

Madagascar: Plague Epidemic

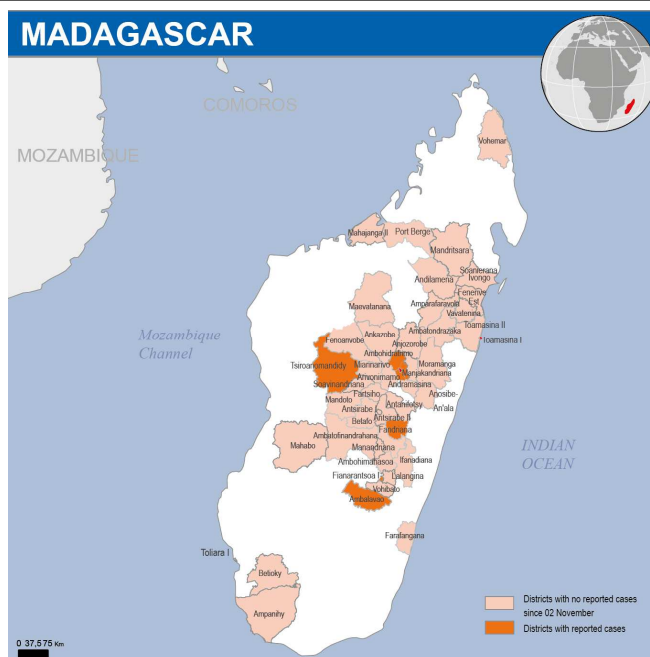
Joint Situation Report No. 5, as of 16 November 2017



This report is published under the coordination of the National Office for Risk and Disaster Management (BNGR), with input from all relevant Ministries and the Humanitarian Country Team, which includes the United Nations System in Madagascar. It covers the period until 13 November 2017.

Highlights

- The epidemic remains active in 09 health districts.
- A total of 2,158 cases have been recorded from 01 August to 13 November 2017, of which 76 per cent were pneumonic.
- About 60 per cent of the 174 total deaths occurred at community level.
- 1,180 patients have been cured since the beginning of this epidemic, 28 others are receiving treatment in hospitals.
- There has been a marked decrease in new cases, from 502 cases the week of 02 to 08 October to 70 cases the week of 06 to 12 November).
- 7,166 people who had contact with patients with pneumonic plague completed their prophylactic treatment, out of 7,270 identified people.
- Eight international airports and one port have established sanitary control posts.



Situation Overview

Although plague is endemic in Madagascar, this season has been uncharacteristic: it started a month early, has been predominately of the pneumonic form, and has most affected the largest urban centers of Madagascar (Antananarivo, Toamasina, Fianarantsoa and Antsirabe). Many of the districts current affected have no experience of the disease, which represents another challenge in addition to the difficulties in controlling the epidemic in urban areas.

The total number of cases (2,158) is already 5 times higher than the average annual total of 400 (September to April). However, there is a clear decrease in plague cases, from 502 cases during epidemiological week 40 (02-08 October) to 70 cases during week 45 (06-12 November 2017).

The spread of pneumonic plague in high-density urban areas is faster, with a risk of large-scale epidemics, while the implementation of health and non-health responses is confronted with access problems (difficulty in tracing contacts, especially in slums) and the frequent moving of people. The capital city of Antananarivo, the country's trade and transport hub, is most affected by this epidemic.

Pneumonic plague due to person-to-person transmission by air poses a high health risk for all actors involved in the response, including health service providers in hospitals and health centers, social workers, health workers security and defense forces, journalists, hygienists, communicators, volunteers, etc. Since the beginning of the epidemic, 82 health personnel have been infected (with no deaths).

The epidemic has had consequences for tourism with the cancellation of cruises, but the situation is being addressed with the direct involvement of the World Tourism Organization. School has been suspended for one month.

