



© Ante Bussmann/MSF

# THE ILLUSION OF CHOICE:

## Rohingya Voices Echo from the Camps





# TABLE OF CONTENTS

Key findings .....	4
Introduction .....	5
Methodology .....	7
<b>1. What is the agenda at the UN conference?</b> .....	8
<b>2. Life for Rohingya inside the camps in Bangladesh</b> .....	10
<b>2.1 The persistent barriers to accessing healthcare</b> .....	12
<b>2.2 Fears of violence and insecurity</b> .....	13
<b>2.3 New arrivals: challenges and unmet needs</b> .....	15
<b>3. Rohingya perspectives on returning to Myanmar</b> .....	17
<b>3.1 Escalating violence in Myanmar</b> .....	17
<b>3.2 Dangerous journeys and pushbacks at the border</b> .....	20
<b>3.3 On the future and conditions for return</b> .....	21
Conclusion .....	23

## KEY FINDINGS<sup>1</sup>

**37%**

**unaware of the UN High-level Conference on the Situation of Rohingya Muslims and Other Minorities in Myanmar.**

The low level of awareness indicates a lack of meaningful consultation. Decisions about the future of the Rohingya people must be made with their active participation

**84%**

**would not feel safe returning.**

Safe and voluntary return to Myanmar is not possible under current conditions.

There is a disconnect between the focus on repatriation in international discussions and the realities for those directly affected. Refugees cite violence, insecurity, lack of rights and limited access to essential services in Myanmar as major barriers which make repatriation unviable.

**58%**

**feel unsafe in the camps in Bangladesh.**

Life in the camps in Bangladesh is marked by a climate of fear and insecurity;

Many refugees describe living in a state of constant anxiety in the overcrowded camps, citing threats of violence, theft and harassment. For women and girls, the risks are even greater, with real fears of sexual violence. This pervasive sense of fear dominates people's daily lives and impacts their mental health.

**56%**

**have difficulties accessing healthcare.**

Refugees struggle to access basic services in the camps; 56% of refugees report increasing difficulties accessing healthcare.

More than half of surveyed refugees say access to healthcare has worsened, while 60% report a decline in malnutrition services compared to last year. Rohingya refugees face persistent barriers to accessing timely and adequate healthcare in the camps. The prospect of further aid cuts risks deepening this crisis.

**New arrivals struggle to receive assistance, find shelter and access healthcare.**

**Additional resources have not been allocated to meet the needs of new arrivals. Many live in overcrowded shelters or rent substandard housing, while some remain unregistered and unable to access**

---

<sup>1</sup> “MSF suspends medical activities in northern Rakhine state, Myanmar”, Press Release, 27 June 2024



## INTRODUCTION



© Ante Bussmann/MSF

The Rohingya people have a long history of systematic exclusion and persecution. Stripped of their citizenship in 1982, the Rohingya were rendered stateless; this left them increasingly vulnerable to entrenched discrimination in Myanmar. Since then, the lives of Rohingya in their home state of Rakhine have been marked by severe restrictions on their movements and the systematic denial of food, healthcare, education and opportunities to earn a living. Decades of violence, fear and displacement culminated in the targeted attacks waged against the Rohingya in 2017.

As a result of the persecution and attacks, large numbers of Rohingya fled across the border to Bangladesh in search of safety; around 1.1 million Rohingya refugees now live in sprawling camps in Cox's Bazar district. What began as a pressing humanitarian emergency has, over eight years, morphed into a protracted crisis with no sustainable end in sight. Rohingya refugees remain confined to camps with no legal status, no right to work and with limited access to education, while living conditions in the camps continue to deteriorate as more refugees flee Myanmar.

The prospect of a safe and voluntary return to Myanmar is unviable, given the hostile conditions experienced by those Rohingya who remain in Rakhine state. Despite this, repatriation continues to feature prominently in international discussions, including at the stakeholders' dialogue hosted by the Bangladeshi government in August 2025 and the upcoming UN High-level Conference on the Situation of Rohingya Muslims and Other Minorities in Myanmar.

