



**1.61 M people in need (PiN)
(ISCG JRP 2025)**



**1,143,096 Rohingya Refugees
1.18 M Health Sector Target (JRP 2025)¹**

HIGHLIGHTS

- The seasonal upsurge of Dengue cases started among the refugees and adjacent host communities in Cox's Bazar, with over 1,362 cases and 1 death reported in June 2025.
- Nine (9) new cases of COVID-19 have been reported in camps, signalling a surge in COVID-19 transmission, followed by the global upsurge reported by the WHO.
- The surge in unexplained fever cases (> 101°F/38.5°C) across the camps continued throughout this month with more than 7,643 reported cases.
- Chikungunya cases have been detected in the camps for the first time; 10 RDT-confirmed cases were reported.
- A lab-confirmed rubella outbreak was identified in Camps. 5 confirmed rubella cases were reported in June 2025.

THE HEALTH SECTOR



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



REGISTERED HEALTH FACILITIES

48 HEALTH POSTS
46 PRIMARY HEALTH CENTRES
02 FACILITIES WITH CEmONC SERVICES
385 MEDICAL DOCTOR
367 NURSES
415 MIDWIVES



HEALTH ACTION

345K OPD CONSULTATIONS
9,115 INPATIENT ADMISSIONS
2,544 FACILITY-BASED BIRTHS-Refugee & Host
97.6% % LIVE BIRTHS
2.4% % STILLBIRTHS
9 MATERNAL DEATHS
0% COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE



1.03 CRUDE DEATHS/1,000 Pop (Jan-June 25)
14 COVID-19 SENTINEL SITES
35 AWD SENTINEL SITES
112 EWARS REPORTING SITES

HEALTH FUNDING \$USD (JRP 2025)



ISCG Financial Analysis, June 2025
USD
92.3 M Requested
53.7 M Received/ Committed
38.6 M Funding gap **41.8 %**

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

General Situation

In June 2025, routine service delivery and access to essential healthcare services remained uninterrupted despite challenges posed by severe weather conditions, including heavy rainfall, landslides, and the Eid-ul-Azha holiday. Health facilities continued to operate without damage or disruption.

Health Services Delivery

In June 2025, more than 345,667 outpatient (OPD) consultations were recorded (4,225 consultations per PHC and 2,114 consultations per HP), which is lower (14%) than the number of consultations recorded last month and 16% lower (significant, $P < 0.05$) than the average consultation recorded since June 2024, which is mostly due to monsoon season and Eid-ul-Azha Holidays as observed in previous years. On the other hand, most of the affected facilities due to the US government's funding suspension resumed their services, especially the OPD

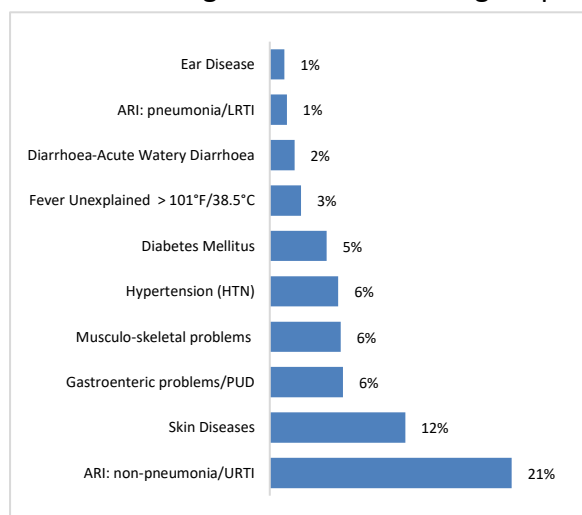


Figure 1: Top Morbidity Reported in DHIS2 (June 2025)

