







**PHOTO:** The Head of the European Union Humanitarian Aid (ECHO) in Bangladesh, Daniela D'Urso, visited Cox's Bazar last week. ECHO has been walking side by side with WHO to help restore Rohingya peoples' lives.

## HIGHLIGHTS

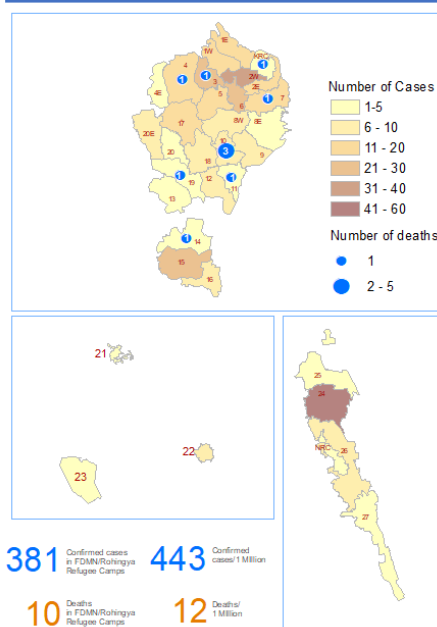
- Preparations and consultative meetings were conducted across all pillars in preparation of the COVID-19 Intra-Action Review (IAR) Meeting, scheduled for 01 February 2021, to analyse the on-going response, share lessons learnt and agree on next steps to further improve and strengthen the continued response to COVID-19, while sharing valuable contributions to improve and prepare for future crisis.
- WHO organized a series of meetings and field visits on "Strengthening Post Marketing Surveillance (PMS) by Risk Based Sampling and Testing through Mini Lab" to enhance access to safe, effective and quality medicines and vaccines, to improve the capacity to identify the sub-standard and falsified drugs in Cox's Bazar and secure quality care for host and refugee communities.
- The Head of the European Union Humanitarian Aid (ECHO) in Bangladesh, Daniela D'Urso, visited Cox's Bazar to see progresses made during the COVID-19 response including SARI ITCs, Health-WASH Joint Assessment Team (JAT) and the IEDCR Field Laboratory. ECHO has been extending its support to the Rohingya plight since the onset of the crisis in 2017.
- **SUBJECT IN FOCUS:** Cox's Bazar COVID-19 Intra-Action Review (IAR) - A year without precedent in review

	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	5 505	381
 Total cases in isolation in Cox's Bazar	15	8
 Total number of tests conducted	55 248	27 113
 Total deaths due to COVID-19	73	10

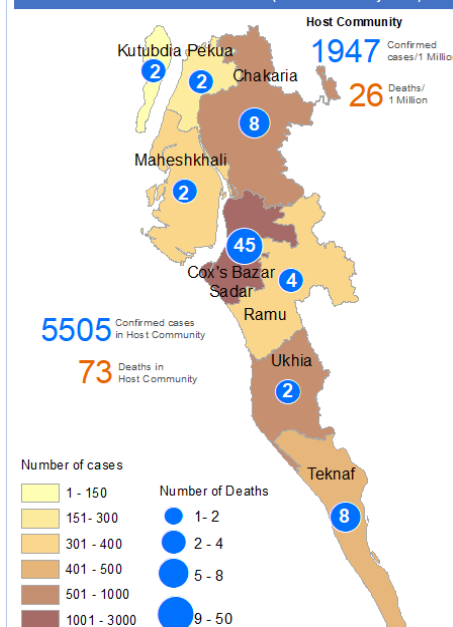
WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC) continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 emergency. During the reporting period, a total of twelve (12) camp level Health Sector coordination meetings were held at Ukhiya and Teknaf Upazilas; and one Health Sector coordination meeting was conducted at the Ukhiya UHC. The meeting was chaired by the Upazila Health & Family Planning Officer and facilitated by the Health Sector coordination team. Twenty-four (24) partner agencies including the UN, INGOs, NGOs and Government partners were present to discuss ongoing activities, key challenges, achievements and areas requiring support, in order to strengthen coordination, collaboration and liaison among health actors in Ukhiya.

