POLICY INSIGHTS

global
POLICY

Rohingya refugees in the pandemic: Crisis and policy responses

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Abstract

The purpose of this article is to demonstrate how a lack of policy attention has exacerbated the extreme circumstances faced by the Rohingya and how they can contribute to deterioration of their health, livelihood, and education, as well as their repatriation to their homeland. This article is based on data collected from field observations and interviews prior to and during the pandemic. This study confirms that the Rohingya refugee populations endure a higher level of suffering from lack of food security and livelihood, lack of basic amenities and financial resources, and accommodation is overcrowded compared with the pre-pandemic period. The lack of a specific policy for the Rohingya has compounded the current situation in Bangladesh. This research is crucial for countries receiving refugees as well as the countries from which they flee and other actors.

1 | BACKGROUND TO THE ROHINGYA CRISIS

After fleeing Myanmar in August 2017, about a million Rohingya took refuge in Bangladesh. According to Médecins Sans Frontières (Médecins Sans Frontières [MSF], 2019), at least 6700 Rohingya, including at least 730 children under the age of five, were killed in the month following the outbreak of violence in 2017. The violence has been termed by the United Nations a 'textbook example of racial cleansing'. In January 2020, the United Nations' highest court requested that the Buddhist-majority government take steps to safeguard its Rohingya people from genocide. The Rohingyas are one of Myanmar's 135 ethnic minorities who live primarily in Rakhine state with their own culture and language. The government of Myanmar, on the other hand, refuses to recognise the Rohingya as a people and refuses to grant them citizenship.

The largest and the latest influx occurred in August 2017, when around one million Rohingya, including over 400,000 children entered Bangladesh (Office for the Coordination of Humanitarian Affairs [OCHA], 2021). Despite the fact that Bangladesh is neither a signatory to the 1951 Convention or its 1967 Protocol, nor is it a party to the 1954 and 1961 Statelessness Conventions (Adnan, 2014; Chowdhury, 2019; Kudrat-E-Khuda, 2020), it offered refuge for humanitarian reasons (Ahsan Ullah, 2011, 2013, 2016, 2020; Alam, 2019; Bogic et al., 2015).

For this population, the COVID-19 pandemic has appeared as another natural blow. Along with their existing vulnerability, the pandemic has added an additional burden to their life. We illustrate why these two issues have become global concerns in terms of their significance and scale. In the twenty-first century, globalisation in trade, increasing population mobility, and international travel are viewed as some of the most significant human factors in the emergence, re-emergence, and spread of infectious diseases. Due to its rapid transmissibility and the world's increased social, economic, and political interconnectedness, the COVID epidemic has become a global concern that academics, policy makers, and governments must address from various perspectives that go far beyond the health and welfare implications. Just as the Sustainable Development Goals call for a focus on the connections between development policy sectors, the pandemic has revealed the complex global

interdependencies that underpin economies and highlighted fault lines in societal structures that perpetuate ethnic, economic, social, and gender inequality.

Fear about COVID-19 has grown in refugee camps throughout the world. The lives of millions of refugees living in overcrowded camps are jeopardised as a result of the typically precarious sanitation. The impact of COVID-19 outbreaks in these camps can be disastrous given the lack of access to clean water, sanitation, and hygiene items (United nations, 2022). The Rohingya are no exception. The pandemic is still wreaking havoc on lives and livelihoods all around the world, with the most vulnerable (refugees, internally displaced persons (IDPs), and migrants) bearing the brunt of the damage. All of them are dealing with multiple crises at the same time. People get infected with COVID-19 easily in congested areas where health care, water, and sanitation are typically scarce and physical isolation is considered a luxury.

The COVID-19 pandemic shook the entire planet. And refugees, notably the Rohingyas, are an exceptional case in many respects, including the fact that they have been confined in camps in Bangladesh since their arrival, and suffered food and healthcare shortages, limited access to education, and limited mobility.

There has been a lot of research done on the Rohingya and their influence on receiving countries (Ahsan Ullah, 2016, 2018, 2022; Akhter et al., 2020; Becker & Ferrara, 2019; Chattoraj et al., 2021; Rahman, 2010). The paucity of research on policy and measures to address the pandemic in the context of the Rohingya in Bangladesh is evident. The purpose of this research is to investigate the ramifications of Bangladesh's refugee response policies and actions. This article attempts to highlight how their precarity has been exacerbated by insufficient policy attention, as well as how this can contribute to the devastation of their health, livelihood, and education, and their likely return to Myanmar. This article contributes to an understanding of what constitutes global refugee policy, how global refugee policy is formulated, who is involved in the policy process, how the impact of a global refugee policy can be comprehended, and how global refugee policy affects other policy initiatives. This will fill in the existing research gap in the refugee policy dedicated to the Rohingya population.

