

Rohingya Crisis – Health issues

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The Rohingya people are a stateless Muslim-minority group that has been persecuted by Myanmar for many years.¹ Recently the Rohingya refugees fled Myanmar's northern Rakhine state after insurgents attacked security forces in late August last year, prompting a military crackdown that has since been described as ethnic cleansing.² According to a recent report of International Organization for Migration (IOM) and UNICEF, an estimated 688,000 Rohingya have entered into Bangladesh from Myanmar since 25 August 2017, and the total Rohingya population in Cox's Bazar is now over 900,000.³ The majority of these people are now living in pre-existing camps and settlements, settlement extensions, spontaneous settlements and amongst the host community in Cox's Bazar District with increasing need of humanitarian assistance, including shelter, food, clean water, and sanitation.^{3,4} Around 1.2 million people, including both newly arrived Rohingyas and their host communities, are estimated to be in need of health assistance. Based on the public health situation analysis published on 10 October 2017, WHO has graded this crisis as a level 3 emergency, the highest possible rating.⁵

Ongoing Challenges

Overburdened government health care facilities: Sadar Hospital in Cox's Bazar and Teknaf and Ukhiya upazilla health complexes and primary health care (PHC) units are not equipped to handle the huge influx of Rohingya refugees, and the host populations in the area.⁵

Rate of severe acute malnutrition (SAM): A recent nutrition survey conducted by humanitarian agencies in Cox's Bazar, led by International Rescue Committee (IRC) partner Action Contre la Faim (ACF), has revealed shocking levels of malnutrition amongst Rohingya children which is an indicator of an impending, and very serious, public health crisis awaiting the world's most vulnerable group of refugees.⁶ It is 7.5% which has outgrown the emergency threshold, nearly 4 times the international emergency level and 10 times higher than last year.^{5,6}

Inequitable access to services: The Government of Bangladesh has allocated 2000 acres for a settlement area for the new arrivals, but these remote, hilly areas have no established infrastructures and no roads linking it to Cox's Bazar or other towns. Health care services are currently available in the more accessible areas of the camps. As a result, some areas are over-served while in other areas have no or very limited access to health care.⁵

Communicable disease risks: Crowded living conditions, inadequate water and sanitation (WASH) facilities and low vaccination coverage present significant risks of communicable disease outbreaks.⁵ Dr. Navaratnasamy Paranietharan, the World Health Organization representative to Bangladesh, said, "This is an extremely vulnerable population with low vaccination coverage, living in conditions that could be a breeding ground for infectious diseases like cholera, measles, rubella and diphtheria".²

Seasonal threats: The Cox's Bazar area is prone to cyclones that can potentially destroy temporary

shelters. The incidence of acute respiratory infections (ARIs) is expected to rise with the onset of winter. Due to complete deforestation and topography of the camps, there is a risk of landslides in the next rainy seasons.⁵

Sexual and Reproductive Health: Essential reproductive health, maternal, child and newborn health services, particularly obstetric services, are inadequate especially in hard-to-reach areas.⁵

Mental and psychosocial health: Many Rohingya are reported to have been physically and mentally traumatized by the violence, including sexual and gender-based violence (SGBV).⁵

What is being done

At least 65 national and international health sector partners are currently operational in Cox's Bazar.⁵ With humanitarian agencies overstretched and underfunded - including primary health clinics with a caseload that has tripled in a month - the International Rescue Committee (IRC) has launched an emergency response on both sides of the Bangladesh-Myanmar border for displaced Rohingya.⁶ While 900,000 doses of oral cholera vaccine already have been delivered by more than 200 mobile vaccination teams, another contagious bacterial infection, diphtheria, has emerged which had been nearly eradicated in Bangladesh. Doctors Without Borders and health partners like the International Federation of Red Cross and Red Crescent Societies are working together to isolate suspected cases. Diphtheria is a vaccine preventable disease and it is an illustration of how the Rohingya population had very little access to health care in Myanmar.²

Bangladesh's Ministry of Health and Family Welfare - working in collaboration with the World Health Organization, UNICEF and other health partners - has already implemented two rounds of vaccination campaign and it appears that at least some of the next generation of Rohingya will have protection.²

As of January 31, 2018, more than 2 lac people have access to safe water through UNICEF supported tube wells and treatment of surface water. UNICEF is accelerating training for the WASH sector in preventing acute watery diarrhoea, preparing for mass chlorination of water points and decommissioning of WASH facilities in risk areas.⁷

Although transmission is still ongoing, there has been a decline in the suspected measles cases as 80 cases were reported during the fourth week of 2018. Aetiology, clustering and preventive measures are being investigated. There appears to be a decreasing trend in the numbers of daily reported cases of diphtheria. The second round of the diphtheria vaccination campaign in the Rohingya community started on January 27.⁷

During the reporting period of 26 January to 1 February, 2,410 children under five years of age received healthcare and 827 pregnant women received at least one antenatal care consultation in 10 health facilities supported by UNICEF. UNICEF has been supporting the Cox's Bazar District Hospital in providing health services to new-born babies through its Special Care New-born Unit (SCANU). Since the beginning of January, 200 babies have received specialized care. This unit has been receiving referral cases from both host and refugee communities.⁷

Historically the Rohingya are one of the most persecuted peoples in the world. These tragic situations will not come to an end until Myanmar itself brings the event under control. Effective international pressure and collaboration might improve the conditions. The mass exodus of Rohingya is already putting enormous stress on the limited resources of Bangladesh. Muslim countries of the world can express solidarity with the Rohingyas and offer financial help, but they cannot offer them security in their homeland. Only Myanmar can do that.

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