



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



**1,177,962 Rohingya Refugees**  
**1.18 M Health Sector Target (JRP 2025)<sup>1</sup>**

### HIGHLIGHTS

- More than 5 million OPD consultations were reported throughout the year 2025; equivalent to 4.24 consultations/person/year against the target of  $\geq 2$ .
- Upsurge in Skin disease continues, with more than 55,512 cases reported this month (around 16% of total consultations for diseases).
- The Declining trends in dengue cases continued in the Rohingya community. The transmission and weekly incidence of cases in 2025 remain lower compared to 2023 and 2024.
- Multiple fire incidents were reported across the camps, including a devastating fire on December 25, 2026, that completely destroyed a Health Post in Camp 04.
- The Penta 3 Coverage for children under 1 year was recorded at 93% in the year 2025, compared to 91% in 2024.

### THE HEALTH SECTOR

	49	ACTIVE HEALTH SECTOR (HS) PARTNERS
	15	APPEALING PARTNERS – JRP 2025
<b>REGISTERED HEALTH FACILITIES</b>		
	45	HEALTH POSTS
	46	PRIMARY HEALTH CENTRES
	03	FACILITIES WITH CEmONC SERVICES
	407	MEDICAL DOCTOR
	426	NURSES
	458	MIDWIVES
<b>HEALTH ACTION</b>		
	416K	OPD CONSULTATIONS
	6,784	INPATIENT ADMISSIONS
	3,449	FACILITY-BASED BIRTHS-Refugee & Host
	98.3%	% LIVE BIRTHS
	1.7%	% STILLBIRTHS
	5	MATERNAL DEATHS
	0%	COVID-19 CASE FATALITY RATIO
<b>DISEASE SURVEILLANCE</b>		
	2.31	CRUDE DEATHS/1,000 Pop (Jan-Dec 25)
	12	COVID-19 SENTINEL SITES
	35	AWD SENTINEL SITES
	105	EWARS REPORTING SITES
<b>HEALTH FUNDING \$USD (JRP 2025)</b>		
		ISCG Financial Analysis, June 2025
	USD	
	<b>92.3 M</b>	Requested
	<b>53.7 M</b>	Received/ Committed
	<b>38.6 M</b>	Funding gap <b>41.8 %</b>

<sup>1</sup> 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 December 2025, routine service delivery and access to essential healthcare services remained widely uninterrupted. However, multiple fire incidents were reported in camps, one of them affecting one of the Health Posts in Camp 04 (OBAT Helpers HP – 040). The Health Post was completely burned down due to a devastating fire incident that occurred on 25 December 2026. However, no loss of life or injuries occurred among staff or beneficiaries.

All other remaining health facilities continued to operate without damage or disruption.

### Health Services Delivery

In December 2025, more than 416,235 outpatient (OPD) consultations were recorded (5,067 consultations per PHC and 2,584 consultations per HP), which is slightly lower than the number of consultations recorded last month and almost similar to the average monthly consultations recorded since January 2025. With this, the year 2025 was recorded with more than 5 million OPD consultations throughout the year, which is equivalent to 4.24 consultations per person per year. According to DHIS-2 data, the OPD consultations are mainly contributed to by ARI and skin diseases.

In December 2025, more than 6,784 inpatient admissions were recorded, which is 23% lower (significant,  $P < 0.05$ ) than the monthly average number of inpatient admissions this year, but similar to the last month, indicating less severity of cases in the last two months compared to other months of the year. In total, more than 104,324 inpatient admissions were recorded in 2025. All other health service utilization indicators showed almost the same decreasing pattern compared to last month and the last six months' average, including emergency referrals (not significant).

According to DHIS-2 data, the morbidity distribution among refugees for December 2025 changed slightly compared to the previous months, but is still predominantly characterized

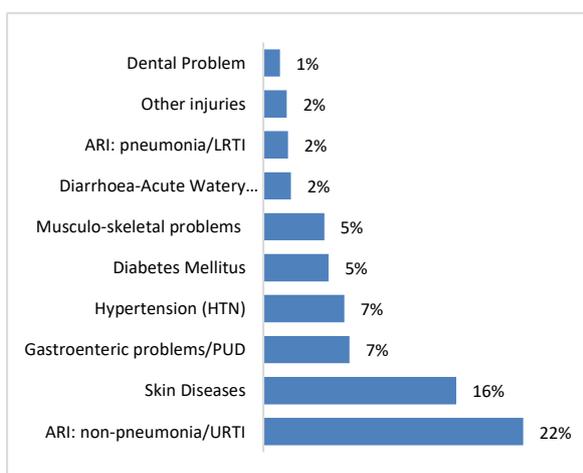


Figure 2: Top Morbidity Reported in DHIS-2 (Dec 2025)

