







*PHOTO: The International Year of the Nurse and the Midwife, 2020 and the inception of the battle against the COVID-19 pandemic has put in evidence the extent to which nurses and midwives lead the way to quality health care. This year was the perfect opportunity to say thank you.*

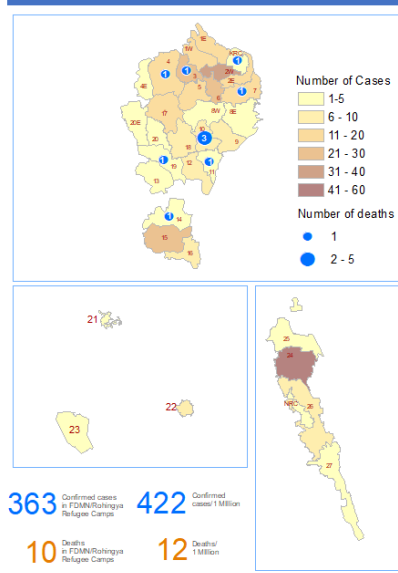
## HIGHLIGHTS

- During the reporting period, the health sector conducted four individual interviews with three stakeholder groups from health partners including one with women leaders from a health committee to document lessons learnt as part of a story telling project on successes, impacts and challenges in integrating Gender Based Violence (GBV) within the health sector response.
- SARI ITC network partners and other critical stakeholders are currently involved in developing a critical patient transfer system between the SARI ITCs which includes a strengthened health workforce, upgraded 24/7 ambulance availability and revised standard operating procedures that incorporate lessons learned from the past six months of referral of COVID-19 critically ill patients to Sadar Hospital ICU.
- A seroprevalence study for antibodies against SARS CoV-2, the causative agent of COVID-19, is currently underway in the Rohingya camps. The study is led by IEDCR and facilitated by various partner organizations. At the time of reporting around 1500 samples have been collected from the approached households. Camp level coordination, supervision and monitoring are supported jointly by IEDCR, Health Sector, WHO and BDRCS teams on the ground.
- SUBJECT IN FOCUS: Cox's Bazar Field Laboratory - Achievements to date**

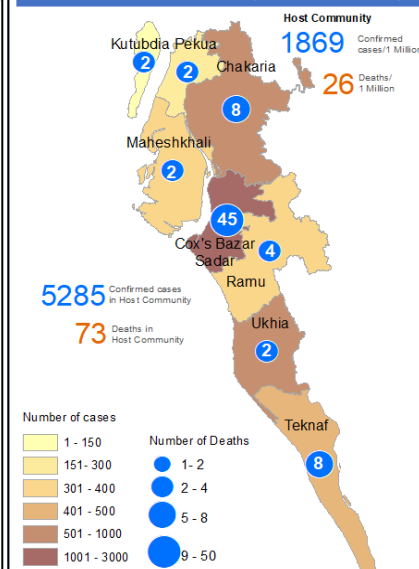
	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	5 285	363
 Total cases in isolation in Cox's Bazar	171	16
 Total number of tests conducted	44 957	20 462
 Total deaths due to COVID-19	73	10

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 conducted four individual interviews with three stakeholder groups from health partners including one with women leaders from a health committee to document lessons learnt as part of a story telling project on successes, impacts and challenges in integrating Gender Based Violence (GBV) within the health sector response. Through WHO, a local photographer also visited a selected number of health facilities to capture images of health service environments and providers to accompany the stories and experiences of the interviewees. The remaining interviews will be completed in the coming week. Financial evaluation of the proposals for the assessment on the impact of COVID-19 on GBV health services was finalized and the process of selecting the vendor to carry out the assessment is underway. A total of thirteen (13) camp level Health Sector partners coordination meetings were held at Ukhiya and Teknaf Upazilas over the reporting period. A seroprevalence study for antibodies against SARS CoV-2, the causative agent of COVID-19, is currently underway in the Rohingya camps. The study is led by IEDCR and facilitated by various partner organizations. At the time of reporting around 1500 samples have been collected from the approached households. Camp level coordination, supervision and monitoring are supported jointly by IEDCR, Health Sector, WHO and BDRCS teams on the ground. The Health Sector team continues to publish weekly COVID-19 updates highlighting key activities of health sector partners to curb the spread of COVID-19 among host and Rohingya communities in Cox's Bazar. The Health Sector Coordination team presented a summary of the Health sector portion of the Joint Response Plan to district authorities in a consultative meeting this week. A total of 36 projects were submitted for consideration to the Health Sector, minor budget adjustments are currently being made to the final projects to finalize the Health section.

