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UN Member States must Step-Up Efforts to Protect and Meet the Urgent Humanitarian Needs of the Rohingyas at the High-level Conference

Introduction

Since August 2017, the Rohingya refugee population in Cox's Bazar has grown to more than 1.2 million people. The majority fled in 2017, joining previous waves of Rohingya refugees from 2016, the 1990s and the 1970s. Today, Cox's Bazar is home to the world's largest refugee settlement, with new Rohingya arrivals reported almost daily owing to the results of an ongoing armed conflict between the Myanmar military and the Arakan Army that escalated in November 2023. While Bangladesh has shown generosity in hosting the community, the humanitarian situation remains critical, and the Rohingya's basic survival needs are at further risk of being unmet.

Acute underfunding is affecting food security, shelter, access to healthcare and children's education, as camp conditions deteriorate. Rising insecurity and the looming threat of forced repatriation to Myanmar without sufficient safety guarantees have worsened already difficult conditions. As the Rohingya community faces increasing challenges with fewer resources, the international community must act promptly and decisively to prevent further suffering.

Amnesty International undertook a five-day visit to the refugee camps in Kutupalong, Cox's Bazar in Bangladesh in July 2025 where we conducted interviews with 32 Rohingya refugees, and five interviews with UN agencies and other non-profit service delivery organisations. Of the interviews with the 32 Rohingya refugees, 26 individuals were interviewed in the format of four Focus Group Discussions. Nine of the Rohingya refugees we spoke with are women.

This briefing aims to provide an update of the struggles persisting the Rohingya refugees, ahead of the High-Level Conference on the Situation of Rohingya Muslims and Other Minorities in Myanmar due to take place on 30 September 2025. The document also seeks to amplify the voices of those interviewed, and reflects concerns echoed by other international partners engaged in the Rohingya refugee response.

The impact of aid cuts

Since taking office in January 2025, Donald Trump, the President of the United States of America (USA), moved to drastically cut foreign aid and dismantle the U.S. Agency for International Development (USAID) setting off a crippling global humanitarian aid crisis that has severely impacted the Rohingya people, especially in Bangladesh. A recent UN report highlights that only

35% of the funding needs for the Rohingya in Bangladesh are being met while there has been a 17% cut to the programmes run by the UN High Commission for Refugees (UNHCR).[1]

Armed conflict between the Myanmar military and the Arakan Army escalated in 2024, as the ethnic resistance organisation took control of northern Rakhine State's two main townships, Buthidaung and Maungdaw. Rohingya armed groups were also involved in the fighting, allied with the Myanmar military. But Rohingya civilians paid the price, and many were forced to flee to take refuge in Bangladesh, further stressing an already precarious humanitarian aid environment. A UN report puts the figure of new arrivals in Bangladesh over 18 months preceding the publication of their report in July 2025, at 150,000.[2] During a visit to the camps in March 2025, the UN Secretary-General António Guterres said, *"Cox's Bazar is ground zero for the impact of budget cuts on people in desperate need and we must do everything to make sure that that does not happen."*[3]

Amnesty International documented the latest impact of these aid cuts on the ground in Cox's Bazar, and our findings are summarised below.

1. Food insecurity

"If we eat today, we have tension about how we will eat tomorrow"[4]

Amnesty International Researchers conducted interviews with Rohingya refugees in Bangladesh who are heavily reliant on food rations provided by the World Food Programme (WFP). Camp authorities had previously announced that the monthly allowance of USD $12 of food rations per person would be halved to as low as $6 per person.[5] Although these cuts have been halted for now and not yet implemented, the announcement has left the Rohingya community deeply anxious, as they continue to struggle to make ends meet.

Food shortages have always been a concern. Of those interviewed, at least ten people complained of being unable to feed their children with the allowance given. They also said that the rations provided were of poor quality and close to expiration.

