





**PHOTO:** The Operational Guidelines for the COVID-19 Vaccination Campaign for Rohingya refugees being delivered to Civil Surgeon, Dr Md Mahbubur Rahman, by WHO Immunization Coordinator, Dr Md Zion, UNICEF Health Specialist, Dr Mainul Hasan and UN-HCR Public Health Officer, Dr Taimur Hasan, in the presence of Acting Principal of Cox's Bazar Medical College, Dr Fatiha Akhter and MoHFW-CC Mr. Khairul Islam.

## HIGHLIGHTS

- WHO and health partners continue supporting the Government of Bangladesh (GoB) through technical support, capacity building and overall operational coordination to ensure the roll out of the COVID-19 vaccination campaign on a priority basis. Refugee population above 40 years of age as well as frontline workers in the Rohingya camps will be the prioritized target group for the 1st phase of the campaign, which is planned to start from 27 March 2021 subject to availability of vaccine.
- Following the request of the Government of Bangladesh (GoB), the Health Sector IPC Working Group of Cox's Bazar, in coordination with the Directorate General of Health Services (DGHS) and Health Service Management, conducted a ToT workshop in Dhaka on "Infection, Prevention and Control for development of resource pool or master trainers"
- To enhance the effective management of healthcare waste management in the camps, WHO Healthcare Waste Management (HCWM) team conducted supportive supervision visits on four healthcare facilities supported by the World Bank.
- **SUBJECT IN FOCUS:** Securing Noncommunicable Diseases (NCDs) prevention and treatment amidst the COVID-19 pandemic

|   | Host Community | Rohingya refugees |
|---|----------------|-------------------|
|  Total confirmed COVID-19 cases in Cox's Bazar | 5 719          | 432               |
|  Total cases in isolation in Cox's Bazar       | 123            | 28                |
|  Total number of tests conducted               | 64 689         | 32 443            |
|  Total deaths due to COVID-19                  | 73             | 10                |

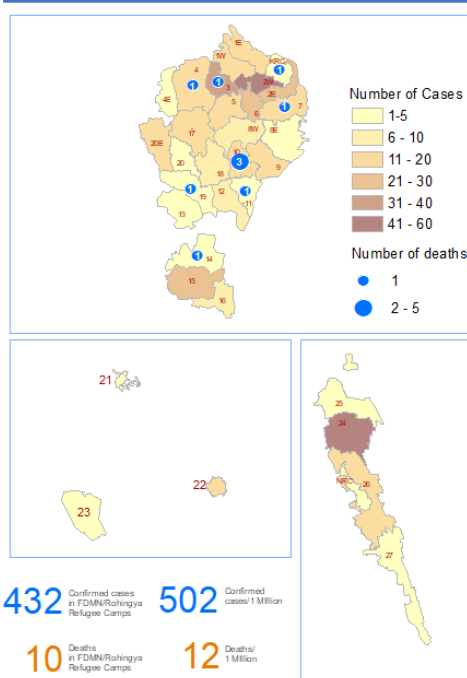
WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC) continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 emergency.

During the reporting period, the Health Sector coordination team facilitated an orientation session to Camp in Charges (CiCs) from all 34 camps on the health sector roles, core activities, performance against core standards, gaps, and priorities for 2021 while addressing queries and concerns related to health interventions in the camps. The Health Sector organized a special Strategic Advisory Group meeting on COVID-19 vaccine preparedness and deployment plan for Rohingya refugees in Cox's Bazar. With an assumption of the arrival in country of an initial vaccine allocation from COVAX by the second week of March, and in order to ensure a successful roll out of a vaccination campaign, action points were agreed upon by the members, including utilization of health facilities as vaccination centers, mapping of the current funding and gaps and support from partners on the logistics.

