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

HEALTH SECTOR COX'S BAZAR

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

1,168,389 Rohingya Refugees
1.18 M Health Sector Target (JRP 2025)[1]

HIGHLIGHTS

- Skin disease cases are increasing alarmingly, with 64,989+ cases reported this month (around 18% of total consultations for diseases); Scabies contact management has been initiated, including identification, treatment, health promotion, environmental interventions, and follow-up.
- The Declining trends in dengue cases continued with 369 cases reported in Camps in October, which is 17% lower than last month.
- No Culture-confirmed Cholera cases was reported in October 2025.
- In October 2025, Health Sector convened a workshop to disseminate the findings of the Public Health Needs Assessment (PHNA) 2025-2026, JRP costing analysis, and EPHS adherence assessment, crucial for informing the Health Sector Strategy 2026 and partner JRP proposals.

THE HEALTH SECTOR

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

REGISTERED HEALTH FACILITIES

45	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
03	FACILITIES WITH CEmONC SERVICES
376	MEDICAL DOCTOR
375	NURSES
451	MIDWIVES

HEALTH ACTION

436K	OPD CONSULTATIONS
7,171	INPATIENT ADMISSIONS
3,511	FACILITY-BASED BIRTHS-Refugee & Host
98.5%	% LIVE BIRTHS
1.5%	% STILLBIRTHS
3	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

1.73	CRUDE DEATHS/1,000 Pop (Jan-Oct 25)
12	COVID-19 SENTINEL SITES
35	AWD SENTINEL SITES
98	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 October 2025, routine service delivery and access to essential healthcare services remained uninterrupted without any major incident. Health facilities continued to operate without damage or disruption.

Health Services Delivery

In October 2025, more than 435,939 outpatient (OPD) consultations were recorded (5,400 consultations per PHC and 2,926 consultations per HP), which is slightly (2%) lower than the number of consultations recorded last month and slightly above the average monthly consultations recorded since January 2025. According to DHIS-2 data, the OPD consultations are mainly contributed to by ARI and skin diseases, the same as last month.

In October 2025, more than 7,171 inpatient admissions were recorded, which is 22% lower (significant, $P<0.05$) than the monthly average number of inpatient admissions this year, indicating less severity of cases in this month compared to other months of the year. All other health service utilization indicators except Sexual and Reproductive Health (SRH) Indicators showed almost the same decreasing pattern compared to last month and the last six months' average, including emergency referrals (not significant). All the SRH indicators showed an increasing trend, including first-time users for family planning (a 10% increase compared to the previous month) and facility-based delivery (a 5% increase compared to the previous month).

According to DHIS-2 data, the morbidity distribution among refugees for October 2025 changed slightly compared to the previous months, but is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 19% of the consultations for diseases (Fig. 1) during the reporting period, with around 66,024 consultations for non-pneumonia infections, which was slightly (9%) lower than last month.

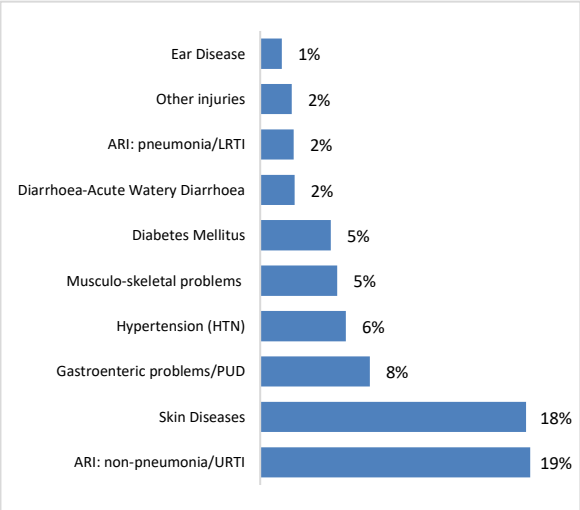

Figure 1: Top Morbidity Reported in DHIS-2 (Oct 2025)

