





PHOTO: WHO Laboratory Officer, Paul Debashish, in close collaboration with the Civil Surgeon's office in Cox's Bazar, has trained professionals from three healthcare facilities in the refugee camps on COVID-19 Antigen Rapid Diagnostic Test (RDT) to accelerate COVID-19 testing in the district.

HIGHLIGHTS

- WHO has been supporting the Government of Bangladesh through the Civil Surgeon's office to develop a protocol for COVID-19 Antigen Rapid Diagnostic Test (RDT) pilot testing in the Cox's Bazar district. During the reporting period, 9 health care workers from 3 different health care facilities in Cox's Bazar have been trained on the COVID-19 Antigen RDT system.
- WHO and the IPC Technical Working Group (ICP TWG) initiated a two-week hands-on mentorship on the use of the recently developed kobo reporting tool for IPC focal person at the SARI ITCs.
- WHO and IOM, as chair and co-chair of the Emergency Preparedness and Response Technical Committee completed the After-Action Review (AAR) for the major fire that occurred in the camps on 22nd March 2021. Based on the findings revealed by the AAR, the number of MMTs have been increased to ensure a wider coverage and a prompt response in case of emergency.
- WHO has closely collaborated with BBC Media Action in the production of a video series aimed at raising awareness on different health issues and improve health care seeking behaviour among Rohingya refugees.
- **SUBJECT IN FOCUS:** Blood Transfusion Services in Cox's Bazar: establishing public blood banks and transfusion centers at Upazila level.

	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	9 830	1 573
 Total cases in isolation in Cox's Bazar	239	113
 Total number of tests conducted	99 788	47 097
 Total deaths due to COVID-19	103	20

**Updated as of 20 June 2021 / *FDMN = Forcibly Displaced Myanmar Nationals*

WHO, together with the Ministry of Health and Family Welfare (MoHFW) and office of Refugee Relief & Repatriation Commissioner (RRRC) continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 response and maintaining of essential health services.

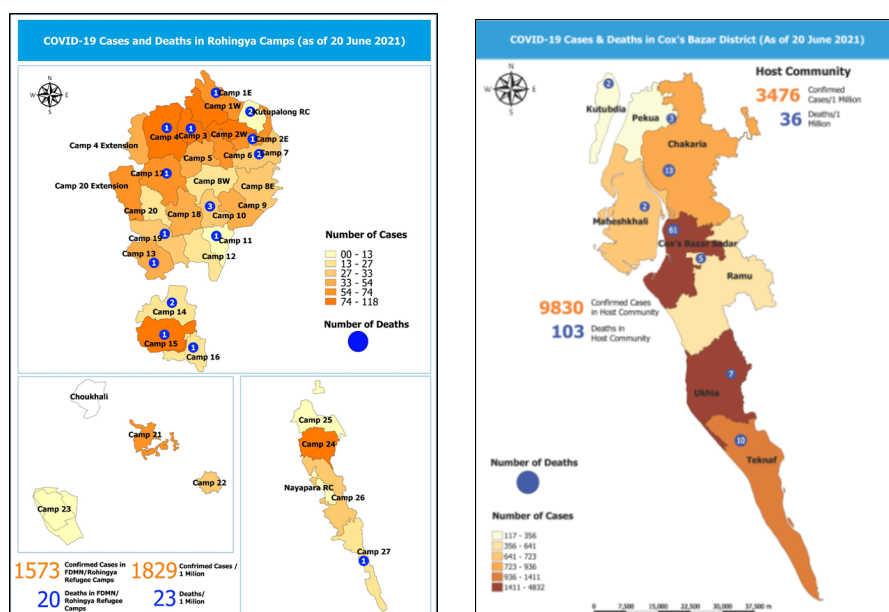
During the past weeks, Health Sector, led by WHO, has been closely monitoring the increase of COVID-19 positive cases in Cox's Bazar. As an integral part of COVID-19 preparedness and response, the Health Sector in coordination with the Civil Surgeon's Office in Cox's Bazar has been working with partners running the Severe Acute Respiratory Infection Isolation and Treatment Centers (SARI ITCs) in the camps to increase the number of functional beds in order to respond to an increased number of admissions. Currently, a total of 572 active beds are functional in 12 SARI ITCs and the bed occupancy as of 20 June 2021 is 55%.

Health sector has been supporting the Government of Bangladesh through the Civil Surgeon's office to develop a protocol for COVID-19 Antigen Rapid Diagnostic Test (RDT) pilot testing in 3 pre-fixed testing sites in Cox's Bazar district. The pilot testing is currently under review and recommendation will be shared in the upcoming weeks with Government authorities for further action.

Health Sector continues to work on updating the 'Health Sector Strategic Plan 2019' to adapt to the changing circumstances and meet current and future needs to propose a common way forward for health for the coming years. In addition, Health Sector partners are currently revising the Accountability to Affected Populations (AAP) framework and the Standard Operating Procedures (SOP) for referrals, which are expected to be complete in the coming weeks.

In camps, movement restrictions continue to be in place as communicated by the RRRC and have undergone various extensions. Selected camps with detected high rates of COVID-19 are under stricter restrictions with exemption for health services.

