



1.52 M people in need (PiN, ISCG JRP 2025)



1,005,520 Rohingya Refugees living in camps

1.15 M Health Sector Target (JRP 2025)¹

HIGHLIGHTS

- A five-day OCV campaign was conducted in the Rohingya camps of Cox's Bazar from January 12-16, 2025, resulting in the vaccination of 976,751 individuals with 103.6% coverage.
- The number of culture-confirmed cholera cases dropped by 5-fold with 32 cases recorded in January 2025 compared to the 170 cases from last month.
- Dengue outbreak season is over, and transmission has been controlled with weekly cases stabilized to normal endemic thresholds (<50 weekly cases) in January 2025.
- The Health Sector convened a Minimum Package of Essential Health Services (MPEHS) for Primary and Secondary Healthcare Facilities dissemination workshop on January 30, 2025. 62 participants from 37 different Health Sector partners joined the workshop.

THE HEALTH SECTOR



56	ACTIVE HEALTH SECTOR (HS) PARTNERS
15	APPEALING PARTNERS – JRP 2025

REGISTERED HEALTH FACILITIES



51	HEALTH POSTS
47	PRIMARY HEALTH CENTRES
02	FACILITIES WITH CEmonc SERVICES
436	MEDICAL DOCTOR
413	NURSES
479	MIDWIVES

HEALTH ACTION



472K	OPD CONSULTATIONS
9,180	INPATIENT ADMISSIONS
2,937	FACILITY-BASED BIRTHS-Refugee & Host
97.7%	% LIVE BIRTHS
2.3%	% STILLBIRTHS
2	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE



0.21	CRUDE DEATHS/1,000 Pop (Jan 25)
12	COVID-19 SENTINEL SITES
33	AWD SENTINEL SITES
120	EWARS REPORTING SITES

HEALTH FUNDING \$USD (JRP 2024)



USD	
86.8 M	Requested
34.8 M	Received/ Committed
62 M	Funding gap 60 %

[UN OCHA Financial Tracking System](#)

¹ 100% of the Rohingya Refugees living in camps and 25% of the Host Community have been targeted in JRP 2025

Situation Update

General Situation

The month of January 2025 was marked by uninterrupted routine service delivery and unimpeded access to essential healthcare services.

Health Services Delivery

In January 2025, more than 471,624 outpatient (OPD) consultations were recorded which is significantly higher than last year's average monthly consultations (13% higher, $P < 0.001$); in fact, the recorded number is highest compared to the monthly consultation number of last 12 months. In January 2025, more than 9,180 inpatient admissions were recorded which is almost similar to the last six months monthly average number of inpatient admission. Since August 2024, a steep increase has been observed and continued till the end of the year for almost all health services utilizations, including the number of outpatient (OPD) consultations and inpatient admissions. Compared to the first seven months (Jan-July 2024) of the year, in the last six months (Aug 2024-Jan 2025) the average number of health service utilizations for all indicators significantly increased by 10-20% on average and this increment was only significant ($P < 0.001$) among the Rohingyas. However, in the last six months, these numbers stabilized and were consistent, becoming the new normal trend. As there are no changes in DHIS-2 morbidity distribution and no record of newly emerged diseases in camps, this is certainly due to the new arrivals. This increasing patient load was observed to be equally distributed among all the health facilities with no facilities reporting an absurdly high number.

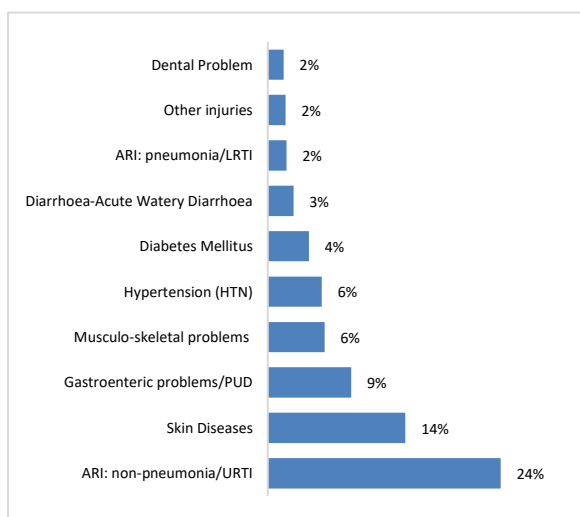


Figure 1: Top Morbidity Reported in DHIS2 (Jan 2025)