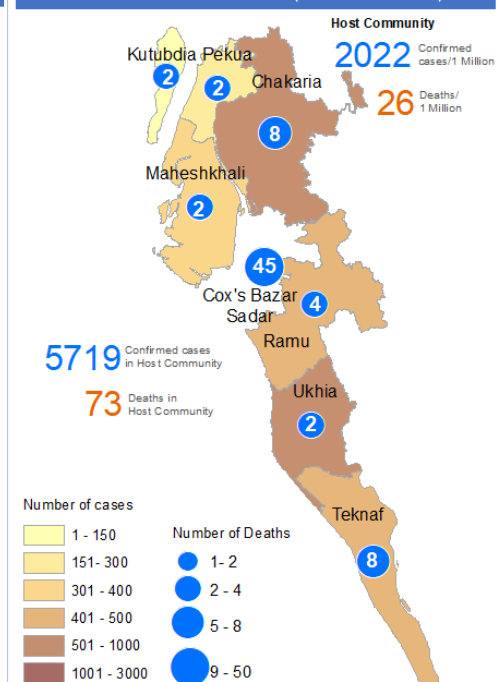
Based on the recent circular from the Directorate General of Health Services (DGHS) containing guidelines for the COVID-19 vaccination registration for foreign nationals circulated among health sector partners, the Health Sector will organize an orientation session for foreign nationals on the use of the Sorukkha App in the upcoming days. WHO and health partners continue supporting the Government of Bangladesh through technical support, capacity building and overall operation coordination to ensure the vaccination campaign is rolled out on a priority basis. Frontline workers and population over 40 years in the Rohingya camps, will be prioritized in the 1st phase, which is planned to start from 27 March 2021 subject to availability of vaccine.

During the reporting period, a total of thirteen (13) camp level Health Sector coordination meetings were held at Ukhiya and Teknaf Upazilas. These meetings were engaged by partner agencies including Government agencies, UN agencies and NGOs. Key challenges, achievement, and areas requiring support, strengthening coordination, collaboration, and liaison among partners and government authorities were addressed.

COVID-19 Cases in Rohingya Camps (As of 14 March 2021)



COVID-19 Cases in Cox's Bazar District (As of 14 March 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 14 March 2021, a total of 5719 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 548 in Chokoria, 105 in Kutubdia, 377 in Moheshkhali, 221 in Pekua, 408 in Ramu, 3002 in Sadar, 466 in Teknaf and 592 in Ukhiya.

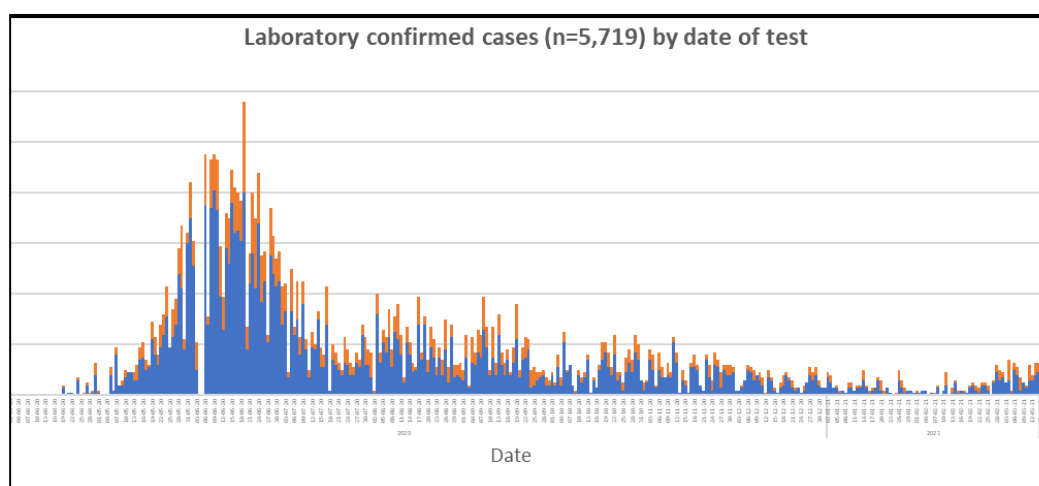


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

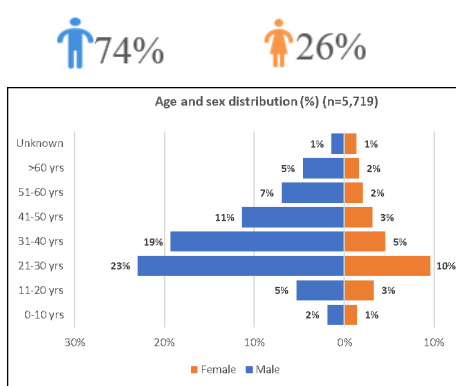


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

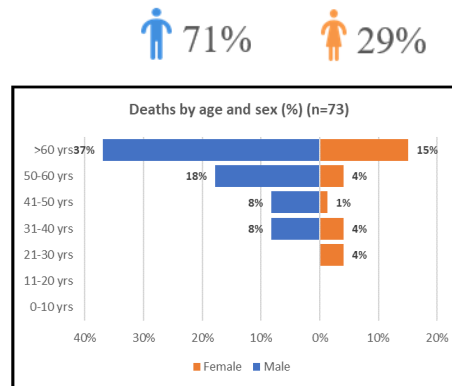


Figure 3: Age and sex distribution of COVID-19 positive cases among host population in Cox's Bazar District

