Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee – Protracted Grade 2 Emergency
Reporting period: 1 - 30 April 2026

HEALTH SECTOR COX'S BAZAR

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

1,194,123 Rohingya Refugees
1.38 M Health Sector Target (JRP 2026)[1]

HIGHLIGHTS

- In April 2026, Routine service delivery and access to essential healthcare services remained widely uninterrupted.
- Followed by a nationwide devastating Measles outbreak, April 2026 observed with an increasing number of Measles cases and identified outbreaks in Rohingya Camps. 461 suspected measles cases and two (2) related deaths have been reported in the camps so far, with confirmed outbreaks in at least 8 Camps.
- Measles Preparedness and Response Plan was developed and published. A Task force for the measles PRP was established and continues to meet regularly to oversee and follow up on the coordination efforts and activities.
- An emergency mass Measles and Rubella (MR) vaccination campaign was scheduled from 26 April to 7 May 2026.

THE HEALTH SECTOR

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

REGISTERED HEALTH FACILITIES

45	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
05	FACILITIES WITH CEmONC SERVICES
414	MEDICAL DOCTOR
361	NURSES
409	MIDWIVES

HEALTH ACTION

416K	OPD CONSULTATIONS
6,757	INPATIENT ADMISSIONS
2,667	FACILITY-BASED BIRTHS-Refugee & Host
98%	% LIVE BIRTHS
2%	% STILLBIRTHS
1	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

0.72	CRUDE DEATHS/1,000 Pop (Up to Apr 26)
12	COVID-19 SENTINEL SITES
33	AWD SENTINEL SITES
102	EWARS REPORTING SITES

HEALTH FUNDING $USD (JRP 2026)

RCP Financial Analysis for JRP 2026
(updated as of February 2026)

USD	
49.9 M	Requested
25.9 M	Received/ Committed
23.9 M	Funding gap **48 %**

[1] *100% of the Rohingya Refugees living in camps and 25% of the Host Community have been targeted in JRP 2026*

Situation Update

General Situation

In April 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 April 2026, more than 416,305 outpatient (OPD) consultations were recorded (5,312 consultations per PHC and 2,658 consultations per HP), which is almost 12% higher (significant, P<0.05) than the number of consultations recorded last month but almost similar to the last 12 months' average monthly consultations. According to DHIS-2 data, OPD consultations are mainly contributed to by ARI and skin diseases, the same as the last 12 months.

In April 2026, more than 6,757 inpatient admissions were recorded, which is 17% higher (significant, P<0.05) than the last month but around 16% lower (significant, P<0.05) than the monthly average number of inpatient admissions of the last 12 months, but similar to the last four months average, indicating less severity of cases in the last four months compared to the previous months. 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 April 2026 changed slightly compared to the previous months, but is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. ARI cases contributed 29% of the consultations for diseases (Fig. 1) during the reporting period, with around 82,277 consultations for non-pneumonia infections, which was slightly higher (3%) than last month. Seasonal variations

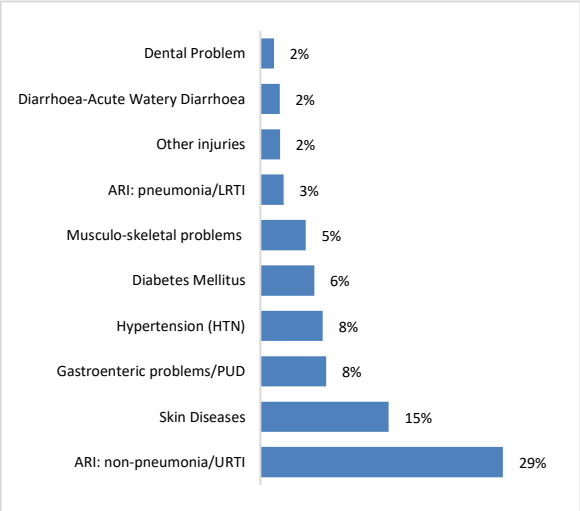

Figure 1: Top Morbidity Reported in DHIS-2 (April 2026)