COVID-19 Cases in Rohingya Camps (As of 13 December 2020)



COVID-19 Cases in Cox's Bazar District (As of 13 December 2020)



## 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 13 December 2020, a total of 5285 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 527 in Chokoria, 104 in Kutubdia, 333 in Maheshkhali, 212 in Pekua, 359 in Ramu, 2761 in Sadar, 435 in Teknaf and 554 in Ukhiya.

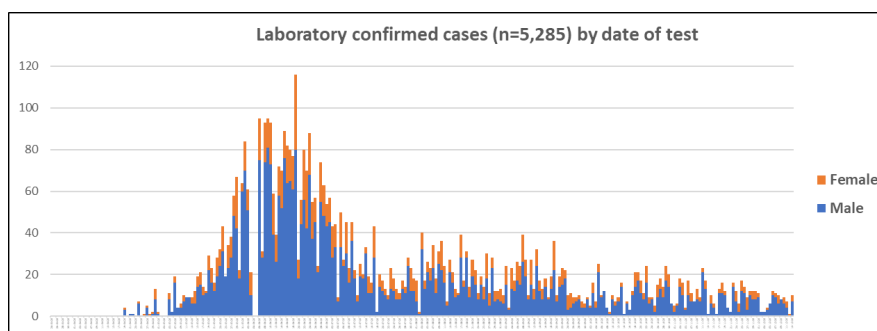


Figure 1: COVID-19 positive cases among host population in Cox's Bazar District

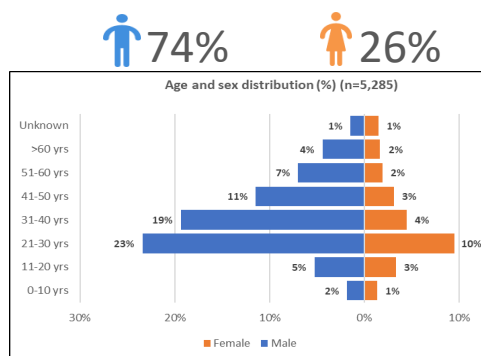


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

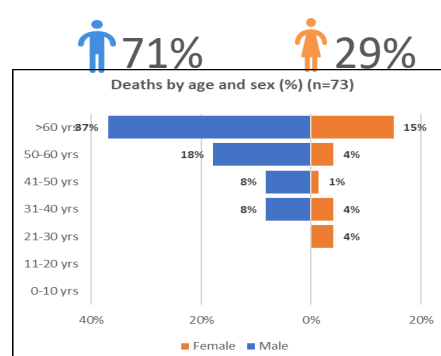


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

As of 13 December 2020, a total of 363 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 36 and Camps 3 and 15 with 27 and 25 cases respectively. To date, 22 cases were reported from Camp 6, 17 from Camp 2E and 14 from Camp 4. Camps 1W, 7 and 17 had 12 cases each. Camps 1E and 5 registered 11 cases and Camp 10 identified 10 cases while Camps 18 and 26 reported 9 cases.



