



**1.61 M people in need (PiN)  
 (ISCG JRP 2025)**



**1,182,755 Rohingya Refugees  
 1.18 M Health Sector Target (JRP 2025)<sup>1</sup>**

## HIGHLIGHTS

- In January 2026, Routine service delivery and access to essential healthcare services remained widely uninterrupted.
- The trend in skin diseases continued to increase at an alarming rate, with an upsurge observed since the last six months, with 57,854 cases reported this month (around 16% of total consultations for diseases).
- The Declining trends in dengue cases continued in the Rohingya community, with stable case numbers over the past 27 weeks and significantly lower transmission compared with 2023–2024.
- Cholera, Diphtheria, and COVID-19 remain under control, with zero cases reported in January 2026.
- 9 suspected Measles and one confirmed Rubella cases were reported in January 2026. Outbreak Response Immunization (ORI) is underway.

## THE HEALTH SECTOR



49 ACTIVE HEALTH SECTOR (HS) PARTNERS  
 17 APPEALING PARTNERS – JRP 2026

### REGISTERED HEALTH FACILITIES



46 HEALTH POSTS  
 46 PRIMARY HEALTH CENTRES  
 05 FACILITIES WITH CEmonc SERVICES  
 401 MEDICAL DOCTOR  
 424 NURSES  
 457 MIDWIVES

### HEALTH ACTION



443K OPD CONSULTATIONS  
 6,595 INPATIENT ADMISSIONS  
 3,179 FACILITY-BASED BIRTHS-Refugee & Host  
 98.6% % LIVE BIRTHS  
 1.4% % STILLBIRTHS  
 3 MATERNAL DEATHS  
 0% COVID-19 CASE FATALITY RATIO

### DISEASE SURVEILLANCE



0.21 CRUDE DEATHS/1,000 Pop (Jan 26)  
 12 COVID-19 SENTINEL SITES  
 35 AWD SENTINEL SITES  
 105 EWARS REPORTING SITES

### HEALTH FUNDING \$USD (JRP 2025)



RCP Financial Analysis, JRP 2025  
 USD  
**92.3 M** Requested  
**55.2 M** Received/ Committed  
**37.1 M** Funding gap **40.3 %**

<sup>1</sup> 100% of the Rohingya Refugees living in camps and 25% of the Host Community have been targeted in JRP 2025

## Situation Update

### General Situation

In January 2026, routine service delivery and access to essential healthcare services remained uninterrupted without any major incident. Health facilities continued to operate without damage or disruption.

### Health Services Delivery

In January 2026, more than 442,540 outpatient (OPD) consultations were recorded (5,360 consultations per PHC and 2,888 consultations per HP), which is slightly higher (6%) than the number of consultations recorded last month and slightly above the average monthly consultations (5%) recorded since January 2025. According to DHIS-2 data, the OPD consultations are mainly contributed to by ARI and skin diseases, the same as last year.

In January 2026, more than 6,595 inpatient admissions were recorded, which is 24% lower (significant,  $P < 0.05$ ) than the monthly average number of inpatient admissions of the last year, but similar to the last two months, indicating less severity of cases in the last three months compared to other months of the year. All other health service utilization indicators showed almost the same decreasing pattern compared to last month and the last six months' average.

According to DHIS-2 data, the morbidity distribution among refugees for January 2026 changed slightly compared to the previous months, but is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 22% of the consultations for diseases (Fig. 1) during the reporting period, with around 79,488 consultations for non-pneumonia infections, which was 6% higher than last month. Seasonal

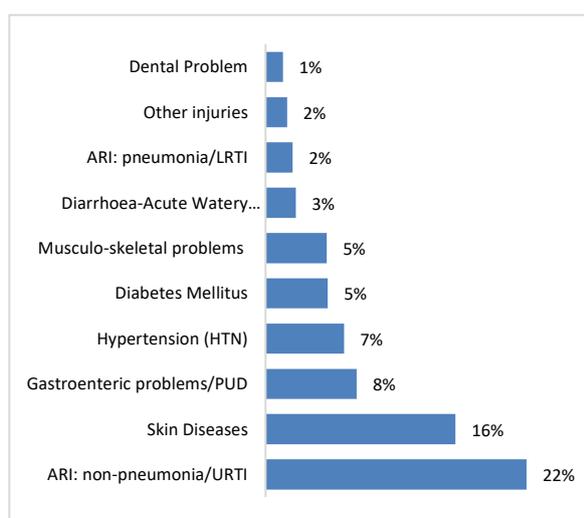


Figure 1: Top Morbidity Reported in DHIS-2 (Jan 2026)

