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

HEALTH SECTOR COX'S BAZAR

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

1,197,411 Rohingya Refugees
1.38 M Health Sector Target (JRP 2026)[1]

HIGHLIGHTS

- Routine healthcare service delivery and access remained uninterrupted throughout May 2026, with facilities operating without any major incidents or damage.
- In May 2026, A total of 50 suspected measles cases were reported and laboratory-confirmed, leading to the identification of 12 new outbreaks across various camps.
- The emergency mass Measles and Rubella (MR) vaccination campaign reached 166,772 children (93.7% coverage), and post-campaign monitoring evaluated the final coverage at 96%.
- Seven culture-confirmed cholera cases were reported in May 2026.
- Monitoring of Hepatitis C patients showed a highly encouraging 94.5% Sustained Virological Response (SVR12), indicating successful treatment for the vast majority.

THE HEALTH SECTOR

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

REGISTERED HEALTH FACILITIES

43	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
05	FACILITIES WITH CEmONC SERVICES
405	MEDICAL DOCTOR
379	NURSES
411	MIDWIVES

HEALTH ACTION

342K	OPD CONSULTATIONS
6,236	INPATIENT ADMISSIONS
2,940	FACILITY-BASED BIRTHS-Refugee & Host
98%	% LIVE BIRTHS
2%	% STILLBIRTHS
1	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

0.73	CRUDE DEATHS/1,000 Pop (Up to May 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 May 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 May 2026, more than 342,684 outpatient (OPD) consultations were recorded (4,402 consultations per PHC and 2,216 consultations per HP), which is almost 18% lower (significant, P<0.05) than the number of consultations recorded last month and 17% lower (significant, P<0.05) compared 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 May 2026, more than 6,236 inpatient admissions were recorded, which is almost 8% lower (significant, P<0.05) than the last month and around 17% lower (significant, P<0.05) than the monthly average number of inpatient admissions of the last 12 months, but similar to the last five months average, indicating less severity of cases that requires admission in the last five 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. The decreasing pattern is mainly due to the Eid al-Adha holidays, which reduced the number of working days in OPD in the month of May, as observed every year. This can further be explained by looking at the average number of consultations per day, which is almost similar to the previous month.

According to DHIS-2 data, the morbidity distribution among refugees for May 2026 changed slightly compared to the previous months, but is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. There is a significant reduction (44%, P<0.05) observed in the number of ARI cases reported in the month of May 2026 compared to the

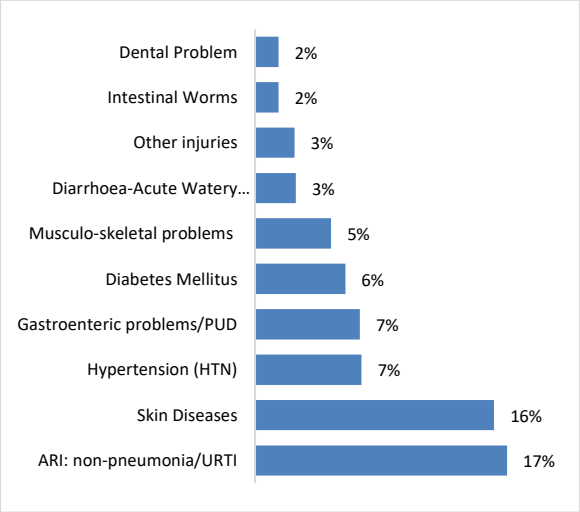

Figure 2: Top Morbidity Reported in DHIS-2 (May 2026)

