



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



**1,206,528 Rohingya Refugees
1.38 M Health Sector Target (JRP 2026)¹**

HIGHLIGHTS

- Routine healthcare service delivery and access remained uninterrupted throughout September 2026, without any major incidents or damage.
- Skin diseases surpassed Acute Respiratory Infections (ARI) for the first time in the last two years to become the primary reason for consultations, accounting for over 70,134 cases and 19% of total disease consultations.
- Cholera transmission increased, with 14 culture-confirmed cases reported during the month (10 in the Rohingya camps and four in host communities). RDT-positive dengue cases saw a two-fold drop, falling to 604 cases in September compared to 1,218 in the previous month.
- The second round of the bOPV campaign successfully reached 204,472 children under five, achieving 102.9% coverage against the target across Ukhia and Teknaf camps.

THE HEALTH SECTOR



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

REGISTERED HEALTH FACILITIES



42	HEALTH POSTS
46	PRIMARY HEALTH CENTRES
05	FACILITIES WITH CEmONC SERVICES
412	MEDICAL DOCTORS
397	NURSES
438	MIDWIVES

HEALTH ACTION



485K	OPD CONSULTATIONS
7,083	INPATIENT ADMISSIONS
3,426	FACILITY-BASED BIRTHS-Refugee & Host
98.7%	% LIVE BIRTHS
1.3%	% STILLBIRTHS
6	MATERNAL DEATHS
0.4%	DENGUE CASE FATALITY RATIO

DISEASE SURVEILLANCE



1.32	CRUDE DEATHS/1,000 Pop (Jan-Sep 26)
12	COVID-19 SENTINEL SITES
33	AWD SENTINEL SITES
101	EWARS REPORTING SITES

HEALTH FUNDING \$USD (JRP 2026)



USD	RCP Financial Analysis for JRP 2026 (updated as of 30 June 2026)
49.9 M	Requested
37.1 M	Received/ Committed
12.8 M	Funding gap 26%

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 September 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 September 2026, more than 484,606 outpatient (OPD) consultations were recorded (6,196 consultations per PHC and 2,857 consultations per HP), which is slightly higher (3%) than the number of consultations recorded last month and around 14% higher (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 in the last 12 months.

In September 2026, more than 8,093 inpatient admissions were recorded, the highest in this year, around 7% higher than the last month and around 19% higher (significant, $P < 0.05$) than the monthly average number of inpatient admissions of the last 12 months, indicating more severe cases that required admission were recorded in this month. All other health service utilization indicators showed a similar increasing pattern compared to last month and the last six months' average.

According to DHIS-2 data, the morbidity distribution among refugees for September 2026 slightly changed compared to the previous months, but is still predominantly characterized by Acute Respiratory Infections (ARI) and skin diseases. The trend in skin diseases is increasing alarmingly; after continuously maintaining its position among the top 3 morbidities, for the

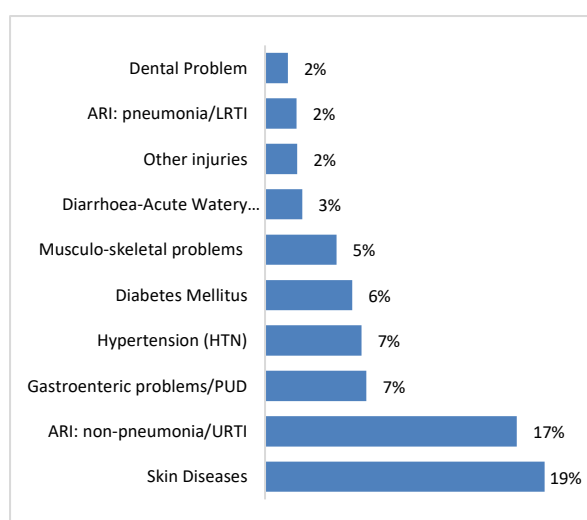


Figure 1: Top Morbidity Reported in DHIS-2 (Sep 2026)

