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

2nd Meeting, 1 April 2020

Participants: **ADRA** (Stephen Cooper, Emily Grose), **BPRM** (Christine Vaughan), **CDC** (Barbara Knust), **EU** (Khobkhul Ineam), **IOM** (David John, Dr. Sai Lynn), **IRC** (Darren Hertz for agenda items 2/3), **MI** (Per Vogel), **OCDP** (Khun Zcongklod), **TBC** (Sally Thompson), **UNHCR** (Pia Paguio, Alessandro Nobile, James Ferguson)

1. **Situation update**

- There are 5 confirmed COVID-19 cases in Mae Hong Son; 2 in Tak; 7 in Kanchanaburi; and 8 in Ratchaburi. There are no confirmed or suspected COVID-19 cases in the 9 temporary shelters.
- OCDP has issued regulations to camp commanders at 9 temporary shelters and formal documents have been sent to MoPH requesting 15,000 face masks/month for 8 months for NGO medical staff in the 9 camps. OCDP is waiting for feedback from MoPH and will be able to share details when available. MI informed that they and IRC are doing weekly tallies of PPE stocks.
- Emergency Decree took effect last Thursday until the end of April 2020. Article 13 permits essential travel across the provinces. UNHCR will engage with MOI as necessary to facilitate. OCDP also informed Khun Pawin yesterday that UNHCR may be sending in a request to facilitate staff who need to cross provincial borders for essential work in the camps.
- Mae Hong Son Governor introduced curfew between 10PM and 4AM, restricted access to province for non-Thais, introduced reporting requirements, and gave special directions to hotels.
- Reports from organizations working in MRM & MLO that permission from local authorities to access camps, but conflicting announcements from district authorities, i.e. access restricted to health actors.

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

- CDC convened a virtual meeting in Mae Sot Hospital on 31 March to inform guidance on roles and responsibilities in the temporary shelters, to be shared with MoPH for review. Discussions included entry screening, surveillance, case reporting, care provision, case referrals, and laboratory testing; case investigation, contact tracing, and quarantines were not discussed in detail. Participants included Tak Provincial Health Office, Mae Sot General Hospital, and several other entities in Tak Province. Minutes will be shared by the end of the week. CDC suggested to hold similar discussions in Mae Hong Son, which MI welcomed. This would need to be followed up with Mae Hong Son Provincial Health Office.
- MI is screening at 3 out of 6 entry/exit gates, waiting for additional infrared thermometers to implement at further gates, and has implemented surveillance of 10 households per monitor, keeping track of travel histories and sharing information with section leaders; IRC is in process of developing similar approach and has offered technical guidance to camp commanders and camp committees on managing/monitoring returning camp residents.
- Discussions on isolation facilities ongoing, MI has identified facilities and is making changes to facilities that will accommodate 30 persons by end of next week; smaller isolation facility already in place. A second isolation facility is also being considered but operating assumption is that confirmed cases will be referred to hospital; Sub-Moei states there are five hospital beds available for COVID-19. MI is re-assigning staff to new responsibilities, including shifts at isolation facilities, which requires training.

- Triage areas are still being put in place at all camp hospitals to ensure separation between suspected cases and other patients and directing towards isolation facilities.
- Different types of quarantine being applied in the different camps. In part, this appears to be due to a misunderstanding on the different categories of persons. In the view of CDC and the health NGOs: (a) persons who simply have a travel history should be self-quarantine (not clinic-administered); (b) persons who are known to have had high-risk contacts (with suspected and known COVID cases) should be quarantined; (c) suspected cases as well as confirmed cases who are not yet referred should be placed in isolation facilities in the camps; and (d) confirmed cases should be referred to the designated hospitals as soon as possible. This system would address medical needs, while not overloading the system. IRC and MI can provide technical support to the respective camps on how to implement this.
- MI has done quite some work on community surveillance for the two camps (MRM and MLO) and IRC is currently working this out for the seven camps. For instance, it is doing non-clinical monitoring but is trying to establish a centralized place for camp residents to report. CDC offered to go to the field soon to look further into this (community-based surveillance and lab testing), which was welcome by MI.

ACTION POINT: 12) CDC will share minutes from health meeting in Mae Sot this week. 13) CDC to share guidance to MoPH for review by next week. 14) IRC and MI to provide technical guidance at field level on the use of quarantine and referrals for suspected and confirmed cases.

