

<b>Country:</b>	<b>Samoa</b>
<b>Crisis:</b>	Measles outbreak
<b>Covering period:</b>	29 November - 9 December 2019
<b>Crisis Location:</b>	Upolu and Savaii islands
<b>Date issued:</b>	10 December 2019
<b>Contact Name(s):</b>	Saira Shameem, Deputy Director, <a href="mailto:shameem@unfpa.org">shameem@unfpa.org</a> Ana-Maria Leal, Humanitarian Specialist, <a href="mailto:leal@unfpa.org">leal@unfpa.org</a> Ibironke Oyatoye, Sexual and Reproductive Health Specialist – Samoa <a href="mailto:oyatoye@unfpa.org">oyatoye@unfpa.org</a>

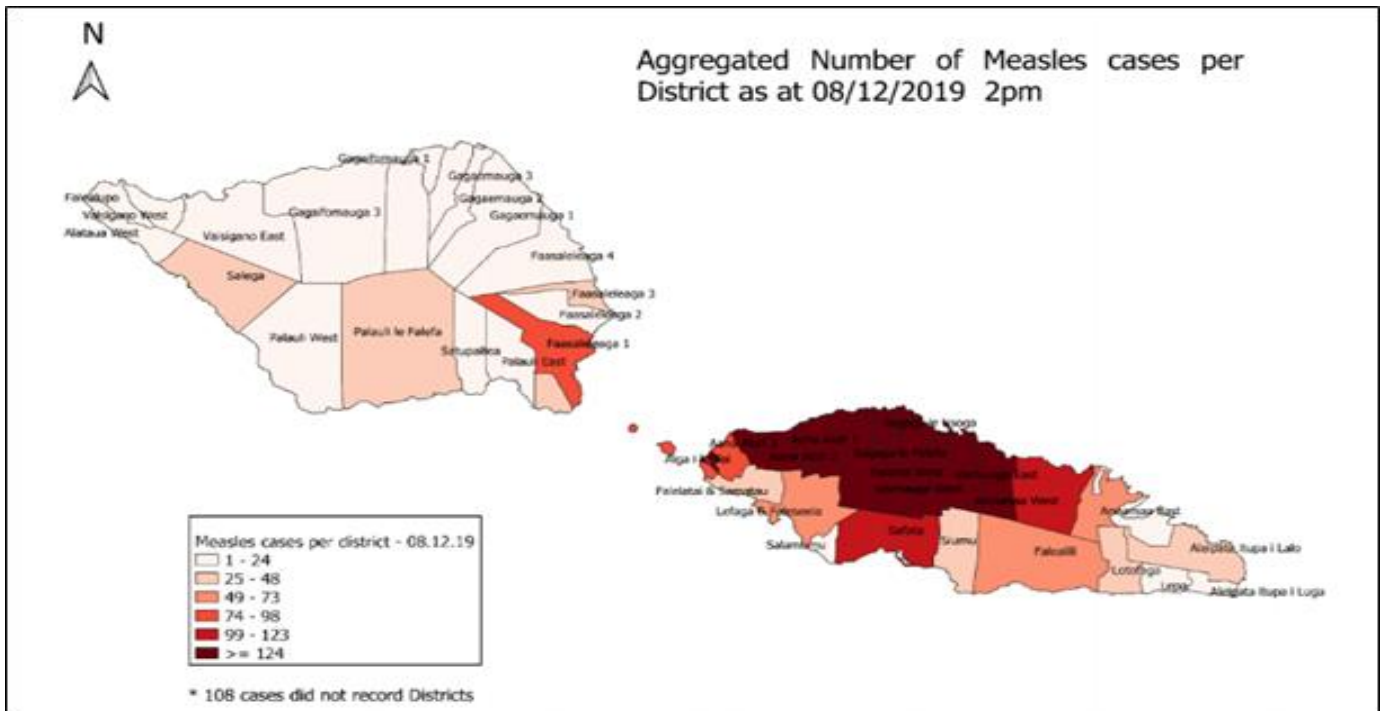


Fig 1. Aggregated Number of Measles cases per district (8 Dec 2019, 2pm)

### 1. Situation overview

Twenty-three days following the declaration of the state of emergency, a total of 4,693 measles cases and 70 measles related deaths, mostly of young children under five, have been recorded.<sup>1</sup> From a peak of 250 measles cases per day, a downward trend of measles presentations has been steadily observed in the last two weeks, with 112 cases in the past 24 hours. The Faleata West and Vaimauga West Districts have the highest number of reported cases.

