Situation Report: September 2025

WHO Cox's Bazar: Rohingya Emergency Crisis

Coordination and Leadership

To inform evidence-based public health planning and cholera preparedness, data collection for the 2025–26 Public Health Needs Assessment (PHNA) and Cholera Knowledge, Attitude and Practice (KAP) Survey was successfully completed in mid-September 2025. The exercise engaged over 2,000 households and 300 healthcare workers, generating critical insights into community health needs, service accessibility, and system-level challenges. Data analysis and report preparation are currently underway, with results expected in the coming weeks.

To maintain coordination across health partners, the WHO-led Health Sector held its monthly coordination meetings in September 2025, including one at the Cox's Bazar level, 33 at the camp level, and a Strategic Advisory Group (SAG) meeting. Partners discussed the overall health situation, the U.S. funding suspension, JRP 2025 updates, and progress in disease surveillance, EPI, SRH, community health, emergency preparedness, and mental health. Several technical working group meetings, including MHPSS, RCCE, SRH, EPI, and CHW, were also convened. These efforts, aligned with the Health Sector Strategic Objectives (SO) 1–3, reinforced WHO's leadership in ensuring coordinated, evidence-based, and timely health responses across the Rohingya camps.

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/

Accountability to affected populations remained a key focus in September. WHO, in collaboration with the PSEA Network/CXB, organized a consultation workshop on 15 September 2025 for civil society organizations working in Rohingya camps and host communities. A total of 36 participants (22 women and 14 men) engaged in discussions on strengthening accountability mechanisms, enhancing CSO capacity in preventing and responding to sexual misconduct, and providing feedback on the SEAH mitigation checklist for health service delivery.

To strengthen awareness and accountability on preventing sexual misconduct, WHO organized briefing sessions for vendors who regularly interact with staff and beneficiaries. Led by the PRSM unit in coordination with compliance, logistics, and procurement teams, the sessions were held on 11 and 17 September 2025,

engaging 55 vendors (9 women and 46 men) from Dhaka and Cox's Bazar. The briefings covered prevention, early detection, mitigation, and response, reinforcing WHO's zero-tolerance policy and promoting positive behaviour change.

The Head of Sub-Office (HoSO) represented WHO, as the lead agency for the Health Sector, at a working dinner with the European Parliament Subcommittee on Human Rights (DROI) during its visit to Bangladesh from 16 to 18 September. The visit aimed to emphasize the human rights dimension of EU–Bangladesh relations and to gain a deeper understanding of the humanitarian and public health needs within the Rohingya refugee response.

During the engagement, Mr Satouri, Chair of the DROI, noted that with the decline in U.S. funding and leadership, the European Union is stepping up its role both economically and in global humanitarian leadership. He concluded the meeting by reaffirming the EU's commitment to continued advocacy and enhanced financial support for the emergency response, including critical public health and life-saving interventions.

Epidemiology, Surveillance and Health Information Management

During the reporting month, the Epidemiology and Surveillance team maintained active field surveillance and response activities, including the implementation of EWARS and the timely detection, verification, and response to live and death alerts.

A sustained decline in weekly dengue cases was observed, consistent with trends from the previous month, as the monsoon season and peak transmission period came to an end. One dengue-related death was reported in Epidemiological Week 37, bringing the total to six. Multi-sectoral response interventions led by the Health, WASH, and Camp/Site Management sectors continued to be scaled up across all camps to mitigate transmission risks. WHO and UNICEF also engaged dengue experts from a Dhaka-based university to plan a vector surveillance project for 2026, aimed at generating evidence to inform prevention strategies.

Cholera transmission was successfully interrupted during this period, with zero culture-confirmed cases reported, compared to three in the previous month. WHO deployed one central module and two drug kits to strengthen cholera case management capacity in isolation facilities. The draft multi-sectoral AWD/Cholera Preparedness and Response Plan (Jan 2025–Dec 2026) was finalized and is now ready for circulation among partners.

No confirmed cases of COVID-19, Chikungunya, or Diphtheria were reported among either camp or host populations.

To reinforce coordination and information-sharing, WHO's Epidemiology team convened two biweekly Epidemiology Technical Working Group (TWG) meetings with Health Sector partners and two biweekly monitoring meetings with Camp Health Disease Surveillance Officers (CHDSOs), ensuring continuous updates, performance review, and strengthened disease surveillance operations across camps.

Communicable Disease Services (CD)

To review and align technical priorities across HIV, STI, viral hepatitis, RMNCAH, and elimination of mother-to-child transmission (EMTCT) services, the WHO Sub-Office in Cox's Bazar hosted a Joint Mission in September 2025 with participation from WHO South-East Asia Regional Office (SEARO) and the WHO Country Office. The mission aimed to assess service delivery, quality of care, and continuity of testing-to-treatment pathways for Rohingya refugees and host communities. The mission featured joint meetings with government counterparts, UN agencies, health partners, and other stakeholders, complemented by technical consultations and field visits to health facilities and community service points across the camps.

