

Virtual Eighteenth Health Cluster Coordination Meeting
Kathmandu, Nepal
6 August 2020 -THURSDAY (2:00 – 3:00 pm)

The meeting was chaired by Dr. Jageswor Gautam, Lead of the Health Cluster and co-chaired by Dr. Lungten Z. Wangchuk, Co-lead of the Health Cluster. More than 40 health partners participated the meeting virtually. Dr. Lungten Z. Wangchuk facilitated the meeting.

Agenda for #18 Health Cluster Coordination Meeting, 6 August 2020

Agenda Item	Responsible	Time
Welcome and Update	Dr. Jageswor Gautam, Chair-Health Cluster	14:00-14:05
COVID-19 Epidemiological Situation	Dr. Basu Dev Pandey, Director, EDCD	14:05-14:10
Logistics readiness for COVID & monsoon response	Dr. Ramesh Kharel, Director, Management Division	14:10-14:15
Follow-up action points and brief updates from partners	Dr. Lungten Wangchuk, Co-chair, WHO	14:15-14:20
COVID-19 response: Lessons from NHTC	Dr. Yedu Chandra Ghimire, Director, National Health Training Centre (NHTC)	14:20-14:30
Discussions/Questions	All	14:30-14:40
Summary of the meeting	Dr. Lungten Wangchuk, Co-chair	14:40-14:45
Comments/Answers to the questions	Advisors/Chair	14:45-14:50
Conclusion and closing	Dr. Jageswor Gautam, Chair-Health Cluster	14:50-15:00

Synopsis of the meeting

Dr. Gautam welcomed all the participants to the meeting and provided brief updates of tests and isolation of COVID-19 cases as of 5th August 2020. He informed about the meeting being conducted on strategic planning for COVID-19 response and updated on revision of the national testing guidelines, and addition of Shree Birendra Hospital and Nepal Police Hospital to the COVID level 2 hospital. He also informed about the Public Health Standards, 2020 endorsed by Ministry of Health and Population (MoHP) to be followed while celebrating festivals and feasts during COVID-19 pandemic. He also iterated the support expected from the health partners and hoped for their continued support.

As of 5 August 2020

Total PCR sites: **35** (reporting laboratories)
Total PCR tests done: **412,953** (an addition of 54,609 in past week)
Total PCR positive: **21,390** (an addition of 2,117 in past week)
Total active cases: **6,174** (28.9%)
Total discharged: **15,156** (70.8%)
Deaths: **60** (0.3%)
Total isolation beds: **9,507**
Total quarantine beds: **187,120**
Total people in quarantine: **9,925**

- Application of Public Health Standards in all responses
- Commodities for COVID-19 and monsoon response
- Disease surveillance
- Risk communication and community engagement
- Case Investigation and Contact Tracing (CICT)
- Communication of health-related response needs to nearest HEOC

Dr. Basu Dev Pandey, Director, Epidemiology and Disease Control Division (EDCD), then provided with the epidemiological updates of COVID-19. He informed that symptomatic cases

Health Cluster Coordination Meeting # 18



were increasing but community transmission had not been identified in Nepal as majority of the cases were linked to returnees from different countries. He also informed that the number of active cases in Province 2, Bagmati Province and Sudurpaschim Province were increasing whereas the remaining provinces had somewhat stable number of active cases. He informed that more males were affected and majority of them were in independent age-group. He also provided information about the outcome status of COVID-19 cases, age specific case fatality ratio and comorbid deaths with higher rates of symptomatic cases and deaths with increasing age. He also informed that the number of cases in Kathmandu valley have been increasing after lifting of lockdown. The cases in Kathmandu valley either had travel history or were linked with cases having travel history. As the cases in Kathmandu valley could be linked to travel from epidemic places or contact with cases with travel history, indicates that there is no community transmission in Kathmandu valley.

Following Dr. Basu's presentation, Dr. Ramesh Kumar Kharel, Director, Management Division (MD), Ministry of Health and Population, provided information about the status of requirements, stocks, gaps and procurement plans for COVID-19 testing laboratory items (RNA extraction kits, PCR reagents, VTM), protectives and related items (PPEs, disinfectants, etc.), and medicine and ICU consumables. He also provided projections of stocks availability at the rate of their current utilization. The expected duration of availability of different laboratory stocks based on average requirements as per Rapid Action Plan requirement were projected are as follows and informed that they were subjected to changes if overuse or use besides targeted institution occurred.

