

Virtual 35th Health Cluster Coordination Meeting
Kathmandu, Nepal
3 December 2020 -THURSDAY (2:00 – 3:00 pm)

The meeting was chaired by Dr. Jageshwar Gautam, Lead of the Health Cluster and co-chaired by Saira Khan, co-lead of health cluster. More than 63 health partners participated the meeting.

Agenda for #35th Health Cluster Coordination Meeting, 3 December 2020

Agenda Item	Responsible	Time
Welcome and Update	Dr. Jageshwar Gautam, Chair-Health Cluster	14.00-14.05
COVID-19 Laboratory Update	Dr. Runa Jha, Director, NPHL	14:05-14:15
Gender Based Violence (GBV) update on #16daysofactivitism	Aishia Antionette Glasford, GBV Sub-Cluster Coordinator	14:15-14:20
Discussion on IPC/Health Care Waste Management – facilitated by Dr. Sudan Panthi	All	14:20-14:40
Follow-up action points and brief updates from partners	Saira Khan, Co-Chair Health Cluster	14:40-14:50
Conclusion and closing	Dr. Jageshwar Gautam, Chair-Health Cluster	14:50-15:00

Synopsis of the meeting

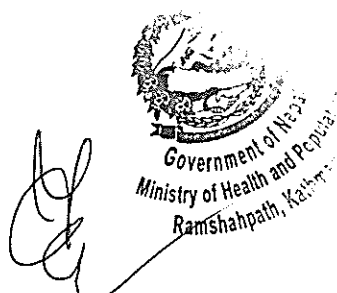
Dr. Gautam welcomed all participants to the meeting and provided update on COVID-19. He then updated on the support required for COVID-19 management as per the projection reflected in Rapid Action Plan and answered the queries related to Rapid Action Plan and the projections. He requested partners to support in following key areas:

- Breaking the transmission chain
- Laboratory and treatment services
- Continuation of essential health services
- Risk communication and information management

Dr. Runa Jha, Director, National Public Health Laboratory, presented on the updates from NPHL. She presented on the trend of PCR tests from designated COVID-19 laboratories. She informed about NPHL's clearance of WHO External Quality Assurance Programme (EQAP) for the detection of Influenza Virus by RT-PCR proficiency test panel 19. She further added that a virtual session was conducted with four laboratories where their challenges were discussed, and WHO consultants and NPHL resource persons provided recommendations to overcome those challenges. Moreover, onsite training on Biosafety-Biosecurity and documentation in COVID-19 labs were conducted in Lumbini Province and are ongoing in Bagmati Province with participation from both public and private labs. She then informed about verification and approval of "High Top" Antigen kit and validation in process for iAMP (Atilla Biosystem, USA) and Vivacheck antigen kit. She further added that one-week refresher training was provided to Microbiologist of Bardibas lab and three-weeks training for pathologist of Mahakali Hospital is ongoing.

Saira Khan, co-chair of the meeting, stressed on maintaining vigilance in COVID-19 response as there has been regular shift in districts with 500 or more active cases and zero active cases. Commending all the government levels for increasing the number of laboratories for COVID-19 testing, she then provided comparison of the global, regional and national status of COVID-19 within a week's time. She highlighted the key asks presented by the chair of the meeting and requested partners to complete and send the template provided for CPRP and reminded partners to regularly update the 3W information.

As of 2 December 2020
Total PCR sites: 77 (reporting laboratories)
Total PCR tests done: 1,754,630 (an average of 9,160/day in past week)
Total PCR positive: 236,246
Total active cases: 16,547 (7.0%)
Total discharged: 218,161 (92.3%)
Deaths: 1,538 (0.7%)
Total isolation beds: 20,239
Total quarantine beds: 72,883
Total people in quarantine: 605



Aishia Antionette Glasford, Gender Based Violence sub-cluster (GBV) Sub-Cluster Coordinator, then presented on 16 Days Of Activism (DOA) against GBV, effects on GBV and Violence Against Children (VAC) due to COVID-19 and the response of GBV SC. Providing the objectives and necessity of annual 16 DOA, she informed that after COVID-19 there were significant increase in GBV and VAC due to diversion of funds from essential Sexual and Reproductive Health (SRH), GBV and Child Protection (CP) services to address COVID-19 health response. She further added that specific needs of vulnerable groups were not being addressed and negative coping mechanism were being developed due to fragile mental health services. She then informed about the inter-related and inter-dependent sixteen 2015 GBV in Emergencies Minimum Standards, grouped in three parts (orange, blue and green) that guides all the humanitarian actors to mitigate and prevent GBV. She also informed that the GBV SC partners conducted trainings on GBV screening and referrals, three rounds in each province, to cross-section of frontline service providers within the referral pathway, using training materials developed in collaboration.

Dr. Sudan Panthi, National Professional Officer, Environmental Health for WHO, informing about the rapid assessment of COVID hospitals for Infection Prevention and Control (IPC), Health Care Waste Management (HCWM) and Water, Sanitation and Hygiene (WASH) conducted by WHO and other health partners during early phase of the pandemic in Nepal, facilitated the discussion on IPC and HCWM. He informed about the Technical Working Group formed under Environmental Health and Health Care Waste Management section of Management Division (MD) for IPC and HCWM. He then presented the issues raised on IPC, HCWM and WASH during the coordination meeting held with COVID hospitals and Provincial Health Directorate Offices and requested partners to discuss on the support provided and plan for further support. Focal persons from different partner organization like GIZ, WaterAid and UNICEF then informed about the technical, logistics, training and infrastructural support that were provided to different hospitals on IPC, HCWM and WASH and the support that have been planned for near future. Dr. Panthi also informed that UNDP, UN Habitat and USAID have also been supporting in the areas of IPC, HCWM and WASH under the leadership of MD. Dr. Panthi informed that the issues will be discussed in the Technical Working Group on HCWM and will coordinate with WASH partners to address the issues raised by the Provinces.

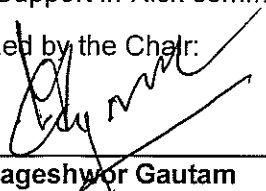
Coordinator of Reproductive Health Sub-Cluster (RH SC) then updated on the HR gaps and needs identified by RH SC in Lumbini Province and Sudurpaschim Province. Providing the number of human resources available for RH in these provinces, he informed that the major challenges identified from the preliminary analysis of feedback from different provinces on RH SC meeting were lack of proper coordination between different levels of government, limited availability of current health workforce data, inadequate incentive/protection, inadequate HR financing, inequitable distribution of HR, and unfilled sanctioned positions. He stressed that bilateral discussions and coordination support to provinces were required to fill these gaps and requested development partners to support the government on the same.

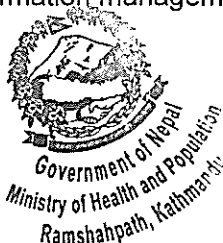
Dr. Gautam thanked all the presenters and participants for their active participation and concluded the meeting.

Decision/Action points:

- Breaking the transmission chain through – Strict application of public health measures, Operationalization of health desks at point of entries, strengthening of case follow up through Toilett Facilitator Team, IPC and health care waste management, Monitoring and support on home quarantine and isolation
- Support in Laboratory and treatment services – Ensure availability of quality laboratory logistics (kits), and reagents; ICU beds, HDU logistics, ventilators, Oxygen supply, concentrators
- Support in Continuation of essential health care services (COVID & non-COVID)
- Support in Risk communication and Information management

Signed by the Chair:


Dr Jageshwor Gautam
Chair/Lead




Saira Khan
Co-Chair/Co-Lead

6 December 2020