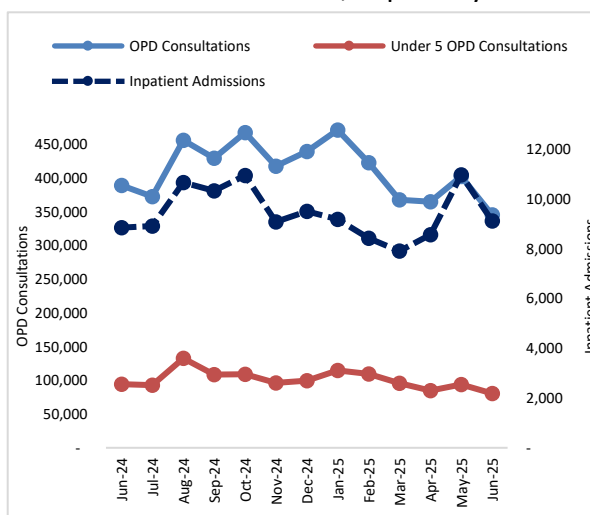


Figure 2: Trends of OPD consultations and Inpatient Admissions

department. However, the facilities that were affected overall are still reporting a lower number of consultations compared to their previous monthly average.

In June 2025, more than 9,115 inpatient admissions were recorded, which is almost equal to the last six months' average number of inpatient admissions.

According to DHIS-2 data, the morbidity distribution among refugees for June 2025 changed slightly compared to the previous six months in terms of the top 10 reasons for consultations, but is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 21% of the consultations for diseases (Fig. 1) during the reporting period, with around 59,120 consultations for non-pneumonia infections. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. Skin Diseases contributed to 12% of the consultations for diseases during the reporting period, with around 33,101 consultations.

There has been unusual surge in unexplained fever cases (> 101°F/38.5°C) in across the camps in the past few months which continued through this month ranking among top 10 morbidities with more than 7,643 reported cases. The Health Sector and WHO continues to investigate the causes. Preliminary investigations have identified some cases of Chikungunya through RDT testing during differential diagnosis, the first time this disease has been detected in the camps. Additionally, a slight surge in malaria and enteric fever cases have also been observed in camps during these investigations. Further investigations are ongoing regarding the other causes of the unexplained febrile illness.

Table 1: Selected Health System Performance Data

Indicator	June 2025	Cumulative 2025	Baseline- 2024	Progress
Total number of OPD Consultations (Host and Rohingya)	345,667	2,378,541	5,017,149	2.06 per person/year
Total number of Inpatient Admissions (Host and Rohingya)	9,115	54,159	118,192	46%
Total number of patients referred out	3,352	23,325	52,599	44%
Total number of first-time users (Host and Rohingya)	6,545	56,428	131,377	43%
Total number of ANC 1 Visit - Rohingya	5,742	40,623	86,323	47%
Total number of Live births at the facility (Host and Rohingya)	2,484	15,600	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	60	344	NA	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	1,684	8,715	69%	73%
Total number of C-sections at health facilities	243	1,375	2,950	
Total number of Post Abortion Care provided (Host and Rohingya)	301	1,591	3,402	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	6,131	40,371	NA	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,260	16,397	NA	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	372	3,958	NA	
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	2,428	17,179	NA	

Number of Health staff trained on mhGAP under the facility	46	455	NA	
Total number of Minor surgeries conducted (Host and Rohingya)	5,825	38,024	70,450	54%
Total number of Major surgeries conducted (Host and Rohingya)	477	3,222	6,019	54%
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)	3,189	21,127	48,189	44%
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	391	3,665	12,174	30%

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

There was an upsurge in the number of weekly Dengue cases observed since May 2025 continued throughout June, with more than 1,362 cases reported in June 2025, which is almost 33% higher than last month, 1 confirmed death was reported in June 2025. The increase was expected as the normal seasonal increase in the number of dengue cases was observed starting with an episodic week of rainfall in previous years, which is 1-2 weeks before the commencement of June's Monsoon rainfall that triggers the main seasonal upsurge of Dengue Fever as observed in previous years.

