







*PHOTO: After several hours on the road and 20min by boat, WHO delivered 4.75 cubic meters of supplies at Kutubdia Upazila in a complex operation to reach the island. Supplies included NCD kits, cholera and emergency kits, PPE and Oxygen concentrators.*

## HIGHLIGHTS

- Confirmed cases of COVID-19 in the refugee camps remains lower than initial estimates (25 new cases during the reporting period). To understand more about COVID-19 transmission in the camps, the Bangladesh Institute of Epidemiology and Disease Control Research (IEDCR) with support from WHO, UNHCR, BDRCS and MSF, will undertake a seroprevalence study in all 34 camps to identify antibodies to SARS-CoV-2, the causative agent of COVID-19.
- A preliminary discussion on preparations for a possible COVID-19 vaccination for Rohingya refugees has started in alignment with the National Deployment and Vaccination Plan for COVID-19 vaccines. Vaccinating most at-risk populations against COVID-19 is one of the most effective ways of curbing the COVID-19 pandemic. WHO Epidemiology unit will be engaging in prioritization, targeting risk groups and continuing COVID-19 surveillance.
- SUBJECT IN FOCUS:** Establishing laboratory quality amidst a humanitarian crisis

	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	4774	310
 Total cases in isolation in Cox's Bazar	248	113
 Total number of tests conducted	35 459	13 570
 Total deaths due to COVID-19	70	9

*\*Updated as of 25 October 2020 / \*FDMN = Forcibly Displaced Myanmar Nationals*

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. Camp health focal points (CHFPs), field coordinators and the Health Sector team completed the scheduled bi-weekly meeting, covering issues around Q3 reporting, shared monitoring of facilities, patient referral and reporting camp incidents.

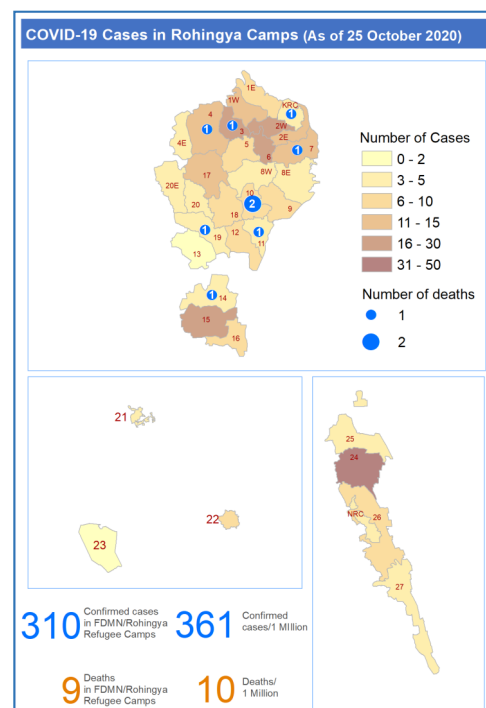
During the reporting period, five meetings were held at camp level in Ukhiya and Teknaf, Cox's Bazar. Planning for Joint Response Plan (JRP) 2021 continues. Objectives and indicators have been agreed upon by SAG members and shared with health partners. Discussions were held on budget and "people in need" to be disseminated when there is collaborative intersectoral and ISCG agreement.

JRP templates have been populated with Health Sector specific information and partners have begun the process of filling project proposals. The gender team is offering support to those who need assistance with "gender and age marker" (GAM).

Efforts to coordinate with ISCG and health partners to amend the Health Sector Cyclone and Monsoon Preparedness and Response Plan, and to ensure alignment across response actors. A mobile medical team training is planned for October 28-29.

Conversations around a possible CoVAX (Coronavirus Vaccine Alliance) allocation continue. Planning for readiness assessment and all elements of service delivery and allocation are being discussed with a more formal working group selection to occur at the next SAG meeting, with the leadership of Cox's Bazar government officials.

