



Epidemiological Highlights

Week 19 (1-7 May) 2022



**World Health
Organization**

Highlights: COVID-19

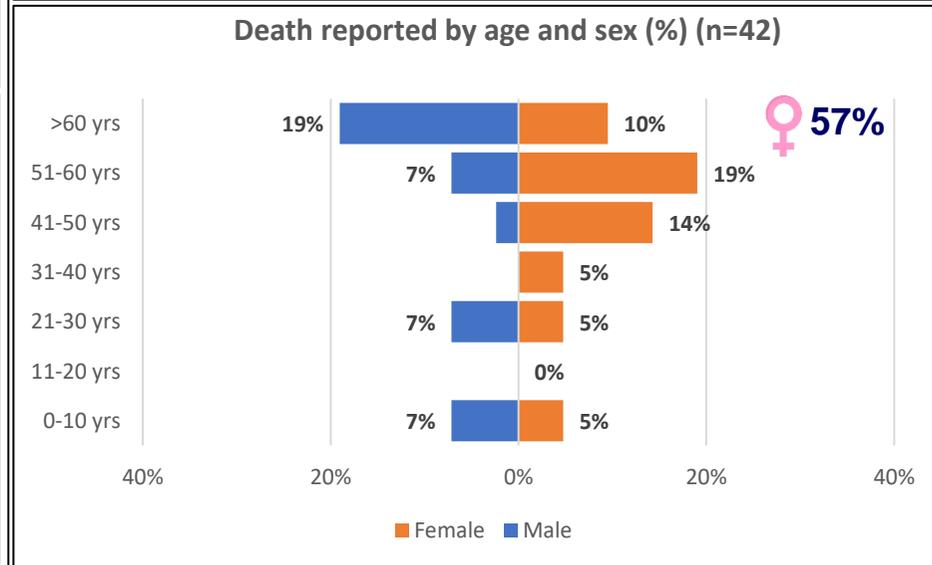
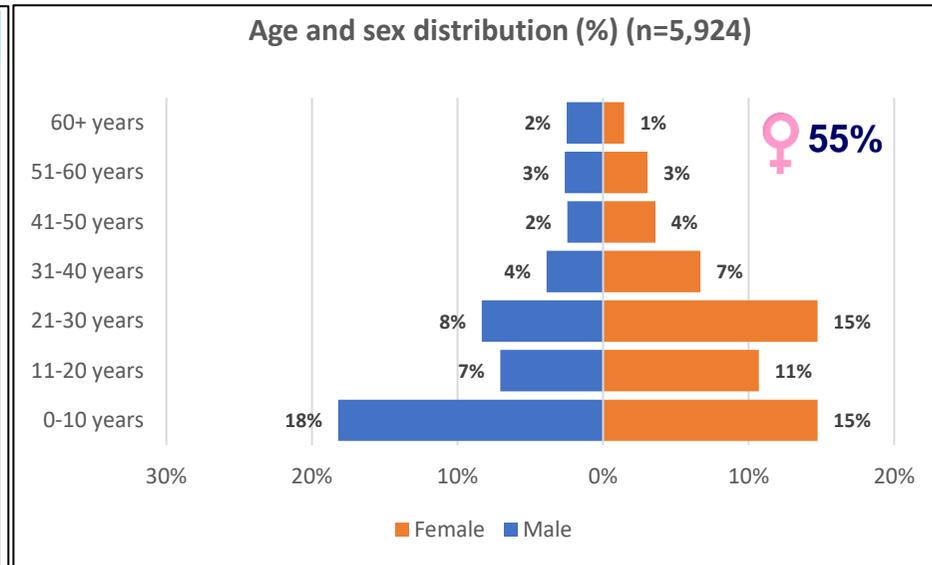
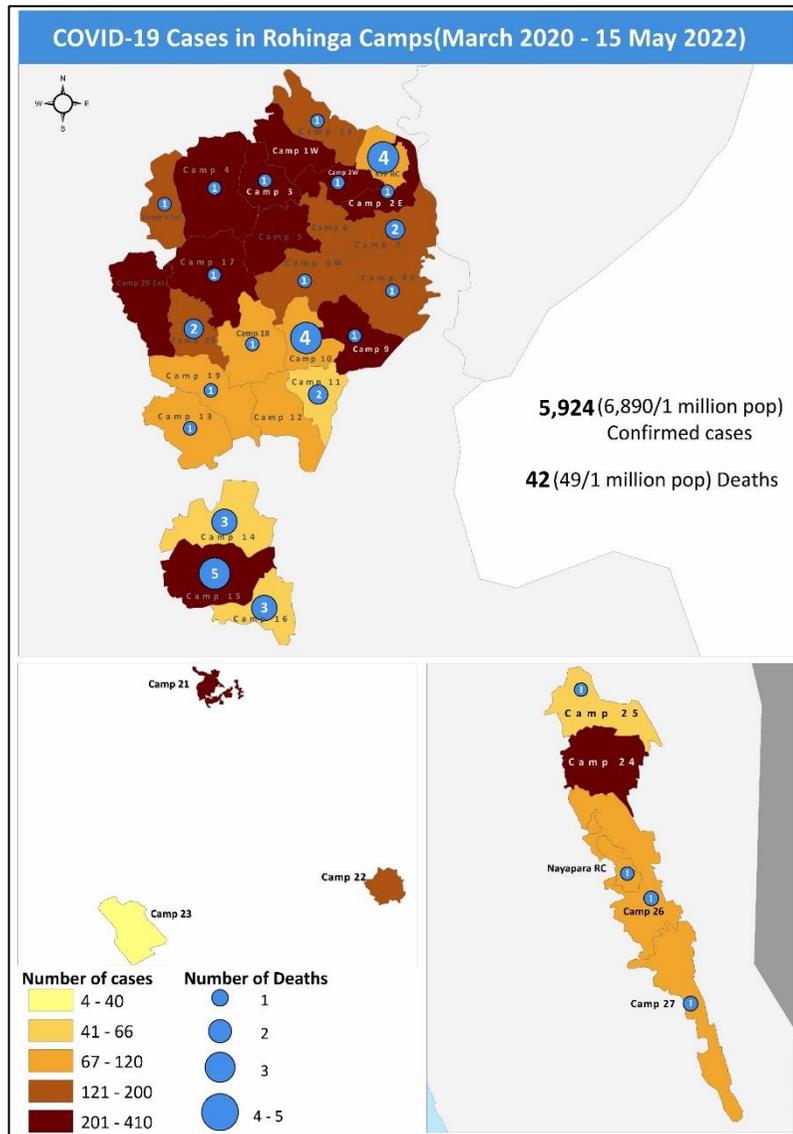
As of week 19, (9-15 May) 2022 there were **5,924 confirmed cases** of COVID-19 (SARS-CoV-2), out of **100,702 samples** that had been submitted for testing. The **total positivity rate now stands at 5.9%**

In the reporting week, again one (1) new confirmed case was detected out of 778 total samples tested. This translated to a 0.1% Test positivity Rate (TPR) which is lower in comparison with the previous week.

As of this week (week 19)

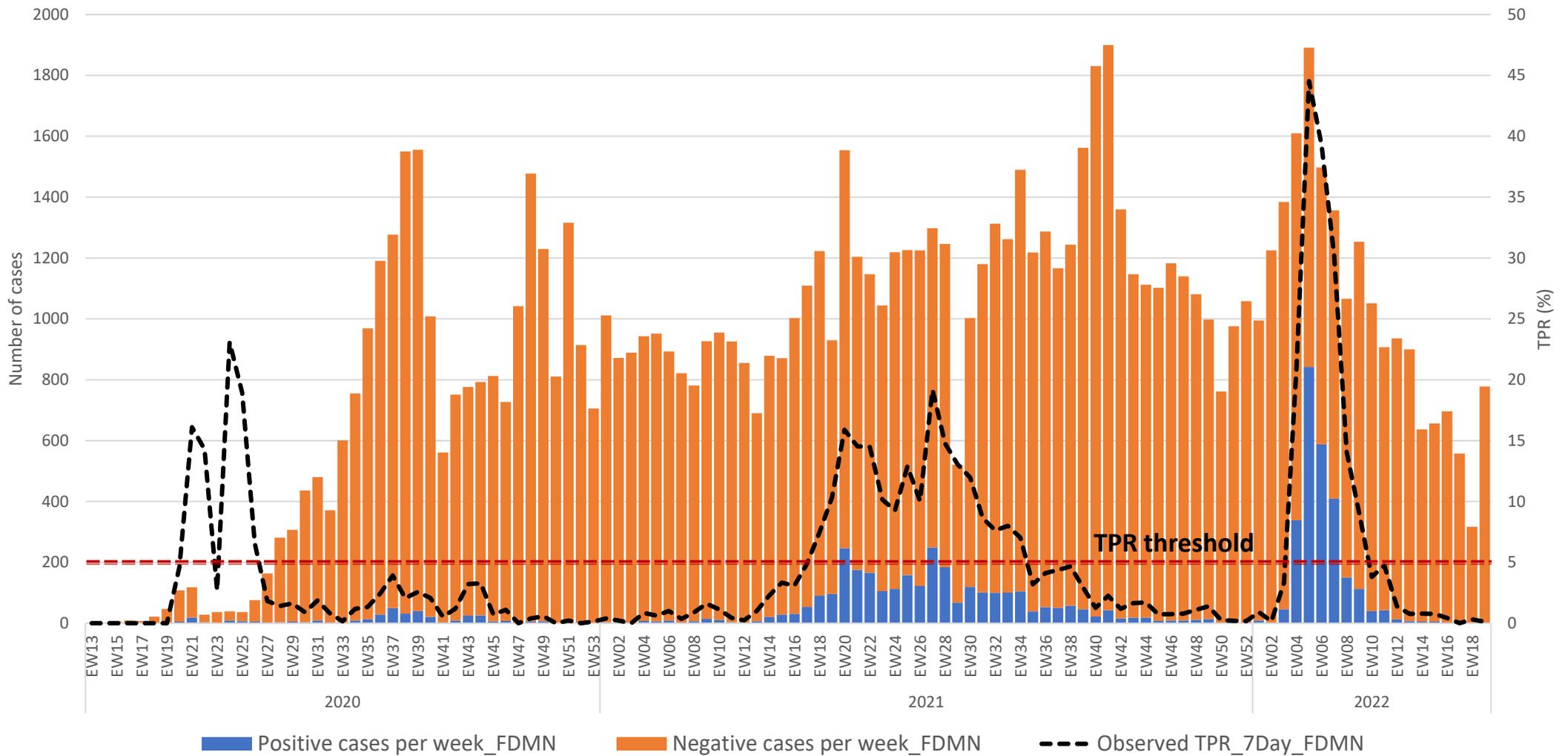
- **Median age** of tested and confirmed cases were 11 (0-120) and 20 (0-100) years respectively
- **Proportion of females** among tested and confirmed cases were 54% and 55% respectively
- **All the 34 camps**, have so far reported confirmed cases since the outbreak began, while the five camps with the highest number of reported cases were; C17-408, C24-388, C2W-368, C4-366, and C3-337
- No new death was reported in this Epi week. Total confirmed COVID-19 deaths so far reported to date stands at 42 with the average **case fatality ratio** of 0.7%
- The **weekly incidence** was 1.2 cases/1 million population in this Epi week which is the same as the previous week.

Highlights: COVID-19



Highlights: COVID-19

Weekly observed TPR, FDMN/Rohingya Refugees, Cox's Bazar



EWARS Reporting Updates

- Currently, a total of 166 health facilities are registered in EWARS
 - Only 150/166 weekly reports were received on time in week 19
 - Timeliness of reporting for this week was 88%
 - Twenty-six (26) alerts were triggered
 - All alerts were reviewed and verified by the WHO EWARS team; this was less than the previous week (59 alerts in week 18, 2022).