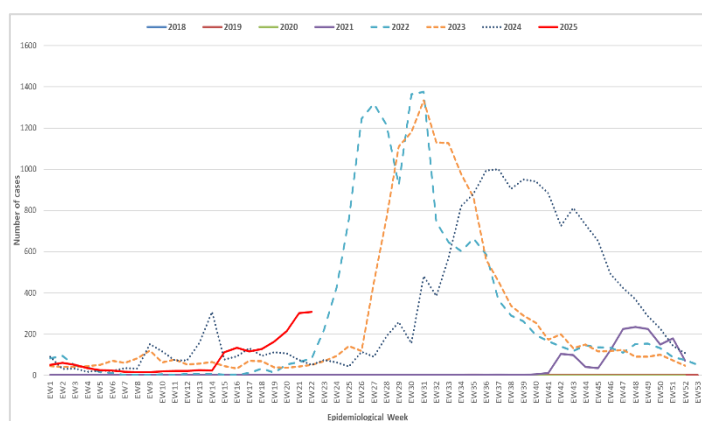


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

Followed by a round of Oral Cholera Vaccination (OCV) campaign held on 12-16 January 2025 in both the Rohingya camps and the surrounding host community, and other multisectoral interventions, the month of June 2025 also witnessed zero caseloads of culture-confirmed cholera cases and zero deaths (CFR-0%) similar to last four months ending the upsurge that started in June 2024. The Cholera transmission remained controlled, and zero caseloads were sustained.

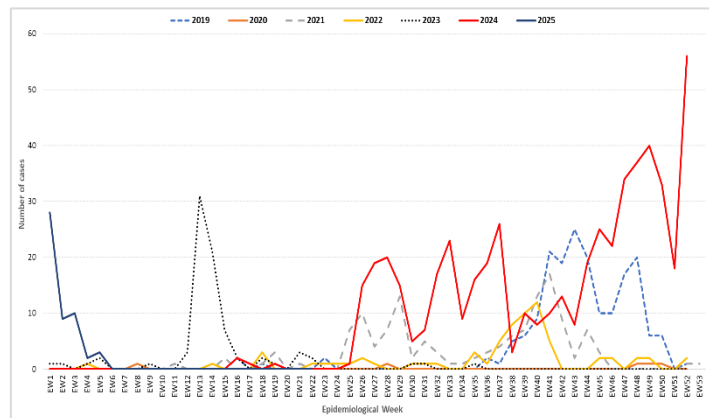


Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

Chikungunya

Chikungunya cases have been detected in the camps for the first time, with 10 RDT confirmed cases. Although the virus has been present in the country since 2017, this marks its initial emergence in these settings. Transmission is currently active, underscoring the need for strengthened vector control and public health interventions.

COVID-19

Nine (9) new cases of COVID-19 have been reported in camps, signalling a surge in COVID-19 transmission, which WHO has also reported at the global level and across some countries in the Southeast Asia region. The Health Sector and the WHO Epidemiology team continued to encourage the healthcare workers working in the Rohingya camps to maintain COVID-19 precautionary measures.

Diphtheria

One diphtheria case was reported in June 2025, followed by two cases reported in May 2025, indicating a resurgence of transmission that was previously under control.

2. Routine Immunization and AFP & VPD surveillance

In June 2025, more than 37,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 13,587 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 4,704 doses of the Measles vaccine (MR 1st and 2nd doses).