Translators without borders are supporting the health sector in reviewing the translated Bangla version of the WHO Clinical Management of Rape/Intimate Partner Violence protocol for use in humanitarian settings. Health sector has completed printing of the GBV service registers, Clinical Management of Rape (CMR) flowcharts, Health sector SOP on GBV and partners on GBV in relation to COVID-19 to be distributed to all health facilities. The health sector Gender Focal Point participated in the ISCG led (Gender Hub) meeting with other sector Gender focal points to update on progress against Gender action plan and discuss JRP 2021.



## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



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

A Risk Communication and Community Engagement (RCCE) WG public outreach strategy for routine immunization started on 1 October. COVID-19 has seen a decrease in parents and guardians getting the follow up shots in their vaccine schedule: the month-long strategy reminds adults on the importance of vaccines, especially for children yet to be vaccinated. WHO is providing medical experts where needed for community engagement, as well as technical advice and support. WHO is also collaborating with the Health Sector to make sure that all vaccination centres are clearly marked and recognisable to the refugee population.

Photo: Engaging with communities is an important part of WHO's work as it is critical to understand effective approaches to prevent COVID-19 infections. Md Ayub, a Rohingya volunteer, has so far referred 13 patients with COVID-19 symptoms to health facilities.

A total of 1416 community health workers (CHWs) were trained to provide enhanced Community Based Surveillance and Home-Based Care which includes counselling on testing, quarantine and patients' referral to isolation facilities. During the reporting period CHWs conducted 142 678 household visits in which 3095 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 22 patients with moderate/severe symptoms. The cumulative number of mild patients is 45 838, and 199 moderate/severe patients. During the reporting period, 1376 persons with COVID symptoms were referred to health facilities from a total of 21 045 to date.

COVID-19 messages reached 270 019 persons between 19-25 October. Since the beginning of the response, CHWG conducted more than 3.3 Million household visits and had contacts with a cumulative number of more than 6.3 million adult household members. Through the Communications with Communities (CwC) working group, another 43 768 people were engaged in 12 846 small group sessions.

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

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 25 October 2020, a total of 4774 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 488 in Chokoria, 383 in Teknaf, 299 in Maheshkhali, 2478 in Sadar, 512 in Ukhiya, 329 in Ramu, 185 in Pekua and 100 in Kutubdia.