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[1] On the brink: The devastating toll of aid cuts on people forced to flee, *UNHCR,* 18 July 2025, available at: https://www.unhcr.org/media/brink-devastating-toll-aid-cuts-people-forced-flee?_gl=1*1i9y03p*_rup_ga*OTUxMTczMDkyLjE3NTMzNTk5MzI.*_rup_ga_EVDQTJ4LMY*czE3NTMzNTk5MzIkbzEkZzAkdDE3NTMzNTk5MzIkajYwJGwwJGgw

[2] On the brink: The devastating toll of aid cuts on people forced to flee, *UNHCR,* 18 July 2025, available at: https://www.unhcr.org/media/brink-devastating-toll-aid-cuts-people-forced-flee?_gl=1*1i9y03p*_rup_ga*OTUxMTczMDkyLjE3NTMzNTk5MzI.*_rup_ga_EVDQTJ4LMY*czE3NTMzNTk5MzIkbzEkZzAkdDE3NTMzNTk5MzIkajYwJGwwJGgw

[3] Secretary-General's remarks during his visit to Cox's Bazar [as delivered], *United Nations,* 14 March 2025, available at: https://www.un.org/sg/en/content/sg/statement/2025-03-14/secretary-generals-remarks-during-his-visit-coxs-bazar-delivered?_gl=1*hfzbqh*_ga*MTAxMzUzODA1MC4xNzIxODg0ODY2*_ga_TK9BQL5X7Z*czE3NTgxNTU3MjAkbzI1JGcxJHQxNzU4MTU3Mzc3JGo0NCRsMCRoMA..*_ga_S5EKZKSB78*czE3NTgxNTczNjEkbzUkZzEkdDE3NTgxNTczODAkajQxJGwwJGgw

[4] Interview with a Rohingya refugee couple on 29 July 2025, who arrived at the camp one month and 17 days before the interview.

[5] Interviews conducted by Amnesty International. See also: https://www.reuters.com/world/asia-pacific/un-slash-rations-rohingya-refugees-by-half-6-per-month-official-says-2025-03-05/

"WFP rations are more expensive than the normal market. So we have to find our own money and buy"[6]

Their access to quality fresh produce, such as fish and vegetables, is limited, Amnesty International is told, since they can only use their WFP ration cards at stores inside the camps which do not carry affordable produce that are of good quality. Fresh produce available to the host community in nearby markets is also not accessible to the Rohingya community, since they are technically barred from leaving the camps. Additionally, according to the interviewees, the Rohingya refugees receive a fixed quota of items through the ration cards each month (for e.g., 13 kilograms of rice, two liters of cooking-oil, 2 kilograms of sugar etc. per person) which restricts their flexibility to buy items their own family is most in need of, such as, for example, LPG gas. Due to this limitation, the community resorts to bartering food items they are in excess of, for items they need - depending on the needs of the family.

Malnutrition rates among children remain alarmingly high. A UNICEF representative in Bangladesh has stated in March 2025, "*Children in the world's largest refugee camp are experiencing the worst levels of malnutrition since the massive displacement that occurred in 2017."*[7] According to UNICEF, earlier this year, admissions for severe acute malnutrition surged by over 27% compared to February 2024, with more than 38 children under five admitted for emergency care every day.[8] Without adequate nutrition, the Rohingya children's development and long-term health are at serious risk.

3. Overcrowding and unsanitary living conditions

"The shelters are too small. We have no room to pray, no bedrooms with any privacy. Our children can see everything we do."[9]

More than 1.2 million refugees live in an area of approximately just 17 square kilometres,[10] leading to severe overcrowding. Many of those Amnesty International spoke with complained about the size of shelters, lack of privacy, being unable to build upwards to utilise space to the fullest, likely due to weather conditions. Additionally, the makeshift shelters are vulnerable to the impacts of the changing climate – heavy monsoon rains, landslides, and fires,[11] which have already displaced thousands within the camps. A June 2025 report by the UN in Bangladesh said, *"In just two days, some 53 landslides were reported across the 33 camps, damaging over 1,400 homes in*

[6] Focus Group Discussion with Rohingya refugees on 28 July 2025.
[7] https://news.un.org/en/story/2025/03/1160986
[8] Bangladesh: Rohingya children's acute hunger surges amid funding cuts, *United Nations*, 11 March 2025, available at: https://news.un.org/en/story/2025/03/1160986
[9] Amnesty International Focused Group Discussion with 10 people from the community.
[10] Young Rohingya refugees are helping to turn world's largest camp green, *UNHCR,* 15 November 2022, available at: https://www.unhcr.org/news/stories/young-rohingya-refugees-are-helping-turn-worlds-largest-camp-green#:~:text=Nearly%20one%20million%20people%20are%20now%20crammed%20into,Samia%20looks%20skyward%20for%20a%20sense%20of%20peace.
[11] Some fires are suspected to be acts of sabotage.

combination with floods and strong winds. Tragically, one refugee was killed as a wall collapsed, while lightning strikes reportedly injured eleven."[12]

Open sewers run alongside camp shelters carrying muddy water and garbage. Inside shelters, families find it difficult to bear the humidity and heat without facilities such as pedestal fans and reliable power supplies to operate them.

