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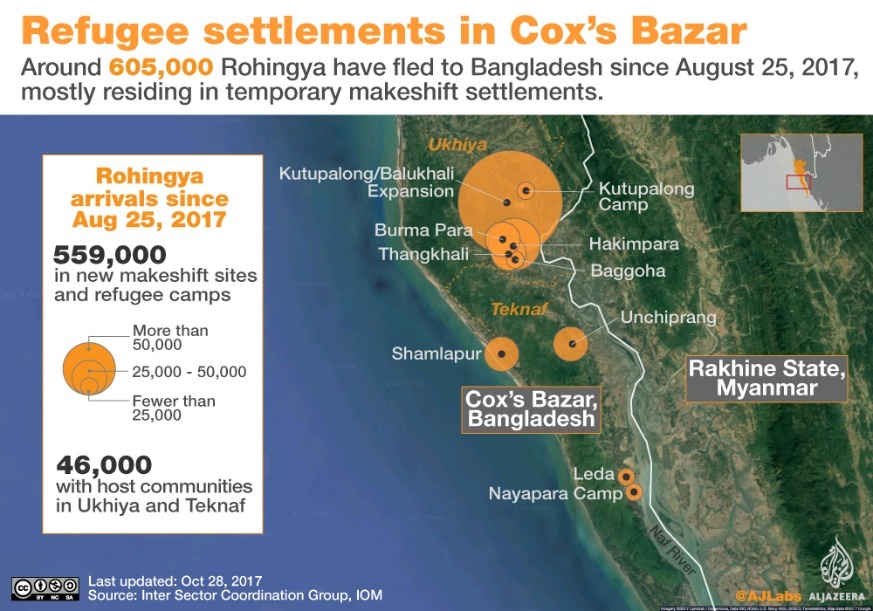
**Forum:** Advisory Panel on the Question of

**Issue:** Preventing Further Outbreak and Spread of Disease Within Rohingya Refugee Camps in Bangladesh

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# INTRODUCTION

Bangladesh is the biggest home to more than 1,300,000 Rohingya refugees who are sheltering in two camps in the southeastern district of Cox’s Bazar, Bangladesh. It was estimated that another 200,000 unregistered Rohingya refugees were living in Bangladesh, most of them near the two official camps. The Bangladeshi government proposed plans to relocate the Rohingya refugees, however the Rohingya leader was reluctant to accept the plans. Due to the dense population that concentrates in these two camps, plus the deteriorating and crude conditions they live in, with little protection and poor infrastructure, all kinds of contagious and communicable diseases spread quickly throughout the population in the refugee camps, these include diphtheria, waterborne diseases, malaria, measles and rubella etc, causing dozens of deaths. Thanks to the United Nations, actions have been taken to improve the poor health and sanitation conditions in the major refugee camps in Bangladesh. However, further aids have to be provided and delivered in order to cope with the long-term disasters.

# DEFINITION OF KEY TERMS

**Vaccine**

A substance containing a harmless form of the germs that causes a particular disease. It is given to people, usually by injection, to get their cells used and ready to fight that specific disease.

**Diphtheria**

An acute and highly contagious bacterial disease causing inflammation of the mucous membranes, formation of a false membrane in the throat which hinders breathing and swallowing, and potentially fatal heart and nerve damage in the throat, however, other limbs such as the arms and legs can also become weak. It is easily preventable through vaccine and is scarce in developed countries.

**Communicable disease**

A disease that is easily spread (from one person to another). This can be through many means, such as being bit by an infected insect, contact with blood/ bodily fluids, or by coming in contact with infected surfaces, among many others. Examples include, HIV/AIDS, Ebola, Hepatitis B and measles.

**Contagious disease**

Diseases transmitted to other persons, either by physical contact with the person suffering the disease, or by casual contact with their secretions or objects touched by them or airborne route among other routes.

**Infectious disease**

Infectious diseases are disorders caused by organisms (bacteria, viruses, …). Can usually be prevented through vaccine.

**Sexual and Reproductive Health and Rights (SRHR)**

The concept of human rights applied to sexuality and reproduction.

**Minimum initial service package (MISP)**

A series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. The MISP is not just kits of equipment and supplies; it is a set of activities that must be implemented in a coordinated manner by appropriately trained staff.

**Latrines**

A toilet or something used as a toilet, as a trench in the earth in a camp, or bivouac area. Usually a hole in the ground in cases of crises.

**Vector Borne Diseases**

Human illnesses caused by parasites, viruses and bacteria that are transmitted by mosquitoes, sand-flies, triatomine bugs, blackflies, ticks, tsetse flies, mites, snails and lice.

**WASH**

An acronym for Water and Sanitation Hygiene

**Monsoon**

A seasonal wind in South/ South East Asia from May to September which brings heavy rain.

