Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee – Protracted Grade 2 Emergency
Reporting period: 1 - 31 July 2025

HEALTH SECTOR COX'S BAZAR

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

1,148,529 Rohingya Refugees
1.18 M Health Sector Target (JRP 2025)[1]

HIGHLIGHTS

- A significant increase in the number of OPD consultations and other health services utilizations was observed in July 2025, recording 16% higher (significant, P<0.05) number than the average monthly consultations recorded since January 2025.
- A seasonal upsurge of ARI (non-pneumonia/URTI) cases was observed, recording 87,859 consultations for ARI in July 2025.
- The surge in unexplained fever cases (> 101°F/38.5°C) across the camps continued throughout this month with more than 6,558 reported cases.
- Four (4) new cases of COVID-19 have been reported in camps in July 2025, signalling minimal but continued COVID-19 transmission.
- World Hepatitis Day 2025 was observed with the theme "Hepatitis: Let's Break It Down".

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
387	MEDICAL DOCTOR
382	NURSES
434	MIDWIVES

HEALTH ACTION

462K	OPD CONSULTATIONS
10,493	INPATIENT ADMISSIONS
2,827	FACILITY-BASED BIRTHS-Refugee & Host
98.2%	% LIVE BIRTHS
1.8%	% STILLBIRTHS
0	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

1.46	CRUDE DEATHS/1,000 Pop (Jan-July 25)
14	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*

Situation Update

General Situation

In July 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 July 2025, more than 461,711 outpatient (OPD) consultations were recorded (5,647 consultations per PHC and 2,890 consultations per HP), which is 34% higher than the number of consultations recorded last month and 16% higher (significant, P<0.05) than the average monthly consultations recorded since January 2025. The number of inpatient admissions increased as well. In July 2025, more than 10,493 inpatient admissions were recorded, which is 15% higher than last month but slightly lower than the last six months' average number of

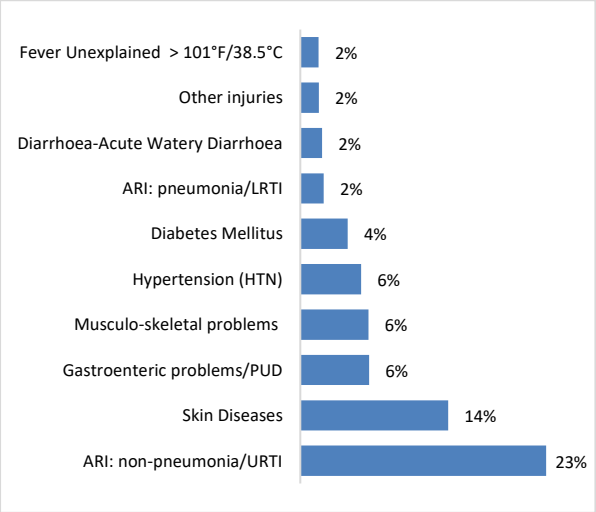

Figure 1: Top Morbidity Reported in DHIS2 (July 2025)

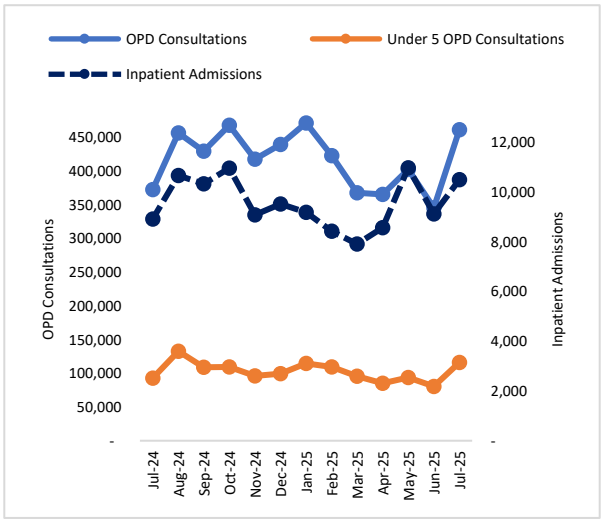

Figure 2: : Trends of OPD consultations and Inpatient Admissions

inpatient admissions. All other health service utilization indicators showed increases compared to last month and the last six months' average, including emergency referrals (not significant). According to DHIS-2 data, the increase in the OPD consultations is mainly contributed by ARI and skin diseases, though all the top 10 diseases, except unexplained fever, showed a significant increase.

