MedGlobal

Dying from Displacement: Widening Health Care Gaps for Rohingya Refugees in Bangladesh

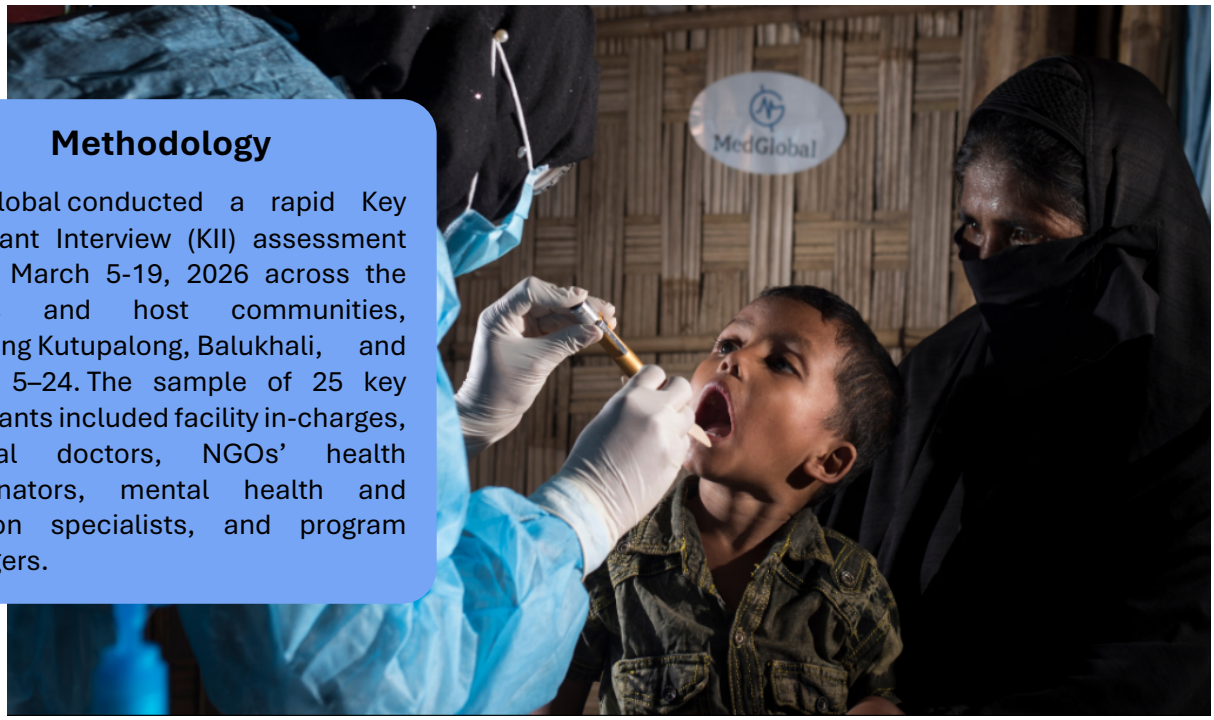
June 2026

Background

The Rohingya constitute the world's largest stateless population. For decades they have faced persecution, exclusion from services and violence in Rakhine State, Myanmar. Many have sought refuge in Bangladesh, including more than 750,000 in 2017 when the Myanmar military attacked villages across Rakhine State. Currently, more than one million Rohingya live in crowded camps in Cox's Bazar, southern Bangladesh, where they remain stateless and subject to severe restrictions on movement, employment and access to services. Most Rohingya are dependent on aid to meet their basic needs, including health care. Protracted camp living, combined with sharply reduced aid financing in recent years, is having a direct impact on their health.

The emergency response after the mass forced displacement in 2017 was characterized by strong global attention and high levels of humanitarian funding, which enabled rapid infrastructure expansion and broad service coverage. But over time, funding has declined, leading to life-threatening gaps in health and nutritional services. While the humanitarian response received approximately three-quarters of required funding in its first two years, funding has fallen each year for the past five years with less than 40% of this year's appeal funded.

A new MedGlobal assessment conducted in March 2026 in the Rohingya camps finds that health services remain operational but are starting to reduce care or even shut down. Existing services are increasingly overstretched and less able to deliver high-quality care, particularly for chronic and complex conditions. These pressures are contributing to treatment interruptions and complications, leading to preventable morbidity and mortality.