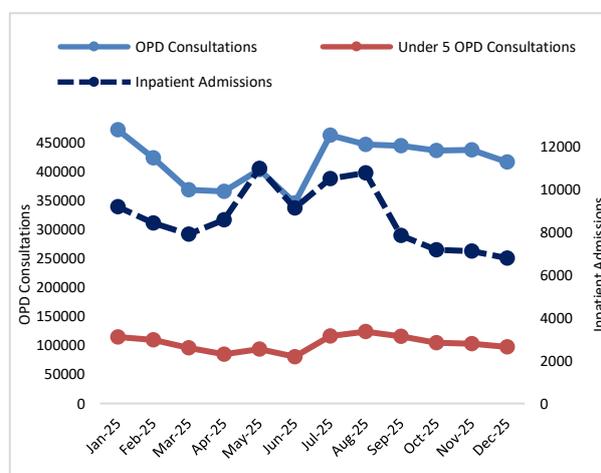


Figure 1: Trends of OPD consultations and Inpatient Admissions

by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 22% of the consultations for diseases (Fig. 1) during the reporting period, with around 74,743 consultations for non-pneumonia infections, which was almost similar to the last month. 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 five months which was continued throughout this month with more than 55,512 cases reported, slightly lower to the last month, but 35% higher than the first six months' average of this year, and contributed to around 16% of the total consultations for diseases during the reporting period. Scabies contact management was initiated in all 33 camps through community health workers (CHWs), involving identification of close contacts, treatment, health promotion, environmental interventions, and follow-up. WHO supported the provision of medication starting in October, and this support was sustained through December 2025.

The top 10 reasons for consultations remained largely unchanged throughout the year.

**Table 1: Selected Health System Performance Data**

Indicator	December 2025	Cumulative 2025	Baseline-2024	Progress
Total number of OPD Consultations (Host and Rohingya)	416,235	5,033,974	5,017,149	4.24 per person (target ≥2)
Total number of Inpatient Admissions (Host and Rohingya)	6,784	104,324	118,192	88%
Total number of patients referred out	5,231	51,322	52,599	98%
Total number of first-time users (Host and Rohingya)	8,857	113,659	131,377	87%
Total number of ANC 1 Visit - Rohingya	5,890	81,087	86,323	
Total number of Live births at the facility (Host and Rohingya)	3,390	34,847	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	59	711	NA	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,337	22,585	69%	82%
Total number of C-sections at health facilities	403	3,359	2,950	
Total number of Post Abortion Care provided (Host and Rohingya)	366	3,711	3,402	

Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	9,953	<b>86,730</b>	<b>NA</b>	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	3,951	<b>33,767</b>	<b>NA</b>	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	858	<b>8,422</b>	<b>NA</b>	
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,134	<b>35,472</b>	<b>NA</b>	
Total number of Minor surgeries conducted (Host and Rohingya)	7,387	<b>83,852</b>	<b>70,450</b>	<b>119%</b>
Total number of Major surgeries conducted (Host and Rohingya)	750	<b>6,457</b>	<b>6,019</b>	<b>107%</b>
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)	4,353	<b>46,264</b>	<b>48,189</b>	
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	769	<b>9,001</b>	<b>12,174</b>	<b>74%</b>

## 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 Dengue Fever cases observed in the Rohingya camps at Cox's Bazar compared to the previous months, with more than 277 cases reported in December 2025 (213 in Rohingya camps, 64 in adjacent host communities). However, one confirmed death was

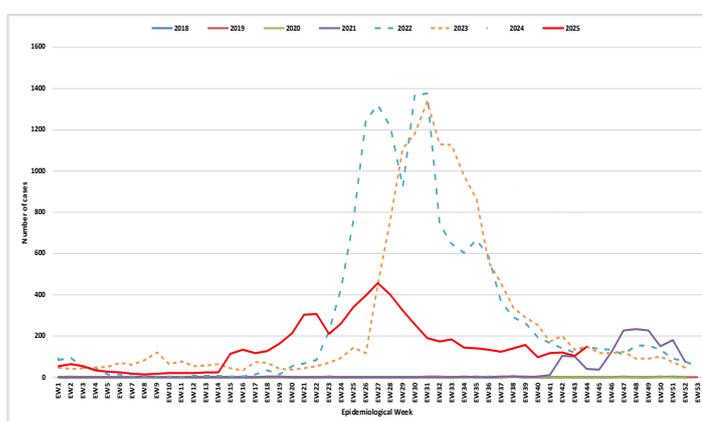


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

reported during the reporting period (CFR 0.3%). The transmission and weekly incidence of cases in 2025 remain lower compared to 2023 and 2024. In 2025, 7261 confirmed dengue cases were reported (6314 in Rohingya camps, 947 in adjacent host communities) with 10 confirmed deaths (CFR 0.1%).