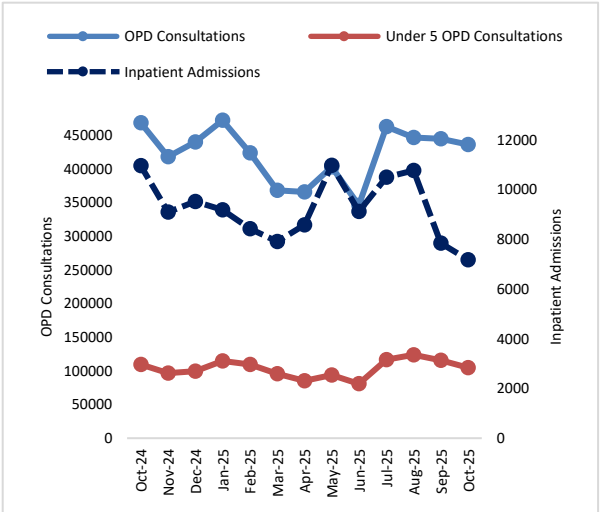

Figure 2: Trends of OPD consultations and Inpatient Admissions

Seasonal variations and shifts in weather patterns may contribute to the changes in ARI consultations. The trend in skin diseases is increasing at an alarming rate, with an upsurge observed since last couple of months, with more than 64,989 cases reported this month, which is slightly higher than last month, but 49% higher than the first six months' average of this year, highest in this year and contributed to more than 18% of the total consultations for diseases during the reporting period. The top 10 reasons for consultations remained almost the same throughout the year.

Table 1: Selected Health System Performance Data

Indicator	October 2025	Cumulative 2025	Baseline-2024	Progress
Total number of OPD Consultations (Host and Rohingya)	435,939	**4,178,474**	**5,017,149**	**3.52 per person/year**
Total number of Inpatient Admissions (Host and Rohingya)	7,171	**90,427**	**118,192**	**77%**
Total number of patients referred out	4,456	**41,529**	**52,599**	**79%**
Total number of first-time users (Host and Rohingya)	10,244	**95,507**	**131,377**	**73%**
Total number of ANC 1 Visit - Rohingya	6,852	**68,651**	**86,323**	
Total number of Live births at the facility (Host and Rohingya)	3,459	**28,226**	**NA**	
Total number of Stillbirths at the facility (Host and Rohingya)	52	**587**	**NA**	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,526	**17,859**	**69%**	**81%**
Total number of C-sections at health facilities	361	**2,587**	**2,950**	
Total number of Post Abortion Care provided (Host and Rohingya)	307	**3,047**	**3,402**	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	7,629	**67,575**	**NA**	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,313	**26,622**	**NA**	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	862	**6,681**	**NA**	

Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,012	**29,330**	**NA**	
Total number of Minor surgeries conducted (Host and Rohingya)	8,324	**68,415**	**70,450**	**97%**
Total number of Major surgeries conducted (Host and Rohingya)	431	**5,328**	**6,019**	**89%**
Total number of Post Natal Care (PNC) visits after discharge from health facility following birth/delivery or first visit after home delivery (Host and Rohingya)	4,708	**37,348**	**48,189**	**78%**
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	820	**7,165**	**12,174**	**59%**

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, with more than 490 cases (369 Rohingya, 121 Host) reported in October 2025, which is almost 17% less than the last month with zero confirmed deaths (CFR 0%).

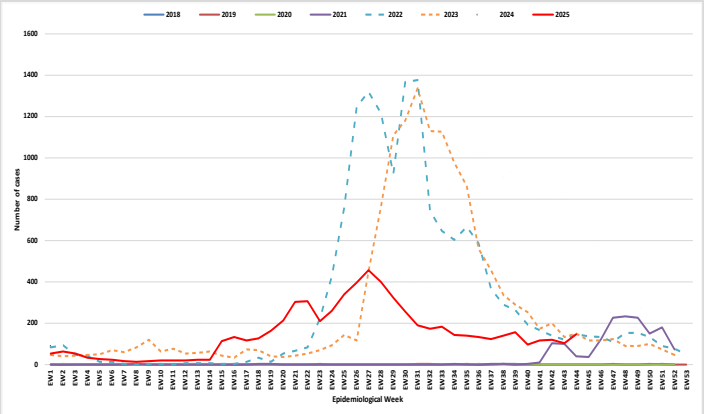

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

The multi-sectoral response interventions continue to be scaled up by Health, WASH, and Camp and Site Management teams across all camps.

