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

HEALTH SECTOR COX'S BAZAR

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

1,200,171 Rohingya Refugees
1.38 M Health Sector Target (JRP 2026)[1]

HIGHLIGHTS

- Routine healthcare service delivery and access remained uninterrupted throughout June 2026, without any major incidents or damage.
- Following last month's successful emergency MR vaccination campaign, suspected measles cases in Rohingya camps are steadily declining, with 142 suspected cases reported in June 2026 (4 lab-confirmed, 138 epidemiologically linked).
- In June 2026, morbidity among refugees remained dominated by skin diseases (55,014+ cases; 17% of total consultations) and ARI (59,116+ non-pneumonial ARI cases; 18% of consultations), with both seeing a 21% increase from the previous month.
- The SRH Quality Improvement and Assurance System (QIAS) assessment report was published, strengthening accountability for the quality of SRH services across the response.

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
429	MEDICAL DOCTOR
404	NURSES
410	MIDWIVES

HEALTH ACTION

422K	OPD CONSULTATIONS
6,532	INPATIENT ADMISSIONS
2,941	FACILITY-BASED BIRTHS-Refugee & Host
98.5%	% LIVE BIRTHS
1.5%	% STILLBIRTHS
3	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

0.84	CRUDE DEATHS/1,000 Pop (Up to June 26)
12	COVID-19 SENTINEL SITES
33	AWD SENTINEL SITES
101	EWARS REPORTING SITES

HEALTH FUNDING $USD (JRP 2026)

RCP Financial Analysis for JRP 2026
(updated as of 30 April 2026)

USD	
49.9 M	Requested
39.6 M	Received/ Committed
13.9 M	Funding gap **28 %**

[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 June 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 June 2026, more than 421,879 outpatient (OPD) consultations were recorded (5,343 consultations per PHC and 2,874 consultations per HP), which is almost 19% higher than the number of consultations recorded last month and slightly higher (2%) 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 June 2026, more than 6,532 inpatient admissions were recorded, which is almost 5% higher than the last month and around 13% lower (significant, P<0.05) than the monthly average number of inpatient admissions of the last 12 months, but almost similar to the last six months average, indicating less severity of cases that requires admission in the last six 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 June 2026 changed slightly compared to the previous months, but is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. After the significant reduction observed in the number of ARI cases reported in May 2026 compared to the last 12-month average number

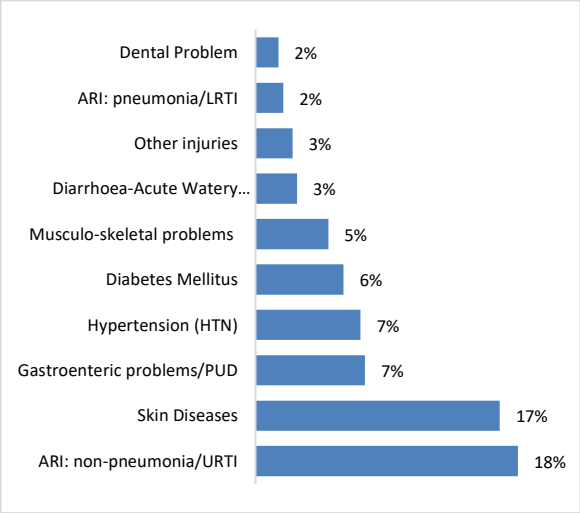

Figure 2: Top Morbidity Reported in DHIS-2 (June 2026)

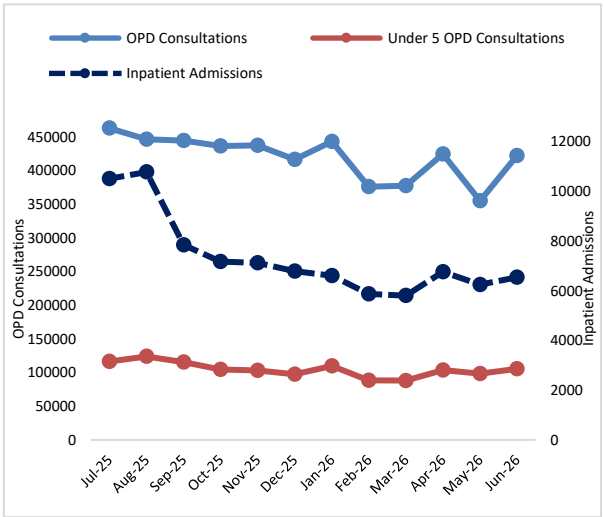

Figure 1: Trends of OPD consultations and Inpatient Admissions

of cases (38% reduction, P<0.05), the number of non-pneumonial ARI cases was observed increasing again, with more than 59,116 cases reported in the month of June 2026, which is

21% higher than last month. However, ARI cases still contributed 18% of the total consultations for diseases (Fig. 1) during the reporting period. 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 12 months, with more than 55,014 cases reported this month, which is 21% higher than last month; contributing to around 17% 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 June 2026.