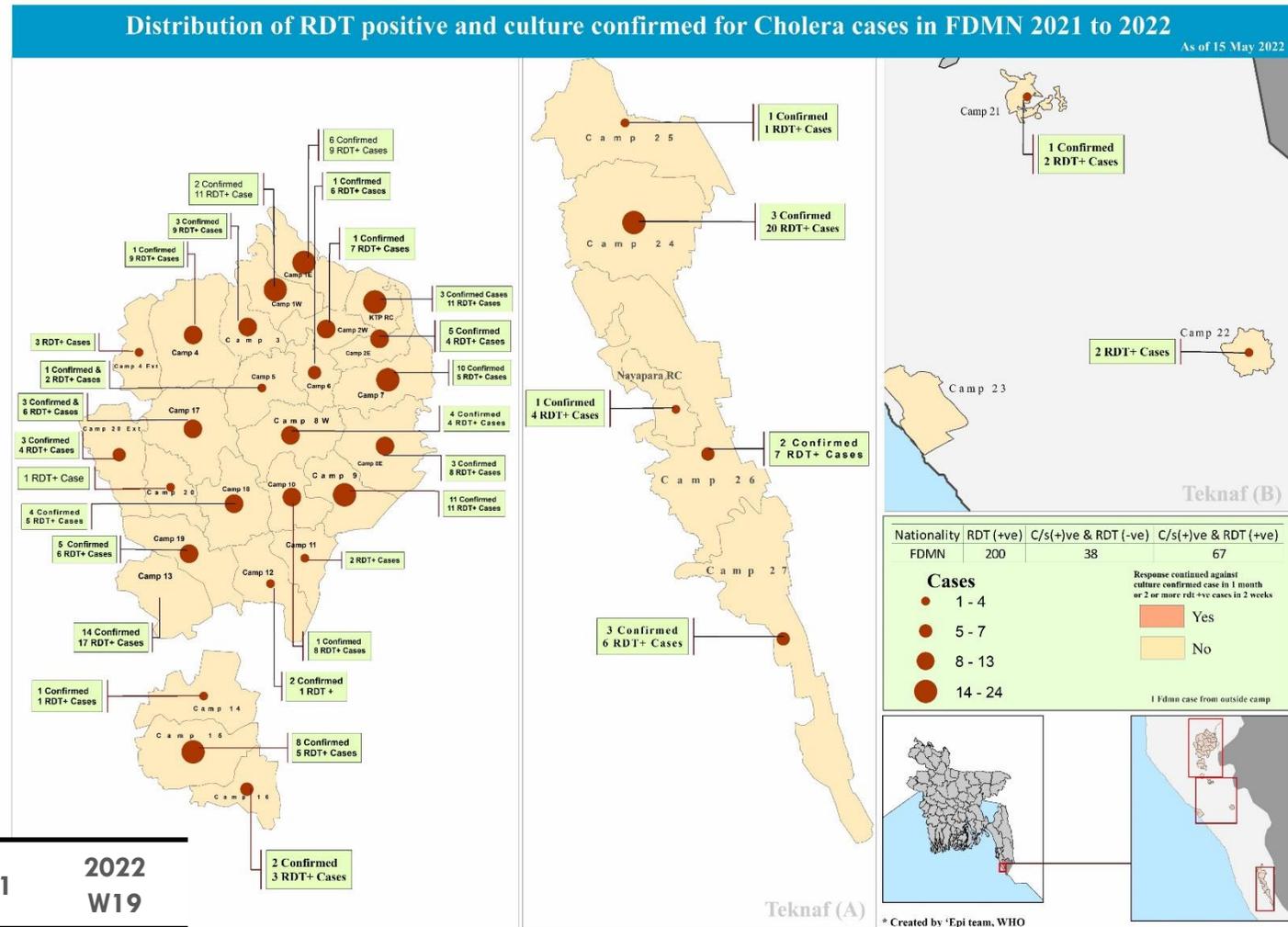
Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (14.9%), Diarrheal Diseases (4.7%) & Injury, and wounds (4.3%) were the diseases and health conditions with the highest proportional morbidity in week 19.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020.
- This Epi week, three new SARI death was reported as highlighted below:

Year	Suspected SARI death reported	Reclassified as death due to probable COVID-19
2022	47	6
2021	96	15
2020	49	2

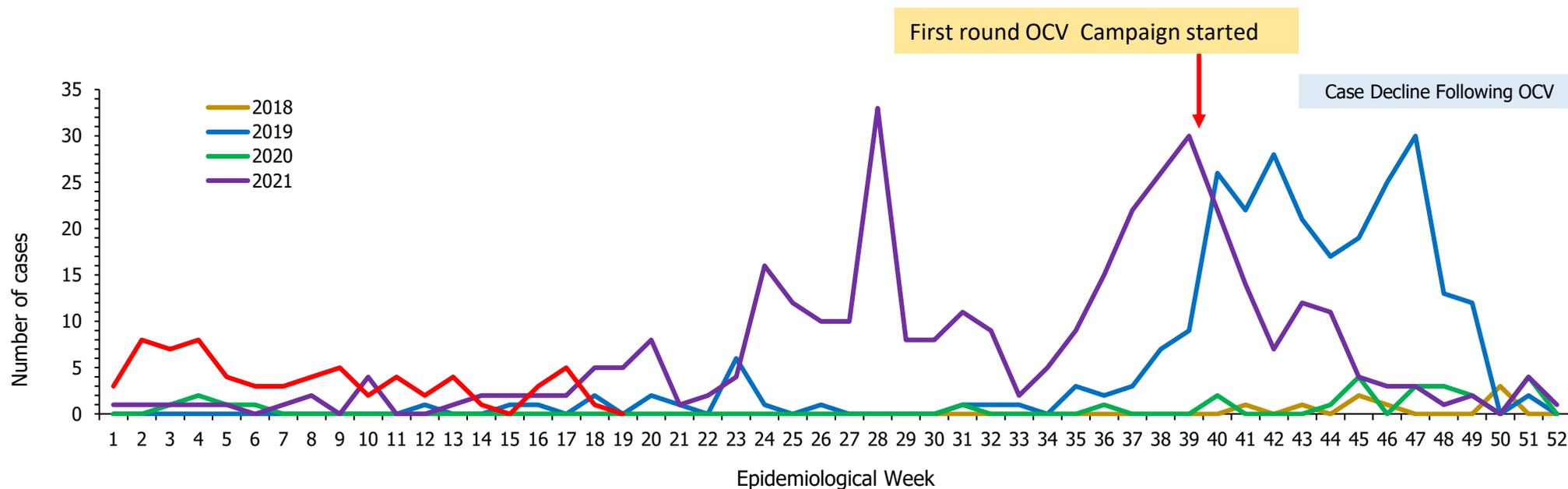
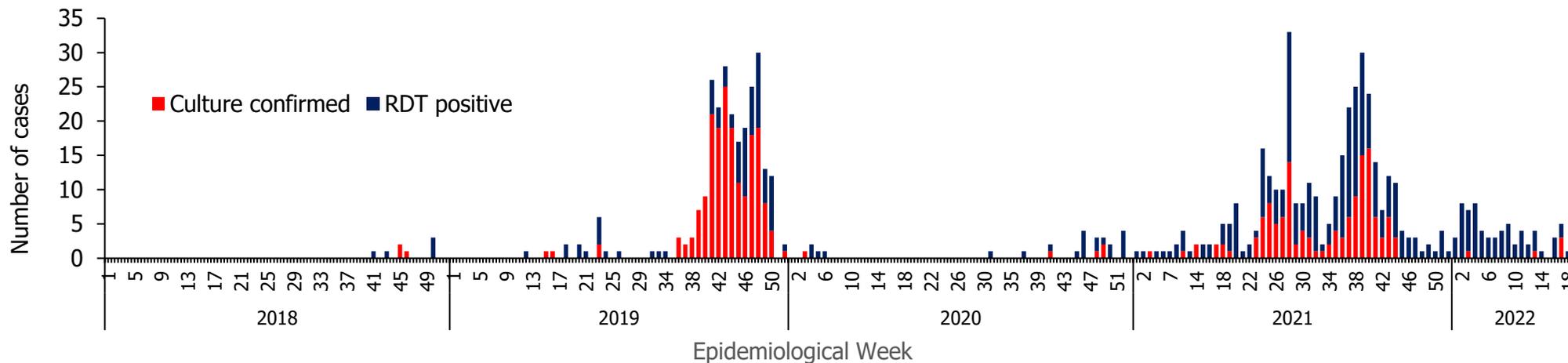
Cholera/AWD Surveillance Updates

- In this week, there is no new RDT-positive case was reported, among samples sent for testing.
- In 2022 total of sixty-seven (67) RDT confirmed cholera cases were reported as of W19 2022. Of these five (5) were positive for culture, and 62 were negative for culture.
- Cumulatively there are 739 RDT and culture-confirmed cholera cases of which 333 cases were culture-confirmed since transmission in 2018



	2018	2019	2020	2021	2022 W19
RDT positive/culture confirmed for Cholera	49	258	28	357	67
Culture confirmed for Cholera	7	184	5	136	5

Epidemic curve of cholera, Cox's Bazar District, 2017-2022 (W19)



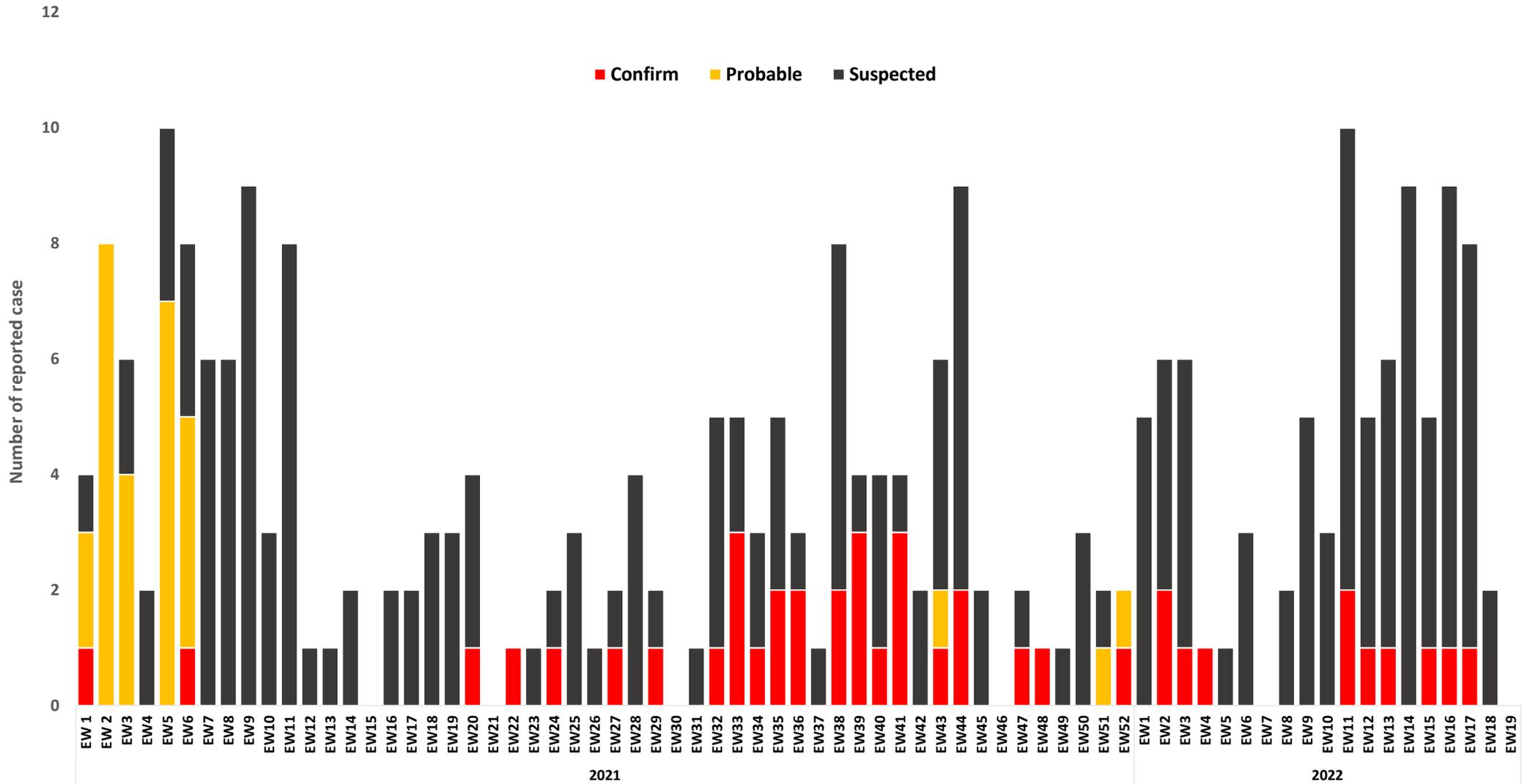
Diphtheria Surveillance Updates

- No new diphtheria cases were reported in go.data in this Epi week 19
- The last confirmed case was reported on 24 April 2022
- In total 53 deaths have so far been reported since 2017, the last death reported on 25 April 2022

Classification	2017	2018	2019	2020	2021	2022
Confirmed	66	226	31	19	30	11
Probable	1154	1555	60	9	29	0
Suspected	1796	3549	523	198	118	75
Death	30	14	3	0	5	1

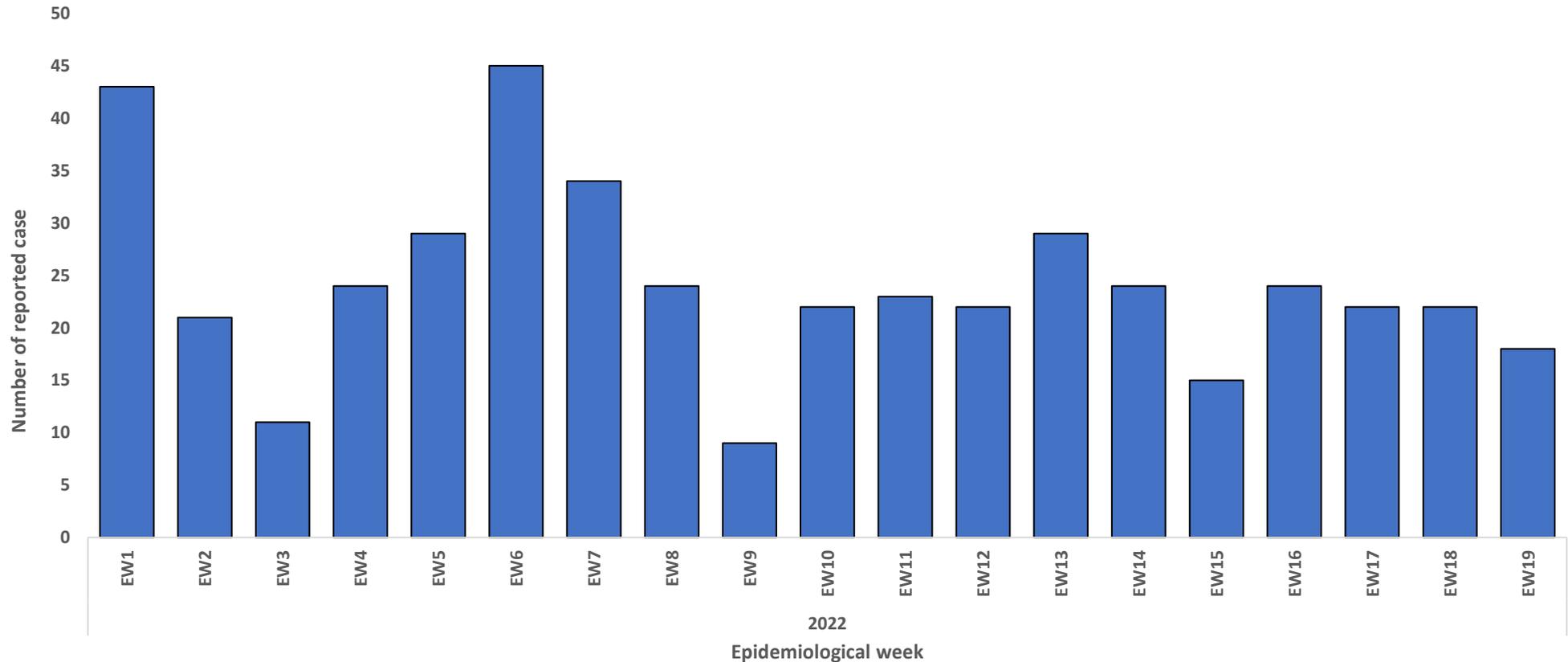
Trends of Diphtheria cases

Total number of diphtheria case reported in EWARS from 2021- EW19, 2022



Epi Curve of Suspected Measles Cases

Total number of Measles case reported in EWARS in 2022 (W19)