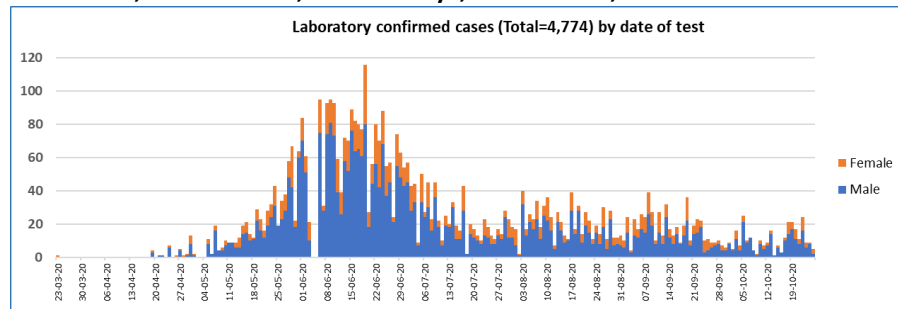


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

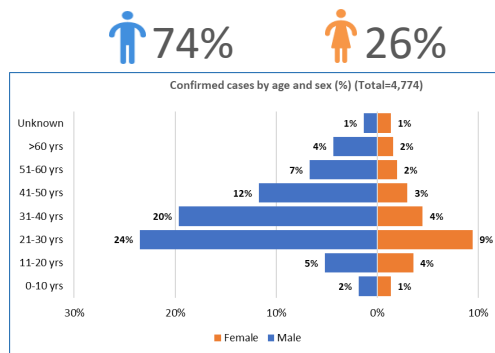


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

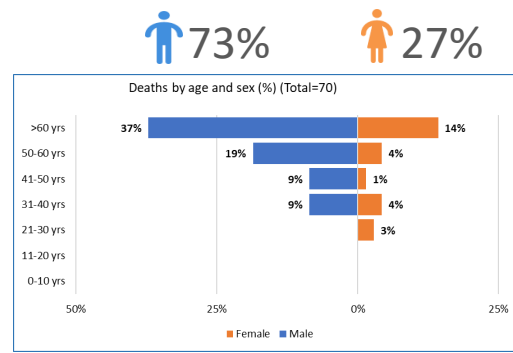


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

As of 25 October 2020, a total of 310 COVID-19 cases have been reported among Rohingya. With a total of 42 cases, Camp 24 has the highest number of cases to date further ahead from Camps 2W and 15 with 25 and 24 cases respectively and camp 3 with 23 cases. To date, 19 cases were reported from Camps 6 and 12 from Camps 4, 1W and 2E. Camps 7 and 17 had 11 cases each while Camps 1E and 18 reported 9 cases. As for Camps 5, 9 and 10, 8 cases were confirmed. To date, camps 12, 16, 22 and 26 register 7 cases each. Camps 8W, 11 and Naya-para RC identified 5 cases. The remainder Camps (19, 27, 25, 4 extension, 14, 21, 8 E, 23, 13, 20, 20 Extension and Kutupalong RC) had less than 5 cases.

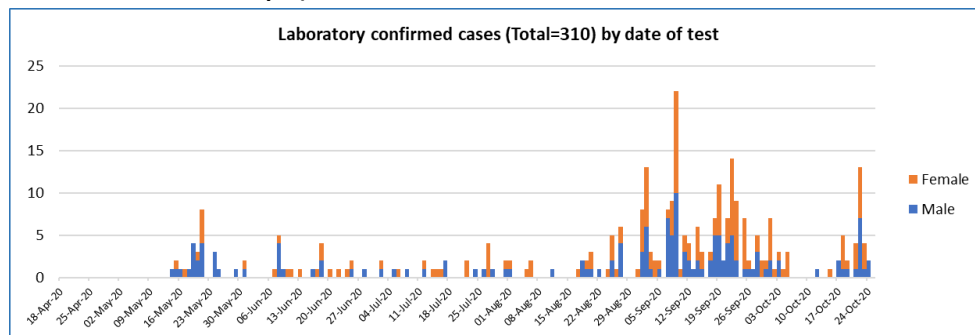


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

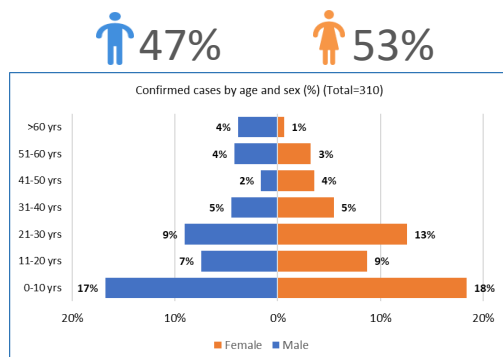


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

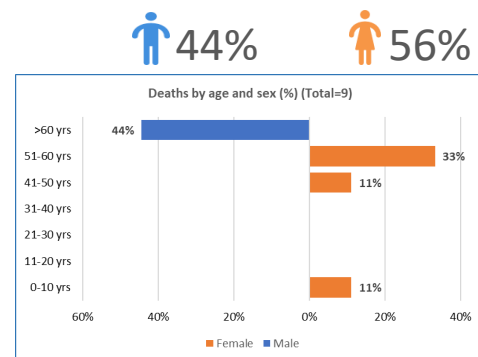


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

During the reporting period, 25 new COVID-19 cases were confirmed in the Rohingya refugee camps. The number of confirmed cases of COVID-19 in the Rohingya camps of Cox's Bazar, Bangladesh remains lower than initially estimated. To understand more about COVID-19 transmission in the camps, the Bangladesh Institute of Epidemiology and Disease Control Research (IEDCR) with support from WHO, UN-HCR, BDRCS and MSF, will undertake a seroprevalence study in all 34 camps to identify antibodies to SARS-CoV-2, the causative agent of COVID-19. Community based mortality surveillance is expected to start by end of November 2020. Supportive supervision of Community based mortality surveillance is under development and being revised by relevant partners to assist Community Health Workers Group implementing effective mortality surveillance.



