Situation Report: November 2025

WHO Cox's Bazar: Rohingya Emergency Crisis

In November 2025, WHO Cox's Bazar maintained uninterrupted essential health services across the Rohingya camps, ensuring continuity of routine care, emergency readiness, outbreak monitoring, and immunization activities. Priority interventions covered surveillance, vaccination, infection prevention and control, non-communicable disease management, mental health support, and maternal and child health. WHO also provided technical coordination, information management support, and logistics to sustain the humanitarian health response for Rohingya and host communities.

Coordination and Leadership

To enhance information sharing, technical coordination, and collective decision-making, WHO convened one central Health Sector Coordination meeting, 33 camp-level meetings, and a Strategic Advisory Group (SAG) meeting in November 2025. Partners were briefed on the overall situation, the US funding suspension, JRP 2025 progress and 2026 planning, and epidemiological updates on dengue, cholera, and other priority health concerns.

The WHO-led Health Sector also facilitated multiple Technical Working Group meetings, including SRH, RCCE, MHPSS, CHW, and EPI, to maintain field-level coordination and provide technical guidance. These collective efforts ensured continued alignment with the Health Sector Strategic Objectives 1–3 and reinforced WHO's leadership in coordinating the humanitarian health response in Cox's Bazar.

The WHO led Health Sector in Cox's Bazar completed the Peer Review of the 2026 Joint Response Plan (JRP), receiving 23 project proposals from partner organizations. The Peer Review Team (PRT), comprising representatives from the Health Sector Strategic Advisory Group (SAG), assessed each proposal for technical and operational relevance, feasibility, fundraising potential, coordination commitments, and adherence to humanitarian principles, using the 2025 Public Health Needs Assessment (PHNA) and the 2026 Prioritization and Rationalization Plan as guiding documents.

Following review, 17 proposals (5 LNGOs, 7 INGOs, 5 UN agencies) were recommended for inclusion, subject to revisions to align budgets with sector priorities, recommended unit costs, and field-level costing analysis. Proposals for non-recommended facilities were rejected, ensuring funds are directed to essential, approved services.

The final Health Sector appeal totals $49.87 million, representing a 46% reduction from last year's appeal and a 30% decrease from initial submissions. This budget reflects the absolute minimum required to sustain

essential health services without inflation, cost increases, or additional buffer. Further reductions would compromise service delivery, continuity of care, and population health, increasing morbidity and mortality among affected communities.

WHO, together with the Health Sector Information Management Team, updated all key information products, including interactive dashboards such as 4W, HeRAMS, and the training calendar, ensuring timely data availability for partners. These resources remain accessible through the Health Sector website: https://rohingyaresponse.org/sectors/coxs-bazar/health/

In 2025, the third year of implementing the Prevention and Response to Sexual Misconduct (PRSM) 3-Year Strategy, WHO Bangladesh reinforced staff commitment to the principle of do-no-harm through orientation and refresher training sessions. These efforts focused on institutionalizing the PRSM accountability framework within information sharing and staff capacity-building activities. The annual training included all categories of WCO staff senior management, technical and professional officers (national and international), administrative staff, team assistants, consultants, UN volunteers, and drivers, with a total of 156 participants (115 males and 41 females).

Building on the integration of sexual misconduct risk into WHO's corporate risk register as a top-level risk and utilizing the new sexual misconduct risk assessment tool, WHO Bangladesh completed the 2025 Sexual Exploitation and Abuse (SEA) Risk Assessment to maintain readiness in identifying and managing sexual misconduct risks, particularly in community-facing programmes. Mitigation measures from the assessment have been incorporated into the PRS biennium activity implementation plan for 2026–2027.

Epidemiology, Surveillance and Health Information Management

Throughout the reporting month, the Epidemiology and Surveillance team maintained robust field surveillance and response activities, including implementation of EWARS and rapid alert verification.

Weekly dengue cases continued to decline, with no dengue-related deaths reported during this period; the cumulative number of dengue deaths remains at ten.

Cholera transmission sharply declined, with no culture-confirmed cases detected. No confirmed cases of COVID-19, Chikungunya, or Diphtheria were reported.

The WHO Epidemiology team completed the protocol for integrated sentinel surveillance of infectious diseases with epidemic and pandemic potential, which will be published soon.

To control scabies transmission, contact management was rolled out across all 33 camps through community health workers, following the mass drug administration (MDA) against scabies launched by WHO and partners in 2024. Activities included identification of close contacts, treatment, health education,

environmental measures, and follow-up. WHO is supporting partners in case management, linking interventions to patients treated at health facilities throughout the camps.

To strengthen technical coordination, the Terms of Reference for the Epidemiology, Case Management, and IPC Technical Working Group were finalized.