While the upcoming UN conference will address the situation of the Rohingya alongside other ethnic minorities, this report focuses specifically on the experience of Rohingya refugees in the camps in Bangladesh's Cox's Bazar district. This emphasis reflects both the scale of the crisis in the camps and MSF's ability to consult the Rohingya refugees who live there, due to our teams providing medical care within and outside the camps. It is important to note that prior to MSF's temporary suspension from northern Rakhine in June 2024<sup>2</sup>, our teams in Myanmar's Rakhine state provided lifesaving medical care through mobile clinics to all communities living there, including Rohingya, Rakhine, Kaman and other minorities. Although we were unable to include these communities in our recent survey due to access restrictions, MSF is aware of the impact of the current conflict on all communities in Rakhine state.

This report draws on the voices and experiences of Rohingya refugees in Bangladesh to inform the discussions at the upcoming UN conference. We present refugees' perspectives on the conference and their demands to world leaders. We outline the conditions driving displacement from Rakhine state, and examine life in the camps in Bangladesh, including refugees' access to food and healthcare, and the specific challenges faced by new arrivals. While based on a survey of several hundred respondents, these findings provide a snapshot of the broader challenges faced by more than one million Rohingya living in Bangladesh.

---

<sup>2</sup> ["MSF suspends medical activities in northern Rakhine state, Myanmar"](#), Press Release, 27 June 2024



## METHODOLOGY

This report is based on a consultation process with Rohingya refugees living in the camps in Bangladesh's Cox's Bazar district. Carried out from 26 August to 2 September 2025, the consultation included a structured questionnaire shared with 427 Rohingya patients aged 18 and over (46% male and 54% female) who were accessing services at four MSF medical facilities. The survey was conducted in the Rohingya language and employed randomised sampling within the facilities to minimise reporting bias when selecting patients. We acknowledge that the results of the survey are only a snapshot and do not claim to be representative of the diverse views and perspectives of the Rohingya population as a whole. The survey results serve as the primary source of data and analysis for this report, although some pre-existing medical data is used where relevant. In addition, three focus group discussions (including an all-female group) were conducted with newly arrived refugees who had fled the most recent escalation of violence in Rakhine state in November 2023, to gain deeper insight into the conditions that forced them to flee Myanmar and their experiences since arriving in Bangladesh. The testimonies gathered through this consultation process are supported by MSF observations and operational data, alongside reporting from external sources including UN and human rights groups.

## 1. WHAT IS THE AGENDA AT THE UN CONFERENCE?

On 30 September 2025, the UN in New York will convene its high-level Conference on the Situation of Rohingya Muslims and Other Minorities in Myanmar – marking a rare moment when international attention will be focused on the future of the Rohingya people.

First proposed by Bangladesh’s Chief Adviser, Professor Muhammad Yunus, during the 79th UN General Assembly in March 2025 and endorsed by 106 countries, the conference is positioned as a moment to address one of the world’s most protracted refugee crises. Its stated objectives include mobilising political support, sustaining international attention, addressing root causes, and developing a comprehensive plan for a “sustainable resolution,” including efforts to create a conducive environment for the voluntary, safe, sustainable and dignified return of Rohingya.<sup>3</sup>

As a precursor to this, the Government of Bangladesh convened a stakeholders’ dialogue in Cox’s Bazar in August, where Yunus presented a seven-point proposal which echoed many of the same themes now shaping the UN conference, with a strong emphasis on repatriation, aid funding and long-term accountability and reconciliation.<sup>4</sup>

While the UN conference provides an important opportunity to bring renewed international attention to the Rohingya crisis, we have some concerns about the framing and positioning of these initiatives:

**Repatriation as a central objective:** Much of the public discourse around the conference, as well as its stated objectives, continues to push the idea that repatriation is the only durable solution for Rohingya refugees. This narrative stands in stark contrast to the current realities, where conditions for return simply do not exist. Refugees in our survey overwhelmingly report that Rakhine state remains unsafe, citing persistent violence and discrimination and the absence of any guarantee of citizenship.

**The question of funding cuts looms over the conference:** Galvanising financial support for the Rohingya response will be a priority, as the funding environment is already highly constrained and showing signs of further stress. While overall levels have remained relatively stable this year, key services in the camps are beginning to be disrupted, with some aid agencies already forced to scale back programmes due to limited resources. We have serious concerns about future funding for essential services in the camps.

---

<sup>3</sup>UN [General Assembly Resolution](#) adopted March 2025.

<sup>4</sup>[Prof Yunus places 7-point roadmap for Rohingya repatriation](#), Dhaka Tribune, September 2025.