# BACKGROUND ON THE ISSUE

Bangladesh is home to 650,000 registered Rohingya refugees who are sheltering in two camps in the southeastern district of Cox’s Bazar. Due to the poor health and sanitation in the refugee camps, deadly transmitted diseases are unavoidable and cannot be cured immediately since the Rohingya refugees are unable to receive proper medication as quickly as possible. More than 200 mobile vaccination teams have given about 900,000doses of oral cholera vaccine to the refugees. However, another contagious bacterial infection, diphtheria, has appeared.

With over 1,300,000 million people in need, latrines were built too quickly, not deep enough and too close to each other. Additionally, latrines were built close to shelters, close to rivers and on steep slopes, which are unusable by women, children, the elderly and physically disabled persons. Out of the 48,000 emergency latrines built, it is estimated that 17% are not usable.

According to Needs and Population Monitoring (NPM), 50% of the population does not have access to soap. Therefore, it is urgent to offer an environment which provides these such necessities. Women and girls do not have the opportunity for healthy and discrete ways of washing and/or riddance of sanitary pads.

Communicable disease risks remain high due to crowded living conditions, inadequate WASH facilities and low vaccination coverage.

Mosquitoes are also very common in these areas as water is not stored safely and rainfall is collected in artificial containers. This boosts the chances of vector-borne diseases.

However, efforts made by international organizations and communities cannot be understated. They are doing their best job and reaching an agreement to deliver as much help as they can to cope with the infectious diseases that become prevalent in refugee camps in Bangladesh. Large scale of humanitarian aid and facilities have arrived at the camps which really greatly assisted and saved many refugee´s lives, while long-term assessments are also underway.

# MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

**World Health Organizations (WHO)**

A major contributor in helping the Bangladeshi government to cope with the outbreak of communicable diseases. The organization has donated funds to help improve infrastructure, sending more than 200 vaccination teams to the refugee camps, and much more.

**International Federation of the Red Cross (IFRC)**

The major contribution is that members of the federation are working together with other international organizations to isolate suspected cases of diphtheria and other transmittable diseases through national societies.

**Médecins Sans Frontières (MSF/Doctors Without Borders)**

The medical team provided by MSF consists of doctors, nurses, coordinators across the world, treating over thousands of patients in the refugee camps.

**United Nations High Commissioner for Refugees (UNHCR)**

UNHCR has played a significant role in the Rohingya Crisis since the start of the crisis, by encouraging countries to abide by the 1951 Geneva Convention to provide legal protection to the refugees seeking asylum in the various South east Asian countries, as well as providing humanitarian aids regarding healthcare to refugee camps situated in Bangladesh.

**Myanmar (formerly Burma)**

The origin of Rohingya people, who lived in the Rakhine area of Myanmar since the 15th century. Ever since the independence of the country Myanmar, it has denied citizenship to the Rohingya Muslims. Persecutions of Rohingya ethnicity, and riots and conflicts caused by religious clashes of different scales have not been appeased till nowadays, causing more than 1,000,000 Rohingya people displaced in total. In addition, it was reported that the Rohingya people who remained in Myanmar face severe movement restrictions when traveling to health care facilities. Health facilities set up by international nongovernmental organizations in Maungdaw district have been burned to the ground. Myanmar is currently led by Aung San Suu Kyi, Nobel Peace Prize winner in 1991, though she has currently denied all claims of ethnic cleasing.

**Bangladesh**

Thousands of Rohingya refugees arrived at Bangladesh seeking asylum. The Bangladeshi government stated plans of relocation for the 32,000 Rohingya refugees in the camps near the Bengali-Myanmar border. However, the other 200,000 unregistered refugees were not officially included in the government’s plan to relocate. Initially, an island called Thengar Char was selected for the relocation. The legitimacy and exact location of Thengar Char are still to this day questioned by the international community. Mohammad Islam, a Rohingya leader living in one of the camps, insisted the Bangladesh government and international organizations to reconsider the relocation plans and to solve the Rohingya's future while they remain the current camps, taking into account the extensive suffering already endured by the displaced Rohingyas. The UN refugee agency that has been aiding the camp refugees, since 1991, said such a relocation would have to be voluntary if it is to succeed.

**India**

India refused to let the Rohingya refugees enter their country because it posed national security threats as well as religious conflicts. However, it was found that around 40,000 Rohingya's immigrants have taken sheltered in India. On September 7, 2017 junior Home Minister declared that all the Rohingya refugees are illegal immigrants and will be deported back. The statement invited criticism from United Nations. On Sept 10, 2017, the Indian government on request of Bangladesh urged Myanmar to end violence, to restore normalcy in the State, and to "act restraint" with the issue in the Rakhine state, as many refugees flee to the neighbouring countries. Rohingya Refugees have also been denied bare necessities like medical care and access to school. In 2017, the Government of India began "Operation Insaniyat" as Humanitarian aid to Bangladesh Government to manage the huge Rohingya refugee influx. Indian foreign ministry stated that India will provide free food materials, tea, mosquito nets and technical assistance to thousands of Rohingya refugees in Bangladesh.