As of 14 March 2021, a total of 432 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 60 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 43 and Camps 3 and 15 with 33 and 28 cases, respectively. To date, 25 cases were reported from Camp 6, 22 from Camp 2E and 18 from Camp 4. Camps 5 and Camp 1W had 16 and 14 cases, respectively and camp 22 had 13 cases. Camps 7, 10, 20 Extension and Camp 26 had twelve cases each. Camps 1E and 9 registered 11 cases. As for Camps 16 and 18, ten and nine cases were reported to date. Camp 8W reported eight cases. Camps 12 registered 7 cases while Camps 11, 19, and Nayapara RC have recorded 5 cases. The remainder Camps (Kutupalong RC, 4 Extension, 8E, 14, 20, 21, 23, 25 and 27) have so far had less than 5 cases.

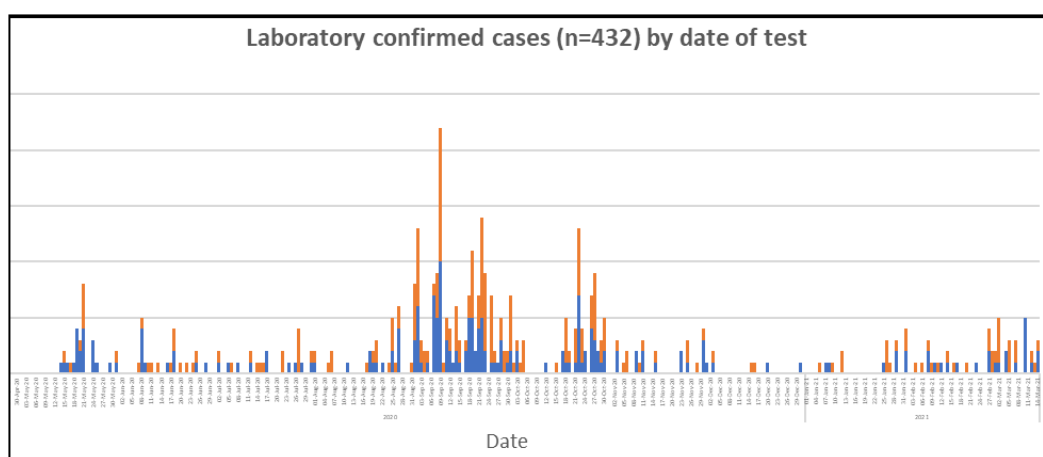


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

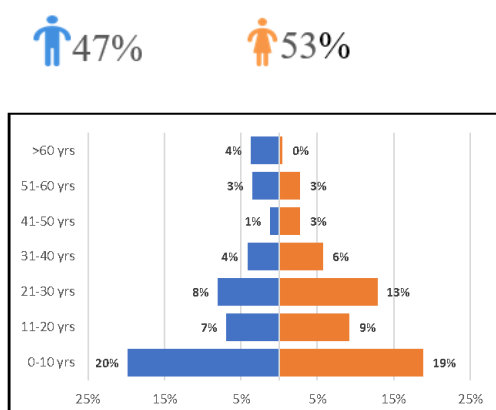


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

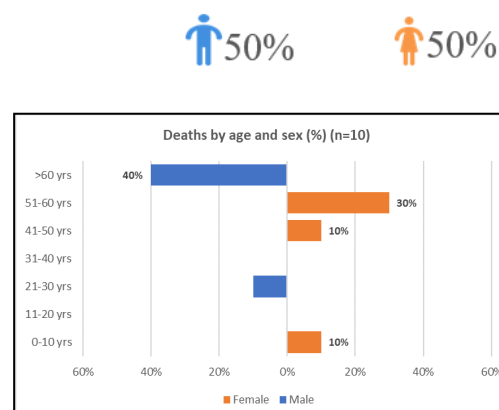


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

Between weeks 09-10, 26 new confirmed cases were detected from 1882 samples tested, the test positivity was therefore 1.4%. As of 14 March 2021, the cumulative incidence is 50.2 per 100 000 people. The overall positivity of samples tested is 1.3%. Among the cases, 6.6% showed severe symptoms at the time of admission while 6.1% reported at least one co-morbidity. The median age of tested and confirmed cases was 10 (0-120) and 18 (0-90) years, respectively and ratio of females among tested and confirmed cases was 55% and 53%, respectively. Though the median age of tested samples remained below 10 years, a significant proportion has been tested among 50+ years: 449 per 10 000 population, following that of 0-9 years with 569 tests per 10 000 population as highest number. The test positivity was highest (1.9%) in the 30-39 years age cohort followed by 1.6% in 50+ years and the age specific mortality 0.99 per 10 000 population observed among 50+ years during the reporting period. In total, and since the outbreak began, 10 deaths due to confirmed COVID-19 have been reported in the camps with a case fatality ratio of 2.3%.