During the reporting weeks, a total of 12 (10 in-person and 2 online) camp-level Health Sector Coordination Meetings were held in FDMN/ Rohingya refugee camps, engaging respective government agencies, UN agencies and NGOs. Key COVID-19 issues requiring support, coordination and collaboration among different partners and working groups were extensively discussed along with monsoon preparedness measures. In addition, Rapid Investigation Response Teams (RIRTs) coordination meetings are ongoing in the camps to strengthen the COVID-19 enhanced surveillance through coordination among SMSD, Camp Health and Disease Surveillance Officers (CHDSO) and CHW Supervisors.



SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 20 June 2021, a total of 9830 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 797 in Chokoria, 117 in Kutubdia, 649 in Moheshkhali, 300 in Pekua, 637 in Ramu, 4 832 in Sadar, 1 006 in Teknaf and 1 492 in Ukhiya.

While the overall positivity of the samples tested in the district is 9.9%, a decreasing trend in the positive cases among the host community has been observed in recent weeks. In week 24, 239 cases tested positive, with a test positivity rate of 9.1%, in comparison with week 22 when 290 positive cases were registered with a test positivity rate of 11.1%. To date, a total of 103 deaths have been reported in the host community, with a case fatality ratio of 1.0%.

Among the Rohingya refugee population, the number of confirmed COVID-19 cases has also decreased over the past weeks. In week 24, a total of 113 positive cases were registered in the Rohingya refugee camps with a test positivity rate of 9.3%, in comparison to the 166 confirmed cases in week 22, with a test positivity rate 14.5%. As of 20 June 2021, a total of 1573 COVID-19 cases have been reported among Rohingya. With a total of 117 cases, Camp 2W has the highest number of cases to date further ahead from Camp 3 with 107, camp 24 have 106 and 15 reported 105 cases each and Camps 4 with 101 cases. To date, 81 cases have been reported from Camp 1W, 68 from

camp 17, 71 from Camp 20Ext and 2E reported 63 each. Camp 21 reported 61 cases, 58 from camp 6 and camp 1E, 46 cases reported camp 5, 44 from camp 9, 43 from camp 4ext and 41 from camp 13. Camps 7, 8E, 8W, 10, 11, 23, 26, 16, 19, 25, 23, 1, 25, 13, 33, 39, Kutupalong registered camp and Naypara Registered Camp, have so far had less than 40 cases.

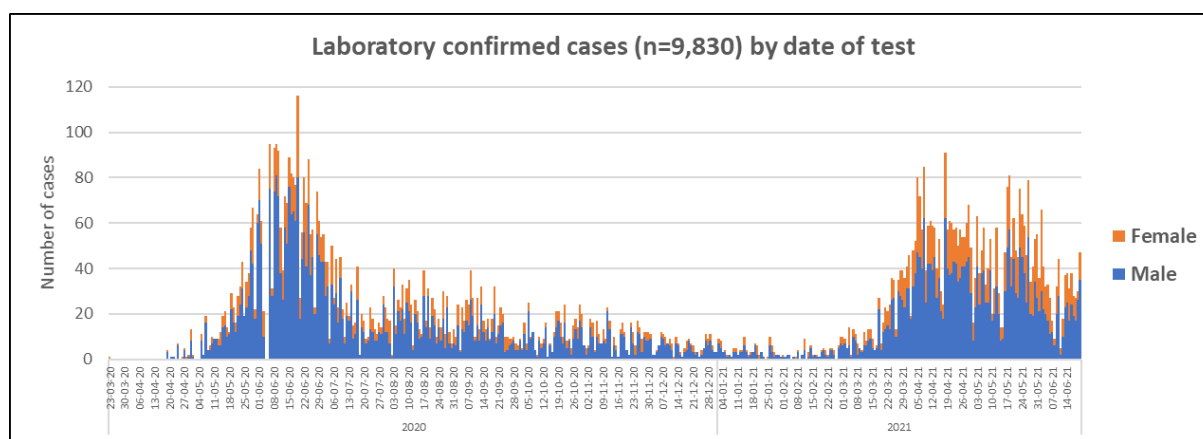


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

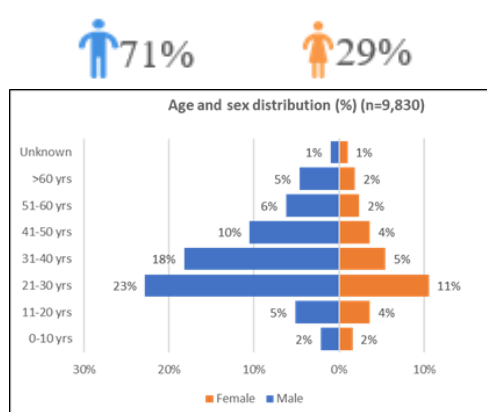


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

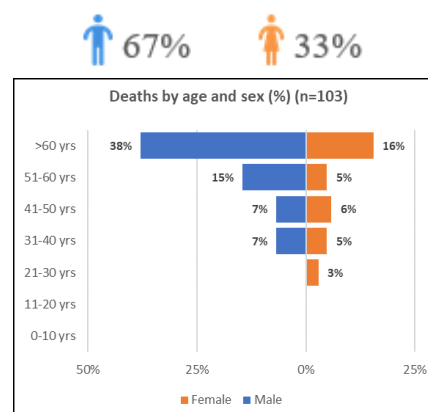


Figure 3: Age and sex distribution of COVID-19 positive cases among host population in Cox's Bazar District