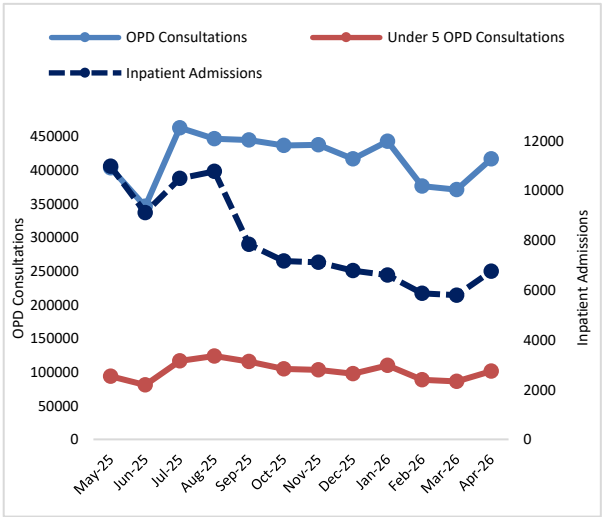

Figure 2: Trends of OPD consultations and Inpatient Admissions

and shifts in weather patterns may contribute to the changes in ARI consultations. The trend

in skin diseases continued to maintain its position among the top 3 morbidities with a high number of cases, with an upsurge observed since the last 10 months, with more than 43,447 cases reported this month, contributing to around 14% 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 April 2026.

The top 10 reasons for consultations remained largely unchanged in the last 12 months.

Table 1: Selected Health System Performance Data

Indicator	April 2026	Cumulative 2026	Baseline-2025	Progress
Total number of OPD Consultations (Host and Rohingya)	416,305	**1,605,480**	**5,033,974**	**1.35 per person**
Total number of Inpatient Admissions (Host and Rohingya)	6,757	**25,015**	**104,324**	**24%**
Total number of patients referred out	4,217	**15,775**	**51,322**	**31%**
Total number of first-time users (Host and Rohingya)	8,298	**28,546**	**113,659**	**25%**
Total number of ANC 1 Visit - Rohingya	7,842	**23,584**	**81,087**	
Total number of Live births at the facility (Host and Rohingya)	2,614	**10,722**	**NA**	
Total number of Stillbirths at the facility (Host and Rohingya)	53	**217**	**NA**	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,048	**8,113**	**82%**	**96%**
Total number of C-sections at health facilities	367	**1,499**	**3,359**	
Total number of Post Abortion Care provided (Host and Rohingya)	160	**847**	**3,711**	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	8,217	**29,464**	**NA**	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,727	**8,642**	**NA**	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or	1108	**3,226**	**NA**	

mhGAP doctor (Host and Rohingya)				
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,391	**14,879**	**NA**	
Total number of Minor surgeries conducted (Host and Rohingya)	8,899	**30,003**	**83,852**	**36%**
Total number of Major surgeries conducted (Host and Rohingya)	909	**2,824**	**6,457**	**44%**
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)	3,463	**14,566**	**46,264**	
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	731	**3,308**	**9,001**	**37%**

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

During the reporting month, there was a slight increase in the number of Dengue Fever cases observed in the Rohingya camps at Cox's Bazar compared to the previous month, with more than 127 cases (112 Rohingya, 15 Host) reported in April 2026, which is 54% higher than last month. However, the trend of dengue is still much lower than the previous year's trends, as observed in Figure 5. No confirmed deaths were reported during the reporting period (CFR 0%). The multi-sectoral response interventions continue to be scaled up by Health, WASH, and Camp and Site Management teams across all camps.

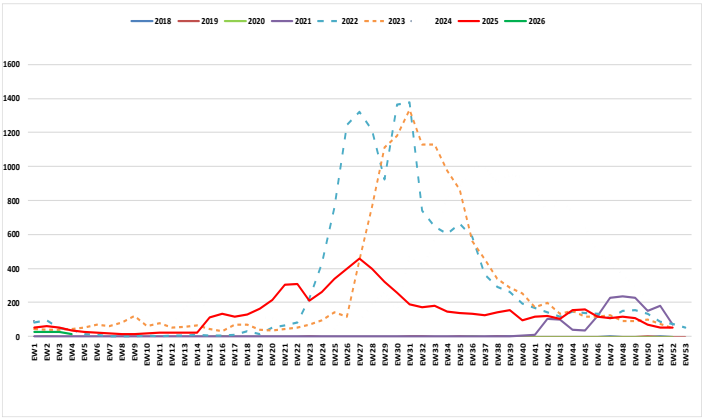

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

AWD/Cholera

In April 2026, one culture-confirmed cholera case was reported, marking the first cholera case reported in 2026 and in the last six months. Overall, the cholera situation remains under control, with minimal cases reported in the last six months. Since the Oral Cholera Vaccine (OCV) campaign in January 2025, a total of eight confirmed cases have been recorded so far. Due to the campaign and cholera prevention efforts, transmission remained low. No cholera-related deaths were confirmed in the last twelve months (CFR-0%).

