**Rohingya Crisis**

**March 2018**

**Donor Alert**

**PEOPLE AFFECTED**

1.3 million people
in need of health assistance

<table>
<thead>
<tr>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$ 146 million</td>
<td>Health Sector requirements under the 2018 Joint Response Plan</td>
</tr>
<tr>
<td>US$ 16.5 million</td>
<td>Required by WHO for its health response in Cox’s Bazar</td>
</tr>
</tbody>
</table>

**CONTACT**

**WHO Country Office Bangladesh:**
Dr Bardan RANA
WHO Representative
Email: ranab@who.int

**Cox’s Bazar Field Office:**
Dr Khalid EL TAHIR
Incident Manager
Email: eltahirkh@who.int

**WHO South-East Asia Regional Office:**
Dr Roderico OFRIN
Regional Emergency Director
Email: ofrinr@who.int

**WHO Headquarters:**
Mr Karim YASSMINEH
External Relations
Email: yassmineh@who.int

---

**Rohingyas: Traumatized with low immunization and at high-risk of outbreaks**

Since 25 August 2017, an estimated 688 000 Rohingyas fleeing violence in Myanmar’s Rakhine State have crossed into Cox’s Bazar, Bangladesh. This is the second biggest exodus since the Rwanda genocide of 1994. The new arrivals have joined some 213 000 Rohingyas already in Bangladesh following earlier waves of displacement. Nearly 1.3 million people are being targeted for health assistance – (nearly one million new and old Rohingya arrivals and 300 000 people in the host communities).

Cox’s Bazar is one of Bangladesh’s poorest and most vulnerable districts. Poverty is well above the national average, and the district is prone to natural hazards. The sheer number of new arrivals has overwhelmed existing health services: without a rapid, comprehensive health response, there will be massive loss of life.

The Rohingya population in Cox’s Bazar is highly vulnerable, and has experienced severe trauma. They are living in extremely difficult conditions. Population movements within Cox’s Bazar remain highly fluid.

**Major health risks & challenges**

- **Upcoming monsoon**, there is a high risk of water- and vector-borne and other communicable diseases.
- **Ongoing diphtheria outbreak**, 6 149 suspected cases have been reported as of 11 March 2018 and 38 reported deaths (case-fatality ratio < 1%).
- **Poor and overcrowded living conditions** expose the Rohingya population to public and individual health risks, in addition to insufficient food and dire water and sanitation conditions.
- **Low routine immunization coverage** (< 3%) among Rohingyas before displacement. With risk of refusal of further vaccinations.
Health Sector Objectives

In 2018, the Health Sector is reprioritizing its response, with the primary focus on helping the most vulnerable: children under five, pregnant and lactating mothers and refugees suffering from chronic conditions.

1. Improve access to lifesaving and comprehensive primary and secondary health services
2. Provide essential reproductive, maternal, neonatal and adolescent health care
3. Ensure the prevention of and response to disease outbreaks with epidemic potential and other health emergencies
4. Lead the health sector coordination and information to improve the overall humanitarian health response

WHO planned Interventions in 2018

WHO is committed to saving lives and reducing suffering among Rohingya and host communities.

As the Health Sector Co-lead agency, WHO works alongside the Ministry of Health and Family Welfare to coordinate the activities of more than 120 active partner organizations across the country and to develop and disseminate health information products including situation reports, epidemiological/EWARS bulletins, health sector bulletins, evolving health risks, population needs and access to services.

In addition to coordinating the broader health response, WHO’s specific role under the 2018 Joint Response Plan includes:

- **Strengthening communicable disease prevention, detection and control** by improving disease surveillance and immunization coverage to contain any potential outbreaks of life-threatening communicable diseases.
- **Ensuring timely access to essential life-saving health services** including:
  - Providing emergency health kits, reagents and medical supplies to adequately equip health facilities and clinics;
  - Establishing supply chain and cold chain mechanisms as and where needed;
  - Develop guidelines, build capacity and improve access to mental health and psychosocial support services;
  - Coordinate with Nutrition Sector and health sector partners on integration of in-patient SAM support at PHC level
  - Setting up and strengthening referral mechanisms;
  - Training health workers and partners on EWARS, case management, monitoring of water quality, provide treatment of communicable and noncommunicable diseases and more.

WHO’s Presence in Bangladesh

- For the Rohingya crisis, WHO operates from its offices in Dhaka and Cox’s Bazar
- WHO has more than 250 personnel in the country (approximately 25% of whom are based in Cox’s Bazar)
- During the last 6 months nearly 100 WHO experts and partners have been deployed to support WHO’s response to the Rohingya crisis

- **Acute respiratory infection, acute watery diarrhoea** and unexplained fever are the most commonly reported diseases through to Early Warning and Alert System (EWARS) data.
- **Global acute malnutrition and anaemia** rates are above emergency thresholds.
- Approximately **100 000 expected births in 2018**, with 2 322 pregnant women expected to experience obstetric complications. Only 22% are giving birth at health facilities.
- New arrivals who suffered **sexual and physical violence** need both medical and psychosocial interventions.
- **Limited laboratory capacity** and lack of microbiological laboratory facilities and microbiologists to detect disease outbreaks.

In 2018, the Health Sector is reprioritizing its response, with the primary focus on helping the most vulnerable: children under five, pregnant and lactating mothers and refugees suffering from chronic conditions.