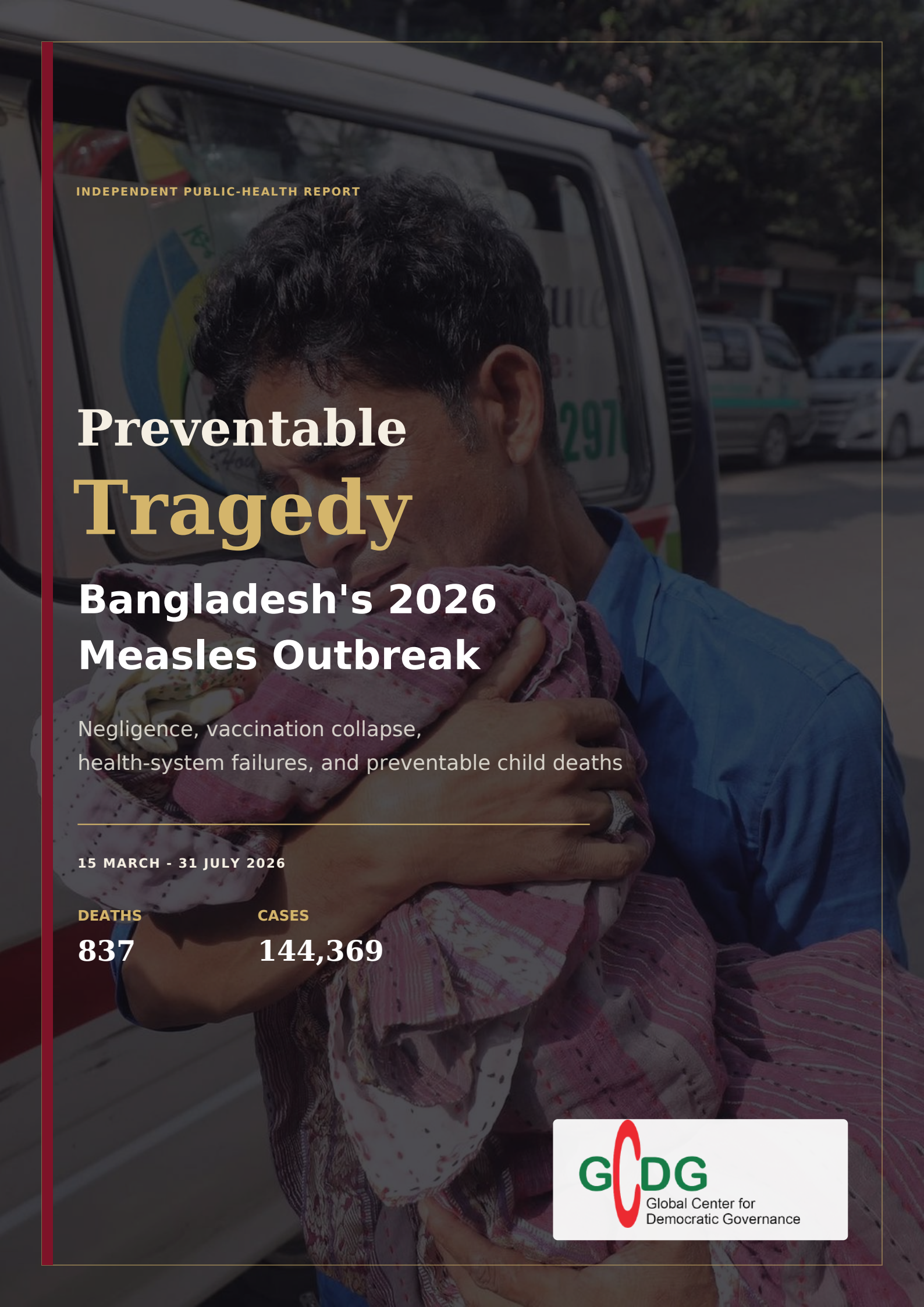

INDEPENDENT PUBLIC-HEALTH REPORT

Preventable Tragedy

Bangladesh's 2026 Measles Outbreak

Negligence, vaccination collapse,
health-system failures, and preventable child deaths

