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

**1st Meeting, 24 March 2020**

**Participants**: **ADRA** (Stephen Cooper), **BPRM** (Christine Vaughn), **CDC** (Barbara Knust), **IOM** (David John, Dr. Sai Lynn), **IRC** (Darren Hertz), **MI** (Per Vogel), **OCDP**, **TBC** (Sally Thompson), **UNHCR** (Pia Paguio, Alessandro Nobile, James Ferguson)

*Notes: (1) Final Draft TOR circulated before the meeting, some contacts pending; (2) MI departed at 13:30.*

1. **Situation update**

* Appropriate response and case management mechanisms are in place and being used in refugee-hosting provinces. However, not all hospitals have committed to act if a suspected case is identified.
* Hand-washing stations at main gates in all camps. Screening by MOI at at least one entry point in 7 of 9 camps. Thermometers at MRM & MLO were of poor quality so were not provided. MOI can refer symptomatic individuals to clinics for screening. Access/entry to all camps is increasingly restricted.
* Provincial-level case figures now shared by Department of Disease Control. Additional 108 cases reported across the country, most of the cases remain under investigation: 1 case at TAK confirmed yesterday (non-Thai, admitted to MST Hospital); 4 cases at KAN (all Thai); 2 cases at RAT. KAN & RAT cases are potentially linked to various clusters in Bangkok.
* Specific directives implemented by provinces and districts not currently well understood. Observed in Tak province there is encouragement for self-isolation; non-Thai confirmed cases are being recorded in databases and monitored but no similar monitoring of Thai confirmed cases.
* There is an urgent need for PPEs to be restocked. MI has some expired PPEs that can be used but these will be consumed within a week to 10 days as of date of use for triage and isolation units. IRC has secured additional 5,000 masks and has stock of 20,000 3-ply surgical masks while supply chain teams have been traveling across the country looking for stock. Stock of N95 masks is low; these are critical for healthcare workers. Projection that stocks will be finished in the next month, including gowns and face shields. Looking at alternative means of producing these. There is guidance on conserving PPE and other DIY instructions and CDC and WHO. (NB: IRC will collect and share PPE guidance.)
* If there are lockdowns, then closures of stores and accessing key suppliers will be a problem (e.g., bleach, PVC pipes). If there are barriers to entry/access at provincial borders, there may be issues with CCSDPT members & UNHCR moving between camps without RTG/MOI clearances.

*Note: On Thursday (26/03), 41 persons are returning to MRM and MLO because they cannot depart for resettlement. MI will check whether the persons will need to be quarantined.*

**ACTION POINTS: 1) IRC & MI to report PPE stocks on Fridays (consolidation by IRC) so that these can be discussed at Tuesday meetings. 2) IRC (Darren) and UNHCR (Alessandro) to track practices and policy directives being implemented by provinces and districts.**

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

* IRC using case definition. Training of District Health Officers, as well as epidemiologist, hospital doctors and lab staff on interpretation and use has been done by IRC and MI in some provinces. IRC will start working to get community health workers set-up and developing / implementing a simple kind of community surveillance, i.e., Camps have guidance on how to report something worth investigating.
* MI started training of 390 volunteers at section level with 1 volunteer responsible for 10 households that they will observe regarding any arrival or return from outside in order to track need for further investigation or self-isolation at household level.
* IRC needs to develop local competency in contact tracing. Triage is happening at every camp clinic, questions are asked to understand patient symptoms whether they meet case definition; if they have respiratory symptoms but do not meet case definition, they are still being separated. Cases suspected to meet definition are referred to Thai authorities.
* Case definitions are changing as more cases arise in the community. The main thing is identifying severe pneumonia cases, referring them, and capturing the travel story that is often important for fitting in with the national case definition. IRC seeking CDC guidance on surveillance and other activities.
* Recent meetings between MoPH, UNHCR, IRC supported by CDC. Another meeting proposed for next week in Mae Sot to further coordinate and define the role & handoffs of activities in the camps and at the province level outbreak response, guidance document under development.

**ACTION POINT: 3) IRC/MI to propose design for a community surveillance system for the camps and be able to outline the plan for contact tracing.**

1. **Infection Prevention Control**

* IRC/MI are assessing capacity for continuity in healthcare services. Trying to reduce the overall numbers at clinics at any given time to maintain bed capacity in case large number of suspect cases arise. MI currently identifying and preparing isolation units for suspect cases.
* Handwashing interventions. Household level: IRC community engagement team, as well as MI health and WASH teams, helping with hand hygiene, etc. General level: Key areas where IRC needs to set up additional handwashing stations. Camp entrances: handwashing stations in place at main gates to all camps, enforced by Camp Commanders, IRC/MI continuing to support with soap and water supplies. Health facilities / case investigation teams / contact tracers: preparing IPC SOPs.
* IRC will reach out to Camp Committees to understand if they are monitoring informal gates. IRC will put in place handwashing stations if there is a lot of movement. Funding for soap not yet committed, will be able to share when funding secured. IRC to share completed IPC SOPs by next Tuesday.

