MSF BANGLADESH
ACTIVITY REPORT
2025

MEDECINS SANS FRONTIERES

সীমান্তবিহীন চিকিৎসক দল

Médecins Sans Frontières

Médecins Sans Frontières (MSF) translates to Doctors Without Borders. We provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, logistics and administrative staff - bound together by our charter. Our actions are guided by medical ethics and the principles of impartiality, independence, and neutrality. We are a non-profit, self-governed, and member-based organisation.

MSF was founded in 1971 in Paris by a group of doctors and journalists. Today, we are a worldwide movement of over 69,000 people.

The MSF Charter

Médecins Sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

- Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.
- Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.
- Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.
- As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

The texts in this report provide descriptive overviews of MSF's operational activities in Bangladesh between January and December 2025. The activity report is representational and, owing to space considerations, may not be comprehensive. The place names and boundaries used in this report do not reflect any position by MSF on their legal status.

INDEX

FOREWORD

Eight years into the response, the Rohingya crisis remains a chronic and increasingly neglected emergency, with no resolution in sight. Prolonged camp containment continues to have growing impacts on the mental and physical health of people living there, compounded by a tightening humanitarian funding environment. For generations, fleeing the atrocities in the Rakhine state of Myanmar, large numbers of Rohingya people sought safety in Bangladesh, where over 1.1 million now live in one of the world's most overcrowded displacement camps in Cox's Bazar. Limited to the camps without legal status, sustainable livelihoods, or adequate access to education, refugees face deteriorating living conditions while the Rohingya community continues to flee Myanmar – approximately 150,000 individuals between 2024 and 2025, and more than 200 weekly as of February 2026. The prospect of safe, voluntary return remains unviable due to the hostile conditions in Rakhine, even though repatriation continues to dominate international discussions.

In 2025, MSF continued to deliver critical medical and humanitarian assistance to Rohingya refugees in the Cox's Bazar camps as well as vulnerable host communities in Bangladesh. MSF teams responded to pressing healthcare needs by providing emergency care, general outpatient consultations, sexual and reproductive health services, mental health support, and treatment for non-communicable diseases such as hypertension and diabetes. In addition, MSF contributed to reducing the burden of hepatitis C–highly prevalent in the community–through a proactive "Test and Treat" campaign, initiating treatment for over 15,000 patients in the camps. At the same time, scabies cases rose again following a 2024 mass drug administration. This underscores the need for sustained interventions to reduce the painful skin disease transmitting in overcrowded settings with poor living conditions. We also observed an increasing number of patients accessing MSF facilities for deliveries, family planning, and neonatal and postnatal care, reflecting MSF's sustained commitment to maternal and reproductive health. MSF supported more than 4,500 deliveries, including 58 % among mothers in the host communities. We also observed a sharp increase in

violence-related injuries, highlighting MSF's concerns around security conditions in the camps.

At the end of 2025, MSF also initiated a new effort to help reduce Bangladesh's dengue burden, launching an intervention in Chattogram City in response to the growing dengue cases as a major public health concern in the region. The initiative focuses on vector control, strengthened surveillance, health promotion, capacity building, and innovative research, and is being implemented in close coordination with relevant authorities to reduce transmission and strengthen long-term community and health system resilience.

Beyond its clinical interventions, MSF highlighted the broader challenges facing Rohingya refugees–including barriers to healthcare access, prolonged containment and displacement, and deteriorating camp conditions–through public communications and advocacy efforts. Drawing on the voices and experiences of Rohingya refugees in Bangladesh, MSF's report–The Illusion of Choice: Rohingya Voices Echo from the Camps–presented the refugees' perspectives at the high-level United Nations conference on the situation of Rohingya Muslims and other minorities in Myanmar on 30 September, 2025, in New York. As well as conveying the demands of refugees to world leaders, MSF outlined the conditions driving displacement from Rakhine state, and presented the reality of life in the camps in Bangladesh, including refugees' access to food and healthcare. Central to this work is MSF's commitment to ensuring that Rohingya voices are heard and that their experiences and priorities inform international discussions and decision-making.

While the full consequences of recent funding shortfalls remain uncertain, MSF is deeply concerned about their potential humanitarian impact in 2026. Humanitarian actors face increasing difficulty in sustaining essential services amid deteriorating camp conditions and a growing refugee population, including the new arrivals, which further strain already limited resources. The fragile funding environment risks undermining critical services such as water, sanitation, and hygiene (WASH), food assistance, LPG distribution, and education. As the crisis becomes increasingly protracted, MSF is also witnessing a rise in people taking serious risks including perilous boat journeys as a way out of the camps. Amid these ongoing challenges, MSF remains committed to delivering high-quality care, advocating for reducing structural barriers, and prioritizing life-saving interventions to protect the health and dignity of Rohingya people. Although the outlook for the humanitarian response remains bleak in the context of ongoing funding reductions and growing humanitarian emergencies in the world, MSF will continue to provide essential services within its scope of operations in Bangladesh.

Orla Murphy
Country Representative
Médecins Sans Frontières
Bangladesh

MSF TIMELINE IN BANGLADESH

MSF has been committed to supporting people in Bangladesh with medical and humanitarian assistance for over 50 years, implementing a range of activities across the country in response to evolving needs.

MSF first provided medical assistance to Bangladesh in 1972 following the country's independence, when MSF sent medical doctors to Bangladesh to help rebuild the health infrastructure, including hospitals in Khulna and northwest Bangladesh, and a blood bank in Dhaka. Since then, MSF has been present in Bangladesh for various natural calamities, outbreaks, and refugee crises, notably during natural disasters in 1985, 1998, 2007, and 2022 in Sylhet, where MSF provided emergency assistance in response to cyclones and floods.

1972 MSF provides support for rebuilding health infrastructure in Dhaka, Khulna, and the northwest.

1985 MSF provides emergency assistance in response to the May cyclone.

1992 After the arrival of 250,000 Rohingya refugees, MSF mobilizes medical services in Cox's Bazar.

1998 MSF responds to major flooding across Bangladesh.

2001 MSF starts its primary healthcare project in the Chittagong Hill Tracts with a focus on malaria. The project had a research wing that investigated the effectiveness of an artemisinin-based malaria treatment regimen.

