



### Highlights

A total of 3617 COVID-19 positive cases have been reported in Cox's Bazar district, of which 78 in the Rohingya refugee camps.

As of 09 August 2020, 12 Severe Acute Respiratory Illness (SARI) ITCs are active and can receive patients. The Intensive Care Unit/ High Dependency Unit facility at Sadar Hospital with ten ICU and eight HDU beds is also operational. There are 448 SARI ITC and isolation beds in the camps.

WHO supported the IEDCR Field Laboratory in Cox's Bazar Medical College acquire a third PCR machine to improve its testing capacity up to 1500 COVID-19 suspected cases' samples every day.

|   | Host Community | Rohingya refugee/FDMN |
|---|----------------|-----------------------|
| Total confirmed COVID-19 cases in Cox's Bazar | 3539           | 78                    |
| Total person in isolation in Cox's Bazar      | 618            | 29                    |
| Total number of tests conducted               | 21195          | 2575                  |
| Total deaths due to COVID-19                  | 59             | 6                     |

\*Updated as of 09 August 2020 / \*FDMN = Forcibly Displaced Myanmar

WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC), continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 emergency. Weekly Strategic Advisory Group (SAG) meetings, bi-weekly Health Sector coordination meetings and daily updates continue.

The Health Sector completed an interagency field visit to Camp 2E this week visiting CIC office, health care facility staff and community members. Among the topics in discussion, it was mentioned the need to inform the communities near the SARI ITCs about the benefits of isolation and treatment facilities. Health partners have been encouraged to continue visits across all camps.

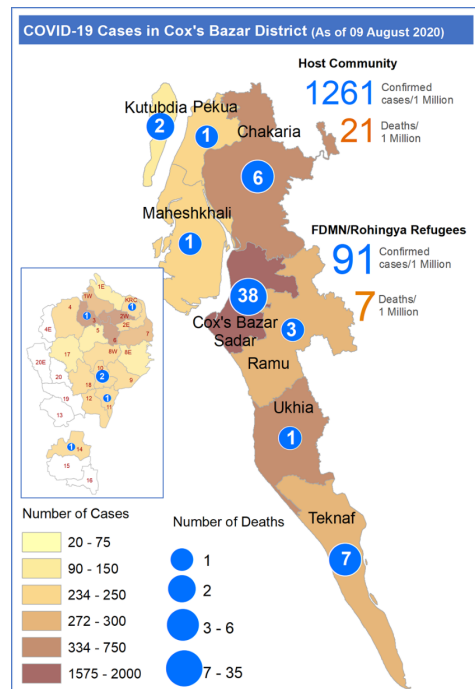
Communities are also being engaged in the dialogue on the importance of wearing masks. This will improve key information among the populations and promote feedback on the topic.

As a result of a dialogue with the Civil Surgeon, arrangements were made to plan joint supportive supervision visits with the Ministry of Health (Civil Surgeon's office and the Ministry of Health and Family Welfare Coordination Cell) for all Upazila Health Complexes, starting this week.

The Health sector held a meeting with SRH WG, GBV Sub-sector, UNFPA and Child Protection Sub-sector to review the TOR to assess the impact of COVID-19 on access, reporting and utilization of GBV health services. The TOR is currently under review.

During the bi-weekly SRH Coordination meeting, the health sector shared with partners providing SRH services health guidance documents and resources on GBV, including adapted resources for FDMN/Rohingya camps, as it is instrumental to health service provision in humanitarian settings.

The health sector discussed two gender mainstreaming actions to be implemented by SARI ITCs with partners, in the Surge Case management operations meeting. Monitoring the implementation of the Gender Action Plan on COVID-19 remains a key priority for the sector.



## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO is engaging communities, health partners and other key stakeholders to develop, implement and monitor an action plan to effectively help prepare populations and protect them from COVID-19. Mixed-media messages include general information on COVID-19, risks and vulnerabilities, safe and dignified burials, home-based care, quarantine, isolation and treatment centres, use of masks, etc.