As for Camps 9, 16 and 22, 8 cases were reported. Camp 12 registered to date 7 cases. Camps 8W, 11, 19, 20 Extension and Naya para RC identified 5 cases. The remainder Camps (Kutupalong RC, 4 Extension, 8E, 13, 14, 20, 21, 23, 25 and 27) had so far less than 5 cases. A camp wise dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) has been embedded in the RIRT for COVID-19. So far, 330 out of 363 confirmed COVID-19 cases have been inserted in the Go.Data including 1244 (91%) contacts to be followed up by the CT network. Out of these, 985 (79%) contacts have seen their follow up visits completed. Thirteen contacts (1.3%) became confirmed cases during the follow up period and similarly 4.8% cases have contacted with a suspected or confirmed COVID-19 case. WHO is closely supporting the contact tracing through the Camp Health & Disease Surveillance Officers (CHDSOs).

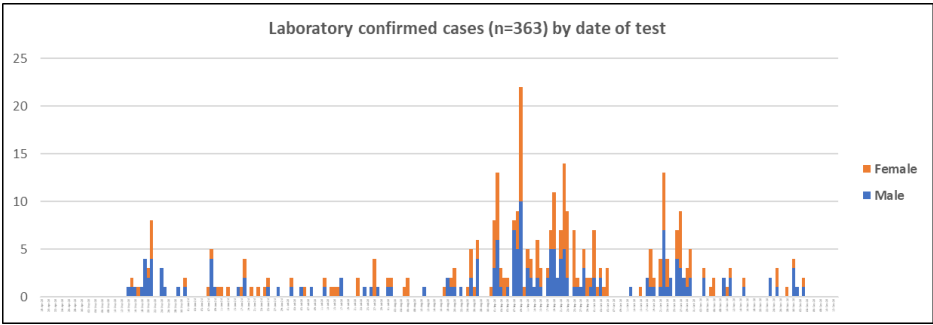


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox’s Bazar

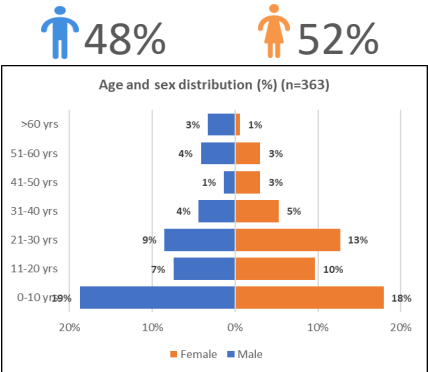


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox’s Bazar

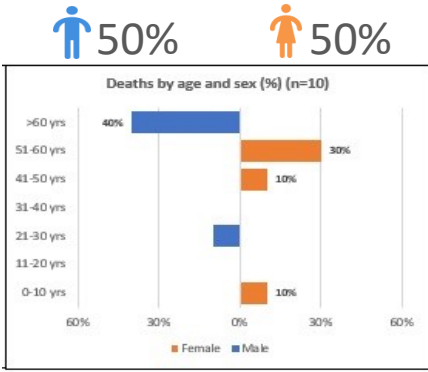


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox’s Bazar

As of week 50 (07 - 13 Dec) there are 363 confirmed cases of COVID-19 (SARS-CoV-2) detected out of 20 462 samples tested. During the reporting period no new confirmed cases were detected among the 811 samples tested, hence the test positivity is 0.0%. So far, the incidence is 42.2 per 100 000 people. The overall positivity of all samples tested is 1.8%. To date, all 34 camps have reported confirmed cases. The total of 10 deaths from COVID-19 represents a case fatality rate of 2.8%. So far, 8.6% of the cases showed severe symptoms at the time of admission while 6.7% reported at least one co-morbidity. Although the median age of tested samples is 10 years, a significant proportion has been tested among 40+ years (233 per 10 000 people), however the highest number is 345 tests per 10 000 people among patients aged 0-9 years. The test positivity was highest in the 30-39 age cohorts with 2.6% and then the 40+ age cohort with 2.4%. The age specific mortality was highest among 50+ years with 0.9% per 10 000 people. Twenty-seven health facilities including SARI ITC and PHC are functional for sample collection of suspected COVID-19 cases. A further decrease in the number of tests conducted among Rohingya refugees was observed in week 50 (from 1230 to 811) as well as in the host community population (from 1553 to 1016). In 2020, 22 Acute Watery Diarrhea (AWD) Rapid Diagnostic Test (RDT) positive cases for Cholera have been verified of which 17 qualified for JAT investigation, including two in the reported week (Week 50). Cumulatively, three cases have been confirmed by culture of *Vibrio Cholerae*, the causative organism for Cholera: one among Ukhiya Host Community, one among Teknaf Host Community and one in the Rohingya Refugee camps. One (1) result is still pending, and others tested negative for culture. Twenty (out of 23) sentinel sites for cholera surveillance are functional including two UHCs and one DTC (located at Leda near camp 24) in Ukhiya and Teknaf testing around 200 samples per month. WHO is supporting with RDT kits for Cholera to the testing sites.

