

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

4th Meeting, 14 April 2020

Participants: ADRA (Stephen Cooper, Emily Grose), BPRM (Christine Vaughan), CDC (Barbara Knust), EU (Khobkhul Inieam), IOM (David John, Dr. Sai Lynn), IRC (Darren Hertz), MI (Per Vogel), MOFA (Khun Kiradit), OCDP (Khun Zcongklod), TBC (Sally Thompson), UNHCR (Pia Paguio, Alessandro Nobile)

1. Situation update

- There are no reported cases of COVID-19 in the camps. All 4 Provinces where camps are located have existing cases (9 in Ratchaburi, 9 in Kanchanaburi, 3 in Tak and 5 in MHS) but no known infections in the districts nearest to the camps.
- There are no significant changes to the overall situation in the country except for the 4th announcement made by the MHS Governor which supersedes the previous ones and mainly imposes quarantine of travelers from BKK/CNX for 14 days. OCDP clarified that exceptions are made for both international and national staff members of international organizations (IOM and UNHCR only) who can enter the Province provided they do not originate from areas with high COVID-19 prevalence (BKK and Nonthaburi) and undertake a 14-day self-quarantine. Staff members of NGOs can only enter the Province if they are Thais and undertake a 14-day self-quarantine. The announcement poses significant problems for health actors whose staff members are mostly from Myanmar and will be prevented from providing timely health response should a sudden outbreak in the MSH camps occur.
- The most concerning issue remains the case referral situation in MHS. The MHS Provincial Public Health office (PPHO) has issued instructions to DOs and MHS hospitals on 9 April 9, telling them not to accept referrals of COVID-19 patients from the camps, unless in severe conditions citing capacity issues. Unfortunately, the meeting on 13 April between MHS DPHO, IRC, MI and UNHCR to clarify the matter did not result in progress. The issue remains unsolved, as the MHS health system is willing to receive only cases with severe complications. Moreover, this issue seems to be specific to MHS as other Provinces have by and large agreed to take referrals of suspect cases.
- IRC, MI and CDC concurred that the most urgent issue to address is testing without which health actors cannot determine whether to treat, isolate or hospitalize refugees who are infected. Any next step in terms of advocacy (letter to the Governor) will also need to consider the need to advocate for the strengthening of the MHS health system capacity in order to prevent the risk of the Province sealing off the 4 camps under their purview. This in turn might result in requests from the camp authorities/committees for quarantine and isolation solutions which may lead to increasing protection concerns and a re-prioritization of already scarce resources from surveillance and prevention to case management in various quarantine and isolation facilities.
- There are also concerns about people moving in and out of the camps particularly from/to Myanmar. While there are no known outbreaks on the other side of the border, GoUM's testing and surveillance capacity is not at the same level as Thailand. If Myanmar experiences a sudden surge in cases, we will see people coming to the camps to seek medical aid.

ACTION POINT: 1) IRC, MI and UNHCR will continue engaging with RTG at both provincial and central level to try and resolve the case referral situation in MHS.

2. Surveillance, Case Investigation and Outbreak Rapid Response

- CDC briefed that the general situation in Thailand appears to be more promising in terms of the reported transmission rate, which is corroborated by a lower demand for hospital beds for COVID-19 patients. This has led to discussions about possible relaxation of some of the social distancing measures, and resulting concerns that this may be premature. Meanwhile in Myanmar, there are 62 reported cases, including some in bordering Mon State.
- MI is implementing its community surveillance system in the two camps, where there are currently 100 persons in different types of quarantine (home and community facilities). Meanwhile IRC has trained all its Community Health Workers on community-based surveillance. Both MI and IRC are working on establishing additional isolation capacity in the temporary shelters just in case (e.g. as shown by the recent developments in Mae Hong Son). Work is also being done with CDC to further refine the case definition to help find suspect cases in the temporary shelters and also to improve ways of testing.
- Some issues that were flagged in previous meetings remain acute. First, the message really needs to go out that anyone who is going in and out of the temporary shelters and/or has had high-risk contacts should go to the health facilities for screening. This would also give the health actors the opportunity to provide technical guidance on quarantine practices. Second, different quarantine practices are still being employed in the temporary shelters depending on the camp commander and more coherence is needed.

ACTION POINT: 2) RCCE pillar to further emphasize messages about approaching the health facilities for anyone who is going in and out of the temporary shelters and/or has had high-risk contacts. 3) A smaller meeting on guidelines aiming for more consistency in quarantine practices will be convened this week.