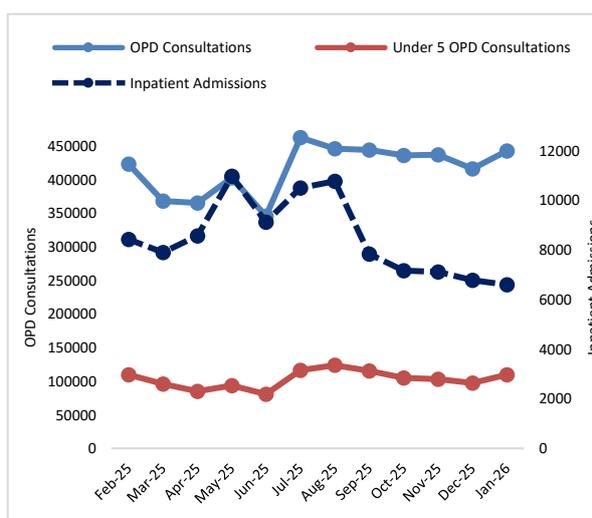


Figure 2: Trends of OPD consultations and Inpatient Admissions

variations and shifts in weather patterns may contribute to the changes in ARI consultations. The trend in skin diseases continued to increase at an alarming rate, with an upsurge observed

since last six months, with more than 57,854 cases reported this month, which is similar to the last month, but 37% higher than the six months' average before the upsurge, and contributed to around 16% of the total consultations for diseases during the reporting period. Scabies contact management was initiated in all 33 camps through community health workers (CHWs), involving identification of close contacts, treatment, health promotion, environmental interventions, and follow-up. WHO supported the provision of medication starting in October 2025, and this support was sustained through January 2026. The top 10 reasons for consultations remained largely unchanged in the last 12 months.

**Table 1: Selected Health System Performance Data**

Indicator	January 2026	Cumulative 2026	Baseline-2025	Progress
Total number of OPD Consultations (Host and Rohingya)	442,540	<b>442,540</b>	<b>5,033,974</b>	<b>0.37 per person</b>
Total number of Inpatient Admissions (Host and Rohingya)	6,595	<b>6,595</b>	<b>104,324</b>	<b>6%</b>
Total number of patients referred out	4,448	<b>4,448</b>	<b>51,322</b>	<b>9%</b>
Total number of first-time users (Host and Rohingya)	7,645	<b>7,645</b>	<b>113,659</b>	<b>7%</b>
Total number of ANC 1 Visit - Rohingya	5,915	<b>5,915</b>	<b>81,087</b>	
Total number of Live births at the facility (Host and Rohingya)	3,133	<b>3,133</b>	<b>NA</b>	
Total number of Stillbirths at the facility (Host and Rohingya)	46	<b>46</b>	<b>NA</b>	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,243	<b>2,243</b>	<b>82%</b>	<b>90%</b>
Total number of C-sections at health facilities	413	<b>413</b>	<b>3,359</b>	
Total number of Post Abortion Care provided (Host and Rohingya)	292	<b>292</b>	<b>3,711</b>	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	9,074	<b>9,074</b>	<b>NA</b>	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	3,681	<b>3,681</b>	<b>NA</b>	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or	845	<b>845</b>	<b>NA</b>	

mhGAP doctor (Host and Rohingya)				
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,759	<b>3,759</b>	<b>NA</b>	
Total number of Minor surgeries conducted (Host and Rohingya)	7,660	<b>7,660</b>	<b>83,852</b>	<b>9%</b>
Total number of Major surgeries conducted (Host and Rohingya)	655	<b>655</b>	<b>6,457</b>	<b>10%</b>
Total number of Post Natal Care (PNC) visits after discharge from health facility following birth/delivery or first visit after home delivery (Host and Rohingya)	4,322	<b>4,322</b>	<b>46,264</b>	
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1381	<b>1,381</b>	<b>9,001</b>	<b>15%</b>

## Public health risks, priorities, needs, and gaps

### 1. Communicable Disease Control and Surveillance

#### Dengue

During the reporting month, there was a steady decline in the number of Dengue Fever cases observed in the Rohingya camps at Cox's Bazar compared to the previous months, with more than 91 cases (72 Rohingya, 19 Host) reported in January 2026, which is 67% lower than last month. No confirmed deaths were reported during the reporting period (CFR 0%). The

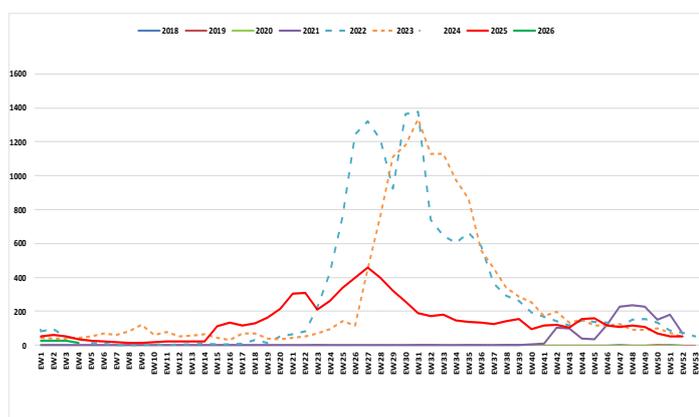


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

multi-sectoral response interventions continue to be scaled up by Health, WASH, and Camp and Site Management teams across all camps.

