Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee – Protracted Grade 2 Emergency
Reporting period: 1 - 30 September 2025

HEALTH SECTOR COX'S BAZAR

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

1,162,939 Rohingya Refugees
1.18 M Health Sector Target (JRP 2025)[1]

HIGHLIGHTS

- The transmission of Cholera continued with 4 culture-confirmed cases reported in Camps in September 2025 with zero deaths (CFR-0%).
- The seasonal upsurge of ARI (non-pneumonia/URTI) continued, recording 72,638 consultations for ARI in August 2025.
- The upsurge of Skin diseases continued with more than 63,514 cases reported in September 2025, 16% higher than last month.
- The Declining trends in dengue cases continued with 435 cases reported in September, which is 27% lower than last month.
- The number of inpatient admission showed a significant decrease, 40% compared to last month. This might be due to less severe cases compared to last month.

THE HEALTH SECTOR

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

REGISTERED HEALTH FACILITIES

46	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
03	FACILITIES WITH CEmONC SERVICES
368	MEDICAL DOCTOR
367	NURSES
427	MIDWIVES

HEALTH ACTION

416K	OPD CONSULTATIONS
6,411	INPATIENT ADMISSIONS
3,124	FACILITY-BASED BIRTHS-Refugee & Host
98.2%	% LIVE BIRTHS
2%	% STILLBIRTHS
1	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

1.63	CRUDE DEATHS/1,000 Pop (Jan-Sep 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*

Situation Update

General Situation

In September 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 September 2025, more than 416,187 outpatient (OPD) consultations were recorded (5,024 consultations per PHC and 2,651 consultations per HP), which is slightly (7%) lower than the number of consultations recorded last month and almost equal to the average monthly consultations recorded since January 2025, except the last two months. In September 2025, more than 6,411 inpatient admissions were recorded, which is 40% lower than last month and 32% lower than (significant, P<0.05) the monthly average

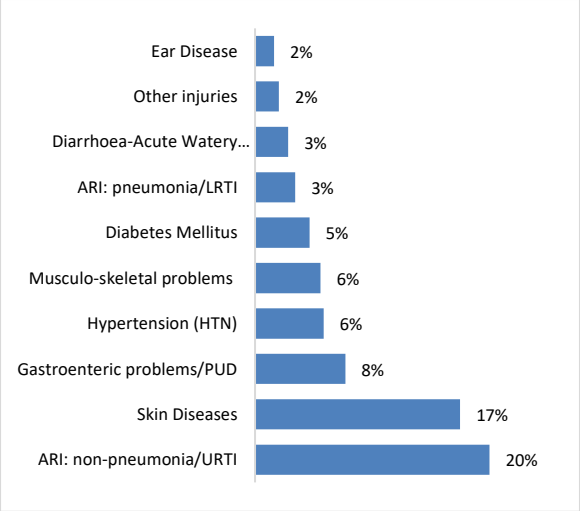

Figure 1: Top Morbidity Reported in DHIS-2 (Sep 2025)

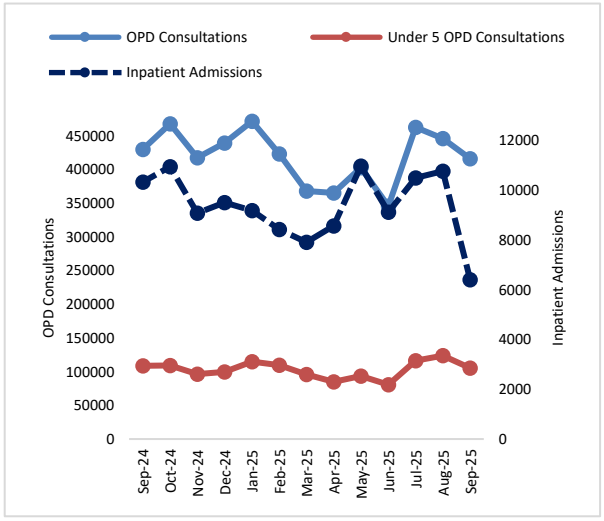

Figure 2: Trends of OPD consultations and Inpatient Admissions

this year, indicating less severity of cases in this month compared to others. All other health service utilization indicators showed a similar decreasing pattern compared to last month and the last six months' average, including emergency referrals (not significant). According to DHIS-2 data, the OPD consultations are 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 September 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 is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 20% of the consultations for diseases (Fig. 1) during the reporting period, with around 72,638 consultations for non-pneumonia infections, which was slightly (11%) lower than last month. Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. It is worth mentioning that this unusual surge in ARI was

also observed last year during the same months (July - September), 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 couple of months, with more than 63,514 cases reported this month, which is 16% higher than last month, but 47% higher than the first six months' average of this year, and contributed to more than 15% of the total consultations for diseases during the reporting period.