The Health Sector coordination team organized a pre Intra Action Review (IAR) consultative meeting in preparation for the COVID-19 Intra-Action Review Meeting, scheduled for 01 February 2021, to review the last months and build on the collective learning during the response to COVID-19 pandemic while sharing valuable contributions to improve the response and prepare for future crisis. Health facility maps and health facility gap analysis sheets were developed and disseminated among the Health Sector partners. As of 31 January, 94 health posts, 40 primary health centres (24/7) and three field hospitals are functional across the camps alongside other specialized facilities. Health Facility gaps have now been largely covered or are in the process of being covered. Trainings were provided to newly joined screeners of Points of Entry (PoE) while supervision visits were conducted at four (4) PoE locations.

COVID-19 Cases in Rohingya Camps (As of 31 January 2021)



COVID-19 Cases in Cox's Bazar District (As of 31 January 2021)



## 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 31 January 2021, a total of 5505 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 537 in Chokoria, 105 in Kutubdia, 359 in Maheshkhali, 219 in Pekua, 3930 in Ramu, 2868 in Sadar, 453 in Teknaf and 571 in Ukhiya.

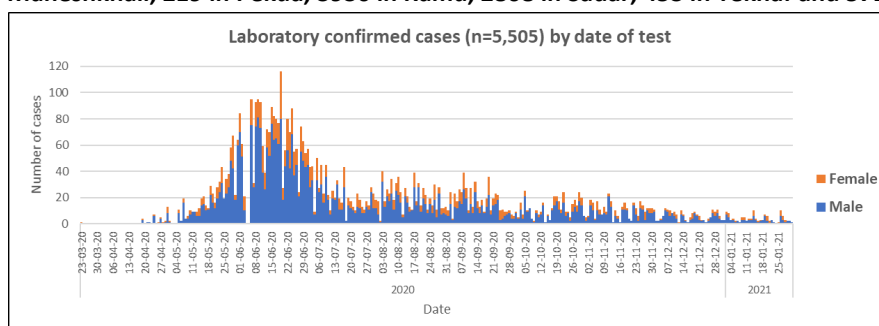


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

74% Male 26% Female

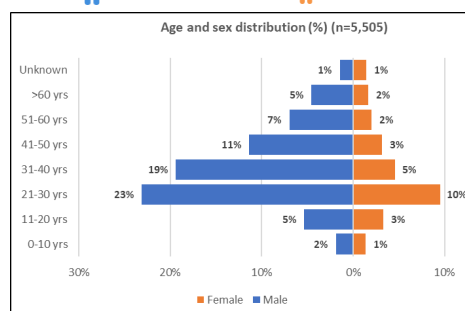


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

71% Male 29% Female

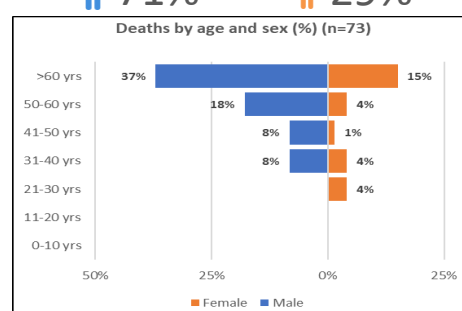


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

As of 31 January 2021, a total of 381 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 54 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 38 and Camps 3 and 15 with 28 and 25 cases, respectively. To date, 22 cases were reported from Camp 6, twenty from Camp 2E and 16 from Camp 4. Camps 1W and 5 had 13 cases each and camp 7 twelve cases to date. Camps 1E registered 11 cases and Camp 10 and 22 identified 10 cases. As for Camps 9, 18, and 26 nine cases were reported to date; and eight cases from Camp 16. Camps 12, 8W and 20Ext registered 7 cases each. Camps 11, 19, and Nayapara RC identified 5 cases. The remainder Camps (Kutupalong RC, 4 Extension, 8E, 14, 20, 21, 23, 25 and 27) had so far less than 5 cases.