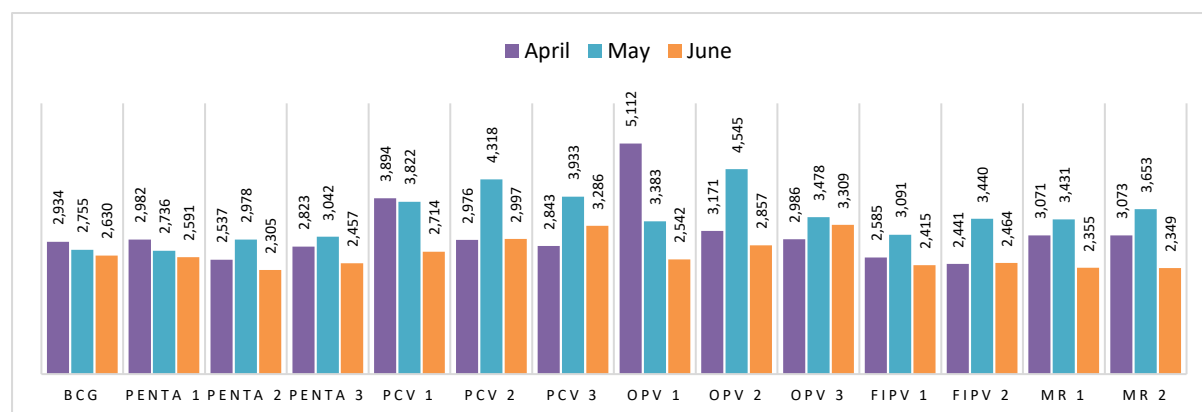


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

In June, a lab-confirmed rubella outbreak was identified in Camp 2W with two confirmed cases. Additionally, three lab-confirmed rubella cases were reported from Camps 1W, 17, and 3, along with one lab-confirmed measles case from Camp 2E. As of June 2025, a total of 9 lab-confirmed rubella cases and 2 lab-confirmed measles cases have been reported.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In June 2025, 33 camp-level health partner coordination meetings were held across all camps. These meetings focused on updates regarding available health services, epidemiological trends, and public health programs. Key discussions included strategies for community health outreach support and public health promotion efforts targeting communicable diseases like Dengue, Varicella (Chickenpox), COVID-19, and Cholera/AWD, etc. Critical updates were shared with partners, and emerging issues were addressed collaboratively.

Health Facilities Essential Package of Health Services (EPHS) Assessment and Costing Analysis

The Health Sector conducted an Essential Package of Health Services (EPHS) Assessment in the last week of June 2025. This assessment aimed to measure to which the health facilities in the camps adhere to the essential health service package. The assessment started on 23 June 2025 and finished on 30th June 2025. The assessment was conducted by WHO Health Field Monitors (24) who were supervised and supported by WHO Camp Health Focal Points/

Camp Health Diseases Surveillance Officers (6) and Emergency Surveillance and Medical Officers (E-SIMOs-3). On 19 June 2025, the Health Sector Information Management team arranged a training session for the data collectors and supervisors on the EPHS assessment tool and methodology. 37 participants joined the training.



Figure 6: A glimpse of the EPHS assessment training for data collectors

The assessment was important as the latest EPHS, based on the WHO H3 package, was launched in September 2024 and has been in place for more than six months; the implementation of EPHS required to be assessed to ensure the minimum service availability, quality, accessibility, and service utilization. As the funding situation in the humanitarian response evolved with drastic fund cuts after the US government funding suspension, and as a result, the health sector's activities got reprioritized, it is very crucial to check and assess at what level the health facilities adhere to this standard package.

More than 90 Health Facilities (Primary Health Centers (PHCs), Health Posts (HPs), and Field Hospitals) in Rohingya Camps were visited and assessed during the assessment. The results and findings of the assessment are expected to be finalized by July 2025.

Furthermore, the Health Sector conducted a costing analysis, which involves doing bilateral meetings with the JRP partners between 18 May to 5 June 2025 to identify the average budget to operate 1 PHC and 1 HP. Together with the EPHS assessment, this analysis is expected to provide evidence-based information that will help in various strategic decisions, which will improve the cost-effectiveness of the sector, especially for the primary healthcare facilities (PHCs and HPs). The preliminary result is expected to be finalized by August 2025.

Health Management Information System (HMIS) assessment

The Health Sector, with the support of the Health Management Information System (HMIS) Technical Committee, conducted an assessment on the Health Management Information System (HMIS) at the health facility level of the Rohingya Camps at Cox's Bazar. The assessment aimed to assess all existing Health Information Management tools being used in the Health Facility to evaluate the feasibility of the potential implementation and effectiveness of the E-card replacing the General Health Card and shifting to a digital system.

As part of the preparatory process, a training session on the assessment tool was held on 22 June 2025, with participation from 18 representatives of HMIS TC member organizations who were nominated to conduct the assessment. The field-level assessment was carried out from 29 June to 3 July 2025, covering the designated facilities and focusing on evaluating existing reporting practices and identifying gaps. For this assessment, data were collected from 51

Health Facilities through onsite visits and direct interview methods. The analysis and assessment findings are expected to be finished and available by August 2025.

Training on the Hepatitis C Information Management Tool (Activity Info Platform)

To prevent treatment duplication and enhance coordination among Hepatitis C treatment centers, the Hepatitis C Task Force initiated the development of a centralized information management tool. As part of this initiative, the Health Sector Information Management Team designed a reporting form within the Activity Info platform (a data collection and management software globally recognized and used for data collection and management with safety, security, and confidentiality), allowing treatment centers to access and verify Hepatitis C patients' treatment status across the treatment centers.