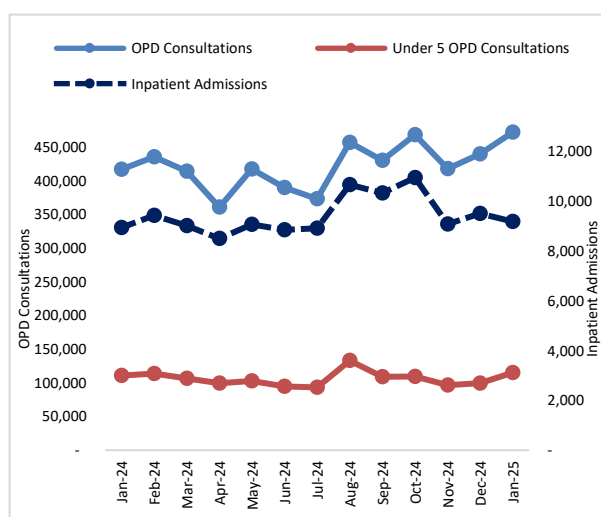


Figure 2: Trends of OPD consultations and Inpatient Admissions

The UNHCR registration team has already identified more than 55,000 new arrivals through their Biometric Identification Exercise of New Arrivals (BIE). This is an ongoing exercise and the numbers are likely to increase over time. General Health Cards are also being distributed among the new arrivals to track their treatment record and avoid duplication, and their

referral to the higher level of care is also facilitated by the sector irrespective of whether they have token/ biometrics or not.

According to DHIS-2 data, the morbidity distribution among refugees for January 2025 remained almost similar to the last year, predominantly characterized by Acute Respiratory Infections (ARI), and skin diseases. ARI cases contributed 24% of the consultations for diseases (Fig 1) during the reporting period, with around 86,627 consultations for non-pneumonia infections. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. Skin Diseases contributed to 14% of the consultations for diseases during the reporting period, with around 51,129 consultations. No unusual pattern in the morbidity distribution was observed.

Table 1: Selected Health System Performance Data

Indicator	Jan 2025	Cumulative 2025	Baseline-2024	Progress
Total number of OPD Consultations (Host and Rohingya)	471,624	471,624	5,017,149	0.41 per person
Total number of Inpatient Admissions (Host and Rohingya)	9,180	9,180	118,192	8%
Total number of patients referred out	4,764	4,764	52,599	9%
Total number of first-time users (Host and Rohingya)	12,804	12,804	131,377	10%
Total number of ANC 1 Visit -Rohingya	7,781	7,781	86,323	9%
Total number of Live births at the facility (Host and Rohingya)	2,870	2,870	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	67	67	NA	
Of the births, number of mothers who had ANC 4 or above visits (Rohingya)	1,503	1,503	NA	69%
Total number of C-Sections at health facilities	261	261	2,950	
Total number of Post Abortion Care provided (Host and Rohingya)	340	340	3,402	10%
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	8,635	8,635	NA	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	4,001	4,001	NA	
Total Number of NEW clinical mental health consultations done by psychiatrist and/or mh-GAP doctor (Host and Rohingya)	887	887	NA	
Number of NEW focused counselling done by psychologist or counsellor (Host & Rohingya)	3,838	3,838	NA	
Number of Health staff trained on mhGAP under the facility	87	87	NA	

Total number of Minor surgeries conducted (Host and Rohingya)	6,952	6,952	70,450	10%
Total number of Major surgeries conducted (Host and Rohingya)	614	614	6,019	10%
Total number of Post Natal Care (PNC) visits after discharge from health facility following birth/delivery or first visit after home delivery (Host and Rohingya)	4,045	4,045	48,189	8%
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	820	820	12,174	7%

Public health risks, priorities, needs, and gaps

Public Health and Epidemiological Analysis

1. Communicable Disease Control and Surveillance

Dengue

Dengue fever transmission has been controlled with weekly cases stabilized to normal endemic thresholds (<50 weekly cases) in January 2025 which is similar to December 2024. This could be attributed to multi-sectoral response interventions deployed by humanitarian agencies in camps and end of the outbreak season.