To enhance SARI ITC preparedness and respond to the upward trend of cases, the Civil Surgeon office in Cox's Bazar issued a directive to activate the SARI ITC stand-by beds. Currently, 567 general isolation beds are functional in 12 Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITCs) with provision of oxygen to assist both the Rohingya refugee population and the nearby host communities of Cox's Bazar. The bed occupancy of these SARI ITCs is 55% at the end of the reporting period. Moreover, the capacity of general isolation beds in the district is 376. The Intensive Care Unit/High Dependency Unit (ICU/HDU) at the Cox's Bazar Sadar Hospital has a capacity of 38 beds for severe and critical patients. During the past weeks, an increase in the bed occupancy has been observed, indicating the increased demand of hospitalization due to severe disease presentation at admission.

Between weeks 23-24, 219 new confirmed cases were detected from 2169 samples tested, the test positivity was therefore 9.3%. As of 20 June 2021, the cumulative incidence is 157.5 per 100 000 people. The overall positivity of samples tested is 3.3%. Among the cases, 2.5% showed severe symptoms at the time of admission while 5.4% reported at least one co-morbidity. The median age of tested and confirmed cases was 11 (0-120) & 22 (0-100) years, respectively and ratio of females among tested and confirmed cases was 54% and 49%, respectively. Though the median age of tested samples remained below 11 years, a significant proportion has been tested among 50+ years: 638 per 10 000 population, following that of 0-9 years with 790 tests per 10 000 population as highest number. The test positivity was highest 5.5% in 30-39 years age cohort and the age specific mortality 1.9 per 10 000 population observed among 50+ years during the period. In total, and since the outbreak began, 20 deaths due to confirmed COVID-19 have been reported in the camps with a case fatality ratio of 1.3%.

