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# Situation Report: April 2026

## WHO Cox's Bazar: Rohingya Emergency Crisis

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### 1. Overview

WHO supported disease surveillance, outbreak response, and continuity of essential health services for approximately 1.05 million refugees and host community members. Priority areas included measles response, emergency preparedness and immunization.

### 2. Coordination and Leadership

WHO, as Health Sector lead, maintained coordination across the response.

#### Key actions:

- Measles preparedness and Response Plan endorsed and shared
- Measles Taskforce established to coordinate response efforts
- 1 strategic Health Sector meeting, 33 camp-level meetings, and 1 SAG meeting convened.

#### Partners updated on:

- Epidemiological trends
- Operational risks related to funding constraints
- Progress of the 2026 Joint Response Plan (JRP)

Health Sector information products (4W, HeRAMS, EWARS) remain accessible to partners:

<https://rohingyaresponse.org/sectors/coxs-bazar/health/>

#### Protection-Sensitive Programming

WHO, with the GBV Sub-Sector and Health Sector, strengthened health providers' capacity to deliver quality care for survivors of gender-based violence across Rohingya camps and host communities.

- 179 health providers trained (164 female, 15 male) across 100 facilities
- Capacity strengthened in clinical management of rape (CMR) and IPV
- Health facility readiness improved for survivor-centred GBV care

### 3. Epidemiology, Surveillance and Health Information Management

#### Disease Surveillance

Disease surveillance among Rohingya refugees and host communities remained active through EWARS and sentinel laboratory networks, supporting early detection and timely response to priority diseases.

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## **Priority Diseases:**

### **Response to Measles Outbreak**

As of April 30,

- 461 suspected measles cases reported, including 40 laboratory-confirmed cases from Ukhiya and Teknaf
- 83% of laboratory-confirmed cases were children aged 6 months to 5 years
- 22% of confirmed cases were among children below 9 months
- Emergency mass Measles-Rubella (MR) vaccination campaign scheduled from 26 April to 7 May 2026
- Case investigation, isolation, referral, and active surveillance ongoing
- Case management SOP finalized and disseminated
- Regular technical working group meetings conducted to coordinate response activities
- Monitoring of the ongoing MR vaccination and Vitamin A supplementation campaign conducted

Campaign preparedness activities included:

- Microplanning finalized across camps and host community areas
- Training conducted for vaccinators, supervisors, and community mobilizers
- RCCE strategy implemented to support measles preparedness and campaign rollout
- IEC materials developed and disseminated, including audio messages and 35 banners
- Community engagement strengthened through Majhi meetings and community outreach
- Vaccine uptake monitoring conducted with real-time feedback mechanisms to address operational gaps

### **Dengue and Chikungunya**

- 345 dengue cases reported in 2026 (85% camps, 15% host)
- No deaths; declining trend observed
- No confirmed Chikungunya cases
- Preparedness activities are ongoing ahead of the monsoon season

### **Cholera / Acute Watery Diarrhea (AWD)**

- No confirmed cholera cases in the past four months
- AWD consultations declining
- The 2026–2027 Cholera/AWD Preparedness and Response Plan was finalized
- Preventive WASH measures ongoing in high-risk camps

### **Diphtheria**

- No confirmed transmission since 7 November 2025

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- All suspected cases in 2026 laboratory-discarded
  - Surveillance and immunization maintained

**Scabies**

- Skin infections including scabies remains leading cause of outpatient consultations
- WHO supported scabies case management in all 33 camps, including ivermectin distribution and referral strengthening

**4. Immunization and Vaccine -Preventable Diseases**

Immunization services continued to strengthen population immunity and reduce outbreak risk.

**Routine Immunization (April 2026)**

- More than 38,000 children under two reached
- Polio vaccines: 12 713 doses (OPV 1–3, fIPV 1–2)
- Measles-Rubella vaccines: 5 399 doses (MR 1–2)

Coverage monitoring and identification of zero-dose and missed children remain ongoing priorities, particularly in hard-to-reach camp areas.

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**5. Health operations & technical Expertise**

**Emergency Preparedness and Response (EPR)**

The Emergency Preparedness and Response Technical Committee (EPR TC), with HEOC, strengthened emergency readiness, referral systems, and coordination across Rohingya camps and host communities.

