



World Health Organization

Bangladesh



Training on “General Biosafety, Infection Control and Usage of Rapid Diagnostic Tests” was conducted by WHO and IEDCR, Dhaka at the Cox’s Bazar Medical College from 16-17 April 2019.

Emergency: Rohingya Crisis

Bi-weekly Situation Report #08

Date of issue: 25 April 2019

Period covered: Weeks 15-16 2019
(07-20 April 2019)

Location: Bangladesh



911 149

total Rohingyas
in Bangladesh



1,109,719

Total number of
consultations reported in
EWARS in 2019



728 786

people are being
monitored for
diseases



1.24 million

people targeted for
health assistance

HIGHLIGHTS

- WHO Cox’s Bazar has undertaken a rapid review of the current Sexual and Reproductive Health (SRH), Mother and Child Health (MCH) and Gender-Based Violence (GBV) services landscape.
- The Health Sector Cyclone Season Contingency Plan 2019 for Cox’s Bazar is updated now.
- A “Non-communicable Diseases (NCD) Core Group” is being formed to serve as a common platform for health partners to take related activities forward.
- World Immunization Week (WIW) is being marked from 24-30 April 2019 in Rohingya camps with the theme of ‘Protected Together: Vaccines Works’.
- As of week 16, 2019, a total of 153 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 per cent (153/196).

SITUATION OVERVIEW

There are an estimated 911 149 Rohingya refugees in Cox’s Bazar, according to the latest ISCG situation report (February 2019). This includes 34 172 refugees from Myanmar who registered before 31st August 2017. All refugees, including new arrivals, face compounding vulnerabilities, including health. WHO has been responding to this crisis since September 2017. A summary of response actions from epidemiological weeks 15 and 16 of 2019 is presented below by WHO functions.

OPERATIONS SUPPORT AND LOGISTICS

- A total of 6300 ampoules of Oxytocin have reached Cox's Bazar as part of the efforts to support Sexual & Reproductive Health (SRH) through the Health Sector. These are scheduled to be distributed to partners by the end of April 2019. In addition, several surgical kits, drugs and medical equipment have been delivered to Field Hospitals, District Sadar Hospital and other partners.
- A Health Logistics meeting was held on 8 April 2019 with participation of health partners in Cox's Bazar. It covered assessment of essential drugs in Bangladesh, quantification methods and other health logistics issues.
- A training for Mobile Medical Teams (MMT) was organized from 23 to 25 April 2019. Currently, 10-11 MMTs are available for emergency response in case of any disaster in the camps.

INFORMATION MANGEMENT - EPIDEMIOLOGY

- As of week 16, 2019, a total of 153 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 per cent (153/196).
- Of these sites, 114 submitted their weekly reports (84%) by 23 April 2019 resulting in a cumulative completeness of 86% for 2019.
- A total of 28 alerts (triggers) were reported and reviewed in the EWARS system in week 16, 2019, compared to 68 alerts in the previous week. All alerts were all reviewed within 48 hours.
- During week 15, two culture-confirmed cases of cholera were reported from the Teknaf host community. A Joint Assessment Team (JAT) led by WHO, with icddr,b and Solidarity International, conducted a field investigation.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the conditions with highest proportional morbidity this week. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by the WHO Epidemiology team. An unexplained fever assessment, started earlier in 2019, is ongoing with samples collected for 14 patients to date. The study aims to enroll 100 patients.
- The Multi-Sectoral Acute Watery Diarrhea (AWD) Response Plan for 2019 for Rohingyas has been approved by the Civil Surgeon, Cox's Bazar.
- A Go.Data training for contact tracing was held for partners. Discussions are ongoing about the roll-out of Go.Data for contact tracing in Cox's Bazar.
- An EWARS evaluation is planned for 9 – 22 June with external support from experienced WHO epidemiologists.

Diphtheria Update

- Fourteen new diphtheria patients were reported in week 16 in EWARS.
- A total 8580 diphtheria patients have been reported in EWARS since the beginning of the emergency, out of which 295 were classified as confirmed cases after laboratory testing. Others were classified as probable (2728) and suspected (5557) cases.
- In 2019, 234 diphtheria patients have been reported, including 3 confirmed, 19 probable and 212 suspected cases.
- The total number of deaths reported until now is 45. The last death was reported on 15 January 2019.