WHO continues its support to the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox's Bazar Medical College comprising human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 25 October 2020, a total of 57 037 tests for COVID-19 have been conducted of which 49 029 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 was observed in week 43 (from 873 to 903 tests per one million population). A slight decrease was observed among the host community population (from 358 to 324 tests per one million population). Currently, 25 sample collection sites are operating for suspected COVID-19 patients.

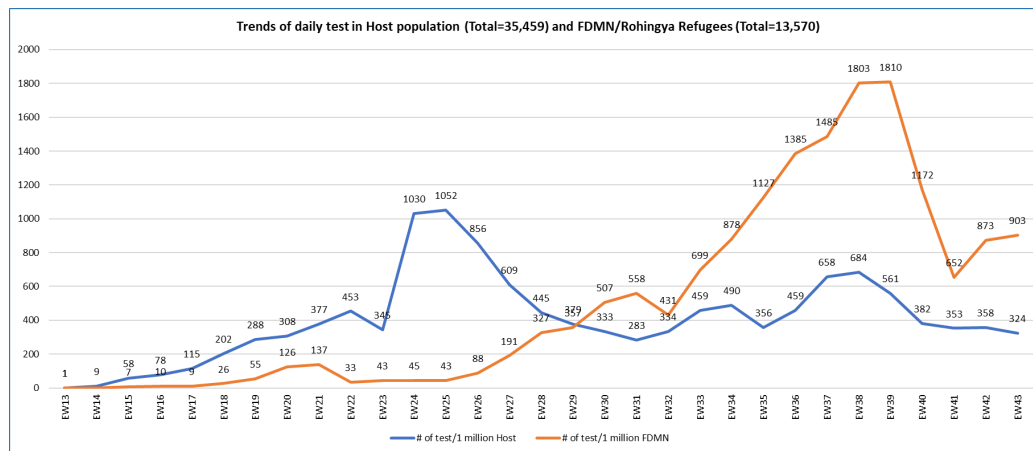


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

## INFECTION PREVENTION AND CONTROL

WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site to enhance COVID-19 preparedness. To date, training for Infection, Prevention and Control (IPC) has been provided to 1831 humanitarian health care workers and 814 government staff from Severe Acute Respiratory Infection (SARI) ITC partners and government facilities, respectively.

Following a planning and advocacy meeting for WASH FIT held last week, 11 organizations implementing WASH FIT had discussions with the WASH sector to seek support for the required improvements identified by trainees after a 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT) provided for 104 health care workers from 105 health facilities. The training included field visits and assessment with participants drawing action plans for improvements in general IPC, WASH, health care waste management at their respective facilities where essential health services are being delivered. Preliminary findings from 186 facilities indicated that about 40% met minimum standards as per WASH FIT indicators. To date, 208 health professionals from 179 health care facilities in Cox's Bazar have been trained on WASH FIT to support improvements in these facilities.



Photo: WHO recommendations on Infection and Prevention Control during COVID-19 pandemic to partners are present at every step of patient care, such as transport, triage or admission, thereby ensuring patient and health care worker safety until the patient is fit to go home.

The water quality surveillance training was completed, and field sample collection exercise started on 17 October 2020. So far 291 sources have been covered, and 582 household have been reached. WASH FIT assessment for SARI ITCs was conducted at 18 SARI ITCs including Sadar HDU/ICU. A report is expected for next week. IPC supportive supervision was conducted at three health facilities. Since September, 72 health care facilities, including 18 SARI ITCs and Isolation Units, have been visited across 25 camps.

## MONSOON AND CYCLONE PREPAREDNESS

The Health Sector and 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 accessible through the Health Sector Google drive. Contingency supplies such as Inter-Agency Emergency Health Kits (IEHK), trauma kits, surgical kits, cholera kits, SRH kits and other supplies have been stored at 20 locations in the districts and camps. Thirty-nine 24/7 priority health facilities have been identified in the camps. Twenty-three mobile medical teams and 19 dispatch and referral unit ambulances stand ready to respond to the adverse effects of cyclone and monsoon season. IOM has 11 ambulances dedicated for the MMTs. Camp wise contingency plans have been completed at 34 refugee camps to guide response to natural disasters and cyclone hazards. The Health Sector team continues to conduct monthly meetings to raise awareness on cyclone hazards. Camp level Health Sector teams remain in close contact with trained volunteers and site management agencies. Additionally, the Health Sector developed a 72 hours action plan for landfall, so partners are aware of their roles and responsibility in the event of an emergency.