2 | METHODOLOGY

The primary purpose of this research is to look into how policies in Bangladeshi camps responded to the Rohingya refugee issue in light of the COVID-19 outbreak. This research included both primary and secondary data sources. Reconnaissance and interviews were important sources of valuable information for primary data. Data for this study were collected in refugee camps prior to the pandemic (early 2019) and during the COVID-19 crisis (from mid-2020 to late 2021). In late 2019 (before the COVID epidemic) and early 2020, we conducted a reconnaissance survey to assess the realities on the ground, including living conditions, livelihood, hygiene, and environmental factors. Key informants and members of the community were interviewed. In order to do so, eight key informants were interviewed in July 2020, comprising NGOs, environmentalists, health experts, researchers, and people's representatives. In addition, in January 2021, 28 respondents (retailers, volunteers, community representatives, and health workers) were interviewed based on convenience. We depended heavily on secondary sources including journal articles, books, international reports, online papers, and newspaper reports. We studied and analysed various policy documents published by the Bangladesh government, the World Health Organization (WHO), the World Bank (WB), and the United Nations High Commissioner for Refugees (UNHCR) in Bangladesh.

3 | ROHINGYA IN REFUGEE PERSPECTIVE

Since time immemorial, humans have been travelling from one region to another. However, in recent years, the refugee crisis has sparked heated debate. Historically, war and conflict between or among civilisations or tribes were the primary reasons why people fled their homeland (Idris, 2012). Between 1846 and 1914, almost 30 million people departed Europe for America (Bundy, 2016). Europe experienced its first refugee crisis as a result of the First World War and the 1917 Russian Revolution. An estimated 5 million exiles were created between 1914 and 1922, and in 1923, the 'unmixing' of peoples between Greece and Turkey resulted in 1.7 million people being transferred in both directions (Bundy, 2016). Today, ethnic cleansing has developed as a rationale for mass forced migration in modern nation-states, alongside conflicts fought for trade, border, terrorism, and religion. Bhutan, for example, perceived a growing ethnic Nepali community as a demographic and cultural threat in the late 1980s and hence the government enacted citizenship legislation targeting ethnic Nepalis, expelling around one-sixth of the population (Frelick, 2008).

By the end of 2020, over 82.4 million individuals worldwide had been forcibly displaced as a result of persecution, conflict, violence, human rights violations, or events significantly upsetting public order (Giovetti, 2019; UNHCR, 2020). The Rohingya are one such persecuted ethnic minority in Myanmar, having been forced to flee their homeland on many occasions (1977; 1977–78; 1989; 1991–92; 2003; 2006; 2009; 2012; 2016 and 2017) as part of Myanmar's ethnic

cleansing drive (Ahsan Ullah, 2011, 2016; MSF, 2020; Uddin, 2019). This is because they look different from the majority of Myanmar people and are Muslims (OCHA, 2021).

The term 'Rohingya' carries a lot of emotional weight for the Myanmar administration. This is because the 1982 citizenship law, which was ironically the same statute that stripped the Rohingya of their citizenship, offers Muslims in Rakhine autonomy if the government acknowledges them as Rohingya ethnic group members. Hundreds of thousands of Rohingya are caught in the crossfire as Rakhine and other Burmese perceive the use of the name Rohingya, the desire for recognition as an accepted ethnicity, recent militant activity in their name, and calls for international intervention, including a safe zone, as a separatist agenda by other means.

4 | THE KEY ACTORS AND POLICIES IN PLACE

We understand that international, regional and national actors (both state and non-state) have been working for the cause of the Rohingya refugees. Different actors work under different policy frameworks which lead to different responses. We try to highlight the responsibilities of the actors and how different are the responses, and the implications for their life.

Bangladesh is not a signatory to the 1951 Refugee Convention nor its 1967 Protocol (Ahsan Ullah, 2014). In the absence of a national refugee law, UNHCR conducts refugee status determination (RSD). The government of Bangladesh refuses to recognise the vast majority of Rohingya as refugees. When the UNHCR's efforts for refugees culminate in a formal statement of a problem affecting protection, remedies, or aid for refugees or other populations of concern to the global refugee regime, and a proposed course of action to address that problem, those efforts constitute refugee policy (UNHCR, 2011). Soroos (1990, p. 318) defines 'global policy' as 'either regulations that set the bounds of acceptable behaviour for national governments and the people under their authority or, alternatively, programs run by international organizations' such as the UNHCR.

Sixty-one national and international non-governmental organisations made an appeal to the international community to protect the rights and cater to the needs of the Rohingya. BRAC (a national NGO in Bangladesh) has organised the largest civil society response to the Rohingya refugees. This response focuses on providing these people's immediate needs while also developing skills, resilience, and awareness that aids in their long-term well-being as the situation evolves. BRAC has so far raised around US$37 million from various partners in its efforts to strengthen

humanitarian operations in Cox's Bazar, Bangladesh (OPEC Fund, 2018). During the pandemic the NGOs that have been working in the camps scaled their work up and lengthened their working time to raise awareness among them.

The Court of Justice of the European Union (CJEU), International Criminal Court (ICC), UNHCR, International Organization for Migration (IOM), international non-governmental organisations (INGOs), NGOs and United Nations Children's Fund (UNICEF) have been the main actors. Human rights and refugee issues are global concerns. Out of 83.3 million refugees, the Rohingya are the most persecuted because of the fact that they have endured decades of state-sanctioned brutality, prejudice, and persecution as a result of their faith, race, language, and position during the Second World War. Crimes against humanity and potentially genocide have been committed against the Rohingya, and evidence of who among Myanmar's military and security forces committed these crimes is accumulating.