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

### AWD/Cholera

Cholera remains under control, with zero cases reported in December. Since the Oral Cholera Vaccine (OCV) campaign in January 2025, a total of seven confirmed cases have been recorded in 2025. Due to the campaign, the transmission remained low. No cholera-related deaths were confirmed this year (CFR-0%).

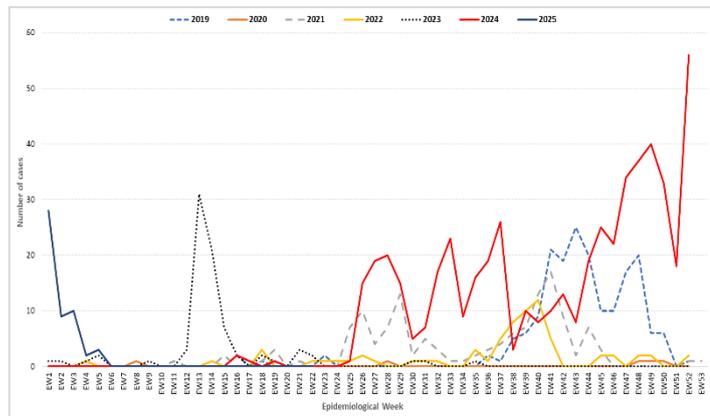


Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2025

### COVID-19

COVID-19 transmission is also under control, with 0 cases reported in December 2025. In 2025, 24 COVID-19 cases were reported (16 in Rohingya camps, 8 in adjacent host communities).

### Diphtheria

In December 2025, no new confirmed diphtheria case was reported in the Rohingya Camps at Cox’s Bazar. In total, 7 lab-confirmed Diphtheria cases have been reported in 2025 with zero confirmed deaths.

## 2. Routine Immunization and AFP & VPD surveillance

In December 2025, more than 43,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 14,639 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 5,492 doses of the Measles vaccine (MR 1st and 2nd doses). With this, the year 2025 concluded with administering more than 497,999 doses of different antigens targeting children less than 2 years old. The Penta 3 Coverage for children under 1 year was recorded at 93% in the year 2025, compared to 91% in 2024. On

the other hand, more than 100% coverage was observed for the MR 1 and MR 2 vaccines as well.

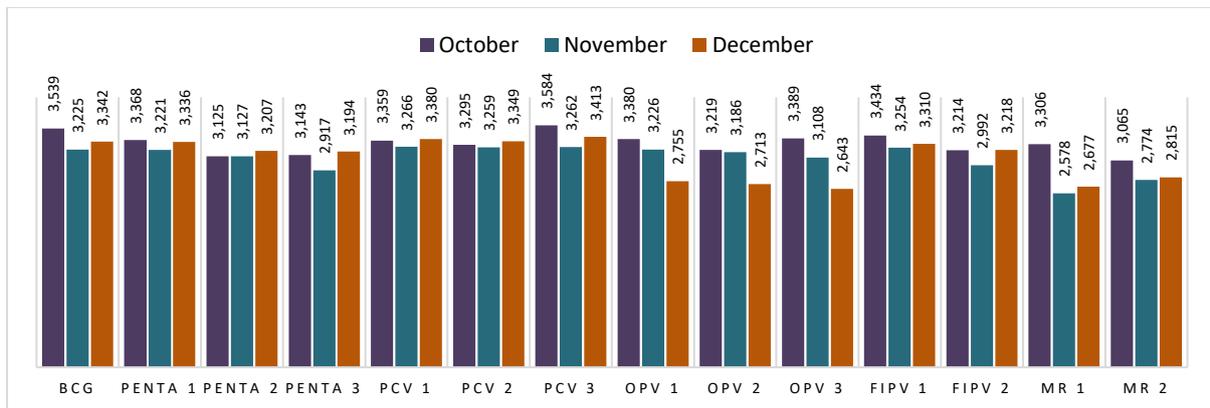


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

**Acute Flaccid Paralysis (AFP) surveillance:** In December 2025, a total of 2 AFP cases were reported; both of them are from Ukhiya, and the reports are pending for final classification.

**Measles Surveillance:** In December 2025, a total of 10 suspected measles cases were reported from Ukhiya and Teknaf camps, while all remaining cases tested negative for both measles and rubella.