WHO has provided technical input to quickly respond to rumours and promote community feedback through Communications with Communities (CwC) mechanisms, and is collaborating with partners to disseminate information about safe use of facial masks.

Messages on the use of masks were developed in collaboration with Communications with Communities (CwC) and circulated to partners to encourage universal usage in the camps and by host populations.

Through enhanced community-based surveillance, community health workers (CHWs) continue to assist people in identifying COVID-19 symptoms. In the past week, 109 814 household visits allowed the identification of 2054 patients with mild symptoms of respiratory tract infections and 6 patients with moderate/severe symptoms. In total, 1167 patients were referred to health facilities. This new approach aims to address community concerns and increase testing and treatment.

Between 30 July - 05 August 2020, CwC partners approached 67 787 people in the FDMN/Rohingya camps to provide COVID-19 information. In total, 24 163 neighbourhood-based sessions and 6608 community meetings reached 17 502 people with key messages on COVID-19 prevention. Furthermore, 1529 people participated in 223 group sessions and in 178 film sessions.

Among host communities, 2196 people participated in 672 community awareness meetings on COVID-19.



Photo: Bringing information to the populations is key to prevent COVID-19 infections

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox’s Bazar. As of 09 August 2020, a total of 3539 individuals from the host community in Cox’s Bazar district have tested positive for COVID-19: 396 in Chokoria, 286 in Teknaf, 189 in Maheshkhali, 1780 in Sadar, 375 in Ukhia, 266 in Ramu, 154 in Pekua and 93 in Kutubdia.

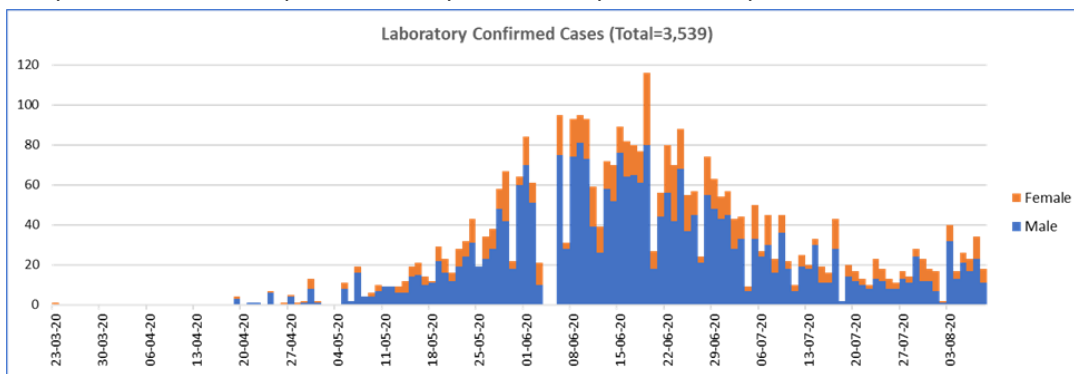


Figure 1: COVID-19 positive case in the host population in Cox’s Bazar District

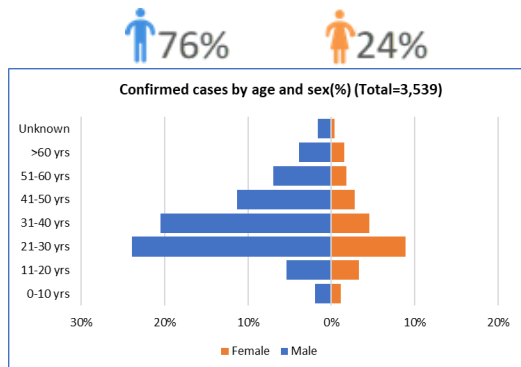


Figure 2: COVID-19 positive cases by age and sex among host population in Cox’s Bazar District