To facilitate effective implementation, the Health Sector conducted a training session on 25 June 2025 for the Hepatitis C treatment centers' doctors and reporting officers. The session included a comprehensive orientation on the use of the form, with step-by-step guidance and hands-on practical exercises. A total of 28 participants from various Hepatitis C treatment centers attended the training.

Following final revisions, the reporting form will be officially launched across treatment centers. User credentials will be issued to authorized staff to ensure secure access and standardized reporting.

2. Technical Working Groups (TWGs)

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

During the current reporting period, dengue fever has shown a noticeable surge across the refugee camps, with one confirmed fatality recorded. As the seasonal peak approaches, the situation demands increased vigilance. Clinical data reveal that the most severe form of dengue (Type C) remains minimal, while Type B cases make up under 20%. The hospital admission rate stands at 10%, indicating a moderate level of clinical burden.

On the other hand, Chikungunya has been detected in the camps for the first time. Although the virus has been present in the country since 2017, this marks its initial emergence in these settings. Transmission is currently active, underscoring the need for strengthened vector control and public health interventions.

An evaluation of the Early Warning, Alert and Response System (EWARS) is scheduled to take place from July 26 to 31, 2025. This will be followed by a review workshop and the implementation of updated EWARS protocols later in the month. The last evaluation of the system was conducted in 2019, making this a timely opportunity to assess progress and enhance preparedness.

Meanwhile, cholera transmission remained under control throughout the reporting period, with zero cases reported. This achievement is largely attributed to the robust surveillance systems in place and the successful Oral Cholera Vaccine (OCV) campaign, which concluded in January 2025. The campaign played a critical role in interrupting cholera transmission and preventing outbreaks in the camps.

In addition, a draft framework for integrated sentinel surveillance has been developed. This initiative targets communicable diseases with epidemic and pandemic potential, including hepatitis C, diphtheria, cholera, dengue fever, SARS-CoV-2, and influenza. The surveillance system is designed to cover both the Rohingya refugee camps and the surrounding host communities, aiming to strengthen early detection and response capabilities.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

Maternal and neonatal mortality in the Rohingya refugee response remains high due to limited clinical skills among health workers and a preference for home births with traditional attendants. To address this, UNFPA and the SRH Working Group have implemented a structured mentorship program to strengthen midwifery capacity. International mentors provide hands-on and remote training on managing obstetric emergencies such as hemorrhage and eclampsia. In June, 26 midwives and 8 doctors were trained, along with additional staff receiving Respectful Maternity Care training. This initiative enhances clinical competence, teamwork, and client trust, ensuring more women receive quality care and preventing avoidable deaths.

Emergency Preparedness and Response Technical Committee (EPR TC)

In June 2025, the Emergency Preparedness & Response Technical Committee (EPR TC), chaired by WHO, led a high-impact three-day (three batches) Fire Safety and Burn Care Workshop to address recurrent fire-related emergencies in the Rohingya refugee camps. The training, held from 24–26 June, brought together over 160 healthcare workers from 25 health organizations, including doctors, nurses, paramedics, midwives, CHWs, and GBV caseworkers. Delivered in coordination with the Fire Service and Civil Defence, the workshop featured live simulations, clinical burn triage aligned with WHO EMT standards, fire evacuation drills, and rapid coordination exercises. This initiative directly responded to critical gaps identified during previous After-Action Reviews and was strategically linked to the upcoming Monsoon Preparedness Contingency Plan and Fire Response Protocol. The workshop not only built frontline clinical and coordination capacity but also strengthened multi-agency emergency readiness for high-risk camp settings. It stands as a milestone achievement under the EPR TC's ongoing commitment to coordinated and anticipatory emergency preparedness in Cox's Bazar. The Health Emergency Operation Center (HEOC) hosted its coordination meeting to align fire risk monitoring, MMT oversight, and surveillance data integration. Supportive supervision of Mobile Medical Teams progressed, assessing response readiness and service

quality. Real-time monitoring of monsoon-related hazards continued across camps, supporting early actions. Preparations advanced for the technical assessment of Dispatch & Referral Units, targeting system-wide improvements in emergency transportation and mass casualty response effectiveness.

