

For Rohingya camps, measles control requires tailored interventions



Dr Md Nuruzzaman Khan is research fellow at the Melbourne School of Population and Global Health of the University of Melbourne in Australia. His research focuses on refugee health. He can be reached at nuruzzaman.khan@unimelb.edu.au.

MD NURUZZAMAN KHAN

create continuous pathways for disease transmission. When a large vulnerable population exists in such proximity, the risk does not remain contained within the camp boundaries; the danger of infection extends to nearby areas, and from there to wider districts and urban centres.

epidemiological data specific to the camps remain limited and are often less visible within broader national reporting. This relative lack of focus, combined with the refugees' poor health conditions, including high levels of undernutrition and overstretched, overcrowded healthcare facilities, could lead to

be secured if national containment is to succeed. At the same time, ensuring equitable attention to Rohingya refugees is not only a public health necessity but also a responsibility of Bangladesh as a host country, grounded in the principles of human rights and dignity. In response to the current

dynamics within the Rohingya camps. While refugees are included in district-level planning, the camps require more sustained and tailored interventions. Ensuring full two-dose coverage is difficult due to continuous births, mobility, and gaps in routine services. Children born after earlier campaigns and those previously missed are not always systematically reached. As a result, a sizeable cohort of susceptible children continues to accumulate within the camps.

This creates a critical gap in Bangladesh's outbreak response. As long as transmission persists within the Rohingya population, measles can continue to circulate and spill over into the surrounding communities. Without placing the camps at the centre of response planning, the national effort remains incomplete.

What needs to be done, then? Vaccination efforts in the Rohingya camps must be intensified and sustained as part of a continuous strategy, ensuring all children, including newborns and those previously missed, receive full immunisation. Surveillance systems should be integrated across refugee and host populations to enable rapid detection and coordinated response. Public health messaging must reach both communities, addressing misinformation and encouraging vaccine uptake. Equally important is stronger alignment between humanitarian and government-led initiatives. Refugee health services should be embedded within national planning, with clear coordination and shared accountability.

Ultimately, addressing measles in the Rohingya camps is not a peripheral task—it is central to containing the outbreak in Bangladesh. The current situation is both a warning and an opportunity: a warning that unresolved gaps can drive widespread risk, and an opportunity to adopt a more inclusive and effective response. Bangladesh has demonstrated leadership in public health before. It can do so again by ensuring that no population is left behind. If measles anywhere is a threat everywhere, then safeguarding the country must begin in Cox's Bazar.

Bangladesh is once again facing a public health threat that is both familiar and preventable. Since early January 2026, the country has seen a surge in measles cases, with thousands of suspected infections and a rising number of deaths. What is particularly concerning is where this outbreak began and continues to intensify: the Rohingya refugee camps in Cox's Bazar. The camps are extremely overcrowded, hosting over 1.1 million refugees (UNHCR, December 31, 2025), around 190,000 of whom are children under five years of age. This demographic and living context creates conditions highly conducive to the rapid spread of a contagious disease like measles. The background of Rohingya refugees further amplifies vulnerability, as they arrived in Bangladesh with extremely low measles immunity. Many children had never been vaccinated due to long-standing gaps in immunisation in Rakhine State, creating a large susceptible population that rapidly fuelled the 2017 measles outbreak, with over 1,700 suspected cases within months of their displacement.

In response, the Bangladesh government and partner organisations launched rapid, large-scale measles rubella vaccination campaigns. These campaigns reached thousands of children aged six months to 15 years within months, substantially increasing first-dose coverage and quickly reducing transmission. Follow-up campaigns were rolled out to reach children who had been missed in the first one.

While effective in containing the immediate outbreak, these efforts were largely emergency responses. Sustaining high levels of immunity through a complete two-dose schedule and strong routine immunisation has remained challenging. At the same time, high birth rates, population movement, and periodic service disruptions continue to generate susceptibility. Moreover, Rohingya refugees continue to enter Bangladesh,



Healthcare workers administer vaccine to a child on the first day of the government's emergency measles vaccination drive, in Kaunia, Barishal city, Bangladesh on April 5, 2026.

PHOTO: TITU DAS

many of whom have similarly low immunity. These dynamics create a growing pool of partially immunised or unvaccinated individuals, turning the camps into a persistent hotspot where measles can spread rapidly and re-emerge despite earlier control.