Table 1: Selected Health System Performance Data

Indicator	Sep 2025	Cumulative 2025	Baseline-2024	Progress
Total number of OPD Consultations (Host and Rohingya)	416,161	**3,714,498**	**5,017,149**	**3.13/per person/ year**
Total number of Inpatient Admissions (Host and Rohingya)	6,411	**81,827**	**118,192**	**69%**
Total number of patients referred out	4,014	**36,566**	**52,599**	**70%**
Total number of first-time users (Host and Rohingya)	8,354	**84,370**	**131,377**	**64%**
Total number of ANC 1 Visit - Rohingya	6,193	**61,360**	**86,323**	
Total number of Live births at the facility (Host and Rohingya)	3,063	**24,538**	**NA**	
Total number of Stillbirths at the facility (Host and Rohingya)	61	**524**	**NA**	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,135	**15,321**	**69%**	**80%**
Total number of C-sections at health facilities	332	**2,226**	**2,950**	
Total number of Post Abortion Care provided (Host and Rohingya)	236	**2,674**	**3,402**	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	7,987	**59,907**	**NA**	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	3,126	**24,282**	**NA**	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	669	**5,798**	**NA**	
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,032	**26,238**	**NA**	
Total number of Minor surgeries conducted (Host and Rohingya)	8,026	**60,091**	**70,450**	**85%**

Total number of Major surgeries conducted (Host and Rohingya)	604	**4,897**	**6,019**	**81%**
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)	3,729	**32,319**	**48,189**	**67%**
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	223	**5,748**	**12,174**	**47%**

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 435 cases reported in September 2025, which is almost 27% less than the last month; one 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.

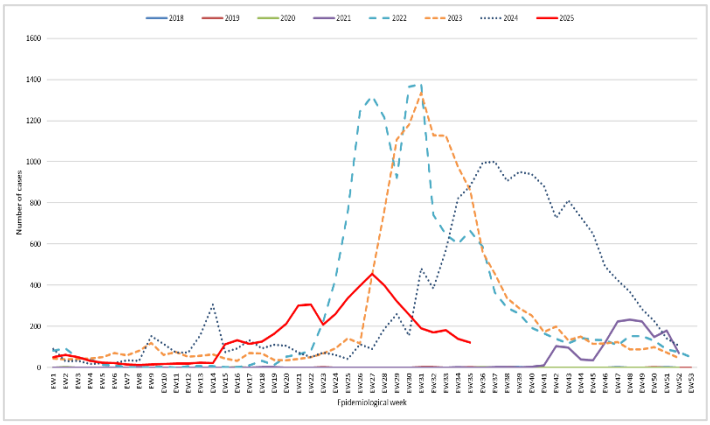

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

After the last six months having zero cases, 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, marking the beginning of the transmission of

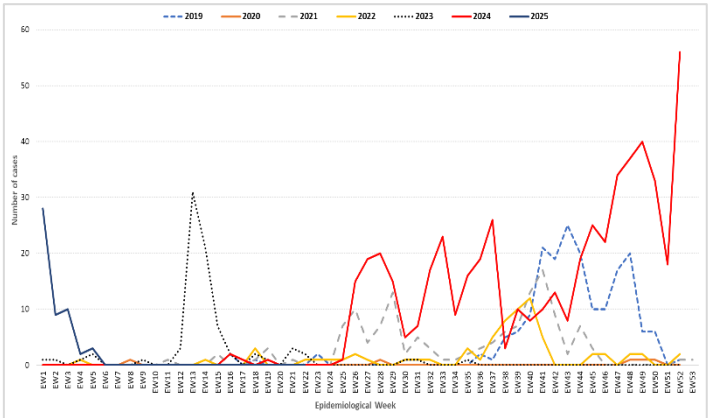

Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

Cholera. In September 2025, the transmission continued with 4 culture-confirmed cholera cases reported in Camps with zero deaths (CFR-0%). WHO deployed one central module and two drug kits for case management of cholera in isolation facilities.

