

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

**6th Meeting, 28 April 2020**

**Participants:** **ADRA** (Emily Grose), **BPRM** (Christine Vaughan), **CDC** (Barbara Knust), **IOM** (David John, Dr. Sai Lynn), **IRC** (Darren Hertz, Nitasmai Ransaeva), **MI** (Per Vogel), **MoFA** (Khun Kiradit), **MoPH** (Khun Patchara) **TBC** (Sally Thompson), **UNHCR** (Pia Paguio, Alessandro Nobile, James Ferguson), **WHO** (Liviu Vedrasco)

**1. Situation update**

- WHO stated there were 9 new confirmed COVID-19 cases yesterday, bringing the total to just under 3,000, and 52 deaths, while 68 provinces have reported cases to date. The Royal Thai Government (RTG) has announced gradually easing restrictions in some locations following the WHO six criteria. 101 health care staff (nurses and doctors) have been infected by COVID-19 so intensifying access to PPE and training remains important. WHO recommends everyone to consult the daily WHO Situation Reports.
- WHO highlighted that 42 cases were identified in a detention centre in Southern Thailand; UNHCR added that the group includes various nationalities of migrants, including Myanmar and Vietnamese, and thanked the government for supporting these cases with appropriate treatment. MoPH remarked that among this group, there are 3 serious cases at the hospital receiving treatment.
- UNHCR shared that MOI issued a directive to Governors last week with COVID-19 treatment guidance for each camp (see under item 7 below).

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

- CDC updated that draft guidelines on surveillance have been shared with the MoPH Department of Disease Control (DDC), which has translated them into Thai and posted to the DDC website. There was a proposal from MoPH for CDC to support testing of persons in camps in order to achieve testing of high density settings and high risk individuals, and CDC is seeking more details to operationalize testing.
- IRC and MI are moving forward with looking at testing options for potential cases in Mae Hong Son (MHS), and one such option is the Shoklo Malaria Research Unit in Tak province. IRC Community Health Workers are implementing a community surveillance system and communities are becoming frustrated with requests to present themselves at health clinics for testing, largely related to fears of being quarantined. IRC also notes there have been inconsistent responses to camp residents displaying fever at the entry point, with either being referred directly to the camp clinic or denied entry and referred to the district hospital, and the approach to entry screening needs to be standardized. UNHCR notes that the MOI directive issued last week also provides further instructions on using quarantine but that this particular question does not appear to be addressed.

**ACTION POINT: 1) CDC to update the group on the operationalization of testing in the camps.**

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

- IRC stated PPE stocks are in place for six weeks for all nine camps and IRC is increasingly turning to alternative forms of PPE, such as face shields and reusable gowns. Handwashing stations are in place in public areas, focusing on most frequently visited public areas. Training and exercises continue to be implemented to keep camp-based staff well prepared and IRC is developing protocols for isolation and treatment; MI added camp-based staff are being trained on isolation facilities over the next two weeks.

- IRC thanked MoPH for their positive collaboration and support on equipment and training. IRC noted that MOI has confirmed that 14,000 surgical masks will be donated each month and requested assistance from MoPH on the status of delivery.
- Education partners have expressed concern about reopening schools, i.e. how to do this in the safest way, and are working on a strategy for reopening that takes IPC issues into account. IRC noted that the RTG timeline is to reopen schools in July and this will require some planning and preparation for children to be safe, appropriately socially distanced, with enough IPC facilities in place. IRC also noted that alternative education and learning delivery modalities may also need to be explored in parallel.