It is estimated that approximately 40 pregnant women with measles have been admitted since the start of the epidemic, three of these pregnancies resulted in miscarriages. Other adverse outcomes recorded include at least one case of pre-term labor and congenital measles in newborn babies of mothers with active measles during childbirth. Three pregnant women and one postnatal woman are currently admitted to the Tupua Tamasese Meaole Hospital.

<sup>1</sup> Health Emergency Operations Center Situation Report #23, 8th December

Age group	Measles cases last 24 hours	Total measles cases (n)	Total measles related deaths (d)	Attack Rate (n/1000 population)	Case Fatality Rate (d/n)
0-5 months	3	335	9	136.6	2.7%
6-11 months	12	572	19	210.8	3.3%
1-4 years	38	1528	33	64.9	2.2%
5-9 years	15	463	1	17.7	0.2%
10-14 years	1	137	1	6.5	0.7%
15-19 years	8	464	3	25.2	0.6%
20-29 years	18	724	2	23.9	0.3%
30-39 years	11	291	2	12.7	0.7%
40-49 years	6	129	0	6.3	0.0%
50+ years	0	19	0	0.6	0.0%
missing age	0	31	0	N/A	N/A
<b>Total</b>	<b>112</b>	<b>4693</b>	<b>70</b>	<b>23.4</b>	<b>1.5%</b>

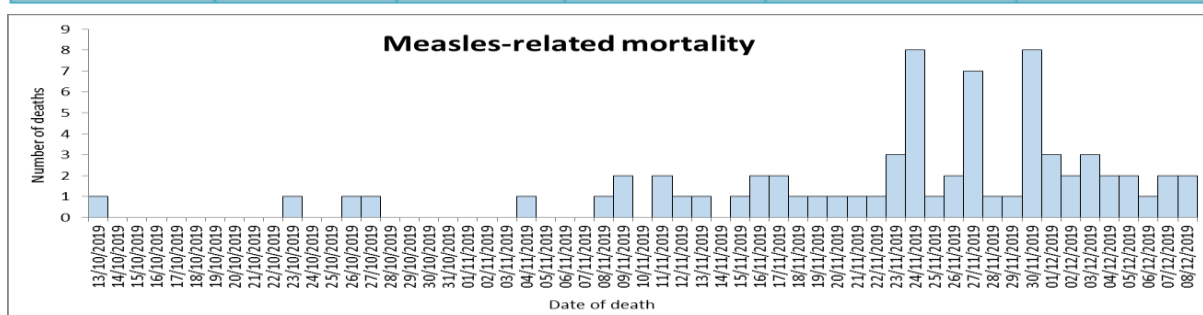


Fig.2 Measles cases by age range (As of 8 Dec 2019)

In an effort to accelerate that nationwide mass vaccination campaign, a two-day government shutdown was implemented on 5-6 December. 105 vaccination teams were deployed to cover an expanded target group ages 6 months to 60 years. Since the activation of the mass vaccination campaign on 20 November 2019, the Ministry of Health has vaccinated 123,002<sup>2</sup> individuals in both Upolu and Savaii islands, including 16,624 non-pregnant women aged 20 to 35.

As of 7 December, the estimated immunization rates are as follows<sup>3</sup>:

- 85% of infants and children aged 6 months to 4 years' old
- 96% of children aged 5 to 19 years' old
- 105% of non-pregnant women aged 20 to 35 years' old
- 86% of the remaining population in Samoa
- 90% of total population

## 2. Humanitarian Needs (Population/ Vulnerable Population/ Displaced Population)

Based on estimates from the census and other government data, there are 44,286 women in Samoa that are currently of reproductive age, of whom 6,444 are predicted to be pregnant and require medical assistance for safe delivery of an estimated 2,148 babies over the next three months. Approximately 15% of women delivering may likely face obstetric complications requiring specialized clinical intervention that may include Caesarian sections.

