THE ROHINGYA AND COVID-19
Towards an Inclusive and Sustainable Policy Response

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**About this Report**

This report is premised on the assumption that a genuinely effective response to the COVID-19 pandemic in Myanmar and Cox’s Bazar can only be forged when conceived with and by those most vulnerable to it: the Rohingya themselves. Ultimately, a sustainable COVID-19 response will require both short-term and long-term policies that must recognize and address the root causes of the particular vulnerability faced by the Rohingya: their systemic marginalization and persecution inside their homeland of Myanmar.

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Independent Diplomat (ID) is a non-profit diplomatic advisory group that strives to create more inclusive, just, effective and lasting peace processes by building the diplomatic capacity of marginalized groups and democratic governments. Our work follows a simple premise: we help those most affected by crises and conflict to access the high-level political discussions about them. We work inside the diplomatic system to help these groups advocate for the legitimate interests of those they represent, leading to more durable and sustainable solutions.

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Executive Summary

The COVID-19 pandemic represents a grave threat to the Rohingya community. Having fled decades of persecution by the Burmese military, the majority of Rohingya currently live in densely populated refugee camps in Bangladesh or in internal displacement camps in Rakhine State. Most are denied access to the internet, mobile phones, humanitarian aid, and sanitary conditions—all of which heighten the risk of infection and contagion. Since the emergence of the pandemic, both Myanmar and Bangladesh have come under international and domestic pressure to enact measures that would protect the Rohingya from widespread infection. While a major COVID-19 outbreak has thus far been avoided, several of the measures enforced throughout the COVID-19 pandemic—including internet bans, limitations on humanitarian access, and the denial of freedom of movement—risk further exacerbating the marginalization and exclusion of the Rohingya community, and threaten the Rohingya’s health and human rights over the long term.

It is imperative that steps are taken now, both to protect the Rohingya from widespread infection and to create the conditions whereby future tragedy can be preempted. This can only be achieved through an inclusive, international response, that places the short and long-term concerns of the Rohingya community at its core. Donor states, as well as members of the UN Security Council, European Union and Association of Southeast Asian Nations (ASEAN), should work urgently to:

(i) Launch a transformational aid response. The unprecedented challenge posed by COVID-19 will require an unprecedented global response that moves beyond business as usual and the standard operation of Overseas Development Assistance (ODA). It is imperative that States move boldly and rapidly to ensure that the Rohingya receive the support they need.

(ii) Establish benchmarks for an inclusive COVID-19 response. As multilateral organizations and individual Member States take steps to encourage an inclusive approach to COVID-19 in Myanmar and the camps of Cox’s Bazar, it is critical they establish concrete benchmarks.

(iii) Prioritize Rohingya inclusion. An inclusive COVID-19 response should lay the foundation for an inclusive electoral process and regular consultation with the Rohingya. This consultation is not happening.

(iv) Address the root causes of Rohingya vulnerability. The particular vulnerability of the Rohingya community is the result of decades-long persecution, marginalization and genocide by the Burmese military. Securing a long-term solution will require efforts that address the root-causes of their marginalization, and lay the foundation for their safe, voluntary, dignified and sustainable return home to Rakhine State.

The following pages assess the challenges confronted by the Rohingya community in Rakhine State and Cox’s Bazar and offer a set of policy recommendations designed to improve the life chances of the Rohingya community both now and in the future.
Situation Analysis

On 11 March 2020, the World Health Organization declared the COVID-19 outbreak to be a global pandemic, setting off a wave of nation-wide lockdowns and declarations of national emergency. Both Bangladesh and Myanmar soon instituted measures to contain the domestic spread of COVID-19—establishing quarantines, lock-downs and social distancing measures.

On 14 May 2020, the government of Bangladesh confirmed the first cases of COVID-19 in the refugee camps of Cox’s Bazar.1 By early July, that number had grown to 54, with one death.2 As of mid-July, Myanmar’s government has reported 326 cases nationwide, and six deaths; the first positive case of COVID-19 in Rakhine State was reported on 18 May. To date, testing remains scarce in both Cox’s Bazar and Rakhine State. As a result, the true number of infected may be much higher. Without adequate precautions, they could grow significantly in the months and years to come.3 The economic impact of COVID-19 could also be dire. Reports suggest the livelihoods of many residing in the camps have already been adversely affected, which has compounded food security concerns.4 The hardships confronting the Rohingya community in recent months have made life inside Myanmar and Cox’s Bazar increasingly difficult, and have caused growing numbers of Rohingya to flee their homes by sea and land in desperate search of refuge elsewhere.