RDT POSITIVE & CULTURE CONFIRMED FOR CHOLERA CASES IN 2019-20 (N=280)

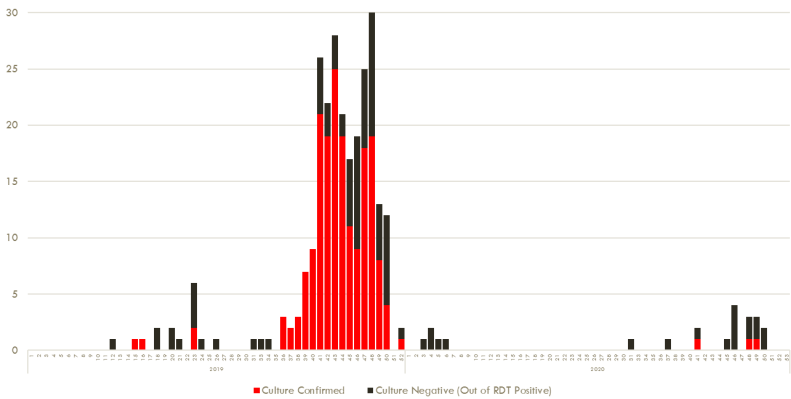


Figure 7: RDT positive and culture confirmed for Cholera cases in 2019-20

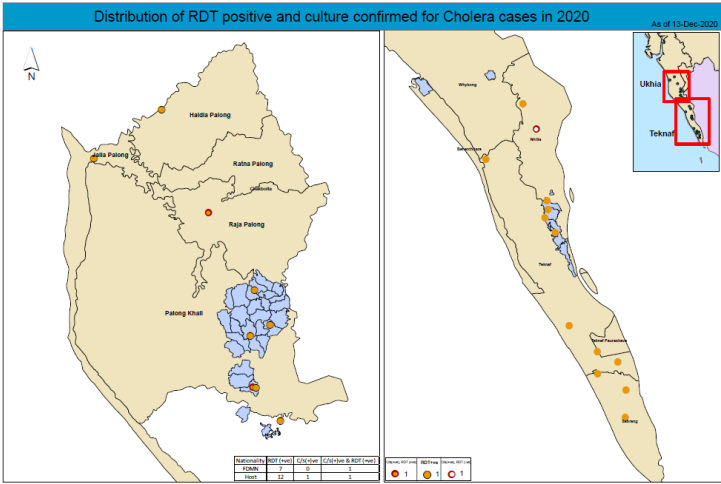


Figure 8: Distribution of RDT positive & culture confirmed for Cholera in 2020

In 2020, a total of 219 Diphtheria cases have been reported (16 confirmed, 7 probable and 196 suspected) through surveillance mechanisms. The Diphtheria outbreak started in late 2017 and as of now a total of 9186 cases were reported (341 confirmed, 2785 probable and 6060 suspected), having resulted in 47 deaths. In response, three rounds of Diphtheria vaccination campaigns took place in 2017-18 and further routine immunization has been stabilized as of May 2018 and currently ongoing. Contact tracing and contact vaccination is under implementation as part of the active outbreak response. Investigating mortality due to suspected potential causes i.e. SARI, Cholera, Measles, Diphtheria etc. is ongoing. In the reporting period, one suspected SARI death has been investigated. So far, 48 suspected SARI deaths have been reported in 2020 through community-based mortality surveillance. Among these, all were verified and 43 qualified for detailed investigation. Three deaths were considered as probable for COVID-19 and responded to as per current COVID-19 surveillance Standard Operating Procedures (SOP). Additionally, four deaths due to suspected Acute Watery Diarrhea with severe dehydration and three deaths from suspected Measles were investigated and reclassified in 2020. Early Warning Alert and Response System (EWARS) (Indicator based surveillance): Acute Respiratory Infection (19.2%), Diarrheal Diseases (6.4%) and Unexplained Fever (1.9%) were the diseases with highest proportional morbidity in the year 2020. Injury, either intentional or unintentional, was another condition reported through EWARS as contributing for a higher proportional morbidity as well (2.5%). Fewer Malaria, Measles and Varicella cases were reported compared to 2019 with a morbidity of 0.1% this year. EWARS supportive supervision for health facilities is ongoing. More than 60% of health facilities have been visited and surveillance activities assessment accomplished, expected to be completed by the end of 2020. This activity has been carried out under the yearly EWARS supportive supervision plan. Overall findings from the supportive supervision and recommendations will be shared through