**Saudi Arabia**

Host of at least 250,000 Rohingya refugees over the last four decades, Saudi Arabia has brought lots of support to the Rohingyas, as both groups are Sunni Muslims. However, the police is currently tightening their grip and jailing all without documentation. It is estimated that over 150,000 have no form of identification.

# TIMELINE OF KEY EVENTS

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| |  |  | | --- | --- | | **1824 - 2017** | (Please check the timeline on the research report regarding preservation of education for children and young adults) | | **25 August, 2017** | 603,000 refugees from Rakhine, Myanmar had crossed the border into Bangladesh. | | **7 September, 2017** | The Indian government refused to accept refugees and decided to deport them back, which invited criticism from UN. | | **September 2017** | the [Permanent Peoples' Tribunal](https://en.wikipedia.org/wiki/Permanent_Peoples%27_Tribunal), a [United Nations](https://en.wikipedia.org/wiki/United_Nations)-backed international court based in Bologna, Italy, found Myanmar guilty of genocide against the Rohingya people. | | **5 December 2017** | The passing of the resolution in Human Rights Council (A/HRC/RES/S-27/1) | | **6 December 2017** | A total number of 626,000 new refugees arrived in Bangladesh. This number includes over 343,000 arrivals in Kutupalong Balukhali expansion site, 237,000 in other camps and settlements, and 46 000 arrivals in host communities. | | **6 December 2017** | 354,982 adolescents and children received measles and rubella vaccination. | | **06, January 2018** | While 900,000 doses of oral cholera vaccine already have been delivered by more than 200 mobile vaccination teams, another contagious bacterial infection, diphtheria, has emerged. | | **Early 2018** | Preparations for monsoon season start. | |  |

# RELEVANT UN RESOLUTIONS, TREATIES, AND EVENTS

*The United Nations and its specialized agencies, such as the WHO and UNHCR, play a significant role in trying to resolve the refugee crisis caused by religious clashes. It promotes countries to cooperate together and provide basic humanitarian aid to these Rohingya refugees.*

**Cooperation between WHO and Bangladesh Ministry of Health and Family Welfare**

WHO is actively cooperating with the Bangladesh Ministry of Health and Family Welfare and partners to contain the spread of the highly infectious respiratory disease through effective treatment and adequate prevention.

**Deliverance of 900,000 doses of oral cholera vaccine by more than 200 vaccination teams from WHO**

The vaccine is to temporarily cope with the widespread oral cholera in the refugee camps in Bangladesh.

## The establishment by WHO of the Early Warning and Response System (EWARS)

This system is to rapid detect and response to disease outbreaks to minimize death and disease, which along with risk assessments, prompted Bangladesh to carry out large scale vaccination campaigns for cholera, measles and rubella, polio and diphtheria.

**(S/PRST/2017/22) Security Council (2017)**

A presidential statement on the human rights situation in Rakhine, further stating the stances the United Nations is taking.

**(A/HRC/RES/S-27-1) Human Rights Council (2017)**

Situation of human rights of Rohingya Muslims and other minorities in Myanmar, condemning the human rights abuse and the attack on Burmese military, recognizing the contributions made by the government of Bangladesh in provision of large scale of humanitarian aid to its refugee camps.

# PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

**(A/HRC/RES/S-27-1) Human Rights Council (2017)**

In this resolution regarding human rights violation in Myanmar, there are several measures taken to address the issue: condemning the government of Myanmar for the violence, urging the government of Myanmar as well as international community to further provide legal protection and deliver humanitarian aids to refugees across south-east Asian countries.

Adopted by a recorded vote of 33 to 3, with 9 abstentions.

Within this resolution, it is mentioned that since Myanmar denies citizenship to Rohingya Muslims, they are also restricted to access healthcare facilities, the United Nations calls upon the government of Myanmar to grant equal access to healthcare, even for non-citizens (operative clause 15)

**The establishment of more than 200 mobile vaccination teams by WHO**

These mobile vaccination teams provide large numbers of vaccines of several communicable diseases to the Rohingya refugees living in the main camps as well as smaller camps that have been previously located.

**WHO assisted for the facilitation of routine EPI basic training in Ukhiya and Teknaf**

Training is underway for vaccinators in preparation for a vaccination campaign targeting all children up to 6 years with pentavalent and pneumococcal vaccines, which protect against diphtheria and other diseases.