In both Myanmar and Bangladesh, the stark reality is that COVID-19 prevention will require not merely short-term preventative measures, but a long-term, transformational response that is both inclusive and sustainable. Without this, the fallout from a lack of preparation and disease control in both Bangladesh and Myanmar will not only result in the further spread of COVID-19, but will also exacerbate the longstanding crises confronting the Rohingya community.

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The refugee camps in Cox’s Bazar, Bangladesh, are home to over 850,000 Rohingya refugees, spread across 34 settlements. The largest camp is the Kutupalong-Balukhali Expansion Site, which 23 settlements are home to roughly 600,000 refugees – the majority of them women and children.  

The refugee camps of Cox’s Bazar are the largest and most densely populated on Earth. A majority of families share one-room shelters, with limited access to water, sanitation and basic hygiene materials like soap. Kutupalong is served by five hospitals, capable of accommodating a maximum of 630 hospital beds. By any measure, a COVID-19 outbreak within the Rohingya refugee camps would be devastating.

In response to the looming threat posed by COVID-19, the government of Bangladesh imposed a total lockdown on the Cox’s Bazar district (which, in addition to the Rohingya camps, is home to 2.3 million people).

On April 8, 2020, the government forbade anyone from leaving or entering the district – and blocked access to the camps for most humanitarian aid workers (with the exception of government aid workers). Police and soldiers imposed roadblocks, stopping an estimated 80 percent of aid workers from entering and leaving the camps. 

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Cox's Bazar, Bangladesh

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Rakhine State, Myanmar

The challenges afflicting the Rohingya are compounded by a camp-wide blockade on internet access. Since September 2019, 3G and 4G internet services to the camps were eliminated, and refugees have long been forbidden from buying SIM cards.

The combination of the lockdown and the internet blockade has major ramifications for aid delivery. Critical services such as vaccination programs have been negatively impacted, and several camps have reported serious food and water shortages.

In addition to the health impacts of COVID-19, the economic impacts on Rohingya refugees are considerable. A rapid assessment conducted by UN agencies highlighted negative implications for the agriculture sector, including disruption of harvesting, planting, transport and market exchange. Since the onset of the pandemic, Rohingya have reported heightened food insecurity due to a loss of wages and a decrease in aid rations. Livelihoods in sectors where social distancing is impossible—such as storefronts—have also been negatively impacted.

The challenges confronting the Rohingya are no less pronounced inside Myanmar. Despite the announcement in May by Myanmar of a COVID-19 ceasefire, Rakhine and Chin states have notably been excluded. The result: a dramatic rise in violence and tensions across Maungdaw, Buthidaung and Rathedaung in northern Rakhine, and Minbya, Mrauk-U, Myeboon, Kyauktaw, Ponnagyun and Ann in central Rakhine and in Paletwa Township of Chin State in recent months, which threaten the safety of the Rohingya community, as well as other ethnic and religious minorities.

On 24 June, Rakhine State’s Ministry of Security and Border Affairs issued a directive announcing that the Tatmadaw would conduct a clearance operation against the Arakan Army in the Kyautan administrative circle, Rathedaung Township. According to Kyaw Win, the Executive Director of the Burma Human Rights Network, the operation “is putting countless Rakhine and Rohingya civilian lives at risk needlessly...despite calls from UN Secretary-General Antonio Guterres to halt conflict as nations struggle to address COVID-19 and ensure the health of their citizens.”

Approximately 350,000 people are displaced by conflict in Myanmar’s Rakhine, Kachin, Chin and Karen States. Of those, roughly 130,000 are Rohingya and Kaman Muslims, who reside in central Rakhine State’s camps for Internally Displaced Persons (IDP), where they have been confined to what amount to open-air detention camps and are denied adequate access to healthcare facilities.

