

Health Sector Coordination Meeting

Meeting Notes

Date: 30/07/2024



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"> - Health Sector Team to form a referral group: Pending, will be updated later. - The Health Sector information management team to review and calculate the maternal mortality rates based on the revised data: The 4W Dashboard has been revised with the updated MMR. - The Health Sector to reach out to the partners for Mid-year funding analysis: Mid-year funding analysis for JRP partners is completed. For Non-JRP partners sector will reach out later with a plan to capture their gross funding status. - Health Sector to arrange a meeting with the CHWG and SRH WG regarding the CHW data, especially the facility-based delivery rate: The meeting was done, based on the discussion an action plan will be prepared to strongly monitor the data and identify the gaps. ● National Security Situation updates: work modalities during the ongoing unrest and curfew were discussed. The Health Sector emphasized the fact that emergency life-saving activities must continue, though govt. has declared nationwide govt. holidays, this should not be applicable for emergencies. Partners shared their experiences, thoughts, and feedback regarding the impact of service delivery during the curfew and internet blockage. Surveillance activities were extremely hampered due to communication blockage. Alternate communication channels are advised to be established in such situations to continue the work. ● Camp Health Focal Point (CHFPs) updates: IOM has discontinued their camp Health Focal Points for the time being, they will be absent for at least two months. WHO has extended its support to mitigate the gap in fields, and the WHO Camp Health Disease Surveillance Officers (CHDSOs) will continue supporting as the CHFPs. Camps are redistributed among the existing CHFPs, current map of CHFPs with contact details has been shared. 	<p>Sector to plan reaching out to the non-JRP partners for their funding status.</p>
<p>Cholera situation update</p>	<ul style="list-style-type: none"> ● There have been 68 confirmed cholera cases across 17 camps in Ukhiya and Teknaf, with 56% of the cases concentrated in five camps: 1E, 1W, 8E, 14, and 16. Males are the most affected (59%), and the most affected age group is children aged 0-9 years (71%). ● The trends of Acute Watery Diarrhea (AWD) cases from syndromic surveillance are consistent with previous years, though they are among the three lowest trends observed from 2022-2023 compared to the past six years (2018-2023). Weekly trends, however, indicate a decline following the recent upsurge. Cases appear more sporadic than clustered, pointing to widespread exposure and possible community-wide transmission. ● Rapid Risk Assessment and JART inv. Findings: JART findings indicate that 66% of the cases were vaccinated, suggesting infection breakthrough due to waning population-wide immunity, with the last OCV vaccination conducted in Oct-Nov 2021. New cohorts below 4 years and new immigrants are particularly vulnerable. The WASH infrastructure and maintenance have not been sustained at SPHERE standards, and community hygiene 	

	<p>behaviors towards water handling are suboptimal. Ongoing monsoon rainfall exacerbates the risk of cross-contamination.</p> <ul style="list-style-type: none"> ● Cholera Responses – Pillar wise <ul style="list-style-type: none"> - Coordination: The health sector oversees the scenario-based approach and coordination of sector partners in the response. The Health Sector is currently coordinating and monitoring the implementation of a multi-sectoral Cholera Action Plan. - Epidemiological surveillance: The WHO Epidemiology team in collaboration with the WASH Sector, has conducted a Rapid Risk Assessment (RRA) and JART against every single RDT positive and/or Culture-confirmed case. Also Providing daily situation updates and weekly SitRep. - Laboratory and Diagnosis: The IEDCR Field Laboratory at Cox's Bazar Medical College currently undertaking cholera culture detection. Icddr,b, in collaboration with WHO and MoH, is undertaking cholera surveillance and culture detection at their lab in Dhaka. - Case Management and IPC: The camps have dedicated eleven (11) AWD isolation facilities for managing cases. The WHO pipelined 4-module Cholera kit ready for deployment in case of further surge in cases and health sector facilities are overwhelmed. - Risk Communication and Community Engagement: Almost 100% of households have been visited by CHWs, conducting courtyard sessions on AWD prevention as well. - Operations Supply and Logistics: Logistics and procurement staff working with Epi team to explore possibilities for the requirement of additional Cholera kits and tracking the status of Cholera RDT kits - WASH Sector: The WASH sector is scaling up WASH response interventions, including hygiene promotion, distribution of Aquatabs, cleaning water holding containers and WASH facilities, and treatment of drinking water sources. Apart from that, they coordinate Water Quality Assessments (bacteriological and physiochemical) and use the reports to guide WASH response interventions in collaboration with the Department of Public Health Engineering and participate in JART investigations. - Vaccination: Plans to secure OCV vaccines from ICG are in progress, and consultation is ongoing with MOH and WHO-HQ 	
<p>OPV Campaign and Routine Immunization Update</p>	<ul style="list-style-type: none"> ● OPV Campaign: <ul style="list-style-type: none"> - A total of 170,001 children under five have been vaccinated as of day 9 (29 July 2024), which is 117.8% (based on the UNHCR population fact sheet from March 2024) - Out of 33 camps, 29 have fully completed their vaccination. The total target under 5 children in these 29 camps was 1,26,152, however, we have vaccinated 154,419 children, achieving 122.4% of the target. - So far, 18,025 vials have been used, resulting in an overall wastage rate of 5.7%. - Denominator (target) has been identified as the main challenge as the UNHCR factsheet was used to set the target and they had a backlog due to the registration process. The actual target was much higher in the field causing a shortage 	

