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Emergency Plan of Action (EPoA) DPR Korea: Influenza-A Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRKP009	Glide n° EP-2018-000012-PRK
Date of issue: 8 February 2018	Expected timeframe: 4 months Expected end date: 7 June 2018
Category allocated to the of the disaster or crisis: Yellow ¹	
DREF allocated: CHF 303,779	
Total number of people affected: From 1 December 2017 to 23 January 2018 there were a cumulative total of 178,259 influenza like illness (ILI) cases and 110,015 laboratory-confirmed cases of influenza A / H1N1.	Number of people to be assisted: 373,000 direct beneficiaries
Host National Society presence (n° of volunteers, staff, branches): DPRK RCS has mobilized 800 volunteers to participate in the operation. Staff from DPRK RCS HQ and 3 permanent branches will participate in the operation.	
Red Cross Red Crescent Movement partners actively involved in the operation: Democratic People's Republic of Korea Red Cross Society (DPRK RCS) and IFRC.	
Other partner organizations actively involved in the operation: Ministry of Public Health (MoPH), WHO, UNICEF	

A. Situation analysis

Description of the disaster

On 19 January 2018 the Vice Minister of Public Health officially informed the World Health Organization (WHO) Country Office in Pyongyang of an outbreak of Influenza A (H1N1) stating that between 1 December 2017 and 16 January 2018 there was a total of 126,574 suspected influenza cases – individuals presenting with influenza-like illness. Of these, 81,640 cases were confirmed as Influenza A (H1N1) and as per the Ministry communication there had been four deaths – three children and one adult. According to the Ministry, 24.5 per cent of suspected influenza cases (numbering 31,010) were among children aged 0-7 years, 22.8 per cent (n= 28,858) were among children 8-16 years and the rest 52.7 per cent (n= 66,706), were among those who were above 17 years. The outbreak has become generalized throughout the country with 28.7 per cent of cases in the capital city – Pyongyang. The Government has requested support for influenza vaccination targeting high-risk individuals, with the MoPH specifically requesting 30,000 Oseltamivir tablets for healthcare workers. WHO has already mobilized a total of 6,500 dosages of oseltamivir which will reach the country during the last week of January and first week of February 2018. There is a request to strengthen the non-pharmaceutical aspect of the operation with an emphasis on public health including surveillance and preventive activities with agencies requested to support conducting an effective communication programme.² So far, the outbreak has not been graded as WHO is awaiting further epidemiological information from the MoPH including the age break down of suspected and confirmed cases, number of pregnant women affected and confirmation of the type of influenza.

¹ Based on the IFRC Secretariat's Operational Response Framework. This categorization implies that the response intervention is within the capacity of the National Society of an affected country to manage with resources available in-country. If requested, the IFRC country office may provide any necessary technical or management support to the National Society, and if required, the IFRC regional office may support the mobilization of regional disaster response tools, with Geneva supporting the allocation of Disaster Relief Emergency Funds (DREF).

² WHO DPR Korea Situation Report [#01 Emergency – Influenza outbreak](#), 26.01.2018

Summary of the current response

Overview of Host National Society.

The National Society, DPRK RCS, has 14 branches throughout the country so is well placed to respond to a nationwide outbreak. In addition, they have very close links with the MoPH at national and provincial level. A key advantage for this operation is that DPRK RCS has been engaged for over ten years in supplying approximately 2,000 health facilities with medicines and other support meaning they have an existing entry-point with health centres from which the bulk of this operation will be run. The DPRK RCS is meeting with the Ministry of Public Health daily to coordinate activities regarding prevention through social mobilization of volunteers in the most affected areas. Branches have begun reaching out to target populations with key messages. The focus has been in the communities where DPRK RCS has on-going integrated programmes. The DPRK RCS has been proactive in reaching affected populations and is distributing MoPH leaflets on prevention amongst high risk communities and is in close liaison with the MoPH at national, provincial and district level. They have also deployed headquarters health staff to the field to work closely with the branches and liaise directly with MoPH in the field.