Key outcomes included the strategic alignment of technical priorities across HIV, STI, viral hepatitis, RMNCAH, and EMTCT programmes; identification of actions to strengthen service delivery and care cascades; and recommendations to enhance monitoring, referral systems, and inter-agency coordination. The mission also underscored the importance of sustaining essential health services within an integrated framework and reaffirmed the collective commitment to improving equitable access to quality health care for both Rohingya refugees and host populations in Cox's Bazar.

Immunization

In September 2025, WHO and partners administered over 47,000 vaccine doses to children under two, including 18,318 polio and 6,502 measles-rubella doses, strengthening immunity across camps and host communities.

Surveillance detected 12 cases of Acute Flaccid Paralysis (AFP), nine of which were non-polio, yielding an annualized AFP rate of 3.72 per 100,000 and a non-polio AFP rate of 2.79 per 100,000, indicating robust monitoring. One measles outbreak, two rubella outbreaks, and five suspected measles outbreaks were reported. Among 554 suspected measles cases, 1.08% tested positive. Annualized incidence rates were 7 per million for measles and 10.5 per million for rubella, with a discarded case rate of 67.43 per 100,000, demonstrating strong surveillance sensitivity and ongoing transmission risk.

Ahead of the Typhoid Conjugate Vaccine (TCV) campaign and HPV vaccine introduction, WHO's Immunization and Vaccine Development team trained facility managers, nurses, vaccinators, and AEFI focal points on vaccine administration, cold chain management, safe injection, and AEFI monitoring to ensure safe and effective rollout.

Health operations & technical

Joint Mission to Cox's Bazar: HIV, Hepatitis, STIs, RMNCH, and HBV Immunization

In September, WHO conducted an internal joint mission to Cox's Bazar to provide technical support to the Sub-Office and Country Office. The mission brought together experts from SEARO, WCO, and WSO, with a focus on addressing interrelated public health priorities on blood-borne viruses (HIV, hepatitis B and C, and syphilis), reproductive, maternal, newborn and child health (RMNCH), hepatitis B immunization, and the elimination of mother-to-child transmission (EMTCT) of these infections. A comprehensive report with recommendations will be issued in October 2025.

Emergency Preparedness and Response (EPR)

WHO's Emergency Preparedness & Response Technical Committee (EPR TC) significantly strengthened incident management, partner coordination, and last-mile preparedness ahead of the October–November cyclone season. The team implemented standardized activation protocols, streamlined information flows, ensured Mobile Medical Team (MMT) readiness, and established clear referral pathways, improving response capacity across camps and host communities. EPR TC reinforced coordination with the RRRC and Civil Surgeon's Office and refined logistics and pre-positioning plans to ensure timely and accountable action.

Between July and September, EPR TC supervised 43 DRU ambulances in Ukhiya and Teknaf, identifying gaps in oxygen supply, life-support equipment, IPC compliance, communications, and driver training. The team immediately replenished consumables, restored communications, provided rapid orientations, and repaired air conditioning. They plan to implement BLS certification, standardize equipment and kits, maintain logbooks, and conduct biannual supervision to sustain operational readiness.

EPR TC and partners (IOM, BRAC, IRC, Friendship, HMBD Foundation, BDRCS) pre-positioned MMT logistics and kits, including drug modules, throw bags, digital sphygmomanometers, and IEHK supplies, to ensure equitable coverage and surge capacity. They improved maternal and newborn health readiness by delivering Fetal Doppler SD3 units to Ukhiya and Teknaf UHCs for early detection of fetal distress.

On 23 September, EPR TC convened the MMT Technical Working Group (TWG) to review DRU supervision findings, consult partners, conduct rapid orientations and driver training, and plan corrective actions. The team will present a combined EPR TC–MMT TWG proposal and sector session in October to update the MMT Operational Plan and Health Sector Cyclone Plan, clarifying roles, ownership, and deadlines.

EPR TC finalized the MMT Operational Plan 2025 and ambulance governance frameworks, detailing activation triggers, surge rosters, triage and referral protocols, communications and logistics strategies, and preparedness exercises to guide cyclone-season response.

Infection Prevention and Control (IPC)

The IPC unit conducted supportive supervision visits to assess infection prevention and control (IPC) practices in healthcare facilities across the Rohingya camps. During the reporting period, ten facilities were visited, including four Primary Health Care Centres (PHCs) and six Health Posts (HPs). The objective of the activity was to evaluate the status of IPC implementation, identify gaps, and provide technical guidance and support to strengthen IPC measures within healthcare settings.

