Situation Report: May 2025

WHO Cox's Bazar: Rohingya Emergency Crisis

Coordination and Leadership

From 13–15 May 2025, a delegation from the Embassy of Sweden in Dhaka visited Cox's Bazar to assess the impact of the Swedish International Development Cooperation Agency (SIDA)-funded health interventions implemented by WHO in Rohingya camps and host communities. The mission focused on Sweden's support in sustaining essential health services, strengthening disease surveillance and laboratory capacity, and enhancing the resilience of the health system. Key discussions highlighted WHO's leadership in coordinating over 55 partners, efforts to rationalise health services amid funding constraints, and SIDA's vital role in maintaining diagnostic capacity. The visit reaffirmed Sweden's strategic partnership in advancing both humanitarian and development health goals in Bangladesh and continued support to WHO.

As of May 2025, the Health Sector finalised the questionnaire and methodology for the upcoming Essential Package of Health Services (EPHS) Assessment, following a review by the Strategic Advisory Group (SAG). Scheduled for the third week of June, the assessment aims to evaluate the alignment of health facilities with EPHS standards.

In parallel, a costing analysis is underway to estimate the average operational budget for a Primary Health Centre (PHC) and a Health Post (HP), including bilateral consultations with two partner organisations between 18 May and 5 June. Together, the EPHS assessment and costing analysis will provide evidence-based insights to inform strategic planning and improve the cost-effectiveness of primary healthcare delivery.

To ensure coordinated action, WHO-led Health Sector coordination meetings were held throughout May at the district (1), upazila (2), and camp levels (33), covering key updates on the health situation, implications of the U.S. funding suspension, progress on the Joint Response Plan (JRP) 2025, and disease surveillance including dengue, cholera, routine EPI, AFP, and other vaccine-preventable diseases, as well as SRH, community health, mental health, and emergency preparedness. These efforts directly support the Health Sector's Strategic Objectives 1, 2, and 3 under the JRP. In addition, several Technical Working Groups convened in May, including on MHPSS, RCCE, SRH, EPI, and CHW, while targeted actions were taken to address field-level coordination gaps. Through these activities, WHO continues to lead and strengthen the health response for the Rohingya refugee population in Cox's Bazar.

To strengthen accountability and foster a lasting culture of prevention and response to sexual misconduct, the PRSM unit conducted in-person orientation and refresher training in Bangla for 10 drivers, 2 support staff, and security personnel. These sessions reinforced responsibilities and proper reporting procedures while encouraging open dialogue.

In collaboration with the Epidemiology, Surveillance, and Disease Control team, a joint mission to Bhasan Char integrated PRSM into outbreak preparedness and response, reaching 29 field staff through a dedicated session during a risk assessment training. Further community engagement included discussions with 50 outreach workers at a Community-Based Protection Centre involved in monsoon emergency response, as well as visits to primary healthcare facilities to exchange with GBV and SEA service providers on best practices and challenges. Additional outreach took place at Multipurpose Learning and Protection Centres, where teachers and children were engaged on child protection and GBV/SEA prevention. At Women and Girls' Friendly Spaces, sessions with 40 adult women and 36 girls participating in literacy and handicraft classes helped raise awareness on sexual exploitation, abuse, and child protection, strengthening grassroots-level prevention and response.

WHO and the Health Sector Information Management Team updated all regular information management products for May. The live interactive dashboards (4W, HeRAMS, training calendar, etc.) and other published products are available at https://rohingyaresponse.org/sectors/coxs-bazar/health/

Epidemiology and Surveillance

During the same period, the Epidemiology and Surveillance Team conducted a high-level tabletop simulation exercise (TTX) workshop for Health and WASH Sector partners, focusing on the Cholera outbreak response carried out between June 2024 and January 2025. This critical exercise served as a platform to systematically evaluate the effectiveness of the response efforts, identify operational gaps, and draw actionable lessons to strengthen future preparedness and response planning. Importantly, the TTX also facilitated a comprehensive review of the Multi-Sectoral Cholera Preparedness and Response Plan 2022/23, ensuring its alignment with current needs and best practices.

Surveillance efforts were further expanded to Bhasan Char, where frontline health workers received training and integrated monitoring for Cholera, Dengue, and Hepatitis C was launched.

During the reporting period, weekly Dengue Fever cases in the camps rose sharply from 385 in April to 1,110 in May 2025, marking nearly a threefold increase. This seasonal rise, typical during pre-monsoon rains, prompted the WHO Epidemiology and Surveillance Team to call for activation of multi-sectoral readiness plans.

At the same time, a concerning rise in unexplained febrile illnesses, first reported in Camps 24 and 26 and later affecting host communities and aid workers, is under investigation. Although a definitive diagnosis is pending, symptoms suggest a potential Chikungunya outbreak. WHO teams have mobilised to conduct field investigations, coordinate with health partners, and facilitate laboratory testing to determine the cause and guide appropriate interventions.

