

# Health Sector Coordination Meeting

Meeting Notes

Date: 26/06/2024



Agenda	Discussion/Update	Action/ Follow-up
<p><b>General Updates, announcements, and follow-up from the last meeting.</b></p>	<ul style="list-style-type: none"> <li> <b>Follow up from the previous meeting:</b> <ul style="list-style-type: none"> <li>Revision of the referral packages: The health sector plans to form a referral group to revise referral guidelines and SOPs.</li> <li>Meeting with SRH WG on Maternal Mortality: In-depth discussion and analysis were done, in the last three years Maternal Mortality data were reviewed and revised, and incidental and accidental deaths were excluded. Partners requested to review the rates based on new numbers.</li> <li>JRP funding analysis- Mid-year process: The process is ongoing, ISCG reached the appealing partner to update their funding status. Appealing partners were requested to share their updates with ISCG. Partners requested the sector to collect non-JRP partner's updates as well for better identification of the funding gap, this should be in line with the rationalization exercise. The health Sector clarified the fact that the exercise is done not to stop funding, but to direct or channel the funds to the priority activities. The message is not to stop funding, but rather address the needs in line with the health sector priorities.</li> <li>EHSP pending, Field Hospital Staffing Norms: SAG members shared their input, waiting for finalization</li> </ul> </li> <li> <b>Maternal and Child Health (MCH) Card:</b> In the last SRH WG meeting the Health Sector Discussed two points, 1. Integration of the Birth Notification Form with the MCH card and 2. renaming the card as Maternal and Newborn Card. Further to be discussed in SRH WG meeting.                 </li> <li> <b>Camp Health focal Points update after the end of the HGSP:</b> IOM informed the Health Sector that there will be a gap for at least two months for their CHFP support (5 CHFPs were supported by IOM), discussion is ongoing with UNHCR and WHO if they can support this interim period. Currently, the Handover process is ongoing.                 </li> <li> <b>Statistical Analysis regarding the impact of the rationalization Exercise and General Health Card:</b> The Health Sector and the Information Management team performed some statistical analysis using the available data to find if there is any scientific impact of these interventions on service delivery. Details information on this can be found in the Health Sector Bulletin May 2024 Issue.                 </li> </ul>	<p><b>AP: Health Sector Team to form a referral group to revise referral guidelines and SOPs, no deadline was fixed but will be updated later</b></p> <p><b>AP: The Health Sector information management team to review and calculate the maternal mortality rates based on the revised number and share accordingly.</b></p> <p><b>AP: The Health Sector to reach out to the partners for Mid-year funding analysis and partners to cooperate in sharing their donors and funding updates.</b></p> <p>Health Sector Bulletin May 2024 Issue - <a href="https://rohingyaresponse.org/wp-content/uploads/2024/06/CXB-Health-Sector-Bulletin-May-2024.pdf">https://rohingyaresponse.org/wp-content/uploads/2024/06/CXB-Health-Sector-Bulletin-May-2024.pdf</a></p>
<p><b>Working Group Updates</b></p>	<p><b>Epidemiology, Case Management, and IPC WG:</b></p> <ul style="list-style-type: none"> <li> <b>Dengue Outbreak:</b> <ul style="list-style-type: none"> <li>Total cumulative NS1 and antigen-confirmed dengue cases is 1,956 including one death (CFR- 0.1%) in 2024. The majority, 94% (1,832/1,956) of the cases have been reported among Rohingya Refugees while the host population accounted for 6% (124/1956).</li> <li>Cumulatively, 5 camps account for 72% of cases: Camp 3 (678 cases), Camp 17 (280 cases), Camp 4 (179 cases), Camp 18 (110 cases), and Camp 4 Ext (63 cases).</li> <li>Partners raised the question about the Dengue Preparedness and Response Plan if it is in place as the season is approaching.</li> </ul> </li> <li> <b>Cholera updates:</b> culture detection started on 15 April 2024. So                 </li> </ul>	<p><b>AP: Epi WG to arrange a meeting for Dengue Preparedness and Response with all the key partners including WASH sector and RCCE.</b></p>

far in 2024, 75 cases have been reported, of which 1 was laboratory-confirmed and 74 discarded cases with no deaths. Workshop on Multi-Sectoral AWD/Cholera P&R Plan Review for 2024-25 scheduled on 23 Jul'24 tentatively.