**Representation of Rohingya voices:** The conference’s official objectives include ensuring the “meaningful participation” of Rohingya civil society. Although there has been representation of Rohingya in the lead-up to the conference (including during the stakeholders’ dialogue in August), the survey indicates that the level of consultation with Rohingya communities has been limited. MSF’s survey data reveals a low level of awareness about the conference, **with only 37% of respondents** knowing about the conference, and with the majority of those learning of it informally – through social media or word of mouth – rather than through official channels or structured consultations. The failure to reach and consult Rohingya refugees in a meaningful way raises concerns that decisions about the future of the Rohingya people are being made without those affected having a seat at the table.



© Anthony Kwan



## 2. LIFE FOR ROHINGYA INSIDE THE CAMPS IN BANGLADESH



© Victor Carinal/MSF

Bangladesh now hosts an estimated 1.1 million Rohingya refugees in the camps around Cox's Bazar, which are home to well over one-third of the global Rohingya population. The arrival of at least 150,000 new refugees in 2024-25 has put further strain on already overstretched services within the camps. Many of the new arrivals have acute medical needs, having fled Myanmar without possessions and faced delays getting registered and accessing food, shelter and healthcare in Bangladesh.

The camps in Cox's Bazar district, which were established over decades but expanded significantly after the mass violent displacement of Rohingya from Myanmar in 2017, have become the largest refugee settlement in the world. Residents' movements outside the camps are highly restricted and they are legally prohibited from working, leaving them almost entirely dependent on humanitarian aid.



While we expect to see the true extent of the impact of recent Official Development Assistance (ODA) funding cuts from next year, we are already seeing some impact on the services available to the refugees. The World Food Programme has warned that, without an additional US\$120 million, food rations will run out by the end of October 2025.<sup>5</sup> The closure of health posts in some camps has put increased pressure on MSF's own medical services,<sup>6</sup> while UNICEF has been forced to close some of its learning centres for children of primary school age.<sup>7</sup>



© Ante Bussmann/MSF

<sup>5</sup>WFP Press Release, June 2025.

<sup>6</sup>Cox's Bazar, Bangladesh: The Long Wait for Medical Care, MSF, September 2025.

<sup>7</sup>UNICEF Press Release, June 2025.

## 2.1 THE PERSISTENT BARRIERS TO ACCESSING HEALTHCARE

Our survey findings indicate that refugees in the camps struggle to access basic health services. **56% of respondents say that their access to healthcare has worsened**, and **60% say that their access to malnutrition services** had declined when compared to last year.

Individual experiences of navigating the healthcare system and accessing services vary widely, influenced by multiple factors, such as pre-existing medical conditions, the specific location where a person lives, their level of awareness about health issues, and even the date they arrived at the camps (see section on new arrivals below). But for the majority of respondents, accessing timely, adequate and affordable healthcare is an increasing challenge, with individuals surveyed highlighting multiple structural and practical barriers:

**81%**  
**LACK OF AVAILABLE HEALTH SERVICES**  
cite the lack of available health services as a major barrier to accessing care.

**78%**  
**EXTENDED WAITING TIMES**  
report longer waiting times than last year at clinics and hospitals in the camp.

**65%**  
**POOR QUALITY OF CARE**  
express concerns with the quality of care, including a lack of diagnosis and limited treatment options.

**34%**  
**DISTANCE TO FACILITIES**  
say that the distance to healthcare facilities poses a significant challenge (particularly those with limited mobility or chronic health conditions).

### a) Issues with the quality of healthcare

Many respondents in this survey voice concerns over the quality of healthcare inside the camps. The most common complaints include long waiting times, frequent misdiagnosis, excessive prescription of common medications such as paracetamol, and the absence of essential drugs or advanced treatment. Some participants also describe instances of discrimination or mistreatment by medical staff, which further discourages people from seeking care.

### b) Accessing healthcare outside the camps

Healthcare is available both inside and outside the camps, but access patterns vary. **61% of respondents report usually seeking care inside the camps, while 39% report also seeking healthcare outside the camps.** Patients often seek care outside the camps for specific or advanced medical needs, most commonly for complex and chronic conditions such as cancerous tumours, heart disease, kidney stones, diabetes and X-rays for broken bones. Other reasons for seeking care outside the camps include concerns over the quality of care, long waiting times and the lack of proper diagnostic capacity at health facilities within the camps.