a report in January 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, 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 CHWs conducted 155 954 household visits in which 3659 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 17 patients were identified with moderate/ severe symptoms. The cumulative number of mild patients is 70 751, and 234 moderate/ severe patients. 1517 persons with COVID like symptoms were referred to health care facilities from a total of 30 801 to date. Through coordination by the CHWG, COVID-19 messages reached 310 566 persons between 7 and 13 of December. Since the beginning of the response, CHWs have conducted more than 4.33 million household visits and had contacts with a cumulative number of more than 13.1 million adult household members. Through the CwC WG, another 44 406 people were engaged in 13 858 small group sessions. Furthermore, 1416 CHWs have been oriented on seroprevalence study with 136 currently supporting the study by obtaining consent and helping navigate sample collection activities, among others.

Data collection for the informal health survey was completed in the reporting period. 800 responses have been obtained from users of the informal health services and 20 informal health practitioners have been interviewed. The main objective of the survey is to gain an understanding of the informal health sector in Rohingya camps to enable increased communication and dialogue and enhance communication relationship on health issues and support ongoing efforts in the improvement of health literacy of refugees to enable them to make informed decisions about health care providers for harm reduction and safety of patients.

### 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. From early April until 13 December 2020, a total of 76 655 tests for COVID-19 have been conducted of which 65 419 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. A decrease in the number of tests conducted among the Rohingya and the host community population was observed in week 50, from 1230 to 811 tests and from 1553 to 1016, respectively. Currently, 27 sample collection sites are operating for suspected COVID-19 patients. The Field Laboratory is playing a key role in testing the samples collected in the Rohingya camps for the COVID-19 seroprevalence study. To date, more than 1500 refugees participated in the study. Testing was initiated this week after deployment of ELISA kits for detection of antibodies against COVID-19.