Overview of Red Cross Red Crescent Movement in country

The IFRC has had a physical presence in DPRK for over twenty years and currently has three delegates in-country: National Society Development / Programme Coordination, Health / WASH and Finance. The International Committee of the Red Cross (ICRC) has an office in DPRK and there is close collaboration with them. There are no partner National Societies in DPRK.

Overview of non-RCRC actors in country

The main government actor is the Ministry of Public Health, with whom the DPRK RCS is meeting daily. The most important UN actor is the WHO and the IFRC are meeting them regularly to get updated figures and other data. UNICEF has been tasked to work on social mobilization and IFRC is also coordinating with them. There are few other actors in country.

IFRC is part of the Health Sector Working Group and participates in the weekly meetings where updates of the outbreak have been shared.

Needs analysis, targeting, scenario planning and risk assessment

The current priorities of the government are centered on the need to:

- Reduce mortality through case management and detection of severe cases with adequate referral systems, prioritizing the vulnerable risk population
- Vaccinate high-risk groups and healthcare workers
- Initiate and bring to scale awareness campaigns focusing on prevention through social distancing, cough etiquette, handwashing and use of personal protection including masks and gloves for healthcare workers and families with a suspected case.
- Monitoring need for measures such as school closures or social distancing based on evidence on a case by case basis.
- Reduce anxiety if any in the population through dissemination of accurate and timely information.
- Conduct accurate and timely weekly collection of data.

Through regular meetings with the MoPH and WHO, the DPRK RCS and IFRC have committed to support awareness campaigns focusing on outreach from 500 health facilities and 300 schools as well as providing frontline health care workers and Red Cross volunteers with PPE.

MoPH figures point to a rapidly developing outbreak. As of 23 January, there have been a cumulative total of 178,259 influenza-like illness (ILI) cases and 110,015 laboratory-confirmed cases of influenza A / H1N1.

Province	Number of Cases	Rate %	Population
Pyongyang	36,327	28.70	3,194,814
South Pyongan	10,379	8.20	3,164,686
North Pyongan	9,240	7.30	2,839,589
Jagang	14,303	11.30	1,358,116
South Hwanghae	18,860	14.90	2,432,669
North Hwanghae	7,341	5.80	2,436,552
Kangwon	1,772	1.40	1,546,124
South Hamgyong	11,518	9.10	3,155,798
North Hamgyong	5,822	4.60	2,425,121
Ryanggang	3,164	2.50	749,664
Nampo	6,202	4.90	1,024,565
Rason	1,646	1.30	(n/a)
TOTAL	126,574	100.0	

Number of Influenza cases per Province: 1 December 2017 – 16 January 2018

Age	0-7 years	8-16 years	>17 years	Total
Number of Cases	31,010	28,858	66,706	126,574
Proportion	24.5%	22.8%	52.7%	100%

Information received from WHO on 25 January 2018 indicates that between 17 and 23 January 2018 there had been an additional 51,685 suspected cases (with influenza-like symptoms) with laboratory tests confirming an additional 28,375 cases as Type A (H1N1). It is worth noting that due to lack of testing equipment the actual figure of cases positive for H1N1 is likely to be higher.

Province	Number of Cases	Rate	Population
Pyongyang	8,735	16.90	3,194,814
South Pyongan	4,342	8.40	3,164,686
North Pyongan	4,239	8.20	2,839,589
Jagang	6,102	11.81	1,358,116
South Hwanghae	6,926	13.40	2,432,669
North Hwanghae	6,047	11.70	2,436,552
Kangwon	578	1.12	1,546,124
South Hamgyong	7,051	14.64	3,155,798
North Hamgyong	2,998	5.80	2,425,121
Ryanggang	1,321	2.56	749,664
Nampo	2,894	5.60	1,024,565
Rason	452	0.87	(n/a)
TOTAL	51,685	100.0	

The most effective way to prevent the disease is vaccination with safe and effective vaccines available and have been used for more than 60 years. Injected inactivated influenza vaccines are most commonly used throughout the world. Among healthy adults, influenza vaccine provides protection, even when circulating viruses do not exactly match the vaccine viruses.