**International aid group International Federation of Red Cross and Médecins Sans Frontières**

The international teams has sent out doctors and coordinators to help address the lack of treatment in the Rohingya refugee camps, as well as actively monitoring and isolating suspected cases.

**Cooperation between Bangladesh's Ministry of Health and Family Welfare and WHO and UNICEF and other health partners**

A vaccination campaign has been implemented to prevent future outbreaks of diphtheria, supported by many UN agencies.

**UNHCR offering ‘mental health first aid’ to traumatized refugees**

One of the approaches to solve the psychological trauma and other problems of the Rohingya refugees.

# POSSIBLE SOLUTIONS

**Encourage Rohingya refugees in the two main refugee camps to relocate to new housings that have better facilities and infrastructure.**

The relocation and decentralization of refugees in highly concentrated refugee camps can reduce the possibility of widespread of transmittable diseases and relieve from the increasing dependency on medical treatment. Apart from this, relocation to safer areas will also allow the refugees less prone to danger such as landslide and flood.

**New camp housings should be built within access of healthcare.**

Apart from the main camps, there are thousands of Rohingya refugees scattering across the country of Bangladesh close to the border with Myanmar, making them prone to diseases since healthcare facilities are out of reach. Therefore, new housings should be built within access of healthcare, both hospitals and locations where medical teams can easily be accessed.

**Further humanitarian and medical assistance by United Nations, esp. WHO**

The United Nations, and its sub-branches, should continue to provide and distribute humanitarian aid to refugee camps in Bangladesh, especially healthcare and medical facilities. Along with these, international organizations should also donate clean drinking water, clothes and other necessities and supplies, since poor sanitation and living conditions

**Calls upon international organizations and communities, e.g. IFRC, and governments to donate both financial and provisional aid, especially funding the provision of healthcare.**

Based on each individual’s financial situation, countries and communities should donate financial aids that help support the establishment of sufficient healthcare facilities within the refugee camps, as well as donating advanced equipment and other facilities to help fight the further spread of disease. Countries can also provide financial assistance to the government of Bangladesh to help improve infrastructure such as hospitals.

**Grant free access to local public hospitals for the Rohingya refugees.**

The United Nations should also fund renovation and improvement to these public hospitals and such infrastructures.

**International funding for international hospitals with better infrastructure near the refugee camps.**

If conditions allowed, the United Nations, as well as international communities, should provide funding for international hospitals that target the Rohingya refugees who are prone to diseases.

**Send more vaccination teams from WHO, as well as funding international and national mobile medical teams, such as the international medical team of Doctors Without Borders.**

International communities should actively send medical teams (an example would be the Chinese medical team in Africa every year), under the permission of Bangladesh, to refugee camps in Bangladesh to provide humanitarian assistance and treatment to the Rohingya patients.

**Improve upon the EWARS and establish of a permanent international health monitor team, led by WHO and IFRC**

This team will specifically target the health of refugees in Bangladesh, actively analysing healthcare conditions of patients and the adequacy of infrastructure, evaluating the possibility of any outbreak of contagious diseases, assessing risks and isolating and reporting any suspected cases to United Nations.

**Establish a special team by WHO for psychological counselling for the Rohingya refugees.**

Many Rohingya refugees are reported to have been physically and mentally traumatized by the violence, including sexual violence. Stress management and trauma counselling is much needed for the targeted population. Delivering life-saving minimum initial service package (MISP) of Sexual and Reproductive Health and Rights (SRHR) services is crucial.

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# APPENDIX OR APPENDICES

Brief overview of the increasing health issues in the refugee camps and international responses:

<https://www.voanews.com/a/disease-plagues-rohingya-refugees-bangladesh/4190663.html>

Resolution regarding the violation of human rights and several measures taken to address the Rohingya crisis. Passed in the Human Rights Council:

<http://www.ohchr.org/EN/HRBodies/HRC/SpecialSessions/Session27/Pages/27thSpecialSession.aspx>

Reports of the situation of the Rohingya crisis and actions done by the UNHCR:

<http://www.unhcr.org/afr/search?query=rohingya%20crisis>

Reports from WHO on the spread of disease of the Rohingya Crisis

<http://search.who.int/search?q=rohingya+crisis&ie=utf8&site=who&client=_en_r&proxystylesheet=_en_r&output=xml_no_dtd&oe=utf8&getfields=doctype>

Story told by the United Nations - Rohingya refugees face immense health needs; UN scales up support ahead of monsoon season:

<https://news.un.org/en/story/2018/02/1003122>

Presidential statement of the security council, addressing the human rights violation in Myanmar and made several advises and calls upon the international community:<http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_prst_2017_22.pdf>