AWD/Cholera

After six consecutive months with zero reported cases, an Oral Cholera Vaccination (OCV) campaign was conducted from 12-16 January 2025 in both the Rohingya camps and the surrounding host community, alongside other multisectoral interventions. In August 2025, 2 culture-confirmed cholera cases were reported in the camps, signalling the onset of renewed transmission. By Ocotber 2025, transmission was brought under control, with no-culture confirmed cholera cases reported in the camps. No cholera-related deaths were confirmed this year (CFR-0%). To support case management, WHO deployed one central module and two drug kits for case management of cholera in isolation facilities.

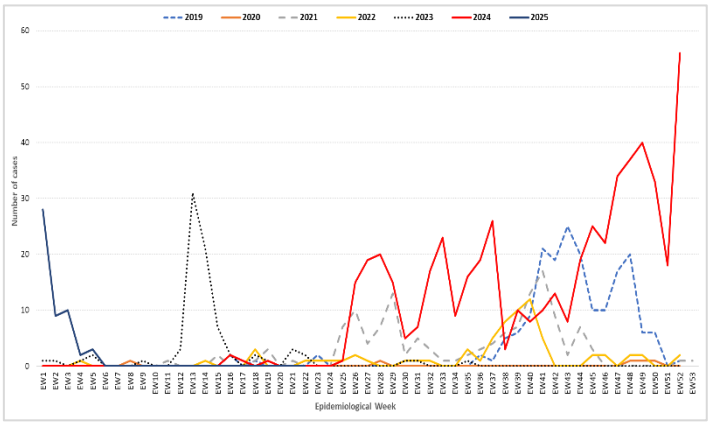

Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

COVID-19

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

Diptheria

There were no new confirmed cases of diphtheria in October 2025, bringing the disease under control. In total, 6 lab-confirmed Diptheria cases have been reported in 2025 to date.

2. Routine Immunization and AFP & VPD surveillance

In October 2025, more than 46,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 16,621 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 6,370 doses of the Measles vaccine (MR 1st and 2nd doses).

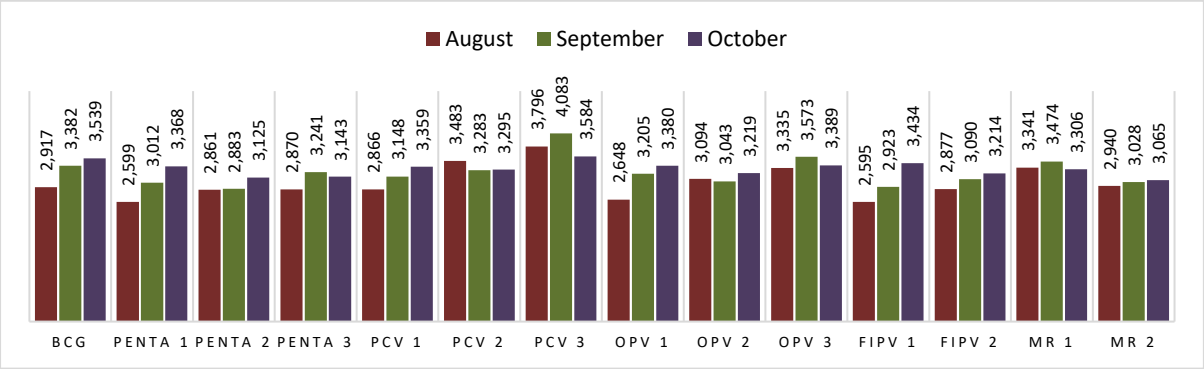

Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Acute Flaccid Paralysis (AFP) surveillance: In October, a total of 3 AFP cases were reported, with all reports pending final classification (Ukhia-2, Teknaf-1).