Funding

\$11.3 millions
Mobilized for the
response

- US\$11.3 million has been raised for the response. WHO provided \$1.5 million, UNICEF \$1.1 million, UNDP \$200,000, UNFPA \$331,000, Italy \$100,000, ECHO/EU \$560,000 Euros, CRS \$50,000, Japan \$190,500, USAID \$1 million, Norway \$1.2 million, and the World Bank \$5 million.
- Funding has also been generated by the IFRC: \$1 million of the \$5.5 million requested have been received.
- In-kind funding is as follows: China: first donation: \$ 200,000 of medicine, second donation: syringes, kits for health workers, Ebola kits, \$469,000); USAID: 18,000 respirator masks, 100,000 simple masks, 10 vehicles to support operations conducted by the Ministry of Public Health; Morocco: 34 tons of medicine and personal protective equipment); UNFPA: 2,000 personal protective equipment, 10 tents, 4 vehicles to support operations led by the Ministry of Public Health and WHO; and Israel.
- As for the private sector, the total amount allocated reached \$58,000, the Malagasy diaspora has given BNGRC \$2,300. The Chamber of Mines has made a donation of standing tanks, medical equipment, wheeled bins, and various drugs (ciprofloxacin, farmagel, doxycycline, etc.).



Health

Needs:

- Strengthen community engagement activities in all districts affected by the epidemic.
- Implement dignified and secure burials.
- Finalize protocols for the detection of escaped plague patients, management of treatment refusal, and chemoprophylaxis cases.
- Continue cascade training of healthcare providers on hospital infection prevention and control measures.
- Supervise the implementation of infection prevention and control measures in health facilities.
- Harmonize data management.
- Continue ongoing activities in treatment centers, follow-up of contacts and communication.
- Strengthen the capacity of rural districts to provide case management and follow-up of contacts.
- Review the response to the ongoing plague epidemic and develop a long-term plague control plan for Madagascar.

The most urgent needs are as follows:

- **Surveillance:** provide health checkpoints at international airports and ports with ambulances to facilitate the referral of suspected cases of plague among travelers.
- **Treatment of patients:** Bridging the gap in Levofloxacin for the implementation of the new treatment protocol in two CTTs.
- **Prevention and control of infection:** Extend the training of health care providers of health structures other than CTTs, ensure the effective implementation of infection prevention and control measures in health facilities
- **Coordination:** improve the working conditions of regional coordination teams (offices, meeting rooms, computers, etc.).

Response:

Surveillance and Contact tracing Commission

- From 12 October to 07 November, 7,164 people who had been in contact with plague patients were identified with WHO support and 94.5 per cent of them benefited from chemoprophylaxis and twice-daily monitoring. To date, 6,771 contacts have graduated the monitoring.
- Establishment of a mobile laboratory by the Pasteur Institute of Madagascar in Tamatave.
- Strengthening health checkpoints at the international airports of Ivato / Antananarivo, Tamatave and Nosy Be by WHO.
- Continuation of activities at health control posts set up in the districts affected by the plague epidemic: Fénérive Est (Analanjrofo); Camp Robin (Upper Matsiatra); Vohidiala, Ambatondrazaka (Alaotra Mangoro); Antsirabe I (Vakinakaratra); Toamasina (Atsinanana); Antananarivo (Analamanga).
- Continuation of the activities of the sanitary control posts at the airports of Sainte-Marie (Analanjrofo) and Mahajanga (Boeny) and the port of Sainte-Marie (Analanjrofo)
- Start of surveillance activities for plague in schools by monitoring committees set up in schools.
- "Mikolo and Mahefa Miaraka" project, funded by USAID, strengthened community surveillance, diagnosis and treatment of plague cases in areas most affected by the plague epidemic. To date, more than 9,000 health workers and community leaders have been trained, including in case management, surveillance,

outreach and community mobilization. USAID community partners have also implemented vector control measures at the community level.

- USAID has also provided the Pasteur Institute in Madagascar with 16 laboratory personnel, epidemiologists and data managers.
- USAID is supporting the purchase of two real-time “Polymerase Chain Reaction” and reagents to be used in a mobile laboratory to expedite the confirmation of suspected plague cases.
- The USAID Mikolo project supported the creation and operationalization of watch cells at 27 Communes and 225 Fokontany. These cells contribute to research and follow-up of contacts, active search for plague cases and escapees, awareness raising for healthy behaviors and reporting.