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 423 confirmed cases (out of 432 to date) have been investigated by Rapid Investigation and Response teams (RIRTs) as of 14 March, with contact tracing activities being conducted and captured through Go.data, including the 1710 contacts to be followed up. Out of these, 1465 (86%) 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 activities through the Camp Health & Disease Surveillance Officers (CHDSOs).

Four (04) Rapid Diagnostic Test (RDT) positive cases for Acute Water Diarrhea (AWD) were reported in the in weeks 09 and 10. The total number of cases reported so far in 2021 is twelve: five (05) from the refugee camps and seven (07) from host communities. Out of these, two (02) were culture confirmed, eight (08) tested negative by culture and the remaining two (02) results are pending. In 2020, a total of 28 RDT positive cases for Cholera were detected through sentinel testing, five (05) of which were confirmed by culture - two (02) from Ukhiya host community, one (01) from Teknaf host community and two (02) from the refugee camps. Currently 22 sentinel testing sites are functional in the camp setting including Ukhiya and Teknaf Upazila Health Complexes. 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.

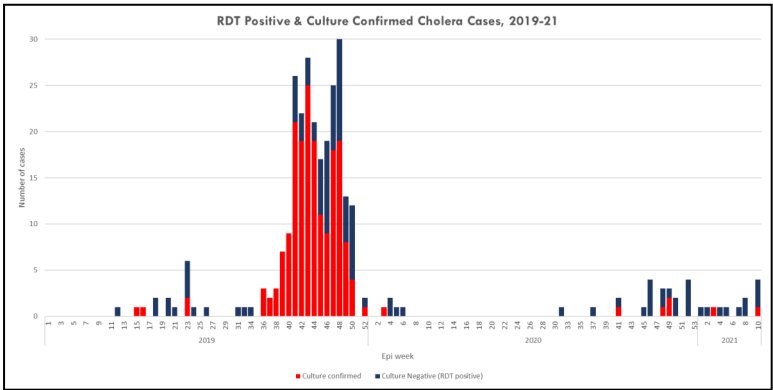


Figure 7: RDT positive and culture confirmed for Cholera cases in 2019-21.

Since the onset of the outbreak in 2017, Diphtheria surveillance is ongoing in the camps. The total number of diphtheria cases reported is 9237 to date (3016 in 2017; 5334 in 2018; 617 in 2019; 226 in 2020 and 51 as of week 10 of 2021). In total, 8992 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.

Between weeks 09 and 10, no suspected SARI death has been reported. In total 24 deaths have been reported in 2021. All deaths have been investigated by RIRT for COVID-19 response. Seven (07) deaths have been reclassified as COVID-19 probable death cause. In 2020, a total of 49 suspected SARI deaths were reported through community-based mortality surveillance. Of these, all were verified and two (2) considered probable.

During the reporting period, one (01) new suspected maternal death has been reported. In total 30 suspected and confirmed maternal/ deaths of Women of Reproductive Age (WRA,12-49 years) have been reported in 2021, of which five (05) deaths have been reported from facilities and directly undergone review by MPMSR (Maternal and Perinatal Mortality Surveillance and Response). 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.

In weeks 09 and 10 a total of 701 varicella cases were reported through EWARS. An increase was observed in these weeks in comparison with the same period of 2020. In total, a cumulative number of 1194 have been reported in 2021. Among the reported cases in 2021, 51% are male and 55% over-5 years of age. WHO carried out the preparatory work for the “Training on Go.Data for outbreak related data management” for healthcare workers (this includes doctors and contact tracing supervisors for COVID-19 and Diphtheria) that will be held in Cox’s Bazar from 21st to 23rd March.

