

# REGIONAL HUMANITARIAN BULLETIN



JANUARY - JUNE 2024 | ROHINGYA & OTHER REFUGEES FROM MYANMAR



## MYANMAR

- Significant decrease in outpatient consultations and emergency referrals due to intensity of violence, travel restrictions and lack of functioning health facilities.
- Extremely challenging transportation of medical supplies led to scarcity of essential life-saving drugs.
- Targeted violence against Rohingya and ethnic Rakhine

## BANGLADESH

- Around 20% of the adult population in refugee camps have active Hepatitis C.
- 1,000+ refugees recruited forcefully to fight in Rakhine as expendable troops.
- Heatwave, monsoon storms, two major fire incidents and landslide worsened camp conditions.

## MALAYSIA

- High increase in immigration raids affecting refugees, asylum seekers and migrants

*Burnt wreckage of the MSF office in Buthidaung, Rakhine State in Myanmar following increased conflict in the area during April 2024, which destroyed homes and buildings. In addition, a hospital in the same township was set on fire. People had sought shelter there to stay away from the violence.*

## IN OTHER COUNTRIES

- 1,964 Rohingya arrived in **Indonesia** on 13 boats since 14 November 2023 (Source: [UNHCR](#)). Rohingya refugees are facing intense mis/disinformation and hate speech targeting them. Based on conversations with the Rohingya Maiyafuino Collaborative Network supporting Rohingya in Indonesia, mental health needs are high and unmet.
- The situation for Rohingya in **Thailand** is not widely reported. Population estimates vary, with estimates close to 3,000. Rohingya living in Thailand hide their identity to avoid the attention of authorities.
- In May, 77 refugees from Myanmar were deported from Manipur, **India** despite ongoing violence against civilians in Myanmar (Source: [ICJ](#)). Rohingya and other refugees have been detained and/or deported.

## HUMANITARIAN FUNDING & ACCESS TO AFFECTED POPULATIONS

- Myanmar: As of 4 June, the Humanitarian Needs and Response Plan was only **11.4% funded**. It remains very challenging for the funding to reach non-military authority-controlled areas.
- Bangladesh: As of 31 May, \$600 million shortfall, with **29.6% covered** for the 2024 Joint Response Plan.
- Indonesia: As of 27 March, **no funding** has been received by UNHCR after launching a joint emergency appeal in December 2023 to respond to Rohingya refugee boat arrivals in Indonesia.

### KEY TRENDS OF CONCERN

#### • MYANMAR

- At the end of June, MSF **suspended medical activities** in the northern townships of Rathedaung, Buthidaung and Maungdaw in Rakhine state following the drastic escalation of conflict, violence against civilians and severe restrictions on humanitarian access.
- Prior to the suspension, MSF's outpatient consultations in Rakhine significantly decreased from 6,696 in September 2023 to 236 in April 2024, due to the **extreme escalation of conflict, no authorisation** to continue regular medical activities and **lack of stock**. None of the 25 mobile clinics MSF was running in Rakhine are operational in over six months.
- MSF teams are especially observing **a near total absence of humanitarian assistance** for communities in Rakhine where many **secondary hospitals are either closed or not fully functioning** especially for patients who need specialized treatments, including emergency caesarean-sections. We referred 264 patients in need of emergency care to hospitals in October 2023, but this number decreased to only 28 patients in March 2024 because of the lack of authorisation to run services and lack of functioning hospitals to refer patients to. Between November 2023 and March 2024, MSF teams have recorded nine maternal deaths or stillbirth cases, likely a fraction of the deaths arising due to lack of available healthcare.
- **Extreme violence**, including explosions, airstrikes, and landmines are threatening civilian lives and leading to displacement. MSF teams are witnessing attacks in highly populated civilian areas like markets and villages and have seen attacks on healthcare facilities, threatening the lives of patients and healthcare workers.