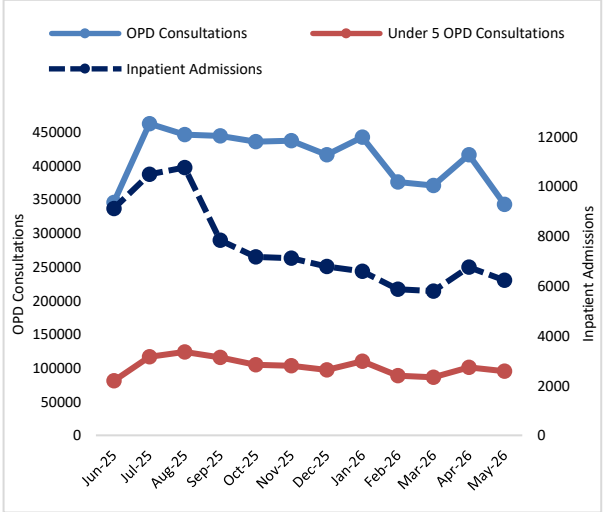

Figure 1: Trends of OPD consultations and Inpatient Admissions

previous month and compared to the last 12-month average number of cases (38% reduction, P<0.05). However, ARI cases still contributed 17% of the total consultations for diseases (Fig. 1) during the reporting period, with more than 45,277 consultations for non-pneumonia infections. Low reporting rate in DHIS-2 (61% in May 2026), Seasonal variations, 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 11 months, with more than 43,622 cases reported this month, almost similar to the last month; contributing 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 May 2026.

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

Table 1: Selected Health System Performance Data

Indicator	May 2026	Cumulative 2026	Baseline-2025	Progress
Total number of OPD Consultations (Host and Rohingya)	342,684	**1,948,164**	**5,033,974**	**1.64 per person**
Total number of Inpatient Admissions (Host and Rohingya)	6,236	**31,251**	**104,324**	**30%**
Total number of patients referred out	3,749	**19,524**	**51,322**	**38%**
Total number of first-time users (Host and Rohingya)	6,535	**35,081**	**113,659**	**31%**
Total number of ANC 1 Visit - Rohingya	5,590	**29,174**	**81,087**	
Total number of Live births at the facility (Host and Rohingya)	2,883	**13,605**	**NA**	
Total number of Stillbirths at the facility (Host and Rohingya)	57	**274**	**NA**	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,387	**10,500**	**82%**	**97%**
Total number of C-sections at health facilities	405	**1,904**	**3,359**	
Total number of Post Abortion Care provided (Host and Rohingya)	170	**1,017**	**3,711**	
Total number of beneficiaries newly diagnosed with	5,659	**35,123**	**NA**	

Hypertension (Host and Rohingya)				
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	900	**9,542**	**NA**	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	798	**4,024**	**NA**	
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,079	**17,958**	**NA**	
Total number of Minor surgeries conducted (Host and Rohingya)	8,765	**38,768**	**83,852**	**46%**
Total number of Major surgeries conducted (Host and Rohingya)	555	**3,379**	**6,457**	**52%**
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)	3,692	**18,258**	**46,264**	
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	528	**3,836**	**9,001**	**43%**

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

During the reporting month, there was a slight decrease in the number of Dengue Fever cases observed in the Rohingya camps at Cox's Bazar compared to the previous month, with more than 98 cases (90 Rohingya, 8 Host) reported in May 2026, which is around 23% lower than last month. The trend of dengue is observed to be much lower than the previous year's trends, as

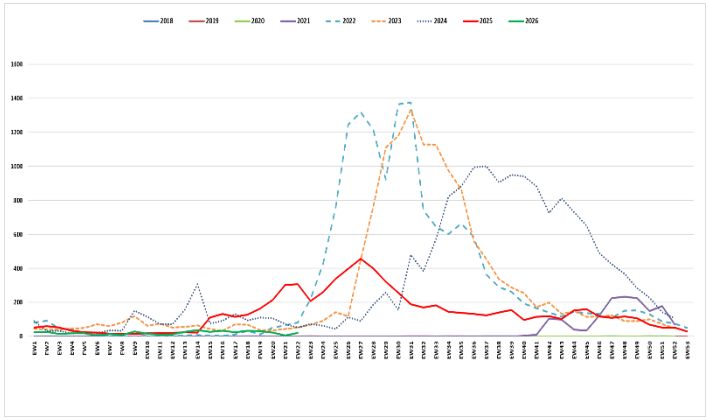

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

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.