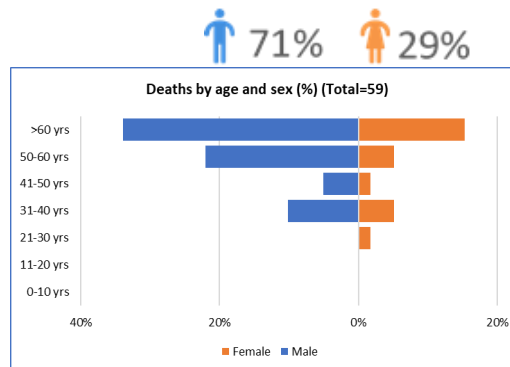


Figure 3: COVID-19 deaths by age and sex among host population in CXB

As of 09 August 2020, a total of 78 COVID-19 cases among Rohingya/FDMN have been reported: one in Camp 1E, six in Camp 1W, four in Camp 2E, eight in Camp 2W, ten in Camp 3, two in Camp 4, one in Camp 5, ten in Camp 6, five in Camp 7, one in Camp 8E, two in Camp 8W, two in Camp 9, two in Camp 10, two in Camp 11, one in Camp 12, two in Camp 14, one in Camp 17, two in Camp 18, one in Camp 21, two in Camp 22, three in Camp 24, one in Camp 25, two in Camp 27, three in Kutupalong RC and four in Nayapara RC.

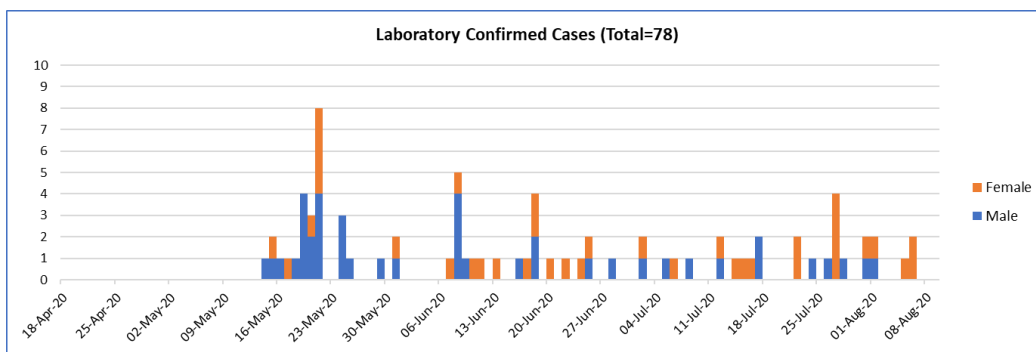


Figure 4: COVID-19 positive cases among Rohingya refugee/FDMN in Cox’s Bazar

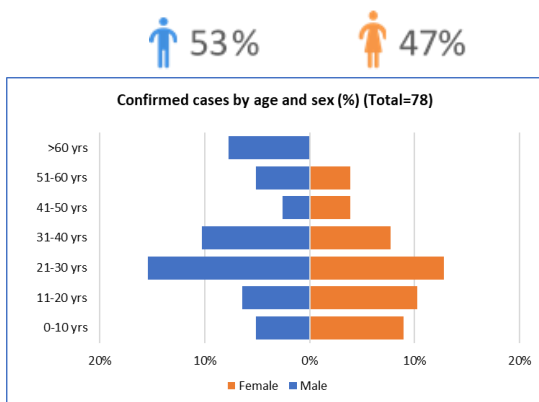


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugee/FDMN in Cox’s Bazar

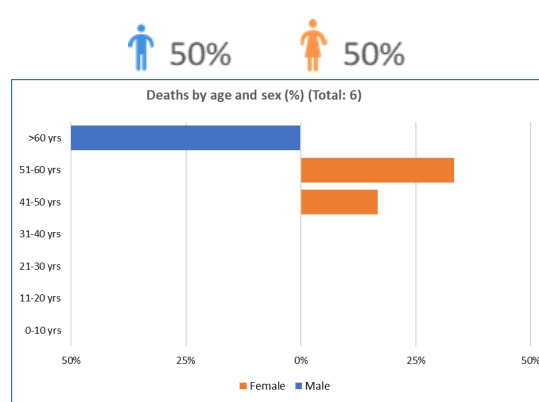


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugee/FDMN in Cox’s Bazar

Increasing the number of samples collected from the camps remains a priority for WHO and the Health Sector. With three more sentinel sites since last week, currently there are 22 sentinel sites.