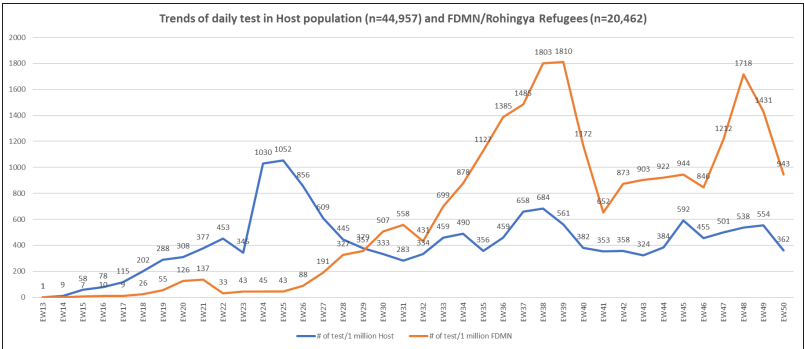


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

To date, training for Infection, Prevention and Control (IPC) has been provided to 2390 humanitarian health care workers and government staff from Severe Acute Respiratory Infection (SARI) ITC partners and government facilities. Supportive supervision was conducted in 06 World Bank (WB) funded health care facilities across different camps in Ukhiya (03 Health Posts, 01 Community Clinic, 01 PHC and 01 UHC) serving both Rohingya refugees and host communities. Relevant technical issues regarding WASH & HCWM at these different health facilities were addressed and on-site recommendations were provided to the respective facility management. WHO's findings on WASH FIT assessment in SARI ITCs were presented at the Case Management Technical Working Group coordination meeting. WHO provided training for Infection Prevention and Control (IPC) to 12 staff of Light house Bangladesh. This organization provides sexual and reproductive health and rights services addressing AIDS/STD control and prevention.

## CLINICAL CASE MANAGEMENT

During the reporting period there were no changes in bed capacity thus the number of operational beds stands at 638 with additional 550 beds on standby. The operational bed capacity will reduce as of the beginning of the new year with partners adapting their capacity effectively and efficiently to the current low transmission scenario in the camps. Bed utilization remains at 10% at the time of reporting with 35 mild/moderate, 27 severe and 4 critical cases being reported in the SARI ITC Dashboard on 15 December 2020. This week, the first of two batches of Basic Emergency Care (BEC) training has been concluded in which SARI ITC nurses and doctors built their critical care capacity to ensure safe transfer of critically ill patients with COVID-19 to the Intensive Care Unit (ICU) at Sadar Hospital. The BEC will be completed next week and is expected to directly benefit 29 health care workers. A number of dedicated SARI ITC network partners and other critical stakeholders like the ICU team at Sadar Hospital, are currently involved in developing a critical patient transfer system between the SARI ITCs which includes a strengthened health workforce, upgraded 24/7 ambulance availability and revised standard operating procedures that incorporate lessons learned from the past six months of referral of critically ill patients to the Sadar Hospital ICU.

## 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 860 000 Rohingya refugees in the camps and 472 000 Bangladeshi living in the surrounding areas. 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. During the reporting period, WHO organized a round of mhGAP training for 26 health care professionals including 10 doctors, 2 nurses, 6 psychologists and 8 councilors (11 female and 15 male) from Government and partner agencies. This year, WHO has trained a cumulative number of 155 health care professionals in an effort to integrate Mental Health services in the Primary Health Care services. WHO has also organized supervision sessions in the field for continued capacity building to better integrate these services and continues to actively participate in the MHPSS working group and suicide prevention subgroup's biweekly meetings.



Photo: WHO MHPSS Consultant, Dr Mushfique Mahmud facilitating a training for 26 health care workers.

Routine immunization sessions continue, both fixed and outreach, with WHO's guidance on the operation and sustaining of immunization programs during the COVID-19 pandemic, a revised strategy and microplan which have been implemented. To strengthen Routine Immunization and Vaccine Preventable Disease (VPD) surveillance through fixed vaccination sites, WHO has completed a Training on Infection Prevention and Control (IPC) modules of COVID-19 for vaccinators in Teknaf Upazila. 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.

## 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. The Health Sector in collaboration with WHO, IOM, UK MED Team and Australian RedR made final arrangements for a 3-day long training for the clinicians of medical hubs on emergency and trauma care scheduled to start on 20 December 2020. A medical hub is a medical focal point in the Emergency Preparedness and Response (EPR) catchment area and would receive referrals from the field and possibly other facilities in the aftermath of a disaster. Additionally, in the event that there is limited or no communication, the medical hub would receive reports from the field and other organizations, and report to the health emergency operations center (HEOC), or to the catchment area coordination hub.

\*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.