AWD/Cholera

In May 2026, 7 culture-confirmed cholera cases were reported, following the first cholera case of 2026 reported in April 2026. 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 15 confirmed cases have been recorded so far. No cholera-related deaths were confirmed in the last twelve months (CFR-0%). Due to the campaign and cholera prevention efforts, transmission remained low. However, the sudden increase in cholera cases is an indication that the impact of the vaccine is waning off.

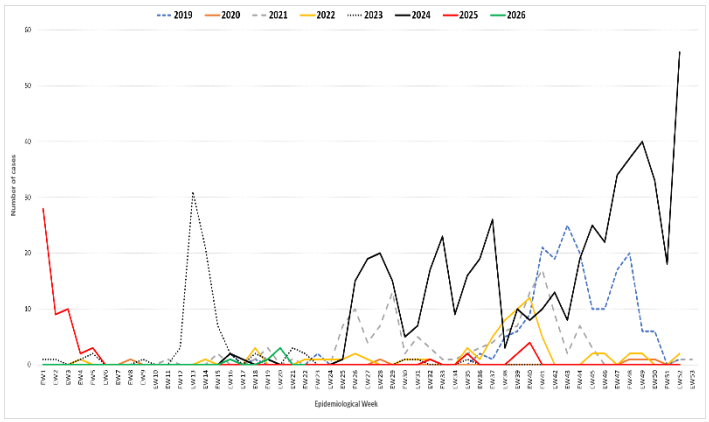

Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2026

Measles

In May 2026, a total of 50 suspected measles cases were reported from Ukhia and Teknaf, and all became lab positive. Twelve newly laboratory-confirmed measles outbreaks were identified in 12 camps (Camp 1E, 1W, 2W, 3, 4, 4 Extension, 5, 6, 11, 14, 20, and 20 Extension). This brought the total number of camps with laboratory-confirmed measles outbreaks to 24.

A government-led, WHO, and other Health Sector partners supported emergency mass Measles and Rubella (MR) vaccination campaign was scheduled and conducted from 26 April to 7 May 2026, and was later extended by two days (10 & 11 May). By the end of the 12-day campaign, 166,772 children received MR vaccination (93.7% coverage of 178,028 targets), with Teknaf camps achieving 98% and Ukhiya 92.8%. Additionally, 168,447 children received Vitamin A supplementation. To reach missed children, MR vaccination continued through routine immunization teams until 24 May 2026, targeting unvaccinated cohorts aged 6 months– <9 months and 24–59 months, while 9–23 months will be covered through routine services. Rapid Convenience Monitoring (RCM) by WHO and Health Sector partners visited 3336 households after completion of the campaign. A total of 4819 children were eligible, and the evaluated coverage was 96%.

COVID-19

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

Diptheria

In May 2026, no lab-confirmed diphtheria case was reported in the Rohingya Camps at Cox's Bazar, breaking the transmission after the first diphtheria case was found in April in this year.

2. Routine Immunization and AFP & VPD surveillance

In May 2026, more than 30,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 11,297 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 121 doses of the Measles vaccine (MR 1st and 2nd doses). MR coverage was lower than expected because children who had received an MR vaccine during the MR campaign were not yet eligible for the routine MR doses, as a minimum interval of 28 days between the two doses is required.

