KEY HIGHLIGHTS

- As of 26 October 2017, cumulative number of new arrivals in all sites of Ukiah, Teknaf, Cox’s Bazar and Ramu are 605,000\(^1\), including over 326,000 arrivals in Kutupalong Balukhali Expansion site, 233,000 in Teknaf makeshift settlements/refugee camps, 46,000 arrivals in host communities and 175,000 arrivals in new spontaneous sites.
- The WHO Mortality and Morbidity Weekly Bulletin (16 – 22 October 2017) shows that acute respiratory infections are the most common type of disease among the vulnerable population in Cox’s Bazar, with significant burden of diarrhoeal and skin diseases, and fever.
- Drinking water testing results indicated that only 35 percent of the samples collected and tested from various settlements met Bangladesh and WHO standards during the reporting period.
- Government and partners are working towards finalizing the “Acute Watery Diarrhoea Preparedness and Response Plan” by integrating WASH, Nutrition, Communications and related health sectors.
- Japan International Cooperation Agency (JICA) and World Bank are working with WHO and Government of Bangladesh to identify areas of support to strengthen humanitarian response, especially strengthening health care, building infrastructure and deploying human resources in Sadar Hospital, Cox’s Bazar.

NEW SETTLEMENTS

Water quality surveillance in Kutupalong makeshift settlement: To strengthen water quality surveillance, the Department of Public Health Engineering (DPHE) personnel continue to collect water samples from source and household storage in Kutupalong and conduct sanitary inspections. The targeted number of sanitary inspection of source and household was 144 (48 source + 96 households). The samples have been transferred to the lab and are being preserved. Meanwhile, the DPHE lab chemist has started testing the samples for E. Coli.

HIV and TB in Tekhnaif: WHO is supporting the government in assessing and preparing to tackle HIV and TB among the vulnerable population. National HIV/AIDS program and National TB program directors are working with WHO and partners to implement the national strategies to support the new arrivals needing HIV and TB services and management in CXB.

WASH Situation update

WHO has supported Bangladesh set up a water quality testing lab. WHO WASH team trained 12 newly recruited Department of Public Health Engineering water sample collectors.

Collaboration with Partners

JICA’s visit to explore areas of support in CXB: JICA mission visited Kutupalong and Ukhia Health Complex along with representatives from the Planning unit of the Ministry of Health and Family Welfare to discuss the health situation and seek advice from WHO and MOHFW on areas it can support. These include, increasing role of nurses and paramedics providing health services in government facilities; providing comprehensive support to Ukhia health complex hospital (including expansion from 50 to 100 beds), human resource support and equipment; establishing noncommunicable disease in Upazila and Sadar district hospitals and supporting the establishment of community clinics in the mega camp of Kutupalong/Balukhali.

World Bank to strengthen its presence in CXB: A World Bank mission visited CXB and committed to working with the government to scale-up development and humanitarian work for both the newly arrived and host communities. They would be meeting different line ministries to understand their needs and see how the Bank can support them further.

WASH: Poor WASH practices, high population density, and movement of population continue to be major concerns and challenges for the WASH sector.
**HIV and TB**: IOM clinic in Leda has reported 5 HIV positive cases from among new arrivals including 2 pregnant women. The upazila health centre is conducting sputum testing for TB. Last month 12 confirmed cases of TB were reported. As of 17 October, 5 confirmed cases have been reported. Seeing the growing risk of both HIV and TB, the government of Bangladesh has decided to deploy one counsellor in each health camp, in 2 upazila health centres and in Sadar Hospital to conduct random screening of HIV along with other routine tests. They will also be setting up DOTS corners in each camp to do screening for TB and to provide anti-TB drugs.

**PUBLIC HEALTH INTERVENTIONS**

An “Acute Watery Diarrhoea Preparedness and Response Plan” is being worked upon with the following key interventions, namely increasing capacity of doctors to promptly detect and manage diarrhoea cases; building awareness among people about diarrheal diseases including the use of Oral Rehydrating Salts (ORS); establishing a diarrhoeal treatment unit in every camp; and forming a joint working work of MoHFW and health partners to monitor all activities. This plan is being developed in collaboration with WASH and Nutrition sectors, and with the communications working group for standard messaging.

**WHO ACTIONS**

**Coordination & supplies**: WHO has taken over health sector coordination from IOM with effect from 1 October 2017, conducting weekly health sector coordination meetings. WHO is secretariat to the Emergency Coordination Committee set up by the government to lead the health response. It is leading the Health Sector of the Inter-Sector Coordination Group and is co-lead of the Health Cluster in Dhaka. Further, WHO has mobilized inter-agency health kits, surgical supply kits, inter-agency diarrheal disease kits, water purification units and water storage kits. WHO is providing medical supplies and medicines for 20 of 38 mobile medical teams covering the settlements. Medical supplies are being provided to fixed health facilities. WHO is supporting GoB in providing medical teams to new spontaneous settlements in addition to planning for the new mega site identified by GoB, planning for which is being done by MoH, WHO and partners. WHO WASH team has also completed training on conducting water quality tests.

**Vaccination**: Following a risk assessment carried out with WHO support, a cholera vaccination campaign was conducted in CXB, beginning 10 October, to protect the newly arrived Rohingya and host communities from life-threatening diarrheal diseases. 900,000 doses of OCV were mobilized for the campaign that was conducted in two phases. Phase 1 from 10 – 18 October for people above one year of age and Phase 2 that will begin in early November for children aged one to five years, for added protection against cholera with an additional dose. WHO has been supporting the planning, training and monitoring of the OCV campaign. WHO is currently supporting MoH and partners to plan for routine EPI immunization.

**WHO staff surge**: 40 additional staff have been deployed in Cox’s Bazar to support coordination, disease surveillance, risk assessment, information management, immunization, and risk communication.
**Resource mobilization:** WHO has provided over one million USD for the emergency response (USD 175 000 from WHO's South-East Asia Region Health Emergency Fund (SEARHEF), WHO Bangladesh reprogrammed USD 400 000 to support the emergency response and WHO provided USD 500 000 from the Contingency Fund for Emergencies). WHO has also recently mobilized USD 1 million from the UN Central Emergency Response Fund (CERF). As part of the overall Humanitarian Response Plan and appeal, WHO has requested for $6.8 and $10.2 million for six and 12 months of interventions targeting 1.2 million people respectively.

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