According to DHIS-2 data, the morbidity distribution among refugees for July 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 23% of the consultations for diseases (Fig. 1) during the reporting period, with around 87,859 consultations for non-pneumonia infections, which is 26,570 (43%) higher 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. An upsurge in Skin Diseases was also observed, with more than 52,877 cases reported in this month, which is 53% higher than last month, and contributed to 14% of the total consultations for diseases during the reporting period.

Over the last couple of months, there has been an unusual increase in cases of unexplained febrile illness (temperature >101°F/38.5°C) across the camps, with the trend sustaining through the current month with slightly lower cases than the previous month. These cases continued to rank among the top 10 reported morbidities, with over 6,558 cases documented in July 2025. The Health Sector, in collaboration with WHO, is actively investigating the underlying causes.

Preliminary findings from differential diagnostic efforts have identified several cases of Chikungunya through rapid diagnostic testing (RDT), marking the first confirmed detection of this arboviral disease within the camps. Additionally, a modest rise in malaria and enteric fever cases has been observed during the same period. Further investigations are ongoing to determine the etiology of the remaining unexplained febrile cases, with enhanced surveillance and diagnostic efforts underway.

Table 1: Selected Health System Performance Data

Indicator	July 2025	Cumulative 2025	Baseline-2024	Progress
Total number of OPD Consultations (Host and Rohingya)	461,711	**2,840,252**	**5,017,149**	**2.39 per person/ year**
Total number of Inpatient Admissions (Host and Rohingya)	10,493	**64,652**	**118,192**	**55%**
Total number of patients referred out	4,233	**27,558**	**52,599**	**52%**
Total number of first-time users (Host and Rohingya)	9,658	**66,086**	**131,377**	**50%**
Total number of ANC 1 Visit - Rohingya	7,478	**48,101**	**86,323**	**56%**
Total number of Live births at the facility (Host and Rohingya)	2,765	**18,365**	**NA**	
Total number of Stillbirths at the facility (Host and Rohingya)	62	**406**	**NA**	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	1,806	**10,521**	**69%**	**74%**
Total number of C-sections at health facilities	214	**1,589**	**2,950**	
Total number of Post Abortion Care provided (Host and Rohingya)	451	**2,042**	**3,402**	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	5,159	**45,530**	**NA**	

Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	1,824	**18,221**	**NA**	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	621	**4,579**	**NA**	
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,166	**20,345**	**NA**	
Total number of Minor surgeries conducted (Host and Rohingya)	7,339	**45,363**	**70,450**	**64%**
Total number of Major surgeries conducted (Host and Rohingya)	405	**3,627**	**6,019**	**60%**
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)	3,632	**24,759**	**48,189**	**51%**
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	753	**4,418**	**12,174**	**36%**

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 July, with more than 1,425 cases reported in July 2025, which is slightly higher than last month. 1 confirmed death was reported in July 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.

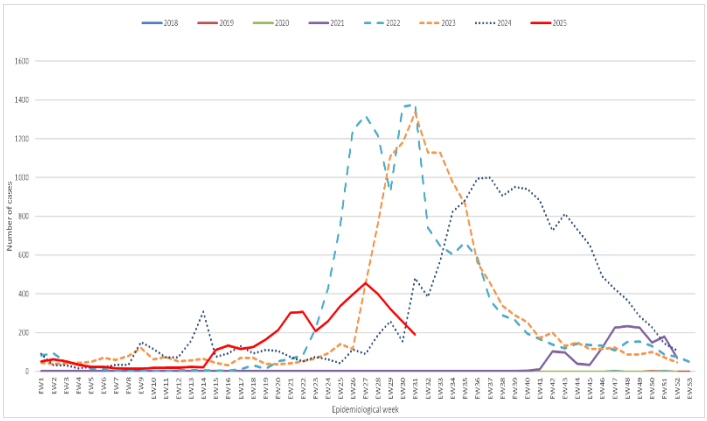

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

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 July 2025 also witnessed zero caseloads of culture-confirmed cholera cases and zero deaths (CFR-0%) similar to the last five months ending the upsurge that started in June 2024. The Cholera transmission remained controlled, and zero caseloads were sustained.