WHO responded promptly to the detection of new COVID-19 cases by reinforcing risk communication and reminding frontline health workers to maintain preventive measures aligned with global and regional protocols.

The confirmation of two diphtheria cases after a period of low transmission prompted an immediate response from WHO's Epidemiology and Immunisation teams, including case management, contact tracing, and review of immunisation coverage to curb further spread.

Acute Jaundice Syndrome (AJS) surveillance, used as a proxy for Hepatitis A and E, also indicated a rise in cases. WHO facilitated rapid diagnostic testing, case monitoring, and follow-up actions in coordination with health partners to address the rise in suspected Hepatitis cases and prevent further transmission. WHO is enhancing monitoring and promoting hygiene and sanitation to prevent further spread.

Informed by an After-Action Review of the 2024 Dengue outbreak held during the reporting month, WHO is revising the Dengue Fever Prevention, Detection, and Management Protocol (2022/23) and developing a response plan for 2025. As part of the workshop, new pre-qualified larvicides and adult insecticides were also introduced to DGHS-CDC and the national Insecticide Registration Authority for consideration.

Immunization

In May 2025, more than 48,000 vaccine doses were administered to children under two years of age, including 17,937 doses of oral and inactivated polio vaccines (OPV 1–3 and fIPV 1–2) and 7,084 doses of the measles-rubella (MR) vaccine (doses 1 and 2).

During the same period, a laboratory-confirmed rubella outbreak was reported in Camp 1W, along with three suspected measles outbreaks in Camps 2E, 10, and 17. In response, additional case searches (ACS) were launched, and line-listing of unvaccinated children under 10 years is underway. Upon completion, targeted vaccination campaigns will be rolled out to protect at-risk children and curb further transmission.

Health operations & technical (response)

Emergency Preparedness and Response (EPR)

From 13 to 15 May 2025, WHO's EPR unit conducted a simulation-based Mass Casualty Incident (MCI) Management Workshop in Cox's Bazar to strengthen emergency preparedness among frontline responders in the Rohingya camps. Engaging over 160 participants from 21 partner organisations, the exercise revealed gaps in triage accuracy, supply readiness, and inter-agency coordination. WHO is integrating key recommendations into contingency plans and training packages, while facility-level assessments of 26 PHCs and four field hospitals identified further needs in trauma care and command systems.

Moreover, supportive supervision of Mobile Medical Teams (MMTs) is ongoing throughout May and June, with targeted field visits aimed at monitoring emergency deployment capacity, validating triage readiness, and reinforcing interagency referral pathways. This will further contribute to a more coordinated and effective MCI response.

Communicable Diseases (CD), Infection Prevention and Control (IPC)

To strengthen disease surveillance and improve access to care, the WHO CD team, in collaboration with UNHCR, launched the Hepatitis C Surveillance linked to Treatment Centres programme in Bhasan Char on 26 May 2025. The initiative aims to facilitate early detection and linkage to treatment for Hepatitis C among Rohingya refugees, contributing to better health outcomes and reduced transmission. The launch coincided with the start of a research study titled *"Prevalence and Risk Factors of Hepatitis C Virus among Rohingya Refugees Living on Bhasan Char,"* designed to generate evidence for targeted public health interventions.

As part of the launch, 20 healthcare workers (12 men and 8 women), including physicians and medical assistants, received comprehensive training on Hepatitis C surveillance. The session focused on case identification, standardised reporting procedures, and clinical management protocols, equipping frontline health staff with the skills needed to implement effective surveillance and patient care.

As part of the research, the team conducted five Focus Group Discussions (FGDs), ten patient interviews, and two Key Informant Interviews (KIIs) to gather both quantitative and qualitative insights into Hepatitis C risks and response in the island setting.

As of 31 May 2025, a total of 13,677 individuals had been screened for Hepatitis C in Cox's Bazar, with 1,156 patients initiating treatment since the launch of the surveillance programme. The initiative has now adopted a universal screening approach, expanding eligibility to individuals aged 11 years and above. To enhance treatment access, three new centres were opened in May at Camp 4 Extension and Nayapara Registered Camp (both operated by Gonoshasthaya Kendra), and Camp 5 (operated by Friendship), with support from

UNHCR. These developments represent a significant scale-up in both the reach of surveillance and the availability of treatment services across the refugee response.

The Infection Prevention and Control (IPC) unit carried out supportive supervision visits to evaluate IPC practices across healthcare facilities in the Rohingya camps. A total of nine facilities were assessed, including three Primary Healthcare Centres (PHCs) and six Health Posts (HPs). The primary objective of these visits was to assess the current status of IPC implementation, identify gaps, and provide targeted guidance and technical support to strengthen IPC measures within these healthcare settings.