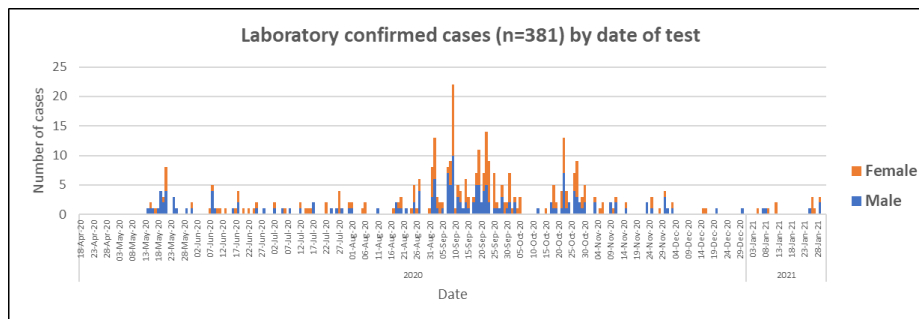


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

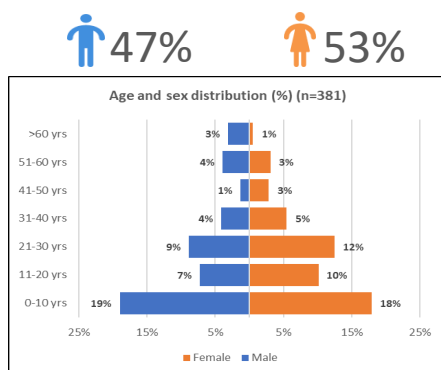


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

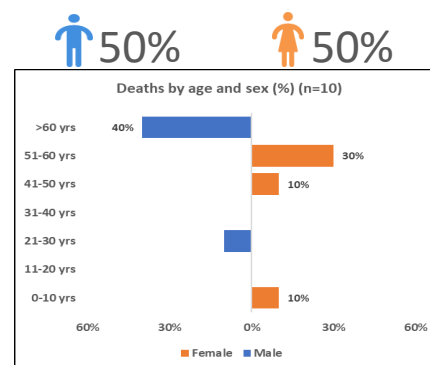


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

Between weeks 03-04, eight new confirmed cases were detected from 1832 samples tested, the test positivity was therefore 0.4%. As of 31 January 2021, the cumulative incidence is 44.3 per 100 000 people. The overall positivity of samples tested is 1.4%. Among the cases, 7.2% showed severe symptoms at the time of admission while the same 6.6% reported at least one co-morbidity. In total, 10 deaths were reported in the camps due to COVID-19 with a case fatality rate of 2.6%. A camp wise dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) has been embedded in the RIRT for COVID-19. A total of 376 confirmed cases (out of 381 to date) have been investigated by Rapid Investigation and Response teams (RIRTs) by 31 January, with contact tracing activities being conducted and captured through Go.data, including the 1400 contacts to be followed up. Out of these, 1241 (87%) contacts have seen their follow up visits completed and were released from quarantine. Thirteen contacts (1%) became confirmed cases during the follow up period. WHO is closely supporting contact tracing through the Camp Health & Disease Surveillance Officers (CHDSOs).

Two (02) new Cholera RDT positive cases were reported during weeks 03-04. In 2021, a total of four (04) AWD RDT/culture positive for Cholera cases were verified and assessed by the Joint Assessment Team (JAT), one (01) culture was confirmed and three (03) discarded. Since October 2020, a total of 28 RDT/culture positive cases were detected through Cholera sentinel testing. Among these, five (05) became confirmed by culture for Cholera, two (02) from the Ukhiya Host Community, one (01) from Teknaf Host Community and two (02) from the refugee camps. The remainder tested negative and were discarded. Since the onset of the outbreak in 2017, Diphtheria surveillance is ongoing in the camps. The total number of Diphtheria cases reported is 9191 to date; 3016 in 2017; 5334 in 2018; 617 in 2019; 226 in 2020 and eight during weeks 3-4 of 2021. In total, 8957 cases were reported in the camps and 241 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 04 of 2021, a total of nine (9) suspected SARI deaths have been reported, of which seven (07) have been investigated by RIRT for COVID-19 response while the investigation is ongoing for two (02). Three (03) deaths have been reclassified as COVID-19 probable cause. In total 49 suspected SARI deaths were reported in 2020, of these all were verified and 45 undergone investigation. One (01) death was confirmed for COVID-19 and two (2) considered probable. Additionally, nine (09) deaths from COVID-19 confirmed cases were reported with the case fatality rate of 2.7%. 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. Revision of mortality SoP is in progress including different tools, the overall flow of death notification and subsequent steps in reporting with engaged actors and review process. Dissemination takes place partially until revision is complete and more updates will be followed shortly by capacity building (in-person) in late February 2021.