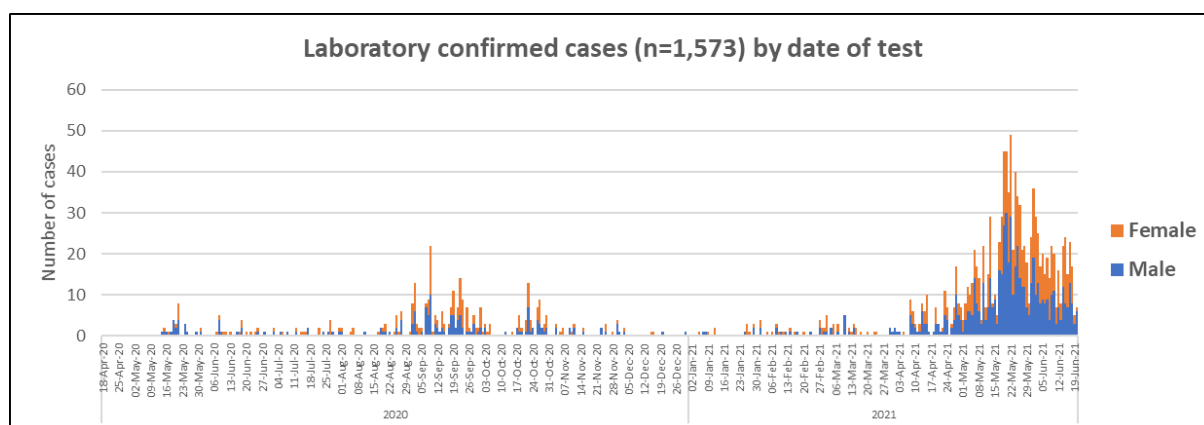


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

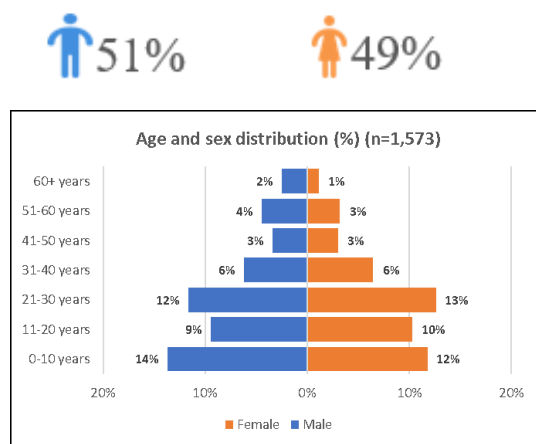


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

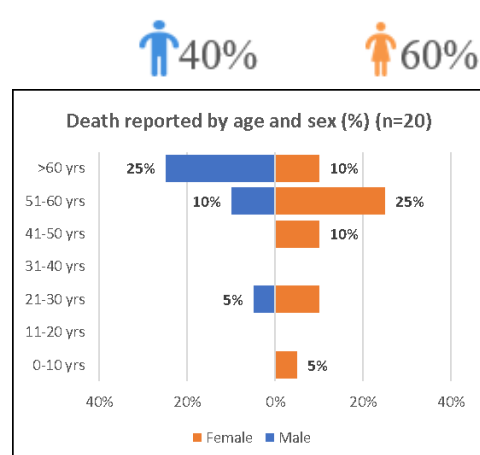


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

A camp wise dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) has been embedded in the Rapid Investigation and Response Teams (RIRTs) for COVID-19. A total of 1272 confirmed cases (out of 1573 to date) have been investigated by RIRTs by 20 June 2021, with contact tracing activities being conducted and captured through Go.data, including the 2933 contacts to be followed up. Out of these, 2035 (69.3%) contacts have seen their follow up visits completed and were released from quarantine. 128 (6.2%) tested positive cases during the follow up period. WHO is closely supporting contact tracing through the Camp Health and Disease Surveillance Officers (CHDSOs).

A total of 16 Rapid Diagnostic Test (RDT) positive cases for Acute Water Diarrhea (AWD) were reported in the reporting period. The total number of cases reported so far is 62 in 2021: 43 from the refugee camps and 19 from host communities. Out of these, 16 were culture confirmed, 35 tested negative by culture and the remaining 11 culture results are awaited. In line with The Multisectoral AWD response plan, for each case a joint Health and WASH investigation takes place and implements household level measures. Areas of focused intervention have been identified, where WASH, Health and Community Engagement activities are undertaken/intensified at sub block level.

In 2020, a total of 28 RDT positive cases for Cholera were detected through sentinel testing, 5 of which were confirmed by culture – 2 from Ukhiya host community, 1 from Teknaf host community and 2 from the refugee camps. It is important to note that a Cholera outbreak occurred in late 2019 with a reported number of 239 RDT/culture positive cases and in response a mass Oral Cholera Vaccine (OCV) vaccination campaign was conducted with over 160 000 children of 1-<5 years being vaccinated with a 2- doses regimen.

Since the onset of the outbreak in 2017, Diphtheria surveillance is ongoing in the camps. The total number of diphtheria cases reported is 9278 to date (3016 in 2017; 5330 in 2018; 614 in 2019; 226 in 2020 and 92 as of week 24, 2021). In total, 9033 cases were reported in the camps and 245 from the host community, with 47 deaths registered in the refugee camps and none in the host community. While the first Diphtheria case was detected on 10 November 2017, the first death occurred on 29 December 2017 and the last death on 25 October 2019.

In week 23-24, 4 suspected Severe Acute Respiratory Infection (SARI) deaths were reported. In total 49 deaths have been reported in 2021. All deaths have been investigated by RIRT as a part of COVID-19. 1 death reclassified as confirmed and 9 were probable COVID-19 death. In 2020, a total 49 suspected SARI deaths were reported through community-based mortality surveillance. Of these, all were verified and 2 considered death due to probable COVID-19.

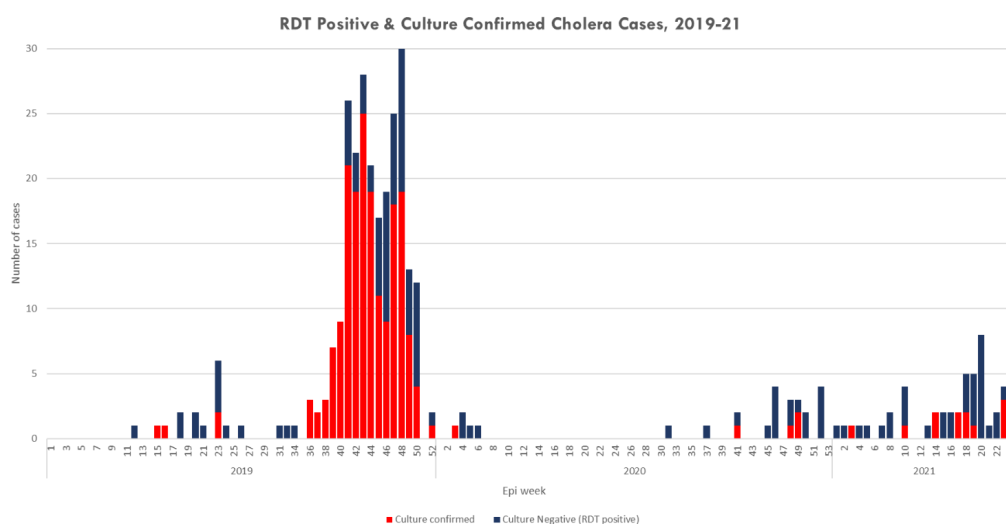


Figure 7: RDT positive and culture confirmed for Cholera cases in 2019-21.