COVID-19

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

Diptheria

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

2. Routine Immunization and AFP & VPD surveillance

In August 2025, more than 45,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 14,834 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 6,502 doses of the Measles vaccine (MR 1st and 2nd doses).

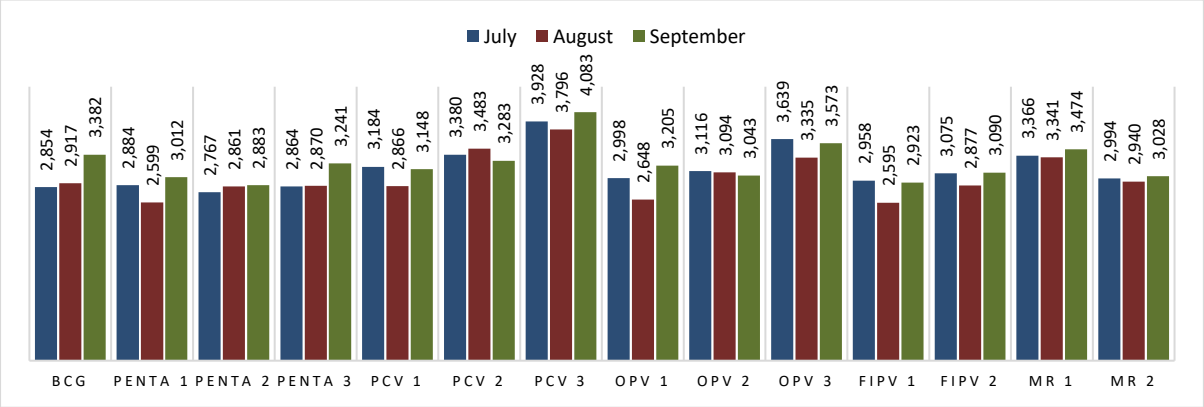

Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Acute Flaccid Paralysis (AFP) surveillance: In September, a total of 3 AFP cases were reported, and all reports are pending for final classification (Ukhia-1, Teknaf-2).
Measles Surveillance: In September, a total of 22 suspected measles cases were reported and all became lab-negative/discarded.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In September 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 update

The data collection for the Public Health Needs Assessment (PHNA) 2025-26 and Cholera KAP survey 2025-26, which started in the last week of August 2025, has been completed in the second week of September 2025 as planned. More than 2,000 Households were visited, household heads were interviewed, and data were collected; more than 300 Healthcare Workers shared their insights as well in the PHNA survey for medical workers. Data analysis and reports are expected to be finished in the second week of October 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, continued to sustain field surveillance and response activities, including EWARS Implementation and detection, verification, and response to live and death alerts. The team also finalized the draft multi-sectoral AWD/Cholera preparedness and response plan for January 2025 - December 2026.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

UNFPA-led SRHWG continued to strengthen the Maternal and Perinatal Mortality Surveillance and Response (MPMSR) systems across the Rohingya response. As per the 2024 annual MPMSR report, 17% of all deaths among women of reproductive age are obstetric in nature. The SRHWG continued to conduct several death review initiatives, such as Social Autopsy in September 2025 in the Camp 15 report, providing deeper insight into the socio-cultural factors leading to maternal and perinatal deaths, and expert case reviews, which provide deeper technical analysis and therefore address technical gaps identified in the management of maternal and perinatal deaths.