RDT Positive & Culture Confirmed Cholera Cases, 2019-21 (n=288)

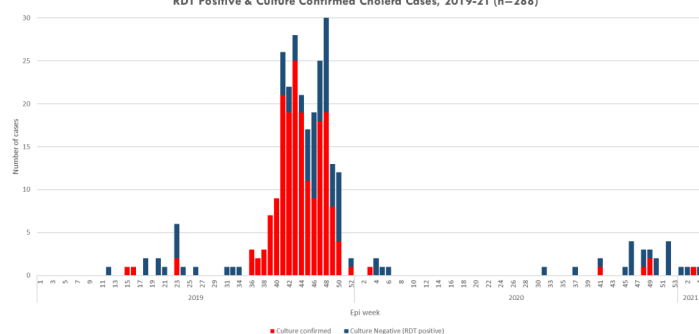


Figure 7: RDT positive and culture confirmed Cholera cases in 2019-21.

Total number of diphtheria case reported in EWARS from 2020- EW4, 2021

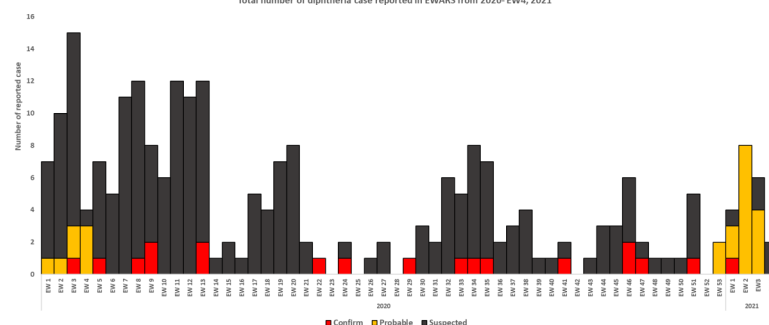


Figure 8: Diphtheria cases (total) reported in EWARS between 2020/ 2021.



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, hand washing, physical distancing and mask wearing, risks and vulnerabilities, safe and dignified burials, quarantine, isolation, and treatment centres, etc. WHO, through its involvement in the Communications with Communities Working Group (CwC WG) and the Risk Communication and Community Engagement Working Group (RCCE WG), 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. During the reporting period, WHO provided technical inputs on the Information, Education and Communication (IEC) materials about COVAX which have been developed by partners in Cox's Bazar to promote the upcoming COVID-19 vaccination. In addition, WHO translated the FAQ on COVAX in English to be used by humanitarian workers in Cox's Bazar. WHO and UNICEF also provided English and Bangla versions of the weekly radio script on COVID-19 confirmed cases and number of tests conducted among refugee and host communities and shared with partners to be widely disseminated by the Rohingya community through radio broadcasting for wider dissemination. Based on the findings of the Informal Health Survey by WHO and UNHCR, appropriate risk communication messages have been drafted for the Rohingya Refugees. The messages developed focused on encouraging the Rohingya refugees to seek formal health care services provided by the Health Sector partners throughout the camps. During the reporting period CHWs conducted 290 494 household visits in which 6226 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 48 patients with moderate/severe symptoms. The cumulative number of mild patients is 95 110, and 334 moderate/severe patients. To date, 40 575 persons with COVID like symptoms were referred to health facilities, 2545 of which during the reporting period. Through coordination by the CHWG, COVID-19 messages reached 550 067 persons between 18-31 January 2021. Since the beginning of the response, CHWs have conducted more than 5.38 million household visits and had contacts with a cumulative number of more than 15.13 million adult household members. Through the CwC WG, another 122 777 people were engaged in 76 981 small group sessions.