<sup>2</sup> Health Emergency Operations Center Situation Report 23 issues 8 December 2019

<sup>3</sup> [National Emergency Operation Centre: Update on the measles outbreak](#), Situation Report No 12; Government of Samoa



**4,693**  
measles cases



**70**  
deaths  
Majority being children



**44,286**  
women of reproductive age  
(15-49 years old)



**6,444**  
Pregnant women



**2,148**  
Babies anticipated to be born  
in the 3 months period since  
onset of the measles outbreak

The government initially prioritized non-pregnant women aged 20 to 35 years old for vaccination. These women will need access to condoms and other family planning methods to prevent pregnancy in line with recommendations to avoid pregnancy within the four-week post-vaccination period. Concerns have been raised regarding the temporary closure of family planning clinic services in the main hospital during the outbreak when access to family planning services is of high priority.

Health systems resources have been stretched to their limit in many sites which has negatively impacted reproductive and maternal health care services posing potential risks of morbidity and mortality as well as unplanned pregnancies.

### 3. Government, UN and other Stakeholders' response

Since its activation, the Health Emergency Operations Centre has met daily for health sector coordination. In addition, regular Emergency Medical Team and Clinical Team meetings have been added to support the Health Emergency Operations Center. These structures operate under the broad coordination role of the National Emergency Operations Centre and the Disaster Advisory Council – a multi-sector coordination structure.

The State of Emergency remains valid and the vaccination coverage has been extended to all persons this week. Under the national orders, other restrictions remain enforced including: the restriction on inter-island travel for children under 19 years of age; temporary closure of all schools; and strongly advising children under 18 not to attend public gatherings or attend any medical facility unless they require medical attention. Unimmunized pregnant women are further advised from attending their place of employment (public and private sector) and are protected by a government proclamation to request a leave of absence if needed.

Mass media campaigns on measles risks are ongoing using TV, radio and social media. The Ministry of Women and Social Development Measles Community Outreach conducted a briefing for 30 teams that are delivering door-to-door campaigns to provide information and vaccination, Reproductive Health (RH) commodities and psychological first aid in Upolu and Savaii Islands. A Mental Health and Psychosocial Support (MPHSS) plan has been established prioritizing affected families and MPHSS services are ongoing. Briefings with community partners, faith based NGOs and the Ministry of Health were completed last week.

UNICEF has provided the Government with 260,000 doses of Measles vaccines. Protocols on infection control and management of measles for children and the general population are in place. The protocol on case management for adults including pregnant women has been activated. Additional isolation facilities have been established for measles positive patients along with temporary intensive care facilities. Additional vaccine has been flown in from partner countries. UN Women, WHO and UNICEF have developed an information pack on psychological first aid that is being rolled out by community volunteers.

Emergency Medical Teams from Australia, New Zealand, MSF, Japan, Norway, Hawaii, UK, Yale University, Samoa Red Cross, the Samoa Family Health Association, other local NGOs as well as UN agencies and donor governments, are supporting the response. Some actors have deployed technical and clinical staff.

### 4. UNFPA's Role in the response

UNFPA is working closely with the Samoa Ministry of Health, Ministry of Women, Community and Social Development, United Nations Country team (WHO, UNICEF, UN Women, UNDP and the UN Resident Coordinator's Office) and the Samoa Family Health Association to provide life-saving Sexual and Reproductive

Health services, information and referral support to women of reproductive age, including women who are pregnant and with newborns. A potential partnership with Americares is currently being explored to augment response capacity in terms of sourcing hospital beds and additional support for mobile outreach RH services.

