The Rohingya people: past, present, and future

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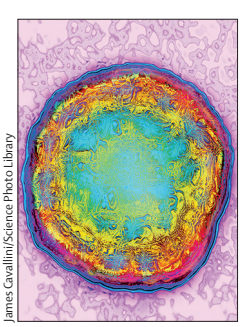
Aung San Suu Kyi's fall from grace is complete. Last week she gave an inhumane defence of Myanmar, a nation being tried for genocide, in a hearing at the International Court of Justice. But while events in The Hague monopolise the world's attention, the appalling situation for the Rohingya refugees in Bangladesh is being neglected.

The Rohingya people have long been disenfranchised, including with respect to health, but since a mass flight from killing, rape, and arson in 2017, almost 1 million now live in refugee camps in Cox's Bazar. Sanitation is poor, food is scarce, and shelters are basic and overcrowded. Humanitarian agencies have brought some stability, but the health situation is precarious.

The risk of infectious disease outbreaks is high: measles and diphtheria have already struck. And now a huge cholera vaccination campaign, with 635 000 doses, has begun after a series of cases of acute watery diarrhoea, some positive for cholera. Sexual abuse and intimate partner violence have been widely reported. The trauma of sexual violence and displacement from Myanmar, combined with a lack of prospects and unemployment in Bangladesh, is harming mental health, ranging from anxiety to depression to suicidal thoughts; 80 000 children are estimated to have severe mental distress. Fewer than half of births take place in health facilities. Only 46% of health centres have insulin. Disability care, eye care, oral care, and the care of older people are severely lacking. To describe the humanitarian situation in Cox's Bazar is to list shortcomings in practically every facet of health.

Efforts at repatriation have failed, naturally, without major change in Myanmar and guarantees of safety. The Bangladeshi Government has blocked communications and intends to build a barbed wire fence around the area, as tensions with the local population grow. Plans to give the Rohingya a more permanent home elsewhere in Bangladesh have been mooted. Meanwhile, a new generation is being born in the camps of Cox's Bazar, a generation whose health and prospects are in jeopardy. Their future is uncertain. For the present, the very least we can give them is our attention. ■ *The Lancet*

Carving a new path to a hepatitis B cure



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The story of hepatitis B is as fascinating as it is devastating. Chronic hepatitis B and acute liver failure deaths claim 900 000 people globally each year, and another 237 million people live with chronic hepatitis B virus (HBV) infection, including 2·2 million in the USA. HBV replication in hepatocytes can cause cirrhosis and hepatocellular carcinoma in nearly a third of chronically infected adults. More than 80% of infants who are vertically infected through maternal blood develop chronic hepatitis B and might require life-long treatment. On Dec 10, 2019, the US National Institutes of Health (NIH) released *A Strategic Plan for Trans-NIH Research to Cure Hepatitis B*, with the mission to end this avoidable epidemic and find a cure.

Modern hepatitis B research fittingly began at the NIH. In the mid-1960s, Baruch Blumberg, a geneticist, and Harvey Alter, a virologist, investigating serum proteins in patients with repeated transfusions, serendipitously identified HBsAg, the surface antigen of HBV. The research linked antigen markers to hepatitis and permitted screening in people who are infected but asymptomatic (30–50% of cases) and, eventually, led to the development of a vaccine to protect against HBV infection in 1972. Yet, despite availability of an effective vaccine, post-exposure prophylaxis, and antiviral medications, and in view of high treatment costs and persistent risk of liver damage and cancer, a cure that would suppress viral replication and make HBV undetectable in serum is urgently needed.

To reinvigorate NIH's hepatitis B research programme, the plan lays out three major priorities: first, to better understand the biology of HBV, the effect of epidemiological factors such as age and geographical origin, and the interplay of co-infections with HIV and other hepatitis viruses; second, to refine tools by incorporating molecular mechanisms, improving biomarker assays, and creating data repositories; and finally, increasing prevention through screening, vaccination, and updated treatment regimens to improve adherence and to limit transmission. In the spirit of the HBsAg's discovery, the NIH plan to mobilise resources and increase multidisciplinary collaboration is a promising approach to recommit to eliminating hepatitis B. ■ *The Lancet*

For more on the **Strategic Plan** see https://www.nih.gov/news-events/news-releases/nih-strategic-plan-details-pathway-achieving-hepatitis-b-cure