## DISTRICT LABORATORY

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. Since early April 2020 until 31 January 2021, a total of 96 491 tests for COVID-19 have been conducted of which 82 361 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 03-04 as compared to weeks 01-02 from 1832 to 1883 tests, and a slight increase in the host community population from 2795 in weeks 01-02 to 3067 tests in weeks 03-04. Currently, 26 sample collection sites are operating for suspected COVID-19 patients.

The expansion work at the Field Laboratory is currently in progress including serology and molecular biology laboratory and generator room. This will enable increased sample testing capacity and human resources; as well as compliance with standard requirements. The refurbishment work of the Blood Transfusion units at Ukhiya and Teknaf Health complexes, which were newly established with the support of WHO has been completed. This is part of the steps in increasing availability of blood, and lifesaving commodities while dealing with shock due to excess bleeding, obstetric haemorrhages during child birth, among other conditions. The team conducted a series of meetings and filed visits on 21st and 23rd January 2021 on "Strengthening Post Marketing Surveillance (PMS) by Risk Based Sampling and Testing through Mini Lab" to enhance access to safe, effective and quality medicines and vaccines for all as one of the targets of the Sustainable Development Goals (SDGs). The activities were attended by the Director General of Drug Administration of the Government of Bangladesh, Deputy Director of Drug Administration, former Communicable Disease Control (CDC) Director, Civil Surgeon in Cox's Bazar, Additional RRRC, Superintendent of Sadar Hospital Cox's Bazar, Health Sector partners, local DGDA Superintendent, and WHO Country Office and WHO Sub-Office colleagues. WHO donated three (03) Mini Labs to DGDA Cox's Bazar as a contribution to improve the capacity to identify the sub-standard and falsified drugs in Cox's Bazar and secure quality care for host and refugee communities.

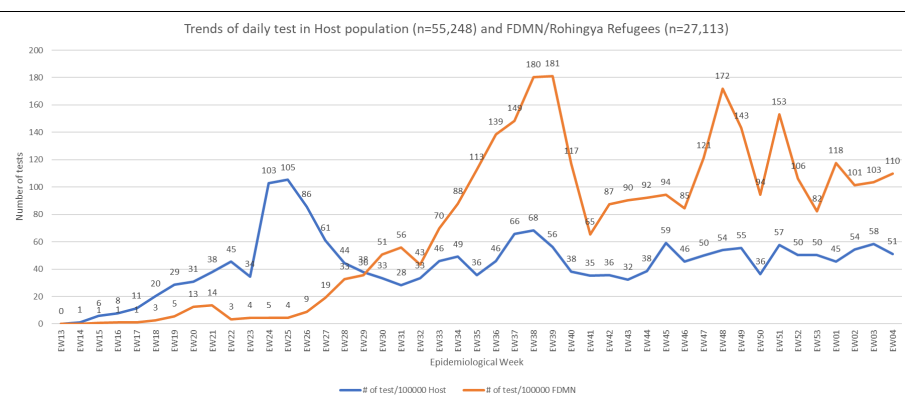


Figure 9: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees



Photo: Daniela D'Urso, Head of the European Union Humanitarian Aid (ECHO) at the IEDCR Field Laboratory. ECHO's funding support has been key to the Laboratory's enhanced capacity.

\*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) Isolation and Treatment Centres (ITC) partners and government facilities. To date, training on IPC has been provided to 2390 humanitarian health care workers and government staff. During the reporting period, the IPC Technical Working Group (TWG) carried out an intra action review for the COVID-19 response from the IPC pillar perspective. The discussion contributed to the identification of the IPC strengths and the challenges and ways forward for the ongoing response but also lessons to learn for further future outbreak responses. WHO IPC team initiated the preparations for a meeting on the formation of the District IPC committee for Cox’s Bazar including buy in visits and mobilization of the district leadership such as Civil Surgeon, Principal of the Medical College, Health Coordinator of the RRRC, MoHFCC Medical Coordinator, Head of Department of the Public Health Engineering, Drug Administration, and Superintendent of Sadar Hospital, among others. The meeting, which took place on February 3rd, is part of WHO efforts to support the government to institutionalize IPC in the health system in Cox’s Bazar envisioning improved patient and healthcare worker safety. Supportive supervision was conducted on water sample collection activities at Camps 12 and 17 and water sample analysis at the DPHE laboratory. WHO WASH and HCWM team observed the activities in accordance with the SoP and relevant technical recommendations were made on sanitary inspection and water sample collection to the sample collection team. Community feedback was taken during the visit and the observations were verified and communicated to the WASH sector partners for further action. A series of activities are ongoing for the World Bank (WB) healthcare waste management (HCWM) project. A SoP is under process along with parallel communications with Environmental Health Team at WCO Dhaka and Civil Surgeon Office in Cox’s Bazar. WHO team had a meeting with the Cox’s Bazar Civil Surgeon to discuss opportunities to enhance capacity building among health care workers on HCWM.