Emergency Preparedness and Response Technical Committee (EPR TC)

Strengthening Ambulance Operations through DRU Supportive Supervision: Between July and September 2025, the EPR TC, in collaboration with the Health Emergency Operation Center (HEOC) and the MMT TWG, assessed 43 emergency dispatch & referral response unit (DRU) ambulances across Ukhia and Teknaf. This assessment aligned with a WHO checklist to evaluate operational readiness, human resources, equipment, referral linkages, and coordination. The findings indicated significant risks regarding oxygen integrity, with 26% of cylinders empty and 21% leaking. Additionally, there were critical deficiencies in medical devices, as cardiac monitors, suction apparatus, and automated external defibrillators (AEDs),

which were mainly absent. Basic supplies and infection prevention measures were insufficient, with 19% of first-aid items expired, 63% lacking essential consumables, and 67% of medical kits in poor condition. Communication and accountability were inadequate, as only 19% of units had VHF radios, and referrals were documented in only 14% of cases. Significant capacity constraints were also evident, including a lack of BLS-trained drivers, limited awareness of DRU procedures, and non-functional air conditioning units. Immediate priorities include replenishing oxygen and supplies, restoring communication systems, providing DRU orientations, and repairing air conditioning units. For long-term improvement, it is essential to implement BLS certification, equip ambulances with the necessary devices, standardize medical kits, and establish a monthly reporting logbook. These efforts will be part of the biannual DRU supervision mechanism, endorsed by the Health Sector, the Civil Surgeon's Office, and the Office of the Refugee Relief and Repatriation Commissioner (RRRC).

Cyclone-Season Preparedness - EPR TC Implements Standardized MMT Logistics & Kits: The EPR TC, alongside the WHO Emergency Sub-Office in Cox's Bazar, carried out targeted pre-positioning activities with active Mobile Medical Team (MMT) partners—IOM, BRAC, IRC, Friendship, HMBD Foundation, and BDRCS—to prepare for the expected cyclone in October and November. Distributions included SHW 2025 Modules 2 and 3, throw bags, and Riester RBP-100 digital sphygmomanometers for standardized case management and vital sign monitoring. Additionally, IRC, HMBD Foundation, BDRCS, and BRAC received the IEHK 2017 Basic (Medicines) and IEHK 2024 Supplementary Unit for oral medicines to support high-caseload sites and sustain operations. Partner selection and resource allocation were based on their operational presence, surge commitments, and stock shortages, ensuring equitable coverage and interoperability within health referral pathways.

MMT Emergency Response Training: Under the Health Sector, WHO and IOM - working with the EPR TC and MMT TWG - have launched a three-batch, two-day Training of Mobile Medical Teams on Emergency Response, starting 29 September 2025, to address MMT supportive supervision identified gaps and strengthen emergency readiness. The scenario-based curriculum standardizes ICS, MCI management, triage & DRU-linked referral, as well as MHPSS/Protection mainstreaming, emergency telecommunications, and MMT kit/logistics maintenance, with pre- and post-tests and full-scale simulations to ensure measurable competency gains and interoperable practice across partners.

3. Health Sector Partners Update

International Organization for Migration (IOM)

IOM observed World Suicide Prevention Day (WSPD) 2025 on 10 September 2025 through a series of activities across the camps aimed at raising awareness, reducing stigma, and promoting mental well-being within the community. This year's theme was “Start the Conversation” and “Changing the Narrative on Suicide”; events included seminars, workshops, and community dialogues involving key stakeholders such as community leaders, humanitarian organizations, religious figures, and service providers. The sessions focused on understanding suicide, recognizing risk factors and warning signs, and encouraging early intervention and referrals to mental health services.

Figure 6: World Mental Health Day Workshop at Camp 9

World Health Organization (WHO)

Essential Lab Services: In September 2025, three diphtheria tests were performed, of which three were negative. Additionally, a total of 148 Antimicrobial Resistance (AMR) samples were collected and analyzed from various health facilities within the camp sites. These included 15 blood samples, 76 urine samples, 33 stool samples, and 10 wound swab samples. Of the total samples tested, 22 showed microbial growth, indicating positive cultures.

To support ongoing Hepatitis C surveillance, 2,306 pretest samples were tested, of which 1,358 were Hep CRNA detectable. The percentage of detectable from the pretest is 58.88%. Additionally, 74 post-treatment samples were tested. Among them, 71 samples showed undetectable HCV RNA at SVR12, indicating a sustained virologic response and successful treatment outcomes. Three samples were found to be HCV RNA detectable, of which three were from female patients. Furthermore, a total of 14 COVID-19 tests were conducted in September 2025, with all results negative.