2007 MSF responds to Cyclone Sidr in southern Bangladesh.

2008 MSF responds to a nutritional emergency in Rangamati Hill District, Chittagong Hill Tracts.

2009 MSF expands its presence by establishing the Kutupalong field hospital in Cox's Bazar and responding to the emergency needs of those affected by Cyclone Aila. That same year, MSF also launched the Kamrangirchar project, which focused on addressing malnutrition among the urban poor living in crowded city environments.

2010 In partnership with the Ministry of Health, MSF starts treating kala azar in Fulbaria. In Kamrangirchar, services expand to include mother and child healthcare.

2013 The Kamrangirchar project introduces occupational health for factory workers.

2014 Responding to malaria in Bandarban, MSF supports the Ministry of Health (MoH) program. In collaboration with the MoH, a research program on the effectiveness of liposomal amphotericin B in the treatment of post-kala-azar dermal leishmaniasis (PKDL) starts in Fulbaria, Mymensingh.

2017 More than 750,000 Rohingya fled targeted violence in Myanmar; MSF scales up medical and humanitarian activities in response.

2019 MSF starts an Infection Prevention and Control (IPC) project in Cox's Bazar Sadar Hospital.

2020 In response to the COVID-19 pandemic, MSF expands its medical activities.

2021 MSF supports a 40-bed COVID-19 inpatient unit at Cox's Bazar Sadar Hospital.

2022 MSF contributes to the National Mental Health Act, supports the flood response in Sylhet, and sets up dedicated scabies treatment centres in its Jamtoli and Hakimpara facility in the Rohingya refugee camps.

2023 MSF consolidates eight health facilities in Cox's Bazar with complementary water and sanitation projects. As a result of MSF advocacy about the two-year-long scabies outbreak, health actors in the camps responded with a mass drug administration at the end of the year.

2024 MSF facilities treat war-wounded patients from Myanmar and provide treatment for acute watery diarrhea to flood-affected people in Noakhali.

2025 MSF launches a community-based Hepatitis C test and treatment campaign (screening, diagnosis and treatment) in Cox's Bazar camps (Hospital on the Hill, Jamtoli, and Balukhali), aiming to provide 30,000 additional treatments. Simultaneously, MSF initiates an evidence-based dengue intervention in Chattogram City, focusing on vector control, surveillance, and health promotion in coordination with local authorities.

MSF IN BANGLADESH

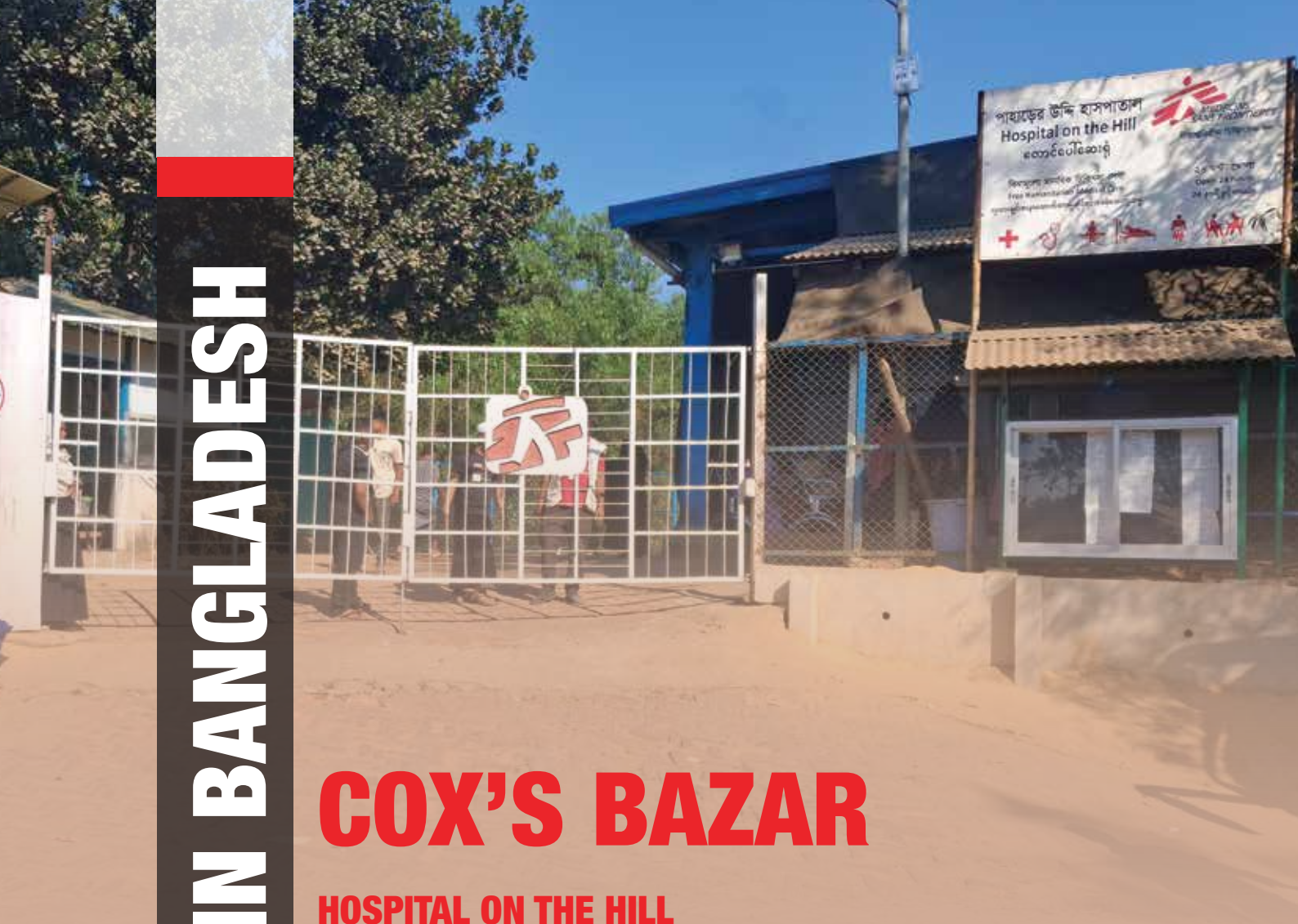
Since the influx of Rohingya refugees from Myanmar in 2017, MSF has been working tirelessly to provide essential healthcare services in the densely populated camps of Cox's Bazar. Today, MSF's services encompass both inpatient and outpatient care, ranging from the treatment of chronic diseases–such as diabetes, hypertension, and mental health–to 24/7 emergency room services, neonatal and paediatric care, and women's healthcare.