Case Management Commission

- Opening by the International Federation of the Red Cross (IFRC) in collaboration with the Malagasy Red Cross (CRM) of a center for triage and treatment (CTTP) at Andohatapenaka University Hospital Center
- Submission of Levofloxacin order (all presentations) by WHO for the implementation of the new therapeutic protocol combining Levofloxacin and Gentamicin in the CTTPs of Befelatanana and Andohatapenaka.
- From 30 October to 03 November 2017, WHO, in collaboration with the Ministry of Public Health, trained 106 care providers (doctors, nurses, midwives, laboratory technicians and district health supervisors) on prevention and control of infections (including plague) in hospitals, including 46 in Tamatave, 30 in Antsirabe and 30 in Fianarantsoa.
- Continuation of case management in the 5 CTTPs already operational in the city of Antananarivo and the CTTPs of Antsirabe, Fianarantsoa, Ambalavao and Tamatave.
- Crisis cell validation of the new sorting algorithm and diagnostic procedure.
- Under the coordination of BNGRC, and in collaboration with the National Office of Nutrition (ONN), which provides hot meals (subcontracted to a catering company), WFP provided support to 49 people suffering from the plague as well as their families. This food support in the form of cash transfers is intended to ensure dietary diversification to facilitate better recovery of patients. The amount made available by means of payment by mobile phone is 5,000 Ariary per day, per family of people suffering from the plague, for 10 days, an amount of 50,000 Ar per family. The list of beneficiaries has been reconciled and approved by the Ministry of Health. WFP is preparing a second wave of payments to a second list of beneficiaries representing all new cases in Tana and province.
- On 13 November 2017, the Ministry of Water, Energy and Hydrocarbons (MEEH) and UNICEF sent 4 sprays, 1500 units of FFP2 masks, 10 pairs of glasses, 5 pairs of boots and 4 cans hydro alcoholic refill via Rapide Service / Urgent for the CTTP of Antsirabe; and 187 cartons of soaps, 91 DLM (Handwashing Device with faucet) and 4,489 bottles of Sur'Eau for childcare centers and approved adoption centers in Antananarivo, Toamasina and Mahambo.

1.510

Public spaces
disinfected

268

hygienists,
receptionists,
launderers,
coordinators and
logisticians in 6 CTTPs
in Antananarivo, and
CTTPs in Tamatave
and Fenerive Est

87

Handwashing devices
installed at the 11
CTTPs nationwide

Logistics Commission

- Needs assessment for the implementation of the new therapeutic protocol.
- Order of Levofloxacin for the implementation of the new treatment protocol.
- Filling gaps in personal protective equipment in CTTPs.
- The USAID Mikolo Project supports the Ministry of Public Health in the provision of supplies and other materials in the Upper Matsiatra Region and provides daily transport and replenishment at Atsinanana Region checkpoints. Similarly, for the supply and delivery of communication media (posters, brochures) and management tools (daily contact sheet, daily contact summary form, contact listing form); this for 27 Monitoring cells at the level of the Communes and the 225 Monitoring cells at the Fokontany level.

WASH, Prevention and Control of Infections (CPI)

- UNICEF / ACF / MSF / USAID RANOWASH: provision of personal protective equipment (PPE) and WASH equipment for hygienists (FFP2 masks, washable overcoats and cuvette) at the five Antananarivo CTTPs (Anosy Avaratra, Andohatapena, Anosiala, Befelatanana, and CHAPA), the distribution was made through ACF / USAID and RANOWASH
- RANOWASH / CRS: purchase of PPE materials to complement the needs of CTTPs in Antananarivo, Antsirabe, Fianarantsoa and Ambalavao

- UNICEF: sends and distributes supplies of equipment and WASH / CPI equipment from the three new CTTP centers in Fianarantsoa, Antsirabe and Ambalavao (gowns, masks, and cuvettes), distributed through the Regional Energy Departments, Water and Hydrocarbon (DREEH) of Upper Matsiatra and Vakinankaratra.

In CTTPs by DREEH / UNICEF:

- Construction completed of 20 box latrines and 2 box shower in the CTTP of Anosy Avaratra.
- Completed construction of 2 blocks of 2-cabin latrine and sorting tent in the CTTP of Ambalavao
- Completed latrine construction of 1 block of 4 cabins,
- Installation of the booster which supplies the tank of the CTTP hospital of Fianarantsoa.
- Completed construction of 4 burner incinerators at CTTPs Anosy Avaratra, Chapa, Befelatanana and Andohatapenaka, under construction for CTTP Antsirabe.
- Purchase of materials for the rehabilitation of the septic tank and installation of 0.5m³ tank for the water supply of the CHRP CTTP Vakinankaratra.
- Provision of funds for immediate responses in CTTPs in Fianarantsoa and Ambalavao

ACF

- Pit digging for burial of organic waste at CHAPA.