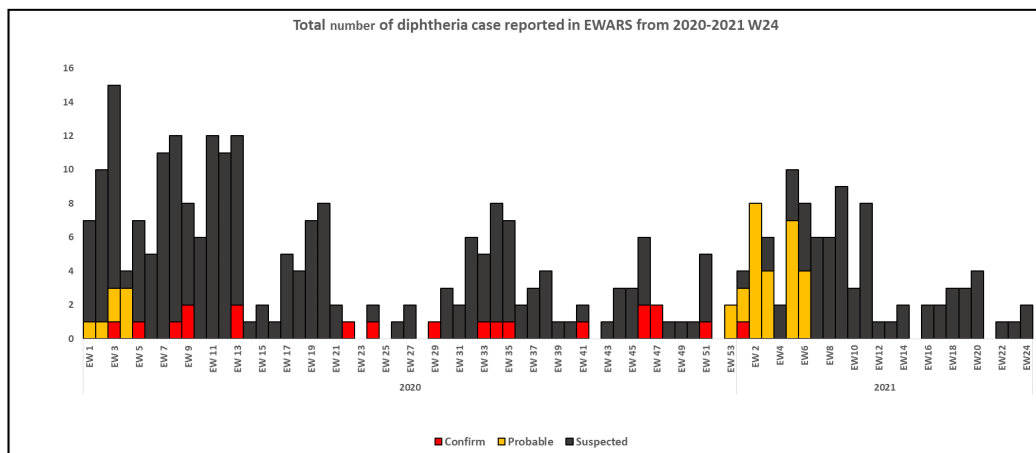


Figure 8: Total number of diphtheria case reported in EWARS from 2020—2021

During the reporting period, 7 new probable maternal death have been reported. In total 60 probable maternal/deaths of women of reproductive age (WRA,12-49 years) have been reported in 2021, of which 14 deaths have been reported from facilities and directly undergone review by Maternal and Perinatal Mortality Surveillance and Response (MPMSR). Investigation of mortality due to suspected potential infectious causes i.e. SARI, Measles, Cholera, Diphtheria etc. is ongoing in the camps along with death due to maternal causes as high priority.

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. Through its involvement in the Communications with Communities Working Group (CwC WG) and the Risk Communication and Community Engagement Working Group (RCCE WG), WHO continues to coordinate with agencies across the response to ensure that all information around COVID-19 and health issues are of high quality, technically correct and easily understandable by communities. Mixed-media messages include general information on COVID-19, hand washing, physical distancing and mask wearing, risks and vulnerabilities, safe and dignified burials, quarantine, isolation, and treatment centres, among others.

During the reporting period, RCCE WG and WHO disseminated public health messages on COVID-19 variants and mutations among health care professionals and humanitarian workers for feedback. During the reporting period WHO shared with the RCCE WG Information Education and Communication (IEC) materials developed by WHO about safety and mitigation measures required while handling medical oxygen. WHO and UNICEF continue providing English and Bangla versions of the weekly radio script on COVID-19 confirmed cases and number of tests conducted among refugee and host communities. These messages were shared with partners to be widely disseminated among the Rohingya community through radio broadcasting.

Following a number of reports of infections caused by razors, needles, scissors and/or other tools in the refugee setting, WHO and UNHCR initiated a study on “Knowledge, Attitude and Practice on Minimum Invasive Procedure in the Non-Healthcare Settings among Rohingya Refugees in Cox’s Bazar”. The research aims to better understand community practices such as piercing, circumcising and tattooing in the camps in order to address infections that may occur due to the use and reuse of unsterilized and/or disinfected tools. During the reporting period, information related to the tools and instrument used on these minimal invasive procedures was drafted and translated into Bangla language.

Additionally, in weeks 23 and 24 Community Health Workers (CHWs) have been involved in data collection through key informant interviews and focus group discussions in the camps. Thus, they were trained on how to conduct interviews, focus group discussions and take informed consent of the participants before the surveys. These trainings were jointly conducted by WHO and UNHCR officers.

WHO has closely collaborated with BBC Media Action in the production of a video series aimed at raising awareness on different health issues and improve health care seeking behaviour among Rohingya refugees. Topics related to Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNCAH), Gender Based Violence (GBV), Nutrition, Sexually transmitted infections (STI) and Noncommunicable Diseases (NCDs) will be addressed in 10 different episodes.

During the reporting period CHWs conducted 299 217 household visits in which 5230 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 57 patients with moderate/severe symptoms. The cumulative number of patients with mild symptoms is 150 398, and 814 patients with moderate/ severe symptoms. To date, 78 510 persons with COVID-19 like symptoms have been referred to health facilities, 3706 of which during the reporting period. Through coordination by the CHWG, COVID-19 messages reached 595 798 persons between weeks 23 and 24. Since the beginning of the response, CHWs have conducted more than 8.2 million household visits and had a cumulative number of more than 20.84 million contacts with adult household members. Through the CwC WG, 121 123 people were engaged in 44 930 small group sessions.

WHO continues its support to the Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory at the Cox's Bazar Medical College comprising human resources, equipment, supplies/consumables and technical and operational expertise. Between early April 2020 and 20 June 2021, a total of 165 663 tests for COVID-19 have been conducted, of which 146 885 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. A slight decrease in the number of tests conducted among the Rohingya refugees was observed in weeks 23-24 as compared to weeks 21-22, from 2351 to 2169 tests. As well as among the host community a decreased number was tested: from 5936 tests in weeks 21-22 to 4813 tests in week 23-24. Currently, 33 sample collection sites are operating for suspected COVID-19 patients.