- **Diphtheria updates:** Transmission is ongoing. One confirmed case was reported from the Ukhia host community so far in 2024. Overall, the transmission level remained low in almost half of 2024 compared to the past waves of upsurges reported in the past 4 years since the pandemic began.
- **COVID-19 updates:** Overall, the transmission level remained low in almost half of 2024 compared to the past waves of upsurges reported in the past 4 years since the pandemic began.
- **Scabies:** Post-MDA (29 Oct' 23-3 Feb' 24) assessment completed in Mar'24 found prevalence ~20%, compared with earlier one ~40% in May'23 ~40% suggesting a new round of intervention (MDA) is required. Resource estimation, advocacy, and mobilization are ongoing considering the optimal strategy for the MDA i.e., prioritizing camps, cohorts, etc.

#### Routine Immunization/ EPI update:

- **Routine EPI coverage:** Month-wise coverage showed improvement in May 2024 compared to the previous month of this year.

#### Environmental Surveillance & bOPV campaign:

- In January 2024, Sabin-like type 1 poliovirus (SL1) with seven nucleotides (7nt) changes from 2 environmental samples collected from camps 21 and 24. This flags that 3 doses of bOPV coverage through routine EPI is sub-optimal with resultant accumulation of susceptible population.
- This provides space for the vaccine virus to circulate, allowing nucleotide change at the viral protein 1 (VP1) position that may eventually regain the ability to cause paralysis (hence named vaccine-derived poliovirus).
- To mitigate the associated risk, EPI program, as well as the National Committee for Certification of Poliomyelitis Eradication (NCCPE), recommended two rounds bOPV campaign in under 5 children in Cox's Bazar Rohingya population.
- Based on the recommendation a bOPV campaign was proposed targeting under 5 children (144,317). The tentative start date is 14<sup>th</sup> July 2024, The proposed strategy: is a camp-to-camp rollout with a house-to-house approach. Vaccinators: CHWs, Each CHW will work as a single team and the total no of CHWs throughout the camps is- 1,619. Vaccine carriers are being collected from other upazilas.

#### Sexual and Reproductive Health (SRH) WG:

- **MCH card:** Conducted meeting on MCH Card revision before rolling out and incorporated feedback. Support is required from all the agencies for printing. Rollout of the card is planned in July 2024. Kick chart, high-risk assessment tool, Family planning service section, and newborn danger sign were integrated.
- **MPMSR updates:** After a thorough review of the last three years' verbal autopsy report, the number of maternal deaths in the last three years was revised excluding incidental and accidental

Partners to support the bOPV campaign implementation with the CHWs, Community engagement and Social Mobilization activities.

**AP: IOM to inform if they are withdrawing any CHW support so that the plan can be revised accordingly. Deadline 4<sup>th</sup> July 2024.**

SRH WG to maintain proper documentation of maternal deaths, identify the responsibilities (who is responsible for what), and revise the Maternal Mortality rates.

	<p>deaths. Findings have been reviewed as well. As per the revised data in 2023, 57 maternal deaths were reported, among them 51% were identified due to delay three suggesting that the quality of care at the facility level needs to be addressed. 42% were due to delay 1, and 7% were due to delay 2.</p> <p><b>Community Healthcare Workers WG:</b></p> <ul style="list-style-type: none"> <li>• UNHCR will continue to serve as the chair of CHWG, Green Hill – CPI has been elected as the co-chair for 2024, following the esteemed voting process by CHWG partners on the election held physically on 30 May 2024 during the CHWG meeting.</li> </ul> <p><b>MHPSS WG:</b></p> <ul style="list-style-type: none"> <li>• 21 agencies (10 agencies from the health sector) shared their 4W service information through Activity Info. The MHPSS camp focal shared a list of agencies that provided the MHPSS program in the camp, 12 agencies were not on the MHPSS WG list.</li> <li>• Due to current security situations, agencies have faced challenges in facilitating community-based service. Regarding volunteers' safety and security, volunteers are sent to the community in pairs, wearing vests and ID cards. Some volunteers said wearing the vest is safer, and some shared it's risky.</li> </ul> <p><b>Emergency Preparedness and Response Technical Committee (TC) and MMT TWG:</b></p> <ul style="list-style-type: none"> <li>• EPR TC and MMT WG shared an update on their response to the Camp 13 Fire incident, Cyclone Remal, and the 19 June 2024 landslide incident.</li> <li>• Mapping of the Medical Hubs is ongoing for the 33 FDMN Camps</li> </ul>	<p><b>AP: Health Sector to arrange a meeting with the CHWG and SRH WG regarding the CHW data, especially the facility-based delivery rate.</b></p>
<p><b>A.O.B</b></p>	<p><b>Update on Hepatitis C Surveillance:</b></p> <ul style="list-style-type: none"> <li>• The Screening of Hepatitis B &amp; C is currently on hold</li> <li>• Screening of Pregnant Women for Hepatitis C will be continued.</li> </ul>	

**Next Meeting:** Tentative Date- 3<sup>rd</sup> week of July 2024, Time- 10:30 am- 12:30 pm **Location:** TBC