Kutupalong Hospital, one of the three MSF hospitals in Cox's Bazar, serves as the main referral hub for secondary and tertiary healthcare facilities outside the camps, including for surgery. The MSF medical teams treat patients for a wide range of conditions, from respiratory tract infections and diarrhoeal diseases to specialised care, such as the treatment of Hepatitis C. The combination of high population density and poor hygiene and sanitation conditions leave refugees vulnerable to diseases and outbreaks.

MSF also launcheds an intervention in Chattogram City in response to the growing concern over Dengue as a major public health issue in Bangladesh.

In 2025, we had 1860 locally recruited staff, 601 camp based team members and 81 international mobile staff supporting our life-saving work in Bangladesh. In 2025, our total expenditure was 18.60 million euro.

MSF IN BANGLADESH



COX'S BAZAR

HOSPITAL ON THE HILL

MSF operates extensive health services in Camp 8W, providing both outpatient and inpatient care. The main facility, known as the Hospital on the Hill, stays open 24 hours a day to handle the most serious medical cases. This hospital includes an emergency room and a Level 1.0 ICU (an enhanced care unit for continuous non-invasive monitoring and intensive nursing) for patients needing intensive monitoring. It also features wards for adults with complex illnesses (internal medicine), a paediatric short stay unit to provide urgent care for severely ill children, and a safe space for survivors of sexual and gender-based violence (SGBV). Additionally, the hospital supports sexual and reproductive health (SRH) with check-ups during and after pregnancy (ANC and PNC), family planning, and an on-site laboratory for medical testing.

Beyond the hospital, MSF runs a community clinic in Camp 8W called OPD3 (Outpatient Department 3), which focuses on primary healthcare. This clinic provides routine medical care, NCD management, treatment for Hepatitis C, and support for mental health and psychiatric conditions. It also manages the childhood vaccination program (EPI) to prevent common diseases. In Camp 13, MSF operates another clinic, OPD2 (Outpatient Department 2), which specialies in treating long-term conditions (NCDs) like diabetes and high blood pressure, as well as providing mental health and counselling support (MHPSS). Across all these facilities, health promotion has been fully integrated to help the community stay informed about how to prevent illness and stay healthy.

GOYALMARA MOTHER AND CHILD HOSPITAL

Situated in the host community of Palongkhali Union, Goyalmara Mother and Child Hospital is dedicated to providing comprehensive care for mothers and children. The hospital operates around the clock to provide life-saving services, including an emergency room and specialised inpatient wards for children (paediatrics) and newborns (neonatal care). For the most critical cases, the facility provides both paediatric and neonatal intensive care units (ICUs). Additionally, the hospital operates an intensive therapeutic feeding centre (ITFC) to treat children suffering from severe malnutrition with medical complications, supported by an on-site laboratory for immediate testing and an X-ray.

For maternal health, the hospital provides 24-hour inpatient services, including a dedicated labour and delivery ward. During the day, the hospital also runs outpatient departments (OPD) for both women and children. These services include routine paediatric check-ups and childhood vaccinations (EPI), as well as sexual and reproductive health (SRH) services such as care during and after pregnancy (ANC and PNC), family planning, integrated mental health and psycho social support together with psychiatric care and specialised consultations for survivors of sexual and gender-based violence (SGBV). Health promotion is a core pillar of our daily activities, ensuring families receive the education they need to stay healthy. Our outreach occurs across both camp and host community areas, utilising a decentralised approach where Community Health Workers deliver vital health messages directly to the population.

KUTUPALONG HOSPITAL

Kutupalong Hospital provides comprehensive medical care and serves as the primary referral hub for secondary and tertiary services (advanced specialty care) for the entire "mega camp" population.

The hospital operates 24-hour emergency services, including an emergency room (ER) and a mini-procedure room for urgent medical interventions. Its inpatient department provides care for neonates (newborns), paediatric patients (children), and adults. Maternity services are extensive, including labour and delivery and a range of obstetric and gynaecological care. To address specific health crises, the hospital also manages a Diarrhoea Treatment Centre (DTC), a multi-purpose isolation unit for infectious diseases, and an inpatient palliative care unit to provide comfort and dignity to patients with terminal illnesses.

The Outpatient Department (OPD) operates from 7:30 AM to 5:30 PM, specifically focusing on urgent "yellow and red" cases identified through triage (cases requiring immediate or very prompt medical attention). Outpatient services include childhood vaccinations (EPI) and sexual and reproductive health (SRH) care, such as check-ups during and after pregnancy (ANC and PNC) and family planning.

Through collaboration with key partners, the hospital provides specialised care, including tuberculosis (TB) treatment in partnership with BRAC and physiotherapy services in collaboration with CDD (Centre for Disability in Development), an implementing partner of Humanity and Inclusion. Patients also have access to mental health and psychiatric support, comprehensive care for survivors of sexual and gender-based violence (SGBV), pharmacy services, and a laboratory with blood storage capabilities.

JAMTOLI PRIMARY HEALTH CARE

The Jamtoli Primary Health Centre provides a full range of healthcare services to people living in Camp 15. The facility is equipped with a 24-hour emergency room and a dedicated maternity unit (BEmONC) for essential newborn and obstetric care. General outpatient (walk-in) services are available Sunday to Thursday, from 7:30 AM to 5:00 PM.

Comprehensive medical services at the centre include general consultations, routine childhood vaccinations (EPI), wound care, and malnutrition screening. The facility also provides specialised sexual and reproductive health care, support for survivors of sexual and gender-based violence (SGBV), and the management of long-term conditions (NCDs) like diabetes and hypertension. Advanced diagnostic support is available on-site, including point-of-care ultrasound (POCUS) and laboratory services covering biochemistry, hematology, and microscopy. Mental health, psychiatric services, and a dedicated Hepatitis C clinic are also central to the facility's operations.

In the old Jamtoli facility of Camp 15, MSF continues to provide specialised care through a scabies clinic, Hepatitis C services, and health promotion activities. To

maintain high hygiene standards, the facility uses an advanced wastewater treatment system (DEWATS) and a facility-based water network. Additionally, MSF manages two functional water networks for the broader community in Camp 15, serving sub-blocks. Each of these networks has a daily capacity of 40 cubic meters (40 m³) of clean water.