Following a request from the Ministry of Health, supplies worth a total of USD \$7,556 prepositioned in Suva and Brisbane as part of the Regional Prepositioning Initiative funded by DFAT have been mobilized and arrived in Samoa on 29 November 2019. Suva prepositioned items include one RH Kit 6A, one RH kit 6B, one RH kit 8 and two RH kit10. Brisbane prepositioned supplies include two RH Kit 2 A, two Kit 2 B and two tents transported by the Australian Defense Force free of charge to Samoa. Two RH Kits 10, two RH Kits 11A and two RH Kits 11B are currently being sourced from PSB to be delivered as soon as available. Additional supplies requested by the government include arm length gloves, delivery bed, patient beds, N95 face masks, sterile gloves and disposable gloves.

UNFPA-supported supplies		8-Dec-19			
Kit No.	Description	Quantity received in country (through RPI)	Quantity being procured (through PSB)	Unit Price (US\$)	Total Price (US\$)
Kit No. 2A	Clean Delivery, Individual	2	0	607	1,215
Kit No. 2B	Clean Delivery, Birth attendants	2	0	105	210
Kit No. 6A	Clinical Delivery Assistance kit - Reusable Equipment	1	0	897	897
Kit No. 6B	Clinical Delivery Assistance kit - Drugs and Disposable Equipment	1	0	625	625
Kit No. 8	Management of Miscarriage and Complications of Abortions	1	0	649	649
Kit No. 10	Vacuum Extraction Delivery Kit	2	2	880 (RPI) 766 (PSB)	1,760 1,532
Kit No. 11A	Referral Level, Reusable Equipment kit	0	2	860	1,720
Kit No. 11B	Referral Level, Drugs and Disposable Equipment	0	2	5,418	10,836
Tent(s)	For maternity and reproductive health services	2	0	1,100	2,200
IEC	Flyers, videos on measles (risk communication, early presentation for pregnant women) and condom packets	n/a	n/a		10,000
Other Supplies					194
					<b>Total: 31,838</b>

Fig.3 UNFPA-supported Reproductive Health Kits (RH kits) & other supplies.

Selected health facilities will be supported through the provision of RH supplies, medical equipment and drugs to enhance their capacity to provide emergency obstetric and newborn care and family planning services. UNFPA has oriented a total of thirteen Samoan health care workers at the main hospital on the Inter-agency RH Kits on December 3 and 5.

Family planning information and access to condoms have been integrated within the One UN Community Engagement currently being implemented through the Ministry of Women Community and Social Development. UNFPA's engagement in the One UN support to the government ensures that newly vaccinated women are protected from pregnancy during the four-week post vaccination



Fig.4 UNFPA RH Advisor and O&G Nurse Manager during staff orientation on RH Kits



period. To date, 14,400 condoms have been distributed by the Samoa Central Medical Store to the community outreach teams.

Multipurpose RH/ maternity tents have been prepositioned in case additional temporary spaces for measles-free women to access antenatal care and family planning services are needed.

UNFPA is currently discussing the potential of deploying 10 retired, registered midwives from Fiji to support the re-establishment of SRH including family planning services that had been affected when service providers were re-deployed to support the vaccination campaign.



Fig.5 Ministry of Health officials packaging IEC materials

### **Human resources**

The UNFPA Humanitarian Specialist from PSRO arrived in Samoa on November 26, 2019 to support the three-person in-country team consisting of a SRH Specialist, Program Analyst and Program/Finance Assistant.

The Reproductive Health Adviser from PSRO arrived on December 1, 2019 to support reproductive health components of the response including clinical guidelines, content of community information materials and deployment of additional health workers.

UNFPA deployed a national staff member to be part of the Risk Communications Group working on the Joint UN community engagement response.

Currently, there is an **urgent need** for Surge deployment to provide short-term SRH coordination support in Samoa from December 16, 2019- January 15, 2020.

### **Communications**

The UNFPA Samoa team in close collaboration with PSRO will continue to develop and circulate internal situation reports and liaise with APRO and HQ for any support required.

Any social media messaging should be done in consultation with the Samoa team and PSRO. The government of Samoa has enforced strict regulations on photography of the vaccination and response efforts.

