
Situation Report: March 2026

WHO Cox's Bazar: Rohingya Emergency Crisis

1. Overview

This Situation Report provides a consolidated overview of WHO's leadership, coordination, and technical support to the Rohingya refugee response in Cox's Bazar during March 2026. Activities focused on strengthening disease surveillance and emergency response systems, maintaining essential health services and addressing priority public health risks among approximately 1.05 million refugees and host community members.

2. Coordination and Leadership

Health Sector Coordination

WHO, as Health Sector lead, convened:

- 1 strategic Health Sector meeting in Cox's Bazar
- 33 camp-level coordination meetings
- 1 Camp Health Focal Points meeting

Partners were updated on:

- The evolving health situation
- Operational implications of the US funding suspension, including facilities and services at potential risk
- Progress in finalization of the 2026 Joint Response Plan (JRP)
- Priority technical areas: disease surveillance, immunization, SRH, community health, emergency preparedness, and mental health

These engagements supported JRP Strategic Objectives 1–3, addressed operational coordination gaps, and reinforced WHO's stewardship role across the Rohingya health response.

Key Decisions & Action Points (March 2026):

- Prioritization of surveillance, EPR, and life-saving services under funding constraints
- Accelerated strengthening of referral and emergency coordination mechanisms
- Continued partner alignment around cholera, measles, and dengue preparedness

All Health Sector dashboards and information products (4W, HeRAMS, EWARS summaries, and training calendars) remain accessible at: <https://rohingyaresponse.org/sectors/coxs-bazar/health/>

Field Presence and Protection-Sensitive Programming

WHO leadership and technical teams conducted field visits to Rohingya health facilities to:

- Provide technical guidance on clinical management of sexual assault, rape, and intimate partner violence
- Strengthen Community Health Workers' understanding of SEA/GBV prevention and response
- Support cascading trainings on sexual misconduct prevention

On 8 March 2026, WHO marked International Women's Day in Camp 18, in collaboration with the Gender in Humanitarian Action Working Group, GBV Sub-Sector, RRRC, and partners, reinforcing WHO's commitment to gender-responsive health programming.

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.

As of Epidemiological Week (EW) 13, 2026 (4 April):

- 10,494 syndromic cases were reported
- 59% of the occurrence among children under five
- All camps and sentinel facilities continued regular reporting (reporting completeness: 100%).

Mortality surveillance strengthening, including cause of death reporting and ICD-11 training, is planned for Q2 2026 to improve completeness and analysis of mortality trends.

Priority Diseases

Dengue and Chikungunya

- Dengue continued low transmission with a declining trend
- In EW 6, six RDT-confirmed dengue cases were reported, representing a 63% reduction from the previous week
- Approximately 90 dengue cases reported in March 2026
- Cumulative 2026 dengue cases: 107
 - ✓ 83% camps | 17% host communities
 - ✓ No deaths reported
- No confirmed Chikungunya cases detected
- Preparedness activities are ongoing ahead of the monsoon season

Cholera / Acute Watery Diarrhea (AWD)

- Transmission remains interrupted

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- No culture-confirmed cases reported in the past four months
 - All four suspected cases in EW 6 tested negative
 - The 2026–2027 Cholera/AWD Preparedness and Response Plan was finalized and shared with partners
 - Preventive measures and readiness activities continue in high-risk locations

Diphtheria

- No confirmed transmission since 7 November 2025
- One suspected case reported in EW 6; all suspected cases in 2026 laboratory-discarded
- Immunization and surveillance remain in place to prevent resurgence

COVID-19, and Varicella

- No confirmed COVID-19 cases detected during March 2026
- No laboratory-confirmed community transmission identified over the past seven months
- Varicella cases continued a seasonal decline following a February peak; no deaths reported

Scabies

- Skin infections including scabies continue to be a common cause of outpatient consultations
- WHO supported scabies case management in all 33 camps, including provision of ivermectin and strengthening referral pathways

4. Immunization and Vaccine -Preventable Diseases

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

Routine Immunization (March 2026)

