



World Health Organization

Bangladesh

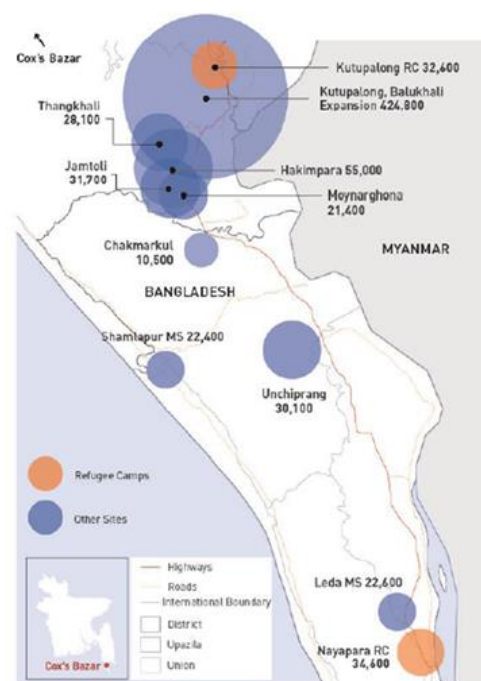
Weekly Situation Report # 2

Date of issue: 8 November 2017

Period covered: 1 to 7 November 2017

Location: Bangladesh

Emergency type: **Arrival of Rohingya population from Myanmar following conflict in Rakhine state**



609 000
new arrivals
in Bangladesh



300 000
refugees from Myanmar
who arrived previously



105 1727
children over 1 year of age
vaccinated with oral cholera
vaccine (58% of target at end of
day 3 of 6-day campaign)



1.2 million
people targeted for
humanitarian assistance

KEY HIGHLIGHTS

- As of 6 November 2017, the cumulative number of new arrivals in all sites (Ukiah, Teknaf, Cox's Bazar and Ramu) was 609 000¹. This number includes over 329 000 arrivals in Kutupalong Balukhali expansion site, 230 000 in other camps and settlements, and 46 000 arrivals in host communities.
- According to data generated by WHO's disease early warning and response system (EWARS), a total of 245 389 consultations were provided to the new arrivals and other vulnerable populations between 25 August to 4 November 2017.
- A total of 412 suspected cases of measles have been reported through EWARS. Case investigation/finding is ongoing.
- The preliminary results of a recent inter-agency assessment conducted in Kutupalong refugee camp from 22 to 28 October 2017 shows that severe acute malnutrition rates are running at 7.5% (well above emergency thresholds).
- The second phase of an oral cholera vaccination campaign started on 4 November. Around 180 000 children aged between one and five years will be given a second dose of oral cholera vaccine for added protection, and 210 000 children under five years of age will be given oral polio vaccine (bOPV).
- WHO is assisting Ministry of Health and Family Welfare's (MOHFW) efforts to scale up vaccination. Vaccination teams are being established in 43 health care facilities, complemented by household visits

¹ <https://reliefweb.int/report/bangladesh/iscg-situation-update-rohingya-refugee-crisis-cox-s-bazar-5-november-2017>

by vaccinators. Vaccination posts have been set up at border entry points to give polio, measles and rubella vaccine to the new arrivals

- WHO and partners have begun mapping mobile and fixed health care facilities in Rohingya camps and settlements. The information will be used to rationalize the distribution of health care services.

SITUATION OVERVIEW

Over 65 health sector partners and around 200 health care facilities are known to be operating across all camps and settlements. There is limited oversight or coordination of these facilities, and a process needs to be in place to analyse health care coverage and assign new facilities to under-served areas. The range and quality of health care services vary considerably, and a system needs to be established to monitor the standard of care being offered.

The latest EWARS data shows that acute respiratory infection remains the most commonly reported syndrome (29%), followed by fever of unexplained origin (28%) and acute watery diarrhoea (21%). Cases of unexplained fever are common and it is difficult to diagnose their causes because there are very few diagnostic facilities in camps, and not enough trained staff who can use and read rapid diagnostic tests correctly.

WHO is investigating a measles outbreak in Kutupalong (thus far, over 400 suspected cases have been reported, with one related death), and a suspected outbreak of Chikungunya in Chittagong (150 km from Cox's Bazar).

In view of the low immunization coverage among the vulnerable population, vaccination programmes need to be strengthened. Potential outbreaks of diarrhoeal diseases including cholera are also of concern, given the rudimentary water and sanitation facilities in camps and settlements. Over 80% of water samples taken from water sources and household storage containers tested positive for *E.coli*.

WHO ACTIONS

Mapping of health care facilities

On 8 November 2017, WHO, UNFPA, IOM, UNHCR and REACH Initiative will begin mapping health care facilities in camps and settlements, using an assessment tool developed in consultation with health sector partners. The survey is expected to take around one week to complete; the results will allow the health sector to identify gaps, strengthen referral services, and help ensure a more equitable distribution of health care facilities.