The Rohingya community flagged communicable diseases as an enduring concern due to overcrowded shelters. Additionally, the community mentioned their limited access to clean water and poor sanitation infrastructure has contributed to the spread of water-borne diseases and chronic illnesses – issues flagged by non-profit service delivery organisations in both 2022[13] and 2023.[14] Medical researchers have noted that conditions in the camp are ripe for cholera outbreaks, diarrhoea, tuberculosis, and skin infections.[15] Rohingya refugees also said they were afraid of contracting Dengue and Hepatitis- C.

4. Limited access to education

Around half a million[16] Rohingya children below the age of 18 live in the camps. They do not have access to formal education outside of the camps due to restrictions on movement. Inside, options exist, but they are limited and under pressure for funding. In June, learning centres closed due to lack of funding, leaving children exposed to violence, child labour and forced recruitment by Rohingya armed groups. The closing space for formal education options risks creating a "lost generation" growing up with little hope for the future. According to Save the Children,[17] about 300,000 children risk missing out on education after UNICEF, Save the Children and partners were forced to close learning facilities with immediate effect in June, in the Rohingya camps in Cox's Bazar, due to funding cuts.

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[12] Heavy monsoon rains highlight once again the critical needs of Rohingya refugees, *United Nations Bangladesh,* 2 June 2025, available at: https://bangladesh.un.org/en/295589-heavy-monsoon-rains-highlight-once-again-critical-needs-rohingya-refugees

[13] Bangladesh: Poor water and sanitation services expose Rohingya community to disease, *Doctors Without Borders*, 17 October 2022, available at: https://doctorswithoutborders-apac.org/en/bangladesh-poor-water-and-sanitation-services-expose-rohingya-community-to-disease#:~:text=A%20recent%20assessment%20by%20Doctors%20Without%20Borders%20%2F,and%20sanitarian%20situation%20in%20the%20camps%20is%20concerning.

[14] Bangladesh: Sanitation among Rohingya women in Kutupalong refugee camp, *Minority Rights Group,* 20 June 2023, available at: https://minorityrights.org/resources/trends2023-water-justice-and-the-struggles-of-minorities-and-indigenous-peoples-for-water-rights-a-planetary-perspective-9/

[15] Communicable disease in Rohingya camps, *The Financial Express*, 30 August 2025, available at: https://today.thefinancialexpress.com.bd/print/communicable-disease-in-rohingya-camps-1756475081#:~:text=Overcrowded%20shelters%2C%20inadequate%20sanitation%2C%20unsafe%20water%20sources%20and,and%20skin%20infections%20are%20recurrent%20in%20the%20camps.

[16] Rohingya crisis, *UNICEF,* available at: https://www.unicef.org/emergencies/rohingya-crisis

[17] About 300,000 children risk losing education as learning centres in Rohingya camps shut due to funding cuts, *Save the Children*, 5 June 2025, available at: https://www.savethechildren.net/news/about-300000-children-risk-losing-education-learning-centres-rohingya-camps-shut-due-funding#:~:text=COX%E2%80%99S%20BAZAR%2C%20Bangladesh%2C%205%20June%202025%20%E2%80%93%20About,due%20to%20funding%20cuts%2C%20said%20Save%20the%20Children.

Girls' education is more precarious. Post-puberty, many girls are forced to stop education altogether by their families due to fears around physical safety including their sexual safety (linked to preserving their "purity"), despite incentives offered by some education service providers for girls to continue their education. The alternative of engaging private tutors at their shelters that some members of the community we interviewed mentioned, is rarely a feasibility due to economic hardships. Those who opt for private education said they had to sell a part of their rations to be able to afford it. Without avenues for income-generation or employment, women are left completely at the dependency of men being sole bread-winners unless they undertake small home businesses such as sewing.