This epidemiological reality has direct consequences for Bangladesh beyond the camps. Cox's Bazar is closely connected with surrounding communities through markets, labour, transport, and shared services. Daily interactions between refugees and the host population

This pattern is already evident: the first wave of infections was identified in the Rohingya camps on January 4 this year, after which cases increased and spread beyond Cox's Bazar. Within weeks, transmission was reported across multiple districts, including major urban centres, with current estimates indicating as many as 7,600 suspected cases of infection and at least 113 suspected deaths nationwide between March 15 and April 5. Although early signals suggest widespread transmission,

more severe complications and higher mortality among infected children.

This interconnected reality means that the health of Rohingya refugees and Bangladeshi nationals cannot be separated. Protecting one group protects the other, while neglecting one undermines both. In epidemiological terms, refugee camps can act as high-risk reservoirs that sustain transmission and spread infection beyond their immediate geography. In public health terms, they represent a frontline that must

outbreak, the government has initiated an emergency vaccination campaign. High-risk areas, including Cox's Bazar, have been prioritised, with plans for nationwide expansion. These efforts reflect the country's strong commitment to immunisation and outbreak control. However, the current response has an important limitation: much of the strategy is designed around geographic coverage of districts and the general population, rather than fully addressing the distinct transmission

How hoarding and panic buying are deepening the fuel crisis



Dr Sabbir Ahmad is a researcher and expert in project delivery and engineering. He can be reached at sabbir@iecc.org.

SABBIR AHMAD

There is a well-known concept in economics called the "tragedy of the commons." To understand this, let's imagine a village with a common well. Every family draws a little more than they need, reasoning that their extra bucket is too small to matter. Each family applies the same logic. The well runs dry. The tragedy is not that any one family was cruel or even particularly greedy. The tragedy is that individually rational behaviour produced a collectively catastrophic outcome, and nobody could stop it because there was no rule, no enforcement, and no shared understanding that the well belonged to everyone.

Walk into a filling station anywhere in Bangladesh these days, and you are standing at that well. The Middle East conflict that erupted in late February 2026 has disrupted global fuel supply chains. Bangladesh relies on imports for 95 percent of its fuel oil, making it highly vulnerable. But looking carefully at the numbers, a disturbing truth emerges: the shortage on the ground is not solely the consequence of the Middle East conflict. A significant part of it is due to our behaviour.

District administrations conducted 391 raids across 64 districts in 24 hours on March 31. They recovered 87,700 litres of illegally hoarded fuel, 191 cases were filed, and several people

were sentenced. Meanwhile, the government's reserve stands at 1,93,000 tonnes of fuel, enough for April, with fresh cargoes arriving and emergency purchases of 2,60,000 tonnes already approved. The well is not empty, but the queues stretch for hours because people in need often have to stand behind the people filling extra buckets.

At one filling station in Chattogram, daily octane sales have doubled since the conflict began, from a normal 2,500 to 3,000 litres to around 6,000 litres every day. Rural stations have seen demand surge fourfold. Pump attendants report customers rejoin the queue within hours of purchasing fuel. Tag officers stationed at pumps cannot track who has already filled up and who has not. Fuel is leaving the stations quicker than it arrives, leading to empty pumps. The official data suggests an adequate reserve. Both might be true with a single contradicting factor: "panic hoarding."

It has already cost one life—a filling station manager in Narail was killed when a truck driver, unable to secure diesel, chased him down the highway and ran him over at 2am. The driver has been arrested, but a family has lost their breadwinner. This is how a "tragedy of the commons" unfolds in the middle of the night.

While many private vehicle owners in Dhaka are filling extra canisters, Mostak Ali in Lalmonirhat, who needs 13 litres of diesel every single day to irrigate his 33 bighas of Boro paddy, is allowed to get two litres under rationing. He travels 12 kilometres to get them. Boro rice accounts for 55 percent of Bangladesh's total annual rice production. The cultivation target this season is 50.53 lakh hectares, and 62 to 65 percent of those fields depend on diesel-powered irrigation pumps. In the 16 northern and northwestern districts already reporting acute shortages, diesel is being sold in the open market at Tk 15 to Tk 20 above the government price. Farmers, unable to pay the premium, are left out. But the proper formation of paddy largely depends on irrigation. An expert suggests that the country could face a food crisis like the 1974 famine if Boro production falls by 20 percent.

