



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



**1,156,001 Rohingya Refugees
1.18 M Health Sector Target (JRP 2025)¹**

HIGHLIGHTS

- After six months with no reported cases, two culture-confirmed cholera cases were reported in the Rohingya camps in August 2025, signaling a new transmission.
- A seasonal upsurge of ARI (non-pneumonia/URTI) cases was observed since last month, recording 84,139 consultations for ARI in August 2025.
- A surge in Skin diseases was observed since last month; more than 54,329 cases were reported in August 2025.
- Dengue cases were decreased by half compared to last month, reporting 690 cases in August 2025.
- The trend of high cases of unexplained febrile illness (temperature >101°F/38.5°C) across the camps has been reduced by half compared to last month, ending the upsurge observed in the last couple of months.

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
388 MEDICAL DOCTOR
383 NURSES
427 MIDWIVES



HEALTH ACTION

446K OPD CONSULTATIONS
10,764 INPATIENT ADMISSIONS
3,031 FACILITY-BASED BIRTHS-Refugee & Host
98.2% % LIVE BIRTHS
1.8% % STILLBIRTHS
1 MATERNAL DEATHS
0% COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE



1.48 CRUDE DEATHS/1,000 Pop (Jan-Aug 25)
12 COVID-19 SENTINEL SITES
35 AWD SENTINEL SITES
100 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 August 2025, routine service delivery and access to essential healthcare services remained uninterrupted despite challenges posed by severe weather conditions, including heavy rainfall. Health facilities continued to operate without damage or disruption.

Health Services Delivery

In August 2025, more than 446,187 outpatient (OPD) consultations were recorded (5,381 consultations per PHC and 2,756 consultations per HP), which is slightly (4%) lower than the number of consultations recorded last month and 11% higher (significant, $P < 0.05$) than the average monthly consultations recorded since January 2025, except the last month. The number of inpatient admissions followed the same pattern as well. In August 2025, more than 10,764 inpatient admissions were recorded, which is 2% higher than last month and 16%

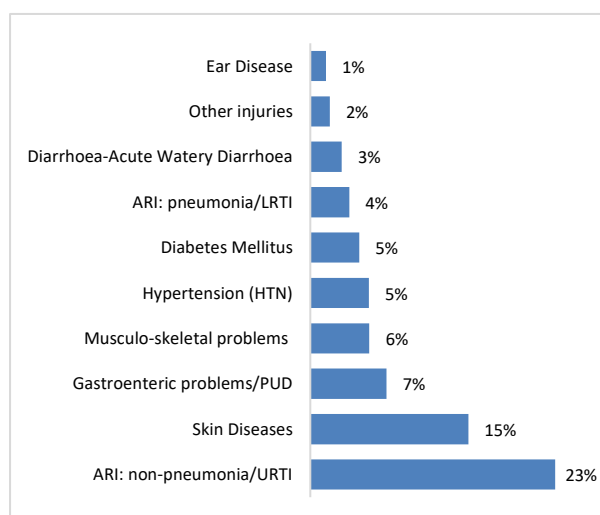


Figure 1: Top Morbidity Reported in DHIS-2 (August 2025)

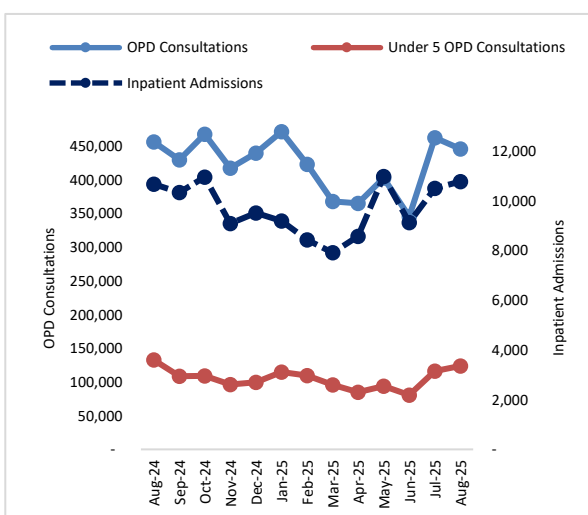


Figure 2: Trends of OPD consultations and Inpatient Admissions

higher than the average number of inpatient admissions except last month. All other health service utilization indicators showed almost the same pattern compared to last month and the last six months' average, except last month, including emergency referrals (not significant). According to DHIS-2 data, the increase in the OPD consultations is mainly contributed to by ARI and skin diseases, the same as the last month.