Measles Surveillance: In October 2025, a total of 19 suspected measles cases were reported from Ukhia and Teknaf camps. Of these, one case from Camp 09 was laboratory-confirmed as rubella, while all remaining cases tested negative for measles.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Technical and Strategic Guidance

Public Health Needs Assessment (PHNA) 2025-26, costing analysis, and EPHS assessment findings dissemination workshop

The Health Sector organized a dissemination workshop on 20 October 2025 to present the results of the Public Health Needs Assessment (PHNA) 2025-2026, the costing analysis for field-level JRP activities, and the assessment of Health Facilities' adherence to the Essential Package of Health Services (EPHS). The event brought together more than 59 participants (45 male, 14 female) from around 30 organizations. The findings of these assessments will inform Health Sector partners working in the camps about identified needs and gaps, guide the development of the Health Sector Strategy for 2026, support partners in preparing their JRP 2026 proposals, and assist Technical Working Groups (TWGs) and Technical Committees (TCs) in developing their strategic plans.

Key summary of the PHNA 2025-26 findings

The 2025 Public Health Needs Assessment (PHNA) for Cox's Bazar, which leveraged a significantly larger household survey sample (2,014 respondents compared to 670 in 2024) and almost similar medical workers and NGO staff (320 health workers and NGO staff), reveals a mixed yet concerning picture of the population's health status and access to essential services.

While Skin Diseases and Diarrhoea remain the top two most reported conditions, consistently indicating ongoing WASH-related needs, the overall disease burden shifted with a notable rise in infectious diseases: Acute Respiratory Infections (ARI) climbed from rank 5 to 3, and Dengue escalated sharply from rank 8 to 4. Furthermore, the proportion of households reporting a member with a long-term health condition surged from 19.2% to a significant 32.5%, suggesting a growing demand for chronic disease management, especially non-communicable diseases. According to field health workers and health NGOs, skin diseases, diarrhea, gastroenteritis diseases/ PUDs, as well as Hepatitis and hypertension, are the top 5 health conditions that had the highest impact on public health status among Rohingya

refugees. Although Chikungunya was added to the assessment this year only, it emerged at rank 7 among the top health conditions faced by Households.

Access to care remains geographically strong, with over 90% of households using NGO health facilities as their primary source, and most being within a 30-minute travel time. However, the quality and efficiency of care are hampered by persistent barriers, as long waiting times, lack of available services, and lack of transportation consistently ranked as the main obstacles. The availability of essential medicines is a critical concern: while household-reported difficulty in obtaining medicines declined to 14% from 22% in the last year, there was no improvement in the reported non-availability of essential medicines at health facilities, compelling beneficiaries to seek alternatives from private and informal sellers.

In terms of health awareness and education, Community Health Workers remained the dominant source of health information (96% both years). In terms of knowledge to prevent common health problems, around 34% refugees are either not sure or do not have sufficient knowledge, showing no significant improvement compared to last year.

Crucially, key Maternal and Child Health (MCH) indicators showed a significant decline. Prenatal care coverage dropped substantially by 12 percentage points to only 35.0%, and child immunization coverage worsened, with the percentage of children not fully vaccinated rising from 19.3% to 27.8%, though this is mostly due to new arrivals (43% among them). On a positive note, reports of emotional distress or trauma showed a 10 percentage-point decline to 21.6%, among households with people with disabilities, it also declined, from 47.5% to 38.1%; and the share of affected individuals receiving Mental Health and Psychological Support (MHPSS) improved from 39.3% to 48.4%.

In terms of vulnerability, no major changes were observed between 2024 and 2025. As per medical workers and NGOs, in 2025, the top 3 vulnerable groups among the refugees are children under 5, pregnant and lactating women, and reproductive age women, respectively. Compared to 2024, the two noticeable changes were observed – people with disabilities are now ranked 4 from rank 3 in terms of vulnerability, and reproductive age women jumped to rank 3 from rank 5. However, as per the medical workers, among these vulnerable groups, the top 3 groups that were identified as having the least access are Persons with Disabilities, elderly persons, and pregnant and lactating women.

Despite minimal reported gender-based barriers to care, the assessment highlighted a decline in organizational preparedness: the proportion of health workers receiving training on gender-specific health issues declined (from 34% to 28%), alongside a reduction in the perceived awareness of NGOs regarding these specific gender needs.