During the reporting period, a total of 1866 Kg and 28.65 Cubic meters of Medicines, Viral Transport Medium (VTM) for diagnosis of COVID-19, Gender Based Violence (GBV) stationary and medical equipment were distributed to implementing partners in the camps. In support to the seroprevalence study currently being conducted in the camps, 300 packages including Personal Protective Equipment (PPE) and sample collection tools were transported to Ukhiya and Teknaf Upazilas. Three vehicles are supporting the teams in the field. Following a plan to distribute spare parts of 300 oxygen concentrators to the government and partner, 95 of these were distributed in the reporting period and 50 more will be delivered in the coming week. WHO continues its support to Dispatch and Referral Unit (DRU) activities and sample collection in the camps with four vehicles.

## POINTS OF ENTRY

Fifteen out of nineteen points of entry (POE) have been functional in different strategic locations around the camps. A total of 37 892 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 presenting fever. Three POE are closed as a result of Education Sector staff returning to their regular duties, but efforts are on-going to replace staff for continued screening.

## SUBJECT IN FOCUS: Cox's Bazar Field Laboratory - Achievements to date

Rapidly available, reliable, large scale testing is required to ensure appropriate and targeted public health response. The Institute of Epidemiology, Disease Control and Research (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.



Photo: The Cox's Bazar Field Laboratory has been key for the early detection of disease outbreaks in the refugee camps and host communities.

### Context

Testing capacity in Bangladesh used to be largely concentrated in Dhaka, so much so that samples collected from persons with Diphtheria-like signs and symptoms or with jaundice in the refugee camps were sent to the Bangladesh's capital city for testing hence the importance of creating capacity for laboratory testing in Cox's Bazar to enhance disease surveillance and outbreak investigation in the Rohingya humanitarian crisis. Three years ago, when 860 000 Rohingya sought refuge in Bangladesh's southernmost district, WHO supported the establishment of the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) at the Cox's Bazar Medical College and has since been providing support with human resources, equipment, supplies/consumables and technical and operational expertise.

### Fostering good public health laboratory practices

Since the inception of the IEDCR Field Laboratory in Cox's Bazar, WHO provided basic training on microscopy for laboratory personnel in the district to strengthen their ability to detect, analyze samples and improve quality of diagnostic services and support response to public health events. 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. To date, as part of its diagnostic services, the IEDCR field laboratory provides testing for COVID-19, Diphtheria, Influenza, Chikungunya, Zika, Hepatitis, Dengue, Leptospira, Scrub Typhus by PCR, ELISA and other tests relevant to microbiology for rapid diagnosis and early detection of diseases affecting the refugee and/or host populations in case of outbreak. Since 2019, the field laboratory has been extended to include bacteriological culture of infectious microorganisms.

WHO's support 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: WHO training on Microscopy for Laboratory Personnel that reached 50 specialized staff in Cox's Bazar in 2019.

The Diphtheria outbreak in late 2017 (the first case was confirmed on 8 November), affected at least 3160 people in the refugee camps and among host populations. In response, resources (including collection and packaging and transportation items) were mobilized through WHO for sample collection and daily transportation by air to the IEDCR Laboratory in Dhaka. Human resources including one microbiologist and two medical technologists were recruited and trained to support diagnosis in Cox's Bazar. Two years and 8 months since, the field laboratory has continued to support diagnosis of Diphtheria leading to control of the outbreak. IEDCR continues to test samples for Diphtheria as part of ongoing disease surveillance. To date over 9100 tests have been tested through this laboratory. In the following year, when an increasing number of health facilities reporting patients presenting fever and jaundice as the symptoms indicating Acute Jaundice Syndrome (a condition in which the skin, whites of the eyes and mucous membranes turn yellow because of a high level of bilirubin), the IEDCR laboratory, supported by WHO, conducted the analysis of samples collected from Rohingya patients. The laboratory results were key to inform patient management at clinic level and were used by the health sector to guide on messaging to reduce concerns of an outbreak with appropriate related risk communication messages and tools.



