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# Situation Report: May 2024

## WHO Cox's Bazar: Rohingya Emergency Crisis

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### Coordination and Leadership

According to WHO surveillance data as of June 2, 2024, a Hepatitis C screening was conducted on 4,662 Rohingya individuals, with 38%, or 1,757, identified as suspected cases through Rapid Diagnostic Tests (RDT). Further analysis on 1,611 samples for Hepatitis C RNA has been processed for 725 samples to date, revealing that 73.8%, or 535 samples, were positive for HCV RNA. This high positivity rate is even more pronounced among pregnant women, where 77.5%, or 62 out of 80 tested, were found to have detectable HCV RNA. In response, WHO is collaborating with Médecins Sans Frontières (MSF) and other partners to explore options for procuring costly medications and diagnostic tools to address Hepatitis C on a larger scale.

To enhance global health initiatives and ensure that essential health services are maintained and delivered effectively, the WHO-led Health Sector working with health partners and the Global Health Cluster, has developed the Essential Health Service Package (EHSP) guidelines. These key guidelines are set to be distributed in a workshop planned for July or August.

Partnering with SAG associates, the health sector has begun strategically evaluating the staffing standards for secondary healthcare institutions. An upcoming review of the Essential Medicine List will further support this initiative. This initiative aims to contribute to building a more resilient and responsive healthcare system within the Rohingya camps, ultimately leading to improved health and well-being for the community.

During the reporting period, the PRS team focused on enhancing new staff skills at WCO, WSO and third-party contractors and partners in the Prevention and Response of Sexual Misconduct (PRSM). To this end, three PRSM orientation sessions were held for various groups: 16 new WCO employees (9 from WCO and 7 from WSO), 20 third-party Immunization Field Monitor (IFM) staff, and 14 members of the WHE Health Cluster. These sessions aimed to increase awareness and comprehension among participants regarding PRSM's significance within WHO and the Organization's efforts to combat sexual and other forms of abusive behaviour. The sessions included a review of WHO's Policy on Addressing Sexual Misconduct (PASM) and Policy on Addressing Abusive Conduct (PAAC), clarifying the participants' duties in preventing not just sexual misconduct but also being vigilant about other types of abuses. The orientation sessions also provided practical training on the procedures for reporting incidents of sexual or other abusive behaviour to the Internal Oversight Services (IOS)

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## Information Management and Epidemiology

In the current month, there has been a single culture-confirmed case of Cholera, which is a decrease from the three cases reported in the previous month. Although these numbers are low, it's important to note that culture testing was initiated in only two of the 24 sentinel sites from April 2024.

Since WHO declared the end of the COVID-19 pandemic on May 5, 2023, the spread of the virus has been effectively contained. Despite a reduction in testing rates due to the low transmission level and a shift in focus to other urgent health issues, the surveillance system remains effective in identifying COVID-19 cases, and the case management system is adequately equipped to handle those confirmed cases.

The incidence of skin infections, particularly scabies, has been maintained at lower levels than observed before the MDA period. This reduction has continued through May despite the endemic nature of transmission in the camps. Results of a WHO-led post-MDA assessment in partnership with local health authorities and health sector partners revealed that the prevalence of scabies has been halved from the pre-MDA figure of 39.6% in May 2023 to 19.2% post-MDA in April 2024.

WHO also conducted a Headlice Prevalence Assessment across 33 camps and launched a Targeted MDA for head lice. This MDA focused on children under five years and pregnant women. This initiative achieved a coverage rate exceeding 100% among these highly affected groups. This initiative plays a crucial role in managing a common yet often overlooked health issue, ensuring the well-being of vulnerable populations in the camps.

During the reporting period, the community recorded a total of 168 deaths among both genders, with 36 fatalities involving children under five years old and 26 infant fatalities under one year of age. There were four maternal deaths; one occurred within the community and three in health facilities.

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## Immunisation

In May 2024, the IVD team administered over 45,000 doses of various vaccines to children under two years old. This included 17,171 doses of the Polio vaccine, covering the first to third doses of the Oral Polio Vaccine (OPV) and the first and second doses of the inactivated Polio Vaccine (iPV). Also, 6,360 doses of the Measles vaccine were given, encompassing both the first and second doses of the Measles-Rubella (MR) vaccine. These efforts are vital for individual and public health, helping to prevent disease, save lives, and promote a healthier future for all children involved.