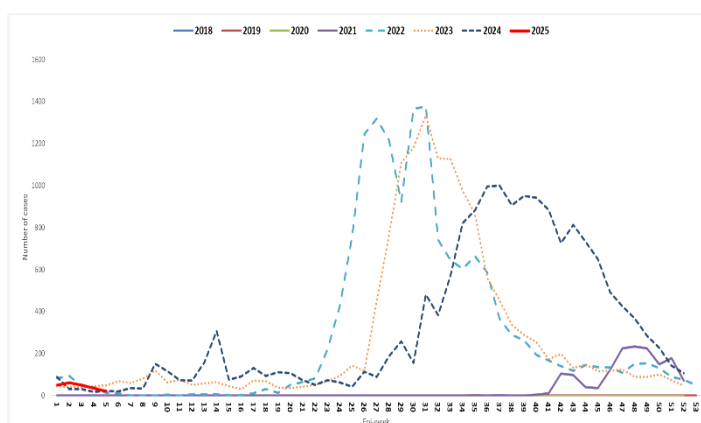


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

Since the last week of June, there has been an active cholera outbreak ongoing in camps and continued throughout January 2025. However, in January 2025, the Culture confirmed cholera cases dropped by 5-fold reporting 32 cases compared to the 170 cases from last month which could be attributed to the Oral Cholera Vaccination (OCV) campaign held on 12-16 January 2025 and other multi-sectoral interventions.

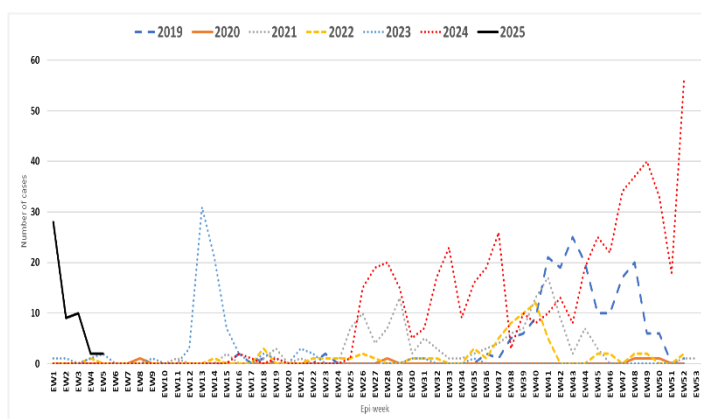


Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

Diphtheria

Diphtheria transmission remained minimized with one confirmed case reported in January 2025 and zero deaths (CFR-0%) reported in Rohingya camps which is similar to December 2024.

2. Routine Immunization and AFP & VPD surveillance

In January 2025, more than 43,000 doses of different antigens were administered, targeting less than 2 years of children. This includes 17,531 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 6,442 doses of the Measles vaccine (MR 1st and 2nd doses).

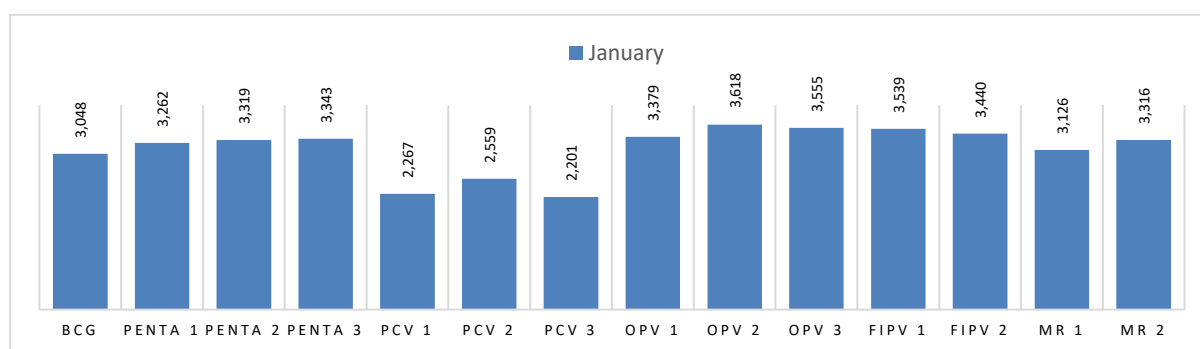


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at 'Cox's Bazar (Source: DHIS-2)