## AWD/Cholera

Cholera remains under control, with zero cases reported in January 2026. Since the Oral Cholera Vaccine (OCV) campaign in January 2025, a total of seven confirmed cases have been recorded so far. Due to the campaign, the transmission remained low. No cholera-related deaths were confirmed in the last twelve months (CFR-0%).

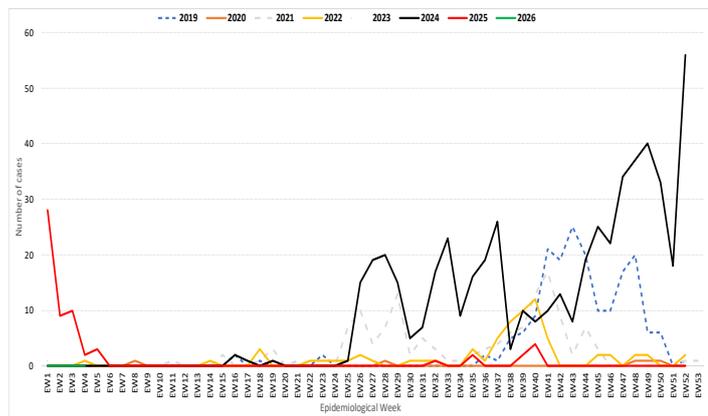


Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2026

## COVID-19

COVID-19 transmission is also under control, with 0 cases reported in January 2026.

## Diphtheria

In January 2026, no new confirmed diphtheria case was reported in the Rohingya Camps at Cox's Bazar.

## 2. Routine Immunization and AFP & VPD surveillance

In January 2026, more than 45,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 16,737 doses of the Polio vaccine (OPV 1<sup>st</sup> to 3<sup>rd</sup> doses, fIPV 1<sup>st</sup> and 2<sup>nd</sup> doses) and 5,384 doses of the Measles vaccine (MR 1<sup>st</sup> and 2<sup>nd</sup> doses).

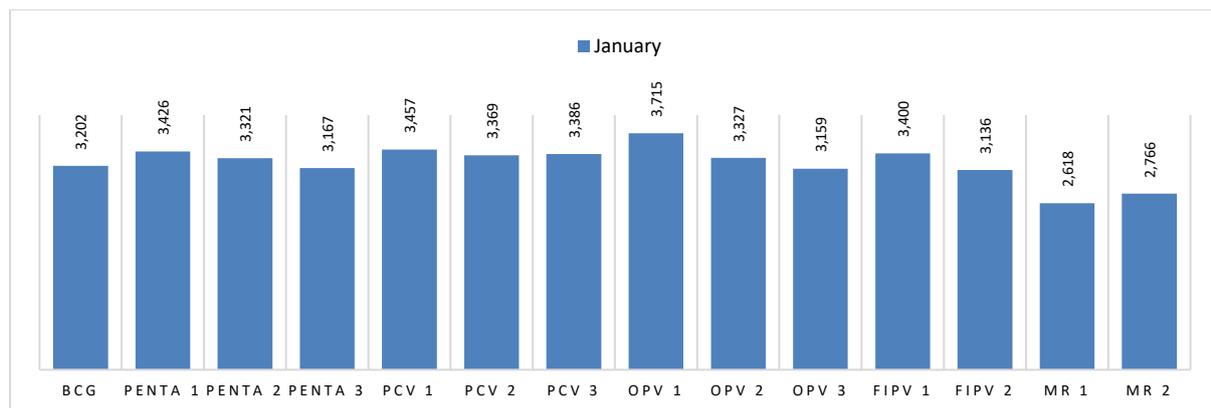


Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

**Acute Flaccid Paralysis (AFP) surveillance:** In January 2026, a total of 2 AFP cases were reported; both of them are from Ukhiya, and the reports are pending for final classification. Outbreak Response Immunization (ORI), including active case search and vaccination for minimum 200 children under 15 is underway.

*Measles Surveillance:* In January 2026, a total of 09 suspected measles cases were reported from Ukhia and Teknaf camps. Of these, one case became lab-confirmed rubella from Camp 21.