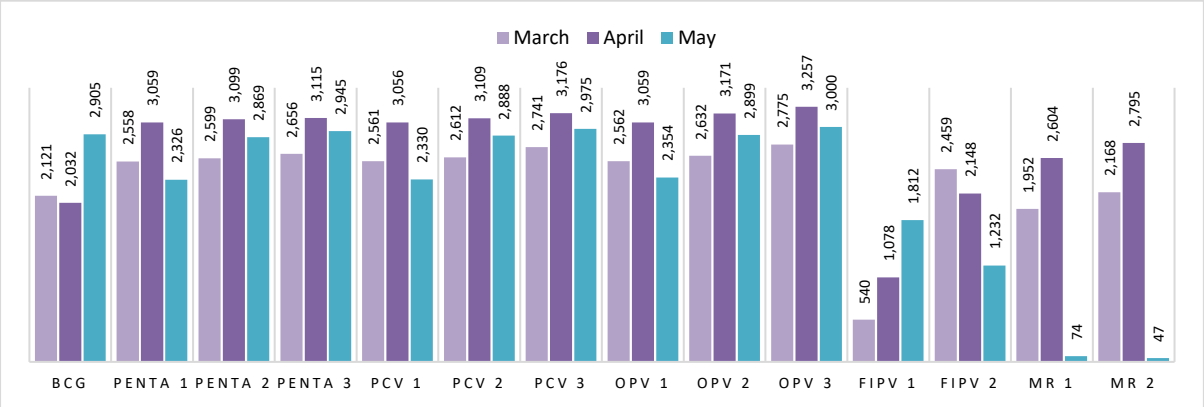

Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

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 Measles, 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)

Community Health Workers Technical Working Group (CHW TWG)

During May 2026, the UNHCR-led Community Health Workers Technical Working Group (CHW TWG), in close collaboration with its partners and RCCE actors, further strengthened measles prevention and response through intensified community engagement and continued support to the ongoing MR campaign. Over 1,600 Community Health Workers (CHWs) and over 800 RCCE volunteers were mobilized to raise awareness on measles prevention, including key do's and don'ts, early symptom recognition, and timely care-seeking.

In response to the ongoing measles outbreak and as part of the continued vaccination campaign initiated in the previous month, CHWs conducted door-to-door visits, interpersonal counselling, and community sessions with local leaders to promote vaccine acceptance. They also utilized line lists and carried out targeted household visits to ensure the mobilization of eligible children to vaccination sites. During the mop-up phase, with support from UNHCR registration data, CHWs traced missed children using pending lists to ensure completion of vaccination. Post-campaign efforts focused on continued mobilization of unvaccinated children to routine immunization services, alongside sustained measles awareness activities. Besides, UNICEF-supported SBC partners conducted advocacy meetings, community consultations, CNG-based miking, and film screenings across multiple learning centers to promote vaccine uptake.

In parallel, CHW TWG partners facilitated nearly 78,000 community referrals to health facilities. These included over 12,000 for antenatal care (ANC), approximately 9,000 for routine immunization, more than 14,000 for acute conditions, around 9,000 for NCD services, and about 500 for MHPSS support. Additionally, more than 100 children and 300 pregnant and lactating women (PLWs) were referred to nutrition services for suspected malnutrition.

These efforts underscore the critical role of CHW TWG partners in enhancing community awareness, improving service uptake, and ensuring the continuity of essential health services across the camps.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

To mark the International Day of the Midwife on 5 May 2026, UNFPA and SRH TWG, in collaboration with Health Sector partners, celebrated the dedication and lifesaving contributions of midwives serving Rohingya women and newborns. Under the global theme "One Million More Midwives," UNFPA engaged more than 40 SRH partners. The day was observed with several activities in the camp,

Figure 6: Midwife rally in the Camp 1W

including high-level advocacy, midwifery showcase, community engagement sessions, awareness-raising video screenings, and a rally. SRH TWG recognized 44 midwives as Champions for their outstanding contributions across the response in 2025. The advocacy meeting was chaired by CiC, camp 1W, and representatives from key stakeholders, ie, RRRC office, DDFP, Health Sector, and all UN Agencies, also present. The event highlighted the essential role of midwives in ensuring quality, respectful, and equitable maternity care, and reinforced advocacy for sustained investment in midwifery-led continuity of care to reduce preventable maternal and newborn deaths among Rohingya refugees.

Emergency Preparedness & Response Technical Committee (EPR TC)

During May 2026, the WHO-led Emergency Preparedness and Response Technical Committee (EPR TC), in coordination with the Health Emergency Operation Center (HEOC), advanced key priorities under the Health Sector EPR Strategic Plan 2026–2027, focusing on strengthening emergency readiness, accountability, referral systems, and multi-hazard preparedness across the Rohingya response. The key activities include finalizing and securing Health Sector & Civil Surgeon Office endorsement of the MMT Technical Assessment Report 2026 (Round 1) covering 17 MMTs across Ukhia and Teknaf, developing and implementing the Medical Hub Designation Technical Readiness Assessment Framework, conducting Round 1 readiness assessments, and Health Sector officially designated 13 Medical Hubs, strengthening emergency stabilization and referral capacity across the camps.

