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ARTICLE COMMENTARY

COVID-19 pandemic and Rohingya refugees in Bangladesh: What are the major concerns?

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ABSTRACT

The COVID-19 pandemic is now a global crisis and the Rohingya refugees in Bangladesh are in the most vulnerable situation. Lack of access to services that are considered critical and life-saving such as food, drinkable water, and shelter, together with limited access to health services are turning an already serious crisis into a major human disaster. Meanwhile, there are concerns that Rohingya refugees are already in too poor health to ward off the COVID-19. Access to the abovementioned facilities and trustworthy information about COVID-19 are amongst their dire needs to combat this pandemic. The humanitarian organisations in collaboration with the Government of Bangladesh should urgently scale up their efforts to provide proper isolation centres, protective equipment, and trained health care representatives to avoid a potential catastrophe. Finally, immediate education intervention is desperately needed to protect the Rohingya refugees from this deadly COVID-19 pandemic.

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Introduction

In Bangladesh, COVID-19 infections have continued to propagate exponentially with the wider community-level transmission, and the country is already ranked among the 15 countries with the highest transmission of COVID-19 with 246,674 confirmed cases and 3267 official recorded deaths (Institute of Epidemiology, Disease Control and Research, 2020). Despite imposing unprecedented containment efforts, such as lockdown and social distancing to deal with this pandemic, lack of public awareness to COVID-19, and the absence of a social safety net seriously challenge and undermine the effective implementation of these preventive measures in Bangladesh (Banik et al., 2020). Furthermore, the country is accommodating more than one million forcibly displaced Rohingya refugees from the neighbouring country of Myanmar, sheltering in the 34 refugee camps in southern Cox's Bazar (The Lancet, 2019; United Nations High Commissioner for Refugees, 2020a). Meanwhile, 66 cases of COVID-19 have been officially identified in the Rohingya camps with 6 deaths as of 29 July 2020 (World Health Organization, 2020); these figures are unlikely to be accurate since testing is scarce and many Rohingya refugees with COVID-9 symptoms are not seeking official assistance or getting tested. As a result, the pandemic will inevitably strike these camps the hardest unless extensive testing and effective isolation of confirmed cases are carried out.

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High vulnerability to COVID-19 transmission

Rohingya refugees have been living in extremely precarious conditions consisting of overcrowded, cramped, and flimsy shelters, with up to 10 or more people per habitable space, making them particularly vulnerable to coronavirus (SARS-CoV-2) transmission. In the refugee camps, around 859,000 Rohingya live in just 26 square kilometres of land in Cox's Bazar – a population density that is about 40,000 people per km^2 (>40-fold the average population density for Bangladesh) (United Nations High Commissioner for Refugees, 2020a). Each of the ~200,000 Rohingya families in the camps has an average of 4·6 members and are living in small makeshift shelters of 14 m^2 size built through bamboo and tarpaulins (Khan et al., 2020). In addition, the majority of the Rohingya refugees lack proper education and has limited knowledge about the symptoms, mode of transmission of the SARS-CoV-2, and is totally unaware of the basic preventive measures such as maintaining social distancing and personal protective behaviours (using facemask and handwashing) (Chandan, 2020). Furthermore, implementing such preventive measures living in such an overcrowded setting is virtually impossible.

Insufficiency in basic services and health facility

Rohingya refugees are also suffering from a dearth of essential services, such as food and basic health care further aggravated by the restrictions extended to humanitarian workers for entering the refugee camps, further exacerbating their already dismal living conditions. In addition, lack of access to potable water and sanitation facilities in the camps are another major concern (Islam & Nuzhath, 2018), because frequent handwashing and personal hygiene are prerequisites to remain safe from SARS-CoV-2 transmission. Although 13,500 handwashing stations have been created within the refugee camps to increase hand washing among the Rohingya refugees, these are not adequate and most are not operational (United Nations High Commissioner for Refugees, 2020b). In terms of emergency response to COVID-19, there is only a five-bed isolation ward in Cox's Bazar district Hospital and two fifty-bed isolation wards in Ramu and Chakaria Upazila health complexes that have been set-up for the entire Rohingya communities as well as for the local Bangladeshi residents (Chandan, 2020). Currently, there is no specific testing centre for Rohingya refugees, and only one laboratory in the Cox's Bazar Medical College is operational and has a markedly limited testing capacity (~1000 samples/day) (World Health Organization, 2020). United Nations (UN) agencies and other organisations are trying to work along with the Bangladeshi Government to increase the assistance response to the Rohingya refugees by providing human resources, equipment, supplies and consumables, and technical and operational expertise, but these are markedly insufficiency. Moreover, due to extreme shortages of personal protective equipment (PPE) and other medical equipment, health care workers are at extremely high risk of contracting COVID-19, which further hinders the scope and extent of services provided to the refugees (Medecins Sans Frontieres, 2020).

Widespread rumours

Rohingya communities are understandably apprehensive and further frightened by the widespread rumours related to the pandemic which is negatively impacting the effectiveness of any COVID-19 response. Such rumours are obviously detrimental to the dissemination of accurate educational tools aimed at self-protection, to tackle rampant rumours and reduce fear. The Rohingya refugees have also been stripped of access to internet communication since September 2019, which has further facilitated the spread of misinformation, deterred refugees from seeking urgent medical care, and hampered any potential efforts to effectively respond to the COVID-19 threat (Kamruzzaman, 2020). For example, there is a widespread rumour among the refugees that if anyone has any coronavirus symptoms, they will be taken and executed. Tens of thousands of Rohingya woke up in the middle of the night last month to recite the Muslim call to prayer after rumours spread that it could

stop the spread of the virus (The Hindu, 2020). Therefore, if the current misperceptions and opinions of Rohingya communities are not addressed, any potential efforts to control the outbreak will be severely hindered.

Violence against women and girls

The rise in domestic violence and other forms of violence against women and girls as a result of social tensions, and escalating panic in the Rohingya camps is another key and thus far unaddressed concern. Global estimates show that in crisis settings, more than 70% of women experience violence. However, the COVID-19 pandemic situation has led to increasing violence against women and girls especially intimate partner violence, sexual exploitation, and other forms of abuse (Human Rights Watch, 2020). The limited services that are available for Rohingya women and girls who are vulnerable or who are survivors of gender-based violence, trafficking, child marriage, and other harmful practices continue to operate in some locations. However, the implementation of lockdown measures and the closure of 'non-essential' services has for example led to the closure of all Safe Space centres (Jean & Miks, 2020).

Conclusion

The Bangladesh government and the global humanitarian community should act quickly, coordinately, and assertively and dedicate more funding to food, water, and health services in the Rohingya refugee camps. Such efforts should be conducted by involving and engaging in effective consultations with community leaders in the camps, while providing widespread information-sharing sessions about the spread of the virus through the reinstatement of access to both mobile telephone and internet access. Since the Rohingya refugee camps also severely lacking inadequate health services and facilities, efforts to expand and enhance such resources are critical. Inter-agency teams should identify the proper location and function of COVID-19 isolation and treatment facilities, while renewing all efforts to enable access to medical treatment and basic health services.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Authors' contribution

All authors contributed equally.

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