WHO recommends annual vaccination for:

- pregnant women at any stage of pregnancy,
- children aged between 6 months to 5 years,
- elderly individuals (aged more than 65 years),
- individuals with chronic medical conditions,
- health-care workers.

Unfortunately, due to the imposition of sanctions the population in DPRK has not been able to benefit from vaccination against seasonal influenza. Additionally, the response to the current outbreak has been complicated due to the severe shortage of antiviral medicine, rapid testing kits and personal protective equipment (PPE) and hand sanitizer.

WHO has stated that as an outbreak of seasonal influenza, if the severe cold winter persists the occurrence of influenza like illness may be protracted. They highlight the need for non-pharmaceutical measures including, crucially, an increased emphasis on public health measures including public education campaigns. The emphasis in sensitization campaigns should focus on promotion of regular handwashing, adhering to cough etiquette, and the regular cleaning of surfaces touched by numerous people particularly in public areas. For those displaying symptoms suggesting influenza, advising such persons to stay at home is an effective measure to prevent the spread of influenza.

This DREF operation aims to meet these government needs by supporting a scaled-up social mobilization component focusing on facilities where most vulnerable groups are to be found (health facilities and schools, kindergartens and nurseries) as well as providing much needed PPE, hand sanitizer and soap to these facilities. Given the circumstances, the basic hygiene measures would make an impact. The DPRK RCS propose to scale up sensitization and surveillance in target communities in the three provinces. Facilities and communities will be selected in consultation with MoPH based on epidemiological evidence of ILI and confirmed influenza A H1N1 cases.

Targeting

The DPRK RCS has selected the provinces of South Hamgyong, North Pyongan and South Pyongan as their priority areas to support the response in the prevention and control of the influenza outbreak. These provinces account for 30.24% of the total percentage of cases from the most recent data received from MoPH. DPRK RCS has on-going integrated activities in these provinces and trained volunteers in Epidemic Control for Volunteers (ECV) in these provinces in addition to having strong links with 500 health institutions throughout the target areas. Health workers are a key vulnerable group, and DPRK RCS will ensure staff in the 500 health institutions have adequate PPE and hand sanitizer. The elderly and individuals with pre-existing illness are a high-risk group and they will be informed of the key prevention and treatment messages for Influenza A, when they visit the clinics and are instructed on how to bring back these messages to their communities in a multiplier effect. Teachers and children in nurseries, kindergartens and schools are also being targeted with key messages as well as instruction in handwashing and will benefit from soap distributions. Finally, additional volunteers will be trained and together with existing volunteers, will be provided with the means (bicycles, IEC material and loudspeakers) to reach out to vulnerable communities based on MoPH data. Volunteers will also be provided with PPE.

Communications

The IFRC will support the communications team of the DPRK Red Cross Society to actively communicate with external audiences on the influenza outbreak and the Red Cross humanitarian response, with the aim of generating visibility on and support for the ongoing humanitarian needs on the ground and the Red Cross response. Close collaboration will be maintained between the IFRC regional communications unit, IFRC country office and the DPRK Red Cross Society to ensure a coherent and coordinated communications approach. Commonly agreed key messages and talking points will be produced together with written and audio-visual content that could be used for infographic, and relevant social media/ digital products focusing on Red Cross highlighting the situation and the Red Cross' actions on the ground. Communications content will be actively promoted via IFRC online communications channels and shared widely with interested National Societies within the IFRC network for further promotion.