\*The Government of Bangladesh refers to Rohingya as “Forcibly Displaced Myanmar Nationals”. The UN system refers to this population as Rohingya refugees, in line with the applicable international framework. In this document both terms are used, as appropriate, to refer to the same population.

WHO continues its support to the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox’s Bazar Medical College comprising human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 09 August 2020, a total of 28 759 laboratory tests for COVID-19 have been conducted in the laboratory, of which 23 770 from Cox’s Bazar district. The remainder are from Bandarban and Chittagong districts.

Due to the Eid holidays, the number of tests per million among the FDMN/Rohingya refugees decreased in week 32, with 362 tests/1million compared to 559 tests/1 million in the previous week. A decreasing trend continues to be observed in the host community with 269 tests/ one million population in week 32 compared to 283 tests/ 1million in the previous week.

WHO supported the IEDCR Field Laboratory in Cox's Bazar Medical College acquire a third PCR machine to improve its testing capacity up to 1500 COVID-19 suspected cases’ samples every day.

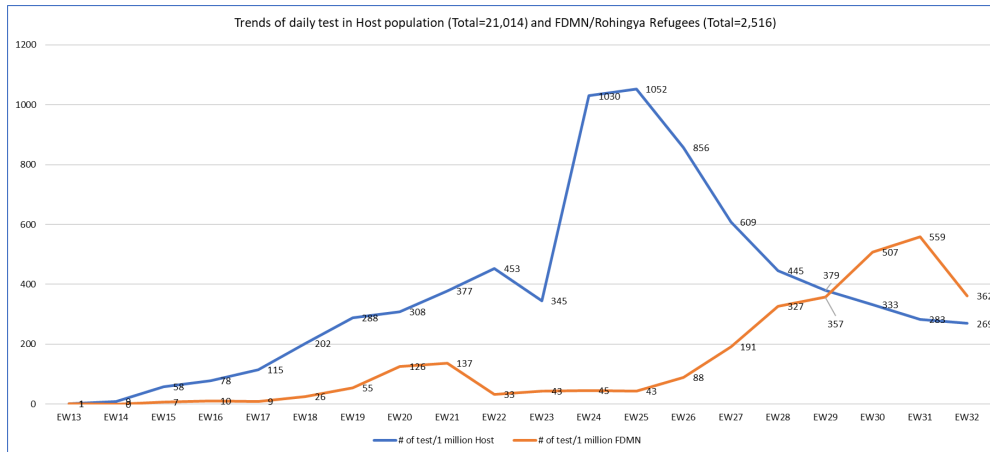


Figure 7: Number of tests conducted per 1 million among host population and FDMN/Rohingya refugees

### INFECTION PREVENTION AND CONTROL

As part of the operational capacity building to enhance preparedness for COVID-19 in Cox’s Bazar, WHO conducted a 4-day training for Infection, Prevention and Control (IPC) of COVID-19 with participants from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities with on-going direct and indirect support from WHO. So far, 567 government workers and 1320 humanitarian WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site.

Since the beginning of July 2020, IPC supportive supervision visits have been conducted in 19 facilities. The visits are a follow up to assessments carried out in February 2020. Supportive supervision visits were carried out to four SARI ITC facilities with support provided on structural layout and flows, ventilation, waste management and PPE to enhance infection prevention and control in SARI ITC facilities.

WHO is also engaging with health care waste management partners to offer options for the SARI ITCs to minimize waste and to identify the best possible combustion system with available incinerators.

WHO is supporting partners with IPC tools and checklists to monitor and track daily cleaning within health care facilities and track improvements on a regular basis.



Photo: The implementation of adequate waste management guidelines help prevent infections in healthcare facilities and surrounding communities.