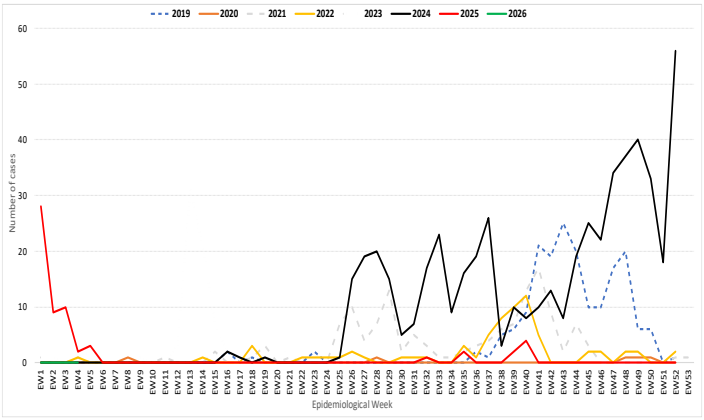

Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2026

Measles

Country-wide Measles situation:

As of 28 April 2026, in Bangladesh, 34,662 suspected and 4,856 confirmed measles cases, including 226 suspected deaths and 47 confirmed deaths, were reported according to the HEOC Control of the DGHS. Laboratory-confirmed measles cases have been reported from 59 of 64 districts, indicating widespread Measles transmission in the country with an overall national incidence rate of 33.1 per million population.

Cox's Bazar district was identified as one of the key spots for measles.

A nationwide vaccination campaign was launched on 20 April targeting 18 million children aged 6 months to under 5 years. As of 28 April, a total of 9,423,799 children have been vaccinated, achieving full coverage of the cumulative target to date.

Rohingya camps with measles situation:

In April 2026, a total of 163 suspected measles cases were reported from Ukhia and Teknaf, and 52 became lab positive. A total of 12 lab-confirmed measles outbreaks were identified and reported in 12 different camps (Camp 2E, 7, 8E, 9, 10, 15, 16, 17, 18, 21, 24, 26). The annualized measles case incidence per million population is 147.2, representing almost a 30-fold increase compared with the previous year (5.1).

As a response, an emergency mass Measles and Rubella (MR) vaccination campaign was scheduled from 26 April to 7 May 2026.

COVID-19

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

Diptheria

In April 2026, one lab-confirmed diphtheria case was reported in the Rohingya Camps at Cox's Bazar, marking the first diphtheria case reported in 2026.

2. Routine Immunization and AFP & VPD surveillance

In April 2026, more than 38,758 doses of different antigens were administered, targeting children less than 2 years old. This includes 12,713 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 5,399 doses of the Measles vaccine (MR 1st and 2nd doses).

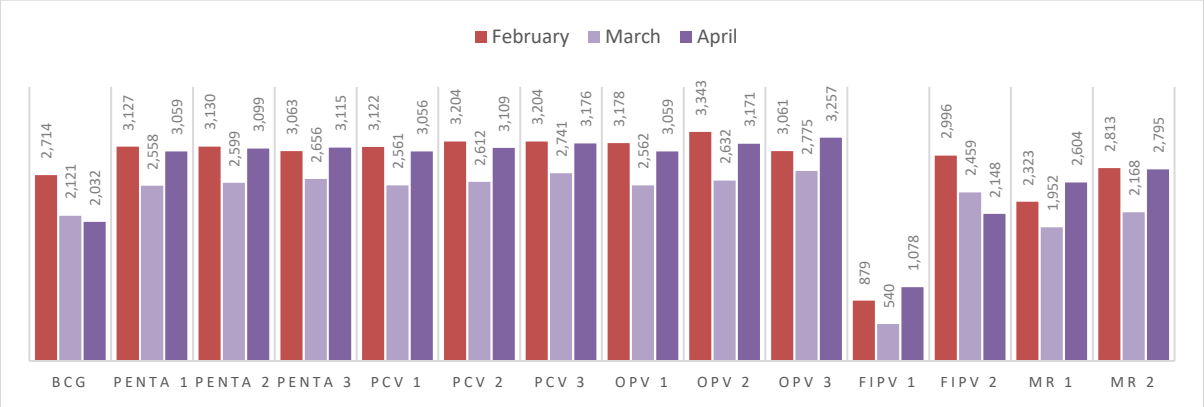

Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Technical and Strategic Guidance

Coordination for Measles Preparedness and Response

In response to the increasing number of Measles cases and identified outbreaks in Rohingya Camps, the Health Sector, in collaboration with UN agencies and Epi TWG, developed the Measles Preparedness and Response Plan for Rohingya Camps. The plan consists of multiple pillars, including inter-sector coordination, vaccination, surveillance, case management, logistics, and other pillars. The Measles Preparedness and Response Plan (PRP) has been formally endorsed by Cox's Bazar District Civil Surgeon and is being shared with donors for resource mobilization and guiding the outbreak response.