WHO has been supporting the Government of Bangladesh through the Civil Surgeon's office to develop a protocol for COVID-19 Antigen Rapid Diagnostic Test (RDT) pilot testing in the Cox's Bazar district. During the reporting period, 9 health care workers from 3 different health care facilities in Cox's Bazar have been trained on the COVID-19 Antigen RDT system. Additionally, in weeks 23 and 24 WHO has assessed 6 partner-led health facilities to establish additional COVID-9 sentinel sites for sample collection. In this regard, WHO has conducted a training on COVID-19 sample collection and transportation to 5 healthcare workers at one of the sentinel sites in Camp 17 (Turkish Red Crescent) and monitoring visits have been conducted during the reporting period to the three COVID-19 Antigen RDT pilot testing sites in the Rohingya camps to enhance technical support.

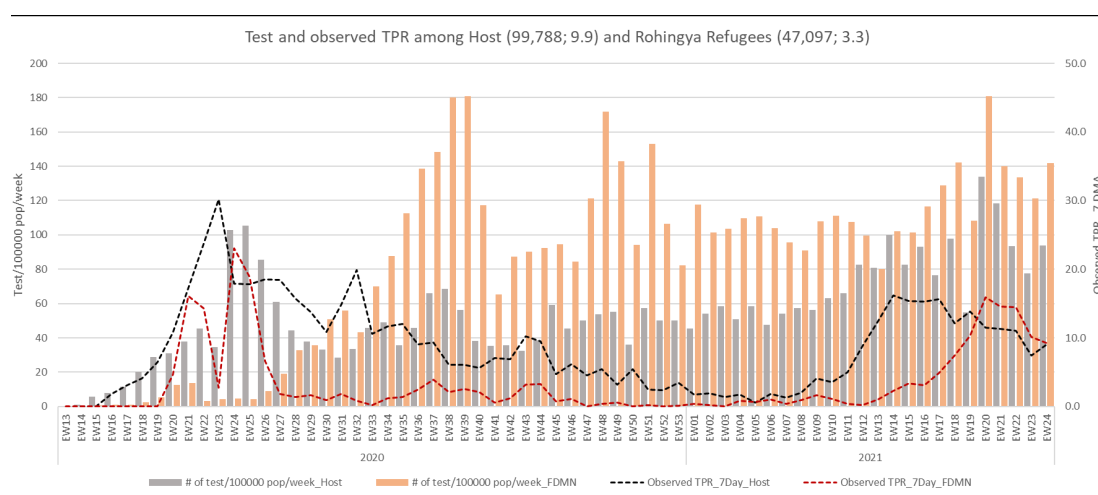


Figure 9: Number of tests conducted per million among the host population and the Rohingya refugees/FDMN

*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.

INFECTION PREVENTION AND CONTROL

To enhance preparedness for COVID-19 in Cox's Bazar, WHO has been training healthcare workers on Infection Prevention and Control (IPC) from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities. To date, training for Infection Prevention and Control (IPC) has been provided to 3600 humanitarian health care workers and government staff from healthcare facilities and Severe Acute Respiratory Infection Isolation and Treatment Centers (SARI ITCs) in Cox's Bazar.

WHO and the IPC Technical Working Group (ICP TWG) initiated a two-week hands-on mentorship on the use of the recently developed kobo reporting tool for monthly IPC scorecard. During the reporting period, IPC focal persons from 5 SARI ITCs in Cox's Bazar have been addressed in these mentorship sessions, which aims to improve IPC data management and erase data sharing on IPC performance.

CLINICAL CASE MANAGEMENT

Since the onset of the outbreak, WHO is coordinating regular weekly Operational, Clinical and Critical care online forums; each with a multidisciplinary panel of health care providers with experience in the clinical management of patients with COVID-19 and other viral infections to foster peer to peer support and knowledge exchange. With the guidance provided by WHO experts, the initiative is serving as a foundation for optimized clinical care to ensure the best possible outcome for patients in Cox's Bazar.

During the reporting period, 2 working group meetings along with 2 case conferences for SARI ITCs and 2 case conferences for ICU were conducted. As of 20 June 2021, there are 12 operational SARI ITCs in the camps with a total of 572 functional beds open and 323 on stand by. The SARI ITC bed occupancy is currently 55%. At the 250 Bed District Sadar Hospital, the Intensive Care Unit (ICU) has 10 beds while the High Dependency Unit (HDU) has 15 beds and the Severe Care Unit (SCU) 13 functional beds. At the moment, 11 beds are occupied with COVID-19 positive patients.



Photo: Through an strengthened VPD surveillance system during the lockdown, WHO officers continue closely monitoring possible cases of Acute Flaccid Paralysis (AFP) in the refugee camps.

Ensuring the provision of essential health services remains a priority in Cox's Bazar. Under the coordination of WHO and the Civil Surgeon, Cox's Bazar, the Health Sector is providing health care to nearly 890 000 Rohingya refugees and 472 000 Bangladeshi living in the surrounding areas of the refugee camps. The health facilities run by Health Sector partners to provide services to the population include 38 primary health care centers (PHCs), 97 Health Posts (HPs), 23 special facilities and three field hospitals.