"Professional work is needed for women more than men"[18]

5. Health and medical needs

"If we want to go [outside the camp for medical assistance], and we don't have a note showing doctor's permission, we have to sneak out"[19]

Those Amnesty International spoke with said that more specialised healthcare needs within secondary and tertiary healthcare scope are difficult for the Rohingya community inside the camps to access due to the unavailability of specialised medical practitioners. The non-governmental organisations engaged in medical and humanitarian work that Amnesty International spoke with also confirmed that access to specialised healthcare depended on a referral system, which introduces significant logistical challenges such as navigating checkpoints and handling paperwork when refugees attempt to enter the public healthcare system. The Cox's Bazar Health Sector Monthly Bulletin by Rohingya Refugee Response for the month of July shows that health funding too has been affected by aid cuts.[20] Of the USD 92.3 million requested, they have only received USD 53.7 million – a gap of 41.8%.

Several of those interviewed complained about being unable to get treatment for longer-term care for cancer, dialysis, and treatment for kidney stones within the camp premises due to unavailability of specialised doctors. The medical referral system allows the community to leave the camps for urgent medical needs, however, as mentioned earlier, even despite a doctor's note, they are subject to scrutiny at check-points.

"I went to the nearest hospital for a Urinary Tract Infection. I had to sneak out. The doctor asked me why I didn't come sooner"[21]

The community noted that while birth control support is available inside the camps, there is limited support for maternal healthcare needs. Pregnant and lactating mothers have no special nutritional allowance, while sanitary napkins provided were mentioned as insufficient, forcing women to use old clothing items as substitutes.

[18] Focus Group Discussion with three Rohingya refugee women on 29 July 2025.
[19] Interview with Rohingya refugee woman on 30 July 2025.
[20] The Cox's Bazar Health Sector Monthly Bulletin - July 2025, *Rohingya Refugee Response,* available at: https://rohingyaresponse.org/wp-content/uploads/2025/09/Health-Sector-Coxs-Bazar-monthly-Bulletin-July-2025.pdf
[21] Interview with Rohingya refugee woman on 30 July 2025.

Mental health needs have also become more pronounced with suicidal thoughts and attempts spiking in the last few years since 2023, especially of women and minors.[22]

6. Restrictions on movement

"I sold all my gold. My life is all I have left"[23]

Rohingya refugees told us that restrictions on movement remained a source of many problems. Some described the camps as an "open jail." To supplement insufficient rations provided by the WFP, Rohingya refugees often undertake informal work so they can buy goods at local markets near the camps. Several refugees interviewed complained of being beaten by Bangladeshi camp authorities in instances where they were caught outside the camps. In fear of physical reprisals, the Rohingya refugees seldom approach authorities in cases of kidnappings that occur outside the camp premises – for example, see below. Single women and women headed households report being forced to rely on relatives' support, because leaving the camps in search of dignified employment opportunities is impossible due to safety concerns as well as restrictions on movement.

According to community members interviewed, with fewer NGOs operating in the camps due to funding cuts, the small job opportunities that were available to the community inside the camps with these organisations have also shrunk, leaving the community with even fewer options for income generation. Women in the camps complained that their husbands and the youth are resorting to gambling in their free time. Associated risks such as addiction, greater propensity for domestic and gender-based violence were also mentioned by Rohingya women, as knock-on effects.

Rohingya child labour, Amnesty International was told, is a growing concern with the closure of learning centres and increased reliance on informal means for making money.

7. Insecurity and protection issues

"CIC [Camp-in-Charge]… what safety can they give us?"[24]

According to the community Amnesty International interviewed, kidnappings for ransom have increased in and around the camps, where both the Rohingya community and the host community are suspected of being perpetrators – linked, they say, to the desperate economic situation surrounding the camps. This observation is complemented by data from the Joint Protection Monitoring report for the last quarter of 2024 covering the period October-December 2024.[25] According to the report, 157 cases of kidnappings and abductions were recorded in quarter four, which is an 11% increase from the third quarter.[26]