3. Health Sector Partners Update

Health and Education for All (HAEFA)

A hands-on Cardiopulmonary Resuscitation (CPR) training was conducted for the healthcare staff of HAEFA in Camp 1W and Camp 9. The initiative aimed to enhance the practical skills of healthcare providers in delivering immediate life-saving measures to patients experiencing cardiac arrest. The sessions focused on critical components of emergency response, including proper chest compression techniques, rescue breathing, and prompt response protocols during emergencies.

International Organization for Migration (IOM)

IOM facilities recently witnessed an upsurge of multiple vector-borne diseases such as Dengue, Malaria, and Chikungunya. In June 2025, IOM-supported health facilities tested 8,315 patients for dengue and managed 946 confirmed dengue patients, out of which 69 were moderate to severe cases receiving inpatient services. 10 RDT confirmed Chikungunya patients were diagnosed through IOM surveillance system and treated accordingly. Moreover, IOM facilities diagnosed and managed 10 RDT confirmed malaria patients. In response to surge of multiple vectors borne diseases, IOM intensified case management, surveillance, risk communication and community engagement, and emergency medical logistics capacity.

Research, Training and Management (RTM) International

The Emergency Referral Transport Services (ERTS), supported by RTMI-UNFPA is a 24/7 community-based referral intervention aimed at ensuring timely access to essential sexual and reproductive health services and emergency obstetric and neonatal care. Operating across all 33 camps and surrounding host communities, the service facilitates patient transportation from the community to Primary Health Care Centres (PHCC), Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities, and between BEmONC and Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) facilities. ERTS operates with a fleet of 10 ambulances and a dedicated team comprising one Referral Service Officer, three management assistants, and 40 trained volunteers. In June, despite the challenges posed by heavy rainfall and Cyclone Shakti, ERTS maintained uninterrupted service delivery, transporting a total of 889 patients— including 852 obstetric cases, 30 newborns, and 7 other

emergencies—demonstrating its critical role and steadfast commitment to providing high-quality, life-saving referral support.

United Nations Children's Fund (UNICEF)

In June 2025, UNICEF supported the Civil Surgeon's Office, Cox's Bazar, in organizing a contract renewal meeting for EPI vaccinators at the Office of the Refugee Relief and Repatriation Commissioner (RRRC) in Cox's Bazar. A total of 128 EPI vaccinators reaffirmed their commitment to ensuring the full immunization of Rohingya children. The event was attended by representatives from the RRRC Office, Civil Surgeon Office, Upazila Health & Family Planning Officers (UH&FPOs) of Ukhiya and Teknaf, WHO, and UNICEF.

World Health Organization (WHO)

Routine Immunization and AFP & VPD surveillance: Starting from 22 June 2025, under the leadership of the Bangladesh Government, WHO organized a five-batch refresher training for around 225 vaccinators working at outreach and fixed sites. The three-day training for each batch focused on vaccine administration, reporting, microplanning, AEFI, and VPD surveillance, including practical sessions.

Essential Lab Services: In June 2025, six diphtheria tests were performed, of which two returned positive results. Additionally, a total of 97 Antimicrobial Resistance (AMR) samples were collected and analyzed from various health facilities within the camp sites. These included 23 blood samples, 57 urine samples, and 17 stool samples. Of the total samples tested, 21 showed microbial growth, indicating positive cultures.

To support ongoing Hepatitis C surveillance, 1704 pretest samples were tested, of which 992 were Hep CRNA detectable. The percentage of detectable from the pretest is 58.22%. Additionally, 40 post-treatment samples were tested. Among them, 36 samples showed undetectable HCV RNA at SVR12, indicating a sustained virologic response and successful treatment outcomes. Four samples were found to be HCV RNA detectable, of which three were from female patients. Furthermore, a total of 217 COVID-19 tests were conducted in June 2025, with sixteen samples testing positive.