Overall, the 2025 assessment highlights a stable but increasingly strained health system, balancing rising infectious and chronic disease pressures with the growing needs of newly arrived and high-risk groups.

Health Facilities Adherence to Essential Package of Health Services (EPHS) assessment findings and way forward

The assessment was initiated to measure the extent to which Primary Health Centers (PHCs) and Health Posts (HPs) in the camps had begun to align their operations with the updated EPHS standards, which were contextualized for the Rohingya refugee response in 2024 based on the H3 package. The methodology involved a mixed-method approach, including direct observation and interviews with facility staff, across 91 health centers in the camps. The acceptable threshold for adherence to the EPHS was set at 80% for both facility types.

The assessment of 42 PHCs found that the average rate of adherence was 77%, which is below the 80% acceptable threshold. Overall, 40% (17 out of 42) of the PHCs scored a rate of less than 80%.

The assessment of 26 HPs revealed a lower overall adherence, with an average rate of 67%, significantly below the threshold. A vast majority - 81% (21 out of 26) - scored less than 80%.

As a way forward, the Health Sector has requested partners to strengthen their services in line with the assessment findings and ensure adherence to the EPHS. The results will be shared with partners bilaterally to support targeted improvements. The Health Sector plans to repeat the assessment in six months to evaluate progress.

Costing Analysis of the Health Sector Field Activities and Health Sector Prioritization and Rationalization Plan for JRP 2026

The health sector had no remarkable decrease or suspension in essential (P1) health services in 2025 due to funding shortages or partner rationalization. The funding gap for P1 activities was 0% as of the end of October 2025. The sector initiated a detailed costing and rationalization exercise using both top-down (based on actual budget) and bottom-up (based on technical guidelines) approaches to define standardized costs and units for each activity group. The analysis focused on field activities and did not include overhead or admin costs.

The rationalization exercise identified significant potential savings, primarily by revising staffing norms based on the Essential Package of Health Services (EPHS). The average monthly cost of one PHC was statistically reduced from $34,276 to $29,537. This rationalization results in a total annual saving of $2.2 million for the 39 JRP-recommended PHCs. PHCs are classified as P1 priority for 2026.

While no systematic features were found in HP costing, the potential annual savings are only $17,000 using the average cost. HPs are classified as P2 for 2026. Following a technical review, 14 MMTs were suspended, resulting in an annual saving of $96,075. MMTs are designated as a P3 activity for 2026.

Services like Eye, ENT, and Dental care are planned for removal from the sector's separate activities, resulting in an estimated annual saving of $232,504. These non-life-saving services have been assessed as easily integrable within PHC services.

Due to the addition of new CEmONC inpatient (IPD) beds, the number of obstetric referrals is expected to decline significantly. This is projected to result in an annual saving of $200,000 for the referral system.

The total required funding for field activities in 2026, based on the rationalized costing, is $37.68 million. The total JRP appeal for the Health Sector, including field activities, contingency, and an added cap of 30% for field operational and overhead costs, is projected not to exceed $60 million.

Key challenges identified include partner resistance to the new costs and standards, and persistent misreporting (e.g., misclassifying medicine costs under stockpiling instead of PHCs/HPs). The sector plans to address this through a workshop to disseminate activity definitions and by advocating for donors to adhere to sector recommendations and be flexible with earmarked funds. The sector also recommends reconsidering the multiple layers of grants management and merging admin/overhead costs. Furthermore, the sector is working on integration between Health & Nutrition (e.g., shifting stabilization centers back to the global mandate) and Health & WASH, aiming for further rationalization and savings.

Field Coordination

In October 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.

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 Jan 2025- Dec 2026.

Scabies contact management was initiated in all 33 camps through CHW, involving identification of close contacts, treatment, health promotion, environmental interventions, and follow-up. The Terms of Reference for the Epidemiology, Case Management, and IPC TWG are under revision to enhance integrated technical coordination. Sample collection for

SARI/ILI surveillance is scheduled to begin next week in selected health facilities. Chikungunya has been detected in the camps this year, with ongoing but very low-level transmission.