## Health Sector Action

### 1. Coordination, Collaboration, and Strategic Guidance

#### Technical and Strategic Guidance

#### Field Coordination

In December 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)

#### Emergency Preparedness and Response Technical Committee (EPR TC)

In December 2025, multiple fire incidents were reported in the Rohingya Camps at Cox's Bazar. A devastating fire on December 25, 2026, completely destroyed the OBAT Helpers Health Post (HP-040) in Camp 04, though fortunately, no casualties or injuries were reported

among staff or beneficiaries. On 28 December 2025, another major fire occurred in Camp 24, damaging numerous shelters. However, no Health Facilities were damaged due to this incident. The EPR TC coordinated the immediate activation of Mobile Medical Teams (MMTs) and Disaster Risk Management Unit (DRU) and ensured PHC preparedness, triage, referral, and MHPSS support through a coordinated approach aligned with the ICS principles and Health Sector Emergency Protocol.

Another two fire incidents were reported in Camp 2W and Camp 4, respectively, which were controlled at the site level; no injuries or service disruption were recorded. Rapid assessment was conducted in coordination with EPR TC.

### 3. Health Sector Partners Update

#### UNICEF

A Dissemination Workshop on the TCV Campaign Achievements and the Introduction of HPV Vaccination into Routine Immunization, with the implementation of digital record keeping through OpenSRP, was held on 7 December 2025 in Cox’s Bazar, bringing together 70 participants from government, UN agencies, and Health Sector partners working in the FDMN/Rohingya camps.

Following the workshop, a six-batch, two-day training program on HPV vaccine introduction into Routine Immunization with OpenSRP implementation was conducted from 8–24 December 2025, reaching 264 vaccinators, supervisors, health field monitors, and partner staff involved in immunization service delivery. The training was implemented under the leadership of the Civil Surgeon, Cox’s Bazar, with technical support from UNICEF, and strong engagement of district- and national-level resource persons. The national OpenSRP server and dashboards have since been deployed by MIS, DGHS, enabling real-time individual-level immunization tracking. Expected outcomes from OpenSRP include improved denominator accuracy through continuous population updates, reduced invalid doses through built-in validation checks, enhanced vaccinator accountability, digital child-level vaccination histories with next-dose reminders, strengthened annual microplanning and campaign planning, and greater data transparency through performance dashboards. Collectively, these initiatives represent a major step toward a future-ready digital immunization system, reinforcing the commitment to ensure equitable, high-quality immunization services—one child, one record, zero missed doses—so that no child, adolescent girl, or pregnant woman in the Rohingya camps is left unvaccinated.



Figure 6: 2 days inclusive training on OpenSRP app and HPV Routine introduction

## **World Health Organization (WHO)**

*Non-Communicable Diseases (NCD) and Mental Health:* Post-training supportive supervision is ongoing to strengthen NCD and mental health clinical management. In December 2025, 15 sessions of supportive supervision for the mhGAP were provided for 47 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 the other hand, 15 monitoring visits for NCD services in the PHCs were conducted. The objective of these monitoring visits was to assess the progress and quality of NCD service integration within primary health care facilities, identify gaps, and provide technical guidance to strengthen effective and sustainable NCD care delivery. In addition to these, gap-filling in essential medicines to ensure uninterrupted availability of key NCD and mental health supplies and information materials across all healthcare facilities in the Rohingya camps was continued, supporting consistent service delivery and improved patient care.

An inception meeting on integrating noncommunicable diseases (NCDs) into emergency preparedness and response was jointly organized by the WHO country team and the WHO Cox's Bazar team on 11 December 2025. A total of 67 participants attended, including representatives from the RRRRC office, Civil Surgeon's office, DRRO, Upazila Health Complexes, UN agencies, national NGOs, and international NGOs. The meeting underscored the critical need to systematically include NCDs in emergency preparedness and response planning, both within the Rohingya humanitarian response and from a national health system perspective.

Gap filling in essential medicines and IEC material supply in all the healthcare facilities in the Rohingya camps was continued. The objective of gap filling in essential medicines and IEC material supply is to ensure uninterrupted availability of key NCD and mental health supplies and information materials across all healthcare facilities in the Rohingya camps, supporting consistent service delivery and improved patient care.

*Emergency Preparedness and Response (EPR) support:* WHO supported the OBAT Helpers Health Post in camp 4, which was damaged in the fire incident. Emergency logistics and equipment, medical commodities, and essential medicines were provided to help the facility start the routine and emergency medical services. This immediate assistance enabled the restoration of minimum lifesaving health services in the facility.

## **Upcoming Events / Training Calendar**

No training was recorded in December 2025.

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

**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 November 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 December 2025)

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