Due to movement restrictions on the refugees, those people seeking healthcare outside the camps have to navigate checkpoints to reach a health facility. A small but significant minority of respondents **(51 individuals or 14% of all surveyed) report encountering problems at official checkpoints.** These include facing significant delays, being turned back for not having a health card, and in some cases being forced to pay bribes to continue their journey.

## 2.2 FEARS OF VIOLENCE AND INSECURITY

Over the years, life within the camps has been marked by increasing violence and insecurity, which reached a peak last year. MSF medical teams have observed a sharp rise in violence-related injuries in recent years, with a 63% increase between 2022 and 2023, a result of violence by armed and criminal groups, kidnapping for ransom and tensions between neighbouring communities.<sup>8</sup>

In late 2024, following an informal truce known as ‘mission harmony,’ there was a substantial decline in large-scale clashes between armed groups within the camps, but the prevailing sense of fear has not dissipated. **More than half of respondents (58%) report not feeling safe in the camps,** underscoring the volatile environment in which people live. Refugees say the main reasons for feeling unsafe are the presence of armed and criminal groups carrying out abductions, forced recruitment, extortion and physical violence.

---

<sup>8</sup>MSF [Behind the Wire](#) report 2024.



Women raise serious concerns about sexual violence, abduction and the forced marriage of young girls. In the focus groups, female participants described living in constant fear of sexual violence and of men entering their homes at night, and spoke of the psychological toll this takes, manifesting as paranoia, anxiety and sleeplessness. One woman described a “general lawlessness” within the camps, which she put down to the frustration of men having no legal right to work, and which added to the feeling of danger and unpredictability. Practical issues further exacerbate women’s vulnerability: overcrowded shelters with little privacy, a lack of street lighting and the distance to toilets and washing facilities – especially at night – are cited as major safety risks.

“

*We are afraid of living in the camps. We have our two brothers together, but they are not healthy. We are afraid that somebody could come to our place at night. We are afraid about getting raped. We hear from people about previous incidents in the camps and those events make us feel very afraid. We also don’t want to get remarried, and we just want to live in peace with our children.*

*– Female participant in focus group*

”



## 2.3 NEW ARRIVALS: CHALLENGES AND UNMET NEEDS

New arrivals from Myanmar began to increase significantly in Bangladesh in 2024 due to an escalation of violence in Rakhine state that started in late 2023. After an initial reluctance to register the new refugees,<sup>9</sup> the Bangladeshi government eventually permitted biometric registration, granting new arrivals access to basic rations, cooking fuel and essential services. By July 2025, UNHCR had biometrically registered 150,000 newly arrived refugees,<sup>10</sup> though the actual number of new arrivals is likely higher, with some unregistered refugees living both in and outside the camps.

*As a new arrival, I haven't received any shelter. My family is currently staying with my sister, which is not a permanent solution for us. I cannot earn any income which makes us even more vulnerable. The rations we get are not enough. Because of this, I do not feel safe in the camp. Financial security is the most important thing for us.*

– New arrival, response to survey

The latest influx of refugees has taken place in an extremely constrained funding environment, despite an US\$84 million appeal from UNHCR to meet their basic needs.<sup>11</sup> As a result, new arrivals remain severely under-supported in the camps, which includes their having no official access to housing assistance. Many of the following challenges identified by new arrivals in the survey and focus group discussions also exist for the many camp residents, including those who arrived before 2024:

### a) Delays with biometric registration

In the initial period after arriving in Bangladesh, new arrivals report experiencing long delays – sometimes lasting several months – before completing biometric registration with UNHCR. Biometric registration is a pre-requisite for Rohingya refugees to receive identity cards, which are essential for accessing formal support in the camps, including food distributions, medical care and cooking fuel. As a result, delays in registration leave families without access to vital assistance during their first months in Bangladesh. In this period, many rely on support from within the community, including sharing rations or having to purchase food. Even after registration, many report that the assistance provided was insufficient to meet their basic needs.

<sup>9</sup>Bangladesh ramps up border vigilance as thousands of Rohingya flee Myanmar, Reuters.

<sup>10</sup>UNHCR briefing July 2025.