Essential Lab Services

To support the ongoing Hepatitis C surveillance initiative, 101 post-treatment samples were tested. Among them, 92 showed undetectable HCV RNA at SVR12, demonstrating sustained virologic response and successful treatment outcomes. Nine samples tested positive for HCV RNA, eight of which were from female patients.

In May 2025, as part of the Hepatitis C surveillance initiative, a focused training session was held in Bhasan Char on sample collection, transportation, and storage. The session targeted laboratory personnel and healthcare workers, with 27 participants attending. The training aimed to enhance laboratory capacity to support effective surveillance and diagnostic procedures.

During the reporting period, 88 COVID-19 tests were carried out, with five positive results reported. Five diphtheria tests were conducted, with two returning positive results. Further, 207 Antimicrobial Resistance (AMR) samples were collected and analysed from various health facilities across the camps, including 76 blood, 98 urine, and 33 stool samples. Of these, 40 samples showed microbial growth, indicating positive cultures.

Non-communicable Disease (NCD) services and Mental Health and Psycho-Social Support (MHPSS)

To strengthen the quality of mental health and psychosocial support services, the NCD and MHPSS unit provided supportive supervision to 14 mhGAP-trained healthcare providers from six different Health Sector partners. The objective of this activity was to reinforce the implementation of mental health care practices in line with mhGAP guidelines, assess the quality of services being delivered, and offer targeted feedback and mentoring. This initiative contributed to improved consistency in mental health service delivery and enhanced the capacity of healthcare providers to manage priority mental health conditions within camp settings.

Health operations & technical (Services)

WASH and Health Care Waste Management

Following field visit reports from April indicating inconsistent chlorination practices and a lack of uniformity in chlorine product availability, the unit initiated the procurement of chlorine-based products to support Health and WASH partners. These supplies will be distributed as needed to address gaps, particularly in anticipation of the upcoming monsoon season. This initiative aims to bolster preparedness, strengthen partner coordination, and improve water safety across field-level facilities.

The WASH and Health Care Waste Management unit contributed to the Cholera Simulation Exercise and the Dengue Outbreak After-Action Review, organised by WHO, by providing technical expertise and field-based insights to enhance outbreak preparedness and response. The unit also shared recommendations on WASH standards to support their effective integration into emergency response strategies, identified service delivery gaps, and proposed practical, context-specific solutions. The unit also worked closely with UN and NGO technical teams to ensure a well-coordinated and efficient outbreak response.

Administration, finance, and logistics

Operations Support and Logistics

As part of the Hepatitis B & C program, the WHO Logistics team coordinated the distribution of 18,660 Rapid Diagnostic Test (RDT) kits for Hepatitis C and 22,380 RDT kits for Hepatitis B to 34 partner organisations, covering 102 health facilities, including those in Bhasan Char. Further, 150 bottles of Sofosbuvir + Daclatasvir were distributed, providing sufficient stock to initiate treatment for 50 patients.

To enhance disease surveillance, the logistics team also facilitated the distribution of 6,120 RDT kits for Cholera, HIV & Syphilis, Malaria, and Dengue to six Health Sector partners, supporting 17 health facilities across the Rohingya camps.

As part of the Non-Communicable Disease (NCD) programme, the logistics team facilitated the delivery of essential medications, including:

- 102,500 tablets of Amlodipine 5 mg to support the monthly treatment of approximately 3,416 patients,
- 42,000 tablets of Metformin 500 mg for 1,400 patients, and
- 29,512 tablets of Rosuvastatin 5 mg for 983 patients.

These supplies aim to ensure continuity of care and effective management of hypertension, diabetes, and cardiovascular conditions among the affected population.

In addition, the team supplied 22,500 medical masks and 4,500 examination gloves to 11 Health Sector partners, supporting infection prevention and control measures across 30 health facilities within the camps. To further strengthen primary healthcare services, the logistics team distributed 18 IEHK-2019 Basic Modules (Essential Medicine Kits) to six partner organisations, sufficient to meet the basic medical needs of approximately 18,000 individuals.

Moreover, four Inter-Agency Reproductive Health (IARH) / Clean Delivery Kits were provided to three health facilities, enhancing their capacity to support safe deliveries for up to 800 patients.

References:

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CONTACTS

Dr Ahmed Jamsheed Mohamed WHO Representative WHO Bangladesh Email: jamsheedm@who.int	Dr Jorge Martinez Head of Cox's Bazar Sub Office WHO Bangladesh Email: martinezj@who.int	Terence Ngwabe Che External Communication Officer Cox's Bazar Sub Office Email: chet@who.int