Oral Cholera Vaccination (OCV) Campaign: A five-day Oral Cholera Vaccine (OCV) campaign was successfully conducted in the Rohingya camps of Cox's Bazar from January 12-16, 2025. This initiative successfully administered the OCV to 976,751 individuals achieving a vaccination coverage of 103.6%. To facilitate this campaign, approximately 1,600 community health workers underwent comprehensive training in vaccine administration, reporting, and documentation. Moreover, over 2,000 Majhis were actively engaged in community sensitization meetings, contributing significantly to the campaign's success.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In January 2025, 32 camp-level health partner coordination meetings were held across all camps in January 2025. These meetings focused on updates regarding available health services, epidemiological trends, and public health programs. Key discussions included strategies for the Oral Cholera vaccination (OCV) campaign, community health outreach support, and public health promotion efforts targeting communicable diseases like Dengue, Chicken Pox, and Cholera/AWD. Critical updates were shared with partners, and emerging issues were addressed collaboratively.

Throughout the month, the health sector field team identified some key challenges-

- *Illegal Medicine Shops:* Unauthorized medicine shops selling unregulated drugs are emerging near many camps, posing significant health risks to the camp population.
- *Referral Challenges for Acute Life-Threatening Conditions:* During field visits to several Health Posts, the Health Sector team identified inefficiencies in record-keeping, reporting, and overall data management systems which require to be addressed.
- *Hygiene Conditions at Health Posts:* Referral challenges persist for patients requiring tertiary care at Cox's Bazar Sadar Hospital and Chittagong, due to the lack of support from the referral hub. The Health Sector team continues to coordinate ad-hoc support on a case-by-case basis with partners.

These challenges highlight the need for improved resource management to address health issues in the camps.

Minimum Package of Essential Health Services for Primary and Secondary Healthcare Facilities (MPEHS) Dissemination Workshop

The latest version of the [Minimum Package of Essential Health Services \(MPEHS\)](#) was endorsed by the Civil Surgeon, Cox's Bazar, and the RRRC in September 2024 and was published. This version of the MPEHS, which was developed based on the WHO's package of High-Priority Health Services for Humanitarian Response (H3 Package), has replaced the previous version and set new standards for primary and Secondary Healthcare facilities.

To facilitate the implementation of this newly endorsed and published Minimum Package of Essential Health Services (MPEHS) in Rohingya camps, the Health Sector convened a dissemination workshop on January 30, 2025. The workshop, attended by 62 representatives from 37 partner organizations, focused on orienting stakeholders to the WHO H3-aligned MPEHS, ensuring adherence to the updated standards for primary and secondary healthcare.



Figure 6: MPEHS dissemination workshop

2. Working Groups (WGs)

Epidemiology, Case Management, and IPC Technical Working Group (Epi TWG)

There has been an ongoing cholera outbreak in Rohingya Refugee Camps since 23 June 2024, The Epi TWG, in collaboration with the WASH Sector, has continued to effectively respond through JART investigations of each case (both culture-positive and RDT-positive), contact tracing, and active case search. In December 2024, 259 JART Response interventions in collaboration with the WASH sector were conducted. The TWG continued to collaborate with the WASH sector to scale up Joint Assessment and Response towards the Cholera outbreak

across the camps and surrounding host population and encourage the WASH Sector to further strengthen capacity for quality WASH infrastructure and services to break the ongoing transmission of Cholera pathogens and enhance effective community sensitive hygiene promotion activities.

The OCV campaign is planned for 12- 16 January in Camps and 12- 19 January in the host population, the campaign preparation activities are ongoing.

The Epi-TWG reviewed the recent surge in scabies infections in camps as reported by some health sector partners and continued to encourage case management partners to invest their time, human and materials resources in the detection and management (Ivermectin and permethrin 5% creams) of scabies in camps including follow-ups and treatment of all contacts in the communities.

The Epi TWG reviewed and currently drafting the 2nd edition of mortality surveillance operational guidance for Cox's Bazar Rohingya refugee camps.