3. Health Sector Partners Update

International Organization for Migration (IOM)

Generating Evidence on Scabies Economic Burden and Seasonality in Rohingya Refugee Camps: IOM published two important research publications on the large-scale scabies upsurges in the Rohingya refugee camps in Cox's Bazar. The first study examined the high economic burden of the scabies outbreak management on healthcare facilities, highlighting the implications for resource planning and treatment strategy (available here). The second study analyzed seasonal trends and climatic associations (available here), showing a clear seasonal pattern, peaking in cooler months (October–February) and declining in warmer months (April–June), with lower temperatures strongly associated with increased disease burden, supporting seasonally targeted control interventions.

MHPSS art-based psychosocial support: In May, IOM MHPSS implemented art-based psychosocial support across Camps 03, 09, 10, 13, 15, 19, 20, and 24, promoting mental health awareness, emotional expression, stress reduction, stigma reduction, coping, resilience, and community cohesion through drawing, painting, embroidery, sewing, fishing net making, and traditional crafts with diverse community participants.

International Rescue Committee (IRC)

In coordination with the MoHFW and the Health Sector, the International Rescue Committee (IRC) supported the MoHFW-led campwide Measles-Rubella (MR) vaccination campaign from April 26 to May 11, 2026, across multiple camps. To sustain outbreak prevention, the IRC has reinforced active surveillance, systematic screening, and rapid case follow-ups at Primary Health Care Centers (PHCs). Additionally, community health volunteers reached 91,256 individuals with vital health awareness and rumor-mitigation messages, while 193 healthcare providers received critical on-the-job training in Infection Prevention and Control (IPC) and measles prevention to bolster facility-level preparedness and response capacity.

Médecins Sans Frontières (MSF)

In response to a camp-wide measles outbreak, MSF opened a 20-bed measles isolation unit in Camp 15. From Epiweek 16–21, 108 patients were admitted, including 22 referrals from non-MSF partners. Of 102 discharged, 87 recovered, one died, and 14 required referral for further management. Most cases (72%) had respiratory complications, with 59% having severe pneumonia, some needing cPAP. Gastrointestinal infections and severe acute malnutrition (5%) were also noted; 54% were unvaccinated.

World Health Organization (WHO)

Essential Lab Services: In May 2026, ten WHO-supported Blood Transfusion Centres (BTCs) in camp health facilities successfully transfused 316 units of blood to provide lifesaving services for both refugee and host populations. Meanwhile, the IEDCR field laboratory supported by WHO at Cox's Bazar Medical College delivered crucial diagnostic support, confirming one positive case of Diphtheria out of five tests and conducting a single, negative HIV confirmatory test. Their antimicrobial resistance (AMR) surveillance processed 293 specimens (with a 19% culture-positivity rate primarily led by E. coli), revealing high sensitivity to drugs like Fosfomycin and Meropenem alongside high resistance to common antibiotics like Ampicillin. Lastly, Hepatitis C testing showed that 75% of 803 pre-treatment samples had detectable HCV RNA, while post-treatment monitoring revealed a highly encouraging 94.5% Sustained Virological Response (SVR12) with non-detectable viral loads among 1,195 patients, leaving only 66 cases with detectable virus.

Non-Communicable Diseases (NCD) and Mental Health: In May 2026, WHO provided 09 sessions of supportive supervision for mhGAP for 35 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, 09 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.

WHO conducted a three-day training session on the Package of Essential Non-communicable diseases (PEN) intervention for the frontline doctors working in camp-level health facilities. 43 participants from 19 different health sector partners attended that training.

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
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.	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
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 May 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 June 2026)*

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