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15 MARCH - 31 JULY 2026

DEATHS	CASES
837	144,369

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PREVENTABLE TRAGEDY

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REPORTING PERIOD

March 15-July 31, 2026

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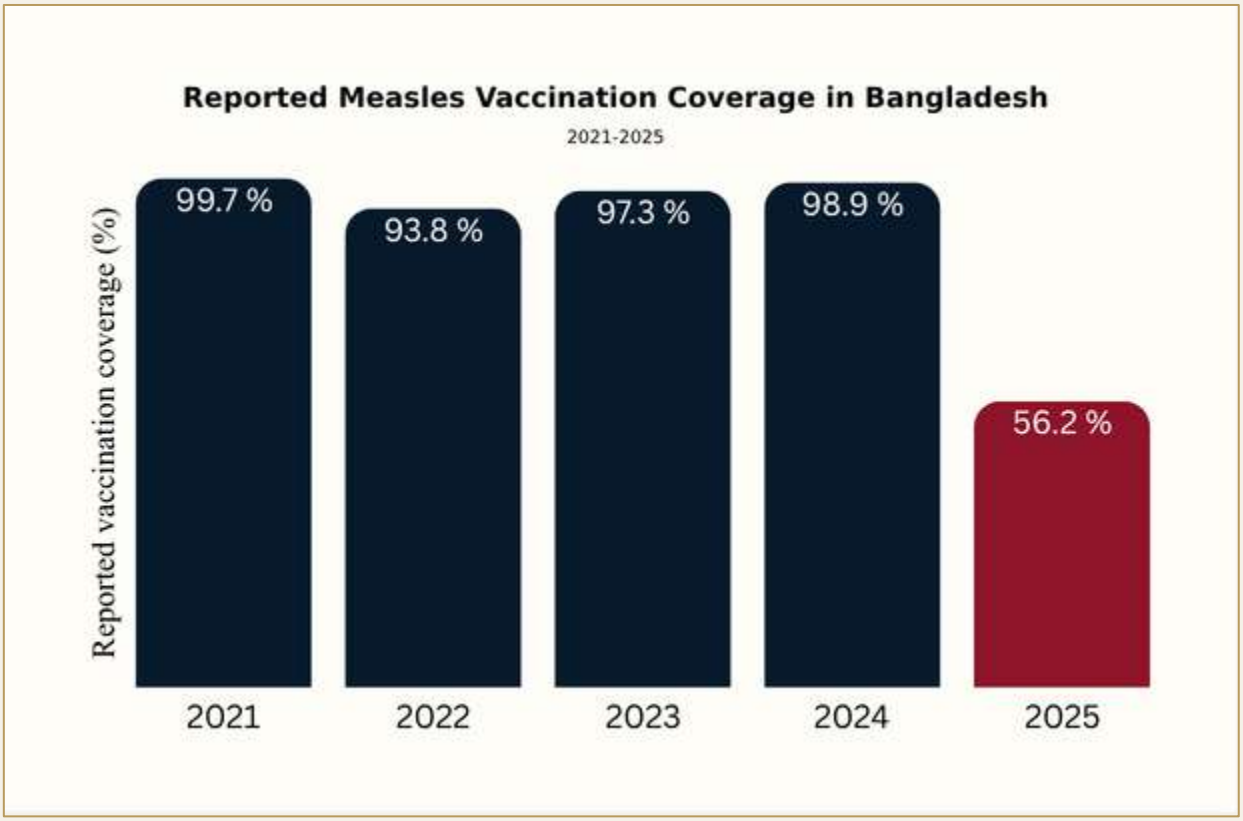
Preface

The 2026 measles outbreak in Bangladesh represents one of the most devastating public health crises in the country's recent history. This tragedy is particularly striking because measles is a vaccine-preventable disease, and Bangladesh had long been recognized internationally as a success story in childhood immunization. Under the previous Bangladesh Awami League government, the Expanded Program on Immunization (EPI) consistently achieved measles-rubella vaccination coverage of more than 90 percent, earning national and international recognition for protecting millions of children against vaccine-preventable diseases. The evidence presented in this report indicates that this achievement was severely undermined during the subsequent period of political transition.