**ACTION POINTS: 2) MoPH will follow-up on the monthly deliveries of 14,000 surgical masks to the camps.**

#### **4. Case Management**

- MI noted that the Sob Moei hospital has one bed available for the entire population and this will present difficulties for the camps. MI can support mild cases, and cases that need oxygen therapy, but any case with severe symptoms will need to be referred. The camp has capacity to support 18 cases without severe symptoms but there needs to be surge capacity. MI is working with local and district authorities and working through simulation exercises in order to prepare for managing referrals.
- IRC noted the MHS province-level directive applies to four camps and local authorities have been informed they may not conduct testing of suspect cases in the camps or make hospital referrals, except in severe cases. Shoklo Malaria Research Unit (SMRU) can test specimens from the camps in Mae Sot but there are logistical issues (transportation, timing), prolonging isolation times and reducing the number of available beds. IRC wants to continue exploring avenues for testing availability within the province to speed up the time for testing and free up isolation spaces.
- On treatment, IRC reclarified that supervisory doctors and nurses travel in and out of camps each day but most frontline healthcare workers are refugee medics with 12-18 months of basic training; there are no university-trained clinicians among the camp residents. IRC also notes that camp facilities are primitive and there's a need to procure fans and generators for better air flow in the facilities.
- MoPH stated that telemedicine is used to support healthcare in remote areas of Thailand, which could also be used to support healthcare in the camps. IRC remarked this is a worthwhile area to pursue but not all camps have mobile network coverage; MI added that MLO & MRM have internet access that could support telemedicine if additional investments are made in ICT infrastructure but there would still be medical equipment limitations. CDC also noted that forming links between the camps with infectious disease specialists in Thailand's COVID-19 response could support preparation.

**ACTION POINT: 3) CDC, MI, IRC and MOPH will discuss various issues pertaining to case management (SMRU testing, severe case definition, telemedicine feasibility, linking with BKK-based infectious disease specialists)**

#### **5. Risk Communication & Community Engagement (RCCE)**

- Training of RCCE community engagement workers was completed in all but two camps, with THI and BDY being completed this week. 537 home visits were conducted in the Tak camps with persons with specific needs (e.g., PwD, pregnant & breastfeeding mothers). At the last RCCE working group meeting there was a request for new terms to differentiate medical and traveler/re-entry quarantine types.
- Web links have been put in place for people to access information from RTG, GoUM, CDC, WHO, and MIMU, along with links to videos on a one-page document to be translated into Karen and Burmese.

- On cloth masks, the tracker has been updated with camp population and two-mask per person standard, with mask deficits still identified for UMP (11,892) and Site 1 (7,844). UNHCR is in the process of procuring 94,000 cloth masks to be delivered to the camps as soon as possible. Another 20,000 masks may be supported by a private donor, but this has not been confirmed. As of 24 April, 16,294 masks have been distributed. ACTED has prepared an informational leaflet on cloth mask usage and maintenance that will be provided to every camp resident that is open for comment.
- Regarding the procurement of masks, UNHCR raised population planning figures, as well as of mask standards, noting the material type may impact the information needed for care and maintenance. MoPH emphasized that social distancing remains the most important factor regardless of mask material; CDC also noted that there remains a lack of scientific evidence about the use of face mask materials. On population numbers, TBC noted that 81,000 represents people who need food assistance and that it would be more prudent to use higher planning figures in case persons return to the camps or also for future distributions (noting that the need for masks will continue).
- On hygiene kits, procurement of 16,500 kits is starting this week through Start Fund support for households in 9 camps (soap, detergent, bucket bleaching liquid, dishwashing liquid, and washrag). Distributions start this week and will be completed by 9 May. UNHCR raised that hygiene kits should ideally include sanitary materials; ADRA noted the initial kits have standardized contents which currently exclude sanitary materials, but it may be possible to update contents in future procurements.
- On IEC materials and awareness-raising, 20,000 double-sided leaflets and 400 posters are being procured for distribution in 9 camps and small group household visits will also continue.
- ADRA stated that the need for social distancing remains central to key messages disseminated in the temporary shelters. IRC also noted that someone will need to be present during the mask distribution and this will be an important opportunity for teaching mask use and maintenance.
- TBC stated that camp committees are requesting updates about government directives and changes to the operating environment in Thailand beyond the camps; UNHCR noted there may be restrictions on sharing RTG information over loudspeaker announcements in MLA.