WHO and Health Sector partners continue supporting the Government of Bangladesh (GoB) in the preparation of the COVID-19 vaccination campaign for the Rohingya community, scheduled to start in the coming weeks, pending the revised arrival date of the allocation of vaccines from the COVAX facility for Bangladesh. COVAX is a global initiative aimed at equitable procurement and distribution of COVID-19 vaccines led by WHO, Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations.

Despite the lockdown situation in Cox's Bazar, routine immunization (RI) sessions continue, both fixed and outreach, with WHO's guidance on the operation and sustaining of immunization programs during the COVID-19 pandemic, and a revised strategy and microplan having been reviewed by the Government with technical assistance from WHO and other partners, based on data collected in 2020. Currently, 59 health facilities are working as immunization fixed sites and another 75 vaccination teams are conducting outreach sessions both in community and healthcare facilities. An immunization microplan for the upcoming six months is currently under review by the Upazila Health Complexes (UHC) in Teknaf and Ukhiya with the technical assistance from WHO and health partners. Additionally, the IVD team is completing the preparatory work and planning to conduct basic epidemiology training for vaccinators and supervisors.

During the reporting period, the IVD team continue monitoring and following up with children who missed their vaccines at the healthcare facilities. Assessment of the vaccination list is currently ongoing through the work of WHO Health Field Monitors. WHO is continuously monitoring Acute Flaccid Paralysis (AFP) and vaccine-preventable diseases (VPDs) despite the lockdown.

As part of the Non-communicable Diseases (NCDs) program, WHO is supporting the Government to enhance the accessibility to reliable information on NCDs and quality of care for people diagnosed with any Non-communicable Diseases, such as hypertension or diabetes. During the reporting period, a total of 10 162 patients from the Rohingya refugee camps and adjacent host communities of Ukhiya and Teknaf Upazila seek medical care for Non-communicable Diseases (NCDs) and were reported through DHIS-2. Out of the total patients, 36% had or were newly diagnosed with diabetes mellitus. Additionally, a total of 9973 patients from the host community and Rohingya refugee camps sought medical attention for communicable diseases in weeks 23 and 24. Out of the total consultations, Acute Watery Diarrhoea was reported by 50% of the patients, followed by Sexually Transmitted Disease (STI) at 17%.

MONSOON AND CYCLONE PREPAREDNESS

The Health Sector, with respective working groups and partners regularly updates its contingency plan for cyclone (March-June) and monsoon (September-November) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams (MMT), ambulance network systems to respond to emergencies, and the list of camp health focal points is maintained and updated regularly. During the reporting period, WHO and IOM, as chair and co-chair of the Emergency Preparedness and Response Technical Committee completed the After-Action Review (AAR) for the major fire that occurred in the camps on 22nd March 2021 in order to assess the Mobile Medical Teams (MMTs) emergency response. This process will help the standardization of future response interventions and it serves to remap the MMTs' intervention areas, so that interested new partners can join for better coverage and response. Based on the findings revealed by the AAR, the number of MMTs have been increased to ensure a wider coverage and a prompt response in case of emergency. Additionally, MMTs have received training to further strengthen their competencies and skills.

OPERATIONAL SUPPORT AND LOGISTICS

WHO continues to ensure timely provision of quality and adequate supplies, equipment and consumables for the health emergency operations in Cox's Bazar.

To reinforce the public health response to COVID-19, WHO supported partners in Cox's Bazar, including the Health Management BD (HMBD) Foundation, Hope Foundation, Partners in Health and Development (PHD), the Turskidh Field Hospital, and Research, Training and Management (RTM) International with the delivery of 9634 Personal Protective Equipment (PPE) items, including isolation gowns, gloves, boots and face shields.

During the reporting period, a total of 6.15 MT total volume 50.05 Cubic meters of medicines and supplies were deployed to Cox’s Bazar including medicines, PPE and sample collection kits for the diagnosis of COVID-19. WHO continues its logistic support to the IEDCR Field Laboratory with two vehicles providing transportation of COVID-19 sample collection in the camps.

SUBJECT IN FOCUS: Blood Transfusion Services in Cox’s Bazar: establishing public blood banks and transfusion centres at Upazila level

Over the past decades, WHO has been supporting the Government of Bangladesh to ensure quality-assured screening for blood transfusion services across the country and scale up standardized practices to the Upazila Health Complex level. In Cox’s Bazar, where blood donation and transfusion are mostly demand-driven, all efforts are being employed for the establishment of public blood banks and transfusion centres that can provide sufficient and timely safe blood to meet the transfusion needs of all patients, including Rohingya refugees.

Background

Blood is a vital resource to save lives and improve health conditions, but many patients requiring transfusion do not have timely access to safe blood, particularly in low- and middle-income countries where availability of safe, effective and quality blood may be challenging.

In Bangladesh, efforts to set up an integrated national blood system began in 1950 with the creation of the Blood Transfusion Service (BTS) at the Dhaka Medical College Hospital. The legislative framework to promote uniform implementation of standards and consistency in the quality and safety of blood was later established in 2002 with the Safe Blood Transfusion Act, which stated the mandatory screening for five transfusion transmissible infections (TTIs): HIV, Hepatitis B, Hepatitis C, Syphilis and Malaria.