Mortality surveillance and ICD-11 training were successfully conducted, introducing the ICD-11 classification system, with implementation planned for early next year.

No new COVID-19 cases were recorded in November, and transmission within the camps remained at zero. Public health and social measures will continue to be reinforced to maintain control and prevent potential resurgence.

Dengue cases continue to decline, though transmission persists in the camps; WHO is providing active support through case detection, alert monitoring, and epidemic threshold tracking to enable timely interventions.

Cholera remains under control, with zero cases reported this month; since the Oral Cholera Vaccine campaign, only seven confirmed cases have been recorded in total.

Immunization

To ensure routine immunization coverage, more than 43,000 vaccine doses were administered to children under two years of age across the camps in November 2025. This included 15,767 doses of oral polio vaccine (OPV, first to third doses) and fractional inactivated polio vaccine (fIPV, first and second doses), as well as 5,352 doses of measles-containing vaccine (MR, first and second doses).

To maintain surveillance for vaccine-preventable diseases, two acute flaccid paralysis (AFP) cases were reported from Ukhiya, with laboratory classification currently pending. Further, five suspected measles cases were reported from Ukhiya and Teknaf, of which two, from Camps 1E and 22, were clinically confirmed, while the remaining cases tested negative.

The Typhoid Conjugate Vaccine (TCV) campaign was conducted from 2 to 25 November 2025 as part of a nationwide effort to vaccinate 5 million children across Bangladesh. In the Rohingya camps, the campaign targeted children aged 9 months to under 15 years over 18 working days. A total of 410,345 Rohingya children were vaccinated, achieving 86.3% coverage of the target population.

Over 2,000 majhis actively supported community engagement and sensitization activities, contributing to the campaign’s success.

Health operations & technical

Prevention of Mother to Child Transmission (PMTCT)

On 1 December 2025, WHO partnered with the Civil Surgeon's Office in Cox's Bazar to mark World AIDS Day, reaffirming its commitment to stigma-free, inclusive HIV services and strengthened prevention of mother-to-child transmission (PMTCT). Guided by the global theme, "Overcoming disruption, transforming the AIDS response," the day featured a solidarity rally with health authorities, UN agencies, partners, and community volunteers promoting HIV awareness and PMTCT, alongside a technical session led by WHO on updated HIV testing guidance, linking HIV-positive mothers to antiretroviral therapy, and operational strategies in humanitarian settings. WHO reaffirmed its dedication to inclusive services for both host and Rohingya communities, emphasizing the urgent need to end stigma and discrimination while protecting mothers, babies, and communities.

Risk Communication and Community Engagement (RCCE)

The RCCE and External Communications Officers jointly facilitated the WHO SEARO Annual Regional Forum on Community Engagement and Resilience at the Cox's Bazar level, engaging key government counterparts and partners including UNHCR and IOM. The forum aimed to strengthen the capacity of Ministries of Health to collect and use social and behavioural data for public health decision-making and to gather feedback to inform future regional and national actions.

Held virtually from 10 to 12 November 2025, the forum included a training on "Enhancing the use of social and behavioural data for addressing public health risks," followed by an internal consultation with WCOs, including Cox's Bazar Sub-Office, on 13 November 2025.

Emergency Preparedness and Response (EPR)

In November 2025, the WHO-led Emergency Preparedness and Response Technical Committee and the Health Emergency Operation Center strengthened readiness for the Rohingya response. Priorities included mass-casualty preparedness, consolidation of the Medical Hub system, follow-up on the DRU Action Plan, and pre-positioning of emergency supplies. Cyclone-readiness efforts and multi-agency coordination improved surge capacity across the Health Sector.

Ahead of Cyclone Ditwah, WHO conducted a virtual refresher for 17 Mobile Medical Team Incident Commanders on the Incident Command System, emergency communication, referral coordination, and field linkages with Medical Hubs and DRU hotlines. Ambulance operations were reinforced through oxygen-kit replenishment, Basic Life Support training, logbook activation, and IPC checks across 42 DRU-linked ambulances.

The Medical Hub SOP for mass-casualty operations was finalized and is under final review. Preparations for the 2026 Emergency Logistics Gap Analysis began, including tool development, partner orientation, and camp-level verification.

WHO continued uninterrupted distribution of IEHK modules, TESK modules, trauma kits, and weather-protection items to support MCI, outbreak, and fire response. The HEOC coordinated with the Civil Surgeon's Office, RRRC, UN agencies, and partners on Medical Hub zoning, supply-chain tracking, cyclone preparedness measures, and SOP endorsement.