	<p>of vaccines. Due to political unrest and Curfew, the campaign was postponed for a few days.</p> <ul style="list-style-type: none"> • Routine Immunization: during the curfew fixed sites were stopped by most of the partners without coordinating UHFPO Ukhia. UHFPO Ukhia expressed his concern through the WHO-IVD team regarding this as they prepared vaccine carriers for the fixed sites. 	<p>Partners to communicate with UHFPOs if they want to postpone fixed site sessions in their facilities.</p>
<p>Communicable Diseases Update</p>	<p>Communicable Diseases Update:</p> <ul style="list-style-type: none"> • Hepatitis C <ul style="list-style-type: none"> - As of July 15, a total of 8,175 individuals have been screened for Hepatitis B and C. Of these, 3,480 (42.5%) tested positive for Hepatitis C RDT, with 683 males (19.6%) and 2,796 females (80.3%). Hepatitis B RDT positivity was found in 302 individuals (3.6%), with 87 males and 215 females. - Co-infection with both Hepatitis B and C was observed in 137 cases. Sample collection was conducted for 3,328 individuals, and 1,102 HCV RNA tests were performed. Active Hepatitis C infection was identified in 783 individuals, representing 71.5% of those who tested positive for Hepatitis C RDT. - In terms of pregnant women, 6,790 were screened, and 3,134 (46.1%) were identified as pregnant. Among these, 504 (16%) tested positive for Hepatitis C RDT, 75 (2.3%) for Hepatitis B, and 26 showed co-infection with both. HCV RNA tests were conducted for 112 pregnant women, with 90 (80.3%) of those Hepatitis C RDT positive having active infections. A total of 332 individuals have started treatment, including 70 males and 262 females. - The host community is currently excluded from Hepatitis C surveillance. However, some screening centers have inadvertently included Hepatitis B and C RDT reports for the host community in the EWARS system. • Dog Bite: A Total of 153 Dog bite Case registered recently, The Maximum number of cases are from camp 22 (37 cases). WHO has Rabies vaccine stock. Partners are requested to reach out to WHO if they require Rabies vaccine. 	<p>Partners needing rabies vaccines are requested to reach out to WHO.</p>
<p>Working Group Updates</p>	<p>Epidemiology, Case Management, and IPC WG:</p> <ul style="list-style-type: none"> • Diphtheria updates: No new confirmed or suspected diphtheria cases were reported in week 30 of 2024. So far this year, there have been 84 reported cases, with 2 laboratory-confirmed cases 82 discarded cases, and no deaths. Overall, the transmission level has remained low for almost half of 2024 compared to the past waves of upsurges reported in the past four years since the pandemic began. • Dengue updates: This week, 117 new dengue cases were reported, marking a 43% decrease from the 206 cases identified the previous week. The total cumulative number of NS1 and antigen-confirmed dengue cases in 2024 stands at 2,686, including one death (CFR- 0.04%). <p>Sexual and Reproductive Health (SRH) WG:</p> <ul style="list-style-type: none"> • MPMSR updates: In June, there were 5 reported maternal deaths, bringing the total to 26 maternal deaths from January to June. This is slightly lower than the 28 deaths recorded during the same period last year. There has been a noted increase in maternal deaths among those referred from 	

	<p>Teknaf to FHU & CSH compared to usual patterns. Additionally, it was highlighted that there are no Obstetric/Gynecological specialists available at both Upazilas.</p> <p>CHWG update</p> <ul style="list-style-type: none"> World hepatitis day was celebrated in numerous camps engaging the community and camp authorities to encourage the community in practicing preventive measures to halt the spread of Hepatitis. Training on routine immunization Conducted on 3rd & 4th July 2024, training on Civil registration and vital statistics Conducted on 15th & 16th July. Training on first aid and Prevention of AWD is planned from 1st week of August 2024. <p>MHPSS WG Update:</p> <ul style="list-style-type: none"> UNHCR briefed the MHPSS Working Group (WG) on the creation of multisectoral MHPSS emergency preparedness plans, providing templates and guidance for organizations to develop their own plans. UNHCR, WHO Dhaka, and WHO HQ are coordinating training on emergency preparedness scheduled for September. This training will target individuals directly involved in emergency preparedness and response, including government representatives. The MHPSS WG will provide further details in the next meeting. Child and Adolescent MHPSS: Two curricula – Tdh and one CPSS module- were reviewed, and feedback was provided to CPSS. These curricula were focused on the age group of 5-10 years. As requested by the CPSS, two other curricula for age groups 11-14 years old and 15-17 years old will be reviewed, and feedback will be provided to CPSS. <p>Emergency Preparedness and Response Technical Committee (TC) and MMT TWG:</p> <ul style="list-style-type: none"> The Emergency Preparedness and Response Technical Committee (EPR TC) reviewed its Terms of Reference and Work Plan, focusing on key activities including an exhibition on emergency health preparedness best practices. The committee's response to recent heavy rainfall and landslides was discussed, along with a situation update on cholera and dengue cases in FDMN camps and the host community in Cox's Bazar (CXB). Additionally, the progress of medical hub mapping was highlighted as a crucial element of the response strategy. 	<p>MHPSS WG Next meeting 1st August 1 pm to 4 pm at UNHCR office.</p>
<p>A.O.B</p>	<ul style="list-style-type: none"> UNHCR noted that many partners are confused about protocols during curfew and requested the health sector to provide clear guidelines to ensure partners have clear instructions. Additionally, it was suggested to increase the number of Rohingya volunteers to assist during political unrest. 	

Next Meeting: Tentative Date- 28 August 2024, Time- 10:30 am- 12:30 pm **Location:** TBC