Since then, marked progress has been made by Government authorities and key health partners to ensure supply of safe blood across the country as an integral part of the national health care policy. However, due to resources constraints, the increasing demand for safe blood is far from being achieved and blood donation and transfusion remain demand-driven in most parts of the country.

Blood transfusion services in Bangladesh

It is estimated that approximately 800 000 units of blood are required every year in Bangladesh, however a well-organized blood transfusion service is yet to be developed across the country.

According to the Safe Blood Transfusion Programme (SBTP) report issued in 2018, 70% of the blood in Bangladesh is collected from directed or relative blood donors, while the remaining 30% comes from voluntary blood donors. The blood donation system in Bangladesh is not a centralized system as all blood transfusion centers, which are mostly hospital based are responsible for the collection, processing and distribution of the blood.

Establishing a decentralized system in Cox’s Bazar

Over the past decades, WHO has been supporting the Government of Bangladesh to improve blood-screening and to scale up the activities to the upazila health complex level. Efforts were also extended to the refugee camps in Cox’s Bazar after the humanitarian influx in 2017, in order to establish a fully functional blood transfusion service for the Rohingya people and adjacent host communities, and thus ensure quality health services for life-saving interventions. However, blood donation and transfusion in Cox’s Bazar continue to be mostly demand-driven like in the rest of the country.



Photo: 35-year-old healthcare worker, Kyaw Won, voluntarily donates blood at the Teknaf Upazila Health Complex to cover the need for safe blood when need it.

A rapid assessment conducted by WHO at some of the reference government and partner-led healthcare centers in the camps revealed challenges to meet the high demand of blood transfusion services for the Rohingya population and host community. In February 2020, the Turkish Field Hospital, a secondary health center which plays a key role as a referral facility in the camps, contributed to the assessment which estimated that approximately 2500 units of blood are required every year in Cox's Bazar district. According to this estimate, which was based on the number of beds near and inside the Rohingya refugee camps, at least in 15% of the cases, blood is required for the management of ante-partum hemorrhage, post-partum hemorrhage, caesarian section and the remainder required to manage road traffic accident and other injury and medical cases.

Partner facilities have been working tirelessly to meet the existing demand for blood supplies but to date the target has not been met. Inadequate equipment and consumables, as well as a low number of government qualified personnel emerge as the major obstacles to establish a quality blood bank in Teknaf and Ukhiya Upazilas which host the Rohingya refugees. As a result, there is an increased pressure on Cox's Bazar Sadar hospital to provide life-saving blood supplies and transfusion services to the nearly one million refugees and host communities in the district.

Transforming funding into action: the Health and Gender Support Project (HGSP)

Together with the Government of Bangladesh, WHO and humanitarian partners are employing all efforts to meet the health needs of both Rohingya people and nearby host communities in an effort that has been made possible thanks to the funding support from various donors.

With a total budget of USD 18.7M, the Health and Gender Support Project (HGSP) funded by the Government of Bangladesh and the World Bank will address health gaps in Rohingya refugee camps and adjacent host communities in Cox's Bazar to build on the achievements of the current additional financing for Health Sector Support Project (HSSP). Among the several areas of intervention addressed within this project, the establishment of blood transfusion centers at 7 upazilas in Cox's Bazar district is included.

In this regard, the HGSP project aims to: assess existing blood transfusion services, including the preparation of an action plan and/or operational guidelines for model blood transfusion services in Cox's Bazar; strengthening the existing blood transfusion laboratory; Provision of capacity building and extensive training to healthcare workers involved in the blood transfusion process; orientation on safe and rational use of blood to clinicians; design and launch of an awareness campaign for voluntary blood donation; and the implementation of SOPs and clinical transfusion practice in hospital settings.

So far, WHO has been supporting the Government through the Civil Surgeon's office to establish blood banks and transfusion center at Teknaf and Ukhiya Upazila Health Complexes (UHC) in Cox's Bazar. Assessments have already been completed, and procurement of essential equipment, consumables, reagents and furniture has started. Over the next half of this year and early next year, the project is expected to reach the remaining upazilas.



Photo: On 14 June 2021, Civil Surgeon's office and WHO officers celebrated the World Blood Donor Day 2021 and the progress achieved in Cox's Bazar for the establishment of the blood banks and transfusion centers.



Photo: Lab Technologist, Humayun Rashid, ensures the quality and safety of blood is assured throughout the process from the selection of blood donors to the storage and administration of blood into the patient .

	Last 24 hours	Total
COVID-19 tests conducted	30 391	6 435 466
COVID-19 positive cases	6058	872 935
Number of people released/recovered	3230	794 783
COVID-19 deaths	81	13 868

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)

Previous issues of this Situation Report:
<https://www.who.int/bangladesh/emergencies/Rohingyacrisis/bulletin-and-reports>

COVID-19 Dashboard under WHO Cox's Bazar Data Hub can be accessed here: <https://cxb-epi.netlify.app/>

Write to 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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