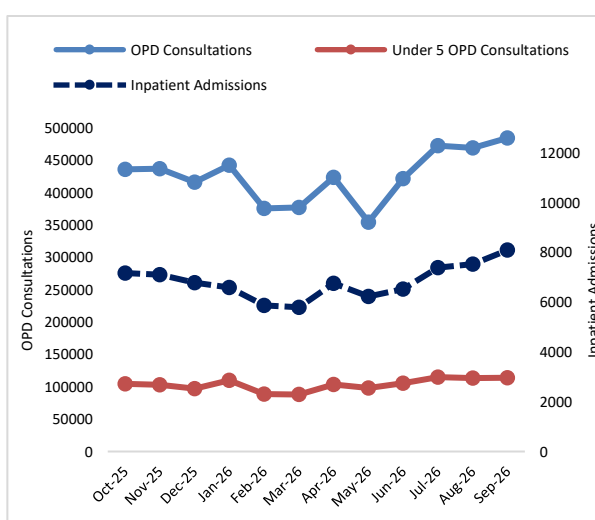


Figure 2: Trends of OPD Consultations and Inpatient Admissions

first time in the last two years, it became the number one reason for consultations, surpassing ARI this month, with a continued upsurge observed over the last 15 months. More than 70,134 cases were reported this month, contributing to around 19% of the total consultations for diseases during the reporting period. As per the report and data from the Health Facilities, the upsurge is due to Scabies. 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 September 2026. After the significant reduction observed in the number of ARI cases reported in May and June compared to the last 12-month average number of cases, the number of non-pneumonial ARI cases was observed increasing again from July, which continued up to August 2026. However, a steep decrease in the number of consultations for ARI was observed in September 2026, with more than 63,175 cases reported this month, which is 19% lower compared to the previous month, contributing to 17% 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 top 10 reasons for consultations remained largely unchanged in the last 12 months.

Table 1: Selected Health System Performance Data

Indicator	September 2026	Cumulative 2026	Baseline- 2025	Progress
Total number of OPD Consultations (Host and Rohingya)	484,606	3,822,756	5,033,974	2.77 per person
Total number of Inpatient Admissions (Host and Rohingya)	8,093	60,803	104,324	58%
Total number of patients referred out	5,163	39,188	51,322	76%
Total number of first-time users (Host and Rohingya)	7,940	65,167	113,659	57%
Total number of ANC 1 Visit - Rohingya	7,132	57,409	81,087	
Total number of Live births at the facility (Host and Rohingya)	3,374	26,092	NA	
Total number of Stillbirths at the facility (Host and Rohingya)	52	505	NA	
Of the births, the number of mothers who had ANC 4 or above visits (Rohingya)	2,067	18,620	82%	89%
Total number of C-sections at health facilities	425	3,444	3,359	
Total number of Post Abortion Care provided (Host and Rohingya)	383	2,492	3,711	

Total number of beneficiaries newly diagnosed with Hypertension (Host and Rohingya)	7,281	63,808	NA	
Total number of beneficiaries newly diagnosed with Diabetes Mellitus (Host and Rohingya)	1,305	16,424	NA	
Total Number of NEW clinical mental health consultations done by a psychiatrist and/or mhGAP doctor (Host and Rohingya)	1134	8,363	NA	
Number of NEW focused counselling done by a psychologist or a counsellor (Host & Rohingya)	3,939	34,508	NA	
Total number of Minor surgeries conducted (Host and Rohingya)	9,541	77,648	83,852	93%
Total number of Major surgeries conducted (Host and Rohingya)	623	5,581	6,457	86%
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)	5,130	36,565	46,264	
Number of Malnutrition cases referred: Total number of children 6-59 months referred for nutrition services	1065	7,199	9,001	

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

There was a two-fold drop in monthly RDT-positive dengue cases in September 2026, with 604 cases compared to 1,218 cases reported in the previous month. A total of 3,217 RDT-positive cases, including 2,847 cases (88%) in Rohingya camps and 370 cases (12%) in host communities, were reported so far in the year 2026. The weekly trends in RDT-positive cases remained lower than