## Health Sector Action

### 1. Coordination, Collaboration, and Strategic Guidance

#### *Technical and Strategic Guidance*

##### *Field Coordination*

In January 2026, 33 camp-level health partner coordination meetings were held across all camps. One Camp Health Focal Point meeting was held as well. These meetings focused on updates regarding available health services, epidemiological trends, and public health programs. Key discussions included strategies for community health outreach support and public health promotion efforts targeting communicable diseases like Dengue, Chikungunya, COVID-19, and Cholera/AWD, etc. Critical updates were shared with partners, and emerging issues were addressed collaboratively.

### 2. Technical Working Groups (TWGs)

#### *Epidemiology, Case management, and IPC Technical Working Group (Epi TWG)*

In January 2026, dengue maintained its declining trend, with stable case numbers over the past 27 weeks and significantly lower transmission compared with 2023–2024. Diphtheria activity remained minimal, with no confirmed cases reported up to Epi week 5 and the case fatality rate sustained at 0%. Cholera surveillance detected 22 RDT positive cases during Epi week 1–5, yet no culture confirmed cases and a continued 0% case fatality rate; the last confirmed case was recorded in Epi week 40 of 2025. Routine monitoring of scabies through DHIS2 skin infections and partner driven contact management in camps continues.

In January, preparatory work began for the evaluation of the 2025 OCV campaigns, including defining approaches to assess cholera transmission risk factors in refugee settings.

Progress continued finalizing the assessment tool for integrated sentinel surveillance capacity with strengthened accountability and monitoring components.

Catch-up implementation of key recommendations from the 2025 EWARS evaluation commenced, focusing on improving alert verification, reporting timeliness, and data quality.

Efforts also advanced on addressing gaps in dengue surveillance, particularly in enhancing vector surveillance, control, and coordination to support early detection and response.

### ***Sexual and Reproductive Health (SRH) Technical Working Group (SRH TWG)***

In January 2026, the Sexual and Reproductive Health (SRH) Technical Working Group, under the leadership of Health Sector, conducted joint field monitoring visits as part of the 2025 SRH Quality Improvement cycle. Multidisciplinary technical teams carried out supportive supervision across selected facilities using standardized tools to assess the quality, consistency, and functionality of SRH services. Field monitoring activities were completed by early February 2026. This work builds on a structured SRH Quality Improvement system initiated in 2024, which includes joint monitoring, consolidation and sharing of findings through Quality Improvement reports, and targeted partner-level technical support. Findings from the current cycle are being consolidated to inform targeted technical support and guide the next joint monitoring cycle.

### **3. Health Sector Partners Update**

#### **HAEFA**

In January 2026, HAEFA conducted an Ambulance Refresher Training for their core ambulance team members to strengthen emergency referral services in the Rohingya camps of Cox's Bazar. The training reviewed ambulance Standard Operating Procedures (SOPs) and emergency referral pathways, with emphasis on patient safety, infection prevention and control (IPC), and effective communication with health facilities. Practical discussions focused on safe patient handling and rapid decision-making during critical cases. The initiative reinforced adherence to referral protocols and enhanced coordination between ambulance teams and receiving facilities, contributing to improved preparedness and quality emergency response in humanitarian settings.

#### **UNICEF**

As part of the integration of health and nutrition, UNICEF's partner RTMI started fully managing the Nutrition Stabilization Center in the Primary Health Care Center at Rohingya Camp 5 since 1 January 2026.

#### **World Health Organization (WHO)**

*Non-Communicable Diseases (NCD) and Mental Health:* WHO facilitated an mhGAP training organized by BRAC for their Healthcare workers on 25-27 January 2026. 28 Participants were trained in this training.

## Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
Social Autopsy meeting in the camp with community stakeholders	24/Feb/26	24/Feb/26	RTMI-UNFPA	Community Stakeholder
Workshop for Collaboration with different stakeholders regarding ERTS service through SRG WG	12/Feb/26	12/Feb/26	RTMI-UNFPA	Stakeholder
Training on OBLSS for Doctors and Midwives	16/Feb/26	18/Feb/26	RTMI-UNFPA	Doctor, Midwife

[\(LINK TO TRAINING CALENDAR\)](#)

### References:

1. *Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.*
2. *Joint Government of Bangladesh - UNHCR Population Factsheet as of January 2026. [UNHCR Operational Data Portal \(ODP\)](#).*
3. <https://healthcluster.who.int/publications/m/item/health-cluster-dashboard-q1-march-2023>
4. *Please visit the Health Sector Webpage available [here](#) to access the following: Health Sector HeRAMS, Health Sector 4W, Health Sector Training Planner, and Sector strategic documents.*
5. *Health Service Performance Indicators Data Source: Health Sector Monthly 4W report and HeRAMS (Data Extracted on 20 February 2026)*

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