The UNFPA Samoa team is actively participating in the Health Emergency Operations Center regular meetings, the Disaster Advisory Council (DAC) meetings and UN County Team meetings to ensure UNFPA's mandate areas remain central to the response.

The Ministry of Health in collaboration with UNFPA has developed a video on vaccination information for women of reproductive age to be aired on media stations: [link to video<sup>4</sup>](#)

## **5. Resource Mobilization**

As part of the Minimum Preparedness Action, UNFPA PSRO has set aside USD \$30,000 for the response. Additional funds have been reprogrammed from regular resources to cover transportation costs and initial response activities. Furthermore, government of Samoa through Ministry of Women Community and Social Development has requested reprogramming of 2019 work plan funds towards community engagement activities.

UNFPA has successfully mobilized USD \$7,556 through the DFAT supported Regional Prepositioning Initiative and has additionally mobilized in-kind support from the Australian Defence Force for transportation of prepositioned supplies from Brisbane to Apia.

<sup>4</sup> The video is currently being finalized based on review comments

Under the lead of the RC Office in Samoa, UNFPA submitted a funding proposal for USD \$146,222 for life-saving activities through the CERF rapid response mechanism to prevent excess maternal and neonatal mortality and morbidity from the measles outbreak in Samoa through the provision of essential SRH services, including skilled birth attendance and emergency obstetric care. Through the initial three-month response, the project will support the Ministry of Health in providing access to life-saving RH information and services to women of reproductive age, including those pregnant or with newborns to access basic life-saving SRH services provided by trained personnel, and prepare for the transition to comprehensive RH services.

With support from the UN, Samoa launched a [National Measles Response Appeal](#) requesting USD \$10.7 million to reach a total of 116,000 people. In the Prime Minister's speech, he acknowledged that health facilities are overwhelmed which has resulted in some services being put on hold in a bid to address the most urgent needs. He acknowledged the need to prevent crowding-out of essential health services, including maternal and RH services for all women of reproductive age. He also acknowledged the need to strengthen women's community and village structures to support community mobilization for health services; the need to strengthen statistical systems and leverage innovative data collection tools; and the need to strengthen national capacity of community-based organizations. The national appeal is expected to mobilize additional funds needed by Government for the immediate response and recovery periods.

#### **6. Security**

The travel advisory issued on 19 November remains in place, recommending travelers to Samoa to ensure that vaccinations are up to date. Staff travelling to Samoa should contact the UNFPA Samoa Office for further instructions and clearance. The two-day travel restriction from December 5-6 was lifted following the mass vaccination campaign.

All UNFPA staff working in Samoa and those being deployed to Samoa have been confirmed to have received measles vaccinations in the past. In addition, for all Suva-based staff and family who require booster vaccinations, the Fiji Ministry of Health will be visiting the UNFPA office on December 16, 2019 to conduct free measles vaccinations for staff and their family members.

#### **7. UNFPA actions required from APRO and HQ**

APRO continues to support PSRO with strategic guidance, advice on procurement, enabling the regionally prepositioned supplies through the DFAT Regional Prepositioning Initiative, CERF submission and implementation, communications and donor reporting.

The UNFPA Humanitarian Office has approved the government's request for 2 sets of RH Kit 11A and RH Kit 11B and an additional two sets of RH Kit 10 and PSB is currently supporting the procurement and delivery process. Additional guidance and support from the Humanitarian Office may be needed when the CERF is approved, and if the current situation escalates.

Through APRO, UNFPA PSRO is requesting a surge SRH Coordinator (P3 or P4 level) for the period 16 December 2019 -15 January 2020. The SRH Coordinator will be the focal point for coordination, implementation, monitoring and reporting on SRH activities, with a specific focus on SRH and contraceptive services, and the development of a community engagement strategy that may include aspects of HIV and medical aspects of GBV, based on request from the Government of Samoa. The SRH Coordinator will furthermore support the implementation of the MISP; design advocacy strategies for RH services; ensure quality of care for services; and facilitate capacity building. The SRH Coordinator will be based on request from the Government, advice on the need for integration of comprehensive health services (including SRH and GBV) into primary health care, as the situation stabilizes.