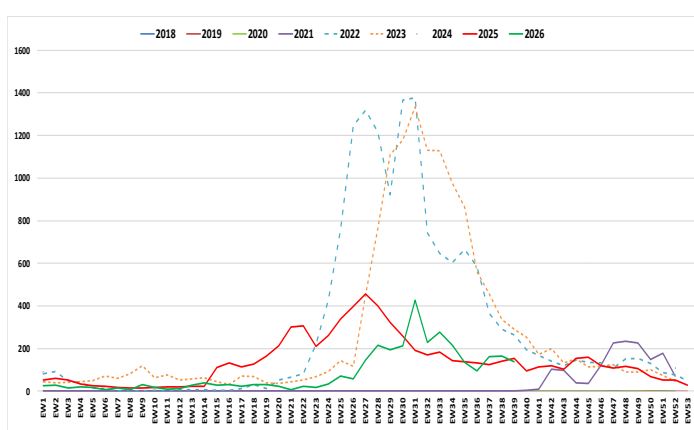


Figure 3: Dengue Trends among the Refugees (WHO, Cox's Bazar)

those observed during the same period in previous years, as observed in Figure 5. Weekly RDT-positive dengue cases declined by 16.5% (137 cases) compared with the previous week (164 cases), indicating a continued decrease in transmission following the August peak during the monsoon season. Two (2) RDT-positive dengue deaths were reported during September

2026, compared with seven (7) deaths reported in August. Since the beginning of 2026, a cumulative 12 confirmed deaths have been reported, all in Rohingya camps.

Initial laboratory serotyping results showed that all five samples tested positive for Dengue serotype 3 (DENV-3), consistent with national findings and marking a shift from 2025, when Dengue serotype 2 (DENV-2) was the dominant serotype in the Rohingya camps.

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

AWD/Cholera

Cholera transmission increased in September 2026; 14 culture-confirmed cases were reported, including 10 cases in Rohingya camps and four cases in host communities. Two additional cases were reported in August due to late reporting. The cumulative number of culture-confirmed cholera cases in 2026 reached 32. However, no confirmed cholera deaths were reported 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.

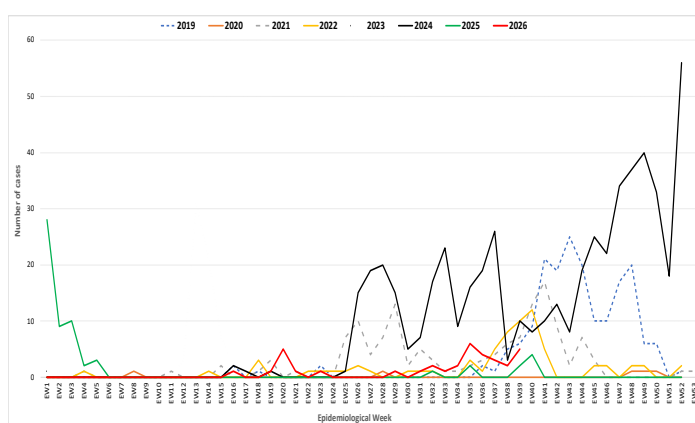


Figure 4: Trends of Culture-confirmed Cholera cases from 2018 - 2026

Diphtheria

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

2. Routine Immunization and AFP & VPD surveillance

In September 2026, more than 33,000 doses of different antigens were administered, targeting children less than 2 years old. This includes 6,876 doses of the Measles vaccine (MR 1st and 2nd doses) and 3,864 TCV doses.

Preventive bOPV campaign in the Rohingya camps

The second round of the bOPV campaign among the Rohingya population was completed from 9-24 September 2026, targeting 198,772 children under 5 years of age across 33

camps/locations in Ukhia and Teknaf. A total of 204,472 children were vaccinated, achieving 102.9% coverage against the target. Coverage reached 102.6% in Ukhia (168,476 children) and 104.0% in Teknaf (35,996 children).

Measles Surveillance

From January to September 2026, 351 laboratory-confirmed, 53 clinically confirmed, and 1,940 epidemiologically linked measles cases, along with 35 rubella-confirmed cases, have been reported from the camps. A total of 11 measles-associated deaths have been reported to date, with a CFR of approximately 0.47%.

Acute Flaccid Paralysis (AFP) surveillance

As of September 2026 (Epi week 39), 15 AFP cases were reported from Ukhia and Teknaf, of which 10 were classified as non-polio AFP (Ukhia: 7; Teknaf: 3), corresponding to an annualized AFP rate of 4.65 and a non-polio AFP rate of 3.41 per 100,000 children aged <15 years.

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

Field Coordination

In September 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, scabies, 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)

Cholera surveillance and joint health-WASH response activities remained active in high-risk locations. The WHO-led and icddr,b-supported cholera assessment project, covering risk factors, behavioral determinants, OCV coverage, and outbreak prediction modelling, has been completed. Policy briefs are under development to support policy and programmatic action.