Most UN agencies and foreign groups have been unable to travel to northern Rakhine State to provide assistance or assess needs. Even the United Nations Development Programme (UNDP) and UNHCR, with whom Myanmar signed a Memorandum of Understanding (MoU) in May 2018 to handle the repatriation of the Rohingya, have been denied admission since early June.

The Gambian government – a state actor – filed a case in the International Court of Justice (ICJ) concerning the Rohingya genocide in Myanmar. The Gambia claimed that the Myanmar military (Tatmadaw) and other Myanmar security forces began widespread and systematic 'cleansing operations' against the Rohingya population in October 2016. These actions constitute violations of the Genocide Convention.

The government of Naypyidaw, the UNHCR, and UNDP announced the signing of an agreement the day before that aims to facilitate the 'voluntary, safe, dignified, and sustainable' return of Rohingya refugees. The repatriation of Rohingya refugees to Rakhine state is intended to be straightforward due to the MOU, however, there has been no noticeable progress. Towards the end of 2017, an agreement was reached to repatriate Rohingya from Bangladesh, where refugee camps were overcrowded. The agreement makes no guarantees that the Rohingya will be afforded basic rights (such as protection from discrimination, the right to work, and, most significantly, citizenship). There is grave concern that if the Rohingya are repatriated without these safeguards, they will be forced to suffer conditions similar to those from which they fled.

Talks between Bangladesh and Myanmar regarding repatriating Rohingya refugees to Myanmar have just resumed. The Ad-Hoc Task Force for Verification of Displaced Persons from Rakhine held its first virtual meeting on 27 January 2022. Following a discussion

of the 'reasons causing delay in the verification' of previous residency of people forced to escape Rakhine state in Myanmar, 'all sides expressed readiness' to continue working closely to resolve these concerns (Mostofa, 2022). The situation is becoming protracted. Millions of individuals will be impacted by the Rohingya repatriation deal, its terms, any delays, and the ultimate success of its execution.

5 | REFUGEE, REFUGEE REGIME AND POLICY

In contrast to their great capacity to respond to natural catastrophes, Bangladeshi NGOs have significantly less expertise in assisting refugees. When it comes to protection, the impacts of a lack of INGO involvement have been especially noticeable. Hence, the Rohingya response relied heavily on INGOs. On behalf of NGOs, UN actors believed they had engaged substantial lobbying. While the appeal from the World Humanitarian Summit and the Grand Bargain to increase the role and participation of local NGOs has been echoed in the Rohingya response, greater consideration must be given to the complementarity and special benefits local NGOs bring. The UNICEF and UNHCR evaluations of community engagement in protection concluded that the employment of NGOs for community-based protection was effective (James, 2014). In addition to registration, contact with the refugee community may have been more efficient in other areas.

In the study of global refugee policy, little attention has been paid to the process that contributes to the formation of a particular policy or the variables that influence its implementation. According to Howlett et al. (2013), the recent work on domestic public policy uses a four stage model of the policy process; Policy formulation occurs when various responses are proposed and considered by policy actors; decision-making occurs when the relevant authority adopts a chosen course of action; policy implementation occurs when the policy decision is made; and policy evaluation occurs when the policy decision is evaluated.

Agenda setting is usually thought to be the process through which competing 'policy problems' contend for policy makers' attention and the policy making process begins. Once a policy problem has been recognised and brought to the agenda, a process known as 'policy formulation' occurs in which policy actors give and consider a variety of options and potential solutions to the stated problem. Within international systems, international organisations are largely responsible for providing policy alternatives to official decision-making authorities. Typically, UNHCR would propose policy options for consideration to its Executive Committee (Betts et al., 2012).

The policies have a direct effect on the lives of refugees in general and the Rohingya in particular. The standard of living in the Rohingya camps has deteriorated considerably during the pandemic. The police and military presence have increased, while armed groups have boosted their presence in refugee camps. As a result, kidnappings, violent actions, and ransom demands have all increased. This implies that security in refugee camps should be considered one of the most important policy options for refugee regime and other actors (Figure 1).

As the camps' conditions deteriorate, an increasing number of refugees are left feeling forlorn and desperate, prompting them to take risky decisions. Some attempted to flee and wound up taking the perilous journey aboard human trafficking boats bound for destinations such as Malaysia or Thailand. Despite the uncertainty, some people opted to move to Bhasanchar – a remote silt island in the Bay of Bengal. The Bangladesh government has promoted Bhasanchar as a remedy to the extreme congestion in Cox's Bazar refugee camps.