HAKIMPARA PRIMARY HEALTH CARE

The Hakimpara Primary Health Centre provides essential healthcare to the community in Camp 14. The facility operates a 24-hour emergency room, while general outpatient (walk-in) services are available Sunday to Thursday, from 7:30 AM to 5:00 PM.

The centre offers a wide range of medical care, including general consultations, routine childhood vaccinations (EPI), wound care, and malnutrition screening. Specialised services include sexual and reproductive health care, comprehensive support for survivors of sexual and gender-based violence (SGBV), and the management of long-term conditions like diabetes and high blood pressure (NCDs). The facility offers specialised mental health and psychiatric services. Comprehensive diagnostic support is also provided on-site through laboratory testing and point-of-care ultrasound (POCUS) for general medical use. Additionally, a dedicated scabies clinic operates within the centre to address the high number of skin infections, and health promotion activities are integrated throughout all services.

Beyond medical care, MSF ensures high standards of hygiene through facility-based water networks and an advanced waste management system called DEWATS (decentralised wastewater treatment systems). MSF also supports the broader community's WASH (water, sanitation, and hygiene) needs in Camp 14 by maintaining three water networks. These networks serve sub-blocks D1, D2, and D3, with each system providing 40 cubic meters (40 m³) of clean water per day.

BALUKHALI SPECIALIZED OUTPATIENT DEPARTMENT

The Balukhali Specialised OPD (Outpatient Department) operates daily from 8:00 AM to 5:30 PM, providing a range of essential and specialised medical services.

The facility provides comprehensive services - sexual and reproductive health care, offering family planning (FP) and treatment for sexually transmitted and urinary tract infections (STI and UTI). It also provides vital mental health and psychiatric care, alongside comprehensive support for survivors of sexual and gender-based violence (SGBV). To protect the health of the community’s children, the clinic manages routine

vaccinations and the expanded programme on immunisation (EPI). A significant expansion occurred in May 2025, when the facility added Hepatitis C services as part of MSF's broader "Test and Treat" campaign.

Beyond clinical care, the Balukhali site also supports critical water, sanitation, and hygiene (WASH) operations for the surrounding community to ensure a healthy living environment.

In 2025, the WatSan team improved water access for 57,250 individuals. This was achieved through the rehabilitation of 21 water networks and the construction of 61 deep tube wells. To strengthen local expertise, we conducted 9 capacity-building sessions for the Department of Public Health Engineering (DPHE) and other partner organisations.

Our team collected and managed 2,012,100 liters of sludge across MSF facilities, host community areas, and external organisations.

In addition to maintaining core WatSan standards at Kutupalong and Balukhali facilities, the team:

- Implemented a 5-star survey to monitor and improve service quality at these sites.
- Established a dedicated water filling station in response to the Teknaf crisis to ensure emergency supply.

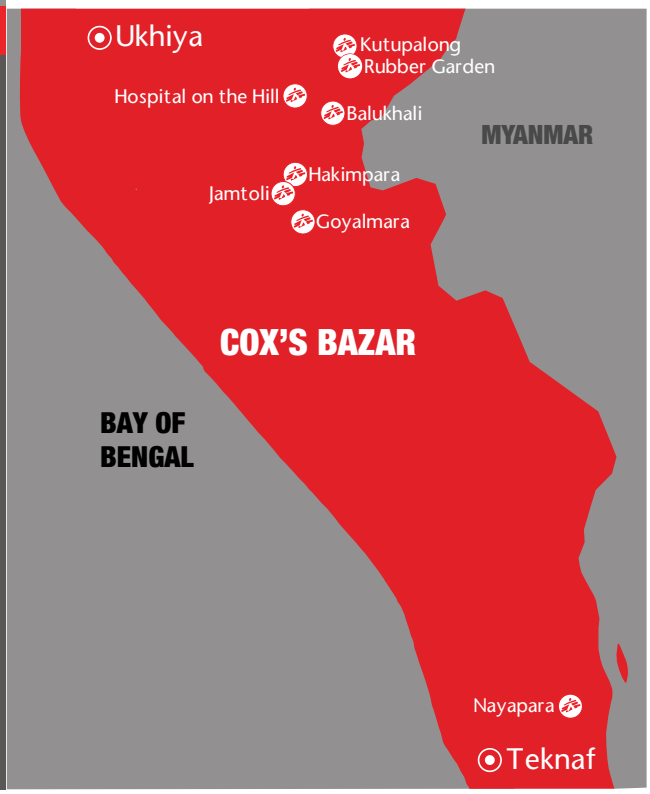
In Teknaf, we are supporting the Ministry of Health with management of medical and general waste in Teknaf Upazila Health Complex.

RUBBER GARDEN AND NAYAPARA

Rubber Garden Centre is a multi-purpose facility designed to serve all of MSF's operational centres (OCs). While it is currently in standby (a state of readiness where it is not currently treating patients but is fully maintained), the facility has a capacity of 54 beds. This allows it to be quickly scaled up and activated in the event of an outbreak to provide specialized isolation, treatment, and coordination services as needed.

In Camp 26, MSF maintains a dedicated diarrhoea treatment centre (DTC) at Nayapara. This facility is also currently in standby but features a significant total capacity of 100 beds. It is prepared for rapid activation to provide immediate treatment and isolation services during outbreaks of waterborne diseases or other emergencies. In 2026 part of this facility will also be repurposed to support the installation of the reverse osmosis water treatment system.

COX'S BAZAR



1,027,941
People reached through health promotion sessions

438,805
Outpatient consultations

128,377
People treated for respiratory tract infections

118,929
Emergency consultations

86,725
People treated for scabies

63,262
Non communicable disease consultations

51,242
Mental health consultations

47,001
ANC consultations

35,553
Family planning consultations

29,348
Patients treated for AWD

24,341
Mental health Psychiatric consultations

22,107
Patients admitted in MSF facilities

18,477
Consultations for diabetes

15,293
Patients treated for hepatitis C

14,764
Consultations for Hypertension

6,462
PNC consultations

5,000 (Apx)
Patients consulted for NCDs (Cohort)

3,515
Patients treated for sexual and gender-based violence

3,493
Patients treated for violence related injuries (excluding GBV)

2,656
MSF-supported deliveries (host)

2,164
Patients treated for dengue

1,891
MSF-supported deliveries (Rohingya)

In 2025, pressure on the humanitarian response grew as uncertainty around international funding commitments mounted, while the camp population continued to increase. UNHCR data indicates a 17% rise in the camp population, driven by a steady influx of new arrivals fleeing renewed conflict and deteriorating conditions in Rakhine State. In response to the resulting strain on health services, MSF expanded and adapted its medical activities to ensure continuity of care and sustained access to essential services despite mounting pressure on existing infrastructure.