- RNA extraction kits (manual): 36 days (for 7,800 tests per day), 43 days (7,800 tests per day with UNOPS support) and 33 days (10,000 tests per day and UNOPS support)
- RNA extraction (automated): 38 days (for 7,800 tests per day) and 30 days (10,000 tests per day)
- PCR reagent: 49 days (for 7,800 tests per day), 61 days (7,800 tests per day with UNOPS support) and 47 days (10,000 tests per day and UNOPS support)
- VTM: 20 days (for 7,800 tests per day) and 16 days (10,000 tests per day)

He informed that the stock availability of major PPE items like face shield/goggles, gloves, gowns, masks and N95 equivalent masks were 37 days, 17 days, 50 days, 90 days and 89 days respectively. The information on direct procurement or support of commodities to the provinces, hospitals and municipal level were not included in the above-mentioned data, thus the stocks in hand may be higher. He also informed that 43 prioritized medicines for severe and critical cases are being distributed to designated hospitals and 34 ICU consumable items for 750 critical cases for 14 days were available in the stock. He further informed that details regarding all logistic requirements for COVID-19 response based on expected number of new cases were included in the procurement plan of Rapid Action Plan (RAP) and as the budget approval has been received. He also provided the national stock status of the Family Planning (FP), Maternal Neonatal and Child Health (MNCH), and Reproductive Health (RH) key commodities and ensured that there has been no break in regular RMNCAH services due to lack of necessary supplies. He also informed about the virtual meeting planned for 10 August 2020 between different laboratories, provincial supply management center and Provincial Health Directorate on the logistic stock, requirement, gaps and needs.

Dr. Lungten thanked Dr. Basu Dev Pandey and Dr. Ramesh Kumar Kharel for their presentation and commended EDCD Director for the epidemiological update on COVID-19 cases in Kathmandu valley as well as throughout the country. She also commended Dr. Ramesh for comprehensive logistic update and tracking the status of COVID-19 laboratory and protective logistics and essential health service commodities throughout the country which is



critical for COVID-19. She then provided the updates on support from partners for COVID-19 and monsoon response. She also informed that Mental Health and Reproductive Health sub-cluster are working on mental and reproductive health services during COVID-19 in coordination with the provincial and municipal level and other health partners are supporting the continuation of essential health services including resource mobilization for major diseases of public health problems in Nepal (TB, HIV and malaria) in collaboration with National Tuberculosis Center, NCSC and EDCD. She reiterated the major asks from the chair of public health standards being strictly followed and applied and extend support for treatment services of COVID-19 cases (protectives, logistics, ICU supplies) as the symptomatic cases are increasing.

Regarding query on changes in standard for lockdown, Dr. Gautam informed that the decision of lockdown given to local authority and provided with examples of Parsa, Sarlahi, Morang etc. On query regarding any changes in public health standards, Dr. Samir informed that there have been no changes in the public health standards. On the query regarding the source for commodities/supplies required for the management of COVID-19 cases of 180,000 as predicted in the RAP, Dr. Kharel informed that a budget of USD 11.25 million has been approved for health sector RAP from Ministry of Finance and the current gaps identified will be prioritized for procurement with other procurement being made in parts. On the query regarding presence of community transmission in Nepal as there are many cases without travel history, Dr. Basu Dev Pandey responded that Nepal have either sporadic or cluster of cases as majority of cases have been identified to have link with people with travel history from high prevalence areas. Moreover, he informed about the seroprevalence survey to be conducted to ascertain community transmission and reported back on the results when it becomes available.


Dr. Lungten emphasized on testing, tracing, isolating and treating to decrease mortality are key to COVID-19 response and requested partners to support in the same as well as to follow/reinforce the use of public health standards (SMS) during festivals.

Dr. Gautam, before concluding the meeting, thanked all the presenters and participants for their presence in the meeting. He stressed that testing has been improving due to increase in the number of laboratories and endorsement of new testing guidelines, however, as the number of cases are increasing, there is requirement of ramping of isolation and treatment services, hospital supplies, medicines, ventilators, oxygen, etc.

Decision/Action points

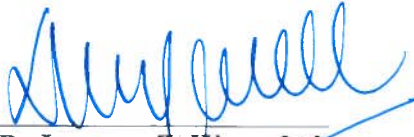
- Follow/reinforce the Public Health Standards (SMS) in response and support implementation of the standard
- Support in risk communication and community engagement
- Support on expansion and/or upgrading of treatment services (ICU, ventilators, oxygen, medicines, hospital supplies)
- Support for COVID-19 and monsoon response through one door mechanism

Signed by the Chair:



Dr Jageswar Gautam
Chair/Lead





Dr Lungten Z. Wangchuk
Co-Chair/Co-Lead

10 August 2020