5.1 | Food, accommodation and basic services security

Various natural and anthropogenic shocks, seasonality, and processes, such as cyclones, floods, tidal surges, salinity incursions, sea-level rise, and so on, may enhance the risk of vulnerability and the livelihood strategies of the Rohingyas. However, their vulnerability may be exacerbated by the lack of refugee-specific policy. When we say 'basic services', we mean anything and everything that is required for human survival for example, water, power, sanitation, municipal companies, administrative offices, hospitals, schools, banks, post offices, telephone, and so on. WASH refers to the provision of safe drinking, washing, and other domestic water sources, as well as safe waste removal (toilets and waste disposal) and the promotion of healthy lifestyle choices. Field research confirmed that tube-wells are contaminated since the latrines have small pits and are near water sources. Moreover, a third of the toilets were less than 10 metres from a water supply. The
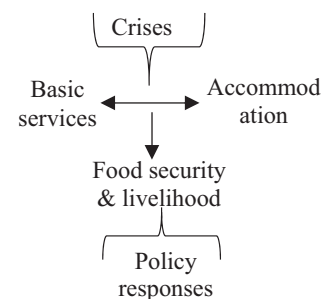

FIGURE 1 Analytical construct

absence of proper WASH facilities for the Rohingyas living in camps is causing a slew of health problems, including diarrhoea, hepatitis, cholera, and typhoid. Diarrheal illnesses are the second largest cause of death in children under the age of five. In 2018, around 224,145 cases of acute watery diarrhoea (AWD) were reported.

In terms of their willingness to move to Bhashanchar from Cox's Bazar, the Rohingya are divided into two camps, with one preferring to dwell in Cox's Bazar because it provides greater access to humanitarian supplies and more prospects for employment outside the camp. Furthermore, some Rohingya have family members who have lived in Bangladesh for many years. They can finally exit the camp if they stay in Cox's Bazar. The other group argues that abandoning the overcrowded camp in Cox's Bazar for Bhashanchar is a better option. In contrast, life in Bhashanchar is distinguished by a liberal legal system, numerous opportunities for children's education, and a diverse range of feasible work alternatives. Even if the future is unknown, the residents of Bhashanchar are confident that their concreted homes, dams, and cyclone shelters would protect them from any disasters.

Bhashanchar does not appear to be a good place for most refugees to resettle for several reasons: (1) it is unsuitable for human habitation; (2) it may be severely impacted by rising sea levels and storm surges; (3) it will most likely have very limited education and health services; (4) it will provide extremely limited opportunities for livelihoods or self-sufficiency; and (5) it will unnecessarily exacerbate the humanitarian crisis (Human Rights Watch, 2018). And the refugees moving here will have moved away from the border. Staying away from the border is never a good idea for refugees because it gives a signal that the repatriation is uncertain.

As a result of their frustration with the slow repatriation process (despite a MoU being signed), anger between the Rohingya and their hosts is growing. Over 6800 acres of forest have been cleared to provide refuge for the Rohingya. Bangladesh is pursuing strategies centred on 'temporary options' for refugee redistribution until repatriation occurs, in order to reduce congestion in the Cox's Bazar camps and provide humanitarian services to the displaced Rohingya. However, the relocation of refugees to Bhashanchar has been met with worldwide outrage. While the temporary nature of the placement is undoubtedly a disadvantage, the criticism thrown at the organisation rings hollow when compared to the activities of other organisations that are doing far less to assist refugees (Rahman, 2022)

The pandemic has been a double-edged sword for the Rohingya, meaning that, while movement restrictions are thought to be the strongest tool for stopping viral transmission, they also hinder them from working. Camp schools for children have been fully closed down. Children from other regions of the world can continue their education to some extent through online/distance education. Findings from the interviews suggest that some of Rohingyas set up small kiosks within the camps during the pandemic. They had shut them down, and those who needed to get to Bhashanchar had abandoned the kiosks they used to run.

The pandemic wreaked havoc on an already precarious position. Water quality, the amount of water provided to them, personal hygiene awareness, and the inability to maintain necessary cleanliness have all contributed considerably to the virus's spread (Banik et al., 2020). Only a five-bed isolation facility in Cox's Bazar district Hospital and two fifty-bed isolation units in Ramu and Chakaria Upazila health complexes are open to serve both the Rohingya and local communities in terms of emergency response to COVID-19 (Banik et al., 2020 cited in Chandan, 2020). The majority of the respondents confirm that environmental quality indices like air, water, and sanitation are in poor state. Air quality has been connected to the COVID-19 outbreak (Shammi et al., 2020).

The most pressing concern in Cox's Bazar for the Bangladesh government would be feeding this huge Rohingya population. It is difficult to have a consistent supply of food for the massive number of refugees. Over 16 million litres of potable water are needed every day, as are approximately 12,200 metric tons of food; at least 180,000 families require cooking fuel (Finnigan, 2018). By the end of 2020, 86% of Rohingya refugees, up from 70% in 2019, were severely vulnerable to poverty and hunger (Yeasmine & Donovan, 2021). Using the concept of 'vertical farming', which UNHCR and partners developed in 2020, refugees have begun converting the rooftops of their shelters into vegetable gardens. Tube wells provide water to 87% of the refugee camp's families. However, they have to go a long distance and wait in long queues to receive water (Sunny, 2020). Solid waste management in the camp is likewise in disarray. Currently, seven solid waste composting units are being operated with the aid of national and international organisations, with around 22,400 kgs of compost produced in 2021.

6 | FLAWS IN POLICIES AND RESPONSES

Myanmar's refusal to take any significant action to address recent atrocities against the Rohingya, as well as decades of bigotry and repression against them, are the basis of repatriation delays (Human Rights Watch, 2018). This calls for the actors (local, national and international) to step up efforts to support the cause of the refugees. Following an initial outpouring of support from countries all over the world, as well as international donor agencies and UN systems, assistance has waned. The cost of caring for Rohingya

refugees is anticipated to be $950 million for the rest of the year, with an additional $4433 million needed over the next 7 years. This will lead Bangladesh to face a severe financial burden unless international financial assistance increases (Finnigan, 2018).

