



Letter to the Editor

COVID-19 response during the winter season in Rohingya refugee camps in Cox's Bazar, Bangladesh

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Almost a million Rohingya refugees have taken shelter in 34 camps in Cox's Bazar, Bangladesh since August 2017 after the violence in Myanmar's Rakhine state. This refugee settlement has witnessed series of disease outbreaks including measles, watery diarrhoea, diphtheria and the recent COVID-19. On 14 May 2020, 67 days after Bangladesh officially reported the first case, one patient from a camp was tested positive for the infectious virus; and as of 4 June 2021, the total number of confirmed COVID-19 cases across the camps reached 1274 with 17 casualties.

Lower temperature and lower humidity are presumed to be ideal for the transmission of COVID-19.² With fairly marked seasonal variation, Bangladesh enjoys a cool and dry winter season from November to February.³ Therefore, anticipating the potential spread of COVID-19 transmission during the winter season in Rohingya camps, three strategic priority agendas were set by the Inter-Sector Coordination Group (ISCG), which included:

- (i) Reducing the spread of COVID-19, morbidity and mortality among Rohingya refugees;
- (ii) Ensuring human rights, social cohesion, food security, selfreliance and livelihoods by maintaining and extending critical services; and
- (iii) Protecting, assisting, and advocating for Rohingya refugees.

The COVID-19 crisis is being addressed through a cluster approach coordinated by the ISCG in which 10 sectors, 2

sub-sectors and 5 inter-sector working groups are involved. To address the crisis effectively, the ISCG prepared and launched USD181 million worth 'COVID-19 Response Plan' for a target population of 1.8 million including Bangladeshi host communities living adjacent to the Rohingya camps. This response plan was an addendum to the Joint Response Plan 2020 for Rohingya refugees, which included USD86.5 million particularly targeting the health sector.

In view of the possibility of COVID-19 outbreak and lock-down for an indefinite period, stocks of necessities were piled up at the beginning; for instance, a physical count of inventory on 11 November 2020 reveals 10 million soap bars, 160 652 jerrycans and 42 279 kg of hydrated lime. Besides, a total of 4657 hygiene volunteers were deployed to disseminate hygiene messages with a special focus on COVID-19. The combined effort also ensured the availability of 293 physicians, 186 nurses, 1259 community health workers, 140 health posts, 36 primary health care points and 45 ambulances.

Straightaway after the confirmation of the first COVID-19 case in Cox's Bazar on 24 March 2020, the Refugee Relief and Repatriation Commissioner issued a notice to reduce the movement of aid workers in the camps, except for those engaged in essential services. This action reduced access to around 80% of the aid workers. Meanwhile, in order to reduce the population density across the camps, the Bangladesh government has started the relocation of Rohingya refugees to Bhashan Char, a silty low-level island situated in the Bay of Bengal 120 km northwest of Cox's Bazar. In the first batch, around 2500 refugees have moved

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to Bhashan Char without any COVID-19 test. Presently, it is hosting around 18 000 refugees.

Besides relocation to a remote island, actions to curb the spread of COVID-19 virus may include structured household-level relief distribution avoiding queuing. An increase in the capacity of testing, and isolation and treatment centres would also help diagnose and ensure care for COVID-19 positive cases. Because the refugees are Muslims, a mass gathering in Friday prayer is a regular religious activity, which has a high potential to spread COVID-19 virus.^{4,5} Imposing a (limited) restriction on mass gathering irrespective of the season would be beneficial. Finally, engaging the community in rumour management, ensuring dignified burials and enhancing hygiene promotion to implement the COVID-19 plan in a coordinated manner are some initiatives to be taken so as to control the transmission of COVID-19.

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Conflict of interest

None declared.

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