According to DHIS-2 data, the morbidity distribution among refugees for August 2025 changed slightly compared to the previous six months, except last month, and showed the same pattern as the last month in terms of the top 10 reasons for consultations, but still is predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 23% of the consultations for diseases (Fig. 1) during the reporting period, with around 84,139 consultations for non-pneumonia infections, which slightly (3%) lower than last month. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. This is worth mentioning that this unusual surge in ARI was also

observed last year during the same months (July-August), indicating a seasonal upsurge followed by the monsoon season. The trend in skin diseases is increasing at an alarming rate, with an upsurge observed since last month, with more than 54,329 cases reported this month, which is 3% higher than last month, but 58% higher than the first six months' average of this year, and contributed to 15% of the total consultations for diseases during the reporting period.

The trend of high cases of unexplained febrile illness (temperature >101°F/38.5°C) across the camps has been reduced by half compared to last month, ending the upsurge observed in the last couple of months, with around 3,893 cases reported, which is 40% lower than last month and no longer among the top 10 causes of morbidities.

Table 1: Selected Health System Performance Data

Indicator	July 2025	Cumulative 2025	Baseline- 2024	Progress
Total number of OPD Consultations (Host and Rohingya)	446,187	3,298,337	5,017,149	2.78 per person/ year
Total number of Inpatient Admissions (Host and Rohingya)	10,764	75,416	118,192	64%
Total number of patients referred out	4,757	32,552	52,599	62%
Total number of first-time users (Host and Rohingya)	9,512	76,016	131,377	58%
Total number of ANC 1 Visit - Rohingya	6,640	55,167	86,323	64%
Total number of Live births at the facility (Host and Rohingya)	3,031	21,475	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	55	463	NA	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	1,989	13,186	69%	79%
Total number of C-sections at health facilities	305	1,894	2,950	
Total number of Post Abortion Care provided (Host and Rohingya)	332	2,438	3,402	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	6,390	51,920	NA	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,935	21,156	NA	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	538	5,129	NA	

Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	2,747	23,206	NA	
Total number of Minor surgeries conducted (Host and Rohingya)	6,702	52,065	70,450	74%
Total number of Major surgeries conducted (Host and Rohingya)	666	4,293	6,019	71%
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)	3,789	28,590	48,189	59%
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1107	5,525	12,174	45%

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

During the reporting Month, there has been a steady decline in the number of weekly Dengue Fever cases compared to the previous months, despite the continuation of the Monsoon rainy season, with more than 690 cases reported in August 2025, which is almost half that of last month; no confirmed death was reported as well. The multi-sectoral response interventions continue to be scaled up by Health, WASH, and Camp and Site Management teams across all camps.

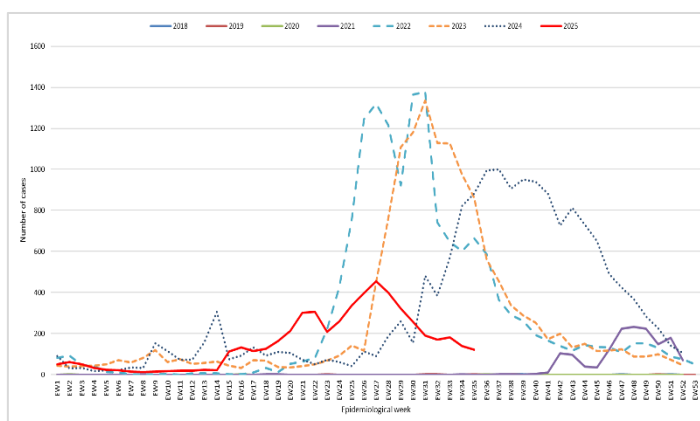


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

After the last six months having zero case 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, in the month of August 2025, 2 culture-confirmed cholera cases were reported in camps with zero deaths (CFR-0%) marking the beginning of the transmission of Cholera.

