KEY HIGHLIGHTS

- Since 25 August more than 422,000 people are estimated to have crossed from Myanmar to Bangladesh following violence in Rakhine state, Myanmar (as of 19 September).
- 185,000 are located in makeshift settlement/camps, 34,000 in host communities and 203,000 in new spontaneous settlements.
  - 26,747 people have been displaced in Myanmar (as of 6 September)
- In Bangladesh, a new camp site in Kutupalong area is being prepared with infrastructure such as roads and drainage to enable the provision of basic services, latrines, water and solid waste management.

SITUATION OVERVIEW

**Situation update in Bangladesh:**

- The Department of Immigration and Passports is registering the arrivals and providing them an ID card. The process which started on September 11, continues. However, systematic registration of new arrivals continues to be a challenge.
- A new camp site adjacent to Kutupalong will be established under the supervision of Ministry of Disaster Management and Relief.
- Humanitarian agencies continue to deliver basic assistance including food, plastic sheets, and water.
- An emergency coordination committee chaired by a civil surgeon has been established. The committee is overseeing coordination and standardization of healthcare services being provided by mobile teams and mapping of partner agencies. New agencies arriving to support health response need to work in coordination with the emergency coordination committee.
- Measles and Rubella (MR) and polio (OPV) vaccination targeting 150,000 children aged 6 months to 15 years, is ongoing since 16 September. WHO, IOM, UNICEF, UNHCR and NGOs including MSF, IOM, ACF, MUKTI, and UNHCR are supporting Ministry of Health and Family Welfare’s immunization initiative. As of
20 September, 52,464 children received MR vaccine, ~28,346 received bivalent oral polio vaccine (bOPV) and ~31,690 received Vit. A dose.

- More vaccinators are being deployed to help cover the target population as rain and bad weather has slowed down the immunization drive.
- Partner agencies continue to scale up their healthcare delivery services including psychological first aid and increasing hospital bed capacity in new settlement areas (e.g. in Kutupalong and Balukhali makeshift camps by MSF).
- 24 additional doctors, nurses and midwives from Dhaka division are being reassigned to 12 health centres in camp areas including 6 health centres in new settlement areas.

**Situation update in Myanmar**

- Healthcare facilities in northern Rakhine are gradually resuming services.
- Two clinically diagnosed measles cases were detected by MOHS in new evacuation sites in Sittwe. Measles immunization was carried out for children between 9 months to 15 years in the new evacuation sites in Sittwe between 10 to 12 September 2017.¹
- UN agencies and International NGOs are coordinating their efforts to provide mobile clinics and community health workers with basic medicines (e.g. anti-TB drugs), supplies and screening of acute malnutrition in IDP camps of Pauktaw and Maugdaw districts.
- Food distribution is managed by the National Red Cross with food provision from WFP.

**Public health concerns**

**Bangladesh**

- Routine vaccination rates are reported to be very low in northern Rakhine (e.g. <70% coverage against measles 1 or 2), a reflection of a higher risk of outbreaks from expanded program on immunization-associated diseases.
- Sub-optimal hygiene, water and sanitation, and shelter, increases risk of water-borne and vector-borne diseases, while reproductive health remains a major public health issue.
- Cholera is known to be endemic in Bangladesh² and the risk of cholera epidemic among refugees can be considered high.
- Traumatic injuries and gender based violence are being reported.
- There is concern for nutritional status of younger children.

¹ Sittwe Township Medical Officer
Health needs, priorities and gaps

- Interventions are being scaled-up; however, the situation remains critical as it is unclear as to when the responses will meet the affected populations’ basic public health needs.
- Systematic healthcare delivery services, that include sexual and reproductive health, gender-based violence and mental health and psychological support case management, are needed at healthcare posts and mobile clinics.
- Continued vaccination is needed to target new arrivals of affected population.
- Disease surveillance and health information management needs to be strengthened.
- Health personnel need to cope with increased demand for health services.
- Water and sanitation is a priority.

WHO ACTIONS

In Bangladesh

- WHO is serving as secretariat to the emergency coordination committee, chaired Civil Surgeon, for health response.
- WHO will distribute emergency medical kits in the coming days to cover 100 000 people.
- WHO is supporting Ministry of Health and Family Welfare for the ongoing measles and rubella and polio vaccination for children up to 15 years of age.
- 2 000 000 water purification tablets and cholera kits for 20 000 people will be distributed by WHO in the coming days.
- As of 20 September, 24 WHO staff are in Cox’s Bazar (18 for EPI including 2 Surveillance Medical Officers based in Cox’s Bazaar, 3 for surveillance set-up/emergency response/coordination and 1 for water and sanitation assessment)
- WHO has sent additional staff from its South-East Asia Regional Office to strengthen its support to the Ministry of Health and Family Welfare, Bangladesh, in the areas of information management, assessment, risk communication and coordination.
- WHO is working on a 6-month operation plan for its support to MoHFW to meet health needs of the affected people.

In Myanmar

- UN CERF has funded MoHS mobile health teams that provide emergency health care services to newly displaced population in evacuation sites of Maungdaw Township. UN CERF has funded medicines and medical supplies are expected to arrive in Sittwe on 22 September.
- WHO has provided three cholera kits.

RESOURCE MOBILIZATION

Funding Requirements

- WHO has mobilised internal resources and supplies to support health needs of the vulnerable population.
• The first tranche of emergency fund totalling USD 175 000 from WHO’s South-East Asia Region Health Emergency Fund (SEARHEF) has been disbursed to meet immediate health needs of the affected people.

• The overall funding requirement for WHO’s response is being estimated to guide immediate resource mobilization efforts.

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