Virtual FIRST Health Cluster Coordination Meeting Kathmandu, Nepal 9 April 2020 -THURSDAY (2:00 – 3:30 pm)

The health cluster was officially activated led by the Ministry of Health and Population under the Incident Command System (ICS) to re-enforce the ongoing health sector response to COVID-19. The first formal health cluster meeting was held on 9th April 2020 with the following agenda items. The meeting was chaired by Dr Gunaraj Lohani, Lead of the Health cluster and Co-Chaired by Dr Lungten Z. Wangchuk, Co- lead of the Heath Cluster. Ninety-four (94) members from forty-four (44) organizations were invited for the virtual meeting of which seventy-eight (78) participants participated in the meeting. Two advisors to the Ministry of Health and Population, Dr Khem Karki and Dr Suresh Tiwari also attended the meeting along with the chair and the co-chair (List of onsite and virtual participants attached)

	Draft AGENDA						
TIME	AGENDA ITEM						
14:00 to 15:00	 Welcome Remarks: Dr Gunaraj Lohani, Chair/Lead Introduction of Co-Chair: Dr Lungten Z. Wangchuk. Co-Chair/Co-Lead Introduction of Partners briefly Update from MOHP on status of preparedness/response readiness- Dr Gunaraj Lohani (Chair/Lead) Update from partners matrix- Dr Lungten Z. Wangchuk, Co-Chair Quick update from partners verbal if not covered by Co-chair's presentation Way forward 						
	 Expectation (ASKs) of MOHP from the health cluster partners Agree on the list of health partners for cluster meeting Decision on starting virtual provincial cluster coordination 						
	meetings Decision on frequency of the HC meeting AOB						

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Synopsis of the meeting:

Dr. Gunaraj Lohani, the chair welcomed all the participants and introduced Dr. Lungten Z. Wangchuk as co-lead and Co-Chair for the health cluster in the meeting.

As of 8 April 2020

Total tests performed = 2366

Total positive cases = 9

Result awaited = 179

Suspected people are in isolation wards = 12 (central designated hospital) + 122 = 134

Total beds available in quarantine facilities = 36471

People in quarantine facilities = 8580

He presented the key status of MoHP preparedness and response and asked all the health partners to work in a unified and coordinated manner in supporting the MoHP in its response to COVID-19. The chair also provided overall COVID-19 situation in Nepal with the recent updates on policy, laboratory status and testing, risk communication and information sharing, COVID-19 surveillance, contact tracing, Infection Prevention and Control measures, COVID-19 case management, and logistics and supply.

He also informed that MoHP formed seven teams under the lead of the Joint Secretary to support and monitor progress and to identify the gaps including HR/Logistics for response. He also shared that MOHP had decided the following hospitals for COVID response throughout the country so that the remaining facilities could provide the essential services.

Province	Dedicated Hospitals for COVID-19 response Koshi Hospital and BPKIHS-Dharan				
Province 1					
Province 2	Janakpur Hospital, Narayani Sub-Regional Hospital				
Bagmati province	Patan Academy of Health Sciences (Patan Hospital), Sukra Raj				
	Tropical Diseases Hospital - Teku, Armed Police Force (APF)				
	Hospital, Kritipur Ayurvedic Hospital, Kathmandu Medical College				
	(KMC) Duwakot				
Gandaki province	Pokhara Academy of Health Science (Gandaki Hospital)				
Province 5	Lumbini Provincial Hospital, Bheri Hospital				
Karnali province	Surkhet Provincial Hospital				
Sudurpaschim province	Seti Provincial Hospital, Achham Hospital				

Dr. Lohani requested co-lead to provide the update from partners. Dr Lungten Wangchuk presented all the partners support as of now based on the partner support matrix collated by the EDP chair. The presentation covered donor coordination in areas such as planning, budgets, logistic support, technical support and other from each partner organizations those contributed thus far. The chair also requested all the partners to channel support in integrated and coherent manner so that the support can be systematically tacked, properly used and acknowledged. Technical guidance and further support for this important COVID-19 response was welcomed by the chair and the advisors.

The chair also mentioned the provincial coordination feeding into the central health cluster team is a challenge and asked to identify a virtual modality to regularly communities the provincial response and coordination to the central health cluster. He also asked the co-chair and her team to start the virtual provincial coordination team meetings as soon as possible. The chair agreed to identify one MoHP focal point to work with her team to coordinate the provincial coordination virtual meetings, the report of which will feed into the weekly health cluster meetings.

Dr. Lohani thanked to all partners for their support and expects continuous support to scale up the ongoing response. He requested Dr. Suresh Tiwari to share the MoHP's priorities for COVID-19 response where partners can coherently support.

Dr. Tiwari presented the following **11 KEY priority areas** for MOHP for COVID-19 response where partners can support in an integrated manner.