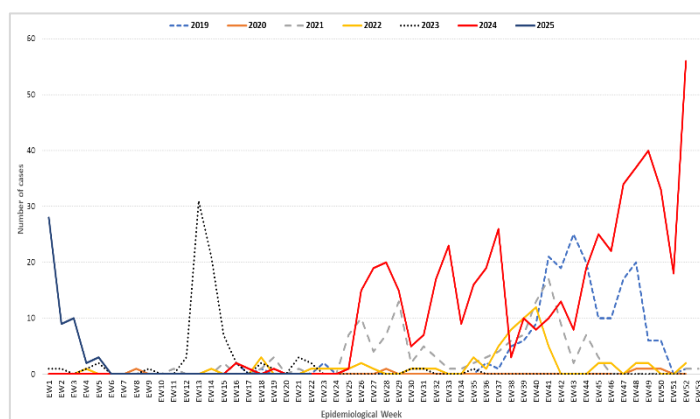


Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

COVID-19

COVID-19 transmission is also under control, with 0 cases reported in August 2025.

Diphtheria

There were no new confirmed cases of diphtheria in August 2025, bringing the disease under control.

2. Routine Immunization and AFP & VPD surveillance

In August 2025, more than 42,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 14,549 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 6,281 doses of the Measles vaccine (MR 1st and 2nd doses).

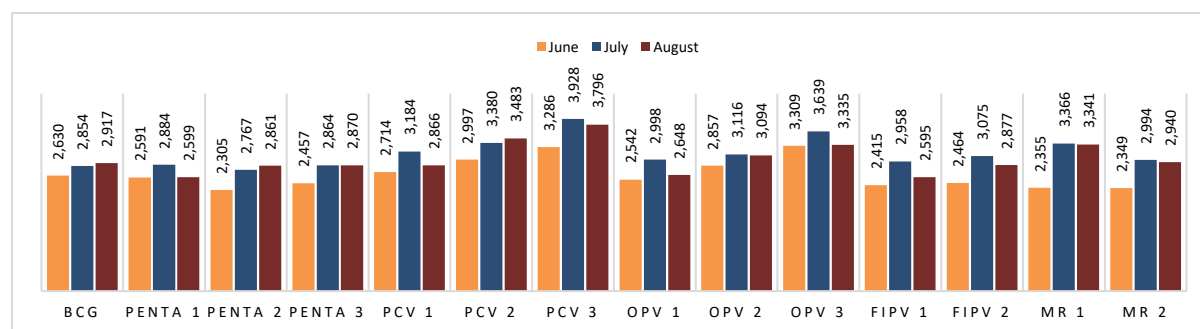


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Acute Flaccid Paralysis (AFP) surveillance: in 2025, from January to August, 8 AFP cases were reported, and all of them were classified as non-polio AFP (Ukhia-6, Teknaf-2). Annualized AFP rate is 3.11, and Non-polio AFP rate is 3.11 per 100,000 among ≤15 years children so far in 2025.

Measles Surveillance: from January to August 2025, more than 518 suspected measles cases were reported in camps, with a 1.25% test positivity rate. One lab-confirmed measles outbreak in Camp 17, two lab-confirmed rubella outbreaks in Camps 1W & 2W, and five suspected measles outbreaks were identified in Camps 2E, 3, 6, 8E, and 10.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In August 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, Chikungunya, COVID-19, and Cholera/AWD, etc. Critical updates were shared with partners, and emerging issues were addressed collaboratively.

Public Health Needs Assessment (PHNA) 2025-26 and Cholera KAP survey 2025-26

Similar to last year, The Health Sector is conducting the Public Health Needs Assessment (PHNA) 2024-25 in Rohingya Refugee Camps with the objective to identify the most pressing health concerns among Rohingya refugees, evaluate the accessibility and quality of health services in the camps, assess gaps in the provision of medicines, medical equipment, and medical services, understand community awareness of health services, as well as barriers to accessing these services and to provide actionable recommendations for improving healthcare service delivery. The findings from this year's PHNA 2025-26 will also be compared with last year's PHNA 2024-25 to measure the Health Sector progress against the indicators.

Similar to the last year, in this assessment, two different questionnaires have been tailored and used for two different target groups: affected individuals from the Rohingya community (household level survey) and health service providers in Rohingya camps (medical workers and NGOs survey).