Methodology

MedGlobal conducted a rapid Key Informant Interview (KII) assessment during March 5-19, 2026 across the camps and host communities, including Kutupalong, Balukhali, and Camp 5–24. The sample of 25 key informants included facility in-charges, medical doctors, NGOs' health coordinators, mental health and nutrition specialists, and program managers.

Five Key Trends

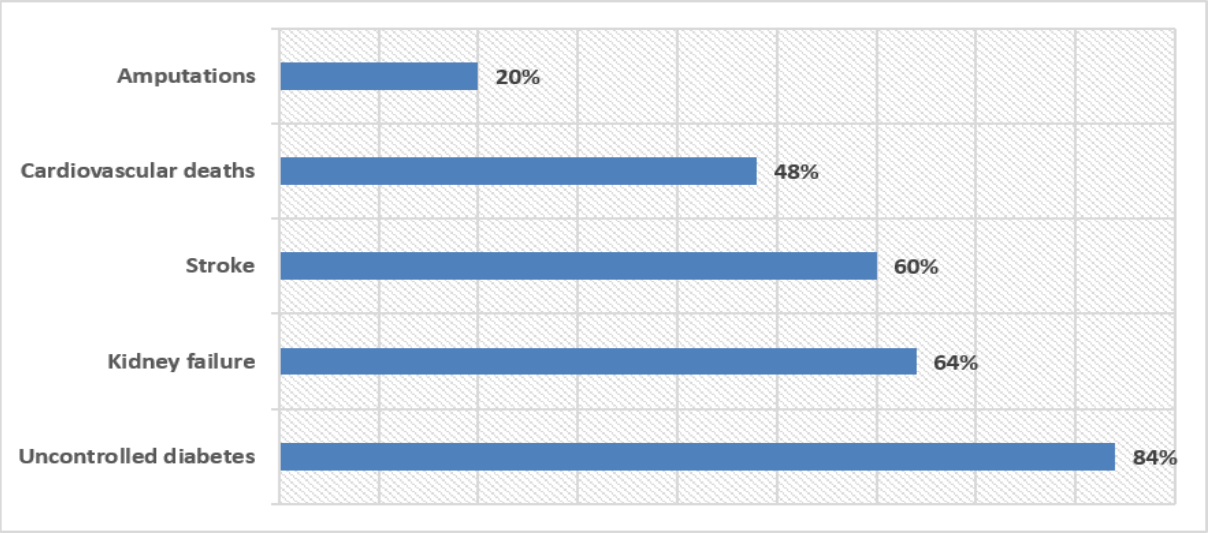
1) Funding Cuts are Forcing Health Programs to Close

The health system in Cox's Bazar remains operational, but it is under increasing strain. Funding cuts have accelerated an erosion of quality health care. Nearly half (44%) of surveyed health workers reported funding cuts, while 60% reported a reduction in the number of health facilities. The health system is increasingly challenged to meet all needs, particularly for secondary care. As programs close or reduce services, the remaining health sites face growing demand that stretches them beyond their capacity. Already, more than three-quarters of health workers confirmed growing caseloads, 64% report referral delays and 60% report limited diagnostic capacity.

Women and children are among the most vulnerable and those at risk of losing quality care when humanitarian assistance is cut. Although maternal and newborn health services remain relatively strong, MedGlobal teams report reductions in resources and persistent referral delays threaten timely access to emergency obstetric and newborn care. Without sustained investment from the international community, the current trajectory will result in a system incapable of meeting the Rohingya's basic health needs.

2) The Disease Burden Is Shifting from Acute to Chronic Conditions

As displacement becomes protracted, health needs are increasingly driven by non-communicable diseases (NCDs), such as diabetes or chronic kidney disease, rather than infectious disease outbreaks. More than half of respondents (56%) report increasing NCD cases.