- Approximately 33,000 children under two years reached
- Polio vaccines: 10,968 doses (OPV 1–3, fIPV 1–2)
- Measles-Rubella vaccines: 4,120 doses (MR 1–2)

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

Measles Surveillance

- 41 suspected measles cases reported from Ukhiya and Teknaf
- Six cases laboratory tested and confirmed positive
- Active case finding is ongoing for alerts in Camp 3 and Camp 15

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5. Health operations & technical Expertise

Emergency Preparedness and Response (EPR)

The Emergency Preparedness and Response Technical Committee (EPR TC), in coordination with the Health Emergency Operations Centre (HEOC), continued to strengthen operational readiness.

Key achievements:

- Finalization and endorsement of the HEOC Handbook (2026 Edition), reinforcing HEOC as the central coordination platform
- Completion of the Medical Hub Operational Plan, standardizing mass casualty management, triage, stabilization, and referral pathways
- Large-scale pre-hospital emergency response training (9–11 March 2026):
 - ✓ 187 responders from 17 partners trained in BLS, ICS, triage, and referral systems
- Strengthened emergency coordination across all 33 camps, improving role clarity and information flow

Preparedness Gaps & Next Steps:

- Need for simulation exercises and scenario-based drills, planned for 2026
- Supportive supervision of DRU and MMTs initiating April 2026

Finalization of EPR Logistics Gap Analysis to guide preparedness investments

Infection Prevention and Control (IPC)

- IPC supportive supervision conducted in 10 facilities in Ukhiya
- Overall IPC compliance: 88.5%, with gaps mainly in waste segregation and triage flow
- Distribution of essential IPC commodities and IEC materials to 12 partners
- Continued supervision and corrective actions planned for April 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:**
 - ✓ 77 specimens processed; 7 culture-positive (9.1%)
 - ✓ *E. coli* predominant isolate (71.4%), with high resistance to key antibiotics
 - ✓ Findings shared with partners to inform rational antibiotic use
- **Hepatitis C:**
 - ✓ 76.9% of 893 pre-treatment samples HCV RNA detectable
 - ✓ 95% SVR12 among 1,303 post-treatment samples
- **HIV confirmatory testing:**
 - ✓ 6 tests conducted; 5 positives linked to care and counselling

Mental Health and Non-Communicable Diseases (NCDs)

WHO continued integration of mental health and NCD services into PHC:

- **mhGAP supportive supervision:**
 - ✓ 13 onsite supportive supervision sessions conducted reaching 61 providers
- **NCD service monitoring:**
 - ✓ 13 visits identifying gaps and improving service quality
- Ongoing support ensured uninterrupted availability of essential medicines and IEC materials

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

- Establishment of **Healthcare Waste Management Zones** initiated
- SOPs finalized and partner engagement completed
- Most procurement items secured, initial implementation underway

6. Operations Support and Logistics

WHO logistics support ensured continuity of essential health services:

- **Hepatitis:**
 - ✓ 5,460 Hepatitis B and 13,560 Hepatitis C RDTs distributed
 - ✓ 2,100 Hepatitis C treatment courses (Sofosbuvir + Daclatasvir) for 700 patients
- **Outbreak detection:**
 - 200 HIV/Syphilis, 40 cholera, 300 COVID-19, 500 malaria, and 450 dengue rapid diagnostic test (RDT) kits were distributed across six health facilities.
- **NCDs and mental health:**
 - ✓ Essential medicines supplied to 4 facilities
- **IPC supplies:**
 - ✓ Hand hygiene and disinfection supplies were distributed, including 200 bottles of 200 ml liquid hand wash, 250 bottles of 70% alcohol-based hand rub, and two 45 kg containers of calcium hypochlorite to 2 health facilities

7. Key Challenges and Risks

- Funding constraints pose risks to service continuity in selected facilities
 - High population density and upcoming monsoon season increase the risk of disease outbreaks and emergencies
 - Sustained surveillance, preparedness, and partner coordination remain critical
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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>
- 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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