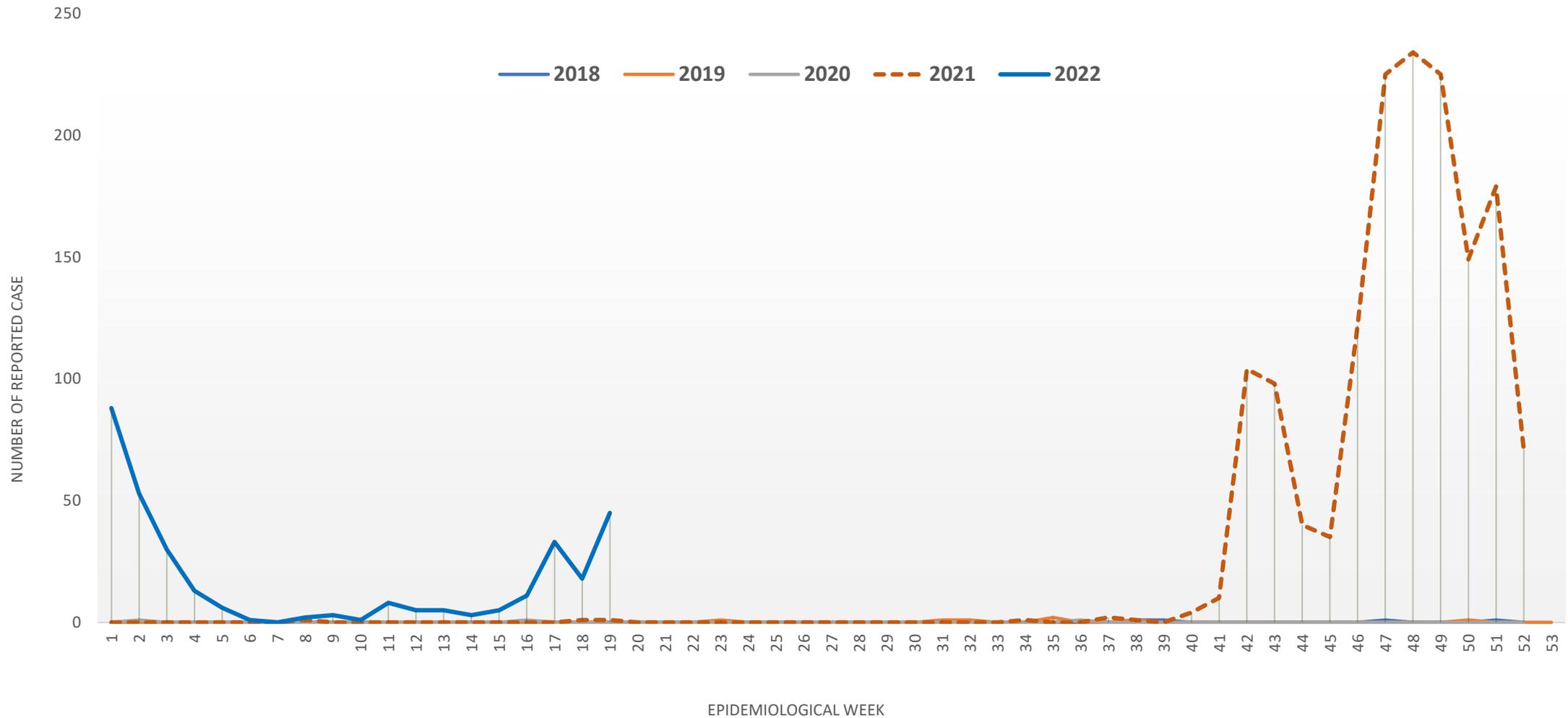
- > In week 19, 18 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 461 reported in 2022
- > About 51% (237/461) of the total suspected measles cases were reported through case-based reporting and samples collected for laboratory confirmation

Dengue Surveillance Updates

Year	Month/Epi Week	Confirmed case	Death	Confirmed case (cumulative)	Death (cumulative)
2022	Jan	189	0	189	0
	Feb	9	0	198	0
	March	17	0	215	0
	April	57	0	272	0
	Week 18 (2-8 May)	18	0	290	0
	Week 19 (9-15 May)	45	0	335	0

Dengue Surveillance Updates

Yearly Trends of Dengue case trend from 2018 - Epi Week 19, 2022



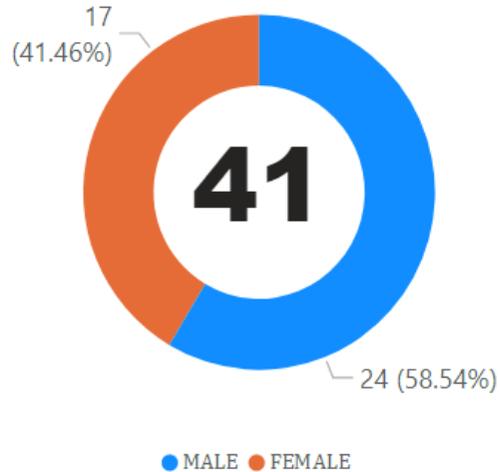
Community-based Mortality surveillance updates Epi week 19

Probable causes of death	Epi week 19	In 2022
Still Birth	5 (12%)	82 (12%)
Neonatal Death (<28 days old)	4 (10%)	70 (10%)
Infectious Disease	4 (10%)	23 (3%)
Severe Acute Respiratory Infection (SARI)	1 (2%)	16 (2%)
Injury	1 (2%)	15 (2%)
Maternal Death	--	20 (3%)
Acute Malnutrition	--	1 (0%)
Other	26 (63%)	458 (67%)
Total	41 (100%)	658 (100%)

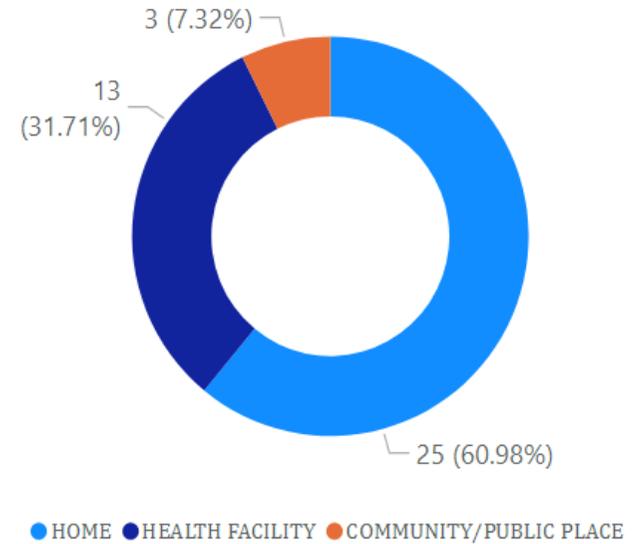
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable.

Community-based Mortality surveillance updates Epi week 19

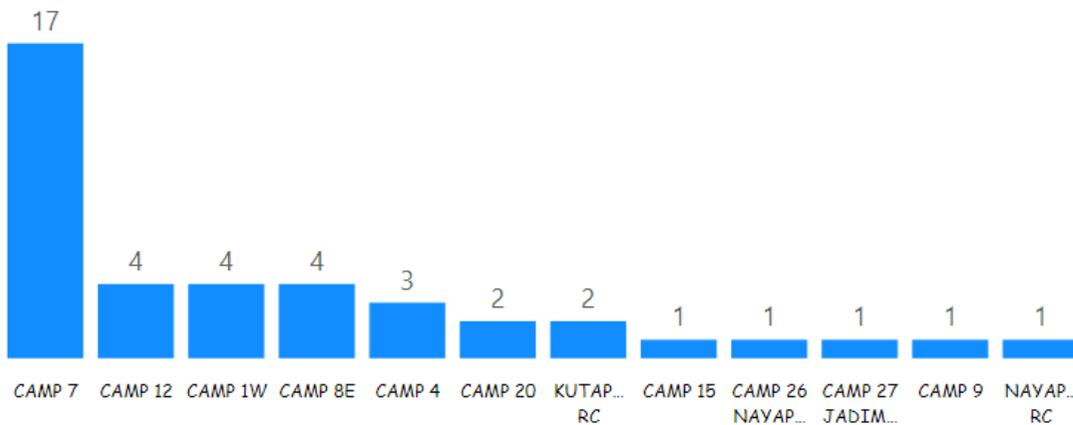
Gender distribution



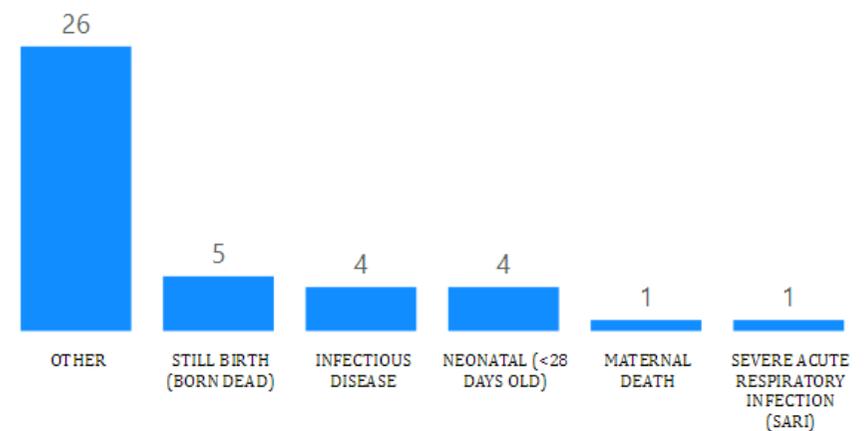
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Epidemiological Bulletin W19 2022



Ministry of Health and Family
Welfare Bangladesh



World Health
Organization



HEALTH SECTOR
COX'S BAZAR



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Sources of data

1. Weekly EWARS Reporting Form
2. Mortality Case Report Form
3. Event-based Surveillance Form

Highlights W19 2022

Table 1 | Coverage

#	%	
918,841	-	Estimated total Rohingya population ¹
0	0%	Total population under surveillance
175	-	Total number of health facilities
166	95%	Number of EWARS reporting sites

Table 2 | Early warning performance indicators

W19	Cumulative (2022)	
150	3133	Number of weekly reports received
88%	94%	Completeness
88%	90%	Timeliness

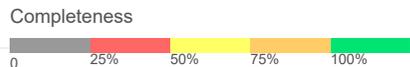
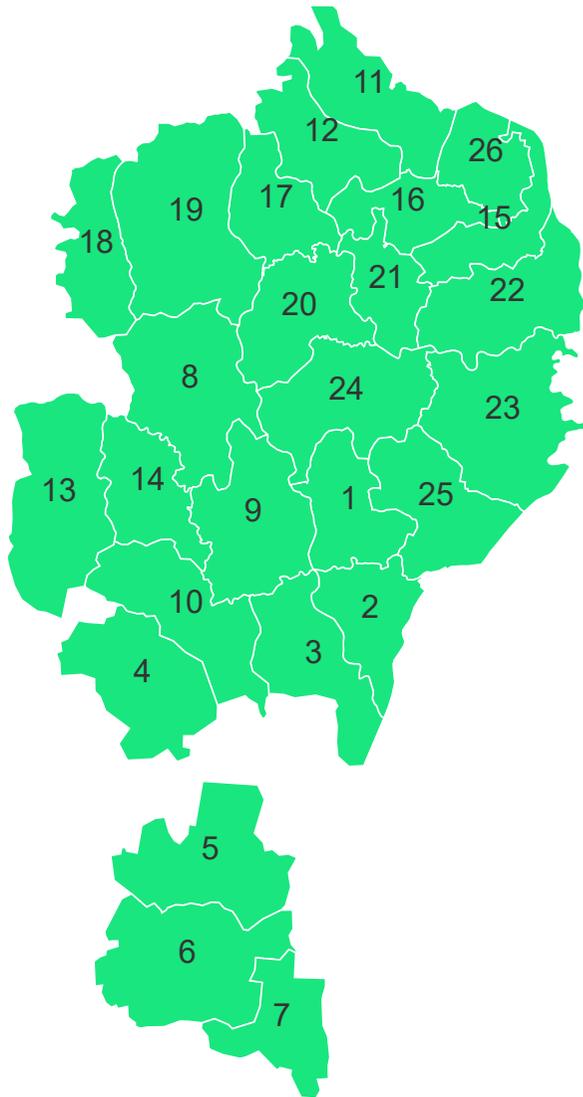
Table 3 Alert performance indicators

W19	Cumulative (2022)	
26	1,514	Total alerts raised
100%	100%	% verified
0%	0%	% auto-discarded
0%	0%	% undergoing risk assessment
0%	0%	% completed risk assessment

¹ Source: UNHCR. Bangladesh: Joint Government of Bangladesh- UNHCR Population Factsheet. 31 December 2021.