As violence has mounted, Myanmar has imposed severe restrictions on mobile internet communications, denied freedom of movement, and maintained limitations on health facilities and access to aid. Journalists who have dared to write about the mounting violence afflicting civilians in Rakhine State have been subject to arrest, detention and attacks, in a deliberate effort to suppress information on the worsening situation inside Rakhine State. Meanwhile, food insecurity – long an issue affecting the Rohingya – has soared as basic supplies like rice are depleted and the flow of goods is restricted.

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Challenges

The particular vulnerability of the Rohingya community is due to decades of marginalization and persecution by the Burmese military, which have forced the Rohingya community to endure squalid conditions that make social distancing largely impossible. At the same time, however, more recent policies have been employed by the Myanmar government, as well as Bangladesh, which put the Rohingya community at risk, and undermine their rights and dignity. Among the conditions which create challenges for the Rohingya community are the following:

- **Overcrowded conditions:** Rohingya refugee and IDP camps are among the most densely populated on Earth. The camps in Cox’s Bazar have an average population density of 40,000 inhabitants per square kilometer, with some areas approaching 70,000 inhabitants.\(^{11}\) The high population density makes physical distancing largely impossible and heightens the risk of transmission.

- **Inadequate health care infrastructure:** Rohingya communities in both Bangladesh and Myanmar are served by an overburdened health care system that lacks adequate equipment, human resources and space to address a COVID-19 pandemic. In Rakhine State, there are just two government-run health centers. None are believed to have COVID-19 testing capacity. One township in Rakhine State reported only 0.012 physicians for every 1,000 people – far short of the 4.5 minimum recommended by the World Health Organization. The situation is better, but still far from ideal, in Cox’s Bazar. In the Kutupalong site, there are just 0.31 physicians and 0.12 nurses per 1,000 people.\(^{12}\) Months after the first cases were reported, serious questions remain regarding the camps’ ability to isolate and test Rohingya refugees, with some refugees reporting that isolation is occurring in the absence of testing and that basic hygiene supplies remain hard to come by.

- **Comorbidity factors:** As a result of decades of inadequate health care access and discrimination, many Rohingya refugees and displaced persons suffer from health concerns that put them at greater risk to COVID-19, as well as low routine vaccination rates which put them at high risk of preventable diseases.\(^{13}\) High rates of comorbidities have coincided with Myanmar’s decision to block international humanitarian aid agencies from assisting the Rohingya inside Rakhine State. In 2017, Myanmar abruptly denied Médecins Sans Frontières (MSF) access to the Rohingya population - despite the community’s clear needs. Among the issues confronting the population is the pre-existing prevalence of Acute Respiratory Infection (ARI) and other respiratory diseases. Doctors Without Borders estimates that as many as 30 percent of the Rohingya refugees they treat in Bangladesh suffer from respiratory track illnesses.\(^{14}\) Many refugees also suffer from low immune status or pre-existing chronic illnesses such as hypertension, diabetes, cardiovascular disease, and chronic respiratory disease, which increases their risk of death from COVID-19. Rohingya women in particular are at disproportionately high risk of conditions such as hypertension and diabetes.

More recent policies enacted by the governments of Myanmar and Bangladesh have created significant challenges for the Rohingya community, which create new risks with respect to COVID-19. Among these policies are the following:

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• **Internet blockade:** Rohingya communities in both Cox’s Bazar and Myanmar’s Rakhine State have been subject to internet blockades by the Bangladeshi and Myanmar government since 2019. The lack of internet communication leaves the population without access to medical guidance and severely hampers the community’s ability to communicate to the outside world. Noted one female refugee in Kutapalong camp, “We are worrying a lot. No information is getting out on time due to the cutting of internet connection.” Both blockades are disproportionate in their impact and thereby violate international human rights law.

• **Mounting violence:** Recent months have seen a major escalation of violence in Rakhine State. Monitors report the use of heavy artillery, airstrikes, mines and Improvised explosive devices (IEDs) in populated areas, which have led to hundreds of civilian deaths. In May, reports emerged of 200 homes burned to the ground in Let Kar village. Environmental satellite imagery released by Human Rights Watch later confirmed the destruction, which Human Rights Watch noted bore “the hallmarks of Myanmar military arson on Rohingya villages in recent years.” In addition to resulting in civilian casualties, the mounting violence has complicated COVID-19 relief efforts and threatened the safety of external aid providers. In April, a World Health Organization vehicle carrying swabs necessary for COVID-19 testing came under attack in Rakhine State, and its driver was killed.

