

Health Sector Coordination Meeting

Meeting Notes

Date: 14/02/2024



Agenda	Discussion/Update	Action/ Follow-up
General Updates, announcements, and follow-up from the last meeting.	<ul style="list-style-type: none"> • Health Sector Coordination Meeting frequency: As the emergency response is in its 6 years and has become protracted, the situation is relatively stable, the Health Sector partner voted to have one coordination meeting monthly, noting that the option for an ad-hoc meeting in case of the acute event is always available. • SAG membership EOI for 1 National NGO: The submission has been received and will be discussed in the next SAG meeting. 	<p>Meetings are to be held monthly on the second Wednesday of the month.</p>
Tuberculosis situation update	<ul style="list-style-type: none"> • TB updates were presented by WHO, and the overall situation in camps compared to the National was discussed. • In 2023, the TB incident rate was 248/100K population in Rohingya camps which was higher than the national (221/100K population). The HIV-positive TB incident rate was 0/100K population in Rohingya Camps. The treatment success rate in camp (98%) is higher than the national (97%). 27 MDR TB identified in camps, and from the beginning of the response to 2023 cumulative 12 deaths reported so far. Trends of low Positivity rate (below 5%) were observed in Camp 4Ex, 5, KRC, 20, 20EXT, 17, 2E, 03,07,04,1E,18 and 26 in 2023. • There is a huge rise in the number of TB Presumptive Referred by Health Partners observed in Q-3&4 2023, due to IOM putting a target on their Health Facilities (85% of referrals were contributed by IOM-supported facilities). This increased MDR case detection (in Q3, 15, and in Q4, 8 cases were reported). However, partners and the Health Sector raised their concerns about setting such targets and this may cause non-symptomatic cases to be referred just to reach the target. • Key reasons for Drug resistance, TB Preventive Therapy (TPT) performance, X-ray van activities (BRAC), and TB Field Assistant (WHO) activities in Refugee camps have been discussed. • Patient Referral for sample collection: As the TB lab is not available in every camp, suspected TB patients are required to be referred to different camps which is challenging as camp-to-camp movement is restricted and requires additional permission. For some camps, local vehicles are also not available inside camps. IVD supported this as they are facing the same problem while collecting samples for VPDs. As per BRAC, partners can collect the sample if possible and send it to the BRAC lab by themselves in this situation and they will provide the sample collection kit if required. As per the Assistant Health Coordinator RRRC, patients can use local vehicles inside camps, and APBN is notified to allow them. • Health Sector partners actively participated in the discussion, questions and suggestions came regarding sample referrals, suspected TB patient referrals, quality of sample testing, etc. 	<p>Quality of Sample Testing:</p> <ul style="list-style-type: none"> • MT-Labs were recommended to follow the testing services as per protocol to improve the positivity rate. Only symptomatic patients to refer. • Medical Officers/ Medical Assistants were recommended to advise patients on proper procedures to give Sputum samples. <p>Number/ percentage of TB suspects not getting the testing services: BRAC to provide the data.</p> <p>Referral Mechanism:</p> <ul style="list-style-type: none"> • Sample Referral: Partner to send to BRAC lab. • Patient Referral: The patient may use the local vehicle to travel to the referred facility. • HS to do a meeting with SAG members and furthermore to host a meeting with WHO, BRAC, CS, and RRRC to find a solution to the referral gaps identified.
Vaccination coverage/update	<ul style="list-style-type: none"> • 7,000 doses of COVID-19 vaccine have been received in Cox's Bazar, • Priority is Health care workers; NGOs are encouraged to share the staff figures with the Civil Surgeon's office for processing. 	
Working Group	<p>Epidemiology WG:</p> <ul style="list-style-type: none"> • Dengue Outbreak: 203 confirmed dengue cases detected so far with no deaths (CFR- 0.0%) in 2024. Majority, 85% (173/203) of the cases 	

<p>Updates</p>	<p>have been reported among Rohingya Refugees while the host population accounted for 15% (30/203) The top five camps account for 52% of cases: Camp 17 (31 cases), Nayapra RC (17 cases), Camp 24 (15 cases), Camp 11 & Camp 9.</p> <ul style="list-style-type: none"> • COVID-19 updates: There is an increase in COVID-19 infection in Rohingya Refugee Camps with 12 new confirmed cases (TPR- 6.3%) and in the host population with 2 new cases (12.5%) in this Epi week, no deaths reported. Majority of cases have been reported among the Rohingya Population, 87% (39/45), total cumulative cases so far reported in 2024 are 45 with zero deaths(CFR-0) Looking at the broader picture the current transmission is still minimal/lowest compared to the upsurges in the past 4 years. • Cholera updates: Lack of Culture detection services since 31 August 2023 –WHO working with IEDCR to revitalize testing at Cox’s Bazar. • Diphtheria updates: So far in 2024, 20 cases have been reported, of which 14 suspected cases, 2 probable, and 1 was confirmed. • Measles Update: One Suspected Measles Outbreak was detected on 4 February 2024 in Rohingya Refugee Camp 5. Two (02) clinically confirmed Measles cases have been reported in Bhasan Char. <p>Community Healthcare workers WG:</p> <ul style="list-style-type: none"> • The CHWG co-chair election will happen in February, details will be shared in the next meeting. • CHW core package training rollout was completed in all camps, over 200 CHW supervisors were trained. • Training on First Aid for the CHW/ supervisors is planned on February- March <p>Sexual and Reproductive Health (SRH) WG:</p> <p>MPMSR updates:</p> <ul style="list-style-type: none"> • Number of maternal deaths in 2024 (as of 28th Jan): Total 4 (community death: 0, Facility death: 4) • Perinatal death: 14 (4 Fresh stillbirths, 3 Macerated stillbirths, 7 Early neonatal). • A feedback mechanism has been initiated this year following the death audit to the respective facility and partner to ensure quality SRH services & reduce maternal morbidity, and avoidable mortality. <p>Maternal and Child Health Card piloting</p> <ul style="list-style-type: none"> • Pilot implementation started in 14 health facilities by 5 agencies- UNFPA, UNHCR, UNICEF, SCI and IOM <p>Perinatal Verbal Autopsy Tool</p> <ul style="list-style-type: none"> • Perinatal surveillance has been started since August 2023. Verbal autopsy is done for all the reported perinatal deaths using the WHO Verbal Autopsy Instrument. Translation of the perinatal verbal autopsy tool in Bangla is done for a better understanding by the midwife so that they can facilitate the interview smoothly. 	<p>SRH Working group to present in detail in the next health sector meeting.</p>
<p>A.O.B</p>	<ul style="list-style-type: none"> • Fire safety and, Burn care training was completed 110 healthcare workers and affiliated staff received the training • An MMT Technical Working Group meeting has been planned for next month (March 2024), and a formal invitation will be shared with the required partners. 	

Next Meeting: Tentative Date- 13 March 2024, Time- 10:30 am- 12:30 pm

Location: TBC