Map 1a | Ukhia completeness by camp

- 1 Camp 10
- 2 Camp 11
- 3 Camp 12
- 4 Camp 13
- 5 Camp 14
- 6 Camp 15
- 7 Camp 16
- 8 Camp 17
- 9 Camp 18
- 10 Camp 19
- 11 Camp 1E
- 12 Camp 1W
- 13 Camp 20 Ext
- 14 Camp 20
- 15 Camp 2E
- 16 Camp 2W
- 17 Camp 3
- 18 Camp 4 Ext
- 19 Camp 4
- 20 Camp 5
- 21 Camp 6
- 22 Camp 7
- 23 Camp 8E
- 24 Camp 8W
- 25 Camp 9
- 26 Kutupalong RC



Map 1b | Teknaf completeness by camp

- 1 Camp 21 Chakmarkul
- 2 Camp 22 Unchiprang
- 3 Camp 23 Shamlapur
- 4 Camp 24 Leda
- 5 Camp 25 Ali Khali
- 6 Camp 26 Nayapara
- 7 Camp 27 Jadimura
- 8 Nayapara RC

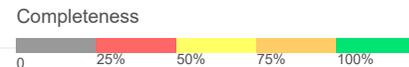
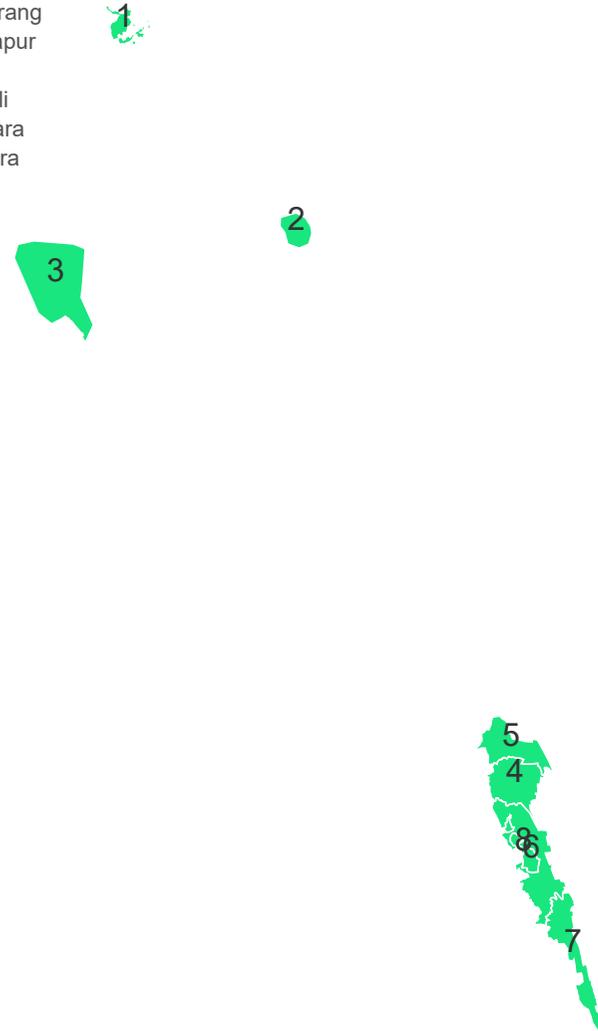


Table 4 | Performance by camp (W19 2022)

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Northern Group				
Camp 1E	4	4	100%	0%
Camp 1W	5	3	100%	0%
Camp 2E	3	2	67%	0%
Camp 2W	3	2	67%	0%
Camp 3	6	6	117%	0%
Camp 4	5	5	100%	0%
Camp 4 Ext	1	1	100%	0%
Camp 5	5	5	100%	0%
Camp 6	3	3	100%	0%
Camp 7	5	5	100%	0%
Camp 8E	7	7	100%	0%
Camp 8W	4	4	125%	0%
Kutupalong RC	2	2	100%	0%

Map 2 | Completeness by camp

- 1 Camp 1E
- 2 Camp 1W
- 3 Camp 2E
- 4 Camp 2W
- 5 Camp 3
- 6 Camp 4 Ext
- 7 Camp 4
- 8 Camp 5
- 9 Camp 6
- 10 Camp 7
- 11 Camp 8E
- 12 Camp 8W
- 13 Kutupalong RC

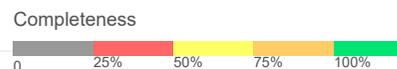
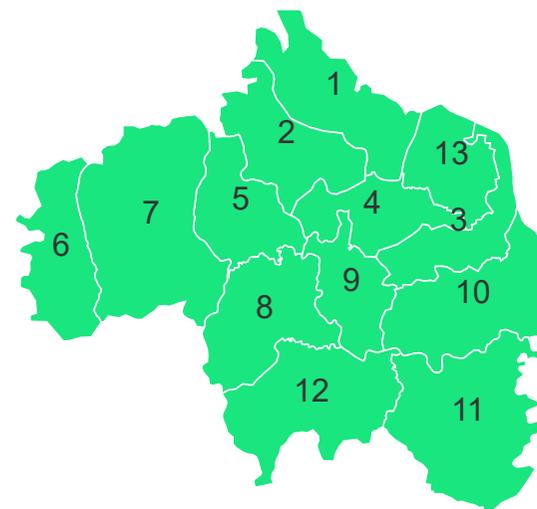


Table 5 | Performance by camp (W19 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Southern Group				
Camp 10	4	3	100%	0%
Camp 11	7	6	114%	0%
Camp 12	6	6	67%	0%
Camp 13	10	10	80%	0%
Camp 14	7	7	86%	0%
Camp 15	9	7	78%	0%
Camp 16	7	6	86%	0%
Camp 17	5	5	100%	0%
Camp 18	5	5	100%	0%
Camp 19	5	5	80%	0%
Camp 20	3	2	33%	0%
Camp 20 Ext	3	2	100%	17%
Camp 9	6	5	83%	0%

Map 3 | Completeness by camp

- 1 Camp 10
- 2 Camp 11
- 3 Camp 12
- 4 Camp 13
- 5 Camp 14
- 6 Camp 15
- 7 Camp 16
- 8 Camp 17
- 9 Camp 18
- 10 Camp 19
- 11 Camp 20 Ext
- 12 Camp 20
- 13 Camp 9

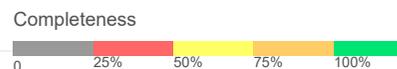
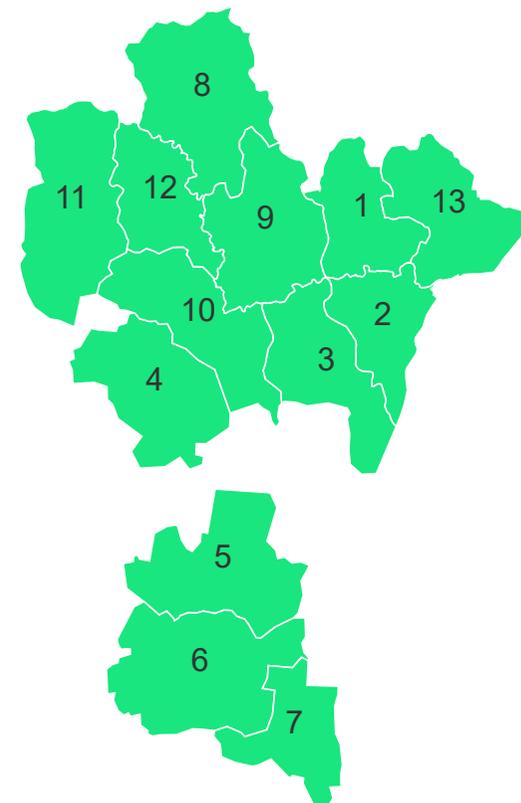


Table 6 | Performance by camp (W19 2022)

Teknaf	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Teknaf				
Camp 21 Chakmarkul	4	4	75%	0%
Camp 22 Unchiprang	5	3	60%	0%
Camp 23 Shamlapur	3	2	67%	0%
Camp 24 Leda	2	2	50%	0%
Camp 25 Ali Khali	3	3	100%	0%
Camp 26 Nayapara	4	4	75%	0%
Camp 27 Jadimura	2	2	100%	0%
Nayapara RC	2	2	100%	0%

Map 4 | Completeness by camp

- 1 Camp 21 Chakmarkul
- 2 Camp 22 Unchiprang
- 3 Camp 23 Shamlapur
- 4 Camp 24 Leda
- 5 Camp 25 Ali Khali
- 6 Camp 26 Nayapara
- 7 Camp 27 Jadimura
- 8 Nayapara RC

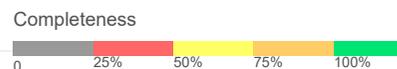
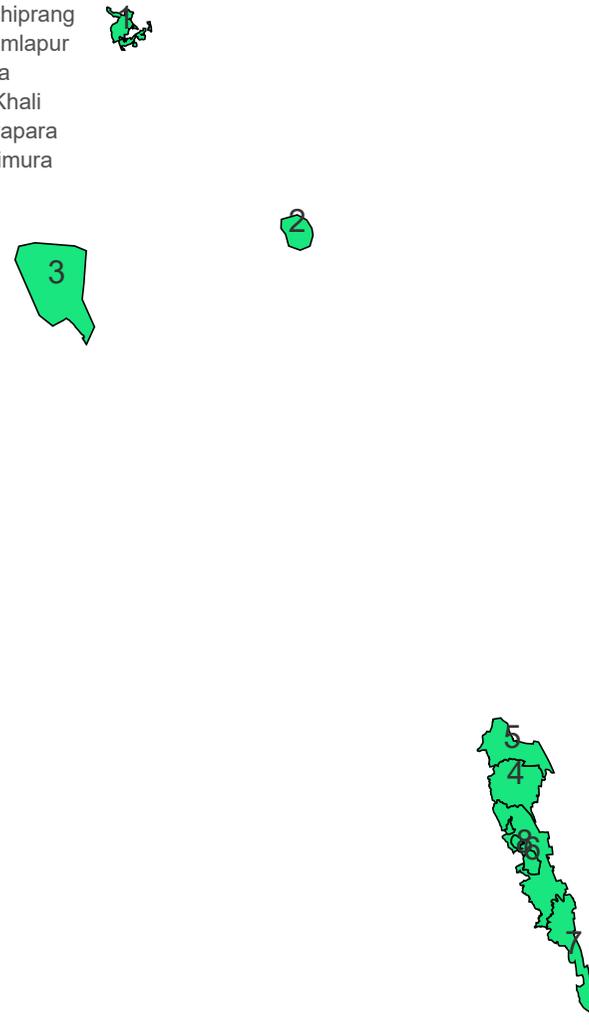


Table 7 | Performance by partner (W19 2022)

Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	1	100%	100%	IRC	2	2	100%	100%
AWARD	7	7	100%	100%	MSF	9	7	56%	56%
BASHMAH	1	1	100%	100%	MoH	15	12	87%	87%
BDRCS	12	10	83%	83%	MHI	0	0		
BRAC	11	10	91%	91%	Medair	2	1	50%	0%
CARE	4	0	0%	0%	FH/MTI	3	3	100%	100%
DAM	0	0			PRANTIC	1	1	100%	100%
DBC	1	1	100%	100%	PULSE	1	1	100%	100%
DSK	1	1	100%	0%	QC	1	0	0%	0%
DCHT-PWJ	1	1	100%	100%	PHD	10	10	100%	100%
FRNDS	6	7	100%	100%	RPN	2	2	100%	100%
GK	10	11	90%	90%	RHU	3	3	100%	100%
Global One	1	1	100%	100%	RI	3	3	100%	100%
GUSS	1	1	100%	100%	RTMI	9	8	78%	78%
HAEFA	2	2	100%	100%	SALT	1	0	0%	0%
HAIB	8	8	100%	75%	SCI	7	6	100%	100%
HMBDF	2	0	50%	50%	DCHT-MM	1	1	100%	100%
HOPE	1	1	100%	100%	Turkish Government	1	1	100%	100%
ICRC	1	1	100%	100%	TdH	2	2	100%	100%
IOM	18	16	89%	83%					

Table 8 | Performance by camp

Northern group	W19		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	0	0%	34	100%
Camp 1W	2	100%	71	100%
Camp 2E	4	100%	165	100%
Camp 2W	0	0%	45	100%
Camp 3	2	100%	80	100%
Camp 4	1	100%	65	100%
Camp 4 Ext	0	0%	20	100%
Camp 5	1	100%	47	100%
Camp 6	3	100%	46	100%
Camp 7	0	0%	32	100%
Camp 8E	0	0%	24	100%
Camp 8W	1	100%	70	100%
Kutupalong RC	1	100%	28	100%

Map 5 | Number of alerts by camp

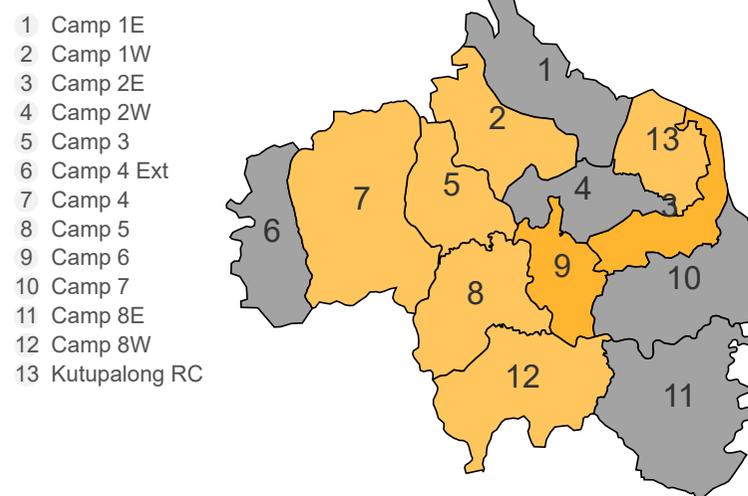


Table 9 | Performance by camp

Southern group	W19		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	0	0%	21	100%
Camp 11	0	0%	38	100%
Camp 12	2	100%	58	100%
Camp 13	0	0%	63	100%
Camp 14	1	100%	34	100%
Camp 15	0	0%	50	100%
Camp 16	2	100%	49	100%
Camp 17	2	100%	29	100%
Camp 18	0	0%	65	100%
Camp 19	0	0%	22	100%
Camp 20	0	0%	21	100%
Camp 20 Ext	0	0%	15	100%
Camp 9	1	100%	73	100%