<sup>11</sup>Flash appeal for new arrivals July 2025

### **b) Lack of legal employment opportunities**

Being unable to work and earn a living is a major concern, particularly among male participants. In a highly restrictive environment, refugees are barred from legal employment and forced to rely on 'informal' jobs, such as casual labour.<sup>12</sup> Some individuals reported finding informal work outside the camps, but these jobs are scarce, low-paid and often leave one person supporting an entire household. Overall, the lack of legal employment is a source of severe stress, especially for those individuals who need to support ill relatives or young children.

### **c) Overcrowded and inadequate shelter**

96% of new arrivals surveyed reside inside the camps. They describe housing conditions as extremely overcrowded, with multiple families often sharing a single makeshift shelter with little privacy or ventilation. As new arrivals are not eligible for housing assistance, many are forced to stay with relatives, while others are split across different camps, with family members separated. Those new arrivals attempting to live outside the camps face extreme challenges, including high rental costs, substandard housing and frequent relocations.

### **d) Unmet medical needs and barriers to accessing to healthcare**

A significant majority of new arrivals displayed or described health vulnerabilities during the focus group discussions. Many appeared visibly traumatised by their experiences in Myanmar and the perilous journey to Bangladesh, reporting flashbacks, nightmares and symptoms consistent with psychological distress. Their physical health needs were extensive: many participants or their family members were recovering from severe trauma injuries, while others required care for chronic illnesses such as diabetes and cancer or for physical disabilities. Several had travelled with elderly or disabled relatives, compounding the burden on households.

Accessing medical care is a persistent challenge for new arrivals. Participants described confusion and frustration when navigating the system inside the camps, with some being referred from clinic to clinic without receiving treatment. One participant described asking staff at multiple health facilities to treat his mother for a chronic health condition, only to be repeatedly turned away. Others complained about poor quality of care and long waiting times. Refugees with life-threatening conditions, including cancer, were unable to access sustained treatment. Elderly and disabled individuals faced additional barriers due to distance and navigating the difficult terrain inside the camps. Mental health services were described as extremely limited or absent, despite refugees' widespread psychological trauma and uncertainty about the future.

---

<sup>12</sup>Two Settlements, Two Diverging Paths: Jobs and Labor Market Outcomes for the Displaced Rohingya Population, World Bank and UNHCR report 2025.

### 3. ROHINGYA PERSPECTIVES ON RETURNING TO MYANMAR

The immediate conditions for a safe, voluntary and dignified repatriation of Rohingya to Myanmar do not currently exist. This was the overwhelming view of Rohingya refugees surveyed: **84% of all respondents stated they would not feel safe returning to Myanmar**, a sentiment shared by both newly arrived refugees and those who fled during earlier waves of violence. This perspective is understandable given the recent experience of new arrivals who fled Rakhine state in 2024, which is detailed below.

#### 3.1 Escalating violence in Myanmar

Hostilities in Rakhine state have intensified dramatically since late 2023. The UN reported recently that Rohingya were intentionally caught between positions of the warring parties, exacerbating intercommunal tensions and exposing civilians to intense levels of violence.<sup>13</sup>

The escalating conflict has triggered a new wave of displacement, with at least 150,000 Rohingya fleeing into Bangladesh since early 2024. In MSF's survey, 68 respondents were identified as new arrivals. Of these, 63% arrived in Bangladesh in 2024, at the height of the conflict, while a further 27% arrived in 2025. 49% came from in and around Buthidaung township, while 50% came from Maungdaw township. Conflict and insecurity are overwhelmingly cited as the main reason for their displacement, alongside the conditions of severe humanitarian deprivation:



These results were also reflected in the focus group discussions with new arrivals.

<sup>13</sup>[Situation of human rights of Rohingya Muslims and other minorities in Myanmar](#), United Nations High Commissioner for Human Rights, 29 August 2025



As the conflict in 2024 escalated, there were increasing attacks on civilian areas, including aerial bombardments, drone strikes and indiscriminate gunfire. Participants described how families living in bamboo shelters were hit by bullets inside their homes, forcing many to seek refuge in concrete buildings at night. One participant recalled an incident on 4 August 2024 where one of the warring parties allegedly killed civilians who had sought shelter inside a concrete building, suggesting they were deliberately targeted.