UNICEF / Ministry of the Interior and Decentralization / MEEH / Ministry of Justice

- Planning disinfection of prisons in 12 plague-affected regions in collaboration.

Training

Through the USAID Mikolo Project, as at 11 November 2017, training has been undertaken of nearly 1,100 people, including management teams in 7 regions (Atsinanana, Alaotra-Mangoro, Analamanga, Vakinankaratra, Amoron'i Mania, Upper Matsiatra and Atsimo Andrefana), the management teams at the level of 11 districts (Toamasina II, Brickaville, Moramanga, Manjakandriana, Antanifotsy, Betafo, Ambositra, Ambohimahaso, Vohibato, Ambalavao and Morombe), Basic Health Centres leaders and community agents on the symptoms, prevention, transmission and treatment of plague.

Coordination and Evaluation

- Coordination with MEEH and SAMVA for the organic waste collection circuit in the 5 CTTPs of Antananarivo.
- Organic waste disposal site visit organized by MEEH, SAMVA, District Manager and Mayor of Manandriana.
- UNICEF: finalization and submission of WASH / IPC Technical Guidance Document to CTTPs
- DREEH / UNICEF:
 - Finalization of the contracts of 15 hygienists, 27 reception officers, 6 launderers, 3 logisticians and 3 coordinators to support the CTTPs of Antsirabe, Fianarantsoa and Ambalavao.
 - Reorganization of the distribution of the teams of hygienists to the 11 CTTPs according to the actual need.
- ACF / DREEH / UNICEF / WHO: training new staff for the 3 CTTPs
- Reorganization of the teams of hygienists to the 11 CTTPs of the country to ensure all functions, including support for ambulance teams.
- UNICEF / USAID Rano Wash / ACF / MEEH / DREEH / SSENV:
 - Forecasting planning that takes into account the minimum standard to be ensured for WASH / IPC throughout the plague season (sustainable infrastructure).
 - Development of a weekly report template for CTTPs.
- Regular meetings of the various coordination structures (BNGRC, crisis unit of the Ministry of Public Health, multisector task force of partners, health cluster, Wash cluster)
- Evaluation of sanitary control posts at Nosy Be and Ivato / Antananarivo airports by WHO.

Commission for Risk Communication, Community Engagement and Social Mobilization

- From 27 October to 03 November 2017, WHO, in collaboration with the Ministry of Public Health, trained more than 1,000 community workers in the cities of Antananarivo and Tamatave. These community workers are deployed in villages and neighborhoods to mobilize communities and strengthen their commitment to the fight against the plague epidemic, including addressing the concerns of people, dispelling rumors and strengthening control activities.
- WHO has also been involved in strengthening the coordination and organization of communication and community engagement activities at the district level of Antsirabe and Fianarantsoa.

- Holding an exchange meeting between the Ministry of Public Health and religious and traditional leaders on the dignified and secure burial protocol.
- Advocacy with press bosses: 27 media outlets and TV / radio stations committed to the plague response.
- Beginning of communication support at the level of Haute Matsiatra (Fianarantsoa and Ambalavao), Antsirabe, Toamasina, Fénérive Est.
- PSI project is working on improving the capacity of the 910 emergency line; at the 910 "Task Force" meeting, computers, server and GSM gateway were configured and installed, 12 simultaneous calls are operational.
- Uploading of the clip of the song "ady amin'ny pesta ilay raha" by a Malagasy artists (<https://www.youtube.com/watch?v=UC44YkIAuNQ>)
- Meeting on the optimization of the dissemination of information through social networks.
- Training meeting for media professionals at the level of the eight districts.
- Beginning of reinforcement of community engagement actions in Antananarivo, Toamasina, Fénérive Est, Antsirabe, Fianarantsoa, and Ambalavao
- Finalization of an advocacy song by collective of artists.
- Continued broadcast of media and programs on 31 radio and TV stations in Antananarivo.
- Intervention at the level of social networks through a Facebook profile.
- Through UNICEF, montage of a cartoon on the plague.
- PSI implemented USAID's integrated social marketing activity in plague response communication efforts. PSI has obtained free advertising from various outlets, works closely with different Ministries on communication plans, operates mobile clinics transporting patients and mobile broadcast units for plague messaging.
- USAID's Mikolo project has begun regular broadcasting of official radio spots related to plague at 24 radio stations across 8 regions (Atsinanana, Alaotra-Mangoro, Analamanga, Vakinankaratra, Amoron'i Mania, Haute Matsiatra, Vatovavy Fitovinany, Atsimo Andrefana). The strengthening of online communication and awareness has also been launched on social networks through sponsored publications, with the Ministry of Public Health and its partners.

