Good Practice Series
COVID-19
Number 9

Palliative care and COVID-19: Lessons from refugee camps in Bangladesh

Summary

The coronavirus (COVID-19) pandemic is affecting people in many different contexts. While the right to life with dignity is universal, each response to the pandemic must be contextualised to apply the humanitarian standards appropriately for that environment. This case study offers examples of good practice.

Globally, there are more than 20 million refugees, most of whom are being hosted by nations with weak health systems.[1] This example from Cox's Bazaar in Bangladesh shows how palliative care has been prioritised and integrated into the healthcare response even when resources have been scarce.

Key question

How can the humanitarian standard on palliative care be applied in the context of a refugee camp during the COVID-19 pandemic?

Humanitarian standards

Sphere Protection Principles are directly applicable to palliative care contexts: **Protection Principle 2** ensures people's access to impartial assistance based on need. **Protection Principle 4** requires us to help affected people to claim their rights when this assistance is not forthcoming. The achievement of the minimum standards depends on a range of factors, many of which may be beyond our control. Nevertheless, we commit to attempting to achieve them.

This case study focuses on achieving the new Sphere **health standard 2.7**, which requires that "people have access to palliative and end-of-life care that relieves pain and suffering, maximises their comfort, dignity and quality of life, and provides support for family members." This standard is supported by the Humanitarian Charter, CHS Commitments and Protection Principles, which demand that people are treated as human beings, not just cases. Human dignity is fundamental, even at the end of life.

Kutupalong refugee camp. Photo: Ministerie van Buitenlandse Zaken.

Palliative care in Rohingya refugee camps

After violence broke out in Myanmar in mid-2017, over 900,000 Rohingya refugees crossed the border and settled in 34 camps in Bangladesh.[2] Humanitarian actors quickly established support systems, but a large funding gap meant that some humanitarian standards could not be met. Research found, for instance, that many individuals with serious health problems experienced significant physical and emotional suffering due to a lack of access to pain and symptom relief, and other essential components of palliative care.[3]

[1] UNHCR, « UN Refugee Agency steps up COVID-19 preparedness, prevention and response measures », 16 March 2020
[2] Joint Response Plan for Rohingya, 2019 Mid-term review.
[3] Megan Doherty et al., "Illness-related suffering and need for palliative care in Rohingya refugees and caregivers in Bangladesh: A cross-sectional study", PLOS Medicine, March 2020.

As COVID-19 spread across the world in early 2020, the camps were obviously at risk of disease transmission due to their high population densities – the largest camp, Kutupalong, has over 630,000 refugees[4]. Lockdown measures were therefore imposed in the camps immediately.

"Before we enter at the checkpoint every single person has to have a temperature check. Local people have limited access. Only NGO vehicles are allowed there, and you have to put your mask on and keep physical distance inside the vehicles. Isolation of people with symptoms is really well controlled too", reports Dr Tasnim Binta Azad, International Organization for Migration (IOM) palliative care team leader.

The Sphere standards assert that community engagement is crucial. Inside the camps, community centres and isolation treatment hubs are used to raise awareness about Covid-19. "I was wearing my mask and goggles. The teenage Rohingya boys were saying, 'Coronavirus is here. That's why this lady is covered,' and I realised how community awareness is growing".

At first there was a lot of confusion as various activities had to be stopped. Key staff were withdrawn, and others were uncertain of their employment and funding for their programmes. With a 70% funding gap in the overall refugee programme, essential healthcare was prioritised. Palliative care, which was regarded as non-essential, was threatened. In line with Protection Principle 4, which requires humanitarian actors to help affected people to claim their rights, Dr Tasnim Binta Azad used Sphere standards to advocate for the continued inclusion of palliative care as an essential service.

Home visit by the palliative care team in a Rohingya refugee camp, Cox's Bazaar. Photo: Shoroshoti Rani Dhar.

Fortunately, IOM found funding to establish severe acute respiratory and isolation treatment centres (SARI ITCs) inside the camps, and a specialist palliative care team comprising 25 clinical and non-clinical staff. Additional technical support was provided via email, WhatsApp and Zoom by experts in Dhaka and Canada, and at ECHO-India, which contributed to a guideline on palliative care in SARI ITCs.

Access was initially difficult. The palliative care team had to work remotely, holding consultations by phone and cascading training to health professionals inside the camps. First, staff at the SARI ITCs were trained. Training was then given to healthcare professionals and community health supervisors on home-based care, which integrated key palliative care components. A further training on palliative care was provided for the coordinators of all 34 refugee camps.

By November 2020, there had been ten coronavirus-related deaths in the camps.[5] However, the palliative care team has been able to expand its service to many more patients with other serious conditions, including non-communicable diseases such as cancer and diabetes.

Lessons

Palliative care is an essential service that maximises the comfort, dignity and quality of life of patients, and provides support for family members. The Sphere standards can be an effective tool for advocating for palliative care services to be integrated into the COVID-19 response.

During a pandemic, where physical distancing is required to reduce transmission, access to palliative care can be provided remotely via phone, and expert technical support via tele-mentoring.

Resources

- To learn more about applying humanitarian standards in palliative care, **watch the webinar recording**
- Read Sphere's **health standard 2.7 on palliative care**
- Read the **Sphere guidance on COVID-19 response**
- Learn about **Project ECHO training**

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[4] UNHCR, "Helping families to thrive at the world's largest refugee settlement", 2019

[5] WHO, "Bangladesh - Rohingya Crisis", 2020