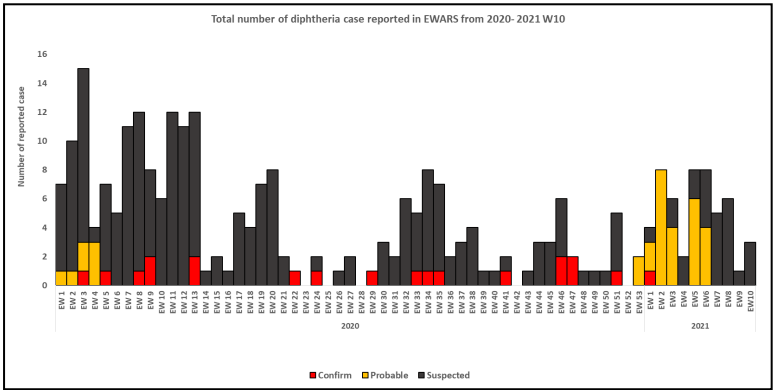


Figure 8: Total number of diphtheria cases reported in EWARS between 2020 (EW4) and 2021



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, among others. 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. During the reporting period, WHO disseminated public health messages on COVID-19 Frequently Asked Questions (FAQ) between the Rohingya refugees and the host communities. Additional printed communication materials on COVID-19 vaccination have been developed and will be distributed to health partners for dissemination among the Rohingya refugees.

In addition, 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 by the Rohingya community through radio broadcasting. Based on the findings of an Informal Health Actor Survey conducted by WHO and UNHCR, appropriate risk communication messages have been drafted for the Rohingya Refugees and shared with relevant authorities for feedback. Communication messages on COVID-19 vaccination for humanitarian health workers have been approved by the Civil Surgeon's Office and disseminated through various means. In addition, communication training sessions facilitated by WHO and Translators Without Borders (TWB) to humanitarian workers in the camps (including programme manager, programme officer, communication officer and health service providers) continue in the camps. The training, provided in Rohingya language, is helping health care workers improve their communication skills while dealing with the Rohingya community.

During the reporting period CHWs conducted 286 595 household visits in which 5965 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 35 patients with moderate/severe symptoms. The cumulative number of mild patients is 113 767, and 438 moderate/ severe patients. To date, 53 125 persons with COVID-19 like symptoms have been referred to health facilities, 4057 of which during the reporting period. Through coordination by the CHWG, COVID-19 messages reached 539 028 persons between 01-14 March 2021. Since the beginning of the response, CHWs have conducted more than 6.28 million household visits and had contacts with a cumulative number of more than 16.85 million adult household members. Through the CwC WG, 59 816 people were engaged in 20 190 small group sessions.

## DISTRICT LABORATORY

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 14 March 2021, a total of 113 048 tests for COVID-19 have been conducted of which 97 132 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. A slight increase in the number of tests conducted among the Rohingya refugees was observed in weeks 09-10 as compared to weeks 07-08, from 1845 to 1882 tests. And similarly among the host community: from 3125 in weeks 07-08 to 3345 tests in weeks 09-10. Currently, 26 sample collection sites are operating for suspected COVID-19 patients.

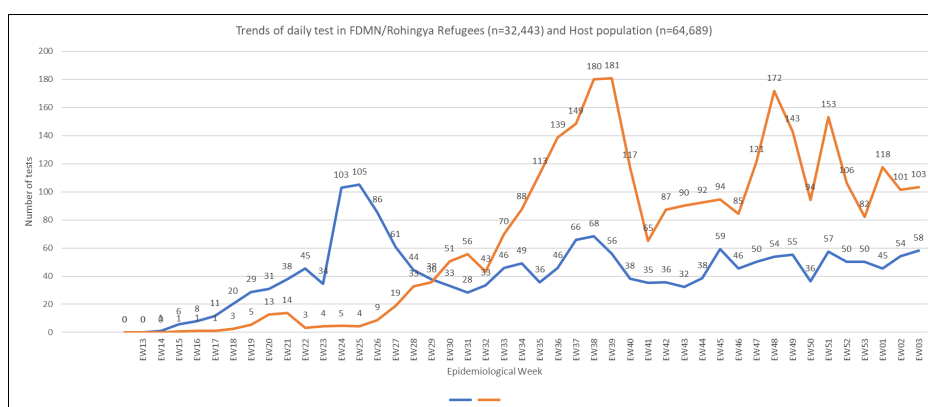


Figure 9: Number of tests conducted per million among the host population and the Rohingya refugees/FDMN

\*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) Isolation and Treatment Centers (ITCs) partners and government facilities. To date, training for Infection, Prevention and Control (IPC) has been provided to 2 390 humanitarian health care workers and government staff from SARI ITCs partners and government facilities.

Following a request from the Government of Bangladesh (GoB), Health Sector IPC Working Group from in Cox’s Bazar, in coordination with the Directorate General of Health Services (DGHS) and Health Service Management, conducted a Training of Trainers (ToT) workshop on “Infection, Prevention and Control for development of resource pool or master trainers at divisional level”. The workshop was held at national level in Dhaka between 8-17 March 2021 and is part of WHO’s support to the government to create a pool of master trainers on IPC. A total of 35 physicians and nurseries from 15 different districts of 7 divisions attended the training. For the workshop’s opening remarks were present Honorable Director General (Health), Prof. Dr. Abul Bashir Mohammad Khurshid Alam, Line Director (HSM), Dr. Md. Khurshid Alam, and WHO Representative in Bangladesh, Dr Barden Jung Rana.