Gaps and Constraints:

- Protocol on dignified and secure burial not yet officially approved.
- Need for fuel for ambulances and payment of compensation for ambulance personnel.
- Need for capacity building of rural district health providers on case management and follow-up of contacts
- Non-compliance with prevention measures and infection control by some health care providers.
- No return of information on some samples sent to Antananarivo.
- Insufficient consumable PPE (hygiene) and low local market capacity for certain types of products.
- There is limited space available in the Antananarivo hospital compound, and as a result the design for WASH facilities and the flow of patients to CTTPs and medical waste management have limitations.

Multisector

Needs:

- There is an urgent need for infrared thermometers and personal protective equipment for personnel from other sectors involved in plague response.
- Adaptation to local contexts of broadcasts on plague awareness.
- Capacity development and use of existing local resources to increase the speed of interventions and increase the support of target populations.
- Need to equip and formalize health checkpoints.
- Need to systematically integrate other relevant sectors and to have a more integrated vision for topics related to culture and tradition.
- Importance of programming and training all other sectors of intervention for this

Response:

Education

- School resumed from 06 November as planned, without major incident, with the operationalization of the protocol of care.
- Visit by the Cell of response of the Ministry of National Education (MEN) at the Lycée JJ Rabearivelo and Public Primary School in Iavoloha.
- Collection of lessons learned and good practices.
- Communication management on rumor incidents.

- Intervention of the Cell of response on TV and communication by radio

Tourism

- After the cancellation of the passage of a cruise that was to make a stopover in Madagascar, efforts led by the Ministry of Tourism and the World Tourism Organization have made it possible to defend the promotion of tourism activities in Madagascar. Indeed, Madagascar as a destination was revitalized at the end of the Conference in London held in early November.

Public Security

- The BNGRC has alerted the National Police, the National Gendarmerie, the Ministry of National Education and the Ministry of Public Health, to recommend the establishment of devices against rumors of false vaccination against plague at the level of public and private schools throughout the national territory.

Gaps and Constraints:

- Insufficient personal protective equipment for non-health sector personnel involved in the response to plague
- Health Checkpoints: reluctance of some passengers to pass through checkpoints, and sometimes inconsistent and often under-equipped controls, and need to sensitize the population on the purpose of a PCS, and travelers on the procedures to be followed when passing a PCS.
- Need to support exchange and feedback capacities from the local level to the different levels of hierarchical coordination through the provision of internet credit, telephone and adequate material resources.

Coordination

The coordination structure currently in place is consistent with that already provided for in the national contingency plan for major epidemics and pandemics. The health responses are under the coordination of the Ministry of Public Health, supported by WHO and by actors directly involved in health. The health sector is organized into four committees, namely: surveillance and follow-up of contacts, ii) case management, iii) risk communication, community involvement and social mobilization, and iv) logistics that act as a transversal way. The Health Cluster, which brings together the Government's partners, provides operational support in a coordinated manner to this health response. The Ministry of Health has its own crisis unit, given the range of responses currently in progress; this unit meets three times a week at the Ministry of Health; and the different commissions are represented in this crisis cell.