Map 6 | Number of alerts by camp

- 1 Camp 10
- 2 Camp 11
- 3 Camp 12
- 4 Camp 13
- 5 Camp 14
- 6 Camp 15
- 7 Camp 16
- 8 Camp 17
- 9 Camp 18
- 10 Camp 19
- 11 Camp 20 Ext
- 12 Camp 20
- 13 Camp 9

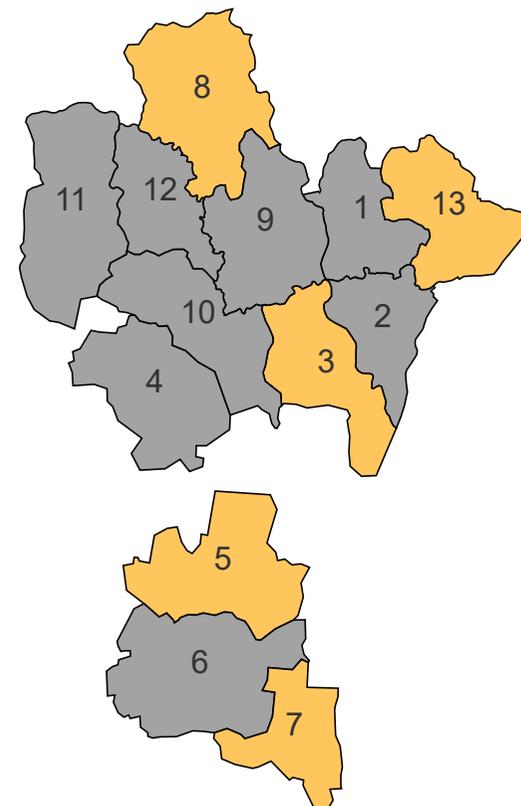


Table 10 | Performance by camp

Teknaf	W19		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	2	100%	27	100%
Camp 22 Unchiprang	0	0%	31	100%
Camp 23 Shamlapur	0	0%	10	100%
Camp 24 Leda	1	100%	38	100%
Camp 25 Ali Khali	0	0%	13	100%
Camp 26 Nayapara	0	0%	49	100%
Camp 27 Jadimura	0	0%	28	100%
Nayapara RC	0	0%	15	100%

Map 7 | Number of alerts by camp

- 1 Camp 21 Chakmarkul
- 2 Camp 22 Unchiprang
- 3 Camp 23 Shamlapur
- 4 Camp 24 Leda
- 5 Camp 25 Ali Khali
- 6 Camp 26 Nayapara
- 7 Camp 27 Jadimura
- 8 Nayapara RC

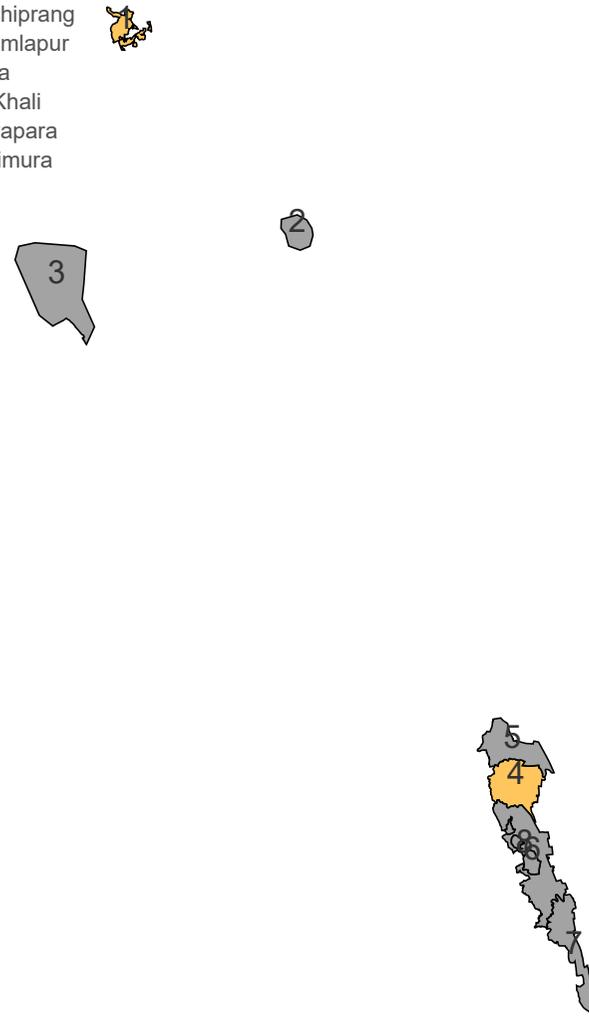


Table 11 | Performance by type of alert

Event	W19		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based surveillance				
Malaria	0	0%	2	100%
Measles	7	100%	244	100%
Bloody Diarr.	0	0%	0	0%
AFP	1	100%	17	100%
Meningitis	0	0%	7	100%
Haem. fever (susp.)	0	0%	7	100%
NNT	0	0%	3	100%
Unexp. fever	0	0%	65	100%
AWD	1	100%	116	100%
ARI	0	0%	97	100%
AJS	1	100%	26	100%
Varicella (Susp.)	0	0%	103	100%
Suspected COVID-19	0	0%	0	0%
Event-based surveillance				
EBS total	2	100%	97	100%

Table 12 | Risk assessment

W19	Cumulative (2022)	
0	6	Low risk
0	1	Moderate risk
0	0	High risk
0	0	Very high risk

For more help and support, please contact:

Dr. Imrul Kayes
Medical Officer - Civil Surgeon Office (MO-CS)
Ministry of Health and Family Welfare
Cox's Bazar, Bangladesh
Telephone: +88 01726296025
Email: mailkayesk65@gmail.com

Dr. Feroz Hayat Khan
National Professional Officer (Disease Surveillance &
Epidemiology)
World Health Organization
Cox's Bazar, Bangladesh
Telephone: +88 017 0120 2994
Email: khan@who.int

Notes

WHO and the Ministry of Health and Family Welfare gratefully acknowledge all partners who have reported the data used in this bulletin.

The data been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at <http://ewars-project.org>

Sign up for an account with EWARS Bangladesh at <http://bd.ewars.ws>



Ministry of
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HEALTH SECTOR
COX'S BAZAR



Global
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Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Annex W19 2022



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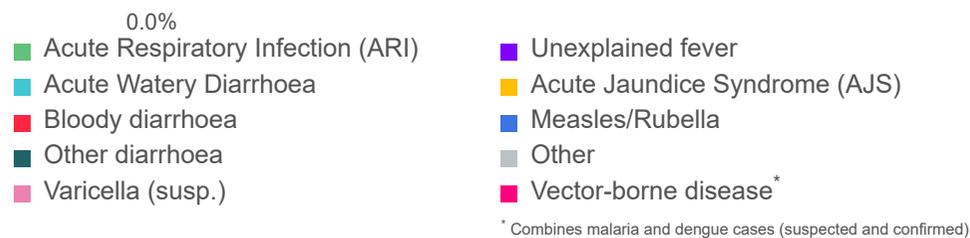
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COX'S BAZAR



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Proportional morbidity

Figure 1 | Proportional morbidity (W19 2022)



Disease	W19		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	980	3.4%	46,919	2.5%
Bloody diarr.	78	0.3%	7,028	0.4%
Other diarr.	326	1.1%	19,537	1.0%
Susp. Varicella	143	0.5%	7,837	0.4%
ARI	4,289	14.9%	335,650	17.7%
Measles/Rub.	15	0.1%	457	0.0%
AFP	1	0.0%	39	0.0%
Susp. menin.	1	0.0%	35	0.0%
AJS	17	0.1%	270	0.0%
Susp. HF	0	0.0%	17	0.0%
Neo. tetanus	0	0.0%	5	0.0%
Adult tetanus	11	0.0%	12	0.0%
Malaria (conf.)	0	0.0%	208	0.0%
Malaria (susp.)	85	0.3%	28,955	1.5%
Dengue (conf.)	14	0.0%	513	0.0%
Dengue (susp.)	0	0.0%	325	0.0%
Unexpl. fever	268	0.9%	22,002	1.2%
Sev. Malnut.	8	0.0%	855	0.0%
Inj./Wounds	1,249	4.3%	40,544	2.1%
Other	21,289	73.8%	1,381,604	72.8%
Total	28,562	100%	1,898,138	100%

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W19)

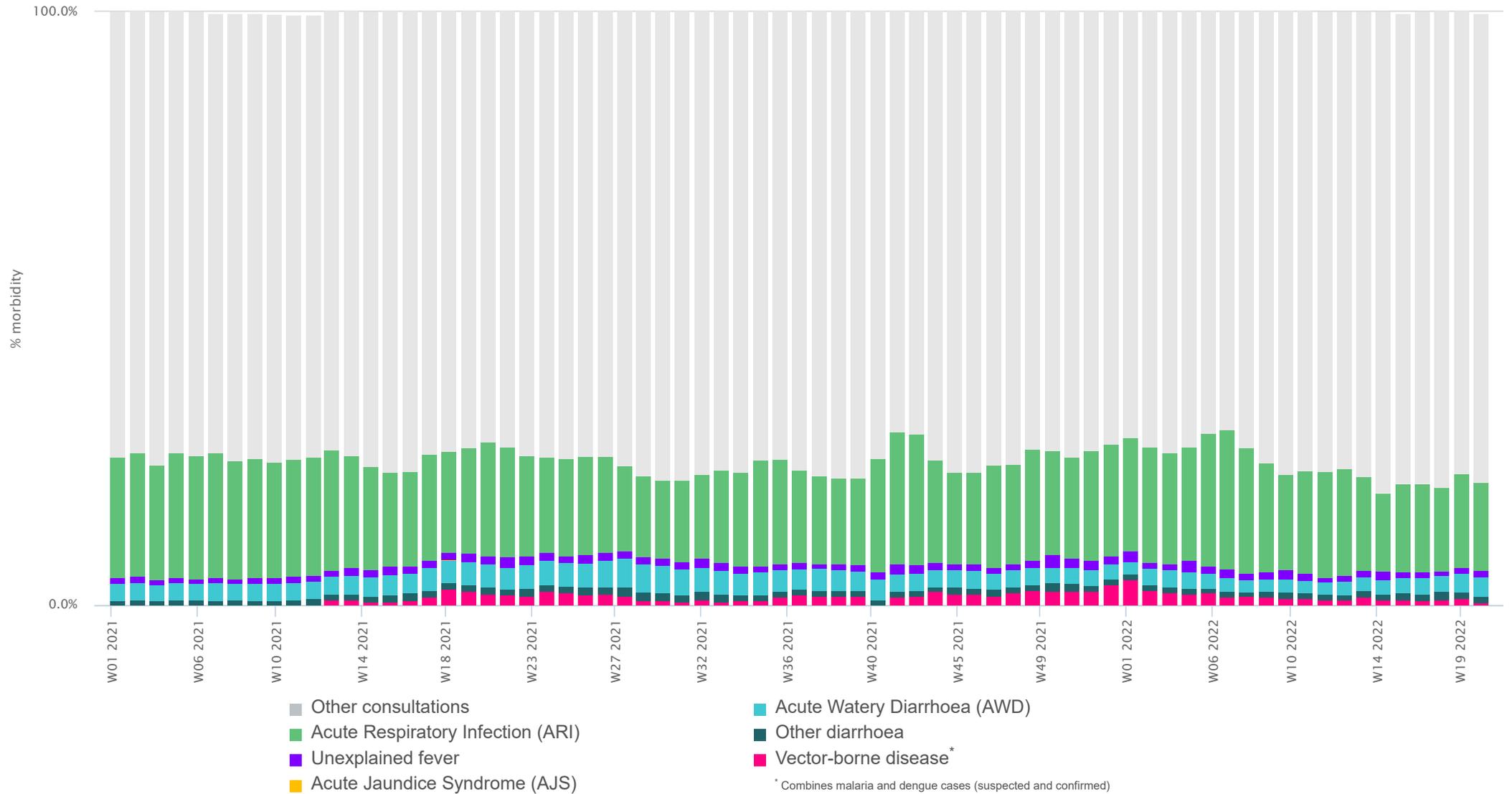
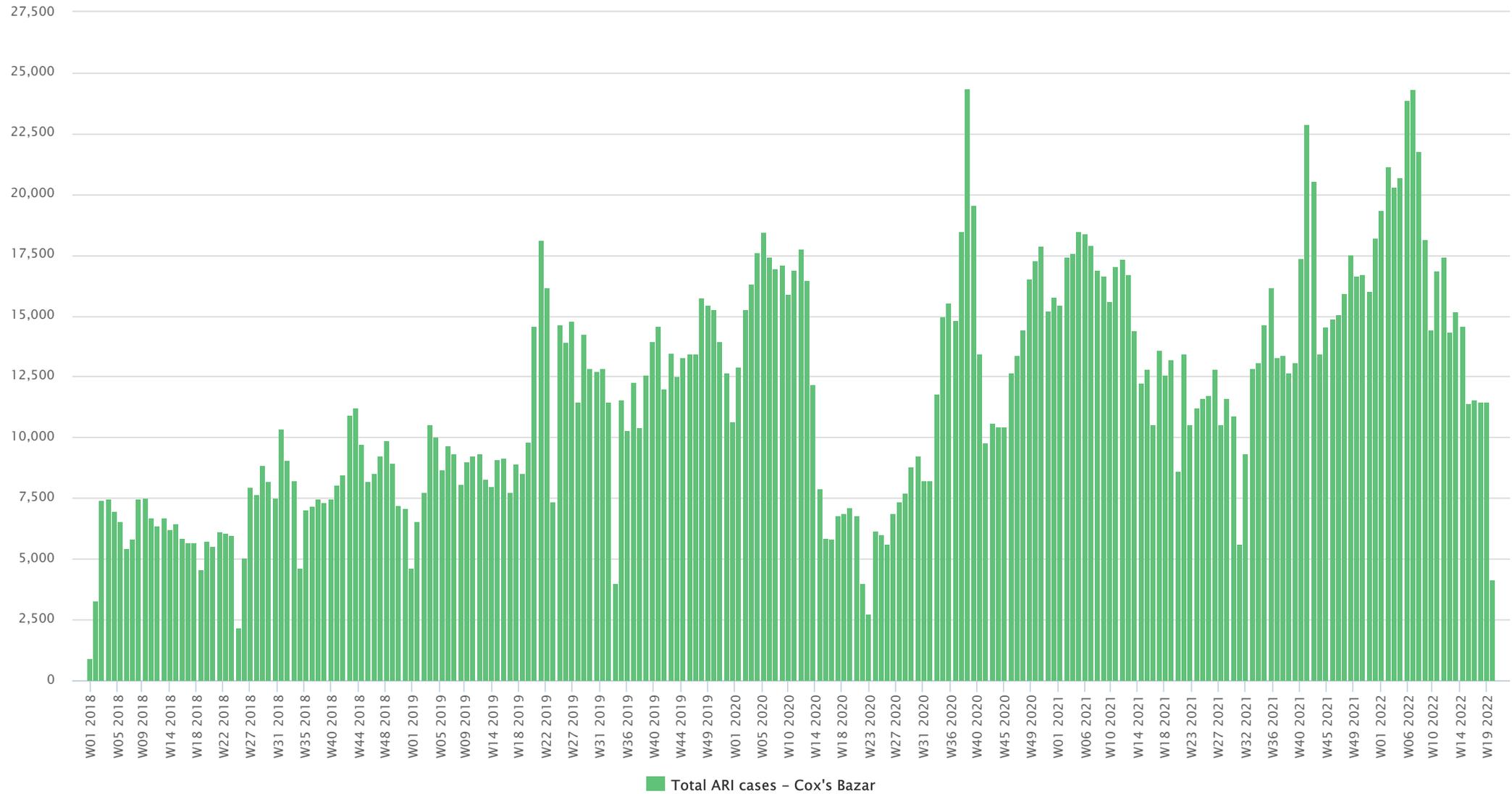
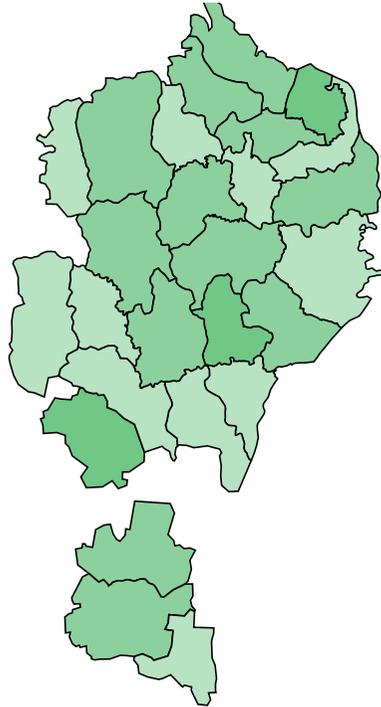