Mental Health and Psychosocial Support (MHPSS) Technical Working Group (MHPSS TWG)

IOM through the MHPSS Working Group, held a training on MHPSS emergency preparedness and response for camp focal points from January 27-28, 2025. The workshop equipped them with the necessary knowledge, skills, and tools for effective MHPSS interventions before, during, and after emergencies. It brought together 23 participants from 12 agencies, including IOM, SCI, IRC, BDRCS, RTMI, BRAC, Caritas Bangladesh, Friendship, SHED, CDD, and TRC. The MHPSS WG also provided technical input at the Nutritional Causal Analysis Technic Workshop held by UNICEF on January 28, 2025.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

During the reporting period, the lead of the SRH TWG UNFPA supported Cox's Bazar Sadar Hospital with essential supplies, including 2000 Inj, Magnesium Sulphate, 2000 Infusion Hartmann's Solution, and 2000 saline sets. These contributions aimed to ensure the continuous delivery of sexual and reproductive health services for both host communities and Rohingya refugees referred to the hospital for the critical management of complicated pregnancies, emergency obstetric care, and newborn care.

Mobile Medical Team Technical Working Group (MMT TWG)

The Mobile Medical Team (MMT) Technical Working Group conducted a comprehensive review of recent fire incidents, and response measures, and identified gaps to strengthen emergency preparedness. Given the high staff turnover, prioritization of training on the Incident Command System was emphasized. The provision of ambulance support for midwives during emergencies was deliberated, with a focus on feasibility and coordination. Regular medicine inventory checks and timely replenishment were underscored. Partners

were encouraged to conduct emergency drills with technical support from MMT TWG and IOM. A surprise staff readiness assessment was scheduled. The Mass Casualty Incident (MCI) system guidelines will be finalized within a month, followed by structured training and implementation.

3. Health Sector Partners Update

BRAC

As part of the Antimicrobial Resistance (AMR) surveillance, an AMR sentinel site was established at BRAC PHC of Camp 13 in collaboration with the Health Sector, Cox's Bazar. The site started sample collection on 28th January 2025 and will continue collecting samples from patients with urinary tract infections (UTI), acute watery diarrhea (AWD), septicemia, and others. This initiative will contribute to identifying the prevalence and patterns of AMR, supporting the effective use of antibiotics, and increasing community awareness among the Rohingya population.

International Organization for Migration (IOM)

Support to OCV campaign: IOM supported the Oral Cholera Vaccine (OCV) campaign in the Rohingya refugee camps through the deployment of 192 community health workers in 10 camps. On 12-16 January, with the support of IOM CHWs 170,775 individuals received OCV reaching 106.27% of their target. CHWs also played a key role in risk communication and community engagement, especially in disseminating 3,889 IEC materials, like banners, festoons, FAQ sheets, and leaflets. IOM supported miking in 5 camps as a mode of awareness raising among the community for vaccination. *Fire response:* IOM Mobile Medical Team responded to a fire incident at Camp 26 screening 107 individuals and treating 47 casualties including burns, injuries, cuts, and other medical conditions.

Bangladesh Red Crescent Society

Since March 2022, the Bangladesh Red Crescent Society (BDRCS), with support from the Swiss Red Cross (SRC) and IFRC, has been implementing a Primary Eye Health Services Project across seven healthcare facilities at Cox's Bazar Rohingya camps. In January 2025, the project achieved the following: 1,844 individuals screened (783 male, 1,061 female); 248 referrals for cataract surgery to Baitush Sharaf Hospital fully funded by BDRCS; and the upgrade of six facilities with advanced ophthalmic equipment, including auto refractometers, tonometers, and slit lamps, significantly enhancing primary eye care capacity.



Figure 7: Slit lamp examination done by Optometrist in BDRCS Health Post Camp-12

World Health Organization (WHO)

Risk Communication and Community Engagement (RCCE): An RCCE plan was developed and implemented in coordination with RCCE Technical Committee members to increase acceptance of the Oral Cholera Vaccine and ensure its successful implementation in the Rohingya Camps and Host Communities conducted from 12 to 16 January 2025. This included revision and contextualization of the existing factsheet and key messages developed during the OCV campaign conducted in 2021, development of IEC materials (factsheet, PSA, banner, festoon, poster), cascaded training for community volunteers and CHWs, and extensive community engagement in collaboration with WHO IVD team, and CHWG.

