

# Situation Report: July 2022

## WHO Cox's Bazar: Rohingya emergency crisis

---

### Coordination and Leadership

WHO, as the lead agency for the Health sector/COVID-19 response, participated in the Global Inter-Agency Evaluation of the COVID-19 Humanitarian Response—an independent evaluation of the preparedness and response of humanitarian organisations to the needs of people affected by COVID-19. The evaluation identified results, best practices and lessons learned to improve ongoing humanitarian responses. Bangladesh was as one of eight countries selected for the case studies.

Alongside partner agencies, WHO held discussions with the ILO Country Office team on ILO's new skills and livelihood programmes in Cox's Bazar. We also participated in a meeting with Task Group Commander Lt. Col Abdullah to give an appraisal of the health-sector response to the Rohingya displacement crisis.

In addition, the WHO Sub-Office commenced the following partner engagements in July:

- 4 July , 17 July, 21-23: various engagements on Dengue response involving WASH Sector, Site Management, Country Office Support team
- 25 July: FAO-WHO on Joint one Health efforts on planned interventions to address Anti-Microbial Resistance
- 26 July: ECHO Health and Nutrition Sector response and priorities for the next HIP action
- 27 July: Japan International Cooperation Agency ( JICA) Representative, Murakami Shin and team on Non-Communicable Diseases

#### Health Coordination

This month, WHO has been seeking to improve the efficiency of the health response in Cox's Bazar through a health facility rationalisation exercise. This process required extensive preparation, data gathering and analysis ready for the coming release of the exercise in August. WHO attended a Meeting with RRRC, Mr Shah Rezwan Hayat to discuss and clarify the exercise and reaffirm the need for cooperation from all entities in line with ISCG streamlining and rationalization drive.

---

### Information management and epidemiology

The test positivity rate for **COVID-19** has experienced a five-fold decrease, from 10% in June to 2% in July. Teams continue to intensify and supervise COVID-19 contact tracing alongside implementation partners through the monthly contact tracing meeting for the month of July led by WHO.

The number of **dengue** sentinel sites has increased from 35 to 50 in the month of July. Many dengue cases have been reported in the reporting month as a result. The dengue virus serotyping process

was successfully completed in July, highlighting DENV2 and DENV3 as dominant types driving the current upsurge. Dengue detection and surveillance have been intensified, with added RDT provision. A dengue vector surveillance report has been submitted to the EPI-TWG for dengue to inform on prevalent vector species and risk factors.

WHO has detected and investigated 52 suspected and eight probable cases of **diphtheria**. Seven have been confirmed. In response, the team has mobilized ten Diphtheria Antitoxins (DATs) from the regional office through the support of the IVD Unit. They were dispatched to MSF Kutapalong Hospital for the timely management of two severe diphtheria cases admitted to the health facility. In collaboration with IVD unit, WHO prepared and disseminated the Diphtheria Case Management Referral pathway to case management partners

WHO epidemiology teams also facilitated training on EWARS implementation in July for 258 healthcare workers. This training was designed to coincide with the successful integration of EWARS FDMN reporting with the national DHIS2 platform.

---

## Immunization

Routine Immunization sessions are being continued uninterrupted in FDMN camps. To date in 2022, children under the age of two years have received more than 300,000 different antigens. In July we were able to achieve:

Vaccination against Polio—17,322 OPV (1st to 3rd dose) and fIPV (1st and 2nd dose)

Vaccination against Measles—6,375 MR (1st to 2nd dose)

A third-phase, round two COVID-19 vaccination campaign was conducted from 23 July to 30 July for the 12-17 years age group in the FDMN population. It targeted 109,232 children and adolescents, 94,674 of which received it as a second dose (coverage rate: 87%) and 10,340 as a first dose of the COVID-19 vaccine.

---

## Health operations & technical (response)

### Communicable disease

Due to the current upsurge of dengue fever in the FDMN camps, 3 batches of dengue training on clinical case management were conducted 18-20 July 2022. More than 150 health care workers (including physicians, nurses and medical assistants) attended the training.

WHO joined the National Malaria Elimination Program (NMEP) in conducting a Joint Monitoring Mission. It included a review of progress on Malaria elimination activities in the district and among the FDMN population.

### Non-communicable disease

In July 2022, a total of 28,341 patients (Rohingya refugees and adjacent host communities) from Ukhiya & Teknaf were reported in DHIS-2 to have sought care with NCDs from health facilities situated in Rohingya refugee camps. For all NCD consultations, Hypertension and Diabetes Mellitus were reported with the highest percentage of 36% respectively, followed by Chronic Obstructive

---

Pulmonary Disease (9%), Asthma (6%), Cardiovascular Disease (1%) and other NCDs/chronic conditions (12%).

### **Infection prevention and control**

Emphasis on IPC checklists was renewed this month at the IPC TWG meeting, as the committee noted the significant improvements recorded on the monthly scorecards. A total of 60% of general health facilities have reported in June, with 100% of SARI ITCs reporting. The IPC biannual technical and supportive supervision visits continue, with 68 out of 87 visits completed in July.

.....

## **Health operations & technical (services)**

### **Health Care Waste Management**

WHO conducted key HCWM training for 140 health workers in Ukhiya and Teknaf Upazila Health Complexes. Participants included 35 doctors, 47 nurses, 15 midwives and 44 cleaners.

### **Tuberculosis**

A total of 223 GeneXpert tests and 513 routine microscopy tests were conducted in Ukhiya and Teknaf for FDMN and host communities. Among them, 31 tested positive for TB in Ukhiya and Teknaf in July 2022. Seventy-two X-rays were conducted in July for TB suspects and other chest diseases at Teknaf UHC. During the month, TB field assistants reached over 700 people and conducted 12 field sessions for a community awareness program in the refugee camps and host community. They distributed sputum collection pots to TB suspects and referred them to the nearby BRAC facility for further testing.

### **Emergency preparedness and response**

WHO, in collaboration with the ICRC, organized the first batch of five days of Basic Emergency Care training at CXB Sadar Hospital in July 2022. A total of 21 participants successfully completed the training. Twenty of them are medical doctors and one is a nurse leader from the camp and Sadar Hospital.

### **Risk communications and community engagement**

The campaign plan, IEC material and FAQs for the COVID-19 vaccination programme (11–17 years) have been finalised. Public health messages regarding World Hepatitis Day 2022 were also disseminated, as well as IEC materials on Monkeypox entitled, “Recovering from Monkeypox at home”.

### **Reproductive, maternal, newborn, child and adolescent health (RMNCAH)**

WHO worked on a report on Maternal and Perinatal Surveillance and Response exploring the current data flow and the M&E system in MPMSR, including any gaps, challenges and ways forward. WHO also participated in three facility-based death audits.

### **Contacts**

Dr Bardan Jung Rana  
WHO Representative to Bangladesh  
ranab@who.int

Dr Jorge Martinez  
Head of Sub Office, Cox's Bazar, Bangladesh  
martinezj@who.int

---