A mortality surveillance and ICD-11 training was conducted with the support of WHO, introducing the ICD-11 classification system within the current context. Implementation is scheduled to begin early next year.

Emergency Preparedness and Response Technical Committee (EPR TC)

Capacity Strengthening - MMT Training on Emergency Response: From 29 September to 8 October 2025, WHO Cox's Bazar, in collaboration with IOM and under Health Sector guidance, delivered a multi-batch training to 110 participants (56 male, 54 female) representing all 17 active MMTs from IOM, BRAC, BDRCS, Friendship, HMBDF, and IRC.

Training emphasized Incident Command System (ICS) application, mass-casualty triage, emergency first aid, trauma and burn care, referral coordination through DRU, and psychological first aid. Simulation-based drills enhanced interoperability, gender-balanced participation, and technical confidence, showing marked pre-/post-test improvement in command, triage, and referral performance.

Strengthening Ambulance Operations - DRU Partner Dissemination Workshop: On 16 October 2025, the EPR TC and MMT TWG jointly hosted the DRU Partner Dissemination Workshop at the IOM Cottage Office with participation from IOM, RTMI, BRAC, Friendship, IRC, UNFPA, UNICEF, BDRCS, and Japan Peace. Partners validated findings from the July–September DRU supervision (43 ambulances assessed) and agreed on an action plan to address oxygen-supply deficits, IPC non-compliance, and referral documentation gaps. Immediate priorities included BLS and DRU refresher training, oxygen/IPC standardization, and dispatch-logbook activation, with EPR TC and MMT TWG tasked to jointly monitor progress and report to the Health Sector Coordination Team.

3. Health Sector Partners Update

World Health Organization (WHO)

Essential Lab Services: In October 2025, seven diphtheria tests were performed, all of which were negative. Additionally, a total of 135 Antimicrobial Resistance (AMR) samples were collected and analyzed from various health facilities within the camp sites. These included 11 blood samples, 83 urine samples, 34 stool samples, and 07 wound swab samples. Of the total samples tested, 27 showed microbial growth, indicating positive cultures.

To support ongoing Hepatitis C surveillance, 881 pretest samples were tested, of which 567 were Hep C RNA detectable. The percentage of detectable from the pretest is 64.35%. Additionally, 42 post-treatment samples were tested. Among them, 40 samples showed

undetectable HCV RNA at SVR12, indicating a sustained virologic response and successful treatment outcomes. Two samples were found to be HCV RNA detectable. Furthermore, a total of 11 COVID-19 tests were conducted in October 2025, with all results negative.

In October 2025, WHO installed an incinerator in Cox's Bazar Medical College to support the waste management activity in the IEDCR field laboratory.

Non-Communicable Diseases (NCD) and Mental Health: Post-training supportive supervision is ongoing to strengthen NCD and mental health clinical management. In the month of October 2025, 15 sessions of supportive supervision for the mhGAP were provided for 70 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 30 October 2025, the World Health Organization (WHO) and Save the Children International jointly organized a day-long programme at the Office of the Refugee Relief and Repatriation Commissioner (RRRC) premises, with participation from health sector partners engaged in Mental Health and Psychosocial Support (MHPSS) services. The event comprised two components: a scientific seminar and a mental health service fair. WHO facilitated the scientific seminar, while all health sector partners working in MHPSS showcased their ongoing initiatives and interventions through exhibition stalls at the fair. Representatives from the Office of the RRRC and the Civil Surgeon's Office attended the program.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
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
ToT Training on CHNW Core Package	23/Nov/25	27/Nov/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
Midwife Coordinator Training	11/Nov/25	12/Nov/25	RTMI	Doctor, Midwife
Training On Midwife Coordination	25/Nov/25	26/Nov/25	RTMI	Doctor , Midwife
Training On Midwife Coordination	28/Oct/25	29/Oct/25	RTMI	Doctor, Midwife
Clinical Management of Rape (CMR) & Intimate Partner Violence (IPV) Training for Health Care Providers	30/Nov/25	4/Dec/25	IRC	Medical Doctors and Midwives

(***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 October 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 24 November 2025)*

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