[22] Interview with medical and healthcare service delivery non-governmental organisation.
[23] Interview with a Rohingya refugee couple on 29 July 2025, who arrived at the camp one month and 17 days before the interview.
[24] Interview with the family of a five year-old boy on 30 July 2025, who was kidnapped on 7 June 2025.
[25] Joint Protection Monitoring Report – Quarter 4 (October – December) 2024, *Rohingya Refugee Response*, available at: PS-Joint-Protection-Monitoring-Report-Quarter-4_2024.pdf
[26] Joint Protection Monitoring Report – Quarter 4 (October – December) 2024, *Rohingya Refugee Response*, available at: PS-Joint-Protection-Monitoring-Report-Quarter-4_2024.pdf

Amnesty International spoke with the families of a five-year-old boy and a 19-year-old who had recently been kidnapped. In both cases, the boys have since returned. However, their families complained that many in the community could not rely on the support of camp authorities such as the Camp-in-Charge, in some situations, since they felt the authorities are not interested in taking any action. Although tracing perpetrators through the 'bKash' accounts,[27] mobile payment platforms that kidnappers use to demand ransom, should be relatively straightforward for the authorities, affected families did not report the incidents to the authorities also due to threats from kidnappers of reprisals against anyone who approached authorities. This, in turn, has discouraged movement—particularly among children—both within and beyond the camps.

Safety concerns are keeping an increasing number of children at home without access to education, and parents seldom want kids going outside after sunset. The parents Amnesty International spoke with fear that sending children out even to play in the immediate surroundings is now a risk-factor, despite shelters being too small and warm to be conducive for all-day dwelling. This has become an untenable situation for the community in the camps.

Interviewees said that women and girls face heightened risks of gender-based violence including intimate partner violence, trafficking (including sex trafficking) undertaking precarious journeys by sea to Malaysia, engaging in "survival sex"[28] and being subject to other forms of exploitation within the camps. This too has little recourse through formal systems.

Women take temporary refuge at "women-friendly spaces" inside the camps in instances of domestic or other forms of gender-based violence, however many of such spaces that were being operated by non-governmental organisations have now closed due to funding cuts. Women are uncomfortable traveling too far from their home shelters in order to access these spaces that are still operational. Informal forced marriages of underage girls reportedly continue where parents see marriage of their children as young as 12 as a means of easing their own economic burdens.

Rohingya armed groups also operate within the camps, creating an atmosphere of fear and instability.[29] Youth are vulnerable to recruitment in the current environment, compounded by the absence of meaningful education and employment opportunities. While armed-group violence in the camps has gone down, forced recruitment and threats against individuals who were previously forcibly recruited to fight in Myanmar, continues to pose risks for young men and children.

Safety and security concerns around informal detention centres operated by Border Guard Bangladesh (BGB) were also highlighted by medical and health service providers. Rohingya people seeking refuge by crossing the border into Bangladesh have been turned away by the BGB after a period of detention. Amnesty International was told by health service providers that these refugees are not permitted access to urgent medical/trauma care through service providers even despite suffering injuries on their journey (including victims of landmines), nor are they permitted to link-up with relatives already in Cox's Bazar.

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[27] 'bKash' is a money transfer app where accounts are linked to existing bank accounts.

[28] Engaging in sex work due to extreme desperation to meet their basic survival needs.

[29] Bangladesh/Myanmar: The Dangers of a Rohingya Insurgency, *International Crisis Group*, 18 June 2025, available at: https://www.crisisgroup.org/sites/default/files/2025-06/348-bangladesh-myanmar-rohingya.pdf; and Amnesty International interviews.

8. Uncertain future and Statelessness

"No one needs to force us to go back, we're willing. We don't plan to stay permanently, but we need safety to go back"[30]

Although the majority of the Rohingya refugees who spoke with Amnesty International preferred to return to Myanmar, they stressed that return is only possible when hostilities have ended, and their safety and security is guaranteed. Such repatriation, they said, must only be done voluntarily and under dignified conditions where their identity and status as Rohingya is fully recognised and their rights can be fully realised in Myanmar.

The Rohingya remain stateless, with no legal rights in Myanmar and no path to citizenship in Bangladesh. Many refugees have now spent over eight years in limbo, with no durable solution in sight, similar to the Rohingya refugees from previous influxes still residing in "registered camps". Third country resettlement is not a viable option for all due to the sheer number of Rohingya refugees, and as such, some refugees interviewed noted the need for the international community to undertake negotiations with the Myanmar military as well as the Arakan Army with the aim of stopping hostilities in the Rakhine state so they will be able to return on their own terms. In international forums and negotiations where durable solutions are discussed, the importance of the Rohingya refugees' participation was also highlighted.