3. Infection Prevention Control

- IRC developed more detailed refresher training and is providing this to local authorities and Or Sors. IRC also developed key hospital-based COVID-19 SOPs and conducted training for all health care staff in the 7 camps covered by IRC; similar SOPs and training on decontamination are also under way.
- Handwashing already at entry/exit points and MI & IRC are supporting soap for continuous operation. MI looking to support additional handwashing facilities and has requested funds for additional 30 locations (15 per camp); IRC will add further 124 public handwashing sites identified in the 7 camps.
- IRC has started developing prototypes for evidence-based safe alternative forms of PPEs. MI estimates current PPE stocks will last several months under current conditions, but full set for isolation units would be more difficult; looking at ways to adapt equipment available in hardware stores (e.g., rain coats, rubber gloves, face shields); N95 face shields that are preferred are low on stock for MI & IRC, received technical expert advice on safely prolonging the use of N95 masks. CDC also informed that USAID has temporarily halted provision and procurement of PPE globally due to shortages in the US.
- TBC shared about the food practices being employed by vendors (e.g. contactless sales, wipe-downs, etc.) to reduce the likelihood of transmission.

ACTION POINTS: 15) OCDP will follow-up with MoPH on requests related to face masks.

4. Risk Communication

- RCCE strategy is under development and will be circulated by next meeting for input. ADRA is seeking input from KnRC & KRC to make the process inclusive and has started a remote rapid behavior assessment, with initial survey questions shared with Camp Committees starting in Tham Hin camp yesterday. In response to feedback questioning sources and authority, ADRA is making clear that information is coming from WHO & CDC through the CCSDPT-UNHCR coordination mechanism.
- Key initial messaging for camp residents discourages travel (especially during Songkran), suggests avoiding crowded areas / social distancing, encourages handwashing with soap, and encourages

seeking medical assistance with camp facilities if you are feeling unwell. ADRA is arranging for loudspeaker messages over PA system, supported by KnRC and COERR in BMN & BMS.

- There are challenges accessing camps but ADRA can contact directly where mobile network coverage available, otherwise working through NGOs travelling to camps (IRC, MI, COERR).
- No funding received yet on funding for RCCE implementation activities, including production of IEC materials, hygiene kits, or PPE for staff. COERR has small amount of funding for hygiene kits for EVIs. Initial budget estimate USD 125,000 per month but looking at ways to scale down.
- A discussion ensued on communication with refugees on the use of face masks, given conflicting messages. Guidance from CDC & WHO does not advocate for well people to wear surgical masks but there is no guidance on cloth masks. Improvised health masks should not replace handwashing and social distancing and disposable masks or N95 masks should be reserved healthcare workers. ADRA noted there is a request for all NGOs to wear masks; TBC & IRC had discussed masks with OCDP and the need to preserve surgical masks for health workers.
- CDC notes a lot of messaging focuses on high-risk groups (elderly, hypertension, heart disease, lung disease) and making sure these groups are at greater risk. CDC is developing guidance to families living with persons at increased risk, on taking medication, and on mental health and generally well-being.

<u>ACTION POINTS</u>: 16) CDC will share guidance related to use and production of PPE, including face masks. 17) UNHCR to share information from FAO on maintaining a healthy lifestyle.

5. **<u>Food assistance</u>**

- 130 TBC Food Vendors have been instructed on transmission mitigation guidelines and overall these are being followed: all vendors have handwashing facilities and are stocked with soap; all warehouses are wiping down surfaces with recommended solutions; and drivers are remaining in trucks.
- There is sufficient food in the camps at present. Some impacts observed on prices due to COVID-19 impacts on supply chains and procurement from outside Thailand. Some camps observed to have rising prices and FCS WG monitoring this, caps are in place at certain shops. One emerging issue is the supply of fresh foods, for which the revival of community gardens may be a viable alternative.
- There have been difficulties at MRM & MLO with access, which has required drop-off and pick-up, and involves washing/scrubbing and this is impacting delivery costs.
- Funding issues still being addressed, population is no longer decreasing for budget projections and this is anticipated to result in additional USD 1.5 million. TBC is in discussions with donors.

<u>ACTION POINTS:</u> 18) TBC will initiate discussion with COERR on community gardens and seed provision. 19) TBC will follow-up with health organizations and camp committees on food for quarantined camp residents.

6. **<u>Advocacy</u>**

- Letters to MOI and MoPH (pending) reemphasize Group's willingness to have government participate.
- Request to facilitate inter-provincial travel and access planned to go out today. As OCDP has stated that CCSDPT members can submit requests directly for travel documents, this request will be put on hold.
- On funding, UNHCR will consolidate a two-page description of activities in need of funding that can be used to present to donors, based on inputs received from the group. It will be useful to highlight what funding has been received and where there are gaps. It will be useful to organize according to the five pillars. This should cover additional COVID-related needs only, and not regular programmes.

<u>ACTION POINTS</u>: 20) UNHCR will circulate a funding summary template document for input from members.

7. AOB

- Next meeting will be Tuesday, 7 April at 10AM