In terms of Scabies, the current estimates suggest a scabies prevalence of 10-20%, with DHIS-2 trends indicating persistent transmission and an ongoing risk of resurgence despite the post-Mass Drug Administration (MDA) decline observed following the 2022 peak. The TWG proposed to re-establish the MDA Technical Advisory Group and a dedicated scabies MDA taskforce to plan and implement an MDA campaign across the camps tentatively in December 2026.

WHO, the lead of the Epi TWG, initiated monitoring of the implementation of the International Classification of Diseases 11th revision (ICD-11) in relevant designated health facilities. More than 90% of health facilities have so far commenced reporting as planned. The feedback from initial implementation of ICD-11 has been shared with Health Sector Partners to guide appropriate responses.

Mental Health and Psychosocial Support Technical Working Group (MHPSS TWG)

World Suicide Prevention Day 2026 was marked across the Rohingya refugee camps and host communities in Cox's Bazar, Bangladesh, through coordinated activities including awareness, seminar, and discussion sessions. MHPSS TWG partners, including BDRCS, Caritas Bangladesh, IOM, World Vision, BRAC, FIVDB, Bandhu, and Humanity & Inclusion, used creative and reflective tools such as role plays, quizzes, hope-building exercises, and IEC materials to reinforce messaging aligned with the 2026 theme, "Changing the narrative on suicide."

Sexual and Reproductive Health Technical Working Group (SRH TWG)

Breaking barriers together: On 26 September, the SRH TWG marked World Contraception Day in the Rohingya refugee camps under the theme "No Barriers, Just Choices: Contraceptive Access Now." Campaigns brought health workers, trained Imams and trusted community leaders together to connect accurate information with voluntary family planning services. Recognising that barriers to accessing SRH services such as voluntary family planning are interconnected, the approach addressed misconceptions and concerns about side effects alongside socio-cultural and religious norms, family influence, stigma, mobility constraints and distance from services. Outreach reached 180 people (135 women and 45 men) across nine camps, while 168 family planning services were provided at six health facilities. By working together, partners help make information more trusted, services more accessible, and reproductive choice more achievable with a shared commitment to removing barriers, preventing pressure, and upholding every individual's dignity to decide.

Expanding access to comprehensive SRH care: The SRH TWG is broadening the response to comprehensive SRH conditions such as obstetric Fistula and Cervical Cancer by strengthening workforce capacity, early detection, and referral pathways. Training for 62 community health workers and supervisors supported referrals for more than 12 women with suspected obstetric fistula. Additionally, 49 midwives were trained in VIA cervical cancer screening, with 22 women screened and four identified as VIA-positive, requiring further assessment. By

linking community outreach, facility-based services and specialist care, these efforts advance equitable access to comprehensive SRH care and protect women's health and dignity.

In collaboration with OGSB and UNFPA, the SRH TWG is advancing standardised, respectful and lifesaving maternal and newborn care across government and Rohingya-response facilities. The rollout of the Labour Room Protocol, WHO Labour Care Guide and Life Saving Skills in Pregnancy and Childbirth began by establishing a pool of 27 district-level trainers in Cox's Bazar to cascade training to health workers in both settings. The first cascade training reached 20 frontline government health providers, with further sessions planned to strengthen local capacity and expand quality care across the response.

Emergency Preparedness & Response Technical Committee (EPR TC)

Emergency readiness and surge capacity: Following late-September weather advisories, standby advice was issued for emergency deployment, casualty stabilization, and referral. As of 29 September, the network comprised 19 Mobile Medical Teams (MMTs: 13 Ukhia; 6 Teknaf), 33 Dispatch and Referral Unit (DRU) ambulances (22 Ukhia; 10 Teknaf; 1 Cox's Bazar) and 13 Medical Hubs (10 Ukhia; 3 Teknaf). Two TdH Surge MMTs for Camps 26 and 27 were included under conditional Health Sector approval up to 31 October 2026. Their initial assessment and EPR TC recommendations received Civil Surgeon Office and Health Sector authorization; verification of staffing, coverage, and corrective actions remained ongoing.