3. Infection Prevention and Control

- A consistent and steady stream of SOPs on healthcare facilities, safe & careful referrals, disinfection of referral vehicles, disinfection of suspect case homes, and engaging the population is being worked on.
- PPE stocks remain an issue of concern. Currently, IRC and MI have supplies of surgical masks and N95s for a little over a month. They have heard back from MOPH that it is working with WHO on securing masks for the camps. Meanwhile, OCDP informed that the request put forward by OCDP to MOPH has been forwarded to the RTG pharmaceutical organizations for their further consideration.
- Several organizations are working with refugees to produce cloth face masks. For example, the Vocational Training Group in the Tak camps continues the production of PPE masks (1,010 cloth masks made by so far). Guidance on washing and maintenance of these cloth masks will be circulated soon. ADRA has started to compile an inventory of available resources for masks and is working with the RCCE pillar to identify target groups.

ACTION POINTS: 4) ADRA to share the inventory on cloth mask requests, production, and distribution.

4. Risk Communication

- The RCCE working group (WG) met on 3rd and 8th April. ToRs were agreed and meeting minutes finalized. The WG also approved key messages to be disseminated in all camps and key messages continue going out via the camp loudspeaker system (which needs a more comprehensive needs assessment) and in religious areas as well through camp committees and section leaders. A funding tracker was also developed and will need to be constantly updated as funds are received (only 7,500 USD recorded so far).

- The development of the RCCE Plan/Strategy is ongoing and the first round of inputs was received. RCCE training started in Mae La yesterday and will continue in Umpium and Mae Ra Ma Luang. ADRA, GBV, KWO, IRC, MI, MWO, SCLO, education section leads are all participating in the training which will target pregnant women, breast feeding mothers, the elderly, children under 5, chronically ill, children of boarding houses, monks in monastery/children in boarding houses.
- ADRA also flagged the need for 30 tablets for a Knowledge, Attitude and Practices (KAP) survey which should last for a maximum of 2 weeks. ADRA's plans for next week are to finalise the strategy, continue developing the FAQ database, make further progress with the training for RCCE responders and search for additional funding.
- The issue of household visits was discussed. IRC stressed the need for and urgent and continued community engagement in full respect of IPC protocols. This could be done through neighborhoods group outdoor sessions for most of the population and through home visits for the most vulnerable who are unable to attend the outdoor sessions. IRC will lead the first day of neighborhoods group outdoor sessions so as to ensure correct IPC protocols are strictly adhered to and then RCCE staff will take over from IRC from the second day onwards. UNHCR clarified that the issue of home visits was discussed in the various PWGs at provincial level. The principles in the guidance agreed was to limit the home visits to essential purposes only and it is up to each NGO/CBO to determine. The overarching principle is that whatever is done, there is the maximum respect for and compliance with the current national health regulations. Respecting people's wishes with regards to a home visit is also paramount.

ACTION POINTS: 5) ADRA to put together an inventory/budget of all the loudspeaker systems in the nine camps, which will allow other actors like TBC and UNHCR to support requests being received. 6) ADRA to share a detailed request the Group for 30 tablets needed for the KAP survey (breakdown by location)

5. Food assistance

- At the moment, there is sufficient food stocks in the camps and food supplies continue to deliver. Some households had been observed to be panic buying, but shops now are relatively stable.
- SOPs for staff in isolation/quarantine kitchens are being finalized.
- Families are providing food for those quarantined facilities and generally, this is going quite well. Nonetheless, the meeting mentioned under action point 3 will be helpful in having a more consistent approach.
- While there are no immediate action points for the moment, TBC flagged the longer-term challenge of growing dependency on humanitarian assistance as a result of the restrictions on movements and the expected economic downturn.

6. Advocacy

- UNHCR will continue engaging with DOPA to secure their participation in the Group. A letter to MoPH will also be sent this week. MOFA's participation in the group was welcomed.
- In response to a request from Dr. Supakit Sirilak, Deputy Permanent Secretary of MoPH to be provided with a list of key COVID-19 related challenges and issues for health actors in the nine camps, CDC, upon input from IRC and MI provided him with PPT slides which he will use for his briefing with the PM today. CDC will continue engaging with Dr. Supakit on key health issues (referrals, lab testing, PPEs) and will make him aware of the situation in MHS.

- UNHCR has continued developing the COVID 19 Group inter-agency update/infographic which will be used as an advocacy tool with external actors and will be shared shortly. Once all the inputs are received on the funding needs, a funding update will also be circulated.

ACTION POINTS: 7) UNHCR will share the translation into Thai of the last three COVID 19 Group meetings with DOPA, and MoPH (once invitation letter is sent). 8) UNHCR to share a first version of the COVID 19 Group inter-agency update/infographic and funding requirements once all the information is complete

7. AOB

- Next meeting will be Tuesday, 21 April at 10AM