### MONSOON AND CYCLONE PREPAREDNESS

The Health Sector and respective working groups and partners regularly updates its contingency plan for cyclone (April-May) and monsoon (Jun-July) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams, ambulance network, systems to respond to emergencies and list of camp health focal points is accessible through the health sector Google drive.

Contingency supplies such as Inter-Agency Emergency Health Kits (IEHK), trauma kits, surgical kits, cholera kits, SRH kits and other supplies have been stored at 20 locations in the districts and camps. Thirty-nine 24/7 priority health facilities across the camps have been identified.

The Health Sector is working with ISCG and agencies providing health services in the camps to update camp level contingency plans. Health Sector and ISCG are dialoguing with SARI ITC partners to implement contingency plans during monsoon and cyclone season (this includes structural assessment, retrofitting, patient relocations to facilities with permanent structures).

21 mobile medical teams and 29 dispatch and referral unit ambulances are ready to respond to the adverse effects of cyclone and monsoon season. Conversations proceed with camp-level health focal points and authorities to develop camp-wide contingency plans.

## CLINICAL CASE MANAGEMENT

The WHO training of trainers (ToT) to government officials and partners in the camps and host community is being expanded by already trained workers within their organizations. WHO continues to provide remote and on-site support with updated guidance and training content.

As of 09 August 2020, 12 SARI ITCs are active and can receive patients. The ICU/HDU facility at Sadar Hospital with ten ICU and eight HDU beds is also operational. There are 472 SARI ITC and 38 isolation beds in the camps. To improve technical knowledge for clinical case management of COVID-19, by the reporting week, WHO has trained 83 Healthcare workers from four Upazila Health complexes.

## ESSENTIAL HEALTH SERVICES

Immunization is an essential health service to protect individuals from vaccine-preventable diseases (VPD). WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of the COVID-19 pandemic.

VPD surveillance is being closely monitored by government authorities with the support of the WHO SIMO network and EWARS. The number of reported cases is currently low. SIMOs and Health field monitors are continuously visiting the health facilities for VPD surveillance, monitoring and investigation.

Routine immunization sessions, including fixed and outreach sites, restarted and available data indicates that the immunization coverage is increasing and that community leaders engagement is necessary. Monitoring tool for immunization has been deployed in the field, with HFMs currently monitoring the sessions. House to house monitoring will be launched soon.

1900 hard copies of Government of Bangladesh guidelines for sexual and reproductive health (SRH) were printed and are ready for distribution. Reference copies of each of the six guidelines were distributed to RRRC's and Civil Surgeon's office, and all health partners are requested to send orders for their respective facilities.

SRH distribution of diagnostic equipment through the Health Sector has started, targeting the primary health care facilities with isolation areas and maternity red zones. This includes access to oximeters, glucometers and thermometers by health partners.



Photo: SRH services, such as safe deliveries, are part of the essential health services available in Cox's Bazar emergency

## OPERATIONAL SUPPORT AND LOGISTICS

WHO provided expertise and structural support on air flow and ventilation for patients to IFRC SARI ITCs. Daily distribution of COVID-19 related items to government agencies and implementing partners continue.

Technical support at the IEDCR Field Laboratory in Cox's Bazar Medical College is ongoing, including provision of extension and backup power. WHO supported the transport of test kit supplies from Dhaka to Cox's Bazar.

## POINTS OF ENTRY

All points of entry are operational for temperature screening and hand washing. A training is planned for 13 August 2020 for educators, so they too can be present at camp entry points and offer information and help to educate people on hygiene measures, testing, isolation and quarantine. The Education Sector joins the Health, WASH, Shelter and Site Management partnership in making the points of entry functional.



Photos: WHO visit at IOM point of entry located in Ukhia, Cox's Bazar.