Testing for COVID-19 was made available in several labs in Bangladesh, but the Rohingya are unable to access it due to their statelessness and travel restrictions. Despite the fact that only roughly 5992 confirmed cases of COVID-19 have been documented among Rohingya refugees as of 30 April 2022 (WHO, 2022), the local transmission in Bangladesh has recently changed dramatically, with an exponential surge. People everywhere are being pushed to stay at home, maintain 'social distance', and prioritise hygiene. In a refugee camp, such procedures are impossible to apply.

The Bangladesh government, in partnership with development partners working in Rohingya camps, need to implement a comprehensive strategy to protect this refugee community against a COVID-19 outbreak (Khan et al., 2020). People who reside in places with poor air quality are more likely to get infected with the COVID-19 virus (Shammi et al., 2020). Because the pandemic is transboundary, all stakeholders, international and bilateral organisations, regional organisations, and government and private organisations, including the WHO, The World Bank, International Federation of the Red Cross and Red Crescent Societies (IFRC), MSF, Red Cross, UN systems, and citizens, must collaborate to combat it (Akande & Akande, 2020; Kuznetsova, 2020; Liu et al., 2020; Weible et al., 2020; WHO, 2020a, 2020b).

The World Health Organization has created the COVID-19 Strategic Preparedness and Response Plan, which details the major steps that countries must take as well as the resources required to carry them out. The plan can be used to establish country-specific strategies. It is updated when fresh data and information improve WHO's understanding of the virus's features and how to respond to it (Karim & Alam, 2021). The WHO has provided over two million pieces of personal protective equipment to 133 countries so far.

In early February 2021, the WHO successfully urged the Bangladesh government to revise its national vaccination programme to include Rohingyas as a target population (Ahasan, 2021). To address current concerns during the COVID-19 epidemic, the World Bank committed $104 billion to support developing countries by June 2021 (International Rescue Committee, 2021a, 2021b). This includes a $1.9 billion initial investment through the COVID-19 Fast Track Facility, which has already reached 100 developing countries with health interventions such as illness monitoring, COVID-19 testing and treatment, health worker training, hygiene promotion, and medical facility construction.

The World Bank has approved $1.05 billion for three projects in Bangladesh to help the country create quality jobs, accelerate economic recovery from COVID-19, and build resilience to future crises (World Bank, 2020). The World Bank's Executive Board also approved $500 million in International Development Association (IDA) support to help Bangladesh immunise 54 million people against COVID-19 (World Bank, 2021). The World Bank also announced a $500 million grant to Bangladesh to fulfil the needs of Rohingya refugees in areas such as health, education, water and sanitation, disaster risk management, and social protection (World Bank, 2018).

With the assistance of international and national relief groups, the government of Bangladesh (GoB) is striving to improve the health and WASH conditions in the camps. However, more international support is required to alleviate the financing scarcity and staff shortages. The GoB is collaborating with 100 health partners, including 66 international NGOs, 39 national NGOs, eight UN agencies, and one observer, to address health challenges in the settlements. To deal with the current health challenges, the sector has put in place a three-tiered coordination framework at the district and sub-district levels. The camps contain 132 health posts and 32 primary health care centres (PHCs), 29 of which are open 24 hours a day, seven days a week. The Cox's Bazar Civil Surgeon's Office, the Directorate General Health Services Coordination Centre, and the WHO are leading the effort to effectively plan and implement a coordinated emergency response.

Maintaining social or physical distance, for example, is just difficult for those who live in a densely populated setting. The protocol's implementation in refugee camps and informal settlements is significantly worse because these built-up areas are congested, with refugees living in confined quarters in an unhygienic and insecure environment. The WHO has assisted in the establishment of 14 Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) in Rohingya refugee camps and nearby host communities to treat COVID-19 patients. In addition, the International Rescue Committee (IRC) has built a 60-bed isolation and treatment centre for COVID-19 patients suffering from severe acute respiratory difficulties (International Rescue Committee, 2021a, 2021b).

Bangladesh began the immunisation of Rohingya refugees on 10 August 2021. Previously, the Bangladeshi government decided to vaccinate the Rohingya minority in principle (WHO, 2022). Advance prevention efforts, rigorous adherence to COVID-19 standards, and collaboration from multiple UN entities, INGOs, and NGOs have all contributed to authorities maintaining control of the situation (Bhuiyan, 2021).

7 | CONCLUSION

The Rohingya refugee crisis in Bangladesh has turned into a global humanitarian crisis rather than a national

or regional one. Refugees are rarely represented in politics or as active participants in healthcare efforts. The majority of Rohingya who fled brutality in Myanmar and sought safety in Bangladesh live in a refugee camp in Cox's Bazar without suitable housing and access to safe drinking water and sanitation. According to the findings, congestion, poor civic amenities, and a lack of livelihood have created a threat to environmentally sensitive places, resulting in environmental damage and the chopping down of hills and forests to make room for Rohingya settlements. Furthermore, due to a decline in funding provided by international and national actors (donor agencies, NGOs, UN), the Rohingya refugees have become a burden for Bangladesh in every respect.