Scenario planning

The DPRK RCS supported by IFRC is in close coordination with WHO and the MoPH in tracking the outbreak. Data from 16 to 23 January shows that the number of cases had increased in all provinces and main cities. The following weekly data will be crucial in helping to understand how the outbreak is developing. WHO so far has not graded the outbreak, preferring to await the next epidemiological report from the MoPH. They have however indicated that it is important to scale up surveillance and social mobilization activities. The main challenge is that with a shortage of rapid testing kits and vaccines it is not possible to put in place a comprehensive approach to limiting the spread of the virus. It is therefore difficult to predict how the outbreak will develop.

Operation risk assessment

The only possible risk is the weather and road conditions given the current winter with sub-zero temperatures, ice and snow. DPRK RCS will consult with government and provincial agencies to ensure roads are safe before carrying out distributions. Volunteers working on the operation will be provided with face masks and hand sanitizer / soap and will be paired and instructed in signs and symptoms and required to assess each other for signs and symptoms of illness.

B. Operational strategy³

This DREF allocation will be used to procure and distribute non-food items for 500 health institutions in three highly affected provinces. Additionally, the DREF will be used to enable DPRK RCS to carry out surveillance and sensitization campaigns focused in health facilities, educational establishments and highly-impacted communities.

The DPRK RCS is working closely with the MoPH in the target provinces to ensure they are receiving the latest epidemiological information from the target areas. DPRK RCS is already working on integrated programming in these areas which includes DRR, shelter, livelihoods, health and WASH elements. Excellent coordination mechanisms have been established with health facilities, schools and communities through this programme. The principle of the operation is to use existing facilities (health facilities and schools) and communities to reach 250,000 direct beneficiaries who will subsequently through the multiplier effect reach significantly more indirect beneficiaries.

Through the 500 health facilities supported, the operation will reach 5,000 health workers (10 per facility) with PPE and hand sanitizer. Approximately 25,000 individuals will be reached per week with direct sensitization at the health facilities (500 facilities X 10 consultations per day X 5 days). Over the course of the four-month operation DPRK RCS should reach 300,000 (25,000 X 12 weeks) but assuming that a percentage of visits to the clinics will be repeat visits, the working figure is scaled down to a target of 250,000 people reached through health facilities. The operation will reach approximately 18,000 children and parents in 300 schools working on an assumption of 60 pupils per educational institution. Finally, 100,000 individuals will be reached with household sensitization in target communities. The total number of individuals reached with direct services and sensitization will be 373,000.

Assessments will be conducted with MoPH to ensure the operation targets more needy health facilities, educational facilities and communities based on epidemiological evidence. DPRK and IFRC staff will monitor progress against indicators and will conduct a Lessons learned -workshop on the completion of the operation.

Overall Operational objective:

The objective is to reduce the morbidity and mortality of the targeted population due to Influenza A outbreak during the project period. The project targets 373,000 direct beneficiaries and 2.5 million indirect beneficiaries, who are living in high-risk provinces for Influenza A outbreak in the Democratic People's Republic of Korea. The operation will be implemented over a four-month period.

³ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

Budget

DREF OPERATION

29/1/2018

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Budget Group	DREF Budget CHF
Water, Sanitation & Hygiene	71,800
Medical & First Aid	74,200
Teaching Materials	22,500
Other Supplies & Services	7,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	175,500
Vehicles	37,500
Total LAND, VEHICLES AND EQUIPMENT	37,500
Distribution & Monitoring	15,000
Transport & Vehicle Costs	8,000
Total LOGISTICS, TRANSPORT AND STORAGE	23,000
Workshops & Training	34,000
Total WORKSHOP & TRAINING	34,000
Travel	5,239
Information & Public Relations	6,000
Communications	4,000
Total GENERAL EXPENDITURES	15,239
Programme and Services Support Recovery	18,541
Total INDIRECT COSTS	18,541
TOTAL BUDGET	303,779

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Click [here](#) for DREF Budget

Click [here](#) for map of DREF areas of intervention

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.