**ACTION POINTS: 4) IRC & MI to discuss protocol for sharing PPE. 5) IRC need to discuss with camp committees to identify some number of potentially public locations where handwashing facilities can be put in place. 6) IRC to share guidance to CCSDPT on establishing handwashing for circulation among member organizations.**

1. **Risk Communication**

* ADRA is consulting CCSDPT members to develop strategy and funding proposal. TBC & COERR already contacted, looking together at ways to collaborate. Both IRC & MI were involved in risk communications. Currently looking at three-month intervention and putting together three-month funding plan (USD 125K-150K per month), discussing with donors how committed funds can be reallocated to cover some costs. ADRA Regional Office is contributing one regional staff member to support communications. WHO already has an information working group on risk communication, have said it’s important for CCSDPT-UNHCR to develop concept as soon as possible.
* MoPH appreciates communication efforts and emphasizes that refugees presenting symptoms should be referred to health NGO & MOI for immediate referral and refugees must minimize movements.

**ACTION POINTS: 7) ADRA will have draft risk communication strategy prepared by next week. 8) IRC will connect infection disease technical unit with ADRA to support developing risk communication proposal.**

1. **Food assistance**

* All levels of food assistance are being standardized across all groups (i.e., “most vulnerable”). Adds USD 100K to monthly budget / USD 900K for annual budget. Changes in place for April food card top-ups.
* Mitigation measures in food distribution. Food vendors: being provided with soap, alcohol, bleach to sanitize shops; handwashing stations are installed at shops. Customers will report at front of shop to make order, pay by contactless transactions followed by alcohol wipe down. Warehouses: handwashing stations with running water and soap; all supplies entering warehouses to be wiped down before entering; households to be called in small groups to avoid crowding; charcoal to be distributed in three-month supplies (households must be responsible for their own storage). Suppliers: being advised on entry/exit protocols, minimize number of persons entering, minimize time in camps, handwashing.
* TBC working on a plan for community kitchens in case of isolation units and quarantines. Drafting SOPs for quarantine conditions, in coordination with nutrition teams, health actors and camp committees.
* TBC developing 3+6 strategy so refugees can access basic food and cooking fuel. Working with suppliers to have up to 3 months stocks for rice, cooking oil, and tinned fish; planning to procure 6 months stock of rice, oil and tinned fish that will be available in the warehouses. Stockpiles are dispersed, parts held by vendors, suppliers, TBC warehouse, and household-level advance purchases. For charcoal, aiming to stockpile for 3 months supplies but aiming to have procurement for next 6 months all brought forward.
* All supplies are getting through so far. TBC confident that supplies for 3 months will be procured, already seeing rice prices increasing which is why TBC wants to procure in advance.

**ACTION POINTS: 9) TBC to update by next week about food stockpiles.**

1. **Advocacy**

* Separate appeal letters sent to MoPH and MOI. Letter to MoPH requests including marginalized populations, including refugees at borders, urban refugees, Irregular migrants. Letter sent to MOI Permanent Secretary with more specific requests for border population. New advocacy to focus on PPE stocks, access to suppliers, movement in and out of camps/provinces.
* Multiple conversations by MI and RTG have not resulted in agreement on MRM & MLO referrals. Need to understand pathway to get this done or clarity if no referral possible. DOPA has delegated authority to governors, which can be looked at more closely. MoPH has expressed willingness to intervene.
* Restocking facemask supplies is a critical challenge. IRC is trying to address PPE issue through four channels: 1) request through MOI; 2) request through MoPH directly by IRC; 3) request through MoPH through WHO working with CDC; 4) IRC is sending staff around the country in search of masks. There may be able to source overseas but need to contend with Thailand FDA. There are reportedly PPE shortage issues for the entire country.

**ACTION POINTS: 10) UNHCR to advocate on PPE stocks, access to suppliers, and movements in and out of camps/provinces. 11) CDC will follow-up with MoPH on interventions with Sub-Moei officials.**

1. **AOB**

* IRC will chair the meeting next week on Tuesday, 31 March at 10 AM.
* IRC suggests everyone review UNHCR response resources for camps; OpenWHO learning platform resources (short courses available on relevant topics); CDC also has a catalogue of useful resources.