Outpatient consultations decreased from 513,551 in 2024 to 438,805 in 2025, reflecting a strategic shift rather than reduced medical need. MSF hospitals redirected stable, non-urgent cases to nearby primary health centres to prioritize vulnerable patients and urgent care, while continuing to manage non-urgent cases as capacity allows. MSF's emergency consultations grew to 118,929, and inpatient admissions reached 22,107. Despite these strategic decisions, as a consequence of growing needs, an increase in populations, and capacity constraints at facilities run by other organisations, MSF's primary health centres (PHCs) remain overwhelmed.

MSF also saw a steady increase in women seeking family planning and check-ups after giving birth. Family planning consultations reached 35,553 in 2025, compared to 26,844 the year prior. Additionally, our teams conducted 6,462 postnatal care check-ups and supported a total of 4,547 deliveries across our facilities. MSF continues to prioritize access to healthcare for mothers and their children, ensuring safer outcomes for both the refugee and host communities.

Mental health needs remain high within the Rohingya community, as families continue to live in uncertainty and face ongoing daily stress, compounded by a protracted lack of livelihood opportunities. In 2025, MSF teams saw a shift in the causes of distress. While incidents of community violence slightly decreased compared to 2024, more patients reported intimate partner violence, domestic abuse, and psychological harm. These stressors frequently exacerbate pre-existing physical and mental health conditions, creating a cycle of vulnerability.

To meet these evolving needs, MSF provided a total of 75,583 mental health consultations in 2025, an increase from the 67,687 consultations conducted the previous year. This included 24,341 psychiatric consultations for severe conditions and 51,242 individual counselling sessions. MSF remains committed to providing a full spectrum of specialised clinical and psychosocial support.

In 2025, MSF teams treated 15,300 patients for Hepatitis C (HCV), compared to 2,300 patients in 2024. MSF's approach shifted away from a reactive, clinic-based approach for symptomatic patients toward a large-scale, proactive "Test and Treat" campaign in collaboration with other health actors. By decentralising screening and simplifying treatment protocols, this approach supports in addressing the broader public health crisis in the camps.

The burden of non-communicable diseases, particularly hypertension and diabetes, remains high. MSF currently manages a dedicated cohort of approximately 5,000 NCD patients, providing consistent, high-quality clinical care including essential medications. In 2025, NCD-related consultations rose to 63,262, reflecting the high demand for chronic disease management. Despite the high level of NCD-related needs, access to NCD care continues to be constrained by the capacity within the surrounding health infrastructure. Primary Health Centres (PHCs) operated by other humanitarian actors experienced shortages of human resources and essential medicines, limiting the availability and continuity of NCD services.

MSF teams also observed shifting patterns in infectious diseases often exacerbated by living conditions. While the number of dengue cases treated decreased from 3,182 in 2024 to 2,164 in 2025–due to a nationwide decline and limited testing kit availability–other infectious threats like Hepatitis C and scabies remain prevalent.

The number of people suffering with scabies began to rise again in 2025 (86,725 vs 83,323 in 2024). While a mass drug administration in 2024 dropped the rate of infection from 39% down to 20%, the effect of this was only temporary. To stop or prevent the spread of this infectious and highly contagious skin disease, the community needs at least two rounds of mass drug administration (MDA) annually for two or more consecutive years depending on the community prevalence of the disease. Overcrowded, substandard living conditions continue to fuel spread, albeit more gradually.

Comparative medical data from 2024 and 2025 indicates persistent concerns regarding protection conditions within the camps. Consultations for violence-related injuries increased from 2,587 to 3,493, while SGBV consultations rose from 2,277 to 3,515. Together, these trends suggest a significant exposure to violence and chronic instability, consistent with the protection gaps described in MSF's Illusion of Choice report.

In the face of these compounding crises, MSF stands firm in delivering high-quality care, prioritising critical interventions, and tackling systemic barriers to safeguard vulnerable populations' health and dignity.

CHATTOGRAM

In response to the growing threat of Dengue as a major public health issue in Bangladesh, MSF launches a dedicated intervention in Chattogram City. This initiative focuses on reducing disease transmission and building long-term resilience within the community and health system. Using an evidence-based approach, the project combines vector control–managing the mosquitoes that spread the virus–with strengthened surveillance to closely monitor and identify case clusters.

The strategy also includes health promotion to empower residents with prevention knowledge and capacity building to train local health workers for an improved response. Additionally, MSF conducts innovative research to find the most effective ways to fight Dengue in urban environments. All activities are implemented in close coordination with relevant authorities, including the Directorate General of Health Services (DGHS), the City Corporation, and other key stakeholders, to ensure a sustainable and unified impact.

KAMRANGIRCHAR

Since 2010, MSF has provided vital healthcare in Kamrangirchar, initially focusing on child malnutrition and later expanding to address the critical health needs of different parts of the population. In 2013, MSF changed its focus from child malnutrition to providing services which included sexual and reproductive health for teenage girls (SRH), sexual and gender-based violence (SGBV) care, and occupational health (OH) services for factory workers. MSF operated clinics in Ali Nagar and Madbor Bazar, supported the Kamrangirchar 31-bed government 6 Hospital, offered mental health care and conducted outreach activities to improve healthcare access and raise awareness about occupational health in informal factories. In March 2025, we officially closed our long-standing project and it's medical activities in Kamrangirchar, Dhaka, after more than a decade of providing specialised medical care to one of the city's most precarious urban settlements due to global review of humanitarian responses and financial reprioratisation.