The Ministry of Water, Energy and Hydrocarbons (MEEH), with UNICEF, coordinates the WASH Cluster, links with the case management committees (PEC) and the response organized by the Minister of Public Health. The Regional Water Departments and UNICEF have carried out the WASH / IPC status report for all CTTs, as well as the first WASH / IPC response in all CTTs (latrine constructions, water connections, tank installations, supply of all supplies, layout of spaces, latrines, etc.) since the beginning of the response.

Following the direct or indirect involvement of other sectors in this response or, conversely, the effects of this epidemic in these sectors, the BNGRC was mandated to ensure cross-sectoral coordination of all responses following a decision by the Prime Minister. Government in consultation with the Ministers concerned. Each sector is represented in this cross-sectoral strategic coordination and in this evolving period of the epidemic, the meeting is now scheduled once a week at the BNGRC (Tuesday at 16:00).

As necessary, the Prime Minister convenes a meeting on the strategic direction of the responses. Similarly, the Humanitarian Country Team, chaired by the Resident Coordinator of the United Nations System, also meets for strategic coordination of partners.

At the decentralized level, expert teams from WHO, CDC Atlanta, Global Outbreak Alert & Response Network (GROAN) and UNICEF permanent staff have been deployed to the most affected regions by the plague (Antananarivo, Toamasina, Mahajanga, Fianarantsoa, East Fenerive, Antsirabe) to strengthen the responses. A BNGRC and OCHA team participated in the coordination meeting in Majunga on November 08, 2017.

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Pour plus d'informations, visitez www.bngrc-mid.mg, www.reliefweb.int, <http://reliefweb.int/country/mdg>,
www.humanitarianresponse.info/en/operations/madagascar



KEY FIGURES



2,158 Cases of plague
258 Confirmed cases
692 Probable cases
76% Pneumonic cases
174 Deaths

OVERVIEW

Madagascar records between 300 and 600 cases of plague during the annual August-to-April plague season. This year, plague outbreaks have been much more widespread, with pneumonic plague (as opposed to the bubonic form) affecting non-endemic urban areas. Since August 2017, a total of 2,158 cases have been reported, the majority pneumonic (76%), with 174 deaths. About 55 per cent of these cases have been recorded in the capital Antananarivo and Toamasina, the two largest cities in the country. The national contingency plan has been fully activated, and a national operation plan is in place, which includes health and critical services. The World Health Organization (WHO) maintains its **grade 2** internal emergency classification.