Along with the PHNA 2025-26, the Health Sector is conducting a Cholera Knowledge, Attitude and Practice (KAP) Survey 2025-26 with an objective to assess the knowledge, attitudes, and practices (KAP) regarding cholera prevention and treatment among Rohingya refugees in identified hot spots within the camps, to determine the level of awareness about available cholera treatment facilities and prevention strategies, to identify gaps in knowledge and behavior that could lead to cholera outbreaks and provide recommendations for the implementation of future interventions. This year's KAP survey result will also be compared to last year's to measure the improvement and progress against the indicators.

The data collection for the Public Health Needs Assessment (PHNA) 2025-26 and Cholera KAP survey 2025-26 started in the last week of August 2025, followed by a training session arranged by the Health Sector for the data collectors on 18 August 2025. More than 120 CHW supervisors were trained on the PHNA and KAP survey data collection tools. The PHNA and KAP 2025-26 data collection is expected to be finished by the 1st week of September 2025. Data analysis and reports are expected to follow the same timeline as ISNA 2025.

2. Technical Working Groups (TWGs)

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

The leader of the Epi TWG, the WHO Epidemiology and surveillance team coordinated and facilitated an Early Warning, Alert and Response System (EWARS) training workshop for approximately 120 Healthcare Workers (HCWs) from Health Sector partners as part of the gap-filling training for newly recruited staff who formed 50% of this cohort and refresher training for other HCWs. The training also provided an opportunity to review the preliminary findings of the EWARS external evaluation mission that was undertaken the previous month.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

Mother-to-Child Transmission (EMTCT) and Infection Prevention and Control (IPC) Training: From the last week of August, the SRH TWG, in collaboration with WHO and UNFPA, organized a comprehensive training on Infection Prevention and Control (IPC) and Elimination of Mother-to-Child Transmission (EMTCT) to strengthen the quality of care in the Rohingya camps. As a direct action from the SRH Joint Monitoring 2024 report, the training engaged 353 female health service providers—including 321 midwives, 9 nurses, 10 laboratory technicians, 9 paramedics, 2 SRH focal points/coordinators, and 2 medical assistants. With 321 out of approximately 426 midwives in the camps trained, the initiative successfully reached over 75% of the total midwifery workforce, ensuring broad coverage. Participants not only gained a foundational understanding of EMTCT but also practiced hands-on IPC measures, equipping them with practical skills to deliver safer services. This initiative highlights the collective commitment to empowering frontline female providers and improving maternal and child health outcomes in one of the world's most challenging humanitarian contexts.

Midwife Coordinator Training: The SRH TWG has initiated a new decentralized training program for its Midwifery Coordinators to enhance the management of obstetrical emergencies and pregnancy complications. This program aims to equip these coordinators to train other midwives and doctors within their respective organizations, thereby meeting more training needs in a shorter timeframe, on obstetrical emergencies, other pregnancy complications, leadership, and Ethics. The first two phases of this training have been completed, involving 20 participants from six partner organizations. The final training phase is scheduled for 22-23 September 2025. Following this, participants will receive on-site

mentorship and individual training with the support of International Midwife Mentors (IMM) for final certification.

Emergency Preparedness and Response Technical Committee (EPR TC)

Strengthening Ambulance Operations through DRU Supportive Supervision: The EPR Technical Committee, with WHO support, advanced the ongoing Dispatch & Referral Unit (DRU) supportive supervision initiative. In August 2025, 25 of 44 ambulances (57%) have been assessed, focusing on operational readiness, equipment adequacy, human resource capacity, and reporting compliance. Remaining assessments are scheduled for completion by the third week of September 2025, after which a consolidated report will be shared with the Health Sector and WHO Cox's Bazar.

Finalization of the Ambulance Readiness & Compliance Concept Note: The EPR Technical Committee, in close collaboration with the Mobile Medical Team Technical Working Group (MMT TWG), formally finalized the Concept Note on Strengthening Ambulance Operations. This document delineates minimum operational standards, requisite human resources and equipment packages, Infection Prevention and Control (IPC) protocols, and benchmarks for Disaster Response Unit (DRU) compliance. Furthermore, it outlines a structured and supportive supervision framework designed to ensure corrective actions and enhance surge response capacity. The note shall serve as an authoritative guiding instrument for sectoral alignment and endorsement.

