

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

**5th Meeting, 21 April 2020**

**Participants:** **ADRA** (Stephen Cooper, Emily Grose), **BPRM** (Christine Vaughan), **CDC** (Barbara Knust, Dr. Nuttapong), **DOPA** (Khun Apinan), **EU** (Khobkhul Inieam), **IOM** (David John, Dr. Sai Lynn), **IRC** (Darren Hertz, Nitasmai Ransaeva), **MI** (Per Vogel), **MoFA** (Khun Kiradit), **TBC** (Sally Thompson), **UNHCR** (Pia Paguio, Alessandro Nobile, James Ferguson), **WHO** (Liviú Vedrasco)

**1. Situation update**

- At the national level, IRC remarked there has been some discussion of easing restrictions in provinces without infections, followed by 32 provinces with no reported infections in the past 14 days. WHO reports that forthcoming announcements by the government will update social distancing measures, possibly individualized approaches in different provinces linked to the number of provincial cases.
- In Mae Hong Son (MHS), the Director of Provincial Health Office (PHO) stated that human resource constraints mean there are unable to accept referrals from four camps except for the most severe cases and that testing and other support (testing supplies, PPE, treatment meds) would not be available. In response to a joint letter to the Governor from IRC, MI and UNHCR, the PHO Director reaffirmed the decision by call yesterday and this will be conveyed by official letter. IRC Field Coordinator inquired about MRM & MLO camps and was informed that MI would need to refer serious cases to the Sob Moei Hospital, which may then engage with nearby districts for referral if deemed necessary by the Hospital.
- In Tak, IRC stated the Vice Governor confirmed that all cases should be referred to Thai hospitals regardless of case severity after a MLA camp visit. The Vice Governor was pleased with preparedness work done so far, encouraged ongoing social distancing, and will facilitate access to additional PPE. The Second Friendship Bridge was recently opened to allow 8-9 Thai nationals to return to Thailand, and they are currently under quarantine in a hotel. UNHCR gave details on Tak CDC Announcement No. 16 issued on 17 April, which indicates that anyone travelling into Tak and showing any symptoms shall be quarantined at the place arranged by RTG for 14 days (facility quarantine), anyone who arrived prior the announcement shall be quarantined at the place where they are for 14 days (home quarantine), and anyone who travels outside their house or premises shall wear their face mask every time. IRC received unconfirmed reports about restrictions on migrant workers travelling between districts. IOM also stated that the application of quarantine orders within Tak province has been extended to 30 April.
- In Kanchanaburi (KAN) and Ratchaburi (RAT) provinces, there are no recent updates.
- IRC remarked there are no new confirmed cases in refugee-hosting provinces in the last 14 days. Among the confirmed cases in Pai, MHS Province, all the cases have recovered. IRC remarked there is a need to track oxygen supplies to maintain an adequate supply. IRC also noted increasing movement restrictions, resulting in increased transportation costs, may require further engagement with the RTG.
- Current PPE stocks include: fewer than 900 N95 masks across 9 camps, about 1,000 full PPC sets, and 23,000 surgical masks. IRC expects that this stock will be exhausted within the next month, but the team is adjusting protocols to safely conserve PPE. IRC has learned from MOI that the monthly contribution of surgical masks from MoPH will be 14,000 masks monthly (initial request for 15,000 masks). IRC thanks colleagues from OCDP, MoPH and others involved in advocacy that led to this result.

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

- CDC informed that Shoklo Malaria Research Unit (SMRU) was approved by MoPH to test non-Thais. CDC is now working out details about testing and specimen collection within the camp populations in case this becomes necessary (e.g. Mae Hong Son).
- CDC has been walking through contact tracing and case investigation and continually updates guidelines following discussions. MoPH has begun to translate the guidelines that CDC put together about roles & responsibilities of NGOs and government, as well as guidance on case definition, and is reviewing this. Hopefully, an approved document will soon be ready to distribute to provinces.
- IRC stated that KnRC established a quarantine outside BMN camp in a forested area, but the 85 refugees who were quarantined there have since been transferred to an RSC facility and school inside the camp. IRC continues to insist on screening anyone who enters the camp at the IRC health facility.
- MI stated that 512 persons were quarantined by camp committees at MLO & MRM since the start of the COVID situation but only 6 persons at MLO and 65 persons at MRM remain quarantined; all others have been cleared. Most people have followed rules, but 3-4 cases have absconded from the camp committee quarantine facilities, which are managed by camp committees with technical support by MI.
- IRC stated that most of the original 22-25 persons quarantined at MLA met the 14-day requirement and moved on; it's not clear if there are any new persons under quarantine. IRC has developed a tracking sheet to track all travelers placed in quarantine by camp committees or MOI.
- UNHCR stated there are close to 200 refugees stranded outside UMP for various reasons. They will be allowed back into the camp, but the position is that they will have to stay at quarantine facilities. Due to limited capacity the re-entry will be staged and may take up to three months.
- UNHCR has shared a draft position on quarantine, including capacity of health actors and protection issues. IRC & MI have committed to screening anyone travelling from outside and will follow-up cases that have been quarantined by camp committees and/or MOI. IRC & MI continue to recommend camp committees and/or MOI use home quarantine rather than facility-based quarantine, particularly because it will allow people smoother re-entry and managing facilities is a lot of work and takes away from other critical health tasks.
- CDC suggests that camps mirror the community surveillance practices that have been developed outside camps. Quarantine stations are recommended for 14-day monitoring but it's not clear if this is practical for the camps or who should be quarantined (e.g. does it depend on where they have come from?). IRC remarked this may be a shift in guidance that had started with individual community-based volunteers monitoring persons in self-quarantine. IRC proposes that this type of quarantine be called "traveler quarantine" and quarantine due to contact with cases be called "contact quarantine".