Overall, WHO maintained strong emergency preparedness and response, advancing MCI readiness, ambulance system improvements, logistics resilience, and interagency coordination for Rohingya and host communities.

Infection Prevention and Control (IPC)

In November, the IPC unit conducted supportive supervision across 37 healthcare facilities in the Rohingya camps, including 16 Primary Healthcare Centres, 20 Health Posts, and one field hospital. The visits aimed to assess infection prevention and control (IPC) practices, identify gaps, and provide guidance and technical support to strengthen IPC measures in these facilities.

Essential Lab Services

During the reporting period, three diphtheria tests were conducted, with one testing positive. This highlights the ongoing presence of the disease and underscores the need for continued vigilance, timely case management, and sustained immunization and surveillance efforts to prevent potential outbreaks in the camps.

A total of 128 samples were collected from camp health facilities for antimicrobial resistance (AMR) surveillance, including 16 blood, 68 urine, 27 stool, and 17 wound swabs. Of these, 25 samples showed microbial growth, highlighting the presence of resistant pathogens. This surveillance provides crucial data to guide effective antibiotic use, inform infection prevention and control measures, and support public health strategies to curb the spread of resistant infections in the camps.

For ongoing Hepatitis C surveillance, 1,588 pretest samples were tested, of which 1,051 (66.2%) were HCV RNA detectable. Among 33 post-treatment samples tested, 32 showed undetectable HCV RNA at SVR12, indicating successful treatment outcomes, while one sample remained detectable.

A total of 24 COVID-19 tests were also conducted in November 2025, all of which were negative.

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

During the reporting period, 15 supportive supervision sessions for mhGAP were provided to 54 healthcare providers in the Rohingya camps (30 female, 24 male), including 20 doctors and 34 psychosocial counsellors.

These sessions aim to reinforce knowledge gained during training and support effective implementation of mhGAP within Primary Healthcare Centres (PHCCs).

Additionally, 15 monitoring visits were conducted across PHCCs to assess the integration of non-communicable disease (NCD) services. These visits focused on evaluating service quality, identifying gaps, and providing technical guidance to strengthen sustainable and effective NCD care delivery.

Efforts to fill gaps in essential medicines and IEC materials across all healthcare facilities continue. Ensuring the uninterrupted availability of key NCD and mental health supplies and information materials supports consistent service delivery and improved patient care throughout the camps.

Water, Sanitation, and Hygiene (WASH) and Health Care Waste Management (HCWM)

A total of 40 healthcare facilities were assessed under the WASH-FIT process, including 22 Health Posts, 17 Primary Health Centres, and 1 Field Hospital across the Ukhiya and Teknaf camps. The assessment reviewed five core domains: water supply, sanitation, hygiene practices, environmental cleaning, and healthcare waste management. Water quality testing was conducted at all 40 facilities, measuring Free Residual Chlorine (FRC), pH, and turbidity at both source and drinking water points.

Recommendations have been shared with facility in-charges, and corresponding incremental improvement plans have been developed. To date, 80 healthcare facilities have been assessed, covering more than 80% of all health facilities in the camps. The final consolidated report will be shared with the Health Sector upon completion.

Administration, finance, and Logistics

Operations Support and Logistics

The WHO Logistics Team has been instrumental in supporting public health interventions in the Rohingya camps. To combat Hepatitis B and C, the team distributed 5,730 Rapid Diagnostic Test (RDT) kits for Hepatitis B and 2,400 kits for Hepatitis C to six partner organizations, covering 14 health facilities. Additionally, 450 bottles of Sofosbuvir + Daclatasvir tablets were supplied to treat 150 patients, ensuring uninterrupted access to essential medicines.

To strengthen disease surveillance and outbreak response, 4,400 Dengue RDT kits were delivered to two health facilities, while 160 Malaria RDTs and 780 Cholera RDTs were distributed to 17 facilities, supporting early detection and rapid disease management in high-risk areas.

Under the NCD program, essential medicines were provided, including 10,000 Amlodipine 5 mg tablets (for 333 patients), 500 Metformin 500 mg tablets (for 16 patients), and 3,000 Gliclazide 80 mg tablets (for 100 patients). WHO also donated 20 IEHK-2017 Basic Drug Modules to five partner organizations, potentially reaching 20,000 people, and supplied two Emergency Trauma and Surgery Kits to a secondary-level hospital, supporting 100 patients.

For mental health and psychosocial support (MHPSS), 20,000 tablets of Sodium Valproate 500 mg (for 666 patients) and 15,000 Risperidone 2 mg tablets (for 500 patients) were provided to ensure continuity of care for one month.

Through these coordinated efforts, the WHO Logistics Team continues to strengthen supply chain responsiveness and health system resilience, supporting effective service delivery across the camps.

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