## CLINICAL CASE MANAGEMENT

Since the onset of the outbreak, WHO is coordinating regular weekly specialist 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 chance for survival of patients in Cox’s Bazar. During the reporting period, one (01) operational meeting with two (02) case conferences for SARI ITCs and two case conferences for ICU were conducted. As of 31 January, there are 14 operational SARI ITCs in the camps with a total of 511 functional beds open and 405 on stand by. The SARI ITC bed occupancy is currently 69. At the 250 Bed District Sadar Hospital, the Intensive Care Unit (ICU) has eight (08) beds while the High Dependency Unit (HDU) has 10 beds and the Severe Care Unit (SCU) 20 beds functional beds. At the moment, 15 beds are occupied in total.

## ESSENTIAL HEALTH SERVICES

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 centres (PHCs), 97 Health Posts (HPs), 23 special facilities and three field hospitals.

WHO carried out supportive supervision to help staff trained on mhGAP better integrate mental health services in primary health care services (02 doctors, 02 Nurses and 01 Psychosocial counsellor in camp 2E and 2W GK facilities). The visits help healthcare workers get advice from WHO mental health experts on how to improve their mental health service provision to the beneficiaries. Continued remote supervision sessions are ongoing. WHO organized a three day-long training on mhGAP IG V2 (WHO Guideline) and stress module. Methods of training covered lecture, demonstration, role play, group work and discussion, flip chart, case discussion, modelling, video, recap. This approach brings together both theoretical and real-life experiences to produce a comprehensive approach. A total of 31 participants including 13 Doctors, 5 Counsellors, 1 Senior Staff Nurse, 08 Psychologists and 1 Medical Assistant and Camp supervisors were trained on mhGAP. Seventeen (55%) participants from NGOs and INGOs and two participants from the MoWCA also participated. WHO MHPSS team also joined the chairs of MHPSS working group (UNHCR and IOM) in a meeting to design the referral pathway for psychosocial activities for the host population in Cox’s Bazar. Once well-established, the referral pathway will improve delivery of Psychosocial services.

In January 2021 TB field assistants conducted 12 sessions having visited approximately 1000 households for community awareness in the refugee camps and host community. They distributed sputum collection pot and referred TB suspected cases to the near-by BRAC facility for further evaluation for TB diagnosis. Medical technologists conducted 234 and 179 GXP tests in Ukhiya and Teknaf UHC, respectively, in January 2021. During this time frame, they carried out 110 and 127 routine microscopy tests for TB diagnosis in Ukhiya and Teknaf UHC.

WHO and MoHFWCC conducted supportive supervision visits on the implementation of the national guidelines for Non-Communicable Diseases (NCDs) in 13 World Bank supported health facilities at Ukhiya Upazila. The facilities included community clinics, union sub centres, Upazila Health Complex, health posts and primary health care centres across the Rohingya camps. Through these visits, health care staffs were oriented on different technical aspects of NCD service implementation, distribution of job aids, and discussions on facility level challenges with provision of NCD care. Joint recommendations were developed for the 1st quarter of 2021 to improve NCD service delivery.

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. Outreach sessions are going to be conducted in 2 ways - Community based, and Health facility based. Coverage gaps in the blocks/ sub-blocks were identified based on the data. Session monitoring and House to house monitoring of RI continues to be ensured by IVD teams. Vaccine-Preventable Disease surveillance is being closely monitored by government authorities with WHO's technical support. WHO teams continue to visit health facilities for surveillance, monitoring and investigation to contribute to the National Acute Flaccid Paralysis (AFP) & VPD surveillance system.