Despite the fact that Bangladesh is not a party to the 1951 Refugee Convention, the country is working in collaboration with a number of national, private, and international actors to safeguard their overall safety and safety from the COVID-19 outbreak. The WHO, the World Bank, the International Rescue Committee, and the Bangladesh government along with many other state and non-state actors have been implementing policies to contain the spread of the coronavirus in the Rohingya refugee camp. Due to insufficient healthcare facilities, vaccination shortages, and a lack of health communication, implementing COVID-19 policies and activities in congested settlements is extremely difficult.

Policies for refugee protection and repatriation for receiving and sending countries are essential to handle emerging challenges like as the COVID outbreak and future natural and human-caused tragedies. It has become evident that policies for safe Rohingya repatriation and present security provisions are critical at this time. Policies, however, are ineffective if the countries concerned (Myanmar and Bangladesh) are unwilling or unable to execute them. Diplomatic efforts from Bangladesh have been considered ineffective, reflecting a lack of commitment. More research might be conducted to identify gaps in legislation and response mechanisms for refugees in sending and receiving countries.

Because this situation has historical colonial roots, Bangladesh should not bear this burden alone. A greater commitment of resources is required, as is greater pressure to implement the repatriation commitment, and responsibility sharing is required by the international community. Everyone has the right to live a life free of persecution, terror, and discrimination and the Rohingya have that right too. They should not be excluded just because of their religion, language and colour. The ultimate solution to this crisis should be safe, voluntary, dignified, and permanent return to the land where their villages once stood.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are on request.

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REFERENCES
Adnan, S. (2014) Re-thinking food sovereignty in a limiting context: refugees from Myanmar in Bangladesh without land and citizenship. *The Journal of Peasant Studies*, 40(1), 87–128.

Ahasan, N. (2021) When will rohingya refugees be vaccinated? *Devex - International Development News*, 3 June 2021. Available from: https://www.devex.com/news/when-will-rohingya-refugees-be-vaccinated-100061 [Accessed 18 May 2021]

Ahsan Ullah, A.K.M. (2011) Forced or development induced displacement? Occupied Palestinian territories and international conscience. *Journal of Internal Displacement*, 1(1), 5–17.

Ahsan Ullah, A.K.M. (2013) Theoretical rhetoric about migration networks: a case of a journey of Bangladeshi workers to Malaysia. *International Migration*, 51(3), 151–168.

Ahsan Ullah, A.K.M. (2014) *Refugee politics in the Middle East and North Africa: human rights, safety, and identity*. London: Palgrave Macmillan.

Ahsan Ullah, A.K.M. (2016) Rohingya crisis in Myanmar: seeking justice for the 'stateless'. *Journal of Contemporary Criminal Justice*, 32(3), 285–301. Available from: https://doi.org/10.1177/1043986216660811

Ahsan Ullah, A.K.M. (2018) Geopolitics of conflicts and refugees in the Middle East and North Africa. *Contemporary Review of the Middle East*, 5(3), 258–274.

Ahsan Ullah, A.K.M. (2020) COVID-19 and Rohingya refugee camps in Bangladesh. *Intellectual Discourse*, 28(2), 793–806.

Ahsan Ullah, A.K.M. (2022) The culture of migration in Southeast Asia: acculturation, enculturation or deculturation? *Journal for Cultural Research*, 26(2), 184–199.

Akande, O.W. & Akande, T.M. (2020) COVID-19 pandemic: a global health burden. *The Nigerian Postgraduate Medical Journal*, 27(3), 147–155.

Akhter, M., Uddin, S.M.N., Rafa, N., Hridi, S.M., Staddon, C. & Powell, W. (2020) Drinking water security challenges in Rohingya refugee camps of Cox's Bazar, Bangladesh. *Sustainability*, 12(18), 1–26.

Alam, J. (2019) The current Rohingya crisis in Myanmar in historical perspective. *Journal of Muslim Minority Affairs*, 39(1), 1–25.

Banik, R., Rahman, M., Hossain, M.M., Sikder, M.T. & Gozal, D. (2020) COVID-19 pandemic and Rohingya refugees In Bangladesh: what are the major concerns? *Global Public Health*, 15(10), 1578–1581.

Becker, S.O. & Ferrara, A. (2019) Consequences of forced migration: a survey of recent findings. *Labour Economics*, 59, 1–16.

Betts, A., Loescher, G. & Milner, J. (2012) *UNHCR: the politics and practice of refugee protection*, 2nd edition. Abingdon: Routledge.

Bhuiyan, H. K. (2021) Bangladesh successful in protecting Rohingyas from COVID-19, Dhaka. *Dhaka Tribune*, 9 March 2021. Available from: https://www.dhakatribune.com/health/coronavirus/2021/03/09/bangladesh-s-success-in-protecting-rohingyas-from-COVID-19 [Accessed 18 May 2021].