A task force for the measles PRP has been established to oversee and follow up on the coordination efforts and activities. The task force is chaired by the Health Sector and includes

WHO, UNICEF, UNHCR, and MSF as members. The Taskforce continues to meet regularly to oversee and follow up on the coordination efforts and activities.

Field Coordination

In April 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)

This month started with an escalation of the measles outbreak after three months of baseline transmission, resulting in eight lab-confirmed outbreaks in multiple camps. As of 29 April 2026, 461 suspected measles cases and two (2) related deaths have been reported in the camps, with samples submitted for testing at the National Polio and Measles Laboratory in Dhaka. Out of 134 lab reports received, 40 laboratory-confirmed cases were found, of which 33 were in twelve camps in Ukhia (Camps 1E, 2E, 3, 5, 7, 9, 10, 15, 16, 17, 18, 20), seven cases in five camps of Teknaf (Camps 21, 22, 24, 26 & 27), and one in Bhasan Char (cluster 60). 64% of the lab-confirmed cases were children between 6 months and 5 years, while 23% were those below 9 months. The field surveillance and Immunization and Vaccine Development (IVD) team of WHO continues to investigate every case, and active case search has been enhanced for timely identification and isolation of all suspected cases.

Routine supportive supervision is being implemented to ensure functionality, data quality, and timeliness of EWARS reporting, and to strengthen end-to-end surveillance performance across all health facilities. To address immediate capacity gaps, targeted on-the-job training is being delivered to facility staff, complemented by a phased short- and long-term capacity development plan to institutionalize competencies and mitigate current gaps.

Mortality surveillance and ICD-11 training are planned for the coming month to introduce the ICD-11 classification system in the current context. Implementation is planned for the second quarter of this year.

Community Health Workers Technical Working Group (CHW TWG)

The UNHCR-led Community Health Workers Technical Working Group (CHW TWG), in collaboration with its and RCCE partners, significantly strengthened measles upsurge prevention and response during the reporting period through intensified community

engagement and support to the ongoing MR campaign. More than 1,600 Community Health Workers (CHWs) were mobilized to conduct large-scale awareness activities on measles prevention, including key do's and don'ts, early symptom recognition, and timely care-seeking, alongside counselling caregivers on the importance of routine immunization. In the pre-campaign phase, CHWs conducted door-to-door visits, interpersonal counselling, and community sessions with local leaders to promote vaccine acceptance. During the campaign, line listing and targeted household visits were undertaken to ensure the mobilization of eligible children to vaccination sites. In the mop-up phase, with support from UNHCR registration data, CHWs utilized pending lists to trace missed children and ensure completion of vaccination.

In parallel, CHWs facilitated over 90,000 referrals from the community to health facilities, including more than 12,000 for antenatal care (ANC), nearly 13,000 children to routine immunization services, over 15,000 acute cases, around 8,000 for NCD screening and follow-up, and approximately 600 to MHPSS services, as well as 225 children and 394 pregnant and lactating women (PLWs) referred to nutrition centers for suspected malnutrition. These efforts underscore the critical role of CHWG partners in enhancing community awareness, service uptake, and continuity of essential health services.

3. Health Sector Partners Update

World Health Organization (WHO)

Essential Lab Services: In April 2026, two diphtheria tests were performed, and no positive cases were detected. In addition, 296 AMR surveillance specimens were collected from health facilities across the camp sites and processed for culture and antimicrobial susceptibility testing (AST) in line with the AMR surveillance protocol. Specimens included 31 blood, 198 urine, 45 stools, and 23 wound swabs. Of the 296 specimens, 39 (13%) yielded bacterial growth on culture and were identified with corresponding AST (antibiogram) results.

Among the 39 culture-positive isolates, Escherichia coli was the most frequently identified organism (21/39; 54%). The remaining isolates comprised one each of Klebsiella spp. (10), Staphylococcus aureus (04), Pseudomonas spp (02), Salmonella typhi (01), and Salmonella spp (01). Escherichia coli was the predominant pathogen isolated (54%), followed by Klebsiella species. E. coli demonstrated high sensitivity to amikacin (95.23%), gentamicin (95.23%), piperacillin–tazobactam (95.23%), nitrofurantoin (95%), and carbapenems including imipenem and meropenem (100%). Similarly, Klebsiella species showed good sensitivity to nitrofurantoin (87.5%), tobramycin (90%), and sulfamethoxazole–trimethoprim (90%).