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

Table 1: Selected Health System Performance Data

Indicator	June 2026	Cumulative 2026	Baseline-2025	Progress
Total number of OPD Consultations (Host and Rohingya)	421,879	**2,396,489**	**5,033,974**	**2.02 per person**
Total number of Inpatient Admissions (Host and Rohingya)	6,532	**37,783**	**104,324**	**36%**
Total number of patients referred out	4,625	**24,785**	**51,322**	**48%**
Total number of first-time users (Host and Rohingya)	7,268	**43,062**	**113,659**	**38%**
Total number of ANC 1 Visit - Rohingya	6,871	**36,692**	**81,087**	
Total number of Live births at the facility (Host and Rohingya)	2,896	**16,806**	**NA**	
Total number of Stillbirths at the facility (Host and Rohingya)	45	**329**	**NA**	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,060	**12,560**	**82%**	**93%**
Total number of C-sections at health facilities	367	**2,271**	**3,359**	
Total number of Post Abortion Care provided (Host and Rohingya)	226	**1,385**	**3,711**	
Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	7,380	**42,511**	**NA**	

Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	2,789	**12,340**	**NA**	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	872	**4,934**	**NA**	
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	4,256	**22,485**	**NA**	
Total number of Minor surgeries conducted (Host and Rohingya)	9,405	**48,178**	**83,852**	**57%**
Total number of Major surgeries conducted (Host and Rohingya)	523	**3,902**	**6,457**	**60%**
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)	3,859	**22,449**	**46,264**	
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	391	**4,242**	**9,001**	**47%**

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

During the reporting month, there was an 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 171 cases (146 Rohingya, 25 Host) reported in June 2026, which is around 73% higher than last month. The weekly cases are observed to be gradually rising this month, though it was still within the baseline (endemic) transmission, with weekly cases below 50 cases/week. However, the trend of dengue is observed to be much lower than the previous year's trend, as observed in Figure 5. No confirmed deaths were reported during

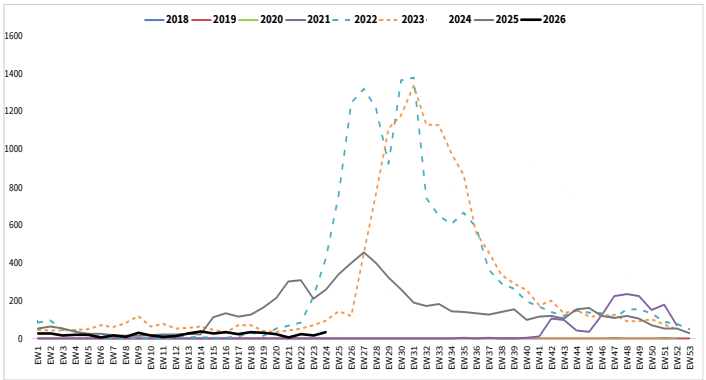

Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

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

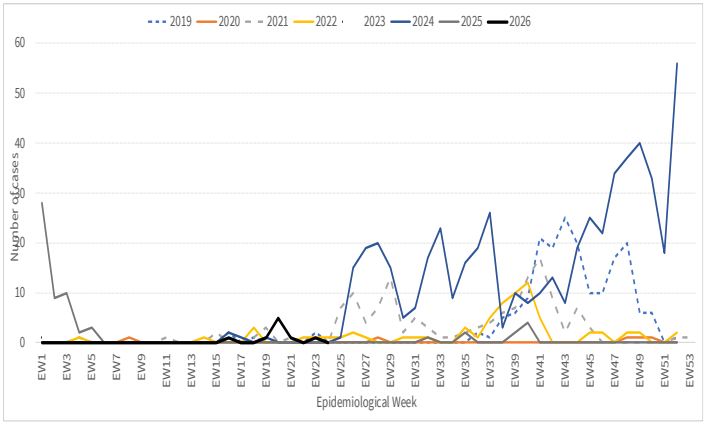

Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2026

In June 2026, only 1 culture-confirmed cholera case was reported, following 7 cholera cases in May 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 16 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.

Measles

After the successful completion of the emergency mass Measles and Rubella (MR) vaccination campaign last month, the weekly trends in suspected measles cases have been steadily declining in the Rohingya camps based on indicator-based syndromic surveillance data and health facility admission data. In June 2026, a total of 142 suspected measles cases were reported from Ukhia and Teknaf, and four cases became lab positive while 138 were epidemiologically linked. Twenty-seven (27) laboratory-confirmed ongoing measles outbreaks have been identified in camps except 12, 13, 19, KTP RC, 22, 25, and 27. Measles hospital admissions declined steadily during Epidemiological Week (EW) 18–25, from 43 cases in EW 18 to 8 cases in EW 25, reflecting a reduction in severe measles cases requiring hospitalization.