Bogic, M., Njoku, A. & Priebe, S. (2015) Long-term mental health of war-refugees: a systematic literature review. *BMC International Health and Human Rights*, 28(15), 29. Available from: https://doi.org/10.1186/s12914-015-0064-9

Bundy, C. (2016) Migrants, refugees, history and precedents. *Forced Migration Review*, 51, 5–7.

Chandan, M.S.K. (2020) Virus can cause havoc in Rohingya camps. *The Daily Star*, 18 March 2020. Available from: https://www.thedailystar.net/frontpage/news/virus-can-cause-havoc-rohingya-camps-1882162 [Accessed 18 May 2021]

Chattoraj, D., Ahsan Ullah, A.K.M. & Hossain, M.A. (2021) The COVID-19 pandemic and the travails of Rohingya Refugees in the largest Bangladeshi Refugee camp. In: Doucet, B., van Melik, R. & Filion, P. (Eds.) *Global reflections on COVID-19 and cities: urban inequalities in the age of pandemic*. Bristol: Bristol University Policy Press, pp. 164–174.

Chowdhury, A.R. (2019) International-domestic linkages in a developing country context: the case of the Rohingyas in Bangladesh. *Policy Studies*, 40(3–4), 303–319.

Finnigan, C. (2018) Rohingya refugees in Bangladesh: five challenges for the future. *LSE*, 21 November. Available from: https://blogs.lse.ac.uk/southasia/2018/11/21/rohingya-refugees-in-bangladesh-five-challenges-for-the-future/ [Accessed 22 May 2021]

Frelick, B. (2008) Bhutan's ethnic cleansing. *Human Rights Watch*, 1 February 2008. Available from: https://www.hrw.org/news/2008/02/01/bhutans-ethnic-cleansing [Accessed 15 May 2021]

Giovetti, O. (2019) *Forced migration: 6 causes and examples*, 28 June 2019, CONCERN worldwide US. Available from: https://www.concernusa.org/story/forced-migration-causes/ [Accessed 23 July 2021]

Howlett, M., Giest, S., Araral, E., Jr., Fritzen, S., Howlett, M., Ramesh, M. et al. (2013) *The policy-making Process', Routledge handbook of public policy*. Abingdon: Routledge.

Human Rights Watch. (2018) Bangladesh is not my country. Available from: https://www.hrw.org/report/2018/08/05/bangladesh-not-my-country/plight-rohingya-refugees-myanmar [Accessed 22 May 2021]

Idris, I. (2012) Malaysia and forced migration. *Intellectual Discourse*, 20(1), 31–54.

International Rescue Committee. (2021a) COVID-19 Cases in Bangladesh reach 1 million, causing major concern for Rohingya refugees. Available from: https://www.rescue.org/press-release/COVID-19-cases-bangladesh-reach-1-million-causing-major-concern-rohingya-refugees [Accessed 16 July 2021]

International Rescue Committee. (2021b) One year on: the state of refugee inclusion in the world bank's response to COVID-19. Available from: https://reliefweb.int/report/world/one-year-state-refugee-inclusion-world-bank-s-response-COVID-19 [Accessed 22 May 2021]

James, M. (2014) Introduction: understanding global refugee policy. *Journal of Refugee Studies*, 27(4), 477–494.

Karim, N.S. & Alam, M. (2021) Struggling with digital pandemic: Students' narratives about adapting to online learning at home during the COVID-19 outbreak. *Southeast Asia: A Multidisciplinary Journal*, 21(2), 15–29.

Khan, M.N., Islam, M.M. & Rahman, M.M. (2020) Risks of COVID19 outbreaks in Rohingya refugee camps in Bangladesh. *Public Health in Practice*, 1, 100018. Available from: https://doi.org/10.1016/j.puhip.2020.100018

Kudrat-E-Khuda, B. (2020) The impacts and challenges to host country Bangladesh due to sheltering: the Rohingya refugees. *Cogent Social Sciences*, 6, 1770943. Available from: https://doi.org/10.1080/23311886.2020.1770943

Kuznetsova, L. (2020) COVID-19: the world community expects the World Health Organization to play a stronger leadership and coordination role in pandemics control. *Frontiers Public Health*, 8, 1–6. Available from: https://doi.org/10.3389/fpubh.2020.00470

Liu, Z., Ciais, P., Deng, Z., Lei, R., Davis, S.J., Feng, S. et al. (2020) Near-real-time monitoring of global CO2 emissions reveals the effects of the COVID-19 pandemic. *Nature Communications*, 11, 5172. Available from: https://doi.org/10.1038/s41467-020-18922-7

Médecins Sans Frontières (MSF). (2019) Crisis update - May 2019. Available from: https://www.msf.org/bangladesh-rohingya-crisis-update-may-2019 [Accessed 27 July 2021]

Mostofa, S.M. (2022) Bangladesh and Myanmar resume talks on rohingya repatriation. Available from: https://thediplomat.com/2022/02/bangladesh-and-myanmar-resume-talks-on-rohingya-repatriation/ [Accessed 12 June 2022]

MSF. (2020) Timeline: the visual history of rohingya crisis. Available from: https://www.doctorswithoutborders.org/what-we-do/news-stories/news/timeline-visual-history-rohingya-refugee-crisis [Accessed 15 May 2021]

