tamatave alone.

Schools are recognized as structures that can support the control of the epidemic, provided that appropriate measures can be put in place to facilitate this, and considering that (i) tracing is easy if school if access is controlled, (ii) identification of cases and orientation of cases is potentially easier than in engorged urban slums and (iii) sensitization about the epidemics through teachers and ‘brought home’ by children/students has great potential to reinforce public awareness.

**Activities undertaken to date:**
- Since the closure of the schools, UNICEF has supported the Ministry of National Education to carry out disinfection in the 1,800 schools in affected areas.
- UNICEF has been working with the Ministry of National Education and with inputs from the Ministry of Public Health on the development of a special plague school protocol including screening and referral mechanisms, special teacher training, and special sensitization materials.

**Data**

As the situation is evolving very rapidly, figures related to number of cases provided in any update are rapidly outdated. A daily update on the figures can be found on the French website of the National Risk and Disaster Management Office (BNGRC): [http://www.bngrc-mid.mg/](http://www.bngrc-mid.mg/)
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Funding Needs
The National Plague Response Plan, adapted to the current outbreak since the epidemic began, is budgeted at USD 10 million, with immediate funding needs of USD 6.5 million. To support the most urgent needs in WASH, communication and sensitization, and health, UNICEF re-allocated USD 200,000 of its regular country programme resources and mobilized a USD 400,000 loan from its global emergency revolving fund (EPF). The WHO has mobilized USD 1.5 million of its global epidemic outbreak resources to support expert staff deployments and the procurement of 1.2 million doses of antibiotic treatment and antibiotic prophylaxis. Other partners have similarly started responding by re-allocating contingency funds.

Within the framework of the National Plague Response Plan, UNICEF urgently require USD 2.6 million for the UNICEF-supported contributions to the overall response as outlined below.

<table>
<thead>
<tr>
<th>UNICEF FUNDING REQUIREMENTS</th>
<th>US$</th>
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</thead>
<tbody>
<tr>
<td>Health response (supply, capacity)</td>
<td>800,000</td>
</tr>
<tr>
<td>WASH response (supply, transport and staff in Centres for Sorting and Treatment of Plague (CTTP)) – 3 months</td>
<td>600,000</td>
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<tr>
<td>School response (Prevention+ screening in schools)</td>
<td>500,000</td>
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<tr>
<td>Communication for Development (Sensitization of population)</td>
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<tr>
<td>Human Resource outbreak response reinforcements</td>
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<td>Support and logistics</td>
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<td>Cross sectoral</td>
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<tr>
<td>Recovery costs (7%)</td>
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</tr>
<tr>
<td>Total</td>
<td>2,600,000</td>
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</tbody>
</table>

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