At this point, 55 percent of our rice production sits in those fields and missing one irrigation cycle at this stage can cause major damage. The businessman storing over 5,000 litres in a warehouse in Meherpur is not thinking about Mostak Ali's paddy. He is thinking about his margin. But in a connected economy, his buffer and Mostak Ali's bankruptcy are the same transaction.

The enforcement drives are crucial but apparently insufficient. Fines such as Tk 9,35,070 collected across 64 districts on March 31 are not a deterrent to those who consider fuel as an asset appreciating faster than a bank deposit. The sentences are usually short and rare. The penalties need to reflect that hoarding is a high-risk activity, not a rational hedge against uncertainty.

More importantly, the distribution system must be restructured around a need-based rather than a first-come, first-served approach. There is no technical reason why diesel for irrigation cannot be distributed through a priority channel with a farmer-designated lane at every filling station during the Boro season. India has managed agricultural input subsidies through Aadhaar-linked systems for years. Bangladesh government's own Farmer Card initiative is in the right direction, which should be implemented before the paddy crop reaches the flowering stage.

The transparency dimension is equally urgent. When the energy division spokesman says there is no national shortage, but farmers in 16 districts are paying more than the official price to irrigate their fields, the gap between official reassurance and ground reality breeds the fear that drives panic buying. Real-time, district-level fuel availability data published daily would allow people to make rational decisions instead of fear-driven ones.

Bangladesh's fuel supply is under genuine pressure from a faraway conflict. But the queues stretching for kilometres, the midnight violence at filling stations, or a farmer travelling 12 kilometres for two litres are not all due to what is happening in the Gulf. These outcomes largely result from our collective actions. The well had enough for all, but it ran dry because we stopped being a community and started being competitors. We need effective governance to ensure that the farmer's bucket is filled before any extra canisters are. We can't afford a food crisis on top of an energy crisis.

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
OFFICE OF THE EXECUTIVE ENGINEER, RHD
JHALAKATI ROAD DIVISION, JHALAKATI.
E-mail: eejha@rhd.gov.bd

Memo No-35.01.4240.432.04.001.25-506 Dated: 05/04/2026

"Invitation of RHD Quotation for Bridge Toll Collection (5th Call)"

1	Lease Quotation Notice No.	Lease-01/2025-2026/JRD
2	Name of Quotation	Lease for Toll Collection from "Gabhkan Bridge" at 22nd km of Barisal-Jhalakati-Pirojpur-Bagerhat-Khulna National Highways (N-807) during 3 (three) financial years under Jhalakati Road Division.
3	Lease Implementation Period	3 (three) financial years (1095-days)
4	Price of Lease Quotation Schedule	Tk. 5,000.00 (five thousand) per set.
5	Security Money	10% of Quoted Rate. (including VAT and Tax) (In favour of Executive Engineer, RHD, Road Division, Jhalakati in the form of Pay Order or Bank Draft.)
6	Quotation Last Selling Date	21/04/2026 up to office hour (4-00 PM)
7	Tender Closing Date and Time	22/04/2026 at 12-00 PM
8	Eligibility of Lease Quotationer	All interested Persons/Firms regardless of whether enlisted or not with the employer may submit quotation provide that they are otherwise qualified who can fulfill the qualification criteria stipulated in the quotation's document.
9	Selling Quotation Document	Divisional Commissioner, Barisal/ D.C. office, Jhalakati EE (RHD), Road Division-Jhalakati/Barisal/ Bhola/ Pirojpur/Planning Division-1, Sarak Bhabon, Dhaka SDE (RHD) Road Sub-Division, Jhalakati.
10	Receiving Quotation Document	EE (RHD), Road Division, Jhalakati. SE (RHD), Barisal Road Circle, Barisal. D.C., Jhalakati
11	Quotation Opening Place, Date & Time	Executive Engineer, RHD, Road Division, Jhalakati 22/04/2026 at 2-00 PM
12	a.	The concern authority reserves the right to accept or reject any/all quotations.
	b.	If it is not possible to receive/open the quotation the schedule date for any unavoidable circumstances, the same will be received/opened on the next working date at the same time and same venue.
	c.	The quotationer will quote the rate in figures & words.
	d.	This quotation notice will also be seen at RHD website www.rhd.gov.bd.

(Shahriar Sharif Khan)
ID No-602247
Executive Engineer (C.C.), RHD,
Road Division, Jhalakati.

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