Supportive supervision was conducted on water sample collection activities at different health facilities in the camps, and on water sample analysis at the laboratory of the Department of Public Health Engineering (DPHE). A total of 312 samples were collected and analyzed from pipeline water supply systems during the reporting period (weeks 09 and 10). This marks the end of the Water Quality Surveillance activities for Round 16, which has been carried out from 9th January 2021 to 14th March 2021. The overall activities developed during this period included sanitary inspections at household and water source levels. A total of 4212 water samples were collected and analyzed from community water supplies, while 338 were tested from healthcare facilities. Additional 654 samples were collected and analyzed from learning centers and other facilities, and 364 samples from pipeline water supply systems. WHO and UNICEF monitored the activities in accordance with the Standard Operating Procedures (SOP) and relevant technical recommendations were made on sanitary inspection and water sample collection. To enhance the effective management of healthcare waste in the camps, WHO Healthcare Waste Management (HCWM) team conducted supportive supervision visits on four healthcare facilities supported by the World Bank in camps 3, 5 and 18. On-site recommendations as well as technical advices were provided to the respective facility management during the visit.

### 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, one (01) working group meeting along with two (02) case conferences for SARI ITCs and two (02) case conferences for ICU were conducted. As of 14 March 2021, there are 13 operational SARI ITCs in the camps with a total of 502 functional beds open and 415 on stand by. The SARI ITC bed occupancy is currently of 100. At the 250 Bed District Sadar Hospital, the Intensive Care Unit (ICU) has 10 beds while the High Dependency Unit (HDU) has 8 beds and the Severe Care Unit (SCU) 20 beds functional beds. At the moment, 24 beds are occupied.

### 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 centers (PHCs), 97 Health Posts (HPs), 23 special facilities and three field hospitals. WHO, in collaboration with UNFPA and the Sexual Reproductive Health working group (SRH WG), organized two training courses on “Clinical Management of Rape and Intimate Partner Violence” for frontline health workers working in the camps. A total of 55 healthcare professionals including doctors, nurses, midwives and medical assistants from primary health care services working with partner organizations joined the sessions. The training aims to help these healthcare workers improve their clinical knowledge to support survivors of gender-based violence. To continue strengthening psychosocial services in the refugee camps, WHO and IOM jointly organized a mhGAP refresher training for healthcare professionals. A total of 37 health service providers engaged the training, with most of them having received mhGAP training in the past. WHO Mental Health and Psychosocial Support (MHPSS) team conducted another round of refresher training in collaboration with Save the Children. During this round, 36 healthcare professionals including doctors, psychologists and psychosocial workers from different camps were engaged. The training has helped these healthcare professionals who often handle high-pressure situations to better cope with the stress and to improve psychosocial support to patients.

In addition, WHO carried out supportive supervision sessions at Ukhiya and Teknaf to assist staff trained on mhGAP better integrate mental health services and psychosocial support in primary health care facilities. Further trainings on mhGAP are scheduled for the upcoming weeks with the aim of reaching at least one trained clinician in each health care facility in the camps.



Photo: WHO National Consultant for MHPSS, Dr Mushfique Mahmud, participated in the “Conference on Suicide Prevention” organized by IOM in Cox’s Bazar as part of the expert panel.



Photo: WHO Immunization and Vaccine Development team visited health facilities to map those that could support the COVID-19 vaccination campaign that is being planned.

On March 7<sup>th</sup> and 8<sup>th</sup> 2021, IOM organized a two-day conference on Suicide Prevention where WHO MHPSS specialist participated as a speaker. Over 150 individuals from different academic and humanitarian organizations actively participated in the event, including from the University of Dhaka, the National Institute of Mental Health (NIMH), Dhaka Sishu (Children) Hospital, the National Institute of Neuroscience & Hospital, along with UN agencies and many partner organizations. To enhance service delivery on NCDs in the context of COVID-19, WHO and Ministry of Health and Family Welfare Coordination Cell (MoHFW-CC) conducted on-site supportive supervision visits to seven Primary Health Care (PHC) facilities supported by the World Bank in Ukhiya and Teknaf. Recommendations were provided to strengthen the NCD National Protocol and an action plan was developed in consultation with health facilities to implement NCD service delivery according to national standards.