3. Health Sector Partners Update

BRAC

BRAC has been providing crucial health services for malaria prevention, diagnosis, and treatment for the FDMN population in Cox's Bazar since September 2017. The preventive measures include awareness activities, community mobilization, cleaning campaigns, and distribution of Insecticide Treated Nets (ITNs). BRAC also offers malaria Rapid Diagnostic Tests (RDT) and treatment across the 33 camps and microscopic examination of blood slides at 10 peripheral labs. From January to August 2025, around 81,196 malaria tests were conducted across the camps, among which 260 were found positive. BRAC plans to continue this service of malaria prevention, identification, and treatment in the coming days.

International Organization for Migration (IOM)

IOM started the Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services at Camp 24 Primary Health Center (PHC), Teknaf. On 26 August, the CEmONC services in the newly transformed health centre were inaugurated with an opening event, attended by Xavier Devictor, Global Senior FCV Advisor of the World Bank, and Lance Bonneau, Chief of Mission of IOM Bangladesh.



Figure 6: First baby delivered by Caesarean Section at Leda CEMONC facility

The health centre is now equipped with a modern operation theatre, specialist doctors in obstetrics and anaesthesia, blood transfusion services with 24/7 power backup, and strict protocols for emergency and surgical procedures. Initially operating during daytime hours, the centre will gradually scale up to full 24/7 coverage. This milestone addresses the critical gap in emergency maternity and newborn care for both Rohingya refugees and host communities in Teknaf.

United Nations Children's Fund (UNICEF)

An advocacy meeting for the Typhoid Conjugate Vaccine (TCV) campaign in the Rohingya camps was convened on 17 August at Cox's Bazar. The session was chaired by the Civil Surgeon of Cox's Bazar, with the Divisional Director of Health, Chattogram, as the Chief Guest. The Program Manager of EPI, DGHS, Dhaka, also attended the meeting. WHO, UNICEF, and representatives from the NGO partners implementing the TCV campaign participated in the meeting.

World Health Organization (WHO)

Essential Lab Services: In August 2025, WHO, in collaboration with the SRH Technical Working Group and UNFPA, conducted a six-day training program for midwives focusing on the Elimination of Mother-to-Child Transmission (EMTCT) program for the Rohingya population and strengthening Infection Prevention and Control (IPC) practices in routine service delivery; 353 midwives were trained.

To support ongoing Hepatitis C surveillance, 2749 pretest samples were tested, of which 1523 were Hep C RNA detectable. The percentage of detectable from the pretest is 55.40%. Additionally, 117 post-treatment samples were tested. Among them, 109 samples showed undetectable HCV RNA at SVR12, indicating a sustained virologic response and successful treatment outcomes. Furthermore, a total of 61 COVID-19 tests were conducted in August 2025, with all samples testing negative. In addition, five diphtheria tests were performed.

Additionally, a total of 166 Antimicrobial Resistance (AMR) samples were collected and analyzed from various health facilities within the camp sites. These included 21 blood samples, 104 urine samples, 29 stool samples, and 12 wound swab samples. Of the total samples tested, 34 showed microbial growth, indicating positive cultures.

Non-Communicable Diseases (NCD) and Mental Health: WHO organized a 3-day-long training on the WHO package of essential noncommunicable (PEN) disease interventions for primary health care on 26-28 August 2025 for the primary healthcare physicians nominated by the health sector partners; 38 doctors who were providing healthcare services at the Rohingya camps were trained.

Post-training supportive supervision is ongoing to strengthen NCD and mental health clinical management. In the month of August 2025, six sessions of supportive supervision for the mhGAP were provided for 18 healthcare providers working in Rohingya camps. These supportive supervisions were intended to help them retain their knowledge gained in training and are expected to enable them to implement mhGAP in the PHCs.