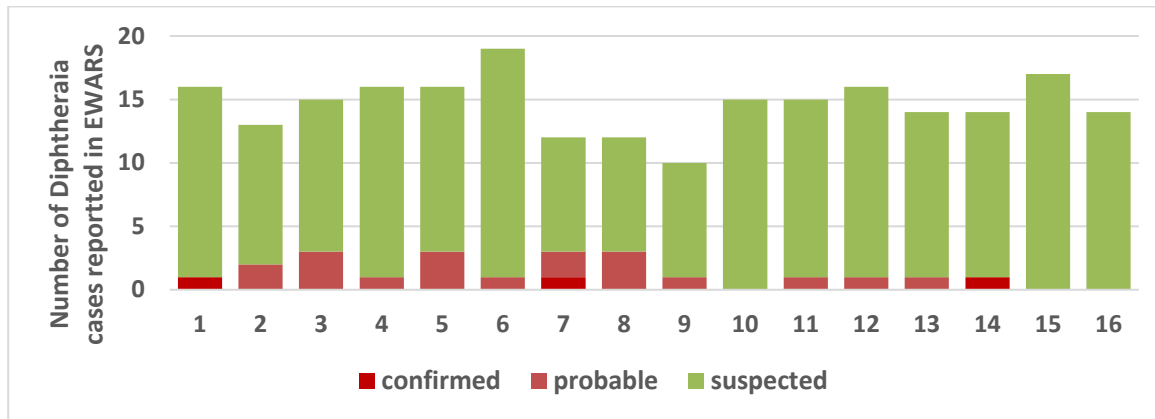


Figure 1: Diphtheria case-patients reported from Week 1 to week 16 2019, Cox's Bazar, Bangladesh

Suspected Measles Update

- Twelve new suspected measles cases were reported via weekly reporting this week, out of which three cases were reported with a complete Measles case reporting form (CRF).
- A total of 237 cases were reported in 2019 out of which only 127 (54%) were reported with a CRF.
- WHO is supporting the Ministry of Health (MoH) in routine measles surveillance among the Rohingya population.

HEALTH OPERATIONS & TECHNICAL EXPERTISE

Water, Sanitation and Hygiene(WASH)

- Water Quality Surveillance Round 10 has continued in all camps. The samplers and laboratory technicians finished sampling by scanning the barcode tags on the tube wells.
- WHO organized a three-day 'WASH in Health Care - Facilities Improvement Tool (WASH-FIT)' training in Ukhia. Thirty-five participants received two days of classroom training about Water, Sanitation and Hygiene, including Health Care waste management. After a joint WASH FIT assessment of a primary health care facility in camp 4, all participants assessed their own facility using the m-Water mobile application.
- The WASH Sector and Health Sector reviewed the AWD response plan together and updated with latest views and inputs preparing for a Joint Assessment Team (JAT) training.

Laboratory

- The WHO laboratory team has continued visits and supportive supervision of laboratories functioning in Primary Healthcare Centers (PHCs) to identify gaps that exist in the current structure of diagnostic facilities. This exercise will help direct efforts towards areas of need thereby enabling a focused and sustained growth in laboratory capacity and strength. One of the gaps identified was the implementation of biosafety practices and proficiency in conducting Rapid Diagnostic Tests (RDTs) among healthcare personnel. Therefore, a two-day training program titled "General Biosafety, Infection Control and Usage of Rapid Diagnostic Tests" was conducted by WHO and IEDCR at the Cox's Bazar Medical.

Mental Health and Psychosocial Support(MHPSS)

- WHO MHPSS visited health facilities in Kutupalong to assess the needs from mhGAP perspectives and with a view to provide inputs to trainings which are planned to take place shortly.
- WHO MHPSS is in discussion with the National Institute of Mental Health (NIMH) and Directorate General of Health Services (DGHS) to move forward MHPSS workplans with government engagement.

Communicable Diseases (CDs)

- A workshop has been conducted on 18 April 2019 to review and update the 2018 HIV response framework and to define partners' involvement in the proposed framework. The forum, led by the Government of Bangladesh under AIDS/STD Programme aims to prepare the revised HIV response framework for Cox's Bazar within the next month.

