Meeting Notes

Consultative Meeting with SARI ITC partners

8th May 2022

Convener: Health Sector/World Health Organization

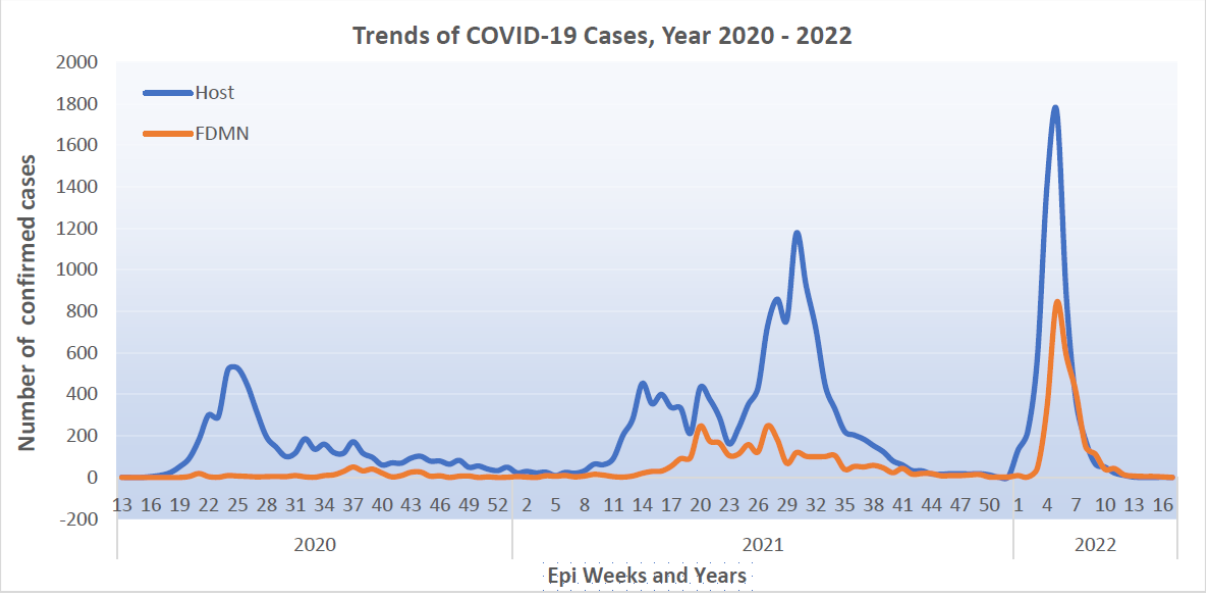
Attendees:

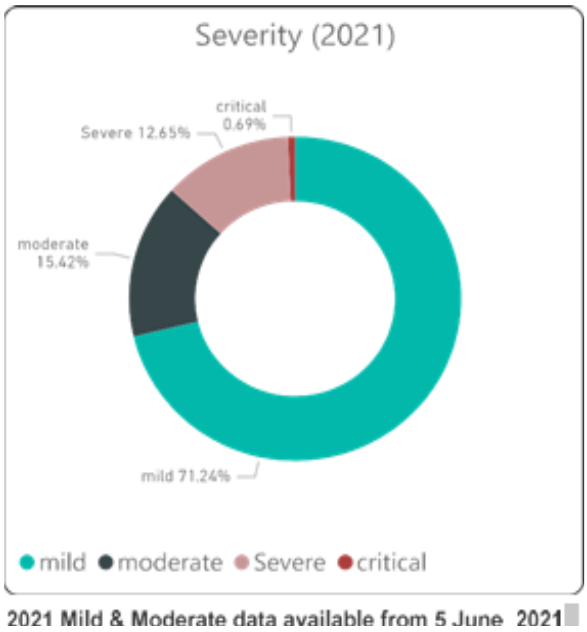
- Jorge M, WHO
- Francis T, Health Sector
- Marsela N, IOM
- Yulia W, UNICEF
- Taimur H, UNHCR
- George O, UNFPA
- Toni S, UNHCR
- Khan M, WHO
- Raisul I, WHO
- Noman A, SCI
- Joshua E, MSF
- Mominul H, IRC

Minutes:

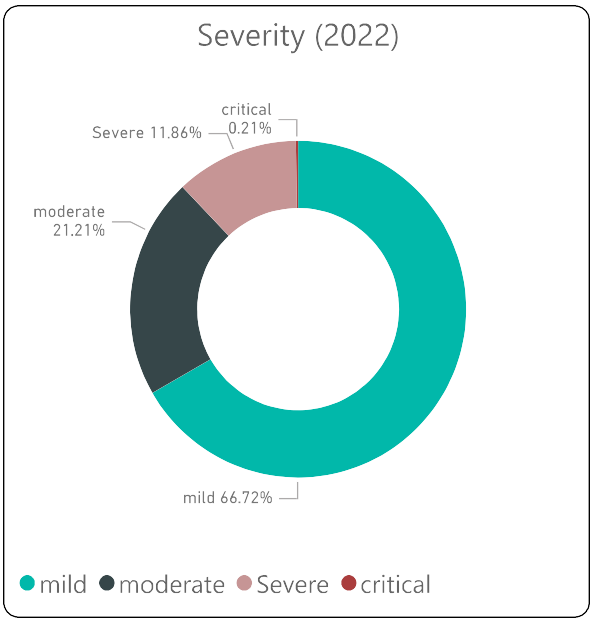
Minute 1: Background and introduction of agenda

- The meeting was convened to review the level of preparedness and response for the COVID-19 case management at the SARI ITCs given current epidemiological data.
- Update on the Infectious Disease Treatment Center: The infectious disease prioritization exercise was completed in April 2022.
- In the order of priority, the infectious diseases identified were: COVID-19, ARIs, Cholera, AWDs, Dengue, Malnutrition, Diphtheria, Malaria, Measles, Tuberculosis, Meningitis, Skin infections, Chikungunya, Viral Hemorrhagic Fevers, and Acute Jaundice Syndrome.
- The diseases identified are of public health significance, however; they do not offer a strong basis to provide a single justification for converting the 13 SARITC into exclusive isolation and treatment centers. With adequate vaccine coverage and surveillance systems, the pre-COVID-19 isolation capacity is anticipated to cope with detected Cholera, Diphtheria, and Measles. Past data has not shown a significant case incidence of Chikungunya, Viral Hemorrhagic fever, and Acute Jaundice Syndrome locally.
- Globally, a steady decline in COVID-19 incidence is being monitored cautiously. In Cox's Bazar, from Epi week 10-18, the average Test Positivity Rate (TPR) is 1.2% (117/6658) amongst the Rohingya refugees, with zero deaths. TPR averaged 1.1% in the host community with no deaths in the same period. The overall situation is dynamic and must be approached with caution.
- In Cox's Bazar, of the 5923 COVID-19 cases diagnosed since the pandemic, there have been 42 deaths among the refugees. While in host communities, 269 deaths were reported out of the 23477 confirmed COVID-19 cases since the pandemic. On average, 70% of cases were mild, 15-20% moderate, and 5-10% Severe. Although established for moderate and severe cases only, the SARITCs have admitted all the cases including mild cases. This utilization pattern was partially influenced by local MoH policy that contradicted other evidence-based guidelines on the management of mild cases.





2021 Mild & Moderate data available from 5 June 2021



Planning Scenario: Three possible scenarios are envisaged for COVID-19 in 2022: a base case, a best-case, and a worst-case scenario. According to WHO, the virus continues to evolve in the base scenario. However, severity is significantly reduced over time due to sustained and sufficient immunity against severe disease and death, with a further decoupling between the incidence of cases and severe disease leading to progressively less severe outbreaks. Periodic spikes in transmission may occur because of an increasing proportion of susceptible individuals over time if waning immunity is significant, which may require periodic boosting at least for high-priority populations; a seasonal pattern of peaks in transmission in temperate zones may emerge (WHO, SPRP 2022)[1]

- All the recommendations on reintegration, repurposing, and scale down of the SARITC are temporary and are balanced on the current epidemiologic patterns of low transmission of COVID-19, the working scenario of the base case.
- **Minute 2: Update on SARI ITC funding status**

[1] Strategic preparedness, Readiness, and Response plan to end the global COVID-19 emergency in 2022. www.who.int. https://www.who.int/publications/i/item/WHO-WHE-SPP-2022.1