**ACTION POINT: 1) Group members will finalize an agreed position on quarantine.**

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

- MI stated there is more access to PPE but there remain restrictions on access to surgical & N95 masks. Suppliers require high volumes to be purchased for discounts, so IRC & MI are collaborating. MI has received funding from BPRM to procure PPE for health facilities.
- MI added that isolation facilities are being established along the border for contact cases and confirmed cases while training and simulations are taking place in all camps. Soap & handwashing stations are maintained at entry points and additional handwashing stations have been established in public places.

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

- ADRA Field Teams in collaboration with IRC have developed a community volunteer guidance package for conducting home visits and sharing messaging.
- ADRA is tracking cloth mask stocks and secured funding for production; guidance on mask use and care has also been developed. More than 41,000 masks are either in stock or in production, additional donations from NGOs have also been received for camp-based sewing groups to continue production over one month following delivery of materials. ADRA is coordinating with Camp Committees & MOI to identify target groups and prioritization in view of other factors (e.g., in some camps face masks are becoming compulsory); MOI has offered to assist with distribution where there are constraints.
- Small group home visits have started in MLA (breastfeeding mothers), loudspeaker messages and social media messaging also continue. There are 115 loudspeakers across nine camps, of which 92 are in good condition and 25 are identified for repair. The estimated cost of repairs is THB 103,000.
- Knowledge, Attitudes and Practices (KAP) surveys will roll-out following procurement of 30 tablets, so far 13 are secured from CDC and UNHCR and waiting for 17 additional tablets.
- Over the next 7 days, the RCCE WG will meet tomorrow where use of secured funding will be discussed, including production of ICE materials, standardizing hygiene kits, and community volunteer stipends.
- IRC added that the Start Fund has been re-activated for Thailand and Myanmar. A group of NGOs (IRC, HI, ACTED, SCI) put forward a proposal several weeks ago that was not accepted, but following resubmission it was accepted and GBP 187,000 will be available for community engagement.

**ACTION POINTS: 2) IRC will share information with ADRA on accelerating face mask production and Public Address (PA) system upgrades.**

**5. Food assistance**

- TBC reports that SOPs have been finalized for isolation and quarantine kitchens in collaboration with IRC & MI. Supplies are being supplied in 7 camps, while supplies for MRM & MLO have been in place for one month. Supply chain availability remains in place generally. Prices are less volatile than they were in previous weeks. Concerns about Food Card System (FCS) shops can be shared with TBC.

**6. Protection / Advocacy**

- UNHCR remarked that RTG has been leading the response for COVID-19 for the country and provinces. For MHS Province, UNHCR conducted local advocacy and based on recent developments there may be need for central-level advocacy.
- IRC remarked that Dr Suppakhit (MoPH) met with Dr Nuttapong (CDC) who provided a series of slides about current activities, concerns, and difficulties, including screening mechanisms, PPE stocks, and challenges on referrals. Following this, Dr Suppakhit reached out to the four PHOs for similar information, all of which was consolidated for meetings with the EOC and Prime Minister. Notice of monthly 14,000 surgical mask contributions was received following this.
- CDC has also reached out to Office of Health Security & Health Insurance who informed him that they have been asked to develop a workflow for reimbursement for undocumented and/or migrant workers, which confirms that all treatment cases will be supported by RTG central government budget if it exceeds insurance or where insurance is not available.
- IRC would like to be able to more easily direct surge support where staff or resources are needed in the event of outbreak but is concerned about the possibility of quarantine. IRC also notes that movement of pharmaceutical supplies from Bangkok is becoming more complicated and transferring specimens

for SMRU testing may be complicated by quarantine directives. When cases are identified in the camps there may be problems with medical staff moving between camps. CDC is engaging MoPH to support relaxing constraints on movement of specimens, medical supplies, and staff.

- UNHCR is developing an infographic and will circulate an updated draft following this meeting. The infographic has a small section on all the funding requirements, including total needs, contributions received and gaps. It will be complemented by a similar two-page document that is purely financial is also proposed, with an infographic and detailed budget.
- Coordination efforts are being focused on the most immediate needs related to COVID-19 along the pillars of a standard outbreak response but moving forward, the CCSDPT Education Sub-Committee is keen to engage on ensuring continuity in the school calendar. Concretely, the Education Sub-Committee members are engaged in the RCCE WG and Provincial PWG meetings. The Karen Refugee Committee Education Entity (KRCEE) is meeting this week to discuss scheduling the school year.

**ACTION POINTS: 3) UNHCR will circulate the infographic and financial needs template following the meeting. 4) UNHCR will liaise with CCSDPT Education Sub-Committee to organize a meeting this week to discuss required health measures in preparation for the start of the school year.**

#### **7. AOB**

- This morning an invitation was sent to 30-35 COVID-19 Group members (Pillar leads, persons involved at provincial levels) to access the central repository for information management.
- All members agree with the IRC proposal to add a Case Management Pillar, particularly because health actors will be involved in Case Management. Both IRC & MI would be involved and there would be value in bringing in CDC, possibly WHO and others who may want to engage.
- WHO requested changing the meeting time to 9:30 AM. For now, the next meeting will be scheduled to start at 10 AM and IOM will be contacted to confirm the changed meeting time.
- Provincial COVID-19 Group meetings now follow a schedule of one meeting per week: Monday in Tak, Thursday in Kanchanaburi, and Friday in Mae Hong Son.

**ACTION POINT: 5) Members of the Case Management Pillar will collaborate on a developing pillar and updating the National & Provincial COVID-19 Group TORs.**