



# 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

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



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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 25<sup>th</sup> 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 Khetrpal 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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