• **Targeting of journalists:** The targeting of independent journalists reporting on the violence inside Rakhine State remains a major problem. Myanmar’s Counter-Terrorism Law has been deployed to silence journalists who interview members of the Arakan Army. On March 31, authorities at Rakhine State’s Sittwe No. 1 Police Station filed terrorism charges against Khaing Mrat Kyaw, chief editor of the independent Narinjara News website, over an interview his outlet published with an Arakan Army spokesman. The prosecution of journalists has also coincided with an uptick of violence against journalists. On May 13, in the Rakhine city of Sittwe, two people on a motorcycle fired a rock from a slingshot hitting Kyaw Linn, a contributing reporter with the local independent news websites Myanmar Now and Development Media Group, in the chest. After being threatened by the assailants, Kyaw Linn required treatment at the local hospital. Said Nyi Nyi Lwin, Executive Director of the Arakan Information Center and Editor of Arakan News, “Cracking down on local media and journalists who cover news and violence in conflicts in Rakhine State is an additional gross human rights violation. People deserve the truth...we need more balance of news and accurate information about what is really happening on the ground reported by independent media. Intimidation, harassment and law suits against journalists for providing information and doing their jobs is not the right thing for the government to do.”

• **Aid and movement restrictions:** In Rakhine State, the Myanmar government has imposed blanket restrictions on aid delivery and denied humanitarian aid providers and UN agencies access to displaced civilians – rendering testing and screening for COVID-19 impossible, and leading to a complete cessation of routine vaccinations for the general population. Harsh movement restrictions are also imposed on the Rohingya, who are denied freedom of movement. Displaced persons in the camps outside of Sittwe are forced to obtain official permission to access the Sittwe General Hospital, and are only permitted travel with the paid accompaniment of a security escort. Muslims are furthermore banned by Myanmar from accessing township centers across conflict-affected areas, rendering them unable to access critical care.

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15 Author’s interview with Rohingya refugee in Cox’s Bazar.
18 Based on Interview with Humanitarian Aid Practitioners
In the camps of Cox’s Bazar, the lockdown imposed by authorities has caused a marked decrease in aid access, with up to 80% of humanitarian aid providers now denied entry to the camps. Access to refugees threatens to be further curtailed with the impending construction of a barbed-wire fence and guard tower, which is designed to enclose the Rohingya within the confines of the camps.

- **Lack of consultation:** In April, Myanmar’s President’s Office formed a Committee to work with Ethnic Armed Organizations (EAO) to contain the spread of COVID-19 in areas beyond the government’s control. Yet direct consultation with the Rohingya community has remained minimal. Despite COVID-19, Myanmar has also continued to conduct its national IDP camp closure strategy, without adequate consultation of the Rohingya community. In May, the UN, Myanmar and Bangladesh opted to extend their Memorandum of Understanding (MOU) on Rohingya repatriation, once again failing to consult the Rohingya, or to make the MOU public.

The policies enacted by the Myanmar and Bangladeshi governments in response to COVID-19 risk exacerbating:

- **Sexual and gender-based violence:** Sexual and gender-based violence has long posed a problem throughout the Rohingya camps in Cox’s Bazar. The lock-down is exacerbating such problems by forcing a shut-down of child and women-friendly spaces. As in other countries, women’s rights activists inside the camps have reported an increase in domestic violence and sexual abuse. Razia Sultana, the Executive Director RW Welfare Society, works with fellow Rohingya inside the camps, and reports that domestic violence has become a serious issue as anxiety over food shortages and residing in close quarters boils into frustration and aggression. But restrictions on communication hampers aid providers’ ability to coordinate responses and provide protection for victims of such aggression.

- **Human trafficking and drug smuggling:** As tensions, fear and desperation grow inside Rohingya refugee and displacement camps, Rohingya have become increasingly vulnerable to human trafficking and drug smuggling. Recent months have seen dozens of boats carrying hundreds of Rohingya stranded at sea or apprehended by regional authorities. According to UNHCR, 59% of those being smuggled are women and girls, many of whom are likely to be married off to men throughout the region.