OBSERVED COMPLICATIONS DUE TO NCD MEDICATION INTERRUPTION

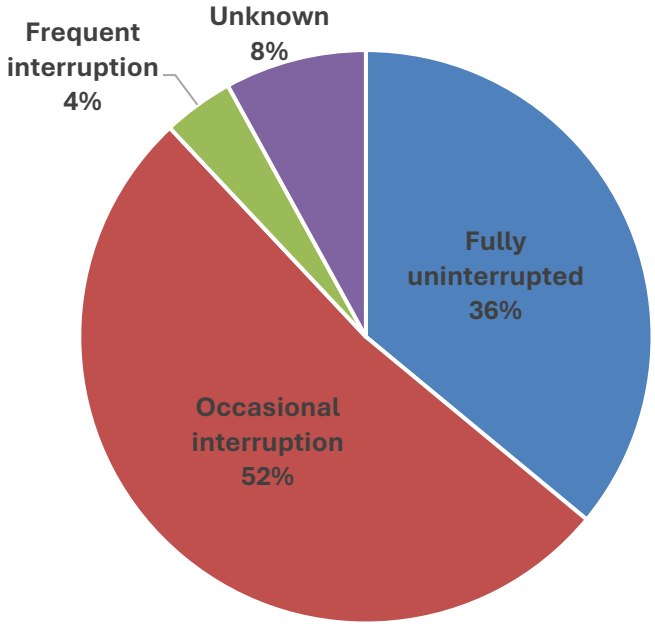
However, health services in the camps have not adapted sufficiently to meet these evolving needs. Frequent medicine shortages are now leading to interruptions in NCD treatment. In MedGlobal's survey, more than three-quarters of respondents reported medicine stockouts. Even when the medicine is available, 64% of health professionals report that patients are unable to afford them, given the limited income opportunities in the camp and barriers to formal work. As a result, patients resort to skipping doses – reported by 40% of health professionals – and other negative coping mechanisms. Unaddressed, conditions that should be manageable worsen, with severe or even life-threatening complications.

3) Immunization Systems are Highly Fragile

In densely populated camp settings like those in Cox's Bazar, even short breaks in immunization coverage can quickly increase the risk of disease outbreaks. People are living in overcrowded conditions with inadequate water and sanitation systems in an area highly prone to natural disasters – all of which tip the scale towards outbreaks.

The routine Expanded Program on Immunization (EPI) and vaccination campaigns are critical, with both run by the Bangladesh government in coordination with WHO and UNICEF, alongside regular disease surveillance, outbreak monitoring, technical guidance, and coordination. NGOs also support vaccination centers in each camp, including a MedGlobal Health Post in Camp-24, and play a critical role in delivering vaccines and community mobilization when outbreaks occur.

MedGlobal's assessment finds these immunization systems are operational but fragile, with service interruptions that increase the risk of an outbreak. Ninety-two percent of those surveyed report some degree of interruptions in the EPI program within the last year. More than half of health workers assess the risk of disease outbreaks as moderate. Most recently, in April 2026, refugee camps faced a measles outbreak.



ROUTINE EPI AVAILABILITY IN LAST 12 MONTHS

> ***"In a densely populated setting like the Rohingya camps, even small gaps in immunization coverage can have serious consequences."***
>
> *- Dr. Rahana Parvin, Medical Coordinator*

As Dr. Rahana Parvin, MedGlobal's Medical Coordinator in Bangladesh, noted, "outbreaks do not happen because of a single missed vaccination session – they occur when interruptions accumulate over time and more children are left unprotected. In a densely populated setting like the Rohingya camps, even small gaps in immunization coverage can have serious consequences. Measles is particularly concerning because it spreads more quickly than most vaccine-preventable diseases and requires consistently high vaccination coverage to prevent transmission. The recent measles outbreak serves as a reminder that even short-term interruptions to routine immunization can have far-reaching public health consequences."

4) Women and Children Face Rising Malnutrition

Around 500,000 children live in the camps and are among the most vulnerable during cuts to humanitarian assistance. All Rohingya refugees in the camps are food insecure, yet World Food Programme food assistance was reduced in 2026. During MedGlobal's survey, 60% of respondents reported a moderate impact from ration cuts. Malnutrition is one of the clearest impacts: 72% report rising acute malnutrition among pregnant and lactating women and children under five years old.

Malnourished women and children face weakened immune systems that make them more susceptible to health complications, disease outbreaks, and permanent physical and cognitive impairment, while also increasing their risk of premature death. Unaddressed, these complications can have lifelong consequences for children's growth and development. While nutrition programs remain in place, survey respondents warn of limitations in coverage and access. Current interventions may not be sufficient to keep pace with growing needs.

5) The Psychological Toll is Severe

Health professionals report that prolonged displacement and uncertainty about the future are driving psychological distress, particularly among women and girls. Ninety-two percent of those surveyed report increased mental health and psychosocial support (MHPSS) needs. Specifically, 60% report an increase in depression and anxiety, while 36% report a rise in suicide and self-harm in the camps.