Essential Lab Services: In January 2025, fourteen Diphtheria tests were analyzed, of which one tested positive. As part of the AMR surveillance, 159 AMR samples- categorized as blood, urine, and stool, were collected and analyzed from various health facilities within the camps. To support Hepatitis C surveillance, 93 post-treatment samples were analyzed. Of these, 87 tested undetectable for HCV RNA at SVR 12, indicating a sustained virologic response and successful treatment outcomes, while six samples were detectable, suggesting possible low-level viraemia or treatment failure.

Hepatitis C: As WHO is launching the Hepatitis C treatment center in IOM and IRC facility, a training session was conducted on Hepatitis C testing and treatment for healthcare workers, with a total of 17 participants representing from IOM and IRC, the session was arranged by IOM.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Training on Psychological First Aid (PFA) for the Mobile Medical Team (MMT) Members Working at Rohingya Camps of Cox's Bazar District	January 6, 2025	January 8, 2025	WHO (EPR TC)	Medical Doctors, Medical Assistants, Paramedics, Nurses, Midwife, Protection Officers, MHPSS Counsellors, etc
Health Sector Meeting	January 15, 2025	January 15, 2025	Health sector	Coordinators and managers NGOs
Oral healthcare for refugees: symposium	January 19, 2025	January 19, 2025	Refugee Crisis Foundation	Dentist
Ear and hearing care	January 19, 2025	January 20, 2025	Refugee Crisis Foundation	Doctor
Consultation Meeting for finalizing SOP and Guidelines on back referral service.	January 28, 2025	January 28, 2025	RTMI-UNFPA	SRH-WG Partners
Minimum Package of Essential Health Services (MPEHS) latest version dissemination Workshop	January 30, 2025	January 30, 2025	WHO	Organization's Focal points
Training on MLS (ToT) for SRHWG Midwives	February 11, 2025	February 12, 2025	RTMI-UNFPA	Midwives
Social Autopsy session in the camp with community stakeholders	February 12, 2025	February 12, 2025	RTMI-UNFPA	SRH-WG Partners

VCAT orientation for SRHR manager/ facility supervisor /Doctor	February 13, 2025	February 13, 2025	Ipas Bangladesh	Doctor
Capacity building of Physicians to provide LARC services	February 16, 2025	February 19, 2025	Ipas Bangladesh	Doctor
Training on OBLSS for Doctors and Midwives-SRHWG	February 18, 2025	February 19, 2025	RTMI-UNFPA	Doctors, Midwives
Health Sector Meeting	February 19, 2025	February 19, 2025	Health sector	Coordinators and managers NGOs
CMR/IPV Training for Health Service Providers	February 23, 2025	February 27, 2025	IRC	Medical Doctor
Training of Trainers (T.O.T) on Mass Casualty Incident Management	February 25, 2025	February 27, 2025	International Rescue Committee	Doctors, Nurses, Midwives, DRU focal, Clinic Leads
Expert review meeting on maternal & newborn death for Rohingya community with CSH	February 26, 2025	February 26, 2025	RTMI-UNFPA	SRH-WG Partners
Training on Psychological First Aid (PFA) for the Mobile Medical Team (MMT) Members Working at Rohingya Camps of Cox's Bazar District	January 6, 2025	January 8, 2025	WHO (EPR TC)	Medical Doctors, Medical Assistants, Paramedics, Nurses, Midwife, Protection Officers, MHPSS Counsellors, etc

[\(LINK TO TRAINING CALENDAR\)](#)

References:

1. *Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.*
2. *Joint Government of Bangladesh - UNHCR Population Factsheet as of January 2025. [UNHCR Operational Data Portal \(ODP\)](#).*
3. <https://healthcluster.who.int/publications/m/item/health-cluster-dashboard-q1-march-2023>
4. *Please visit the Health Sector Webpage available [here](#) to access the following: Health Sector HeRAMS, Health Sector 4W, Health Sector Training Planner, and Sector strategic documents.*
5. *Health Service Performance Indicators Data Source: Health Sector Monthly 4W report and, HeRAMS (Data Extracted on 17 February 2025)*

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