- **Gaps in education:** As services to Cox’s Bazar have been limited to “critical” deliverables only, so-called “non-essential” services such as education and child-friendly space have been shut down. Remote access for Rohingya children and youth to educational and psychosocial support is nonexistent in both Rakhine State and Bangladesh.

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Policy Recommendations

Preventing and containing the spread of COVID-19 throughout the Rohingya community over the long term will require both Myanmar and Bangladesh to pursue an inclusive response to the pandemic, that respects the rights and dignity of the Rohingya community. This can only happen with the input and cooperation of Rohingya themselves. Support for an inclusive response should be viewed in the context of the overarching effort to achieve a political solution to the Rohingya crisis, including laying the basis for an inclusive electoral process and the free, voluntary, dignified and sustainable return of the Rohingya to their homeland in Rakhine State. Without long-term measures to end the marginalization of the Rohingya within Myanmar, the Rohingya community will remain at high risk to the pandemic, and instability will continue.

(i) Transformational aid response: The unprecedented challenge posed by COVID-19 requires an unprecedented global response that moves beyond business as usual and the standard operation of Overseas Development Assistance (ODA). It is imperative that States move boldly and rapidly to ensure that the Rohingya receive the support they need. This requires:

• **A major role for international financial institutions (IFI).** Member State shareholders of IFI’s should push for big increases in support to at risk communities, particularly Bangladesh. Any assistance to Myanmar must include strong accountability measures, to ensure that funding is not being diverted and is being directed to the Rohingya.

• **Scale up sanitation assistance.** Particularly in Cox’s Bazar, it is imperative that assistance support weak and overburdened sanitation systems.

• **Public information campaigns.** Information must get to those who need it. Public information campaigns should be designed to reflect the realities of refugee and IDP camps.

• **Cash injections to Rohingya.** To stimulate buying power and maintain economic solvency, it is important that assistance be provided to get money directly into the hands of households.

• **Immunizations.** There is a major risk that malaria, cholera and the measles will be compounded as a result of pauses to routine vaccinations. Immunizations should be scaled up to account for the growing need.

(ii) Establish benchmarks for an inclusive COVID-19 response: As multilateral organizations and individual Member States take steps to encourage an inclusive approach to COVID-19 in Myanmar and the camps of Cox’s Bazar, it is critical they establish the following benchmarks:

• **Lift internet restrictions.** Both in private and in public communications, States should be clear that the Rohingya have a right to information. The UN security Council, European Union and Association of Southeast Asian Nations (ASEAN) should call on Myanmar and Bangladesh to take immediate steps to re-establish internet communications, including 3G and 4G internet, and end any constraints impeding Rohingya’s access to SIM Cards. States should be clear that in order to mitigate economic downturn and ensure aid effectively, it is imperative the provision of aid coincides with the implementation of measures to provide internet access for the Rohingya and to end the bans of 3G and 4G internet. Public diplomacy channels should also be exploited to apply moral pressure on governments to lift the internet blockade.
• **Expand essential services:** Likewise, multilateral institutions and States should work to ease the restrictions imposed on humanitarian aid delivery. States should urge Bangladesh to broaden its description of ‘essential services’ and insist that Myanmar outline the services deemed essential. As part of this, donors should make (elements of) humanitarian aid delivered nationally conditional on the expansion of essential services. All economic conditions should be designed to mitigate economic downturn and ensure aid effectiveness. Donors might also incentivize the expansion of services by promising further support in other areas if and when key concerns are addressed.

• **Consult IDPs in all camp closures:** States should make clear that Myanmar’s ongoing pursuit of its camp closure strategy, in the absence of meaningful consultation with IDPs, is a violation of their obligations as laid out in the Advisory Commission on Rakhine State. Closing IDP camps is essential, however, it is imperative that all camp closures are pursued in close consultation with IDPs themselves. Additionally, relocating IDPs or forcing migration from ancestral homes further divests the Rohingya of their land, potential livelihood and history with the land—rendering the Rohingya's pathway to citizenship even more difficult.