Office for the Coordination of Humanitarian Affairs (OCHA). (2021) Bangladesh: Rohingya Refugee Crisis Joint Response Plan 2021. Available from: https://fts.unocha.org/appeals/1023/summary [Accessed 22 October 2021]

OPEC Fund. (2018) Bangladesh NGO supporting Rohingya refugees wins 2018 OFID annual award for development. Available from: https://opecfund.org/media-center/press-releases/2018/bangladesh-ngo-supporting-rohingya-refugees-wins-2018-ofid-annual-award-for-development

Rahman, S.A. (2022) Rohingya crisis: how Bangladesh became a symbol of humanitarianism. Available from: https://Www.Internationalaffairs.Org.Au/Australianoutlook/Rohingya-Crisis-How-Bangladesh-Became-A-Symbol-Of-Humanitarianism/ [Accessed 9 March 2022]

Rahman, U. (2010) The Rohingya refugee: a security dilemma for Bangladesh. *Journal of Immigrant & Refugee Studies*, 8(2), 233–239.

Shammi, M., Robi, M.R. & Tareq, S.M. (2020) COVID-19: socio-environmental challenges of Rohingya refugees in Bangladesh. *Journal of Environmental Health Science and Engineering*, 18, 1709–1711.

Soroos, M. (1990) A theoretical framework for global policy studies. *International Political Science Review*, 11(3), 309–322.

Sunny, S.A.S. (2020) Rohingya's Access to Piped-water. *The Financial Express*, 13 November, Dhaka. Available from: https://thefinancialexpress.com.bd/views/rohingyas-access-to-piped-water-1605289781 [Accessed 23 July 2021]

Uddin, N. (2019) The state, vulnerability, and transborder movements: the Rohingya people in Myanmar and Bangladesh. In: Uddin, N. & Chowdhory, N. (Eds.) *Deterritorialised identity and transborder movement in South Asia*. Berlin: Springer, pp. 73–90.

United Nations. (2022) UN exert urges States to end 'vaccine apartheid' 14 June, 2022. Available from: https://www.ohchr.org/en/press-releases/2022/06/un-expert-urges-states-end-vaccine-apartheid [Accessed 9 August 2022]

United Nations High Commissioner for Refugees (UNHCR). (2011) UNHCR global trends, 2011, UNHCR. Available from: https://www.unhcr.org/statistics/country/4fd6f87f9/unhcr-global-trends-2011.html?__cf_chl_captcha_tk__=pmd_770e92a227dd8bbfd6c704cb751cfa8f01ff8601-1627782240-0-gqNtZGzNAvijcnBszQkO [Accessed on 22 June 2021]

United Nations High Commissioner for Refugees (UNHCR). (2020) UNHCR Bangladesh-COVID 19 preparation/response- 30 March 2020. Available from: https://data2.unhcr.org/en/documents/details/75920 [Accessed 14 June 2021]

Weible, C.M., Nohrstedt, D., Cairney, P., Carter, D.P., Crow, D.A., Durnová, A.P. et al. (2020) COVID-19 and the policy sciences: initial reactions and perspectives. *Policy Sciences*, 53, 225–241. Available from: https://doi.org/10.1007/s11077-020-09381-4

WHO. (2020a) Interim guidance for refugee and migrant health in relation To COVID-19 in the WHO European Region. World Health Organization 25 March 2020. Available from: https://www.euro.who.int/__data/assets/pdf_file/0008/434978/Interim-guidance-refugee-and-migrant-health-COVID-19.pdf [Accessed 20 May 2021]

WHO. (2020b) Listings of WHO's response to COVID-19. World Health Organization 29 June 2020. Available from: https://www.who.int/news/item/29-06-2020-COVIDtimeline [Accessed 22 June 2021]

WHO. (2022) Emergency: Rohingya crisis, monthly situation Report # 4 Period covered: 1–30 April 2022.

World Bank. (2018) World bank announces support for Bangladesh to Help Rohingya. The World Bank, 28 June 2018. Available from: www.worldbank.org/en/news/press-release/2018/06/28/world-bank-announces-support-for-bangladesh-to-help-rohingya [Accessed 22 June 2021]

World Bank. (2020) World bank provides Bangladesh Over $1 billion to create quality jobs and respond to COVID 19 pandemic, June 19, 2020, World Bank. Available from: https://www.worldbank.org/en/news/press-release/2020/06/19/world-bank-provides-bangladesh-over-1-billion-to-create-quality-jobs-and-respond-to-COVID-19-pandemic [Accessed 31 July 2021]

World Bank. (2021) Bangladesh: $500 Million World Bank financing for COVID-19 vaccination for 54 million people, 18 March, 2021, World Bank. Available from: https://www.worldbank.org/en/news/press-release/2021/03/18/bangladesh-500-million-world-bank-financing-for-COVID-19-vaccination-for-54-million-people [Accessed 26 July 2021]

Yeasmine, I. & Donovan, L. (2021) Pandemic-hit Rohingya refugees and local Bangladeshis get help to grow food. *UNHCR Asia Pacific*. 18 May 2021. Available from: https://www.unhcr.org/news/stories/2021/5/60a26da14/pandemic-hit-rohingya-refugees-local-bangladeshis-help-grow-food.html [Accessed 14th June 2021]

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