## **SUBJECT IN FOCUS: Provision of essential health services in the context of COVID-19 in Cox's Bazar**

Health systems around the world are being challenged by increasing demand for care of people with COVID-19 while trying to maintain the delivery of routine health services. As part of the response to the COVID-19 pandemic, WHO is coordinating efforts across several regions and departments to support countries in ensuring continuity of essential health services.

### **Context**

In Cox's Bazar, the health sector is providing healthcare to 855,000 Rohingya Refugees and 417,295 Bangladeshi living in the surrounding areas of the refugee camps. The health sector is comprised of 38 primary health care centres (PHCs), 97 Health Posts (HPs), 23 special facilities and three field hospitals. As of April 2020, 3500 Health care Workers with 360 Doctors, 357 Nurses, 219 Paramedic, 341 Midwives and other health care workers continue to provide health care services through health facilities. Additionally, the health sector relies on the dedication of 1,400 community health workers (CHWs), promoting health service seeking and health and well-being among the communities.

During the COVID-19 pandemic, effective provision of essential health services remains a high priority in Cox's Bazar. Health Services have been able to continue despite restrictions of movement and closure of other services. All health facilities are open while putting in place adjustments to the COVID-19 context. Health Facilities have established screening, triage and waiting areas for screening, isolation and referral of suspected COVID-19 patients to isolation and treatment centers and SARI ITCs.

Since April 2020, WHO has provided leadership, coordination, supportive supervision and collaborative support to all health partners and sectors to ensure that:



Photo: Children waiting in the shadow near a health facility in Kutupalong, Ukhiya

Health facilities are capable of providing clinical care for suspect and confirmed cases of COVID-19, as well as the necessary coordination established for referral, treatment and discharge.

Protocols for the management of suspected cases, isolation and referral are already in place, and health workers received training on home-based care for suspect COVID-19 cases.

Measures need to be put in place to ensure that routine health services remain available to all site residents and host communities inside the health facility's area.

It is important to separate people accessing routine services from suspect and confirmed COVID-19 cases.

However, and despite all efforts, since the beginning of the COVID-19 pandemic the number of medical consultations has significantly dropped in Cox's Bazar, with many people avoiding health facilities to prevent COVID-19 infections.

### **Disease Surveillance and COVID-19**

In Cox's Bazar, the Health Sector continues monitoring and responding to alerts to timely respond to communicable disease risks including diseases with outbreak potential through the Early Warning and Response System (EWARS) with the support of the many health facilities that continue to report on a weekly basis to WHO's EWARS system.

Led by WHO, the Epidemiology Working Group continues to verify alerts raised by partners for suspected cases of outbreak prone diseases such as diarrhea, ARI, measles, diphtheria, among others. According to the weekly epidemiological highlights for the week 31 (27 July- 2 August 2020), Acute Respiratory Infection (15.0%), Diarrheal Diseases (5.3%) and Unexplained Fever (1.9%) were the health conditions with highest proportional morbidity in week 31.

### **Sexual and Reproductive Health (SRH) and COVID-19**

One of the challenges posed by COVID-19 pandemic is making decisions to balance the demands related to COVID-19, while engaging in strategic planning and coordinated action to maintain essential health service delivery. Women's choices and rights to sexual and reproductive health care should be respected regardless of COVID-19 status.

As of June 2020 the facility-based delivery rate in Cox's Bazar reached 53.2%, an increase of 0.5% compared to the end of 2019. A total of 64,143 women of reproductive age (WRA) in Ukhiya and Teknaf Upazilas are currently using methods of contraception. This includes access to Long-Acting Reversible Contraceptives (LARC), and family planning methods such as DMPA (subcutaneous injectable contraception).

### Immunization activities during the COVID-19 pandemic

Immunization is an essential health service which may be affected by the current COVID-19 pandemic. Disruption of immunization services, even for brief periods, will result in increased numbers of susceptible individuals and raise the likelihood of outbreak-prone vaccine preventable diseases (VPDs), such as measles.