During the September 2025 Health Sector meeting, the National AMR surveillance focal disseminated one-year AMR surveillance data, highlighting notable differences in the Rohingya population compared to the national surveillance. Culture positivity was higher (26% vs 21%), significantly driven by high rates in stool (30.6% vs 4%) and urine (25.1% vs 15%) samples, which was linked to a sudden upsurge in Cholera cases in the camps. The highest isolated pathogen was Vibrio cholerae (versus E. coli nationally), though stool samples gradually declined following vaccination campaigns in January and April 2025. Strikingly, Vibrio cholerae showed 100% susceptibility to Tetracycline (compared to 79% nationally) and

97% susceptibility to Azithromycin (compared to 99% nationally). For Staph. aureus, higher susceptibility was generally observed, with Linezolid susceptibility at 100% (vs 91% nationally) and MRSA prevalence at 39% (compared to the SDG indicator MRSA of 36% in bloodstream infections, and the national SDG indicator of 68.7%).

Non-Communicable Diseases (NCD) and Mental Health: WHO organized two 3-day-long mhGAP training on 1st-3rd September 2025 and on 22nd-24th September 2025 for the primary healthcare workers nominated by the health sector partners. Through the training, the participants got oriented on theoretical knowledge on the mhGAP IG Bangladesh Version 2021. A total of 70 healthcare workers (male 38, female 32), including doctors, psychologists, and psychosocial counsellors, participated. All the participants were providing healthcare services at the camps in Ukhia and Teknaf Upazilla of Cox's Bazar. Knowledge of the participants was enhanced by 20% after the training which was measured by pre-test and post-test.

Post-training supportive supervision is ongoing to strengthen NCD and mental health clinical management. In the month of September 2025, ten sessions of supportive supervision for the mhGAP were provided for 45 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.

On 15 September 2025, the World Health Organization (WHO) convened a symposium with the participation of MHPSS TWG members. The program consisted of two parts: a scientific presentation and an open discussion. WHO presented global and national perspectives on suicide, IOM and UNHCR highlighted ongoing initiatives for suicide prevention among the Rohingya community, and Save the Children International shared a case study on repeated suicide attempts. The open discussion allowed participants from various organizations to exchange views and propose strategies to strengthen suicide prevention efforts. Representatives from the Office of the Refugee Relief and Repatriation Commissioner (RRRC) and the Civil Surgeon's Office were also present.

Communicable Diseases Surveillance: WHO Sub-Office – Cox's Bazar hosted a WHO Joint Mission in the month of September 2025, with a technical review by WHO SEARO and the WHO country office teams. The Mission aimed to review and align technical priorities in HIV, STI, viral hepatitis, RMNCAH, and elimination of mother-to-child transmission (EMTCT) services, along with assessing service delivery, quality of care, and linkages from testing to treatment for Rohingya refugees in Cox's Bazar, Bangladesh. The Joint Mission witnessed a series of meetings with government representatives, UN agencies, partners, and other stakeholders, technical consultations, and field visits to health facilities and community services in the Rohingya Refugee Camp.

The mission outcomes included a strategic review and alignment of technical priorities across HIV, STI, viral hepatitis, RMNCAH, HBV immunization, and EMTCT. The key findings emphasized the need to strengthen service delivery and care cascades, enhance monitoring and referral systems, and consolidate inter-agency coordination. The mission also highlighted the need for continuity of key initiatives and essential health services, reinforcing a collective commitment to equitable and sustainable care for Rohingya refugees and host communities.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Training of 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 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	14/Sep/25	18/Sep/25	WHO	Doctor, Nurse, Medical assistant
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
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
ToT Training on CHNW Core Package	5/Oct/25	9/Oct/25	UNHCR	CHNW Supervisor
ToT Training on CHNW Core Package	19/Oct/25	23/Oct/25	UNHCR	CHNW supervisor
ToT Training on CHNW Core Package	26/Oct/25	30/Oct/25	UNHCR	CHNW supervisor
Public Health Needs Assessment (PHNA) 2025-26, costing analysis, and EPHS assessment findings dissemination workshop	20/Oct/25	20/Oct/25	Health Sector	Manager, coordinator, Health Lead
Training On Midwife Coordination	28/Oct/25	29/Oct/25	RTMI	Doctor, Midwife

(***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 September 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 October 2025)*

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