**COVID-19 Outbreak Response Coordination Group for the 9 temporary shelters along the Thai-Myanmar border (National Level)**

**13th Meeting, 23 June 2020**

**Participants**: **ADRA** (Emily Grose), **BPRM** (Sarinya Moolma), **CDC** (Barbara Knust), **EU** (Khobkun Inieam), **IOM** (David John), **IRC** (Darren Hertz), **JRS** (Father Joe Hampson), **MI** (Per Vogel), **MoFA** (Khun Kiradit), **TBC** (Sally Thompson), **UNHCR** (Pia Paguio, Alessandro Nobile, James Ferguson), **WHO** (Liviu Vedrasco)

1. **Situation update**

* WHO updated that globally there are more than 9 million confirmed cases and over 470,000 deaths, with about 180,000 new cases reported on Sunday In the region, India now has more than 400,000 confirmed cases and over 30,000 deaths. In Thailand, there has not been local transmission in nearly 30 days. The Royal Thai Government (RTG) is considering “phase 5” of easing restrictions and travel bubbles are emerging. WHO also noted that a cheap and widely available drug, available in tables and for injection, is proving to improve the most severe cases. WHO also added that as of 22 June there were 249 new cases in Beijing, including 11 severe cases; it’s still unclear where the second wave started but it’s concerning for locations that have been easing restrictions. The genetics of the virus were shared by the Chinese authorities, confirming it is SARS-2.
* MoFA added that the situation in Thailand is relatively good with no local transmission, but the risk remains high. RTG is concerned that people will let their guard down but a lot of work is being done to promote vigilance; checklists have also been developed to support responsible school re-opening. It has been reported that 19 cases who had returned from Thailand to Myanmar were discovered to have COVID-19. CDC added that the travel history about the Myanmar migrants who recently left Thailand is not clear, whether their origin was in Malaysia and were only transiting Thailand, or if they spent time in an Immigration Detention Centre (IDC) inside Thailand. IRC noted that 19 of the cases transited at the Friendship Bridge in Mae Sot; UNHCR also noted based on information received that the cases had reportedly recovered before return.
* UNHCR updated that there have been no new directives in refugee-hosting provinces and the restrictions in the camps have been gradually easing. There is a new camp commander at THI who has proposed additional measures to enhance access controls, including ID for persons regularly entering.
* IRC updated that the MHS Provincial Administration has issued an 8th Announcement related to travel of foreigners, which ends quarantine requirements (confirmed by recent experience). There have been quotas on the time that organizations were permitted to enter BMN and BMS camps (1 visit per week) and that if conditions continue to improve then these quotas will be increased (2 visits per week).

1. **Surveillance, Case Investigation and Outbreak Rapid Response**

* IRC updated that OCDP requested a meeting with IRC and MI as well as representatives from MoPH and CDC to finalize approval from MOI on the movement of specimens across provincial boundaries as well as the final approval on the enhanced surveillance project conducted by CDC, IRC and MI. The government representatives acknowledged that NGO efforts to support the refugee population also supports efforts of the provincial administration.
* CDC also added the Thai version of the surveillance guidelines are in the final stages, and will be shared with the Provincial Health Offices (PHOs), who have been notified of the enhanced surveillance plan.
* IRC noted that the action point related to close contacts was for CCSDPT members to agree on IPC protocols for adoption. If there is interest beyond CCSDPT members then this can be shared.
* MI updated that movement in and out of MLO & MRM has increased, including more Thai villagers entering camps to visit markets; about 50 new cases have been placed in quarantine after returning to one of the camps. Some concerns include increased resistance to the use of quarantine, given that controls are easing in the rest of Thailand. MI noted that the mask usage rate remains around 20%; it remains to be seen whether this will increase following the mask distribution by UNHCR which was completed last week. CDC also shared the quarantine summary for the previous week, currently 128 combined quarantine cases at MLO (16 cases) and MRM (112 cases). IRC added there have been increasing quarantine cases in BMN, though not at the level of MRM, related to people traveling for school restarting.

1. **Infection Prevention Control (IPC)**

* IRC updated that it’s been a week since the second monthly installment of surgical masks was expected but this has not been received in any districts where they were originally received. CCSDPT is following up with MoPH to inquire about the status of the masks.
* IRC also noted that a protocol on messaging and hygiene kit content was finalized, with a technical approval committee including IRC, MI, and CDC staff to conduct final reviews.
* IRC noted that PPE stocks remain stable but costs for surgical masks are increasing, so more affordable solutions at the same level of quality are being sought.
* MI noted that since different agencies have resumed activities, 3 out of 4 isolation facilities were returned to IRC-RSC and new isolation facilities are being sought; MI continues to be able to use the facilities for simulation activities and equipment storage on days when IRC-RSC does not have activities.