Since mid-April, immunization services in the refugee camps were withheld due to the lockdown following the first COVID-19 positive cases among the host community. In response, the Government, WHO and health sector partners have developed a health facility-based transitional strategy to resume the routine immunization services with fixed site sessions open for 6 days a week and the health facility-based sessions (previously known as outreach sessions) now running 4 days a week. Currently, 55 health facilities are working as fixed immunization sites and another 60 as outreach sites to ensure routine immunization sessions in the camps.



Photo: Rohingya woman walking with her child in Ukhia.

### Gender-based violence (GBV) and COVID-19

The COVID-19 pandemic underscores society's reliance on women both on the frontline and at home. In times of crisis, when resources are strained and institutional capacity is limited, women and girls face disproportionate impacts. In this context, it is essential to strengthen and integrate GBV in health facilities to ensure increased availability of quality CMR/IPV services.

The health sector in collaboration with technical working groups from protection, Gender, GBV, Child protection and PSEA developed an orientation package on the cross cutting themes to accompany health sector trainings on COVID-19. This has since been integrated in the existing health sector training modules.

A series of Child Carer's training for SARI ITC partners were jointly organized by health sector/WHO and Child protection sub-sector. The trainings began in June 2020 and will continue in the coming months. In July, health sector coordinated 1-2-hour online awareness sessions on the different thematic areas.

### Non-Communicable Diseases (NCDs) and COVID-19

As part of WHO's efforts to stop the COVID-19 pandemic and prepare for the future, it is necessary to treat people living with NCDs and prevent and control risk factors. In Cox's Bazar, 24 healthcare workers were trained on Package of Essential Interventions of non-communicable diseases (PEN) in limited resource settings. Currently, 94% of the PHCs can manage diabetes, cardiovascular diseases and chronic respiratory diseases.

MhGAP training has been provided and 69% of PHCs have at least one person trained.

Blood services assessment was done in February and a consultative meeting took place to discuss the findings. Blood transfusion centres in Ukhia and Teknaf Upazila Health Centres are about to be set up.

### Monitoring and provision essential health services

In Cox's Bazar, it was recently conducted a quarterly health facility monitoring system to provide supportive supervision and necessary guidance to all health facilities and monitor compliance with the Essential Minimum Service Package, including weekly inter-agency supportive supervision visits to camps.

Supportive supervisions were provided to strengthen laboratories in the camps by improving biosafety and ensure quality. IPC assessment was carried out in 45 health facilities in the camps and government facilities. Trainings and supportive supervisions are addressing the identified gaps.

### Challenges to continue essential health services

The spread of rumours and misinformation have created fears among the Rohingya. As a result, many are avoiding health services including immunization, maternal health, family planning and NCDs which is reflected in several health outcomes. The decrease in immunization rates is worrying as it presents a risk for emergence of vaccine preventable diseases (VPD).

Strengthening infection prevention and control measures at health facilities and SARI ITCs for both refugees and the host community need to be continued to reduce risks of transmission among healthcare workers.

Capacity building for health workforce on case management of COVID-19 and MHPSS are important for patient care and to mitigate stress for healthcare workers, COVID-19 patients and close family members.

|                                     | Last 24h | Total     |
|-------------------------------------|----------|-----------|
| COVID-19 tests conducted            | 12 859   | 1 124 417 |
| COVID-19 positive cases             | 2772     | 226 225   |
| Number of people released/recovered | 1801     | 125683    |
| COVID-19 deaths                     | 37       | 2965      |

WHO global situation report: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

WHO interim guideline on Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: [https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings)

Institute of Epidemiology, Disease Control and Research (IEDCR) for COVID-19 updates in Bangladesh : <https://www.iedcr.gov.bd/>

COVID-19 Bangladesh situation reports: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update/coronavirus-disease-\(covid-2019\)-bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-bangladesh-situation-reports)

WHO Bangladesh awareness and risk communication materials in Bengali:

[https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update)

Write to [coord\\_cxb@who.int](mailto:coord_cxb@who.int) to receive COVID-19 updates and situation reports from Cox's Bazar with the subject "Add me to the situation reports and updates mailing list"

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