

Situation Report: May 2022

WHO Cox's Bazar: Rohingya emergency crisis

Coordination and Leadership

In May 2022, the WHO-led Epidemiology Working Group conducted an Intra-Action Review of Cox's Bazar Multi-Sector Acute Watery Diarrhoea/Cholera Preparedness and Response Plan (2022-2023). The review examined success factors and challenges and determined relevant actions for its six emergency response pillars.

To reinforce camp-level WHO Health Sector coordination, UNHCR and IOM have been funding eleven Camp Health Focal Points to support health-sector activities at the field level, as well as two additional Field Coordinators (WHO).

Information management and epidemiology

COVID-19 cases continue to decline in the Rohingya community, with one case reported in Epi week 18 out of 316 new tests performed. That's a 43% decrease in cases compared to the previous week. The total number of confirmed cases are 5,923 with no deaths reported and a total of 42 cumulative deaths.

One new case of **cholera** in epi week 18 shows that transmission continues from the outbreak in 2021. Though no deaths are reported so far, WHO will be flagging concerns over cholera with local district health authorities.

A rising trend of **skin infections**—primarily scabies—has crossed the 10% transmission benchmark needed for mass drug administration. WHO has confirmed 18,505 scabies cases in a survey of 180,909 individuals and is currently exploring the availability of treatment supplies.

Immunization

WHO launched a seven-day catch-up **COVID-19 vaccination** campaign for people 18+ years. It will run from 7 May 2022 to 14 May 2022. As of the 5th day of the campaign total of 26,082 beneficiaries received the COVID-19 vaccine.

An assessment was undertaken with a sample size of 1000 to understand the **COVID-19 perceptions** in the field prior to introduction of COVID-19 vaccination. Health facility mapping for COVID-19 vaccination was done by WHO. Lastly, discussions and planning sessions are ongoing for vaccination in the 12-17 years of age group with Pfizer vaccine.

Sporadic cases of diphtheria, measles, rubella and cholera have been confirmed this year. In response, public health interventions have intensified. Operating procedures and protocols are being revised in alignment with the “new normal” of the pandemic. VPD surveillance capacity training is ongoing, as are RCCE efforts to promote vaccination with strict adherence to public health and social measures.

Health operations & technical (response)

The Government has endorsed plans to conduct another round of COVID-19 vaccination targeting about 115,000 Rohingya refugees above 18 years of age to receive Sinopharm® vaccine. Considering the low COVID-19 infection rate with Test Positivity Rate <1%, the Health Sector in collaboration with the Site Management and Site Development Sector revised the approach to Contact Tracing, reducing the resources/volunteers dedicated to this activity.

Communicable disease

To contribute to the elimination of vector-borne communicable disease, a pre-monsoon entomological survey, is underway to identify the density of Aedes, Anopheles, and Culex spp. It will be conducted across 1040 households in 7 of 33 camps. Based on its findings, appropriate vector control intervention will be recommended

Non-communicable disease

To support cardiovascular risk assessment, WHO is distributing 200 Digital Blood Pressure measuring machines, 205 analog weight machines and ten Electrocardiograph machines to Cox's Bazar district host community Upazilas and Sadar Upazila. As an additional gap-filling measure, WHO has provided 700 doses of Human Insulin.

WHO is also conducting a second-round pilot of the NCD Register and Screening Register in two primary health care centers and two health posts. In May, 401 beneficiaries aged ≥40 years were screened for Hypertension and Diabetes Mellitus. Among them, 145 persons identified as having high blood pressure and/or high blood sugar, received treatment.

Mental health and Psychosocial Support

In May, 34 healthcare workers were added to the list of over 700 mhGAP-trained healthcare professionals at WHO. Support with consultations through online media is also being provided to these health care workers to handle persons with mental health conditions.

Infection prevention and control

Over 300 healthcare workers from 146 facilities have so far been trained at ongoing training for Infection Prevention and Control Committees. Currently, 64% of health facilities are reporting successfully using the IPC scorecard with support from WHO.

Laboratory services

Over 330,000 COVID-19 PCR tests have been conducted at the IEDCR Field Laboratory with support from WHO. We continue to facilitate sample collection and transportation from 45 sentinel sites around the camps. Supportive Supervision is being conducted at Ukhia and Teknaf Upazila health complexes where blood transfusion centres have been established.

Health operations & technical (services)

Health Care Waste Management

WHO mobilised World Bank funds to strengthen the HCWM portfolio of the Cox's Bazar District Sadar Hospital, 45 selected health facilities and Teknaf & Ukhiha Health Complexes. We helped to develop Standard Operating Procedures, procure logistics and consumables, and train waste administrators/handlers. WHO has received additional funds from Government of Bangladesh to strengthen activity at all seven health complexes, Cox's Bazar Municipality and the Maternal & Child Welfare Center.

Tuberculosis

Despite the COVID-19 outbreak, tuberculosis activities continue in Cox's Bazar, comprising health services and community engagement activities. Besides facility-based diagnosis and confirmation of TB, WHO has been supporting door-to-door visits and community engagement activities in for better sensitization and compliance to TB care.

Emergency preparedness and response

The update of the monsoon and cyclone plan 2022 is now underway and is anticipated to be completed by May 2022. In addition, the safety and resilience tool created by WHO will be piloted among selected health institutions in the Rohingya camp and the host population to assess their non-structural and functional safety features.

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Administration, finance and logistics

WHO is expressing its gratitude for the generous support of donor agencies and partners to its operations, even in the difficult times of COVID-19—significantly, NORAD, ECHO, Germany, SIDA, GAVI, World Bank, FCDO, Japan, Canada, USA, Thailand, Korea and KS Relief.

The WHO-led health sector concluded a rapid assessment and analysis of funding gaps in the operation of the health facilities in the Rohingya camps. Thirty-two per cent of reports indicated a funding gap of about \$5 million to the end of 2022.

Bashan Char

WHO launched its routine immunization programme at Bashan Char alongside partners ARRC UNICEF, WHO, UNHCR and others. The initial phase will run six days per week at the 20-Bed-Hospital and one day a week at the two Primary Healthcare Centres (PHC) and two health posts.

WHO, in collaboration with UHCHR, conducted the first mhGAP training on the island. A total of 18 health care workers were trained. Amongst the trainees, there were 9 doctors, 3 Medical Assistants, and 6 psychologists.

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