The total number of measles cases now stands at 129 lab-confirmed cases, 578 epidemiologically linked cases, and five (5) suspected measles deaths (CFR-0.6%) as of 2 July 2026. No new confirmed case or death has been reported from camps in the past month, except for results from pending results at the National Measles and Polio Lab in Dhaka.

COVID-19

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

Diptheria

In June 2026, no lab-confirmed diphtheria case was reported in the Rohingya Camps at Cox's Bazar. The first diphtheria case this year was found in April 2026; however, zero cases were reported in the last two months, indicating the transmission remained controlled.

2. Routine Immunization and AFP & VPD surveillance

In June 2026, more than 42,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 12,276 doses of the Polio vaccine (OPV 1st to 3rd doses, fIPV 1st and 2nd doses) and 8,484 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.

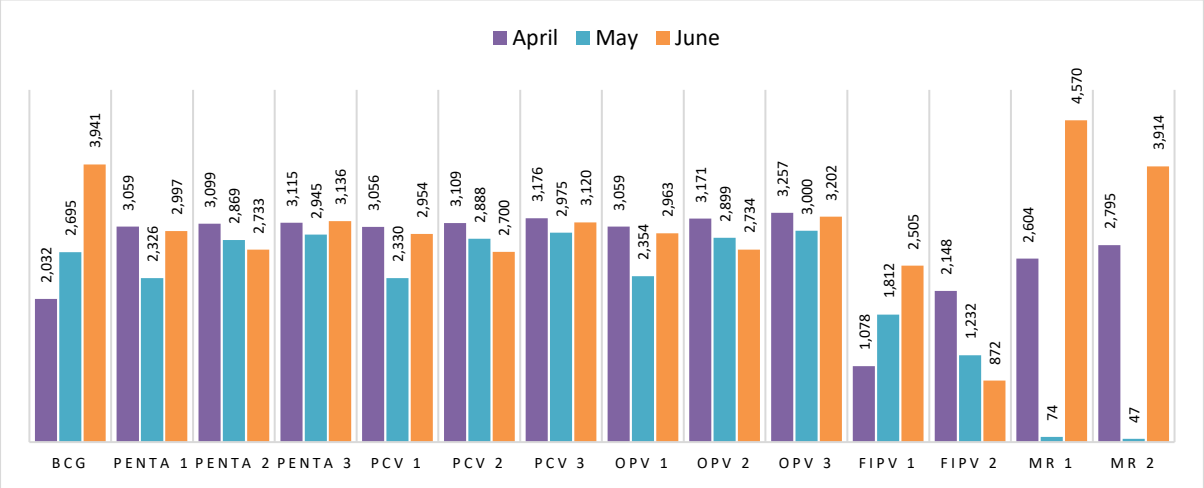

Figure 5: Number of doses administered through Routine Immunization in Rohingya Camps at Cox's Bazar (Source: DHIS-2)

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In June 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)

Epidemiology, Case Management, and IPC Technical Working Group (Epi TWG)

In June 2026, the leader of the Epi TWG – the Epidemiology and Surveillance team of the WHO Sub-office, in collaboration with the Health Systems Strengthening (HSS) unit of WHO Country Office for Bangladesh and DGHS-MIS, facilitated a Trainer of Trainers (TOT) training on the International Classification of Diseases 11th revision (ICD-11) and Medical Certification of Causes of Death (MCCOD) for 59 clinicians and health reporting officers drawn from health sector partners. The aim is to improve the determination of underlying and immediate causes of death and improve the quality of mortality surveillance and comparability of mortality surveillance data. The ToTs are expected to cascade the training to health facility-based clinicians and health reporting officers across the 33 camps in July 2027.

During the reporting period, WHO also rolled out ToT training for Early Warning and Alert Response Systems (EWARS) for 39 data managers to strengthen peer-to-peer support in camp-level and HF reporting. During the month, 89 clinicians (doctors, nurses, and medical assistants) were trained in readiness for the dengue fever upsurge during the monsoon rainy season.

Sexual and Reproductive Health Technical Working Group (SRH TWG)

Strengthening Quality Assurance and Accountability for SRH Services: The SRH TWG widely shared the published SRH Quality Improvement and Assurance System (QIAS) assessment report, strengthening accountability for the quality of SRH services across the humanitarian response. The findings and recommendations were shared with Health Sector and SRH Working Group partners and made widely accessible online to all stakeholders. As the next step, the Working Group will conduct one-to-one feedback sessions with individual partners to review organization- and facility-specific findings, agree on quality-improvement actions and monitor their implementation.