**ACTION POINTS: 4) RCCE messages discussed/agreed at provincial level meetings to be brought up at Tuesday's national meeting for collective approval 5) RCCE working group will develop additional guidance to accompany mask distribution on correct mask use and maintenance. 6) RCCE working group will prepare updates for camp committees on government directives and the Thailand situation. 7) ADRA will confirm whether there are restrictions about sharing information about RTG directives in MLA and other camps.**

**6. Food assistance**

- TBC stated everyone will be receiving the full value ration on their food cards through May and June.

**7. Protection / Advocacy**

- UNHCR stated the group's position paper on quarantine has been updated to include guidance on different scenarios and information on what support health actors can provide. IRC added that the position reflects the limitations of health actors to manage facility-based quarantine on top of managing surveillance, case management, contact quarantining, and providing regular health services.
- PSEA has been raised in each Protection Working Group (PWG) in the field and there have been no reported cases so far. Questions from the field include the use of UNHCR hotlines for each province to streamline reporting and including PSEA messaging in RCCE materials. TBC noted that KnWO should be

included among camp-based service providers for MHS Province. There was otherwise no further comment to the suggestions presented, which will then be followed up in the RCCE WG and in the field.

- In MHS Province, the Governor’s Office confirmed in writing last week that the province lacks capacity to test cases in camps, and referrals to hospitals must be limited to severe cases. Field Teams continue to engage local and district authorities to sensitize on practical issues. MoPH noted they have discussed with the MHS Chief Health Officer about district hospitals supporting cases at MLO & MRM and at BMN & BMS; the Chief Health Officer clarified the referral steps, which are the same as in normal situations.
- Testing remains the main outstanding issue. IRC stated that when PUIs and suspect cases are identified then testing capacity would alleviate some problems with bed capacity. MoPH noted that rapid saliva tests are being discussed, which produce results in 30 minutes, planned for use in Samut Sakhon province and this could be useful in the camps. CDC remarked that testing capacity could be enhanced through additional support to the Provincial Health Office as well as introducing new technologies and inquired as to how testing capacity in Mae Hong Son could be supported.
- MOI issued a new instruction letter on 24 April to governors with the subject “Guidelines on Coronavirus 2019 (COVID-19) Preventive Measures in the temporary shelter for Myanmar displaced persons”. The letter outlines preventative measures, use of quarantine areas and reporting channels. IRC noted that the new guidance bears some differences from guidance previously received at the MHS provincial and district levels that will need to be clarified. MI also noted that some of the information therein (e.g. on bed capacity) needs to be updated and MI has conveyed this to the district. It was felt that further clarifications from MOI on a number of issues would be helpful to better understand the guidance and how it is to be implemented.
- An external dashboard has been prepared for the COVID-19 situation that will be updated and circulated every two weeks. Funding contributions and gaps are highlighted and a separate document with detailed funding information is being updated to prepare a separate financial infographic.

**ACTION POINTS: 8) PSEA messaging disseminated through RCCE information materials, with UNHCR hotline information for the different provinces; 9) MOPH will follow-up and report to the group on expanded testing capacity, through regular testing or new technologies (saliva sample); 10) Coordination Group to follow up with DOPA and OCDP on the letter issued by MOI for further understanding of the new guidance**

**8. AOB**

- IRC is seeing some challenges in UMP on the issuance of camp passes for refugees. This relates to refugees who need to appear for steps in the Thai Justice System and cannot leave the camp, and refugees midwives who attended a technical training in MLA and cannot return to the camp.
- UNHCR noted that the Kanchanaburi COVID-19 group has received additional requests for support to camp security in THI and BDH. IRC noted there has been a discussion about increasing stipends and providing hazard pay in relation to COVID-19 emergency response and this needs to be addressed border-wide; in-kind incentives and human resource expansion are preferred over increase of stipends and news about additional support will quickly spread to other camps.

**ACTION POINT: 11) Pillar Leads will review separately the THI and BDY requests for camp security support.**