Evolution of the epidemic during the last 04 seasons

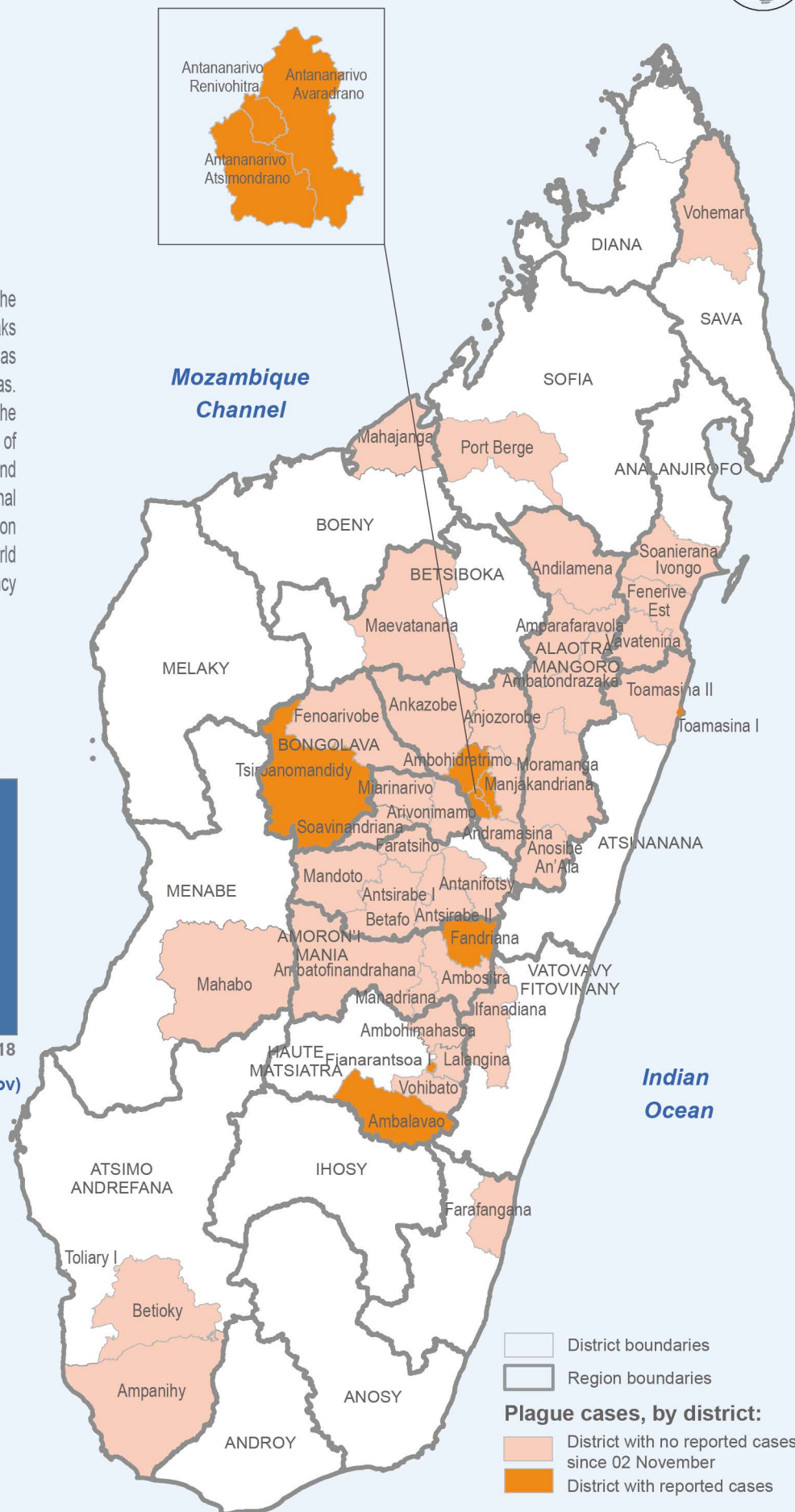


FUNDING

US\$ **11,3** millions



received since the beginning of the response



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Creation date: 16 November 2017 Map No: 904v06VA Sources: Humanitarian partners, Ministry of Health, WHO, IPM