TOP 11 Asks:

- 1. **Integration** of efforts in planning, supplies, infrastructure, information, communications, assessments and progress reporting all log tracked at the IIMS of health cluster lead in a data base that will be used for the required decision making and future references.
- 2. **TEST** Increase, Expand, improve including test commodities, capacity building and HR where necessary
- 3. **Procurement of Supplies** All support on supplies with quality assured, integrated in one log system so that this data base can be seen at one place, tracked and distributed with no duplication
- 4. **Supply Chain**: Partners can support in transportation and mobilities in the provincial and local levels with supplies, transportation and mobilities of health workers and essential service workers (accommodation, food, logistics support and sanitation)
- 5. **Support in Quarantine places** construction where necessary, sanitation, report system, food and logistics where possible so basic sanitation and other quarantine requirements are fulfilled
- 6. **Management of cases** Knowledge, standards, capacity building of staff, Infrastructure support where necessary and essential commodity supplies for those management and isolation facilities (such as skill development in case management, essential medicines, oxygen, ventilators, tubes, etc) to ensure that those centers are functional
- 7. **Prevention of community transmission** support in community engagement and risk communication
- 8. **Coordination and support at the provincial levels at HEOC** each partner can help in a coherent manner to support those HEOCs

- 9. Support in continuing basic health services which are critical in this situation, essential supplies of medicines and other commodities to ensure the uninterrupted provision of basic health services
- 10. **Information and research**: A complete proposal with implementation plan to be shared before study/ assessment, findings presented back to health cluster so that the evidence can be used for response and planning
- 11. Information Integration: All the support in collated analyzed and distributed form one place under the IIMS of health cluster for now and for later in a systematic manner. Information to be shared to drgrlohani@gmail.com, wangchukl@who.int, and suresh.tiwari@opml.co.uk.

Dr. Tiwari emphasized that it is important to integrate all partners' efforts and align the response to these priority areas of the MoHP.

The Chair, Dr. Lohani also requested Dr. Khem Karki, Advisor for MOHP for comments.

Dr. Karki requested all partners to provide urgent support in logistics following logistics as the stocks available are critical:

- Reagents for PCR
- Viral Transport Media (VTM)
- PPE
- 30 nos. IR Thermometer

Dr. Karki also stressed on the integrated efforts for achieving the targets set against COVID-19 and urgent need to motivate health care service providers through proper and effective communication.

Queries sent through chat messages were replied by MOHP officials. On how to channelize the support to Province and Local Government, Dr. Lohani responded that the financial support could be provided through Ministry of Finance only and support of commodities could be coordinated through Central Logistics Management Committee of the ICS. Next query regarding the community engagement during lockdown, Dr. Lohani asked the health partners to work closely with local government which will be facilitated by MoHP through Ministry of Federal Affairs and General Administration.

The representative of the health cluster co-lead Dr. Lungten Wangchuk proposed for regular virtual health cluster coordination meeting to which the chairman agreed and, also based on partners' preference, it was decided that virtual health cluster coordination meeting will be held weekly, every **Thursday from 14:00 to 15:00 hours**.

Decisions/Action point:

- Health Cluster Coordination Meeting Every week- Thursdays 14:00 15:00 hours.
- Chair to designate one focal person from MoHP for the coordination of provincial virtual coordination meeting D_{r} Same ABHIRAGE Conduct virtual Provincial Health Cluster Coordination meeting as soon as possible.
- Partners to prioritize the response activities aligning with 11-point priorities
- Urgent need of key commodities (Reagents for PCR, Viral Transport Media (VTM), PPE, IR Thermometer) to be explored by each partner

Signed by the Chair:

Dr Gunaraj Lohani Chair/Lead

Co-Chair/Co-Lead

10 April 2020

Virtual Health Cluster Coordination Meeting Health Emergency Operation Centre (HEOC) Kathmandu, Nepal 9 April 2020 (2:00 – 3:30 pm)

List of Participants at HEOC

- Dr. Gunaraj Lohani, Cluster Lead, MoHP
- Dr. Khem B. Karki, Advisor, MOHP
- Dr. Suresh Tiwari, Advisor, MOHP
- Dr. Lungten Wangchuk, Cluster Co-Lead, WHO
- Dr. Reuben Samuel, Incident Manager, WHO
- Mr. Damodar Adhikari, Cluster Co-Lead-Alternate, WHO
- Dr. Dhruba Gautam, Field Medical Officer, HEOC, WHO
- Mr. Dipesh Sherchan, ICT Associate, WHO

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	World Health Organization (WHO)		Mr Damodar Adhikari	Cluster Co-Lead -	adhikarid@who.int
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Total agency - 44 and	94	participants		

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