A COVID-19 vaccination campaign for the Rohingya community is planned to start from 27 March 2021 targeting 129 698 people for

the first dose, including refugees age 40 and older and frontline workers (CHWs, education and nutrition volunteers). Vaccination sites in all camps will be established in Primary Health Care Centers, SARI ITCs and selected health posts. Operational guidelines for COVID-19 vaccinations in the Rohingya community has been developed and shared with the Technical Immunization committee for feedback.

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 government with technical assistance from WHO and other partners based on data collected in 2020. Since February 2021, the new revised microplan has been implemented in the camps. Outreach sessions have been conducted for the Rohingya community and for the healthcare facilities in the camps. The vaccination trend is increasing after coverage gaps in the blocks/sub-blocks were identified based on available data.

A separate Measles Missed Children line list was created and shared with vaccinators and involving CHWs for community mobilization. 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) and VPD surveillance system. In 2021, one (01) laboratory confirmed Measles case and two (02) confirmed Rubella cases were reported.

## 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, compiled the final version of the Health Sector Preparedness and Response Plan to Monsoon and Cyclone. This plan has been shared with health partners for dissemination. In addition, the Emergency Preparedness and Response Technical Committee is also working on the Preparedness and Response Plan to Mass Casualty Events in the refugee camp. A draft plan will be shared in the next two weeks among critical 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 1820 Kg and 11.77 Cubic meters of Medicines were deployed to Cox's Bazar including medicines, PPE and sample collection kits for the diagnosis of COVID-19. WHO received 10.73 MT of medicines, RDT and kits for gap filling purposes. WHO continues its logistic support to the IEDCR Field Laboratory with two vehicles providing transportation for COVID-19 sample collection in the camps. On March 14, WHO completed the refurbishment work for the IEDCR Field Lab expansion in the Cox's Bazar Medical College. In addition, on March 15 and 16 WHO supported the Health Sector in the distribution of 25 000 pieces of cloth masks to Community Health Workers (CHWs) for COVID-19 prevention.



## SUBJECT IN FOCUS: Securing Noncommunicable Diseases (NCDs) prevention and treatment amidst COVID-19 pandemic

Every year Noncommunicable Diseases (NCDs), which include cardiovascular diseases, chronic respiratory diseases, diabetes and cancer, are responsible for the death of 15 million people between the ages of 30 and 69, with over 85 percent of these deaths affecting people in low- and middle-income countries. In the current context, people living with NCDs have an increased susceptibility to become severely ill or die from COVID-19.

### Context

In Bangladesh, NCDs are estimated to be the cause of 67% of all deaths (30% from cardiovascular diseases, 12% from cancers, 10% from chronic respiratory diseases, 3% from diabetes and 12% from other NCDs). Additionally, 70.9% of the adult population have at least one risk factor. Inadequate intake of fruits and vegetables, tobacco use, low physical activity, extra salt intake, high cholesterol and obesity are some of the common factors associated with the prevalence of NCDs in the country. In Cox's Bazar, 6.2% of those confirmed with COVID-19 have been found to have NCDs as comorbidities.



Photo: Over 260 healthcare workers have been engaged in the WHO PEN training in Cox's Bazar and are currently applying the NCD national protocol in 60 Primary Health Care centres across the refugee camps

### Situation Analysis

In 2019, WHO conducted an assessment on Noncommunicable Diseases service availability in 90 health facilities serving both Rohingya refugees and host communities in Cox's Bazar to better understand Noncommunicable Diseases health services delivery in the district and address emerging needs where required. The findings demonstrated that among the assessed health facilities less than 25% of healthcare professionals received organizational or institutional in-service training specific to preventing and treating NCDs within the previous year, including both Health Posts and Primary Health Care Centers. At the same time, written versions of any national or international guidelines for the diagnosis and management of diabetes and hypertension were found in 24% of Health Posts, 36% of Primary Health Care Centers and 27.5% of Secondary Level Hospitals. Also of concern was the fact that less than 7% of Health Posts and Primary Health Care Centers had NCDs related Information, Education and Communication (IEC) materials available to patients.

### Enhancing national protocols on NCDs

Under the leadership of the Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh (GoB), the World Health Organization (WHO) is supporting the Civil Surgeon Office (CSO) in the roll out of the National Protocols for integrated management of hypertension and diabetes using a total cardiovascular risk approach in Primary Health Care (PHC) facilities serving Cox's Bazar vulnerable populations.