1. **Case Management**

* IRC updated that beds for different categories (severe, moderate, mild) are being organized and will be scaled up as cases are discovered in the camps. As of this past week, there are 91 suspect beds and 69 confirmed severe beds across 9 camps; at BMN and BMS, confirmed mild and moderate isolation facilities have been prepared with approximately 60 beds available. There are 310 beds planned for surge capacity and details are being worked out for preparations.
* IRC noted that staff have been trained on specimen collection, equipment has been procured, and prices for testing are being negotiated with Shoklo Malaria Research Unit (SMRU). Plans are for specimen transport to commence in mid-July.
* MI updated that due to the loss of 3 out of 4 isolation facilities there is significantly reduced capacity for isolation facilities, with no current surge capacity. On school re-opening, MI added that there are very direct health issues included in re-opening plans that require some facilities and materials that need to be discussed with education actors.
* CDC also noted that case management guidelines were developed and the pillar working group is looking at these to adjust based on the Thai situation.

1. **Risk Communication & Community Engagement (RCCE)**

* ADRA noted that the completed distribution of 94,000 cloth masks means that more than 138,000 cloth masks have been distributed, along with cloth mask guidance. Observations are that mask usage is not as high as it could be. UNHCR clarified not all 94,000 masks have been distributed yet, in part due to bad weather on distribution days; UNHCR thanked TBC for supporting distribution at all camps.
* ADRA noted the Knowledge, Attitudes and Practices (KAP) Survey is being completed in MRM & MLO this week and will be conducted at THI & BDY next week, with BMN & BMS the following week. ADRA added that the feedback survey now has more than 5,000 responses, the majority from UMP and MLA, with results still tracking similar responses: main channels remain loudspeakers, Facebook and community leaders; PWD continue to rely on home visits; children and youth rely more on friends and family, as well as Facebook; and elderly rely on religious leaders and community leaders. Respondents are generally appreciative of receiving information about COVID-19, and most respondents indicate they receive enough information.
* ADRA noted for World Refugee Day, key messages were distributed to 9 camps for the loudspeakers, which were broadcast on Sunday and Monday to remind that UNHCR and NGOs are working together to protect refugees and to remind people to practice good hygiene and social distancing.
* CDC raised the issue about low mask usage rates, which ADRA acknowledged is being discussed at the RCCE WG. Efforts are being considered to engage community leaders and religious leaders to promote mask usage, following feedback mechanism responses that these channels are effective. TBC noted that calls with camp committees this week will include discussion on mask usage, and suggests including depictions of people wearing masks in all print materials. CDC notes that it would be useful to consult with refugee leadership on the barriers to mask usage.
* ADRA noted that the EU funding for a six-month project by ADRA & MI for COVID-19 in 9 camps has been secured. ADRA also updated that the RCCE WG has shifted a monthly meeting schedule.

**ACTION POINT: 1) CDC is going to look into discussion guides for key questions to pose to refugee leaders about mask usage. 2) IRC will reach out to internal RCCE technical experts for guidance on mask promotion in other contexts. 3) ADRA will collect input on questions for the next iteration for the feedback mechanism.**

1. **Food assistance**

* TBC updated that funding just confirmed from BPRM will support enhanced food rations through July, after which some reductions will be implemented for some groups, though levels will be higher than pre-COVID. Messaging to camp residents will be that there are no changes for the next month. TBC will be considering over the next few weeks how the changes after July will be implemented and announced.
* TBC will make efforts to ensure that people going to Food Card Service (FCS) shops will be required to wear masks. TBC is also going to be conducted a survey in August on food security and livelihoods.
* TBC noted that training is ongoing for isolation centre surge capacity amongst existing camp staff.

1. **Protection / Advocacy**

* UNHCR updated that the Protection Working Groups (PWGs) have not raised any new issues, but referred to the questions on school re-opening that have been raised during this meeting. JRS updated that KnED & KRCEE are finalizing a set of education messages for parents, students, and the wider camp to persuade camp residents that every effort is being made to set up structures that will offer protection and safety. There are three pillars: 1) school infrastructure; 2) guidelines; and 3) training of all stakeholders on the guidelines. The three pillars are being monitored in every camp and there are different levels of success to allow for specific school re-opening. Some schools do not have the required infrastructure, and will not be ready for the start of July; two KRC camps and BMN & BMS are ready to reopen from 1 July.
* JRS also updated that meetings have been arranged in BMN & BMS with churches, nursery schools, and boarding houses have been organized and funding has been secured for their buildings to improve their facilities in order to allow for re-opening by July 1, with the start of classes planned for 13 July. IRC & MI noted that additional funds are available to support some school infrastructure improvements.

**ACTION POINT: 4) CCSDPT members in health and education will organize another meeting with KRCEE to develop appropriate implementation of plans on messaging for school re-opening and any blockages. 5) TBC to check with camp committees whether there are camp-specific restrictions on school re-opening.**

1. **AOB**

* UNHCR noted that resettlement departures are gradually starting to resume. IRC updated that IOM, IRC-RSC, health actors, and the US embassy refugee coordinator organized a call to discuss putting in place protocols for interviews and medical checks to safely and efficiently facilitate departures. IRC-RSC has resumed activities in MRM & MLO and IOM will recommence activities soon.
* IRC will chair the 14th meeting on Tuesday, 7 July.