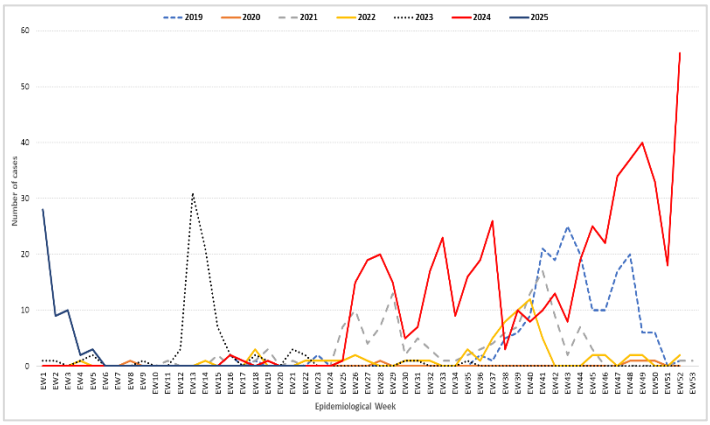

Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

COVID-19

Four (4) new cases of COVID-19 have been reported in camps in July 2025, signalling minimal but continued COVID-19 transmission observed since May 2025, 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.

Diptheria

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

2. Routine Immunization and AFP & VPD surveillance

In July 2025, more than 44,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 15,786 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 6,360 doses of the Measles vaccine (MR 1st and 2nd doses).

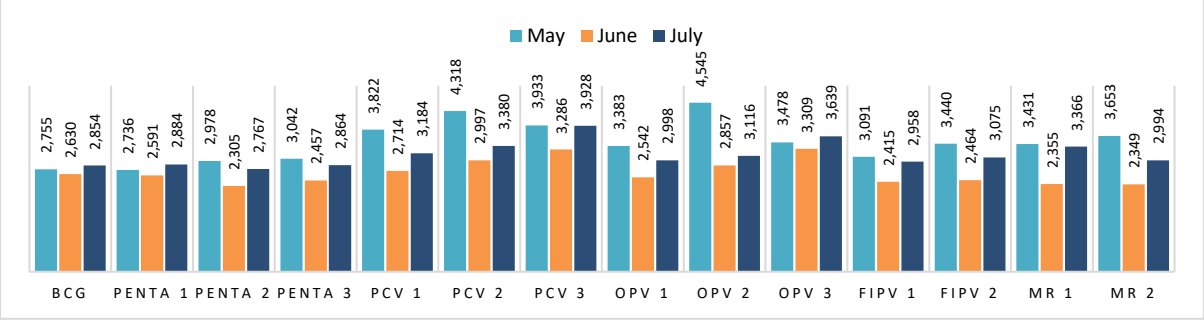

Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In July 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.

Celebration of World Hepatitis Day 2025

In observance of World Hepatitis Day 2025 on 28 July, to promote prevention and encourage testing and treatment for viral hepatitis that may lead to liver cancer, a community awareness session was arranged by the Health Sector with the support of UNHCR-led CHW TWG at GK PHCC in Camp 4 extension. The key participants were the Rohingya community and religious leaders, and the representatives from the Government of Bangladesh, WHO, UNHCR, IOM, GK, and other implementing partners under the Health Sector.

Figure 6: Technical presentation of Hepatitis C by the Health Sector Coordinator

With the theme “Hepatitis: Let’s Break It Down”, the session focused on empowering the Rohingya community and stakeholders to act, reduce stigma, and improve health outcomes by preventing viral hepatitis.

2. Technical Working Groups (TWGs)

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

An Early Warning, Alert, and Response System (EWARS) implementation review workshop was conducted by the WHO Epidemiology and surveillance team for the frontline Healthcare Workers and program implementation managers. The workshop, tailored to include plenary and group breakout sessions, documented what had worked well and challenges/gaps experienced during the six years (2020-2025) of EWARS implementation in the Rohingya Refugee Camps.

Followed by the workshop, a comprehensive external evaluation and review of the six-year period (2020-2025) of implementation of EWARS took place from July 26 to 31, 2025, in the

Rohingya Refugee camps. This was actively coordinated by the WHO Cox's Bazar Epidemiology and surveillance team in collaboration with local (District Civil Surgeon Office and RRRC) and national authorities (IEDCR and DGHS-MIS) with technical assistance from WHO HQ, SEARO, and WCO team. The last evaluation of the system was conducted in 2019, making this a timely opportunity to assess progress and enhance preparedness. Preliminary findings highlighted high usability/perceived usefulness, buy in from government and partners representatives, sustainability without incentives, and dedicated staff at clinics, indicating high service utilization. Some areas of improvement included improving feedback to clinic staff, alert response outcomes, and lab results. There was also the need to shorten case-based reporting forms to save time in documentation and reporting at facility levels.