Capacity building for the TCV campaign preparation: The Government of Bangladesh decided to introduce the Typhoid Conjugate Vaccine (TCV) for children aged 9 months to 14 years, targeting both the Rohingya population and the host community. In preparation for the campaign, WHO conducted six batches of training sessions for facility managers, AEFI focal points, nurses, and female vaccinators. A total of 270 participants were trained, covering key areas such as vaccine administration, injection safety, waste management, cold chain management, recording and reporting, and AEFI surveillance.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Training on Basic Emergency Care	4/Aug/25	7/Aug/25	ICRC	Doctor, Nurse
Training of the Mobile Medical Team on Emergency Response	29/Sep/25	6/Oct/25	WHO & IOM	MMT team members
Training on Contact Tracing for Priority Infectious Diseases	15/Sep/25	15/Sep/25	WHO	Camp Community Health Focal(CCHF), Community Health Worker Supervisor (CHWS), Reporting Officer
Training on Contact Tracing for Priority Infectious Diseases	16/Sep/25	16/Sep/25	WHO	Camp Community Health Focal(CCHF)
Training on Contact Tracing for Priority Infectious Diseases	17/Sep/25	17/Sep/25	WHO	Camp Community Health Focal(CCHF)
Training on Disease Surveillance and EWARS reporting.	18/Aug/25	19/Aug/25	WHO	Doctor, Nurse, Medical Assistant, Reporting Officer.
Training on Disease Surveillance and EWARS Reporting	20/Aug/25	21/Aug/25	WHO	Doctor, Nurse, Medical Assistant, Reporting Officer.
Training on Disease Surveillance and EWARS Reporting	24/Aug/25	25/Aug/25	WHO	Doctor, Nurse, Medical Assistant, Reporting Officer.

Orientation and Refresher training on prevention and response to sexual misconduct with third-party contract staff and camp health focal points	11/Aug/25	13/Aug/25	WHO	WHO third party staff and CHFPs
Training of Health Sector members on the prevention and response to sexual misconduct	3/Sep/25	4/Sep/25	WHO	Community Health Workers
Orientation training on Prevention and Response of Sexual Misconduct with Community Health Workers for the Rohingya Refugee Camp	1/Sep/25	24/Sep/25	WHO	Community Health Workers
AFP and VPD surveillance training	11/Aug/25	13/Aug/25	WHO	CHW supervisors, CCHF
AFP and VPD surveillance training	14/Sep/25	18/Sep/25	WHO	Doctor, Nurse, Medical assistant
WHO PEN training for Doctors	26/Aug/25	28/Aug/25	WHO	Doctors
mhGAP	1/Sep/25	3/Sep/25	WHO	Doctor, Nurse, Medical Assistant, MHPSS Counselors
mhGAP training for Healthcare providers at PHCC	22/Sep/25	24/Sep/25	WHO	Doctor, Nurse, Medical Assistant, MHPSS Counselor
Training on JART for AWD Outbreak Response	12/Aug/25	13/Aug/25	WHO	Medical Doctor, Medical Assistant, Epidemiologist, Public Health Specialist, Wash Engineer, Wash Manager, Hygiene Promotion Officer, Laboratory Expert
Training on JART for Cholera Outbreak Response	14/Aug/25	17/Aug/25	WHO	Medical doctors, epidemiologists, Public health experts, WASH engineers, Hygiene promotion officers, and Laboratory personnel
Training on JART for Cholera Outbreak Response	10/Aug/25	11/Aug/25	WHO	Medical doctor, Epidemiologist, Public health expert, WASH engineer, Hygiene promotion officer, and Laboratory personnel
Training on "Good Laboratory Practices (GLP) and Standard Operating Procedures (SOPs): Principles and Implementation" for Laboratory Personnel in Camps.	3/Aug/25	3/Aug/25	WHO	Laboratory Personnel (only)
Training of facility managers and AEFI focal for TCV campaign	4/Aug/25	7/Aug/25	WHO	Facility manager, Doctor, Nurse
Training of vaccinators for TCV campaign	17/Aug/25	19/Aug/25	WHO	vaccinator, MA, paramedic
Comprehensive EPMTCT Capacity Building: Infection Prevention and Control and RDT Utilization"	25/Aug/25	1/Sep/25	WHO	Nurses and Midwives (only)
Essential Newborn Care (ENC)-NOW ! 1 &2	4/Sep/25	10/Sep/25	MedGlobal	Doctor, Nurse, Midwife who are directly involved with maternity and the Birth Center

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

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 August 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 20 September 2025)

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