However, both organisms exhibited marked resistance to ampicillin, with resistance rates of 95% in E. coli and 100% in Klebsiella species. Moderate resistance was also observed against

cephalosporins, tetracycline, aztreonam, and selected fluoroquinolones, highlighting the growing concern of antimicrobial resistance among common urinary pathogens.

To support ongoing Hepatitis C surveillance, 1077 pre-test samples were tested, among which 788 were HCV RNA detectable, resulting in a detection rate of 73.16%. Additionally, 1,286 post-treatment samples were tested; of these, 1,204 were HCV RNA undetectable at SVR12, indicating sustained virologic response and successful treatment outcomes, while 82 samples remained HCV RNA detectable.

In April, 04 HIV confirmatory tests were performed from HIV-determined-positive samples, which were collected from camp health facilities; of these, 03 tests were positive.

Non-Communicable Diseases (NCD) and Mental Health: In April 2026, WHO provided 15 sessions of supportive supervision for mhGAP for 82 healthcare providers working in Rohingya camps. These supportive supervision sessions will help them retain their knowledge gained in training and will enable them to implement mhGAP in PHCs. Along with these sessions, 15 monitoring visits for NCD services in the PHCs were conducted. The objective of these monitoring visits is to assess the progress and quality of NCD service integration within primary health care facilities, identify gaps, and provide technical guidance to strengthen effective and sustainable NCD care delivery.

Gap filling in essential medicines and IEC material supply in all the healthcare facilities in the Rohingya camps was continued. The objective of gap filling in essential medicines and IEC material supply is to ensure uninterrupted availability of key NCD and mental health supplies and information materials across all healthcare facilities in the Rohingya camps, supporting consistent service delivery and improved patient care.

Upcoming Events / Training Calendar

Title of Training	Start date	End date	Organizer	Target Participant
EWARS ToT for Reporting Personnel	3-Jun-26	4-Jun-26	WHO	Reporting Personal
EWARS ToT for Reporting Personnel	1-Jun-26	2-Jun-26	WHO	Reporting Personnel
Enhancing Disease Detection: Sentinel Surveillance Training for Camp Facilities	4-May-26	7-May-26	WHO	Doctor, Nurse, Reporting Officer
Mortality Surveillance and CD-11 Practical Coding Training for HCWs: Building on the Introductory Module	22-Jun-26	25-Jun-26	WHO	Doctor, Nurse, Reporting Officer
Training on mhGAP	15-Jun-26	17-Jun-26	WHO	Doctor and MHPSS counsellors
Training on WHO Packages of Essential Noncommunicable diseases (PEN) Intervention.	18-May-26	20-May-26	WHO	Doctors and Medical Assistants
Training on WHO Packages of Essential Noncommunicable diseases (PEN) Intervention.	28-Jun-26	30-Jun-26	WHO	Doctors and Medical Assistants
Training on mhGAP	8-Jun-26	10-Jun-26	WHO	Doctor, Nurse, Medical Assistant, MHPSS Counsellors

Integrated surveillance consultative workshop	3-May-26	3-May-26	WHO	Program Manager and Coordinator
Training on Laboratory Quality Management and Essential Diagnostics Practices	10-May-26	10-May-26	WHO	Laboratory Personnel (only)
Awareness program and Campaign on Safe Blood Transfusion Practices	11-Jun-26	14-Jun-26	WHO	Health care workers
Awareness program and Training on safe blood transfusion practices	21-Jun-26	25-Jun-26	WHO	Doctors, Nurses, Midwives, MA, Laboratory Personnel
Integrated Simulation Exercise on Mass Casualty Incident (MCI) Response, Medical Hub Coordination, and Referral System Functionality in the Rohingya Camps, Cox's Bazar	8-Jun-26	10-Jun-26	WHO & IOM	Mobile Medical Team (MMT), medical hubs and DRU memebers
Training on prevention, control, and treatment of dengue from different NGOs/INGOs/UNs health facilities in the camps	14-Jun-26	14-Jun-26	WHO	Doctor, Nurse, Medical Assistant
Training on prevention, control, and treatment of dengue from different NGOs/INGOs/UNs health facilities in the camps	11-Jun-26	11-Jun-26	WHO	Doctor, Nurse, Medical Assistant
MISP training for MMT team	15-Jun-26	17-Jun-26	RTMI-UNFPA	MMT Members
EWARS ToT for Reporting Personnel	3-Jun-26	4-Jun-26	WHO	Reporting Personal

(***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 April 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 May 2026)*

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