(iii) **Prioritize Rohingya inclusion:** An inclusive COVID-19 response should lay the foundation for an inclusive electoral process and regular consultation with the Rohingya. This consultation is not happening. Donors, governments and aid agencies should:

• **Invest in Rohingya self-empowerment:** Addressing the numerous crises confronting the Rohingya community requires a holistic approach. The international community should aim to employ a sustained effort to strengthen the capacity building of the community, support Rohingya-led civil society groups as well as to build Rohingya leadership. Without such initiatives, there is a high risk that the Rohingya community will remain in a vicious cycle of abuse and revictimization and continue to be dependent on humanitarian assistance. Apart from the current need to achieve justice and accountability, the international community as well as the Rohingyas themselves, should be positioned so as to envision lives and livelihood that extend beyond genocide and mass atrocity. International assistance should be geared not only to helping Rohingyas survive, but rather, to thrive and reintegrate back into Myanmar as contributing members of the society. Given the COVID-19 context, training in healthcare such as nursing would impart skills that would contribute sustainably to the pandemic response while encouraging independence and self-reliance upon a voluntary return to Myanmar.
• **Provide a platform for the Rohingya:** In both public and private fora, the international community should make it a priority to highlight and amplify Rohingya voices. Rohingya should be invited to address the UN Security Council, European Union, ASEAN, and other multilateral institutions.

• **Push for political inclusion:** National Elections are currently scheduled for 8 November 2020 and there is a high risk that the Rohingya will be disenfranchised. As the international community supports Myanmar in its efforts to ensure an inclusive response to COVID19, it should push simultaneously for an inclusive electoral process. Countries that provide electoral support should condition this assistance on the execution of an inclusive electoral process, making clear that a democratic process that excludes one segment of the population is inherently anti-democratic and sets a dangerous precedent for future exclusion of ethnic and religious minorities. As States push for Rohingya consultation, they should simultaneously demonstrate their own commitments to inclusion by increasing support for Rohingya-led organizations and providing a platform for the Rohingya to speak directly about the issues that matter to them, including at the UN Security Council and other key multilateral fora.

• **Support women and girls:** Women and girls comprise the majority of the Rohingya population in refugee camps and they are increasingly leaders within their own communities. As challenges afflicting the refugee population grow, there is a risk that the gains women have made will be lost, making them increasing vulnerable to revictimization, sexual and gender-based violence and human trafficking. It is imperative therefore that the international community focus its assistance towards women and girls, and ensure all aspects of development and political aid to the Rohingya communities are designed to be gender-sensitive.

• **Fund education:** Aid should be targeted to support education interventions to ensure pauses in education do not have life-long consequences for Rohingya youths. While Bangladesh has recently approved education in Burmese for Rohingya children up to age 14, accreditation of that Burmese curriculum remains a concern. To that end, The United Nations Educational, Scientific and Cultural Organization (UNESCO) can be called upon to accredit relevant certifications.

(iv) **Address the root causes of Rohingya vulnerability:** The particular vulnerability of the Rohingya community is the result of decades-long persecution, marginalization and genocide by the Burmese military. Securing a long-term solution will require efforts that address the root-causes of their marginalization, and lay the foundation for their safe, voluntary, dignified and sustainable return home to Rakhine State. This includes efforts to:

• **Strengthen international deterrence and justice mechanisms:** International justice mechanisms play a critical role in addressing the grievances of victims, and creating a pathway to deterrence. They also have been shown to change Myanmar’s calculus with respect to urgently—needed reforms. States should continue to support deterrence mechanisms by, among other actions, issuing interventions at the International Court of Justice, employing Universal Jurisdiction in national courts and supporting the Office of the High Commissioner for Human Rights’ Independent Investigative Mechanism for Myanmar.

• **Political pressure on Myanmar’s allies:** As violence against and marginalization of the Rohingya continues in Rakhine State, the international community should exert increasing pressure on Myanmar’s chief allies, including China. This includes prioritizing the issue in bilateral negotiations with China, as well as taking measures to isolate China in multilateral settings. The Security Council should keep the issue high on its agenda, and States which insist on blocking Council action should be exposed for their intransigence.

About the Authors

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