Feedback: www.reliefweb.int <http://rosa.humanitarianresponse.info>



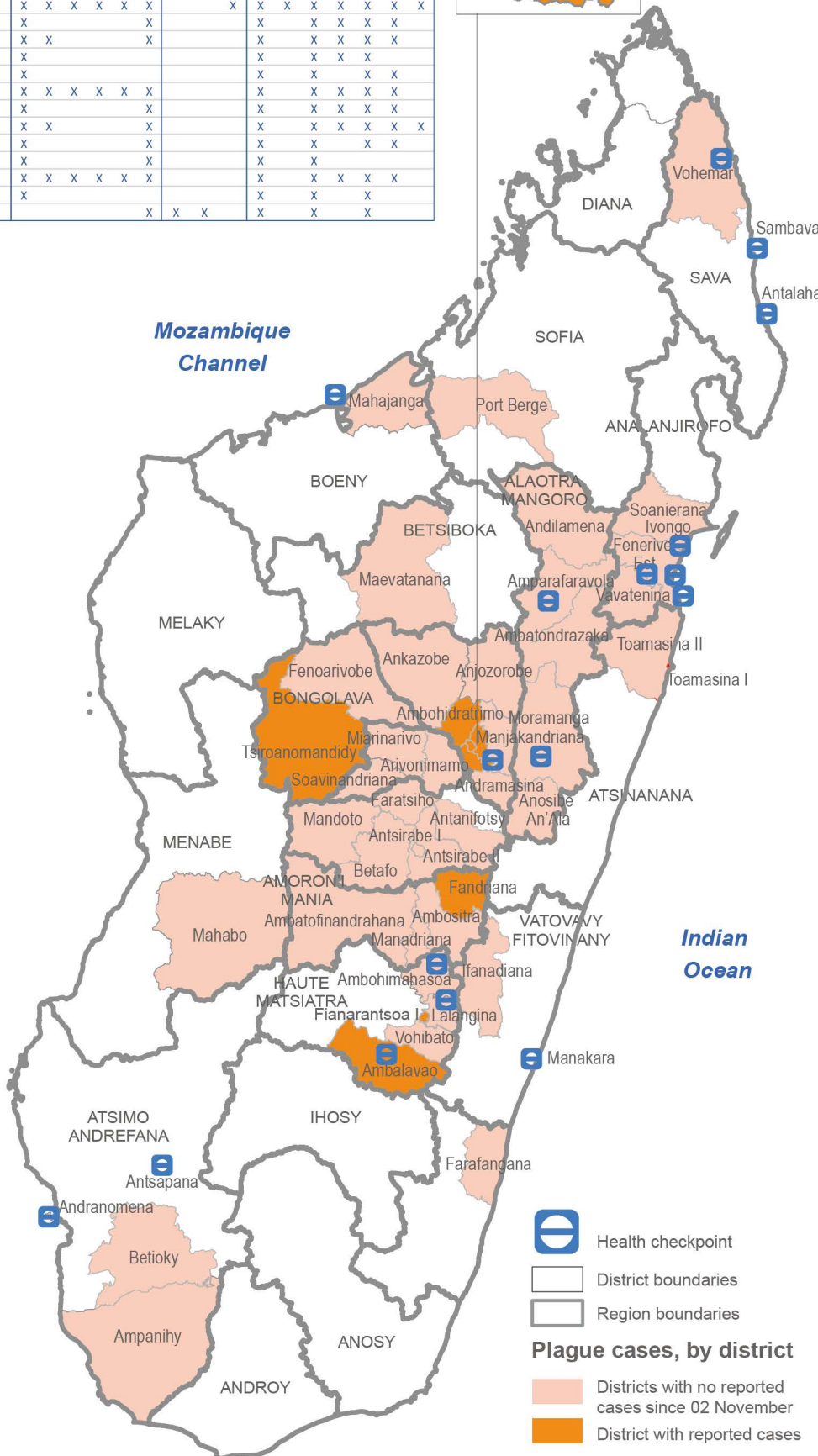
Activities by cluster, by region

REGION	COORDINATION		EDUCATION		PROTECTION		SANTÉ																				
							COMMUNICATION				WASH / INFECTION PREVENTION AND CONTROL				LOGISTICS		HEALTH CARE AND SURVEILLANCE										
Alaotra Mangoro	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Amoron'i Mania	X			X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Analamanga	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Analanjiroro	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Atsimo Andrefana	X			X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Atsimo Atsinanana	X			X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Atsinanana	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Betsiboka	X	X		X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Boeny	X	X		X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Bongolava	X	X		X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Diana	X			X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Haute Matsiatra	X	X		X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Itasy	X			X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Menabe	X			X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
SAVA	X			X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Sofia	X			X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Vakinankaratra	X	X	X	X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
Vatovavy	X			X			X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
National	X	X		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X



Legend

- COORDINATION**
 - Operational Center
 - Coordination of the response
 - Deployment of staff in the field
- EDUCATION**
 - Development and supply of communication tools (posters, booklet, etc.)
 - Provision of drugs, personal protective equipment
 - Disinfection, disinfection
- PROTECTION**
 - Psychosocial support
- HEALTH**
- Communication**
 - Development and supply of communication tools (posters, booklet, etc.)
 - Support plan for contact tracing and to reduce stigmatization
 - Sensitization on plague outbreak (symptoms, control and prevention)
- WASH/ Infections prevention and control**
 - Disinfection, disinfection
 - Supply of refuse container and/or cremator
 - Provision of provisional latrine
 - Provision of water treatment and disinfecting products
 - Provision of hygiene equipment (Soap, hand washing device, etc.)
 - Promotion of hygiene and sanitation
- Logistics**
 - Equipment for telecommunication (phone, computer)
 - Provision of storage warehouse
 - Vehicle allocation / provision for case evacuation
- Health care and surveillance**
 - Case management (sorting, treatment, referencing, etc.)
 - Care of patients' food
 - Contact Tracing
 - Deployment of staff in the field
 - Health control at the entrance and exit of cities (land, air, rail, river and sea)
 - Provision of drugs, personal protective equipment
 - Tent and tarpaulin (for sorting, treatment and health care center)



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