- DRU supportive supervision completed (38 ambulances, 33 camps)
- 173 healthcare workers trained in emergency and trauma care
- Multi-site MCI simulation (June 2026) finalized
- Trauma kits and IEHK supplies distributed
- Referral coordination strengthened with District Sadar Hospital
- 72-hour standby activated for all 17 MMTs during weather alerts
- HEOC maintained operational oversight

**Preparedness Gaps & Next Steps:**

- Limited simulation capacity (to be addressed in June 2026)
- Gaps in communication systems and referral data integration
- MMT supervision and quality assurance planned (May 2026)

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## Infection Prevention and Control (IPC)

- Supportive supervision conducted across 6 health facilities (5 health posts, 1 PHC) in Ukhiya to assess IPC practices and strengthen reporting
- IPC scorecard compliance reached 89.58% based on submitted facility reports, with some reporting delays remaining
- IPC commodities and hand hygiene posters distributed to 9 health sector partners to address supply gaps
- Technical guidance provided to improve IPC implementation and reporting in healthcare settings
- Continued IPC supportive supervision and compliance monitoring planned for May 2026

## Essential Lab Services

The WHO-supported IEDCR field laboratory at Cox's Bazar Medical College continued to provide diagnostic support:

- **Diphtheria:** 2 tests conducted; no positives
- **AMR surveillance:**
  - ✓ 296 specimens processed; 39 culture-positive (13%)
  - ✓ *E. coli* predominant isolate (54%), followed by *Klebsiella* spp
  - ✓ High sensitivity to aminoglycosides and carbapenems; high resistance to ampicillin and emerging resistance to key antibiotics
- **Hepatitis C:**
  - ✓ 73% of 1 077 pre-treatment samples HCV RNA detectable
  - ✓ 94% SVR12 among 1 286 post-treatment samples
  - ✓ 82 cases remain HCV RNA detectable
- **HIV confirmatory testing:**
  - ✓ 4 tests conducted; 3 positives linked to care and counselling

## Mental Health and Non-Communicable Diseases (NCDs)

WHO continued integration of mental health and NCD services into primary health care (PHC) across Rohingya camps:

- **mhGAP supportive supervision:**
  - ✓ 15 onsite supportive supervision sessions conducted reaching 82 providers (27 male, 45 female)
- **NCD service monitoring:**
  - ✓ 15 monitoring visits conducted across PHC facilities
- Ongoing gap-filling uninterrupted availability of essential medicines and IEC materials

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## Water, Sanitation, and Hygiene (WASH) and Health Care Waste Management (HCWM)

WHO continued strengthening WASH and HCWM conditions in health facilities across Rohingya camps:

- Field visits conducted at 6 healthcare facilities (2 PHCs, 4 health posts) in Ukhiya
- Assessed key domains: water, sanitation, hygiene, environmental cleaning, and healthcare waste management
- Most procurement items secured, initial implementation underway
- **Improvement plan monitoring:**
  - ✓ 15 improvement activities tracked across facilities
  - ✓ 8 activities (53%) completed to date
  - ✓ Identified implementation gaps and provided technical guidance to accelerate progress

## 6. Operations Support and Logistics

WHO logistics support ensured continuity of essential health services and strengthened supply chain capacity:

- **Hepatitis:**
  - ✓ 7 110 Hepatitis B and 12 040 Hepatitis C RDTs distributed to 14 health facilities (6 partners)
  - ✓ 18 000 Hepatitis C treatment courses (Sofosbuvir + Daclatasvir) supplied supporting treatment for 6 000 patients
- **Outbreak detection:**
- 2 900 HIV/Syphilis, 6 000 COVID-19, 2 500 malaria, and 700 dengue rapid diagnostic test (RDT) kits were distributed six health facilities.
- **NCDs and mental health:**
  - ✓ 5000 pcs of Amlodipine 10 mg, Fluoxetine, 1000 pcs of Fluoxetine 20 mg, 1000 pcs of Amitriptyline 25 mg and 1200 pcs Risperidone 2 mg to 10 health facilities
- **IPC supplies:**
  - ✓ 40,000 biohazard bags and 300 bottles of alcohol-based hand rub distributed to 2 facilities, including District Sadar Hospital

## 7. Key Challenges and Risks

- Funding constraints threaten continuity of services
  - High population density and upcoming monsoon increase outbreak risk
  - Sustained surveillance, preparedness, and coordination remain essential
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## References:

- Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.
- Joint Government of Bangladesh – United Nations High Commissioner for Refugees (UNHCR). (28 February 2026). Population Factsheet. UNHCR Operational Data Portal, Bangladesh. Retrieved from: <https://data.unhcr.org/en/country/bgd/12110?utm>
- Joint Government of Bangladesh – UNHCR Population Dashboard, April 2026 (Dashboards & Factsheets) Retrieved from: <https://data.unhcr.org/en/documents/details/122416>
- UNHCR & IOM. (March 2025). *2025–26 Joint Response Plan for the Rohingya Humanitarian Crisis in Bangladesh*. Retrieved from: <https://data.unhcr.org/en/documents/details/115687>

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