Non-communicable Diseases Services: WHO organized a 3-day-long WHO-PEN (Package of Essentials of Noncommunicable Diseases) Intervention training on 2nd-4th June 2025 for the Medical Assistants nominated by the health sector partners. A total of 38 Medical Assistants participated (Male 26, Female 12). All the participants were providing healthcare services at the camps in Ukhiya and Teknaf Upazila of Cox's Bazar. Knowledge of the participants was enhanced by 18% after the training, which was measured by pre-test and post-test.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
WHO Package of Essential NCD (PEN) Interventions	2/Jun/25	5/Jun/25	WHO	Doctors and Nurse
- Training of volunteers on prevention and response to sexual misconduct	8/Jun/25	12/Jun/25	WHO	Volunteers from different sectors
Training On Respectful Maternity Care (RMC)	10/Jun/25	10/Jun/25	RTMI-UNFPA	Midwife
Training On OBLSS	10/Jun/25	11/Jun/25	RTMI-UNFPA	Doctor, Midwife
Training ON OBLSS	23/Jun/25	24/Jun/25	RTMI-UNFPA	Doctor, Midwife
Workshop on Emergency Response - Strengthening Fire Safety and Burn Care Capacities among Healthcare Workers in Rohingya Camps, Cox's Bazar	24/Jun/25	26/Jun/25	WHO	Medical doctors, nurses, midwives, medical assistants, paramedics, protection officers, MHPSS counsellors and health facility focal points working within the Mobile Medical Teams (MMTs) in the Rohingya camps
Capacity Building Workshop on Mass Casualty Incident Management, First Aid, Triage, and Referral for Healthcare Workers in Rohingya Camps, Cox's Bazar	21/Jul/25	28/Jul/25	WHO	Medical doctors, nurses, midwives, medical assistants, paramedics, protection officers, MHPSS counsellors, traditional birth attendants (TBAs), and health facility focal points working within the Mobile Medical Teams (MMTs) in the Rohingya camps.
Mortality Surveillance Training	30/Jun/25	1/Jul/25	WHO	Doctor, Medical Assistant, SRH Manager, CHW Supervisor, HIS Officer
Mortality Surveillance Training	2/Jul/25	3/Jul/25	WHO	Doctor, Medical Assistant, SRH Manager, CHW Supervisor, HIS Officer
Review the workshop on EWARS Implementation	24/Jul/25	24/Jul/25	WHO	Health Managers, Program Manager-Health, Medical Coordinators, Health In-Charge (who involve in the decision making process).
Routine EPI training for vaccinators	22/Jun/25	24/Jun/25	WHO	Vaccinators
Routine EPI training, Batch 1	29/Jun/25	1/Jul/25	WHO	Vaccinators
Routine EPI training, Batch 2	7/Jul/25	9/Jul/25	WHO	Vaccinators
Routine EPI training, Batch 3	13/Jul/25	15/Jul/25	WHO	Vaccinators
Routine EPI training, Batch 4	20/Jul/25	22/Jul/25	WHO	Vaccinators
Consultative workshop among stakeholders for TBA integration	23/Jun/25	23/Jun/25	WHO	Program Managers and decision makers from HS partners and GOB

Capacity building of IPC/WASH focal persons on WASH, Healthcare waste management, and IPC practices in healthcare facilities.	14/Jul/25	16/Jul/25	WHO	IPC/WASH focal persons of HFIs
Mortality surveillance training	7/Jul/25	8/Jul/25	WHO	Physician, reporting officer, SRH manager, CHW supervisor
Training on dengue prevention, diagnosis, and treatment for healthcare workers from Ukhiya and Teknaf Health Complexes and different NGOs/INGOs in Cox's Bazar.	16/Jul/25	17/Jul/25	WHO	Doctor, Nurse, Medical Assistant
Training on Hepatitis C Information Management Platform (Activity Info)	25/Jun/25	25/Jun/25	WHO	Reporting personnel & doctors
Training for data collectors for the "Adherence to Essential Package of Health Services (EPHS)	19/Jun/25	19/Jun/25	WHO	CHDSO, HFMs, SIMO
Training on "Health Management Information System (HMIS) Assessment tool in Rohingya Camps at Cox's Bazar	22/Jun/25	22/Jun/25	WHO	Reporting Focal, Doctors
Training on prevention, control, and treatment of malaria from different NGOs/INGOs and government health facilities in the camps.	30/Jul/25	31/Jul/25	WHO	Physicians, Nurses, Medical Assistants
Inauguration program of Safe Blood Transfusion Practices in Camp	22/Jul/25	22/Jul/25	WHO	facility InCharge, Administrative focal person, especially doctors

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

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 June 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 July 2025)*

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