© Victor Caringal/MSF

*We decided to come to Bangladesh because a bomb was dropped on our house [the speaker has pictures of the debris], and one sister's husband died and our brother injured on a leg and another brother had an arm injury. This was on 17 July. When the bombing happened, we were senseless. One sister was eight months pregnant and gave birth, but because of the shock the baby didn't survive. Without any treatment for the severe injuries, we took the two injured brothers to the border area, and the other sister lost her husband at the border at this time. Our parents also were with us, but they decided to stay. They are still there in Rakhine. They told us: 'We are old, but you young people have lives, so you have to leave.' We crossed the border together and from there they were able to get treatment from Teknaf hospital. Both of the brothers survived and they are here with us.*

– Participant in female focus group

Most of the new arrivals in the focus group discussions described witnessing or experiencing direct attacks from drone strikes or aerial bombardments. Several witnesses recounted losing family members, while others sustained life-altering trauma injuries. Such accounts underscore the intensity of the violence and its indiscriminate impact on civilians. These attacks resulted in widespread destruction and severe personal suffering.

“

*A drone fell near me. It tore through everyone, regardless of their age or gender. I had my daughter with me, but the drone injured both of us. It hit me in the stomach and legs. When I regained my senses, I realised my daughter had already died. People thought I was dead too. I was lying next to my daughter, barely breathing. By nightfall, I regained some awareness. I tied my wounds with pieces of my clothing and began crawling across the ground. It was 3 am and I was shouting for help. I eventually lost consciousness again. After one night and one day, I was rescued.*

– Participant in male focus group

”

“

*I was at my relative's house and hundreds of people were gathering at the riverbank. In the evening, there were explosions and gunfire and many people died. Some people jumped into the river to save their lives, but they were swept away by the current. Dead bodies and clothing were scattered along the riverbank. Many people died but their deaths were neither reported nor recorded. Some managed to cross the border, some turned back and many more perished.*

– Participant in youth focus group

”



### 3.2 Dangerous journeys and pushbacks at the border

Participants described a journey to safety that was fraught with danger, compounded by numerous challenges, including travelling with elderly or disabled relatives or with trauma injuries sustained during the violence. People also faced targeted attacks or detention of family members by the warring parties and extortion by criminal gangs operating along the border.

For many people, crossing the Naf River into Bangladesh became an ordeal that lasted for days or even weeks, as they made numerous attempts to escape the violence. Survey findings indicate that **71% of new arrivals made multiple attempts to reach Bangladesh**, with 22 participants reporting pushbacks by Bangladeshi authorities.<sup>14</sup> New arrivals reported that some boat operators refused to ferry passengers across for fear of reprisals from Bangladeshi authorities stationed on the opposite bank.

Several people reported being stranded on Jalia Dwip, a small island between Myanmar and Bangladesh, where they were acutely short of food, had no safe drinking water and succumbed to various illnesses, including severe diarrhoea.

Others reported incidents involving abduction and detention after crossing into Bangladesh, with relatives held for ransom by criminal gangs.

“

*It took us several days to cross the border into Bangladesh. We were pushed back multiple times over the course of months, but we tried again. My mother's health worsened during this time, and on our second attempt, we were able to cross. On 28 August, we crossed the border but had to stay on an island for five days. Finally, on 2 September, we arrived in Bangladesh.*

– Participant in youth focus group

”

“

*Our group included my sister, her husband, their children and other relatives – around 20–25 people in total. Our first attempt to cross into Bangladesh failed because the authorities pushed us back. The boatmen refused to cross the river since Bangladeshi authorities were present on the other side. On our second attempt, on 29 August, we finally crossed into Bangladesh.*

– Participant in youth focus group

”

### 3.3 On the future and conditions for return

The testimonies of new arrivals suggest that the combination of severe levels of violence and dire humanitarian conditions compelled people to flee Myanmar's Rakhine state. That is why so many of the Rohingya refugees surveyed state unequivocally that their immediate return to Myanmar is not possible.

While most respondents agree that return is not currently possible, many express a strong desire to return eventually to their ancestral homeland – but only under conditions that would guarantee their safety, dignity and rights.