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In response to a potential measles outbreak in May 2024, a training session was held for Community Health Workers (CHWs) and their supervisors, concentrating on Active Case Search (ACS) and the identification of unvaccinated children. The session saw the participation of 75 CHWs and supervisors. Furthermore, a separate training was organized for community leaders to enhance awareness and involvement, which was attended by 60 Majhi.

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## **Health operations & technical (response)**

### **Essential Lab Services**

A total of 10 HbA1C analysers have been set up across ten health facilities within the camps. An autoclave machine was installed at AWARD camp 16, accompanied by practical training for the staff. HIV retesting initiatives are set to commence shortly, as the government has sanctioned the start of HIV EQA/retesting at the IEDCR field laboratory located at Cox’s Bazar Medical College. This will support the PMTCT and ART corner, with WHO spearheading the program’s launch. Approximately 730 Hep C RNA RT-PCR tests have been carried out at the IEDCR laboratory as part of the Hep C surveillance efforts.

### **Infection Prevention and Control**

In May, the IPC team conducted supportive supervision to assess the infection prevention and control (IPC) measures at healthcare facilities in the Ukhiya and Teknaf camps. A total of ten healthcare facilities were visited, which included one Field Hospital, five primary healthcare centers, and four health posts. The goal of these visits was to identify any deficiencies in IPC practices and provide support where needed.

Following the completion of a Training-of-Trainers (ToT) program, a cascaded training initiative on infection prevention and control (IPC) was launched for healthcare personnel from different NGOs and INGO-operated facilities within the Rohingya camps. This initiative was conducted in collaboration with the WHO Sub-Office in Cox’s Bazar and the trainers who are serving as specialized IPC focal points for their respective health facilities. The aim was to enhance the IPC competencies and expertise of the healthcare staff working at NGO/INGO-run field hospitals, primary healthcare centers, and health posts within the camps. The cascaded IPC training was a success, with a total of 370 participants (186 males and 184 females) attending from 20 organizations and 31 health facilities. Importantly, this IPC capacity-building effort is set to continue next month, underscoring the significant commitment to enhancing infection prevention and control practices within the Rohingya camps setting.

### **Non-Communicable Diseases (NCD) Services**

To ensure that the services provided to the Rohingya are effective, efficient, and responsive to their needs, a high-level delegation from the Non-Communicable Diseases Control (NCDC) program, in partnership with

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WHO and the International Rescue Committee (IRC), conducted a comprehensive monitoring and evaluation visit to the IRC Primary Health Care Centre in Camp 6, Ukhiya. This visit, which took place on May 20, 2024, involved a thorough assessment of various aspects of NCD service provision. The delegation examined the healthcare providers' knowledge, adherence to national protocols, availability of essential diagnostics and medications, operational challenges, and the effectiveness of the reporting and recording systems. They also identified critical areas for programmatic enhancement and engaged in detailed discussions with the healthcare personnel of the facilities they visited. The LD NCD team commended the stakeholders for their organized and collaborative efforts under WHO's technical guidance to address NCDs within the refugee population.

As part of the Health and Gender Support Project (HGSP) and to contribute to the global effort to reduce the prevalence of hypertension and its associated health risks and improve the quality of life and longevity for individuals in the Cox's Bazar district, WHO collaborated with the Civil Surgeon Office in Cox's Bazar to commemorate World Hypertension Day 2024. The celebration included advocacy events held throughout May at five Upazila health complexes and 16 community clinics within the Cox's Bazar district's upazilas—Moheshkhali, Ukhiya, Teknaf, Kutubdia, and Pekua. These events saw the active participation of field-level community staff and local community leaders, all working together to raise awareness and promote community involvement in the fight against Hypertension and its associated health risks.

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## **Health operations & technical (Services)**

### **Reproductive Mother Newborn Child Adolescent Health (RMNCAH)**

Quarterly Interagency Joint Monitoring and Supportive Supervision: To ensure that the SRH services provided are of high quality and meet the specific needs of the population, WHO continues to provide technical support to the Sexual and Reproductive Health Working Group (SRH WG), focusing on monitoring and supportive supervision assessments for SRH services within healthcare establishments. In the second quarter, assessments were conducted on six health facilities, specifically Camps 13, 15, 10, 25, 20 Extension, and Goyalmara MSF PHCC, utilizing a detailed questionnaire. The findings from this quarterly assessment are expected to be distributed to partners by June 2024.