Once the mapping exercise is completed, WHO will work with the International Office for Migration, the Office of the United Nations High Commissioner for Refugees, the government's Refugee Relief and Rehabilitation Committee and the Civil Surgeon's office to review and rationalize the allocation of health care facilities. The Ministry of Health and Family Welfare (MOHFW) aims to have one primary health care (PHC) centre and 3-4 health posts per "zone", complemented by health outreach activities. Health agencies will be asked to consolidate smaller health units into PHC centres, in line with the MOHFW's strategy.

Package of minimum basic health services

WHO is preparing a recommended package of minimum basic health services for health posts and health care centres, based on the MOHFW's service delivery package and UNHCR/SPHERE guidelines. The package will be

finalized in collaboration with health sector partners before being submitted to the MOHFW for final review and approval.

Disease early warning and response (EWARS)

The EWARS has now been functional for five weeks. Disease trends remain relatively stable, with acute respiratory infections still the most common type of disease reported. A cumulative total of 412 suspected cases of measles have been reported through EWARS. Outbreak investigation and active case finding for measles in the settlement areas are ongoing.

Water, Sanitation and Hygiene

WHO staff are visiting camps and settlements daily to assess the quality of drinking water in households and at water sources. WHO and the Department of Public Health Engineering (DPHE) have launched a water quality surveillance programme. WHO and DPHE teams are inspecting water sources and household storage containers to study the quality of water at its source as well as information on household hygiene practices before collecting water samples for testing. WHO has supported the establishment of a water-quality testing laboratory in the DPHE office in Sadar and has trained 12 DPHE staff on how to inspect water sources and household storage containers and collect water samples for testing. Positive samples are randomly re-tested for quality control purposes. WHO shares the results of its water quality tests with WASH colleagues working in the camps and settlements. This allows WASH partners to take appropriate measures to improve sanitary conditions and prevent the further deterioration of drinking water quality.

Preparedness for outbreaks of acute watery diarrhoea

Given the challenges with water and sanitation in the camps and settlements, WHO and health partners are preparing for eventual outbreaks of acute watery diarrhoea (AWD). WHO has mapped diarrhoea treatment centres (DTCs), oral rehydration points and existing supplies, and is working with the government and with health partners to identify additional sites to establish DTCs (at least two more DTCs will be required to complement those already established). UNICEF will shortly begin training health care workers on the case management of AWD; WHO has ordered additional AWD kits to bolster contingency supplies.

Nutrition

Addressing the alarmingly high rates of severe acute malnutrition is a multi-sectoral priority. WHO is contributing to the preparation of a multi-sectoral plan led by the Nutrition sector with the involvement of the Food Security, Shelter, Health and WASH sectors.

Vaccination campaigns and routine vaccination

On 4 November 2017, the second phase of a cholera and polio vaccination campaign began for children between one and five years of age. Around 180 000 children aged between one and five years will be given a second dose of oral cholera vaccine for added protection, and 210 000 children under five years of age will be given oral polio vaccine (bOPV).

WHO is supporting the MOHFW's efforts to strengthen vaccination. Establishing the routine Expanded Programme on Immunization (EPI) in camps and settlements and setting up vaccination posts at entry points into Bangladesh are both key to combatting the transmission of measles. The MOHFW is adopting a three-pronged approach to improve overall immunization rates, in coordination with health partners. Firstly, it has identified 43 static health care facilities (34 in Ukhiya and 9 in Teknaf) and will deploy a trained vaccination team (consisting of two vaccinators and two volunteers) to each facility. Beginning on 11 November, all children who visit these static sites will be given vaccines available in Bangladesh's EPI schedule for vaccine preventable diseases. Secondly, another 56 dedicated vaccination teams (48 in Ukhiya and 8 in Teknaf) will visit households in all camps and settlements as part of a concerted effort to vaccinate as many children as possible. Lastly, vaccination posts have been established at the main entry points into Bangladesh (Subrang, Shahporir

dip, Teknaf). Since 1 November, children between 6 months and 15 years old passing through these entry points are being vaccinated against measles and rubella (MR), and children under five years of age are receiving oral polio vaccine (bOPV).

Coordination

WHO, the MOHFW and select health partners are setting up a Strategic Advisory Group (SAG) to address the crucial health issues that need to be tackled urgently. The group will work with the MOHFW to develop broad outline of the health component of the 2018 Humanitarian Response Plan (HRP), as well as a transparent process for gauging the quality of project proposals submitted by health partners under the HRP for 2018.

WHO is preparing draft terms of reference for the SAG for approval by the MOHFW.

Just worried there's no info about other non-communicable disease-related public health issue..

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