Essential Lab Services

To strengthen infection control, monitor emerging pathogens, and guide targeted public health interventions in the camps, WHO-supported health facilities conducted disease surveillance and antimicrobial resistance (AMR) monitoring during the reporting period. Three diphtheria tests were performed, all of which were negative. A total of 148 AMR samples were collected and analyzed from health facilities, including 15 blood, 76 urine, 33 stool, and 10 wound swab samples, of which 22 showed microbial growth.

For Hepatitis C surveillance, 2,306 pre-treatment samples were analyzed, with 1,358 (58.9%) testing positive for HCV RNA. Among 74 post-treatment samples, 71 were undetectable at SVR12, demonstrating successful treatment outcomes, while three female patients remained HCV RNA positive. 14 COVID-19 tests conducted in September returned negative results.

The National AMR focal point presented one-year surveillance data during the Health Sector meeting, highlighting key findings:

- Culture positivity in the Rohingya population (26%) exceeded national surveillance (21%), particularly in stool (30.6% vs 4%) and urine samples (25.1% vs 15%), contributing to the recent cholera upsurge.
- Vibrio cholerae was the most frequently isolated pathogen, compared with E. coli in national surveillance.
- Stool culture positivity declined following vaccination campaigns conducted in January and April 2025.
- Vibrio cholerae demonstrated 100% susceptibility to Tetracycline and 97% to Azithromycin, compared with 79% and 99%, respectively, nationally.

- Staphylococcus aureus showed high overall susceptibility, with 100% Linezolid susceptibility and 39% MRSA prevalence, compared with 91% Linezolid susceptibility and 68.7% MRSA nationally.

These surveillance activities provide critical data for infection prevention, continuous AMR monitoring, and evidence-based public health interventions to reduce disease transmission and improve treatment outcomes in the camps.

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

To strengthen primary healthcare workers' understanding and application of the mhGAP Intervention Guide (Bangladesh Version 2021), WHO conducted two three-day trainings on 1–3 and 22–24 September 2025. A total of 70 participants (38 male, 32 female), including doctors, psychologists, and psychosocial counsellors nominated by Health Sector partners, took part. All participants serve in the Rohingya camps in Ukhiya and Teknaf upazilas of Cox's Bazar. Post-training assessments indicated a 20% improvement in knowledge.

In addition, ten sessions of supportive supervision were held for 45 healthcare providers (18 male, 27 female) to reinforce mhGAP knowledge and enhance implementation capacity in Primary Health Care Centres (PHCCs).

Recognizing the critical need to strengthen suicide prevention and mental health support in the camps, WHO convened a symposium with the Mental Health and Psychosocial Support (MHPSS) Technical Working Group on 15 September 2025. The event featured presentations from WHO, IOM, UNHCR, and Save the Children International, followed by an open discussion aimed at enhancing coordinated and collective efforts. Representatives from the Office of the Refugee Relief and Repatriation Commissioner (RRRC) and the Civil Surgeon's Office also participated, contributing to cross-sectoral engagement and action planning.

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

To strengthen infection prevention and control and ensure safe water, sanitation, and hygiene in healthcare facilities, WHO conducted WASHFIT field visits in 10 healthcare facilities in the Ukhiya camps, including six health posts and four primary health care centres. The assessment focused on five key domains: water, sanitation, hygiene, environmental cleaning, and healthcare waste management. Water quality testing was performed at facility sources and drinking water points to measure parameters such as Free Residual Chlorine (FRC), pH, and turbidity. Recommendations were shared with facility in-charges, and incremental improvement plans were developed to address identified gaps. The final report will be shared with the Health Sector for broader action.

Administration, finance, and Logistics

Operations Support and Logistics

The WHO Logistics Team has been instrumental in supporting public health programs across Cox's Bazar. In the Hepatitis B and C response, the team distributed 15,300 Hepatitis B RDT kits and 17,970 Hepatitis C RDT kits to 14 partner organizations, covering 30 health facilities, and supplied 600 Sofosbuvir + Daclatasvir tablets to treat 200 patients, ensuring uninterrupted access to essential medicines.

To strengthen disease surveillance and outbreak response, the team coordinated distribution of 5,680 Dengue RDT kits to 14 partners, supporting 30 health facilities, alongside 3,400 cholera RDTs and 150 malaria RDTs to one facility. These inputs enhance early detection and rapid management of high-risk diseases.

Under the NCD program, essential medicines were distributed, including 7,000 Aspirin tablets (233 patients), 10,000 Amlodipine 5 mg tablets (333 patients), 81,500 Metformin 500 mg tablets (1,358 patients), and 81,500 Gliclazide 80 mg tablets (2,500 patients). WHO also provided 66 IEHK-2017 Basic Drug Kits to 10 partners, potentially benefiting 66,000 people.

For the MHPSS program, the team supplied 7,800 Carbamazepine 200 mg tablets (130 patients), 2,000 Fluoxetine 20 mg tablets (66 patients), 500 Haloperidol 5 mg tablets (433 patients), and 17,220 Risperidone 2 mg tablets (574 patients) for one month.

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

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