Non-communicable Diseases(NCDs)

- As recommended by the Health Sector Strategic Advisory Group (SAG), an 'NCD Core Group' has been formed, which will serve as a common platform for health partners to take the NCD agenda forward. Thirteen agencies have nominated focal points to participate in the core group as of now, and the first group meeting is expected to take place in last week of April 2019.
- For the first time, NCD aspects have been included in Health Sector Cyclone Season Contingency Plan for Cox's Bazar, with a focus on continuity of ongoing treatment for NCD patients in the event of hazards in the cyclone season.
- WHO has initiated the procurement of NCD KITs, which are assembled in line with global standards, which contain essential medicines and equipment, for management of priority NCDs (Hypertension, Diabetes, Asthma & Chronic Obstructive Pulmonary Disease).

Immunization

Routine Immunization

- As part of the World Immunization Week (WIW) 2019, MR1 MR2 doses dropout listing continued. As of 18 April 2019, 7021 children were listed for MR1 MR2 catch up doses and will be vaccinated gradually. This listing activity will be continue till 23 April 2019.
- This year the World Immunization Week (WIW) was marked from 24-30 April 2019 in Rohingya settings. The theme is 'Protected Together: Vaccines Work'.

Vaccine Preventable Disease Surveillance

- In 2019, four cases of acute flaccid paralysis (AFP) were investigated so far. Two cases were discarded, and results from the remaining two tests are still pending. The total number of AFP cases was eleven in 2018 and eight in 2017. No wild polio virus has been isolated so far.
- A total of 25 suspected measles/rubella cases were reported during this period. Since January 2019, out of 298 cases reported in EWARS, 122 (41%) cases with a completed Case Report Form (CRF) were found and 102 (29%) cases were verified by WHO. 55 (16%) cases were tested in laboratory with 43 negative results. One was laboratory confirmed rubella and five were laboratory confirmed measles(Other laboratory results are pending).

HEALTH SECTOR COORDINATION

Gender-based violence (GBV)

- Planning for the GBV Quality Assurance Assessment is underway; SRH, GBV and Child protection working groups have each been invited to nominate members for the assessment teams. The teams will undergo a one-day orientation on the assessment tool prior to the assessment, targeting primary health care facilities that offer clinical management of rape services.

- As part of institutionalizing the health systems response on GBV, the health sector shared the draft Terms of Reference (TOR) in the first meeting with working group leads from health (SRH, CHWG, MHPSS). . The annual action plan on GBV was also reviewed in the meeting and further recommendations provided. The technical team will meet monthly to carry out specific tasks outlined in the TOR to improve technical coordination on GBV among working groups in health sector and with protection sub-sectors.
- The Health sector coordinator and GBV officer are part of the nine WHO country programs participating in the ongoing workshop in Amman, Jordan for the Eastern Mediterranean Region (EMRO) on strengthening health system response to violence against women and girls. Bangladesh (Cox Bazar) is among the pilot countries outside EMRO who were invited to the meeting where learning is shared to inform ongoing interventions.

The Sexual and Reproductive Health (SRH)

- The Health Sector undertook a rapid review of the current SRH, MCH and GBV services landscape at WHO CXB, identify gaps and challenges and recommend programmatic interventions for 2019, as part of the Health Sector’s work to support SRH in Cox’s Bazar. The Mission have shown interest in SRH and GBV areas. The focus is to provide a full and clear briefing on SRH/GBV needs, ongoing work and ideas about the way forward. The delegation’s visit is significant as it shows growing interest in and attention to the SRH issues and needs of the Rohingya refugee population in Cox’s Bazar.
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Field Coordination

- The “2019 Health Sector Cyclone Season Contingency Plan for Cox’s Bazar (Rohingya Refugees and Host Community)” has been now updated with inputs from Technical Working Groups (TWGs) such as Community Health Workers (CHW), Sexual and Reproductive Health (SRH), Field Hospitals, Medical Mobile Teams (MMTs), Mental Health and Psychosocial Support (MHPSS), and Health Logistics. The plan is considered a working document that will be updated continuously to adapt to changing contexts and environments. The Health Sector is actively supporting the ISCG emergency preparedness and response planning.
- Field Coordination Team continued visits to refugee camps to liaise with Camp in-Charges (CiCs) and partners to strengthen coordination and collaboration between Cox’s Bazar and camp level health coordination mechanisms.

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