- SARITC partners provided a brief overview of their respective funding and plans as follows. Most of the partners reported increasing organization pressure to justify continued resource allocations given current levels. The majority have proposed internal adaptions and scale-down plans for the health sector's consideration with the commitment to redeploy the COVID-19 infrastructures when required.
- **Note**: The recommendations are in no way indicative of an end to the pandemic. The approaches are founded on the base case scenario as the current working model and are complemented by evidence acquired over the two years of the pandemic, vaccine coverage, and availability of resources. In addition, the following principles are key in all scenario

Principles

- ***Reasonable degree of uncertainty:*** Partners are fully aware of the potential for a rapid change in the scenario is unpredictable. The emergence of new viruses can reset the current scenario to wide population susceptibility with the need to reengage the full capacity of the response systems.
- ***High degree of flexibility***: Partners shall remain available to adapt rapidly to a change during the pandemic using materials and lessons learned so far.
- ***Do not let down the guards***: The health sector partners will maintain all appropriate responses to control the COVID-19 incidence in line with the Strategic Preparedness and Response Plans e.g., coordination, RCCE and community mobilization, vaccination, testing, surveillance, and prioritizing essential health services. The sector will maintain all Public Health and Social Measures despite the low level of transmission.
    - Continue COVID-19 vaccination for refugees, advocate for a booster dose for clinically vulnerable population
- ***COVID-19 preparedness and Response Coordination***: WHO will maintain and strengthen COVID-19 surveillance to support partners' access to timely and reliable surveillance information triggering a rapid and adjusted response. Partners to continue with 2 weekly coordination meetings.
    - COVID-19 surveillance should improve to include the vaccination status of the diagnosed cases
- ***Safe and scalable clinical care, and resilient health systems***
    - *Reserve SARITC bed capacity*: Despite the low transmission, partners agree to maintain the critical bed capacity to continue COVID-19 case management until the end of the year as outlined below. The phased approach will be reviewed from time to time based on epidemiological data.
    - *Staff retention*: Partners to prioritize retention for health workers with adequate training and experience in COVID-19 case management even though they may be repurposed to support other components of health service delivery
    - *Continuous Professional Development*: While there may be low to zero cases at the SARITC, with some staff repositioned; WHO and partners agree to continue engaging on CMEs to ensure health workers are up to date on new evidence related to COVID-19 case management and trends. This is critical for rapid redeployment when required.
    - *Updated inventory of equipment and commodities for COVID-19 case management*: Partners are encouraged to maintain an updated inventory of essential staff, medical equipment (pulse oximeter, oxygen concentrators, ventilators, oxygen supply units, etc), and supplies for COVID-19, undertake appropriate biomedical maintenance/inspections
    - *Protection of staff*: Encourage staff and health workers to take their COVID-19 when it is their turn.

SARITC Plans

	Facility	Year 2022												Remarks
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
UNHCR	RI SARI ITC in Ukiya	132 active beds												Proposed to convert the center to provide inpatient support to the new hospital being built in the same location
	FH/MTI SARI ITC in Camp 05	50 active beds												The SARI ITC will revert to support the HP
	Quarantine facility Camp 4													Planned to close by end of June 2022
IOM	Camp 20 E -SARI ITC	46 active beds												
	Camp 24- Teknaf SARI ITC	86 active beds											32 beds	
UNFPA	Hope field hospital SARI ITC, Camp 4	50 active beds												Plans to continue to Feb 2023
UNICEF	ICDDRB SARI ITC, Teknaf	80 active beds												The additional materials and equipment will be repurposed to support the AWD/DTC center and redeployed to support COVID-19 case management as required
IRC	SARI ITC Shamlapur host community (formerly Camp 23)	20 active beds												The center will be repurposed into a training center with the medical equipment rechanneled to support other IRC health facilities.
MSF	Goyalmara, 8W, 2E,	32 SARI TC active beds												The SARI ITC will revert support to the medical services within the health facilities where they are located
	Rubber Garden,	Standby beds: 160- Rubber Garden, Camp 26- 100 beds												
IFRC/ BDRCS*		30 active beds												The SARI ITC will merge with the existing IFRC/BDRC health facility in the same location. The beds and other materials will be kept on standby to respond to a significant surge
SCI	SARI ITC camp 21	40 active beds												After June 2022, the materials will be repurposed to support the adjoining PHC with the possibility to redeploy if required.

Key SARITC functional

*Information was retrospectively obtained from IFRC/BDRCS after the meeting.