Nationwide COVID-19 vaccination is planned to be rolled out from February 7th, 2021. In Cox's Bazar, COVID-19 vaccines arrived on January 31st, and the Civil Surgeon Office is expected to announce the date for Humanitarian Workers' vaccination in the coming days.

## 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 list of camp health focal points is maintained and updated regularly. During the reporting period, WHO and IOM, as co-chairs to the Emergency Preparedness and Response Working Group, revisited the Health Sector Preparedness and Response Plan to Monsoon and Cyclone to address the observations captured in the last meeting for sharing with updated plan with Health Sector partners for their feedback.

## 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. During the reporting period, a total of 6061.17 Kg and 30.46 Cubic meters of Medicines were deployed to Cox's Bazar including Viral Transport Medium (VTMs) for the diagnosis of COVID-19. Additional 50 000 VTMs were transported from IEDCR-Dhaka to the IEDCR-Field Laboratory. WHO received 1297.57 Kg of medicine, kits for gap filling, training and strengthening support to the Rohingya refugees. WHO continues its support to the sample collection in the camps with two vehicles.

## POINTS OF ENTRY

Eleven out of the 12 existing points of entry (PoE) have been functional in different strategic locations around the camps. A total of 64 693 individuals have been screened during the reporting period. Staff continue to support the identification of febrile passengers and pedestrians whilst providing hygiene education related to COVID-19 health awareness and referring patients to nearby health facilities for medical assessment when having fever.

## SUBJECT IN FOCUS: Cox's Bazar COVID-19 Intra-Action Review (IAR) - A year without precedent in review

As the coronavirus response moves into a protracted phase, the humanitarian assistance partners in Cox's Bazar came together to review the last months & build on the collective learning during the response to COVID-19 pandemic while sharing valuable contributions to improve and prepare for future crisis.

### Context

Globally, the COVID-19 pandemic has brought unprecedented short and long-term social and economic disruptions, while case numbers and deaths have soared around the world. The rapid spread and impact of COVID-19 have propelled public health core capacities described in the 2005 International Health Regulations (IHR) into the international spotlight. These core capacities for emergency preparedness and response include, but are not limited to, coordination, surveillance, laboratory services, the provision of health services, risk communication and guidance for monitoring points of entry. As the acute, initial phase of the outbreak and the response to it around the world now moves into a protracted phase, there is an opportunity for reflection on and improvement of responses to the COVID-19 outbreak.

### Preparing for & responding to a pandemic

In early 2020, Cox's Bazar Rohingya refugee camps were identified to be at high risk to experience the negative impacts of the pandemic, given the highly congested areas and poor living conditions in addition to the high levels of vulnerability among the Rohingya refugees and the Bangladeshi communities, and a national healthcare system that was already under severe strain before the COVID-19 pandemic. This has prompted humanitarian partners in Cox's Bazar to initiate preparations for COVID-19 pandemic months before the first confirmed case in the country.



Photo: In 2020 the Health Sector in Cox's Bazar created 26 sentinel sites to collect samples from patients presenting COVID-19 symptoms.



The first COVID-19 cases in the district of Cox's Bazar were confirmed in March 2020, while the virus reached the refugee camps in May when the first Rohingya patient was admitted to one of the newly established Severe Acute Respiratory Infection Isolation (SARI) and Treatment Centres (ITCs) in the camps. In the months prior, humanitarian actors and implementing partners, under the leadership of national and local government authorities and with support from WHO, have therefore outlined and implemented key public health interventions to try and limit the direct and indirect burdens of COVID-19, to guide the response and provide the best attainable care in Cox's Bazar complex setting for those at risk or infected. In close collaboration with all partners and key stakeholders, response activities were implemented across eleven identified thematic pillars of the national COVID-19 response both in the Rohingya refugee camps in Cox's Bazar, where nearly 890 000 Rohingya live -most of them since 25 August 2017 - as well as in the nearby host communities. Anticipating that the COVID-19 pandemic will continue throughout 2021, the Intra-Action Review (IAR) was held to divulge on past and ongoing response efforts through processes of continual learning and improvement. While this first IAR covers the period of 2020, further updates may be considered in future as deemed necessary.