This approach is based on the WHO Package of Essential Noncommunicable (PEN) disease interventions which includes capacity building for primary health care staff and community outreach workers, health promotion activities on NCD risk factors, supply of essential NCD commodities with gap-filling purpose, supportive supervision as well as strengthening NCD surveillance and monitoring in the district.

### Capacity Building

Since 2019, a total of 283 primary health care workers from 60 Primary Health Care Centers (17 government-led facilities and 47 health partners) and 8 Upazila Health Complexes have participated in the WHO PEN training in Cox's Bazar. These training sessions were implemented in close collaboration with the Directorate General of Health Services (DGHS) and the BRAC James P Grant School of Public Health.

### Community Outreach: promoting health and well-being through helping communities identify NCDs' risk factors

Health promotion strategies on healthy lifestyle and behavioral changes is the focus of WHO's work to prevent deaths and complications associated to NCDs. In 2020, 68 staff working in government health facilities (this includes Community Health Care Providers, Health Inspectors, and Health Assistants), and 355 Rohingya Community Health Workers (CHWs) received training to be able to identify risk factors for NCDs as well as behavioral interventions, having been provided flip charts with relevant and easy to grasp information for enhanced healthy lifestyle among the communities. To increase awareness on the negative health impacts of tobacco and betel nut, 50 audio messages were disseminated in collaboration with Bengal Creative Media through the performance of 15 theater activities which were conducted across five Upazilas in the Cox's Bazar district.





Photo: A healthcare professional testing the blood pressure of a Rohingya patient following the protocol for NCD screening to individuals above 40 years old in a Primary Health Care facility.

Ministry of Health and Family Welfare Coordination Cell (MoHFW-CC) to strengthen NCD screening and treatment strategies in Primary Health Care (PHC) during the COVID-19 pandemic. Recommendations were developed in consultation with health facilities and will be followed up as part of the continuous strengthening of service delivery of NCDs in the context of COVID-19.

### NCD Surveillance and Monitoring

Essential disease components of NCDs have been incorporated in the District Health Information System (DHIS-2) that monitors health outcomes in Cox's Bazar. With the technical support of WHO, a pilot protocol for NCD screening has been incorporated in some Primary Health Care (PHC) facilities across the refugee camps to capture data and progression of NCD prevalence among the Rohingya population above 40 years of age.

### COVID-19 pandemic: NCDs and patients specially at risk to develop complications associated to the coronavirus

People with underlying noncommunicable diseases have a higher risk for developing severe and even fatal COVID-19. As such, COVID-19 and NCDs have a combined impact on the most vulnerable population in Cox's Bazar by further exposing patients with pre-existing conditions. WHO has employed all efforts to maintain essential health services delivery throughout the COVID-19 outbreak with an emphasis on prevention and management of NCDs.

### Cox's Bazar: a model district for NCDs prevention and management

Thanks to the funding support from the World Bank, the Government of Bangladesh with the technical support of WHO is strengthening the essential health service package for Noncommunicable Diseases for Rohingya and host communities in Cox's Bazar, with particular focus on hypertension and diabetes in an effort that uplifts Cox's Bazar as a model district considering its commitment to championing NCDs prevention and management. This three-year initiative includes the establishment of a digital health platform to ensure accurate reporting and NCD screening of patients aged 40 years and older across all Primary Health Care (PHC) facilities. This new system will facilitate and ensure a meaningful follow up of patients, including tracking of medicines.



Photo: Health promotion materials have been distributed among Primary Health Care facilities to raise awareness on healthy lifestyle among Rohingya patients

### Gap-filling Support of Essential Commodities

Based on the results of the NCD service availability assessment conducted in 2019, WHO has provided essential NCD commodity supplies and equipment to 123 health care facilities in Cox's Bazar, including government and NGO supported centers. This included the procurement of insulin, x-ray films, stethoscopes, digital blood pressure machines, glucometers with strips, urine strips, weight machines and height scales. Apart from government health facilities, since 2019 WHO has been supporting more than 25 health partners by providing essential NCD equipment and medicines.

### 'NCD Core Group' – The Coordination Platform and supportive supervision

WHO is leading the coordination of the NCD Core Group which relies on the active participation of 17 health partner organizations as well as government counterparts to ensure NCD service delivery in the Rohingya refugee camps. In total, 47 on-site supportive supervision visits were conducted in 2020 in collaboration with Min-

|                                     | Last 24 hours | Total     |
|-------------------------------------|---------------|-----------|
| COVID-19 tests conducted            | 24 275        | 4 328 269 |
| COVID-19 positive cases             | 1865          | 567 752   |
| Number of people released/recovered | 1510          | 515 689   |
| COVID-19 deaths                     | 11            | 8608      |

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](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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