Figure 3 | Trend in number of cases over time (W38 2017 - W19 2022)



Map 1 | Map of cases by camp (W19 2022)

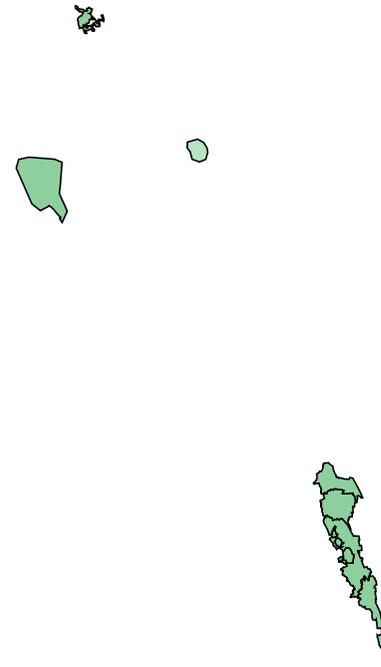
a. Ukhia | Number of cases



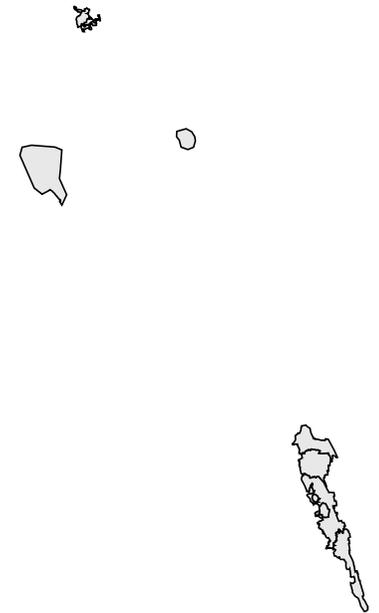
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts



Alert threshold

Twice the average number of cases over the past 3 weeks. *Source: IEDCR*

Alert management (W19 2022)



Figure | % sex

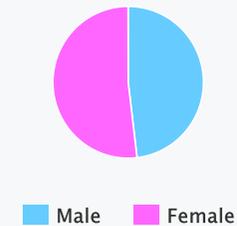


Figure | % age

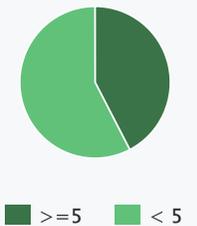
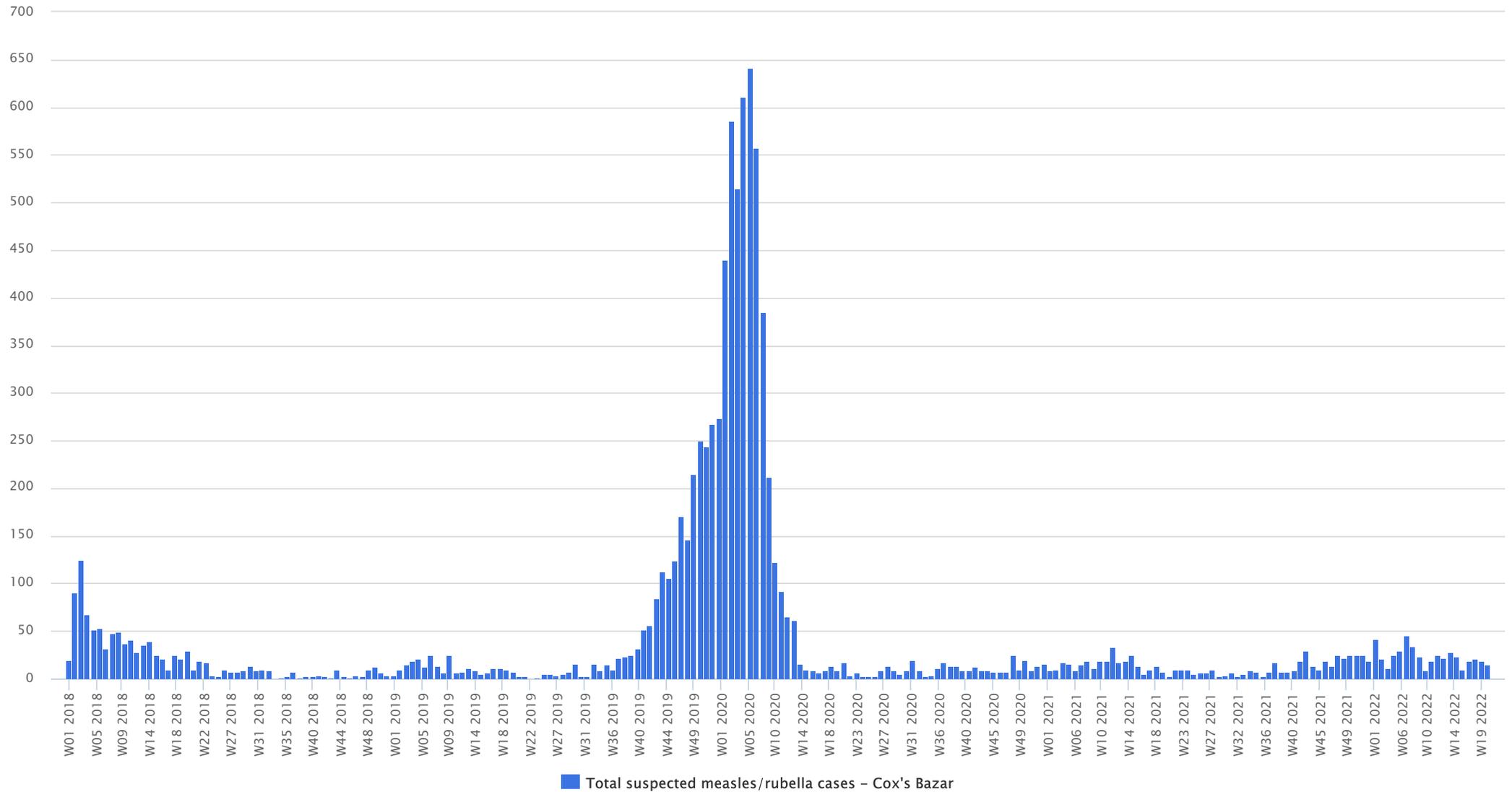
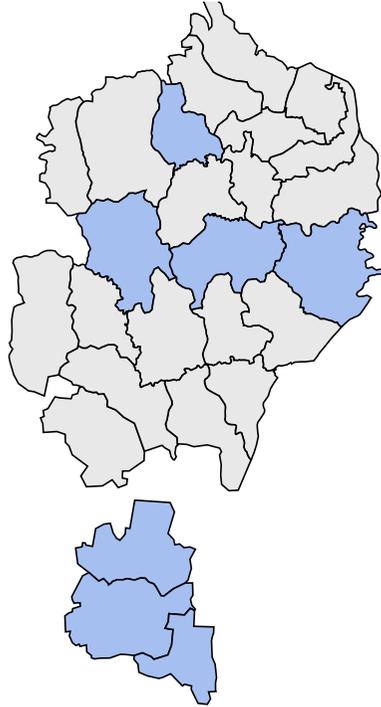


Figure 4 | Trend in number of suspected cases over time (W38 2017 - W19 2022)

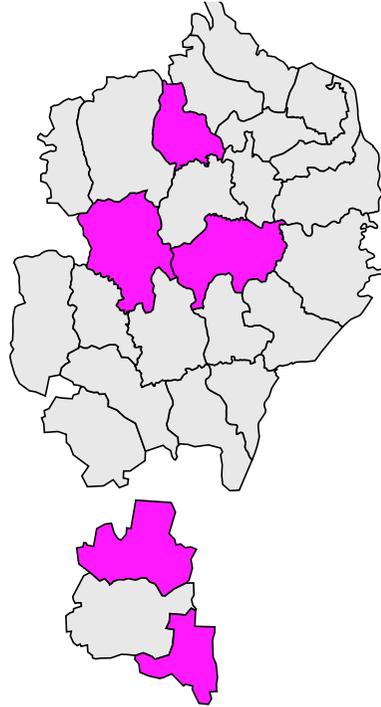


Map 2 | Map of cases by camp (W19 2022)

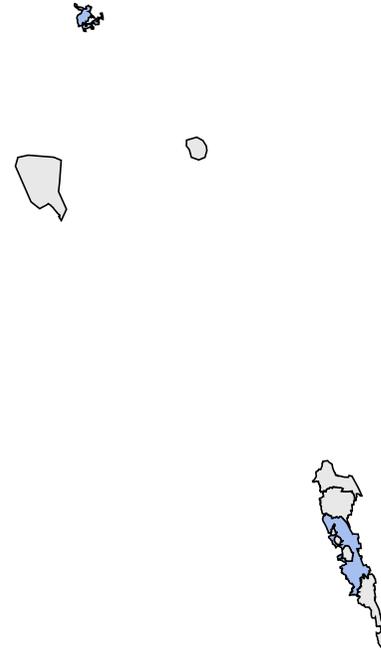
a. Ukhia | Number of cases



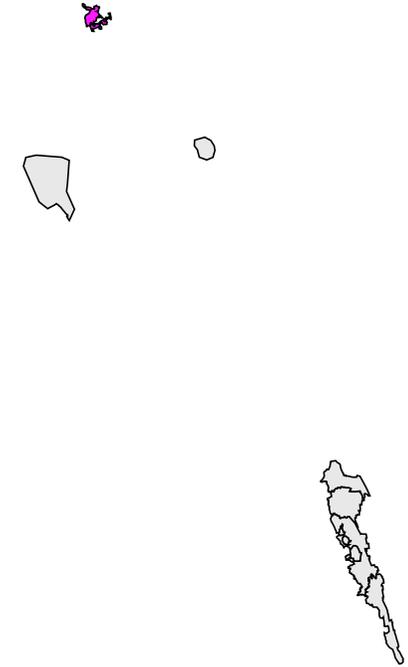
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold
1 case. Source: IEDCR