#### • BANGLADESH

- **Insecurity in the camps remains a concern**, with sporadic outbreaks of armed violence as criminal groups struggle for control. The most dramatic incidents occurred in Camp 14 in March, where the number of violence-related injuries treated nearly doubled compared to the previous month before dropping to zero in April due to the month of Ramadan and Eid festivities. Most people stay indoors to focus on religious activities during this period. MSF treated an increasing number of weeks-old violence-related injuries of newly arrived Rohingya refugees linked to landmine blasts and airstrikes (which occurred in Myanmar) and gunshots (from events in Myanmar and Bangladesh). Due to obstructed access to HIV treatment in Myanmar, our teams provided HIV treatment to a small number of newly arrived Rohingya refugees in Bangladesh.
- **Forced recruitment of Rohingya refugees through individual/group abduction and/or physical assault** to fight on the frontlines of the conflict in Myanmar have been ongoing since February, including boys who are minors. A fraction have been released after paying ransom. As a result, fear has spread throughout the camp and some Rohingya males have fled the camp in an effort to escape forced recruitment, leaving Rohingya females unaccompanied and exposed to protection risks. Cases of forced recruitment seemed to have reduced in June due to the lack of fighting skills of Rohingya recruits on the frontlines and protests against forced recruitment believed to be backed by an armed group.
- Approximately **85,000 Rohingya adults in the camps have an active infection of Hepatitis C, requiring an outbreak response**. At almost 20% of the population, this is alarmingly high compared to the Bangladeshi rate of between 0.2 and 1%. MSF calls for a coordinated humanitarian effort in the camp to implement a large-scale test and treat campaign.

- **MALAYSIA**

- **Immigration raids have increased significantly nationwide**, especially in the Klang Valley, Johor and Perak, in addition to the reduction in the number of releases of registered refugees from immigration detention centres by UNHCR due to bureaucratic obstacles. There remains no way out of immigration detention centres for unregistered refugees. As of March, government figures indicate that there are 2,653 Rohingya in immigration detention centres and Baitul Mahabbah (children detention centres). There are 1,396 detained children of various nationalities nationwide.
- Effects of the intensifying conflict in Myanmar: In April, the team provided mental health support for Rohingya refugees experiencing **emotional distress resulting from the conflict**. Some individuals were affected by the situation of their families in Myanmar and a child lost his mother in a recent sinking of a boat during their journey to Malaysia.
- Effects of the deteriorating insecurity in Bangladesh refugee camps: From January to April, MSF supported **12 unaccompanied minors abducted from Bangladesh refugee camps** mostly for ransom, possibly only a fraction of the actual numbers.
- MSF community case workers and lay counsellors observed an increasing number of cases **of refused access to registration and treatment for psychiatric care in a government hospital** in April and May, owing to patients' lack of UNHCR documents. The refusal of other medical cases and number of threats of calls to the authorities, again linked to documentation status, remained relatively stable each month since the start of the year.
- Through our mobile clinics in immigration detention centres, MSF observed how the prolonged detention of Rohingya refugees has significantly affected refugee detainees' health and wellbeing, leading to feelings of **hopelessness and helplessness**. These feelings have worsened over the months, especially among those who have been detained for years. Among other factors, poor conditions in detention facilities led to 48 cases of **skin and soft tissue disorders**, 41 cases of **respiratory tract infections** and 16 cases of **gastrointestinal disorders** next to other conditions from January to April.
- The **uncertainty of funding for humanitarian interventions** for refugees in Malaysia looms. Funding cuts have resulted in a reduction of UNHCR operations, the departure of International Committee of the Red Cross (ICRC) and uncertainty in the continuity of Restoring Family Links (RFL) activities by the Malaysian Red Crescent Society (MRCS) for refugee and other detainees. Additionally, funding for primary and secondary healthcare coverage by the Qatar Fund for Development (QFFD) may be diverted to other priorities.

