KEY HIGHLIGHTS

- Since 25 August more than 379,000 people are estimated to have crossed from Myanmar to Bangladesh following violence in Rakhine state, Myanmar.
- 156,000 are located in makeshift settlement/camps, 35,000 in host communities and 188,000 in new spontaneous settlements.
- 26,747 people have been displaced in Myanmar.
- In Bangladesh the Health Coordination Committee was formed on 11 September. The Committee is chaired by the Civil Surgeon in Cox’s Bazar. WHO is Member Secretary in the committee. The other members are IOM, UNHCR, UNICEF, UNFPA, RRRC, BDRCS and CS Office.

SITUATION OVERVIEW

**Situation update in Bangladesh**

- On 12 September the Prime Minister reiterated that all refugees would be provided with shelter and other necessary essential services, including health.
- Authorities are identifying 1500-2000 acres of land located between Kutupalong and Balukhali settlements to establish a new camp to accommodate 100,000-150,000 people.
- The District health complex continues to provide basic assistance and essential support for new arrivals.
- Authorities have established a mechanism for receiving and allocating private cash donations.
- The Bangladesh Border Guard corps is providing dry food to new arrivals in cordoned areas.
- On 11 September Bangladesh authorities introduced biometric registration of all new arrivals starting in Kutupalong refugee camp.
- WHO and UNICEF to support MOH on routine EPI and mass vaccination.
• International partners (MSF, ACF, Handicap International, MOSA, ICRC, BDRCS) are providing healthcare services including mobile teams, medical consultations, in-patient facilities, vaccinations, reproductive health services, psychosocial support, rehabilitation services and nutritional services. Others are constructing water and sanitation facilities and distributing non-food items

**Public health concerns**

• Routine vaccination rates are reported to be very low in northern Rakhine state (e.g. <70% coverage against measles 1 or 2), a reflection of a higher risk of outbreaks from expanded program on immunization-associated diseases
• Challenges associated with shelter, water, sanitation and hygiene have the potential to make water-borne and vector-borne diseases and reproductive health major public health issues
• Cholera is known to be endemic in Bangladesh. It is unclear whether the refugee population is susceptible to vibrio. The risk of a cholera epidemic among vulnerable groups can be considered high
• Violence on refugees has been reported, including an increase in traumatic injuries and gender-based violence
• As population movement has occurred for more than 2 weeks there is concern for the nutritional status of younger children
• Health services are overstretched, with service delivery strained by the needs of vulnerable populations prior to 25 August (estimated refugee population prior to 25 August: ~150 000 in Cox’s Bazar)
• Several healthcare facilities in settlement areas are still under repair from damages incurred from cyclone Mora
• The health situation appears critical. The response from the Bangladesh authorities and partners has been initiated and is being scaled up. Information remains limited. IOM is scaling up its operations to expect 800 000 to 900 000 refugees in total

**Health needs, priorities and gaps**

• A rapid joint needs assessment was completed on 8 September (ISCG report) identifying:
  o An immediate need for food and non-food items (plastic sheets, containers, ropes etc.) for new arrivals
  o An ongoing need to improve water and sanitation conditions of refugees with access to healthcare facilities
  o A critical need for provision of life-saving medical services, including medical team deployment, restoring medical supplies and equipment and repairing damaged infrastructure
• There is a need to strengthen mortality, traumatic injury and disease surveillance and improve/monitor basic health conditions (i.e. vaccination or vector control activities, WASH and food items) to prevent disease outbreaks
• There is a need for mental health and psychosocial support (MHPSS) for vulnerable people

**WHO ACTIONS**

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In Bangladesh
- WHO supports the Government of Bangladesh in providing medical teams to new spontaneous settlements, especially in Ukhaia and Teknaf. WHO will distribute emergency medical kits that cover 100,000 people in the coming period.
- WHO supports measles and OPV vaccination and other routine vaccination activities among refugees. Preparation is ongoing for mass vaccination targeting 80% of children (150,000 new arrival children under 15 year-olds in 3 upazilas) within 7 days.
- 2,000,000 water purification tablets and cholera kits for 20,000 people will be distributed by WHO in the upcoming period. WHO water and sanitation experts are being mobilized.
- As of 13 September, 8 WHO staff are in Cox’s Bazar (6 for EPI including 2 Surveillance Medical Officers based in Cox’s Bazaar, 2 for surveillance set-up/emergency response/coordination).

In Myanmar
- Maungdaw district in northern Rakhine state has been declared a military operations area. Most agencies that remain present have scaled down to essential staff. Two WHO staff are permanently located in Sittwe, Rakhine State.
- WHO has been requested to provide support for replenishment of medicines and medical supplies, including 3 cholera kits and a large consignment of essential drugs and medicines. These were/will be delivered to Sittwe town at the Department of Public Health’s request.
- UN CERF has funded MoHS mobile health teams that provide emergency health care services to newly displaced populations in evacuation sites of Maungdaw township. UN CERF has funded medicines and medical supplies expected to arrive in Sittwe in the third week of September.

In SEARO
Incident management systems are in place in SEARO and WHO country offices in Bangladesh and Myanmar. The response is being coordinated accordingly.

RESOURCE MOBILIZATION

Funding Requirements
- Internal resources and supplies have already been mobilized by WHO. A total of US 200,000 from the South-East Asia Region Health Emergency Fund (SEARHEF) is ready to be released.
- The overall funding requirement to support WHO’s response is being estimated and will guide the immediate resource mobilization efforts.

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