KEY DATA FROM LAST 10 YEARS

263,436
Sexual and reproductive healthcare consultations

114,750
ANC consultations

84,562
Occupational health consultations

67,200
Family planning consultations

50,851
Tetanus vaccines provided to women (SRH)

19,291
PNC consultations

11,305
Patients treated for sexual and gender-based violence (1st visit)

8,213
MSF assisted deliveries

HOST COMMUNITIES

MSF is committed to providing healthcare services to both the Rohingya refugees and the host community in Cox's Bazar. To ensure accessibility for both populations, two of its three hospitals and one of its two primary healthcare centres (PHC) are strategically located outside the camps. Additionally, MSF regularly donates medicines and medical supplies to public hospitals, further strengthening the local healthcare system.

In 2025, MSF provided care to tens of thousands of host community patients, representing a significant proportion of total services. Host community patients account for:

58% of deliveries (2,656 patients)

30% of inpatient admissions (6,526 patients)

26% of referrals (1,049 patients)

15% of emergency care (17,287 patients)

14% of outpatient consultations (62,970 patients)

While Rohingya patients represent a large share of outpatient and emergency consultations, people from surrounding communities also make significant use of inpatient care, referrals, and deliveries. In 2025, many scabies patients treated at facilities outside the camps were from nearby host communities.

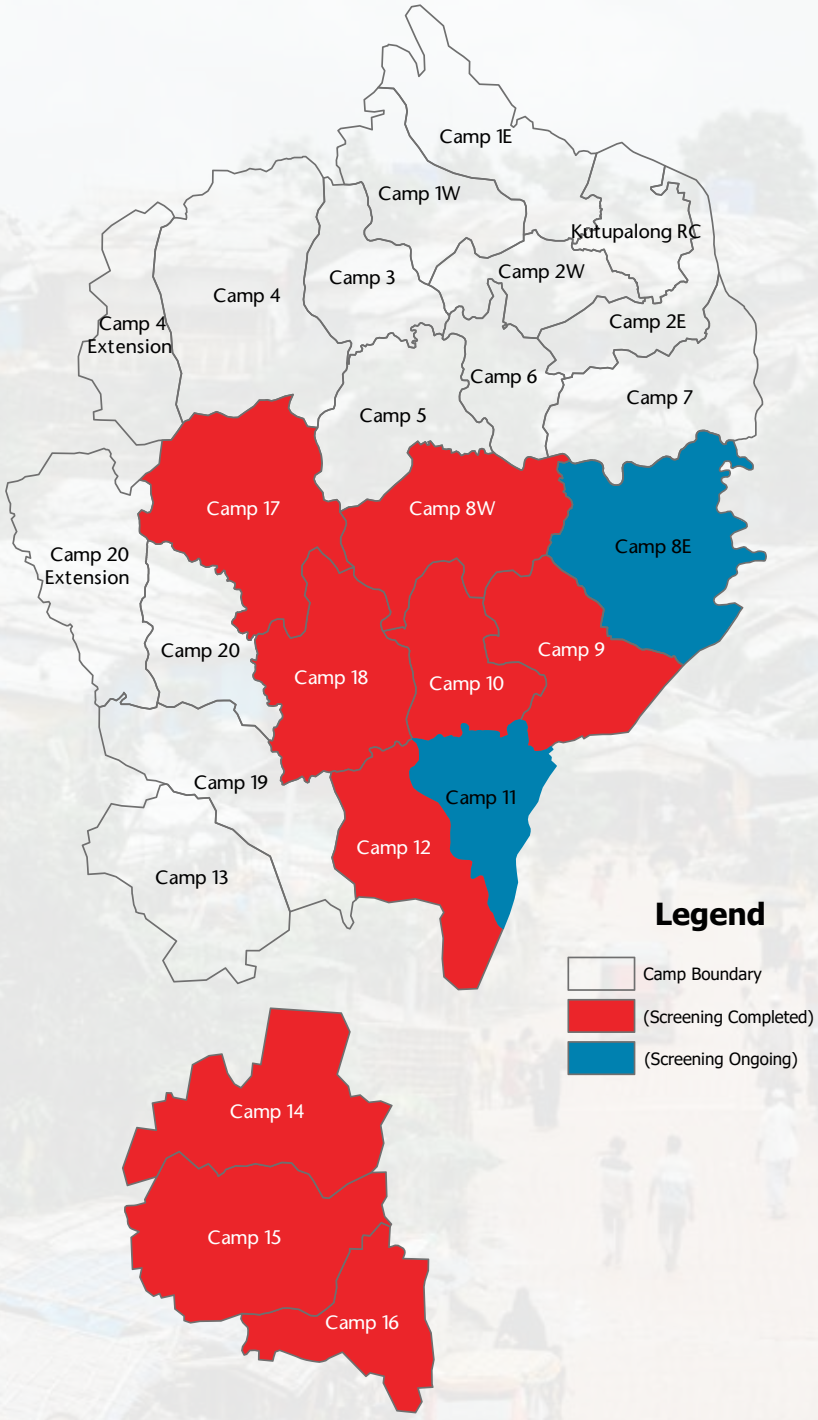
This shared use of services reflects the strong demand for accessible healthcare across the region and MSF's commitment to providing care to everyone who needs it.

HEPATITIS C

A prevalence study conducted by MSF in the Rohingya refugee camps found that a significant number of people–about one in every five adults–lives with an active hepatitis C infection. This means the virus is currently in their bodies, causing liver inflammation and potential long–term damage. In collaboration with the World Health Organization (WHO) and the Health Sector, MSF called for a coordinated humanitarian effort in the camp to implement a large-scale test and treat campaign. The test and treat campaign started in 2025 with MSF expected to treat 30,000 patients, with other health actors equally covering 30,000 patients.

In 2025 the MSF team focused its screening on 11 out of a total of 33 camps. Through a delegated community-based approach, screening activities have already been completed in 8 camps, achieving 93% coverage, while activities are ongoing in the remaining 3 camps. To date, the MSF team has screened a total of 138,089 individuals for HCV, and 15,293 patients have been successfully enrolled on HCV treatment.

MSF Hep C Activities in the Rohingya Refugee Camps



While MSF has made rapid progress in implementing HCV screening and treatment activities, some partner organisations are experiencing delays due to shortages of essential medicines and human resources. These constraints may limit the overall impact of the response and pose challenges to fully interrupting the chain of HCV transmission across all camps. Beyond resource availability, the broad landscape of the HCV response involves varying clinical strategies and implementation timelines. Navigating these different institutional approaches alongside supply chain constraints remains a key challenge in ensuring a consistent and comprehensive interruption of transmission across all camp settings.