A mortality surveillance workshop was conducted for the Healthcare Workers and SRH-program officers in the Rohingya Refugee operation in collaboration with the WHO country office. More than 116 participants were trained with skills and knowledge on the determination of causes of death through the use of included ICD-11 in this workshop.

Emergency Preparedness and Response Technical Committee (EPR TC)

The month of July 2025 represented a pivotal point in the progression of strategic reforms and the enhancement of operational efficiency concerning emergency preparedness and response in Cox's Bazar. The key achievements and ongoing initiatives are overseen by the Emergency Preparedness and Response Technical Committee (EPR TC), chaired by WHO, and supported technically by the Health Emergency Operations Center (HEOC).

In July 2025, EPR TC, MMT-TWG, and the HEOC completed the supervision mission that began in May 2025 by evaluating 26 Mobile Medical Teams (MMTs) over three months (May to July). The assessment focused on operational readiness, triage capacity, ICS knowledge, emergency logistics, coordination, and compliance with WHO EMT Minimum Standards. Key findings indicated significant deficiencies: nearly 40% of teams lacked essential personnel, including doctors, midwives, etc, while over 40% were missing critical trauma and medical kits. Refresher training coverage was below 50%, leading to an inconsistent understanding of ICS and deployment protocols. In response, the number of MMTs was reduced from 35 to 17, with all functional teams relocated to Primary Health Care facilities for better service continuity. Supplementary teams were phased out. Updated HR databases and operational plans were initiated to enhance interoperability and accountability.

Following the approval of the Health Sector Assessment Plan, field-level supportive supervision of DRUs commenced in July 2025. The initiative focuses on validating the availability and functionality of ambulances, drivers, and critical emergency equipment, mapping communication flows, ensuring interoperability with MMTs and static facilities, and establishing referral pathways. It also ensures that live tracking tools (e.g., bed boards, deployment logs) are available for real-time surge readiness. Initial findings underscore the

necessity for enhanced training of ambulance personnel, the optimization of DRU–MMT coordination, and the advancement of IPC practices within patient transport systems. Final findings are anticipated in September 2025 and will directly inform the DRU readiness framework.

In July 2025, a coordination meeting between EPR TC & MMT TWG was held as a milestone to consolidate decision-making and management within the emergency mobile response system. Key decisions included the establishment of joint supervision modalities and standardization of the MMT structure, development of a roster-based system to facilitate flexible MMT deployment, finalization of timelines for the updated MMT Operational Plan and HR Directory, Commitment to quarterly reviews, and integration of DRU supervision results. The joint meeting represented a significant paradigm shift in collaborative emergency response planning to promote coherence and equity within the humanitarian health response system.

3. Health Sector Partners Update

International Organization for Migration (IOM)

IOM migration health researchers published a qualitative research report on the rise of hepatitis A cases in Rohingya refugee camps, identifying the contributing factors and challenges. The investigation found critical gaps in community awareness, water and sanitation, and hygiene, and recommended targeted risk communication, improved WASH facilities, and strengthened community practices.

IOM researchers also published a clinical case series on electrolyte imbalance in infants with diarrhea worsened by improper dilution of oral rehydration salt (ORS). The study highlights that severe complications may arise from improper ORS dilution if caregivers are not provided with adequate guidance on ORS preparation.

In response to the heavy rainfall and landslides in the camps, the IOM mental health and psychosocial support (MHPSS) team mobilized, trained, and supervised community volunteers, including lay counselors, to deliver Psychological First Aid (PFA) and lay counseling services in the affected areas. These interventions enabled beneficiaries to gain a sense of safety, stability, and connection to essential services, contributing to their emotional recovery and resilience during the crisis.

World Health Organization (WHO)

Risk Communication and Community Engagement (RCCE): The WHO RCCE unit, in collaboration with the RCCE TWG, updated the historical key messages developed on Hepatitis C prevention, symptoms, and treatment options in the Rohingya camps.

Essential Lab Services: Safe Blood Transfusion Services for the Rohingya population were officially inaugurated on 22 July 2025. The event was attended by the Line Director of Hospital Service Management, along with high-level local government officials and key stakeholders. As planned, a total of ten dedicated Safe Blood Transfusion Service centres were launched to provide critical emergency support to the community.