Photo: A Rohingya patient being tested for COVID-19 in a sentinel site in the Cox's Bazar refugee camps.

**COVID-19: Upholding the district's testing capacity amidst a pandemic:** When the COVID-19 pandemic was declared in early 2020, the IEDCR Field Laboratory supported by WHO quickly took action to respond to WHO's global calls for testing as the key to strategy for outbreak response and control. To that end, additional and highly qualified laboratory staff were hired including a microbiologist, medical technologists, a data manager, among others, that contributed to meet the COVID-19 sample testing requirements and indicators set by the health sector which are in line with global and national guidance. Since April, the laboratory at the Cox's Bazar Medical college has tested over 76 000 COVID-19 samples and remain a vital part of the COVID-19 response in the district by providing testing and timely diagnosis for Cox's Bazar, Bandarban and part of Chattogram districts, including the densely populated Rohingya refugee camp. These personnel support is currently operationalizing three PCR-RT machines which were procured by WHO as part of health system strengthening and COVID testing capacity building efforts.

**Expanding laboratory testing and capacity building options for Cox's Bazar:** In May 2020, the IEDCR Field Laboratory took the important decision to strategically expand its dimension and technical areas. In addition to ensuring laboratory testing quality with support from WHO, decision was made to expand its structure for increased capacity for storage, processing and analysis of samples and to support microbial cultures for host communities and Rohingya refugees. The first phase of the expansion has greatly contributed to the ongoing seroprevalence survey that requires samples to be collected and stored at up to -70 degrees. So far, 1500 samples (from 6200) have been collected and stored at the IEDCR laboratory for the COVID-19 seroprevalence survey which aims to ascertain the population-level exposure to SARS-CoV-2 across the refugee camps as part of the nation-wide study to advise interventions for the COVID-19 response in Bangladesh.

**Skills Laboratory and training venue:** At the Cox's Bazar Medical College, which is the Centre of reference for laboratory testing in Cox's Bazar, the IEDCR Field Laboratory, another center of reference in training in form of a skills laboratory for nursing and midwifery students and health care workers has been established. The creation of this skills laboratory with support from the health sector and led by WHO has allowed access to equipment tools, space, and opportunities for skilled mentorship needed for building technical skills and knowledge for all health workers in Cox's Bazar including those from government and humanitarian organizations. Through this skills laboratory, trainees are expected to refine skills for use of Non-Pneumatic Anti Shock Garments (NASG) for management of shock resulting bleeding associated with giving birth, conducting assisted vacuum delivery, helping babies breathe, helping mothers survive, and several baby delivery techniques used in the management of abnormal presentations which if not handled in time can lead to complicated deliveries. Between June and July 2020, the conference venue situated at the Medical college where the IEDCR laboratory is situated supported capacity building efforts of the health sector and WHO in meeting training objectives while ensuring the recommendations for measures to prevent the risk of COVID-19 infections. Training included clinical case management for COVID-19 for 37 health care workers, safe and dignified burial for 25 health care workers and 27 health workers trained on Quality in the laboratory - an overview of standards & good practice and Standard Operating procedures (SOP)s and Risk Assessments and PCR assay validation and verification to contribute to the respective pillars of the COVID-19 response.



Photo: WHO Representative, Dr Bardan Jung Rana, with WHO Laboratory Expert, Debashish Paul, and WHO Public Health Team Lead, Dr Simon Kaddu Ssentamu, examining the layout of the expansion plan.

The establishment and continued operationalization of the laboratory has been made possible with the generous support from various donors, including the World Bank, UK Department for International Development (DFID), the Bureau of Population, Refugees, and Migration in the US (BPRM), the European Commission Directorate General of Humanitarian Aid and Civil Protection (ECHO), including funding from the UN, among others.

	Last 24 hours	Total
COVID-19 tests conducted	19 054	3 005 512
COVID-19 positive cases	1877	494 209
Number of people released/recovered	2884	426 729
COVID-19 deaths	40	7129

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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