Photo: The Intra Action Review (IAR) meeting took place on February 1st, 2021, in Cox's Bazar.

### Aims and objectives of the IAR

Under the 2005 International Health Regulations (IHR) monitoring and evaluation framework, WHO generally recommends country offices/sub-offices to conduct After-Action Reviews (AAR), which are carried out following the official declaration of the end of a significant public health event by the leading authority at the national level. While an AAR for the COVID-19 response might be conducted at national and/or local level in the future, the Intra Action Review will help formulate and consolidate findings, good practices and recommendations as the response is still ongoing and allow for direct mitigation of existing risks and gaps. Many countries have had success in controlling transmission of the coronavirus, however, some of these countries are starting to see a resurgence of cases as they loosen up measures to mitigate the spread of the virus. The learning and sharing of experiences and actions of one country can help others, this knowledge

might guide countries to more rapidly and effectively detect cases, prevent cases from becoming clusters, and clusters from turning into community transmission. One way to achieve this can be by regularly conducting intra-action reviews to ensure continual learning on best approaches to control this new virus and revise countries response strategies, as needed.

At the request of the Cox's Bazar Civil Surgeon, WHO Cox's Bazar Emergency Sub-Office has therefore conducted an Intra-Action Review (IAR) of the COVID-19 Response. The IAR does not only provide the opportunity to review the functional capacities of the public health and emergency response level in Cox's Bazar but also helps to identify remaining gaps and challenges that should be mitigated and addressed in an adjusted manner. The general purpose of the IAR is therefore to (i) provide an opportunity to share experiences and collectively analyse the ongoing response to COVID-19 by identifying challenges and/or best practices; (ii) facilitate consensus building among and the compiling of lessons learned by the different stakeholders to improve the overall response by sustaining best practices; (iii) document and apply lessons learnt from implemented efforts to date to enable the strengthening of the overall health response; and (iv) provide a basis to validate and update the COVID-19 and other strategic plans accordingly. The global methodology for IARs was adapted to fit the Cox's Bazar sub-national setting. Key findings and short/longer-term recommendations have been consolidated for each pillar to inform further decision-making and allow for an immediate and timely adjustment of planning and response measures and will be shared at the next Strategic Advisory Group (SAG) meeting in Cox's Bazar.

### Methodology

In September 2020, pillar leads within the WHO Cox's Bazar Emergency Sub-Office compiled detailed timelines of joint humanitarian efforts during the COVID-19 response, which was done in consultation with representatives of all strategic and implementing partners. Subsequently and until December 2020, pillar narratives were drafted outlining key achievements, lessons learnt and remaining challenges, and regularly shared with all partners in the form of a specific 'subject in focus' section in the WHO situation reports and through routine working group meetings (epidemiology, case management, health sector coordination, etc). An associated database with key documentation was initiated around the same time. The consolidated documentation and data collection subsequently underwent a paper-based peer review, and an initial summary of findings was presented to all pillar leads in January 2021. After internal discussions, the documents and findings were presented to and discussed with the Strategic Advisory Group (SAG) of the Health Sector. Finally, a report was compiled by the WHO Sub-Office, which includes a shortened external summary. The two documents are currently being finalized and will soon be presented to the Civil Surgeon for final endorsement.



Photo: Thirteen partner agencies attended the IAR meeting.

## Key findings & recommendations

Key findings and short- and longer-term recommendations for the different thematic pillars will be used as a basis to review the JRP/ COVID-19 response plan, where necessary. All stakeholders and implementing partners, including Health Sector partners, should take an active role in implementing them and continue monitoring and assessing the identified COVID-19 response indicators. Furthermore, WHO in Cox's Bazar will share its lessons learnt of the IAR with relevant actors at national, regional and global levels for further information sharing and to guide decision-making for immediate improvements of the response, as well as for strategic and operational planning. A detailed list of all key findings and recommendations can be found in the final IAR report.

### NATIONAL LEVEL HIGHLIGHTS, 03 February 2021 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	14 452	3 678 649
COVID-19 positive cases	525	536 107
Number of people released/recovered	512	480 728
COVID-19 deaths	12	8149

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