## CALLS FOR ACTION

- **REGIONAL**

- **Governments of countries where people escape increased fighting, insecurity and forced conscription in Myanmar to seek asylum should provide safety and protection.** The overwhelming majority of people from Myanmar who have fled the country have very limited pathways to assistance and are forced into irregular movement and informal livelihood opportunities to survive, risking exploitation, violence and death.
  - The deadlock of no progress on the ASEAN Five Point Consensus must be broken. If ASEAN is no longer capable of influencing the situation in Myanmar, a Coalition of the Willing of states in the region (through the ASEAN troika mechanism on Myanmar or otherwise) should be formed to exert coordinated political pressure to cease violence against civilians in Myanmar and begin discussions for protection of people escaping Myanmar and other mid-term solutions in countries of asylum.
- **Funding for the humanitarian response in Myanmar, Bangladesh and Indonesia should be stepped up.** Given the protracted nature of the Myanmar crisis, significant humanitarian needs and lack of access to healthcare, donor countries with the economic capacity to fund the humanitarian response in Myanmar, Bangladesh and Indonesia should step up its funding alongside lobbying other states to do the same in the spirit of collective regional responsibility. MSF is concerned about the lack of funding by States in the region.

- **MYANMAR**

- **Violence against civilians, humanitarian staff and property must stop. The forced closure and targeting of health facilities, and the blocking of people's access to health facilities is unacceptable.** In order to guarantee access to critical care and to reduce the risks of disease outbreaks in Rakhine, it is crucial that **all parties to the conflict ensure healthcare structures can operate and that people can reach these facilities. Essential drugs must be allowed to be transported** to save lives and respond to outbreaks and emergencies.
- Rohingya communities in Rakhine are trapped between warring parties and exposed to violence and forced recruitment – considering the ongoing Rohingya genocide case at the International Court of Justice (ICJ), it is imperative for the **United Nations Security Council member states to proactively monitor any escalation of induced ethnic tensions and targeted violence in Rakhine and openly discuss mitigation and contingency measures.**
- The United Nations (UN) must **appoint a full-time Resident and Humanitarian Coordinator (HC/RC)** in Myanmar to give the crisis the attention and humanitarian response coordination it deserves. The current ad interim HC/RC position does not reflect the urgency of the situation and the UN leadership it requires amid significant humanitarian needs.
- The UN should urgently support the new **Special Envoy on Myanmar Julie Bishop for immediate engagements** with stakeholders in the region to deescalate violence in Myanmar and ensure humanitarian aid reaches all populations in need without discrimination.

- **BANGLADESH**

- Conditions in Rohingya refugee camps remain precarious and vulnerable to extreme weather and fire incidents, with a total dependence on humanitarian aid. Considering the protracted nature of this response and susceptibility to adverse climate events, it is essential that quality of healthcare, water, sanitation and hygiene (WASH) (eg.: drainage, latrines) and infrastructure (eg.: guide walls, shelter) be improved. Current standards limited to number of facilities per population do not take into account basic quality issues. Accountability on the quality of healthcare, WASH services and infrastructure should include:
  - In the case of healthcare, **availability of trained staff, medication, operational hours, and adherence to clear acceptance criteria for referrals**, all in accordance with the minimum package of care;
  - For WASH and infrastructure, not only the basic functionality, but also **ensuring regular maintenance** by appropriately trained personnel.
- While MSF is independently funded and our programming in Cox's Bazar will remain the same in 2024, we have already reached the limits of our capacity to respond to the needs of Rohingya refugees. Our facilities are entirely overwhelmed by receiving more patients who should be treated in health facilities closer to their camps, but we regularly hear from patients that the facility closest to them is either closed or not functioning due to lack of staff or medical supplies. **Funding for the response needs to be sustained and donors must ensure accountability** for how funding is spent.

- **MALAYSIA**

- **The detention of refugees and children must stop.** Children should be placed in real alternatives to detention centres that are **non-custodial** and community-based.
- **Refugee healthcare insurance**, including for unregistered refugees, is the solution to improve refugees' access to healthcare and a method of sustainable healthcare financing in light of RM100 million in unpaid bills in public health facilities.
- In its upcoming ASEAN Chairmanship and membership in the ASEAN troika mechanism on Myanmar over the next three years, it is crucial for Malaysia **to ensure the Myanmar crisis remains a priority** for ASEAN, lead ASEAN in exerting pressure on Myanmar to **cease violence** and **ensure humanitarian aid reaches all populations affected by the conflict in an impartial manner.** It is equally important for Malaysia to lead discussions on **interim mid-term solutions** for refugees from Myanmar seeking asylum in ASEAN member states.