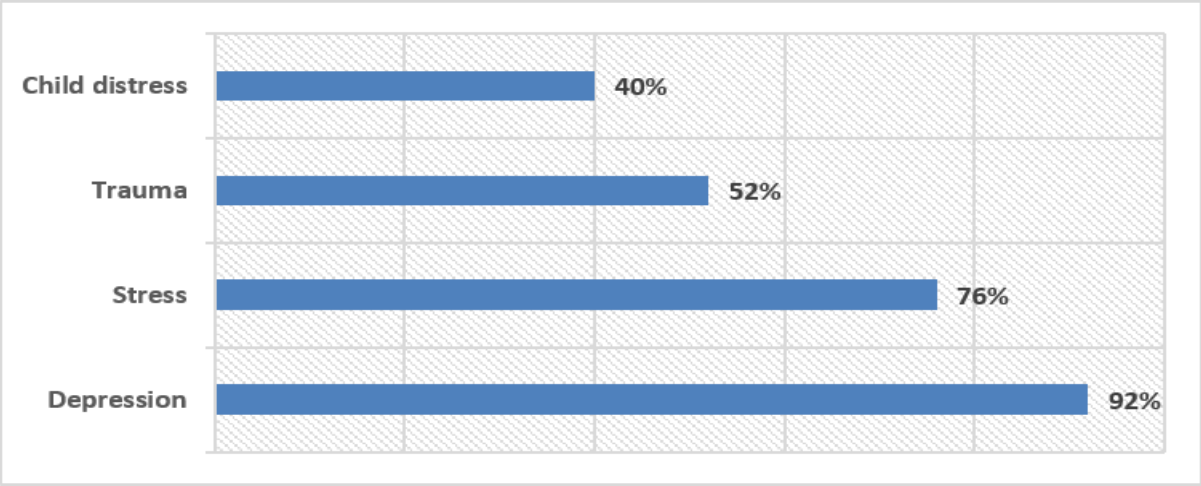
> ***"Many people continue to suffer in silence because they either do not know that support is available or do not feel comfortable seeking help. Addressing mental health in the camps is not only about providing services—it is about building awareness, reducing stigma, and ensuring that women, girls, and other vulnerable groups can safely access the support they need."***
>
> *- Dr. Rahana, Medical Coordinator at MedGlobal*

Yet Rohingya refugees face significant barriers to treatment, with surveyed health professionals reporting that stigma (72%), lack of awareness (92%), and gender-related constraints (48%) as the leading obstacles to mental health support. As a result, mental health conditions may go undiagnosed and untreated, allowing otherwise manageable conditions to worsen over time and become more severe or chronic.

Years of displacement, limited access to education, and low mental health literacy mean that many refugees may not recognize the symptoms of common mental health conditions or understand that effective support and treatment are available within the camps. Stigma surrounding mental health also remains a major challenge, discouraging many refugees from discussing psychological distress or seeking professional care.

Gender-related constraints present additional challenges for women and adolescent girls. Household responsibilities, caregiving duties, restrictions on mobility, and cultural norms can limit their ability to travel independently or attend appointments. In some cases, women may require permission or accompaniment from a male family member to access services.

MedGlobal's findings highlight the need for expanded community engagement, awareness campaigns, and culturally appropriate outreach efforts to ensure refugees are informed about available services and feel comfortable accessing them.



MOST PREVALENT MHPSS ISSUES REPORTED

Conclusion

While the health system in Cox's Bazar remains operational, it is becoming increasingly fragile and less able to meet the evolving health needs of Rohingya refugees. Without greater international support, this trajectory will continue toward deeper health system weakening and preventable illness, suffering and loss of life.

The over one million Rohingya refugees in Bangladesh need access to quality health care. Addressing this deterioration will require renewed humanitarian investment from the international community, including in primary health care, mental health services, nutrition programs, referral systems, and care for chronic diseases. International engagement must match the reality of protracted displacement by investing in refugees' long-term health needs.

Refugees deserve more than humanitarian assistance alone. Restrictions on movement and work, limited educational and economic opportunities, and the continued statelessness of Rohingya refugees contribute to worsening health, sustained aid dependency, and vulnerability. Without a renewed international commitment and greater pathways for integration and self-sufficiency, the gradual erosion that MedGlobal is seeing today risks the longer-term health and well-being of more than one million people.

MedGlobal has been providing lifesaving health care in Bangladesh since 2017. We deliver 24/7 maternal and newborn services, including safe deliveries, prenatal and postnatal care, family planning, and laboratory testing. **In 2025, MedGlobal supported 30 health facilities, over 66,000 direct beneficiaries, and more than 280,000 indirect beneficiaries.**