



INVISIBLE

THE ROHINGYAS: THE CRISIS, THE PEOPLE AND THEIR HEALTH



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Invisible – The Rohingyas: the crisis, the people and their health

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- This publication is a tribute to the resilience and strength of the Rohingya people.



REUTERS / Danish Siddiqui

ACRONYMS

AFP	acute flaccid paralysis	EOC	emergency operations centre	IMT	incident management team	SAG	Strategic Advisory Group
AJS	acute jaundice syndrome	EPI	Expanded Programme on Immunization	IOAC	Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme	SAM	severe acute malnutrition
ARI	acute respiratory infections	EPR	emergency preparedness and response			SBP	stand-by partners
AWD	acute watery diarrhoea	EWARS	early warning, alert and response system	IOM	International Organization for Migration	SEARHEF	South-East Asia Regional Health Emergency Fund
BCG	Bacille Calmette Guerin vaccine	FDMN	forcibly displaced Myanmar nationals	IRC	International Rescue Committee	SOP	standard operating procedures
bOPV	bivalent oral polio vaccine	GAVI	Gavi, the Vaccine Alliance	ISCG	Inter-Sector Coordination Group	SGBV	sexual and gender-based violence
BPRM	Bureau of Population, Refugees, and Migration	GBViE	gender-based violence in emergencies	JRP	joint response plan	SRH	sexual and reproductive health
BRAC	Building Resources Across Communities - a Bangladesh-based international development organization	GOARN	Global Outbreak Alert and Response Network	MCK	medical camp kits	SRHWG	Sexual and Reproductive Health Working Group
CHW	community health worker	GoB	Government of Bangladesh	MDR-TB	multidrug-resistant tuberculosis	Td	tetanus and diphtheria vaccine
CHWG	Community Health Working Group	ICG	International Coordination Group on vaccine provision	mhGAP	Mental Health Gap Action Programme	UN	United Nations
CPP	Cyclone Preparedness Programme	ICT	information, communication and technology	MHPSS	mental health and psycho-social support	UNICEF	United Nations Children’s Fund
CS	Civil Surgeon	IDP	internally-displaced persons	MR	measles and rubella	UNFPA	United Nations Population Fund
CXB	Cox’s Bazar	IBS	indicator-based surveillance	MoHFW	Ministry of Health and Family Welfare	UNHCR	United Nations High Commissioner for Refugees
DAT	diphtheria antitoxin	IEC	Information, education and communication	MMT	mobile medical team	USDOS	United States Department of State
DC	District Commissioner	IEDCR	Institute of Epidemiology, Disease Control and Research	MSF	Médecins Sans Frontières	VPD	vaccine-preventable diseases
DFID	Department of International Development	IFRC	International Federation of Red Cross and Red Crescent Societies	NCD	noncommunicable diseases	WASH	water, sanitation and hygiene
DGHS	Directorate General of Health Services	HMIS	health management information system	NGO	non-government organization	WASH FIT	Water and Sanitation for Health Facility Improvement Tool
DTC	diphtheria treatment centre	IHEK	interagency health emergency kit	OCV	oral cholera vaccine	WHE	WHO Health Emergencies Programme
EBS	event-based surveillance	IMS	incident management system	ORS	oral rehydration salts	WHO	World Health Organization
EMT	emergency medical team	IMST	incident management support team	PCR	polymerase chain reaction		
				PCV	pneumococcal conjugate vaccine		
				RRRC	Refugee Relief and Repatriation Commission		



REUTERS / Danish Siddiqui

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PREFACE

“No one left behind” is the central motto of the Sustainable Development Goals. It is a motto that is deceptively simple and hard to achieve in the real world. In plain terms, it means no one can be denied the opportunity or the right to access the fruits of development that the world collectively earns. The fundamental question then is, who is being left behind? Where are they and how are we helping them?

On 25th August 2017, a group of people – initially 300 000 – swelled to nearly 1 million in 4 months. This group, which moved to Cox’s Bazar, Bangladesh, comprised of people that had been “left behind” – uncountable, unheard and invisible.

Invisible is evocative of the plight of the Rohingyas: the crisis, the people and their health. This book outlines briefly the struggle of the Rohingyas as a people, with a focus on the health response in the context of their mass movement to Bangladesh.

Today, when people who have undertaken other land, sea and river crossings are being turned away at borders across the world – Bangladesh’s generosity shines as an example of humanity. The local population of Cox’s Bazar, who met the Rohingyas by the beach or the river as they crossed for survival, freely offered what they had – food, water and blankets. The government promptly matched their open sympathy with decisive action for land, security, medicines and vaccines, and deployed



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response workers across sectors. These actions continue to this day.

Since their arrival, these 1 million people, crowded into a 24 sq.km. area, wrought with problems of basic needs – primarily their health – became the focus of WHO’s work at all levels, in particular, this Regional Office and the Country Office in Bangladesh. *Invisible* highlights various aspects of the response – its successes and challenges – in prose and pictures. The book is an attempt to compile an account of the collective work of WHO with the Government of Bangladesh, over 100 health partners, donors, community organizations and the local population.

In the wake of emergencies, there is often no repository of information that provides a comprehensive account for others to learn from and the knowledge is lost. Publications such as *Invisible* act as a record of events, the health challenges and interventions undertaken, while capturing, as vividly as possible, the human impact. This takes on a special meaning as the Rohingya crisis itself has become invisible – overshadowed by other complex emergencies elsewhere in the world. Moreover, due to the work of the Government of Bangladesh, WHO and partners, there is no major epidemic recently in the Rohingya camps to draw the attention of the international community, media or public. This makes the Rohingyas further invisible.

The future is uncertain. What is clear, however, is that collective, collaborative work needs to continue for the Rohingya people and other populations in similar circumstances across the world. This publication attempts to show that the Rohingyas, their crisis and the work to keep them safe and protect their health are ongoing, real, tangible and far from invisible. And that our work to support them has been – and continues to be – part of our ongoing commitment to leaving no one behind.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region



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Chapter 1

THE ROHINGYA PEOPLE

A snapshot of their early history and movements

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