A GROWING PUBLIC HEALTH EMERGENCY

MSF finds critical concerns in water, sanitation, and hygiene (WASH) conditions in the Rohingya refugee camps in Cox's Bazar posing a serious and escalating public health threat to more than 1.1 million people living in the most densely populated and fragile settings in the world. While the emergency WASH systems established during the mass displacement of 2017 initially made significant progress, years of underinvestment, inconsistent infrastructure quality, and weak maintenance have led to frequent service disruptions and rising health risks. These challenges have been further compounded by over 150,000 new arrivals between 2024 and 2025, chronic funding shortfalls, and recurrent environmental risks such as flooding, all of which have placed immense strain on already overstretched services.

Recent assessments* conducted by MSF reveal persistent and concerning gaps in access to safe, sufficient, and equitable water across the camps. Per–capita water supply frequently falls below the **sphere emergency standard of 15 litres per person per day, with only 46 per cent of the population in the mega camps receiving more than 20 litres per person per day in 2025–down from 55 per cent in 2024. Beyond quantity, water quality remains inconsistent as well: only 58

* MSF's Five–Star Assessment evaluates the performance, sustainability, and challenges of water networks across 33 Rohingya refugee camps in Cox's Bazar, Bangladesh. The assessment conducted since 2024 evaluates the water networks across five key indicators–flow capacity, distribution timing, network functionality, water treatment, and beneficiary satisfaction.

** The Sphere standards are internationally endorsed, evidence–based minimum requirements for humanitarian assistance covering four technical areas, including WASH, food security/nutrition, shelter, and health. The standards are used globally to improve accountability for humanitarian practitioners to deliver effective, rights-based responses.
Sphere Association. (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (4th ed.). Geneva, Switzerland: Sphere Association.
https://www.msf.org/illusion-choice-rohingya-voices-echo-camps

QUANTITY

Per-capita water supply often remains below the 15 litres per person per day (Sphere emergency standard). Only 46 per cent of the population in the mega camps receive more than 20 litres per person per day (MSF standard) compared to 55 per cent in 2024;

QUALITY AND SAFETY

Inconsistent chlorination and treatment practices increase microbiological risk. Only 58% of water samples have sufficient chlorine levels, reflecting operational gaps;

EQUITY

Persistent disparities in access both across and within camps and networks. Many households still experience limited and irregular access – only 37% of networks achieved enough service hours;

ACCESS BARRIERS

Limited-service hours, long travel distances to collection points, and safety concerns, particularly for women and children;

MAINTENANCE AND ACCOUNTABILITY

Weak preventive maintenance, fragmented ownership, and inadequate governance leading to service interruptions and uneven performance.

percent of tested water samples meet minimum chlorine standards, increasing the risk of microbiological contamination and water-borne disease. Reliability and equity are also major concerns, as just 37 per cent of water networks achieve adequate service hours, leaving many households with irregular and unpredictable access, often requiring long walks to distant collection points and exposing women and children to heightened safety risks.

These shortcomings are exacerbated by systemic weaknesses in preventive maintenance, fragmented ownership of infrastructure, and inadequate governance structures, which together result in uneven performance and recurring breakdowns. While the physical footprint of WASH infrastructure across the camps remains extensive, MSF's assessment shows that service reliability and performance have declined since 2024, alarming a worrying trend in sustainability rather than a lack of infrastructure alone.

The health consequences of these WASH gaps are significant. Insufficient water availability and poor water quality directly increase susceptibility to acute watery diarrhoea (AWD), skin infections, and other preventable conditions. Cholera remains a persistent threat. Between June 2024 and January 2025, WHO*** surveillance recorded 572 culture–confirmed cholera cases in Ukhiya and Teknaf–the highest surge since 2017–with 94 per cent of cases reported inside the camps. While large-scale outbreaks have so far been contained, the combination of declining water quality monitoring and reduced WASH services heightens the risk of future epidemics, particularly during the monsoon season.

Scabies provides a stark illustration of how WASH conditions intersect with dignity, mental health, and long-term wellbeing. In 2023, nearly 40 per cent of the camp population was affected, with prevalence exceeding 70 per cent in some locations–well above the WHO threshold for mass drug administration (MDA). Although MDA campaigns in the camps conducted between late 2023 and early 2024 significantly reduced prevalence, MSF continues to treat more than 80,000 annually in 2024 and 2025. Treatment alone is insufficient in the absence of personal hygiene due to the lack of reliable water supply, accessible bathing facilities, soap, and the ability to wash clothing and bedding–basic requirements that remain unmet for many families living in overcrowded camps.

MSF has also found further issues in relation to sanitation and hygiene challenges. Shared latrines are frequently overused due to space constraints, and coverage of improved and acceptable latrines remains far below minimum targets. Menstrual hygiene management has deteriorated, with only 53 per cent of households reporting use of acceptable materials in late 2024, down from 62 per cent the previous year. At the same time, reductions in hygiene item distributions and soap availability–driven by funding cuts–undermine hygiene promotion efforts and limit people's ability to act on health knowledge.

Climate change adds another layer of vulnerability. Seasonal floods and heavy rains routinely damage latrines, drainage systems, and water points, contaminating water sources and forcing open defecation in waterlogged areas. The camps' steep terrain and fragile construction magnify these impacts, increasing both environmental and public health risks year after year.

Despite these challenges, MSF continues to play a critical role in sustaining essential WASH services through technical support, monitoring, emergency interventions, and advocacy. However, with the ongoing funding reductions of other partners in WASH activities in the camps under the 2026 Joint Response Plan, further service cuts risk aggravating the current conditions. Sustained funding, multi-dimensional technical approaches, and community-centred WASH programming are urgently needed to protect health, dignity, and resilience in the Rohingya camps. Without renewed and

*** Landmark Cholera Vaccination Campaign Offers Hope to Rohingya Refugee Camps!

https://www.who.int/bangladesh/news/detail/29-01-2025-landmark-cholera-vaccination-campaign-offers-hope-to-rohingya-refugee-camps

ANNEX

MSF WASH PRESENCE AND OPERATIONAL ROLE

SINCE 2017, MSF has built core WASH infrastructure for the Rohingya response in Cox's Bazar Camps: more than 400 deep tube wells; 300 latrines and showers; 16 piped water networks with 70–90m³ reservoirs; and two faecal sludge management units treating a combined 70m³/day. Much of this infrastructure has since been handed over to other WASH actors for ongoing operation.