In July 2025, to support ongoing Hepatitis C surveillance, 2752 pretest samples were tested, of which 1525 were Hep CRNA detectable. The percentage of detectable from the pretest is 55.41%. Additionally, 06 post-treatment samples were tested. Among them, 05 samples showed undetectable HCV RNA at SVR12, indicating a sustained virologic response and successful treatment outcomes. Furthermore, a total of 129 COVID-19 tests were conducted in June 2025, with four samples testing positive. In addition, five diphtheria tests were performed.

Additionally, a total of 192 Antimicrobial Resistance (AMR) samples were collected and analyzed from various health facilities within the camp sites. These included 32 blood samples, 142 urine samples, 16 stool samples, and 02 wound swab samples. Of the total samples tested, 56 showed microbial growth, indicating positive cultures.

Communicable Diseases Services: In July 2025, two comprehensive training programs were conducted to strengthen the capacity of healthcare workers in the Rohingya refugee camps and host communities for the prevention, control, and clinical management of dengue and malaria. The dengue training, held from 16 to 17 July, engaged 93 healthcare workers (50 males and 43 females), while the malaria management training, conducted from 30 to 31 July, trained 98 healthcare workers (57 males and 41 females). Both trainings focused on enhancing clinical competencies through interactive sessions, practical exercises, and case-based learning. The results clearly demonstrate the success of these initiatives in improving knowledge, confidence, and preparedness among frontline health workers. These efforts have made a significant contribution to building a more resilient and responsive health system in this high-risk setting.

Infection Prevention and Control (IPC) and Water, Sanitation, and Hygiene (WASH): The WHO IPC and WASH unit organized a capacity-building training program to strengthen IPC and WASH practices in health facilities across the Rohingya refugee camps. This initiative was conducted in collaboration with the Health Sector and the Civil Surgeon's office of Cox’s Bazar. The training aimed to enhance participants' understanding of IPC-WASH protocols and procedures, ultimately contributing to safer and higher-quality healthcare services in the camps. Held from July 14 to 16, 2025, the training involved a total of 103 participants across three batches, comprising 77 males and 27 females. Initially, the targeted IPC/WASH focal points from over 80% of the facilities participated in the training. The program included hands-on practical sessions on chlorination and sterilization, delivered through interactive lectures and demonstrations.

Non-Communicable Diseases (NCD) and Mental Health: WHO facilitated a 3-day mhGAP training arranged by Friendship on 27-29 July 2025; more than 20 participants were trained.

Post-training supportive supervision is ongoing to strengthen NCD and mental health clinical management. In the month of July 2025, three online supportive supervision sessions were facilitated for the healthcare staff working in Bhasanchar, and another seven onsite supportive supervision sessions were conducted. A total of 25 previously trained healthcare workers were supervised.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Mortality Surveillance Training	2/Jul/25	3/Jul/25	WHO	Doctor, Medical Assistant, SRH Manager, CHW Supervisor, HIS Officer
Routine EPI training	7/Jul/25	9/Jul/25	WHO	Vaccinators
Mortality surveillance training	7/Jul/25	8/Jul/25	WHO	Physician, reporting officer, SRH manager, CHW supervisor
Routine EPI training	13/Jul/25	15/Jul/25	WHO	Vaccinators
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 HFs
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
Routine EPI training	20/Jul/25	22/Jul/25	WHO	Vaccinators
Inauguration Program of Safe Blood Transfusion Practices in Camp	22/Jul/25	22/Jul/25	WHO	facility InCharge, Administrative focal person, especially doctors
Review workshop of EWARS Implementation	24/Jul/25	24/Jul/25	WHO	Health Managers, Program Manager-Health, Medical Coordinators, Health In-Charge (who are involved in the decision-making process).
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
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 on Basic Emergency Care	4/Aug/25	7/Aug/25	ICRC	Doctor, Nurse
Training of facility managers and AEFI focal for TCV campaign	4/Aug/25	7/Aug/25	WHO	Facility manager, Doctor, Nurse
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
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
AFP and VPD surveillance training	11/Aug/25	13/Aug/25	WHO	CHW supervisors, CCHF
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 of vaccinators for the TCV campaign	17/Aug/25	19/Aug/25	WHO	vaccinator, MA, paramedic
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.
Comprehensive EPMTCT Capacity Building: Infection Prevention and Control and RDT Utilization"	25/Aug/25	1/Sep/25	WHO	Nurses and Midwives (only)
WHO PEN training for Doctors	26/Aug/25	28/Aug/25	WHO	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 July 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 August 2025)*

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