Fire emergency response and burn management training: On 8–9 September, the WHO-led EPR TC, with IOM co-leadership, Fire Service and Civil Defence expertise and HEOC coordination, completed two one-day training cohorts for 125 participants from seven organizations: 78 men and 47 women; 97 from Ukhia and 28 from Teknaf. Training covered scene safety, incident coordination, casualty assessment, initial burn care, stabilization, and referral. Reported average knowledge scores increased from 68% to 83%, a 15-percentage-point improvement. Practical skills verification, refresher activities, and integration into facility procedures remain follow-up priorities.

Ambulance supervision and emergency supplies: DRU Supportive Supervision Round 2 commenced within the scheduled 13–30 September period, reviewing ambulance readiness, equipment, crew preparedness, dispatch, referral communication and documentation. Visits and consolidation of findings remained ongoing. Emergency-supply coordination included onward distribution arrangements for the WHO consignment stored at Camp 13 and consolidation of anti-snake venom stock information for allocation planning. Final supervision coverage and comparative results require validation.

3. Health Sector Partners Update

Health and Education for All (HAEFA)

On September 10, 2026, Health and Education for All (HAEFA) observed World Suicide Prevention Day by organizing an awareness session for adolescents aged 15–20 years. HAEFA’s facilitators discussed suicide prevention, mental health risk factors, warning signs of emotional distress, and when and where to seek professional help, including available referral options.

Through interactive discussions, participants explored the causes of stress, coping strategies, mental health stigma, and the importance of support from friends and family. They also learned how to talk openly, empathetically, and non-judgmentally with someone in distress, listen attentively, and encourage timely professional support.

International Organization for Migration (IOM)

In September 2026, IOM launched community-based Hepatitis C surveillance in Camps 2W and 3 (with MSF), conducting 3,697 rapid diagnostic tests and identifying 308 reactive results. Treatment was initiated for 138 newly confirmed RNA-positive cases across four IOM-supported facilities.

For dengue, IOM conducted 2,919 tests in September, confirming 226 cases (7.74% positivity), expanded inpatient capacity to 70 dedicated beds across eight PHCCs, and intensified CHW-led RCCE, case identification, and referral. A field investigation identified an emerging hotspot along the Nayapara RC–Camp 26 border, guiding targeted surveillance and response measures.



Figure 5: Dengue Hotspot Environment: Nayapara RC–Camp 26 Border

Save the Children International (SCI)

SCI, through its implementing partner Dhaka Community Hospital Trust (DCHT), established a dedicated Scabies Corner at the Camp 14 Primary Health Center (DCHT/SCI-501). During September 2026, 492 individuals were diagnosed and treated through the dedicated service point. This strategic initiative strengthened diagnosis, treatment, and case management for scabies patients while enhancing facility readiness to manage skin disease cases among the Rohingya refugee population.

United Nations Children's Fund (UNICEF)

Support to Cox's Bazar District Sadar Hospital: UNICEF continues to support the functioning of the measles isolation and treatment ward at Cox's Bazar District Sadar Hospital, contributing to the management of infectious disease cases among both refugee and host populations. Till September 2026, a total of 75 Rohingya children were treated in the Measles isolation and treatment ward. UNICEF-supported specialized newborn care services (SCANU) at the hospital continue to provide critical treatment for sick and preterm newborns, helping improve survival and health outcomes for vulnerable babies. In September 2026, a total of 29 Rohingya newborns received lifesaving treatment at SCANU.

Integration of Nutrition and Health Services: As per the Joint Road Map on Integration of Nutrition and Health Services, preparatory work was completed in Primary Health Centers (PHCs) in Camps 17 and 18, including space reorganization and room adjustments to accommodate Integrated Nutrition Facilities (INFs). These improvements have enabled the introduction of integrated Health and Nutrition services, providing more comprehensive and coordinated care for Rohingya children and women. Starting in October 2026, the integrated facilities are expected to provide improved access to quality Health and Nutrition services for approximately 44,942 women and children in their combined catchment population, bringing essential services together under one roof and strengthening continuity of care, early detection, and referral pathways.

World Health Organization (WHO)

Non-Communicable Diseases (NCD) and Mental Health: In September 2026, WHO provided 18 on-site sessions of supportive supervision for mhGAP for 85 healthcare providers, including 30 doctors and 55 psychosocial counsellors 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, 18 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

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

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 September 2026. [UNHCR Operational Data Portal \(ODP\)](#).
3. 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.
4. Health Service Performance Indicators Data Source: Health Sector Monthly 4W report and HeRAMS (Data extracted on 24 October 2026)

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