TODAY, MSF focuses on sustaining essential services–identifying critical gaps and public–health risks; providing technical assistance, training, and capacity building; and advocating for adherence to minimum standards–despite shrinking budgets and shifting priorities.

IN 2025, MSF helped stabilize the Teknaf water crisis through coordinated emergency actions with partners. MSF installed a high–capacity submersible pump (80m³/hour) in an existing borehole to supply a temporary filling point for trucking by other actors. Around 1–kilometer underground pipeline was laid, and a new filling station was constructed to serve both refugees and host communities affected by water scarcity. Throughout the response, MSF maintained continuous water–quality monitoring to safeguard supply until the crisis phase concluded–demonstrating MSF's commitment to effective, partnership–driven emergency interventions.

MSF ENSURED direct access to improved water source for 57,250 people and treated over 2 million liters of wastewater.

VOICES OF PATIENTS

KASMIDA

A JOURNEY OF HEALING FROM HEP C

> "I thought this disease was a burden I could never afford to carry."

My name is Kasmida. I have lived in Camp–15 since 2017, when my family of 17 fled the violence in Myanmar. Today, I am a widow, and while my daughter lives in Malaysia, I find a home with my brothers' families.

For a long time, a heavy exhaustion followed me. Even a short walk left me breathless. I assumed this was simply the weight of age, so I continued with my usual medicines, hoping for a bit of strength each day. I never imagined these were the symptoms of Hepatitis C.

In my home country, I saw this disease devastate families. I remembered a relative who spent a fortune–nearly 1.5 million Kyat–on treatment, yet many others still lost their lives. To me, a diagnosis felt like a death sentence I could never afford to fight.

Everything changed when an MSF team came to our shelter for screening. When my test came back positive, I went silent. My mind went blank with fear. But the MSF staff were incredibly kind. They reassured me: "Please don't worry. The treatment is free." That one word–free–gave me the courage to hope.

In 2025, I began a three-month treatment course. The MSF team was with me every step of the way, even visiting my home to check on me if I missed an appointment. Their dedication made me feel that I wasn't fighting this alone.

Today, I am free of Hepatitis C. The exhaustion and palpitations are gone; in their place is a sense of peace. I am so grateful to the team that knocked on my door. Without their outreach, I might never have found the care that saved my life.

MOHSENA BIBI

TWICE THE BLESSING: A JOURNEY THROUGH A HIGH-RISK DELIVERY

> “In that moment of life and death, I wasn't alone. They moved with speed and sincerity to save us.”

My name is Mohsena Bibi. At 22 years old, I finally found the joy I waited six years for: I am the mother of seven-month-old twins.

My journey to motherhood was not easy. For years, I struggled to conceive, even fearing that medication might somehow prevent me from becoming a mother. But when I finally found out I was pregnant, I set aside those fears. I visited the MSF Jamtoli health centre every month, living with the constant worry of whether I could bring my babies safely into the world.

In November 2025, while only seven months pregnant, my life took a sudden, frightening turn. Severe pain began, and I learned I was carrying twins with complications that would require a C-section. I went home that night terrified, but nature did not wait. In the middle of the night, in our small shelter, my daughter was born. I began to bleed uncontrollably. The umbilical cord was still attached, and my son was yet to be born.

The MSF outreach team arrived like a lifeline. They rushed us by ambulance to Goyalmara Hospital. The moment we arrived; the doctors and nurses moved at an incredible speed. They cared for my daughter, assisted in the birth of my son, and managed the emergency blood transfusion I needed to survive.

Because they were born so early, my twins spent over a month in the Neonatal Intensive Care Unit (NICU). I stayed there with them every single day, supported by my mother and the medical team.

Today, when I look at my children, I think about that night in the camp and how different things could have been. I now tell my neighbors to trust the care that saved my two greatest blessings.

DAISY

THE STRENGTH TO HEAL

> “While my body was finally safe, my mind remained trapped in the violence; I would wake up screaming, haunted by nightmares of what I had seen.”

My name is Daisy (pseudo name), and I am 19 years old. I have lived in the camps for nine years, but the memories of 2017 are still as sharp as if they happened yesterday. I remember the smoke, the houses being set on fire, and the terror of watching people being killed. My family fled through forests and crossed canals, we carried so little, yet even that was too much for the armed groups who intercepted us at the river. They didn't just rob us, they took our meager belongings and threw them into the water. , We finally arrived in Bangladesh with nothing but our lives when a boat finally brought us to safety here.

While my body was safe, my mind remained trapped in the violence I had witnessed. For years, I was haunted by nightmares where I saw people being slaughtered like cattle. I would wake up screaming, unable to find rest.

This internal turmoil eventually began to consume my daily life. I tried to focus on my sewing; a craft I love to also help my family financially. But the slightest mistake would send me into a fit of uncontrollable rage. I would rip out hours of work and start over, trapped in a cycle of restlessness. When a close friend who was more than a sister to me passed away a year ago, my anxiety reached an unbearable peak. I stopped

sleeping entirely, and I could no longer help my family with even the simplest chores.

At home, my family didn't understand. They thought I was being difficult; they would scold me and, sometimes they would hit me. I felt isolated, even among those I loved.

The turning point came when my father and brother brought me to the Shantikhana. For the first time, I found people who listened. The counselors at MSF didn’t just give me medicine; they gave me a safe space to open my heart. They treated me like a sister.

One of the most important parts of my healing wasn't just my own treatment, but the way MSF spoke to my family. They taught my family how to support me with kindness instead of anger. Seeing my family’s mindset change was a huge relief; they began to treat me with the gentleness I so desperately needed.

After a year of care, the sleepless nights are behind me. I have returned to my cooking and my sewing, doing the daily tasks that make me feel like myself again—the person I was before the violence.

My journey isn't over yet, and I still look forward to my visits with the counselors who saved me and are like my sisters. I now share my story with my neighbors, encouraging those who are suffering in silence to seek help.

PHOTOS

2025
A YEAR IN PHOTOS

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