Alert management (W19 2022)



Figure | % sex

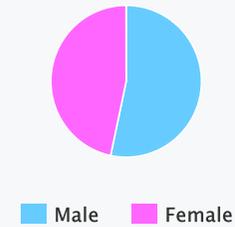


Figure | % age

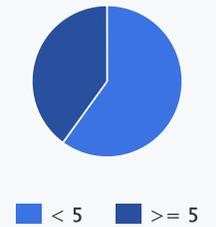
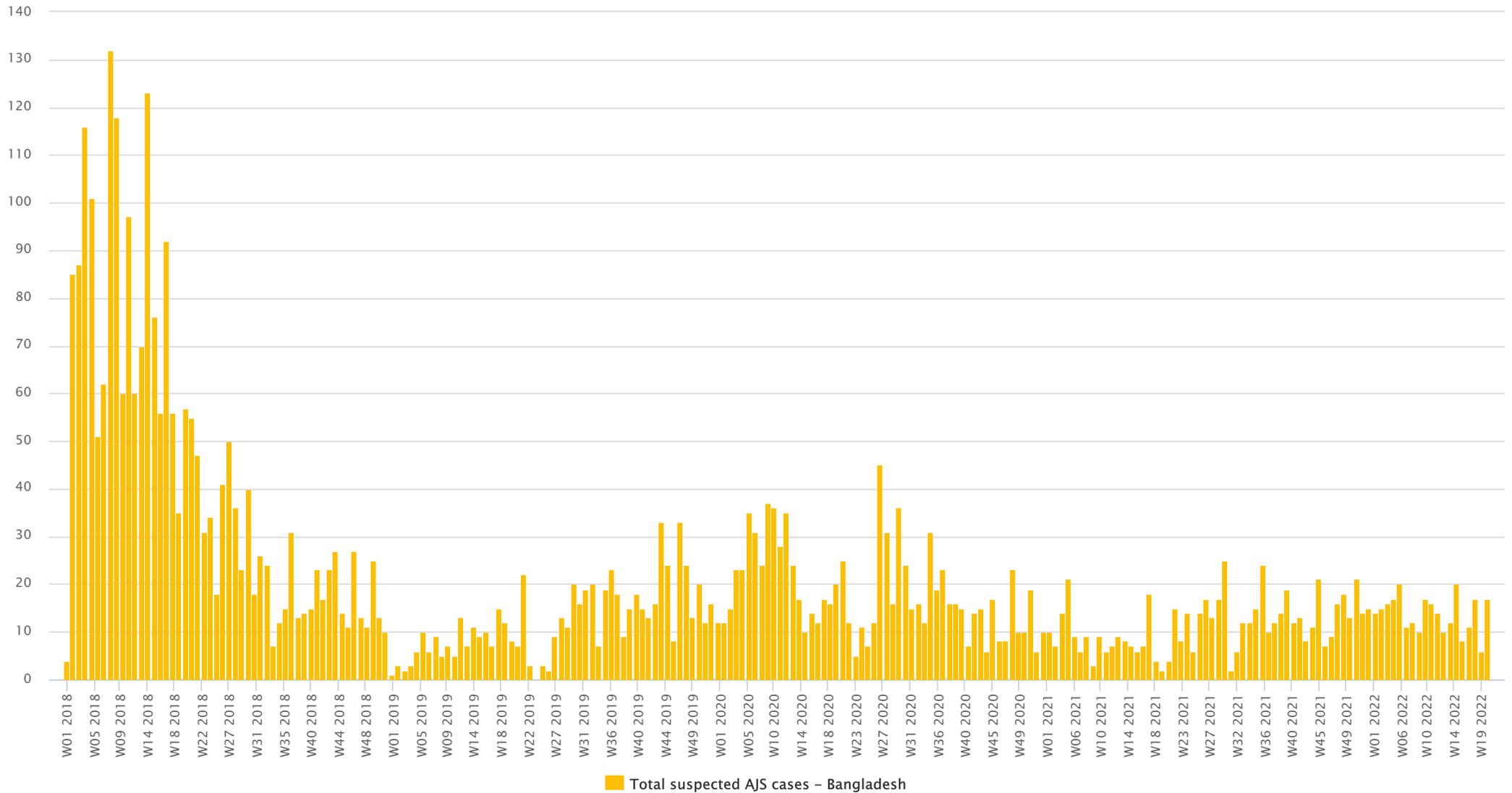
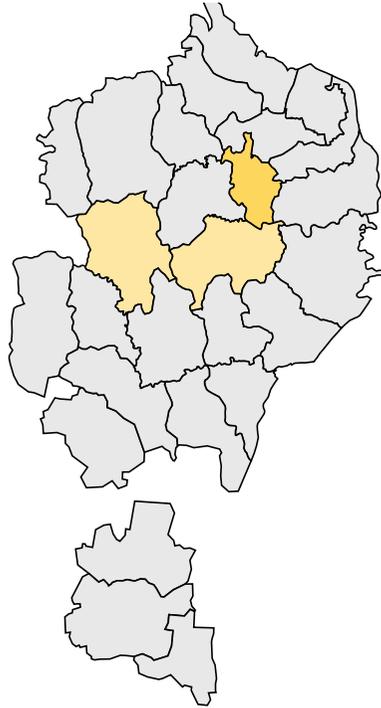


Figure 5 | Trend in number of cases over time (W38 2017 - W19 2022)

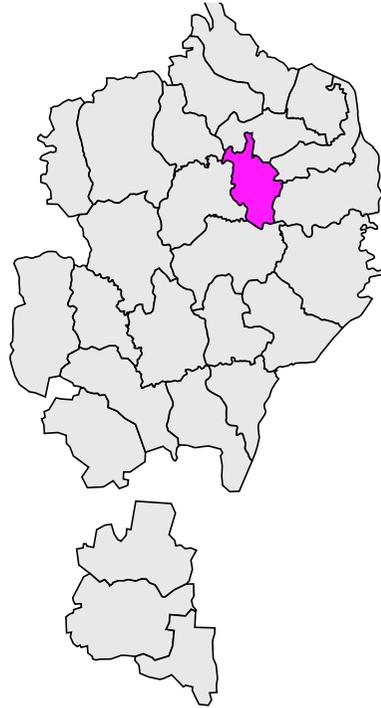


Map 3 | Map of cases by camp (W37 2017 - W19 2022)

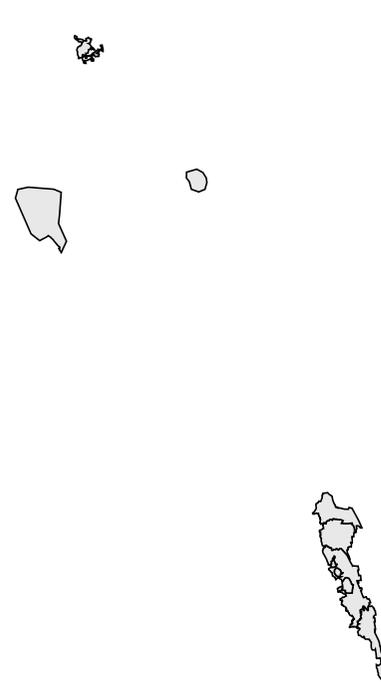
a. Ukhia | Number of cases



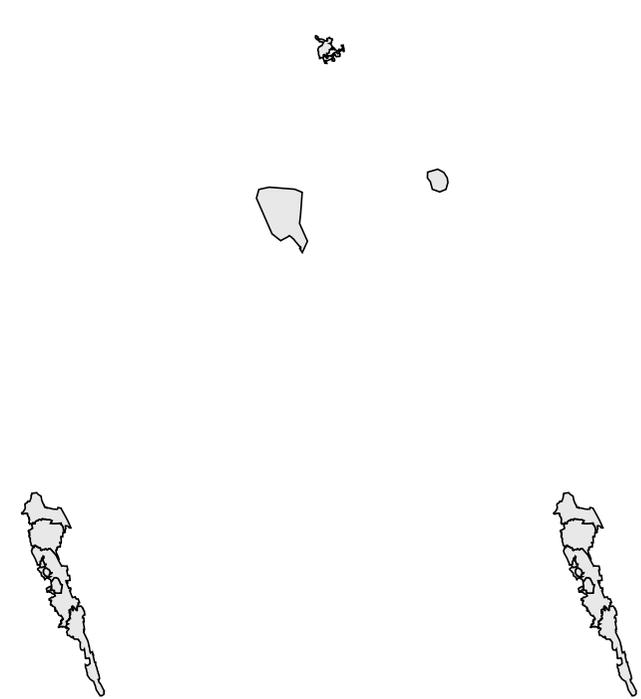
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts



Alert threshold

A cluster of 3 or more cases seen in a health facility. *Source: IEDCR*

Alert management (W19 2022)

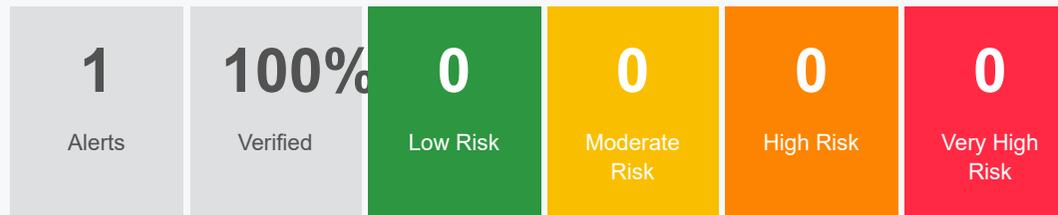
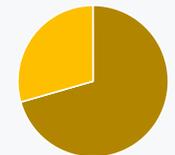


Figure | % sex



Male Female

Figure | % age



>= 5 < 5

Figure 6 | Trend in number of cases over time (W38 2017 - W19 2022)

