21 September 2017 - **Trauma. Childbirth. Anxiety. Disease.** These are some of the priority health needs of the more than 420 000 vulnerable people who have sought refuge in Cox's Bazar, Bangladesh after fleeing their homes in Myanmar's Rakhine state beginning late August. Over 388 000 of them – mostly women, children and the elderly – now reside in a series of makeshift and spontaneous settlements wedged between the Bay of Bengal and the swollen Naf river.

Their most pressing health need? "Access to emergency and basic health care services," says Dr N Paranietharan, WHO Representative to Bangladesh. "Whether to treat infectious disease, identify and treat malnutrition, to provide psychosocial support or ensure a woman can give birth safely, access to frontline services is critically important," he stresses, adding that safe drinking water and adequate sanitation are vital to prevent the spread of water-borne diseases.

To help achieve these outcomes, WHO has released USD 175 000 in emergency funding from the South-East Asia Regional Health Emergency Fund, a mechanism Member countries set up in 2008 that has provided more than USD 5 million for 34 events across 9 countries. Among other things, the funding will mobilize essential medicines and medical supplies for distribution at existing health facilities in the area, and will support the operation of 20 mobile medical teams for at least two months. USD 400 000 has also been re-allocated to cover pressing needs, including the roll-out of an early warning and surveillance system for outbreak-prone diseases.

Dr Roderico Ofrin, WHO South-East Asia Regional Emergency Director, explains the approach. "Given the nature of the emergency and the specific health needs of vulnerable populations, we must strengthen health care services and do so in a dynamic way. That means scaling up the capacity of existing health care facilities so they can provide basic care for a range of issues. Importantly, it also means making sure mobile medical teams can operate within and among the community," he says. "Community outreach is key."

Since early September, when the first signs of a large-scale influx emerged, WHO has worked with Bangladesh's Ministry of Health and other partners to coordinate and carry out a range of preventive health interventions. Surveillance medical officers have been deployed. Resources to help provide safe water, sanitation and hygiene have been mobilized. And a mass measles, rubella and polio immunization campaign has been carried out to provide life-saving protection to 150 000 children aged 6 months to 15 years.

"The immunization campaign was ambitious, but we made it happen," says Dr Paranietharan. "From the outset we knew immunization against measles, rubella and polio was critical to protect children against outbreaks, especially given low immunization rates among the new arrivals. In close partnership with the Ministry of Health, we were able to plan and carry out the campaign, along with UNICEF and other partners," he says. "That was a major achievement, especially given the timeframe. We have already vaccinated more than 50 000 children and

provided Vitamin A for more than 30 000."

As settlement sites are formalized and constructed, and as the health needs of hundreds of thousands of exhausted, hungry, and vulnerable people evolve, WHO will continue to work alongside the Ministry of Health and partner agencies to support and secure the health of affected populations.

As Dr Poonam Khetrapal Singh, Regional Director for WHO South-East Asia emphasizes, the needs of affected populations are urgent, and will be ongoing.

"The health and wellbeing of the people now gathered in Cox's Bazar is extremely vulnerable. Their needs are acute; the risks chronic. High-impact, immediate and ongoing interventions are required to meet present needs and protect against looming challenges," she says. "To this we are committed."