### **Tuberculosis (TB):**

To contribute significantly to the health and well-being of individuals and communities, helping to control and eventually eliminate TB as a public health threat, WHO continues to support Tuberculosis screening and diagnosis in the host community as part of the HGSP initiative. This is accomplished by deploying two TB diagnostic mobile vans in various unions in Ramu, Pekua, and Moheshkhali Upazilas. A total of 653

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individuals were screened for TB through this effort. Out of the 653 individuals, 621 received chest X-rays and 213 suspected cases underwent further testing using Gene-Xpert (GXP). Among those who were tested using GXP, 181 tests were conducted on individuals whose X-rays indicated Tuberculosis. In the end, 28 individuals were diagnosed with Tuberculosis and were referred to their respective Upazila health complexes for treatment.

WHO TB field assistants undertook door-to-door screenings and community outreach initiatives. From the 920 people screened, 280 (representing 30%) were identified as potential cases and directed to the closest NTP Lab for additional examination and verification. These door-to-door screenings and community outreach initiatives are a cornerstone of the global strategy to end TB.

To provide vital information and build knowledge that can lead to improved health outcomes, WHO conducted 41 health education sessions in the field, effectively engaging 445 individuals in community awareness efforts within the Ukhiya and Teknaf Rohingya camps community and partner facilities. Further, 47 TB-positive patients were monitored under the TB-DOTS program. These efforts are aimed at improving the health and well-being of the Rohingya refugee community by addressing immediate health needs, preventing disease outbreaks, and ensuring access to essential health services.

#### **WASH and Healthcare Waste Management**

To maintain a high standard of healthcare, and ensure the safety of staff and patients, WHO carried out regular supportive supervision of HCWM activities across all host health facilities as part of the HGSP initiative. The latest round of field visits included three host health facilities and eleven facilities within the refugee camps. During these visits, a detailed checklist was used to pinpoint and address any gaps and challenges. Briefings were held on location, and tailored solutions were implemented to improve healthcare services and prepare staff, guaranteeing a competent response to the needs of the population.

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### **Administration, finance, and logistics**

#### **Operations Support and Logistics**

Under the HGSP initiative, the Operations Support and Logistics (OSL) team delivered 6,385 units of blood to seven Upazila health complexes for use in transfusions, contributing to the crucial mission of preserving health and saving lives.

The OSL team dispatched 16,656.85 kilograms of pharmaceuticals and logistical support to camp sites in Ukhiya and Teknaf for the MDA against head lice. These supplies served a target population including children under five years and pregnant and lactating mothers in the 33 Refugee camps of Ukhiya and Teknaf.

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Further, the OSL team supplied 18,470 Rapid Diagnostic Tests (RDTs) to 13 partners in both the refugee camps and the surrounding host communities. These RDTs were designated for the detection of Hepatitis B, C, and E, Dengue, Leptospirosis, and cholera. These supplies are expected to contribute to the containment of potential epidemics and enhance the quality of healthcare services provided to vulnerable populations.

To close the supply shortfall, the WHO logistics team facilitated the delivery of 1,042 kilograms of medical supplies, kits, and IPC items across 13 health sector partner facilities, amounting to a total volume of 7.21 cubic meters. These efforts aim to improve the effectiveness and efficiency of healthcare delivery, contributing to better patient care and outcomes.

Finally, the OSL team has maintained consistent support for various programs through monitoring and supply delivery. In May, the team successfully fulfilled 21 separate requests, with an additional two currently underway.

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## References:

- Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.
- Joint Government of Bangladesh - UNHCR Population Factsheet as of March 2024. UNHCR Operational Data Portal (ODP). Country - Bangladesh (unhcr.org)
- The Government of Bangladesh refers to the Rohingya population in Bangladesh as “Forcibly Displaced Myanmar Nationals (FDMNs).” The United Nations (UN) system refers to this population as Rohingya refugees, in line with the relevant international framework.

World Health Organization (11 August 2023). Disease Outbreak News; Dengue in Bangladesh. Available at: <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON481>

## CONTACTS

Dr Bardan Jung Rana WHO Representative WHO Bangladesh Email: <a href="mailto:ranab@who.int">ranab@who.int</a>	Dr Jorge Martinez Head of Sub Office WHO Cox’s Bazar Email: <a href="mailto:martinezj@who.int">martinezj@who.int</a>
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