*We don't want to live in Bangladesh forever, it is not our country... We are left stateless, without recognition or belonging. How can we return to Myanmar without protection? They are now doing the same things to us that the Myanmar military did in 2017. They specifically target Rohingya.*

– Participant in youth focus group

The following provides a synthesis of the most frequently cited conditions for returning to Myanmar by respondents to our survey:

- **Repatriation** with safety and dignity – sometimes qualified by the assurance that it would take place under international or UN supervision.
- **Full citizenship rights** and legal recognition as Rohingya, and equal treatment without discrimination.
- **Freedom of movement** and the ability to live without confinement or restrictions.
- **Restoration of property and homeland**, including homes and land that have been confiscated or destroyed.
- **Justice for past atrocities**, especially the 2017 campaign of targeted violence waged against the Rohingya, and mechanisms to ensure accountability.
- **Access to basic services and opportunities**, such as education, healthcare, housing and livelihood opportunities.

The conditions articulated above have not existed in Myanmar within the lifetime of most respondents. Instead, they have endured decades of persecution and been denied citizenship.<sup>14</sup>

<sup>14</sup>Historical background of Rohingya, Human Rights Watch



“

*The international community needs to ensure justice for genocide. Nationality should be given to us, our home should be returned, violence must be stopped, Ensure freedom of movement, freedom of speech and full rights as the citizens in Myanmar*

– Response to survey

”

However, a minority of participants were clear that they do not wish to return to Myanmar at all. Some expressed a deep mistrust of any authority in Rakhine state as guarantors of their safety, with skepticism that there would be any significant change in the future. For some, most notably female respondents, resettlement to a third country is seen as the only durable solution. **Nearly 25% of all female respondents to the survey expressed a desire for resettlement**, driven, in part, by a desire to ensure security and education for their children. The testimony below reflects this sentiment:

“

*We felt unsafe. If you want to ask me if I want to go back to Burma, I don't want to go back [shedding tears]. I don't want to go back to Burma. Bangladesh is at least a Muslim country [...] I also want to go to another country for resettlement. I have a dream for my children's future. I don't have any education and not a single opportunity, but I want my children to get educated and have a better life. I think I became a victim of violence because I don't have education, knowledge or information about the world [...] If my children were educated, I would feel peaceful. Here there is no hope for my children's education. People can take away my property, money and everything, but nobody can take away knowledge and education in my mind. That's why it's something very important. If I was also educated, I wouldn't even need this translator to talk to you.*

– Participant in female focus group

”

## CONCLUSION

Rohingya refugees in the camps in Cox's Bazar district are clear in their demands for safety, justice and dignity, even as they endure the grim reality of a life in prolonged exile. For many Rohingya, particularly those who fled extreme violence in the past year, repatriation under current conditions is unimaginable. Without guarantees of safety in Myanmar and with no credible pathway towards a recognition of their basic rights, no return would be truly safe, voluntary or sustainable.

At the same time, the majority of respondents are concerned about the precarious nature of their future within the camps. Numerous barriers exist to accessing essential services, while concerns over safety and security inside the camps remain unaddressed. All of these are likely to be worsened by the approaching cliff-face in funding cuts.

Many respondents expressed long-term aspirations, including safe conditions for a return to Myanmar, access to justice, and the restoration of their citizenship and their rights. For others, resettlement in a third country is the only viable alternative to life in the camps. While perspectives vary, what is consistent is the demand for safety, dignity and the ability to build a future beyond prolonged displacement.

The participants in this consultation have made their concerns and demands for the future clear. The question now is whether the international community, beginning with the high-level UN conference, will act to uphold their rights and dignity, or whether another critical moment to address the root causes of their persecution will once again be missed.

“

*We want a better life, with dignity and equality in the world, because everyone deserves a peaceful life. We want repatriation with our citizenship rights, safety, our houses, our identity.*

*– Participant in survey*

”



## MSF in Bangladesh

Médecins Sans Frontières (MSF) has worked in Bangladesh since 1985 and is one of the largest providers of medical care for Rohingya refugees. In the refugee camps in Cox's Bazar district, MSF runs eight health facilities, including secondary-level hospitals and primary health clinics. These provide emergency treatment, inpatient care, maternal and neonatal care, mental health support, and treatment for survivors of sexual and gender-based violence. MSF teams also treat patients for illnesses including non-communicable diseases, acute watery diarrhoea, respiratory infections, dengue fever and measles. In 2024, MSF medical teams in Cox's Bazar district provided more than 624,000 outpatient consultations.