The number of available SARI ITC beds has remained stable over the reporting period with now 14 SARI ITCs reporting 1106 beds of which 578 are ready to receive patients and another 528 are on standby. Three additional SARI ITCs are in the process of being established with approximately 159 additional beds being added to the overall SARI ITC bed capacity in Cox's Bazar district. At the same time some facilities have started reducing the number of their available beds by moving them into stand by mode or closing them down fully. This is reflective of the current situation in which the occupancy rate of SARI ITC beds has reduced to no more than 20-30% over a few weeks. WHO case management and SAG members are currently planning the need for SARI ICTs in Cox' Bazar throughout 2021, including respective budget requirements. Unsurprisingly this is not an easy calculation given the complexity of the pandemic. While the numbers of confirmed positive COVID-19 cases in the camps has been lower than the projected for 2020, the future epidemiological course is entirely unpredictable, and it is too early to know with certainty that it is safe to decrease response activities for 2021.

## ESSENTIAL HEALTH SERVICES

As routine immunization sessions continue, both fixed and outreach, WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of the COVID-19 pandemic. In this context, a new strategy and microplan has been implemented. Coverage data shows an increasing trend but due to the slow pace of tracking and mobilization of unvaccinated and under vaccinated children, immunization coverage remains low. Vaccine-Preventable Disease surveillance is being closely monitored by government authorities with WHO's technical support. SIMOs and Health field monitors (HFMs) continue to visit health facilities for surveillance, monitoring and investigation while contributing to the National AFP & VPD surveillance system. As part of this system, 13 health facilities have been identified as very high priority (VHP) sites and 38 high priority (HP) as active surveillance sites. VHP and HP sites are visited weekly and bi-weekly respectively. Since the establishment of active surveillance, on 18 August 2020, more AFP and measles cases were reported than in the first seven months of the year showing increase in surveillance sensitivity. WHO health field monitors and Emergency Immunization and Surveillance Officers (E-SIMOs) are monitoring the program in order to ensure vaccines and logistics distribution, cold chain management and proper field management. House to house monitoring continues with Health field monitors (HFMs) instructed to visit at least 21 eligible children per day. Two weeks data shows that 77% of the children were born at home (Total=2134) and 72% did not receive BCG vaccine within 14 days after birth. Of these children, 71% were partially vaccinated and 7% unvaccinated (total=2144). Among their families, 37% were not aware of the importance of immunization, in 28% of the cases the child was sick, 19% feared COVID-19 and the remaining were not informed of immunization. The role of the community health workers was found to be relatively impactful as 60% of the families referred having been informed about immunization.



Photo: WHO Deputy Representative in Bangladesh, Dr Bhupinder Aulakh, was in Cox's Bazar to visit health facilities supported by WHO and funded by the World Bank.

WHO/James P Grant School of Public Health (JPGSPH) completed a 3-day training on NCD risk factors, screening and behavioural interventions for 6 government field workers including community health care providers, health inspectors and health assistants working at Teknaf Upazila. To date, WHO has supported 95 government health facilities across five Upazilas in Cox's Bazar district on gap-filling basis with digital blood pressure machines, stethoscopes, glucometer with strips, weight machines, height scales and urine strips.

WHO, the Civil Surgeon and the SRH sector completed a training for 25 health care providers on Adolescent Sexual and Reproductive Health and Rights (ASRHR) in humanitarian settings. This is the first time such training is conducted in Cox's Bazar since the influx in 2017.

WHO with the Civil Surgeon and iccdr,b completed the training of additional 20 healthcare workers on management of Acute Watery Diarrhea in preparation for the "AWD season" in the host community adjacent to the refugee camps in a total of 182 trained this season.