Conclusion and recommendations

The Rohingya refugees in Cox's Bazar have endured years of hardship and uncertainty. While their resilience is extraordinary, their displacement has become increasingly protracted. At this juncture, the international community must enhance its efforts to meet the urgent humanitarian needs of the community and support the generosity of Bangladesh with concrete actions including by offering options for third country resettlement.

The UN General Assembly resolution passed in March 2025[31] expressed,

"deep concern at the dramatic increase of humanitarian needs, reduction in food aid for Rohingya temporarily sheltered in Bangladesh, both in Cox's Bazar and in Bhashan Char, and reiterating in this regard its grave concern that, despite the unprecedented generosity of host countries and donors, the gap between humanitarian needs on the ground and availability of funding continues to grow, recalling in this context the need for more equitable burden- and responsibility sharing, and encouraging in this regard Member States and other actors to leverage the follow-up process of the second Global Refugee Forum, held in 2023, to demonstrate commitment to easing the pressure on the host countries and work towards sustainable solutions."

[30] Focus Group Discussion with Rohingya refugees on 28 July 2025.

[31] UN General Assembly resolution A/RES/79/278, 27 March 2025, available at: https://docs.un.org/en/A/RES/79/278?_gl=1*1oj9ak0*_ga*MTAxMzUzODA1MC4xNzIxODg0ODY2*_ga_TK9BQL5X7Z*czE3NTMyNTE5OTQkbzEzJGcwJHQxNzUzMjUxOTk0JGo2MCRsMCRoMA..

Amnesty International urges UN member states to:

1. Restore and increase humanitarian funding and commitments

- Fully fund the 2025 Joint Response Plan for the Rohingya humanitarian crisis and increase commitments for the upcoming years in order to fill the gaps by the decline in humanitarian funding and the withdrawal of aid organisations;
- Prioritise life-saving aid, including food rations, health care including maternal health care, water, sanitation, and shelter, and ensure that the rations allowance is not cut further as announced.

2. Support access to education and livelihoods

- Support the maintenance of existing learning centres while scaling up avenues for secondary and tertiary education within the camps;
- Provide vocational training and livelihood opportunities, especially for women, youth and those at risk of exploitation unable to safely leave the camps.

3. Strengthen protection mechanisms

- Expand programs addressing gender-based violence, child protection, and mental health support;
- Ensure the camps are safe spaces for all including women and children and those with specific protection needs and put in place approachable redress mechanisms;
- Ensure that "women-friendly spaces" within the camps are maintained and are not at risk of closure due to funding constraints – these spaces are ideally open 24/7.

4. Promote long-term solutions

- Provide meaningful third-country resettlement options for at-risk refugees;
- Apply pressure on the Myanmar military as well as the Arakan Army to abide by international humanitarian law. Stress that Rohingya must be afforded full spectrum of human rights, including citizenship.

5. Rohingya participation in durable solution-making

- Include refugees in meaningful decision-making processes that affect their future and support platforms that empower Rohingya leaders and communities to advocate for their rights.

Amnesty International urges the government of Bangladesh to:

6. Movement and protection

- Immediately halt any plans for forced returns of the Rohingya back to Myanmar where they are at real risk of persecution, torture, or other serious human rights violations;
- Permit the Rohingya community to be able to leave the camps for employment and education opportunities, and remove obstacles for the community to access medical services outside the camps;

- Ensure that the Camp-in-Charge is approachable, and takes prompt action on security concerns such as on-going kidnappings and recruitment for criminal activities by armed groups from within the camps;
- Ensure accountability against any official harassing or posing physical threats such as beatings of members of the Rohingya community.

7. New Rohingya arrivals

- Issue strict instructions to the Border Guard Bangladesh to respect the principle of non-refoulement, to desist from returning the Rohingya crossing the border into Bangladesh back to Myanmar and ensure such instructions are enforced;
- Ensure that healthcare service providers have immediate access to new arrivals, especially those with urgent medical needs;
- Ensure that any new Rohingya arrivals have safe passage from the Rakhine state into Bangladesh without obstructions by the Border Guard Bangladesh and are able to access registration with the UNHCR in Bangladesh.