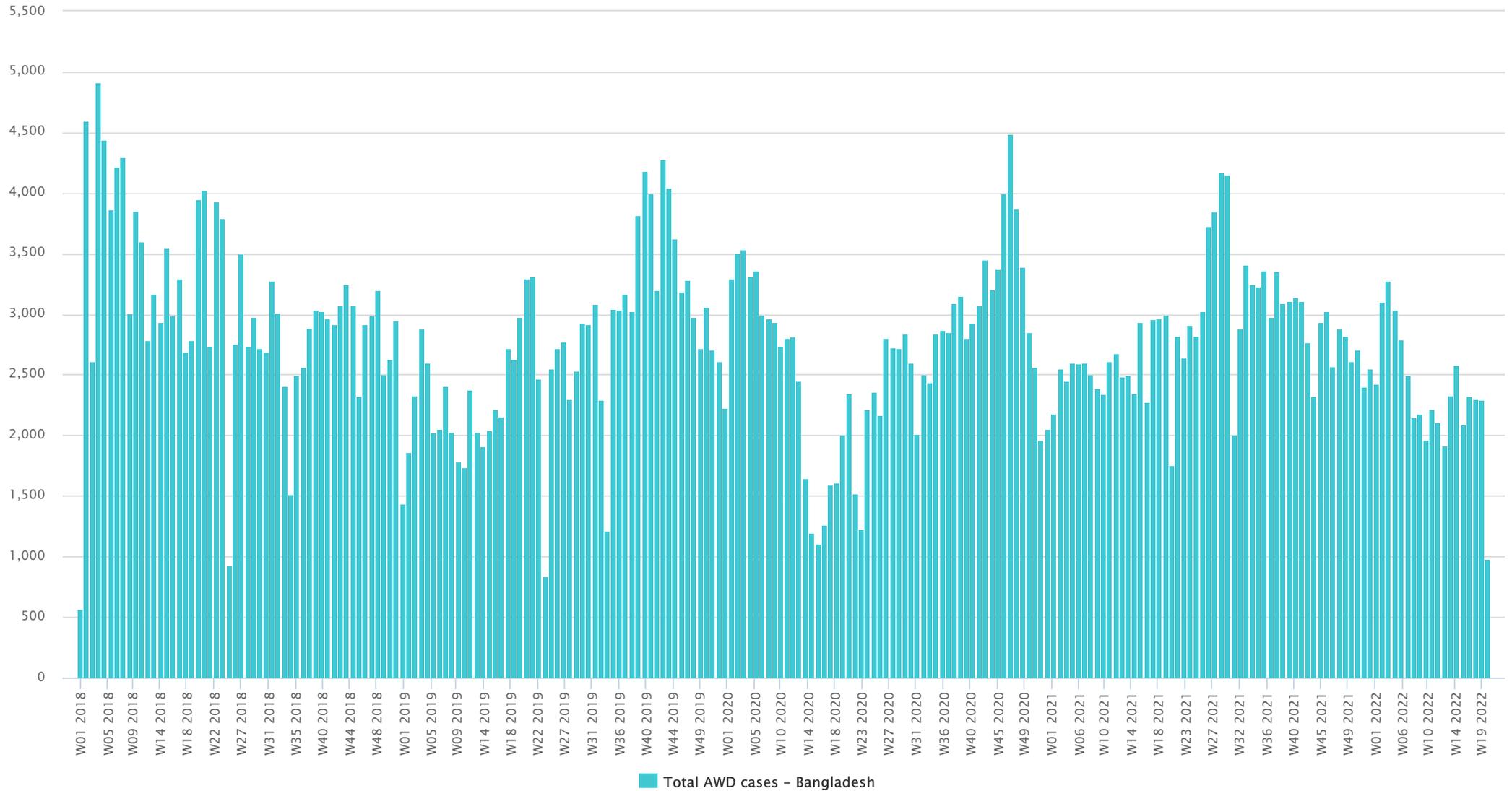
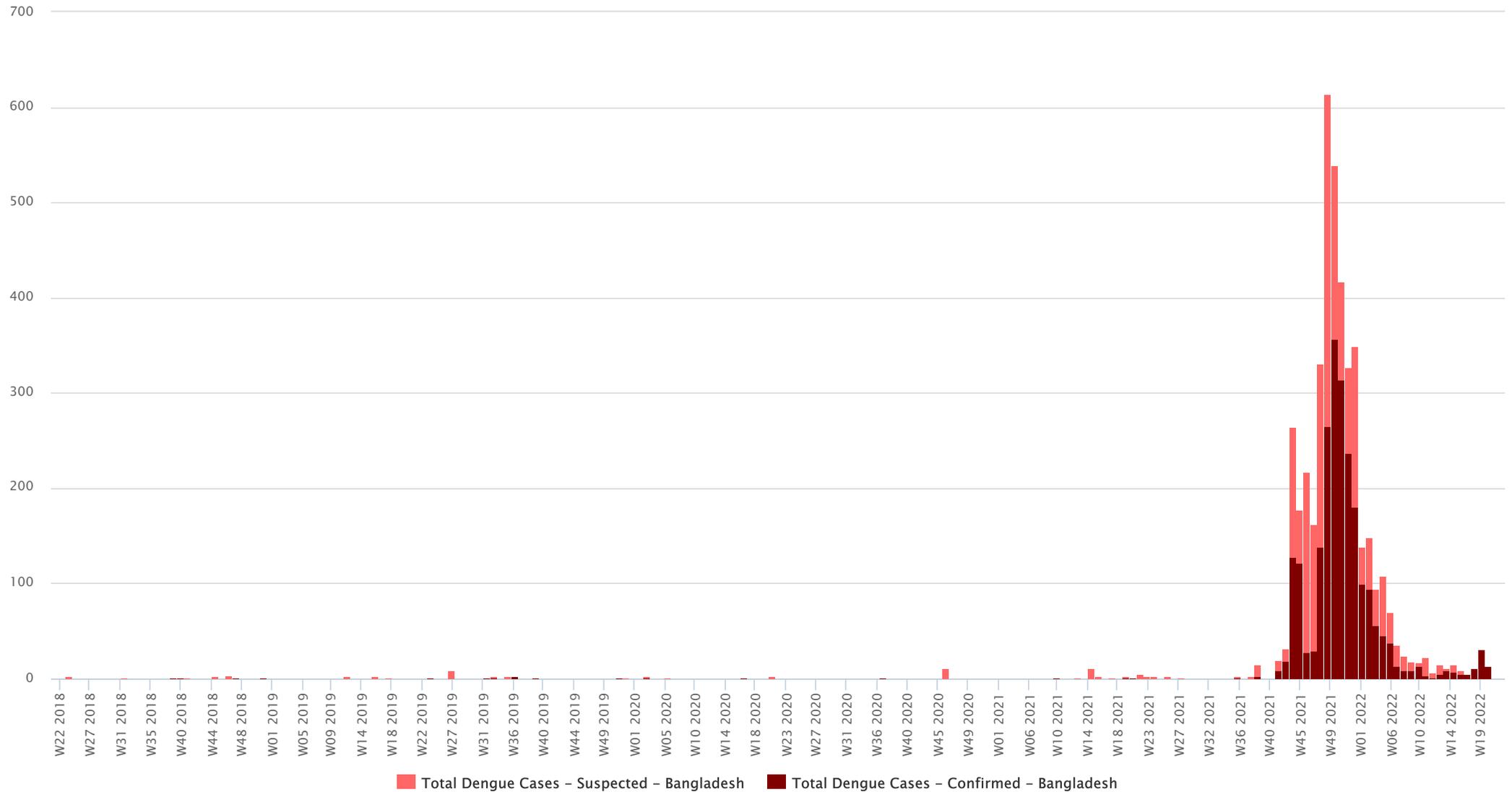
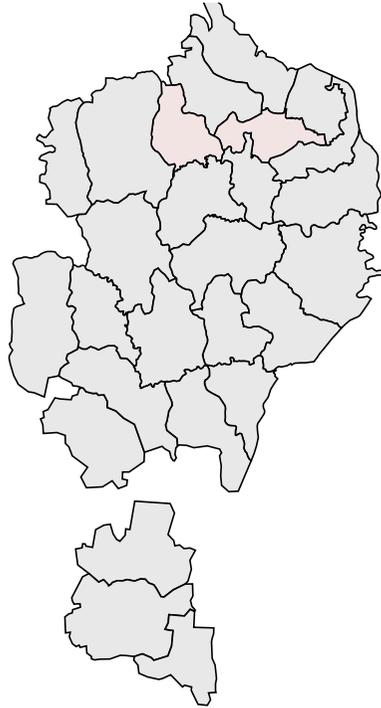


Figure 7 | Trend in number of cases over time (W38 2017 - W19 2022)

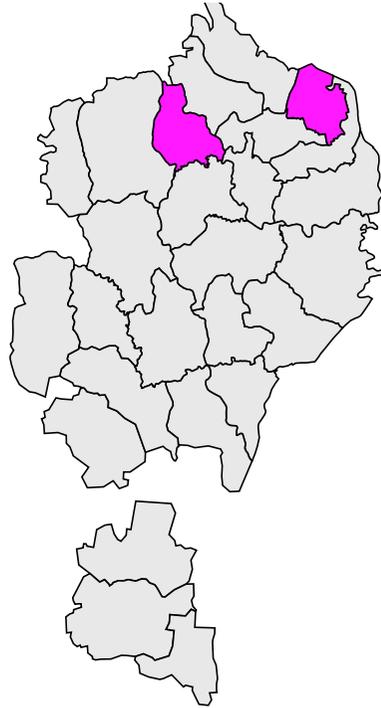


Map 4 | Map of cases by camp (W37 2017 - W19 2022)

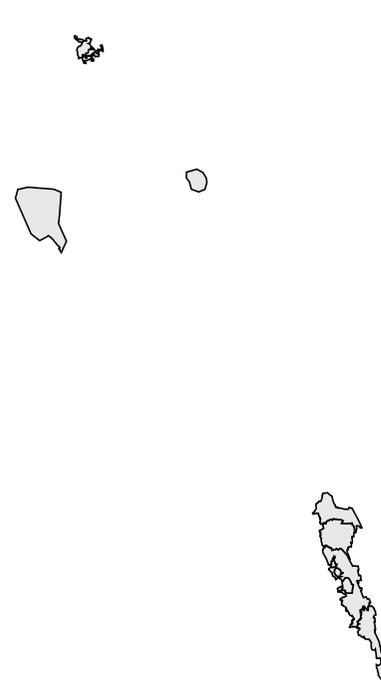
a. Ukhia | Number of cases



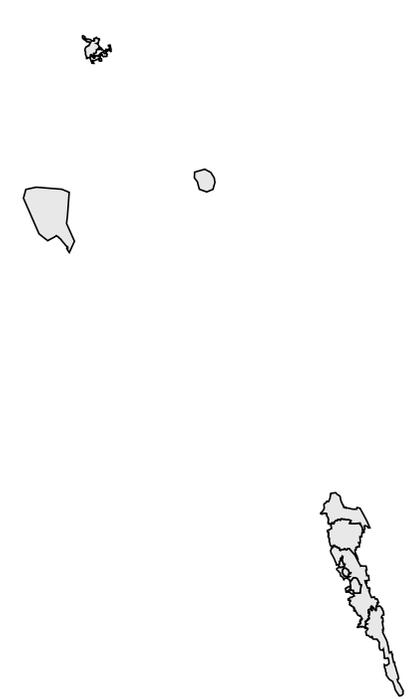
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

Twice the average number of cases over the past 3 weeks. Source: IEDCR

Alert management (W19 2022)



Figure | % sex

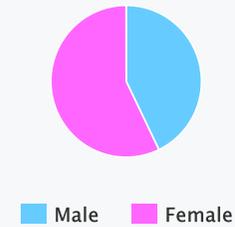


Figure | % age

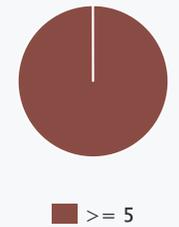
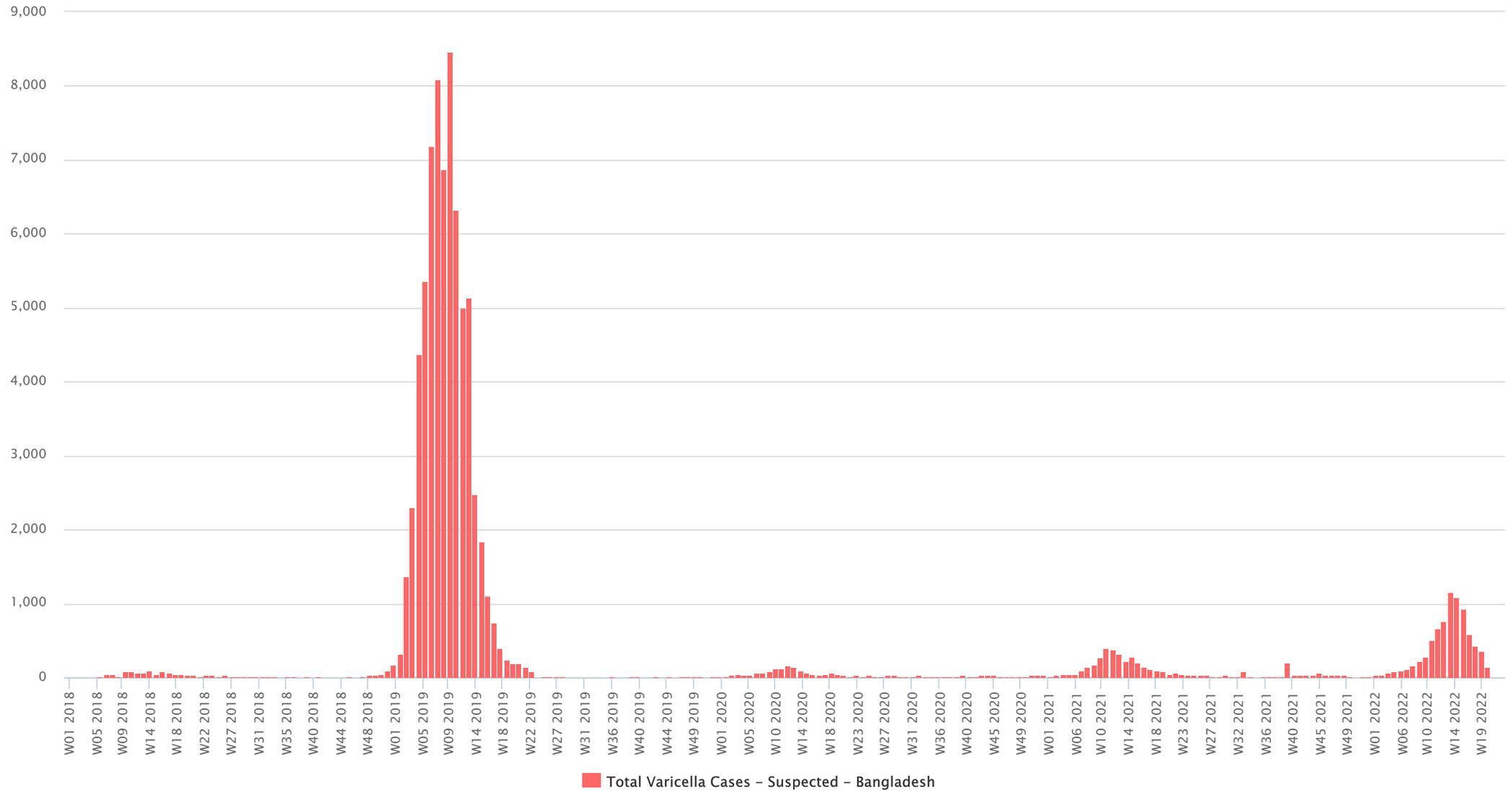


Figure 7 | Trend in number of cases over time (W38 2017 - W19 2022)

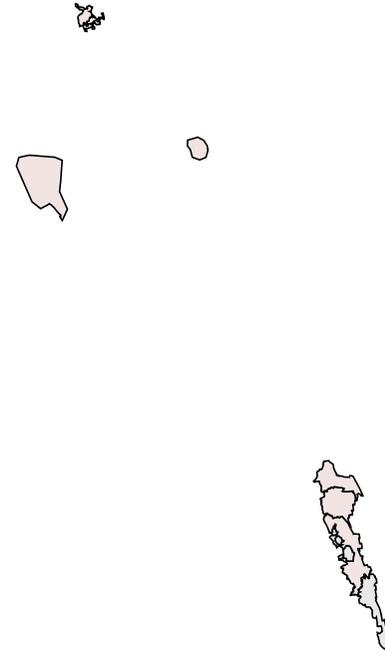


Map 4 | Map of cases by camp (W37 2017 - W19 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

Number of cases

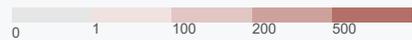
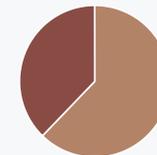


Figure | % sex



Male Female

Figure | % age



< 5 >= 5

For more help and support, please contact:

Dr. SImrul Kayes
Medical Officer - Civil Surgeon Office (MO-CS)
Ministry of Health and Family Welfare
Cox's Bazar, Bangladesh
Telephone: +88 017826296025
Email: mailkayesk65@gmail.com

Dr. Feroz Hayat Khan
National Professional Officer (Disease Surveillance &
Epidemiology)
World Health Organization
Cox's Bazar, Bangladesh
Telephone: +88 017 0120 2994
Email: khan@who.int

Notes

WHO and the Ministry of Health and Family Welfare gratefully acknowledge all partners who have reported the data used in this bulletin.

The data been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

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