Marked Decline in Reported Maternal Deaths: The Q2 Maternal and Perinatal Mortality Surveillance and Response (MPMSR) report indicates a marked decline in reported maternal deaths across the humanitarian response. Maternal deaths reported between April and June 2026 were 50% lower than during the corresponding period in 2025. The SRH Working Group will continue coordinating maternal-death

surveillance, review and response actions to sustain this progress and address remaining preventable factors.

Emergency Preparedness & Response Technical Committee (EPR TC)

In June 2026, the first Health Sector integrated simulation exercise (SIMEX 2026) was conducted across three camps, validating Incident Command System (ICS) structures, emergency communication systems, triage procedures, stabilization capacity, and referral pathways involving Mobile Medical Teams (MMTs), Medical Hubs, Disaster Response Unit (DRU) ambulances, and government counterparts. The 1st Annual EPR Coordination Review Workshop reviewed emergency preparedness performance and agreed on corrective actions to address operational gaps across MMTs, DRUs, and Medical Hubs.

The EPR TC Coordination Action Plan (2026–2027) was adopted, establishing a common framework for preparedness strengthening, monitoring, and partner accountability.

3. Health Sector Partners Update

Bangladesh Red Crescent Society (BDRCS)

The Bangladesh Red Crescent Society (BDRCS) Population Movement Operation (PMO) under the Health Sector strengthened emergency blood transfusion services by successfully launching its first Voluntary Blood Donation Campaign at the BDRCS Field Hospital in Ukhiya. The initiative established a sustainable voluntary donor network, screened 20 potential donors, and collected 17 units of safe blood for emergency use, enhancing preparedness for obstetric emergencies, surgical interventions, trauma management, and other critical patient care. The campaign marked a significant operational milestone in improving on-site blood availability, reducing delays in accessing lifesaving transfusion services, and reinforcing the Field Hospital's capacity to provide timely emergency care for both camp and host communities.

International Organization for Migration (IOM)

Emergency preparedness and response: IOM continued supporting the response to the ongoing measles upsurge, maintaining 30 dedicated measles beds across two PHCs which have integrated infectious disease treatment centers to strengthen case management and ensure timely care for affected children. The WHO-led and IOM-co-led Emergency Preparedness and Response Technical Committee supported the multi-site Health Sector simulation exercise across the Rohingya response. Conducted in Camps 9, 20 Extension and 24, the exercise mobilized 16 Mobile Medical Teams and tested mass-casualty response, Medical Hub coordination, emergency communication, triage, stabilization and referral pathways.

Generating Evidence on scabies outbreak: IOM published a retrospective study on the epidemiology of the massive scabies outbreak and the impact of the mass drug administration campaign, generating evidence to inform outbreak preparedness and response.

Safe Motherhood Day celebration: To mark Safe Motherhood Day 2026, MHPSS teams collaborated with SRH and GBV partners to deliver integrated awareness sessions promoting safe pregnancy, maternal mental health, and family support. The initiative highlighted the strong link between physical and psychological well-being.

United Nations Children's Fund (UNICEF)

UNICEF's Health Programme supported the successful transition of UNICEF-supported primary health centres' service delivery for Camps 8W, 10, and 16 from Partners in Health and Development (PHD) to Research, Training and Management International (RTMI), effective 1 July 2026. The handover involved coordinated joint field visits, asset verification, staff orientation, documentation transfer, and community sensitization to ensure continuity of essential services for Rohingya refugees. With RTMI now operationally responsible, UNICEF will continue to provide technical oversight and support to maintain uninterrupted access to quality primary healthcare, maternal and child health, immunization, and community health services across the camps, reinforcing its commitment to equitable and resilient health service delivery in Cox's Bazar.

World Health Organization (WHO)

Essential Lab Services: WHO continued strengthening laboratory quality and blood transfusion safety. In June 2026, 75 healthcare workers (33 female) were trained on safe blood transfusion practices. A total of 377 units of blood were transfused through 10 WHO-supported Blood Transfusion Centres, ensuring timely access to lifesaving transfusion services for refugee and host populations.

15 supportive supervision visits were conducted to facility laboratories, focusing on Standard Operating Procedures (SOP), quality assurance, and service improvement. A World Blood Donor Day awareness campaign completed 410 blood grouping tests, strengthening emergency donor preparedness. Laboratory supplies worth about 2800 USD were provided to Health Sector partners to support the regular testing activity as a gap-filling support.

Non-Communicable Diseases (NCD) and Mental Health: In June 2026, WHO provided 04 sessions of supportive supervision for mhGAP for 8 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, 04 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. 31 frontline doctors from 14 different health sector partners attended that training.

WHO also conducted training on mhGAP. 80 healthcare providers from 21 organizations were trained through two batches of mhGAP training cohorts.

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

(***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 June 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 July 2026)*

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