## OPERATIONAL SUPPORT AND LOGISTICS

During the reporting period, a total of 4105 Kg of supplies including COVID-19 related items, Cholera kits and IEHK basic kits were distributed to implementing partners in the refugee camps. Additionally, 145 oxygen concentrators were distributed to eight locations in District Upazilas. A total of 7403 Kg and 27.12 CBM of PPE items were stored at a WHO warehouse and SRH kits are currently being placed in the contingency preposition containers in the camps. Technical support to the CERF funded Friendship SARI ITC is ongoing, including facility layout, patients and staff flow, bed spacing, ventilation and waste management. Continuous support with two vehicles for DRU activities and two vehicles for sample collection in the camps is being ensured by WHO.

## POINTS OF ENTRY

Sixteen out of 19 Points of Entry are functional in different strategic points of entry into the camps. BRAC has identified 5 screeners for the three POEs that need human resources who will start next week. Between 19 to 25 October 2020, a total of 81 929 individuals have been screened. The teams continue working to identify febrile passengers and pedestrians for education and referral to health facilities.



## SUBJECT IN FOCUS: Establishing laboratory quality amidst a humanitarian crisis

Three years back when over 860 000 Rohingya refugees reached Cox's Bazar fleeing violence in Rakhine State in Myanmar, there was no laboratory in Cox's with the capacity to help health professionals and public health coordinators prevent, detect and control major outbreaks of communicable diseases. Soon after, the World Health Organization (WHO) supported the Institute of Epidemiology, Disease Control and Research (IEDCR) in establishing a field laboratory at the Cox's Bazar Medical College. In the years since, the lab supported the early detection of outbreaks due to vaccine preventable & other communicable diseases, playing a very important role in the Rohingya humanitarian crisis.

### Establishing a Laboratory: 2018/2019

Rapidly available, reliable, large scale testing is required to ensure appropriate and targeted public health response. The IEDCR Field Laboratory serves a catchment area of Cox's Bazar District, Bandarban District and two Upazilas of Chittagong District with approximately five million inhabitants. Testing capacity in Bangladesh is largely concentrated in Dhaka, including diphtheria and jaundice samples collected in the refugee camps, thus the necessity to create capacity for laboratory testing in Cox's Bazar. WHO supported the establishment and setting up of the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox's Bazar Medical College and has since supported it in terms of human resources, equipment, supplies/consumables and technical and operational expertise.

Further to this, WHO provided basic trainings on Microscopy for Laboratory Personnel in the district to strengthen their ability to detect, assess and respond to public health events and increase quality of diagnostic services. By doing so, it was possible to foster good public health laboratory practices and reduce the gap between field epidemiology and diagnostic laboratory services among the 200 health facilities currently operating in the Rohingya Refugee camps. WHO has also supplied the laboratory with rapid diagnostic kits, personal protective equipment, waste disposal bags and bins, consumables and reagents to multiple laboratories. The field laboratory has been serving as a referral laboratory for infectious diseases diagnosis by providing molecular and immunological diagnostic testing facilities. Since 2019, the IEDCR field laboratory has been extended to include bacteriological culture of infectious microorganisms. WHO's support to the laboratory has continued during COVID-19 with consumables which have included more than 72 000 examination gloves, 2700 face shields, 3600 N95 or equivalent masks, and 15 900 surgical masks, 1290 gowns and 1200 coveralls, to support protection of health care workers from occupational exposure to COVID-19.



Photo: Cox's Bazar Medical College where the IEDCR Field Laboratory was established in 2018.



Photo: Currently 30 specialised staff are ensuring quality results at the laboratory, 22 of which supported by WHO.

The work of WHO in humanitarian crisis is to keep people safe and serve the vulnerable, in the context of these dramatic events. WHO's role is to assist the Government of Bangladesh (GoB) to reduce mortality and morbidity. As such, WHO has been supporting the IEDCR Field Laboratory at Medical College in an effort that has saved many lives in Cox's Bazar.

### Outbreaks Averted

Those living in the camps are vulnerable, particularly to outbreaks of communicable diseases, due to high population densities, poor WASH conditions and immunization uptake. Outbreaks in the past years have included diarrhoeal diseases, measles, diphtheria, chickenpox and respiratory infections like COVID-19.

