

Health Sector Coordination Meeting

Meeting Notes

Date: 13/03/2024



Agenda	Discussion/Update	Action/ Follow-up
<p>General Updates, announcements, and follow-up from the last meeting.</p>	<ul style="list-style-type: none"> ● Follow up from the previous meeting: <ul style="list-style-type: none"> - Identified Referral Issue: Discussed with SAG, a few areas identified need to be fine-tuned, waiting for SAG feedback. - Presentation from the SRH WG focusing on the MPMSR: Postponed ● JRP funding Analysis: <ul style="list-style-type: none"> - JRP 2023: Total appeal was \$97.3M, \$64.4M received (66%), \$32.9M (34%) funding gap observed throughout the year. 19.7M (32%) funding shortage was observed for the firewalled activities which is alarming. - JRP 2024: Total appeal \$86.8M. Received 19.1M (22%), committed \$2.1M (2%), and funding gap \$65.7M (76%) as of Feb 2024. The JRP 2024 will be launched tonight at 7:30 pm in Geneva. - Prioritized activity groups for 2024 remain similar to those in 2023. Firewalled activities such as PHCs, HPs, and secondary hospitals faced funding shortages. Secondary health care comes at number ONE of the least funded by activity groups with only 11 % in 2024. 	<p>SAG members follow up / feedback. Deadline must be given. SRH WG to present next meeting.</p> <p>Partners are requested to critically look at what is required and prioritize the activities that are required when mobilizing funds.</p>
<p>Presentation from MSF on Hepatitis C survey</p>	<ul style="list-style-type: none"> ● MSF conducted a survey in mid-2023 to assess the prevalence of active HCV infection and associated factors in Rohingya Camps at Cox's Bazar as there was no representative data specifically on active HCV infection available in recent years. The result has been presented in front of the partners. ● Key findings – <ul style="list-style-type: none"> - Nearly one-third of adults are exposed to HCV infection. Estimated % HCV seropositive (95% CI)- 29.7 % (26.0-33.8) - Estimated % Active HCV infection (95% CI)- 19.6 % (16.4-23.2) - Identified factors associated with HCV seroprevalence; Nearly 2x higher odds of HCV seropositivity were observed for women than men (adjusted odds ratio (aOR)=1.8 (95%CI: 1.2-2.9)) and more than 2x higher odds were observed (aORs between 2.3-2.9) for age groups older than 18-25 years. Age and Gender breakdown for the estimates are also available (please see the shared slides for more details) - High viremic rate (66.6%) among HCV seropositive was observed indicating a significant gap in HCV treatment coverage in the camps. - Among HCV seropositive: 38.2% reported previous HCV diagnosis, and only 10.5% indicated previous HCV treatment. - The Health Sector requested to see the result more critically as some odds are too high, e.g. 5x higher odds among those who reported whereas Surgery was reported by very few (3.3%) surgeries there might be limitations to the data. ● Though WHO recently launched two new Hepatitis C treatment Centers, the Health Sector, WHO, MSF, and other partners agreed to the point that this is not enough considering the fact that the Hep-C treatment is costly and requested partners to step forward extending their support. ● The Health Sector thanked MSF for their contribution to the Hep-C treatment and this important survey. 	<p>WHO to share map of the sentinel sites and treatment centers of Hepatitis C.</p> <p>Partners to share request for Hepatitis B + C RDT testing kit from WHO if needed</p>

Working Group Updates

Epidemiology WG:

- **Dengue Outbreak:** Total Cumulative NS1 and antigen-confirmed dengue cases are 516 including Zero deaths (CFR- 0.0%) in 2024 so far. Majority, Majority, 91% (469/516) of the cases have been reported among Rohingya Refugees. The top five camps account for ~56% of cases: Camp 3 (116 cases), Camp 17 (100 cases), Camp 4 (33 cases), Camp 4 Ext (22 cases) & 9(20 cases)
- **COVID-19 updates:** The rising level of transmission in the early part of 2024 is still low compared to the past waves of upsurges reported in the past 4 years since the pandemic began. This week, twelve (12) confirmed COVID-19 cases were reported in Rohingya camps with a TPR of 7.0% and case incidence of 12.8 cases/1m Pop/week.
- **Cholera updates:** Lack of Culture detection services since 31 August 2023 –WHO working with IEDCR to revitalize testing at Cox’s Bazar. The trends of AWD cases from syndromic surveillance data in 2024 indicate normal though lowest compared to the past six years.
- **Diphtheria updates:** Transmission is ongoing. So far in 2024, 32 cases have been reported, of which 1 was laboratory confirmed, 4 clinically compatible, and 27 suspected cases that were discarded.
- **Post-MDA Assessment plan:** The Draft Post-MDA Assessment Protocol is ready; the Questionnaire is being finalized, and training for clinical staff and CHW supervisors is planned for 24-25th March 2024. The approval of the Civil Surgeon has been secured, getting the approval of the RRRC is in process. IRB approval is not required as it is a continuation of the previous Scabies prevalence survey.

Routine Immunization/ EPI update:

- The WHO IVD team did a house-to-house survey to assess the vaccination status of <5 children in Ukhiya and Teknaf Rohingya Camps.
- The OPV vaccination status of <5 children were found 98%, 87%, 80% for 1st, 2nd and 3rd doses respectively (n=213).
- Though the overall coverage is satisfactory, some camps showed very poor coverage e.g., in Camp 13, OPV-2 coverage was observed at 64% and OPV-3 was 49% which is alarming. The same goes for f-IPV coverage as well, Camp-13 showed 39% Coverage; overall coverage for f-IPV for 1st dose was 94%, and for 2nd dose 75%.
- The situation is very alarming considering the fact that the OPV vaccine had no shortage, and the consequence of such gaps increases the chance of vaccine-derived Polio. The WHO-IVD team requested partners to increase mobilization for Routine Immunization, especially to critically look at the risk communication to reduce the Polio dropout.

Community Healthcare workers WG:

- Efforts for Dengue and Scabies surveillance are ongoing.
- Updating CHW coverage mapping is currently underway to address any gaps or overlaps in service provision.

MMT-TWG:

- Annual Planning Workshop: Emergency Preparedness and response is planned on 20th-21st March 2024. IOM will be hosting the Workshop.

A.O.B	DHIS-2 book is now available at Balukhali Sub Center. Partners can collect from there	
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Next Meeting: Tentative Date- 17 April 2024, Time- 10:30 am- 12:30 pm **Location:** TBC