In the past three years, the IEDCR Field Laboratory in Cox's Bazar was able to support public health interventions to prevent and respond to outbreaks through timely testing. In 2018, WHO supported the analysis of samples collected from refugees who were presenting with yellowing of eyes, commonly referred to as Acute Jaundice syndrome. The results found were very important in informing the health sector of key priorities to reduce concerns of an outbreak.



Photo: Rapid Diagnostic Test (RDTs) for diarrhoeal diseases being conducted at the host community in Teknaf, Cox's Bazar.

### The key role of the Field Laboratory during the COVID-19 pandemic

Supported by WHO, the laboratory is being instrumental to provide testing and timely diagnosis for COVID-19 for Cox's Bazar, Bandarban and part of Chattogram districts, including the densely populated Rohingya refugee camps.

When the first COVID-19 case was reported in Bangladesh, WHO with the Civil Surgeon and the leadership of IEDCR, Medical College was set up to initially support sample transportation to Chittagong. The first sample was transported on 23 March 2020 and on the same day the first COVID-19 positive case in Cox's Bazar was confirmed.

Since then, the laboratory has increased the number of tests conducted day by day. As of 25 October 2020, a total of 57 037 tests for COVID-19 have been conducted at the Field Laboratory of which 49 029 are from Cox's Bazar district. Upon approval from the government, and recalibration of the Biosafety cabinets in the Laboratory supported by WHO, the first sample was analysed at the laboratory on 2 April 2020. The laboratory's human resources play an important factor in establishing continuous delivery of results within an acceptable turnaround time to aid response interventions of isolation, quarantine and treatment options.

In preparation for the COVID-19 response, WHO supported the laboratory with recruitment of key personnel upon a request from Civil Surgeon and IEDCR. These included a Microbiologist, Medical technologists and currently 30 staff are supporting the laboratory and ensuring that results are analysed meeting the international quality standards and maintaining a turn around time of 24-48 hours. Tested samples receive regular quality assurance checks from IEDCR laboratory verification, on a regular basis.

WHO jointly with the UK-Public Health Rapid Support Team (UK-PHRST) supported the review and harmonization of protocols to reduce possible chances of contamination and further contribute to quality assurance of the COVID-19 testing process. Additionally, in August a third PCR machine was installed with a capacity to conduct 1500 COVID-19 tests per day. As of 25 October 2020, 13 454 Rohingya refugees have been tested against COVID-19 and 310 were positive. WHO has also provided COVID-19 biosafety and Infection Prevention and Control trainings to 269 health care workers currently supporting sample collection and transportation.

### Envisioning the future

Following a request from IEDCR-Dhaka, WHO is supporting the expansion of the laboratory to have capacity to conduct molecular and microbial analyses including culture of microorganisms which will greatly support management of conditions that present with fever of unknown origin. Plans are to expand testing capacity including for anti-microbial resistance in Cox's Bazar. Discussions are also ongoing to expand laboratory's to support for early infant diagnosis of HIV in children born to mothers with HIV and considerations for analysis of samples of vaccine preventable diseases like measles, which to date are currently being transported to Dhaka.

And while COVID-19 testing is expected to continue throughout 2021, considering that confirmed cases of COVID-19 in the refugee camps remains lower than initially estimated, the Bangladesh Institute of Epidemiology and Disease Control Research (IEDCR) with support from WHO, UNHCR, BDRCS and MSF, will undertake a seroprevalence study in all 34 camps to identify antibodies to SARS-CoV-2, the causative agent of COVID-19.



Photos: Every day, samples from COVID-19 suspected cases come from all parts of Cox's Bazar District to be tested at the IEDCR Field Laboratory.

	Last 24 hours	Total
COVID-19 tests conducted	11 103	2 257 589
COVID-19 positive cases	1308	398 815
Number of people released/recovered	1544	315 107

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"



## CONTACTS

Dr Bardan Jung RANA  
 WHO Representative  
 WHO Bangladesh  
 Email: [ranab@who.int](mailto:ranab@who.int)

Dr Kai VON HARBOU  
 Head of Sub-Office  
 WHO CXB Sub-Office  
 Email: [vonharbouk@who.int](mailto:vonharbouk@who.int)