Reported Measles Vaccination Coverage in Bangladesh [(106)]

This report examines how disruptions to routine immunization, vaccine procurement, program continuity, and public health administration created a large immunity gap, allowing measles to spread rapidly across the country. Based on the evidence reviewed, the report concludes that short-sighted policy decisions, administrative negligence, and the failure to maintain essential immunization services during the interim government were major factors contributing to the outbreak. It also evaluates the response of the government formed in February 2026,

assessing its preparedness, outbreak control measures, and capacity to provide timely and adequate medical care to affected children and communities.

Beyond documenting the epidemiology of the outbreak, this report seeks to establish an evidence-based record of institutional decisions, omissions, and systemic failures that transformed a preventable disease into a nationwide humanitarian crisis. It highlights the importance of uninterrupted immunization services, transparent governance, effective emergency preparedness, and accountability during periods of political transition.

Given the scale of the tragedy and the serious concerns raised by the evidence presented, this report calls for an independent international investigation to establish the full facts and determine responsibility in accordance with applicable legal standards. Where negligence or misconduct is established through an impartial process, those responsible should be held accountable. Equally, the families who lost their children and those who suffered preventable harm deserve justice, official recognition of their suffering, and fair compensation.

Finally, this report calls upon the World Health Organization (WHO), UNICEF, Gavi, UNITE, international humanitarian agencies, development partners, and the wider global public health community to actively engage with this crisis. Their support is essential not only to assist Bangladesh in controlling the outbreak and rebuilding its immunization program, but also to ensure an independent assessment of the lessons learned, strengthen accountability, and help prevent such a tragedy from occurring again.

Global Center for Democratic Governance

Measles: Nature of the disease, transmission, causes of spread and remedies

What is measles?

Measles is a highly contagious viral disease. It first infects the respiratory tract and then spreads to other parts of the body. The infected person usually develops symptoms such as high fever, cough, runny nose, and red and watery eyes. Within three to five days of the onset of initial symptoms, a red rash usually appears on the face and neck and then spreads to the chest, back, arms, and legs. Symptoms usually begin 7-14 days after exposure to the virus.

Conceptual illustration of measles infection, showing characteristic rash distribution and airborne transmission.

Although measles is often considered a common rash, it can cause serious complications such as pneumonia, severe diarrhea and dehydration, ear infections, vision loss, and inflammation of the brain (encephalitis). Measles can also weaken the body's immune system, making the infected person more vulnerable to other infections for months or years.

Concerns about transmission and spread:

Measles is one of the most contagious diseases in the world. An infected person can infect up to 18 new people in a non-immune population. About 90 percent of non-immune people who come into contact with an infected person can become infected.

Measles is mainly spread through the air. An infected person releases tiny droplets containing the virus into the air from their nose and throat when they cough, sneeze, talk, or breathe normally. Nearby uninfected people can become infected when they breathe in that contaminated air. Infection can also occur if they touch a surface with the virus and then touch their eyes, nose, or mouth.

How measles is transmitted and spreads through airborne respiratory particles, contaminated air and surfaces, and person-to-person exposure.

The virus can remain active in the air or on contaminated surfaces for about two hours after an infected person leaves a room or place. Most importantly, an infected person can spread the virus to others about four days before the rash appears and remains contagious for about four days after the rash appears. This means that before the disease is diagnosed, an infected person can infect family members, classmates, colleagues, or other people present at the medical facility.

When coverage of the two-dose measles vaccine decreases in an area, the number of unvaccinated or incompletely vaccinated children increases, and the population's collective immunity weakens. In such a situation, the virus can spread rapidly if an infected person enters the area, causing a large outbreak. The situation can get out of control if vaccine stocks are low, routine vaccination is disrupted, disease

surveillance is weak, and vaccination activities are not initiated promptly after an outbreak.

Measles treatment and prevention:

There is no specific antiviral treatment for measles. The main goal of treatment is to control the patient's symptoms, prevent dehydration and malnutrition, and promptly treat pneumonia, respiratory distress, diarrhea, or other complications. The patient should be given adequate fluids and nutritious food, and fever and dehydration should be treated as needed. There is no specific antiviral treatment for measles; however, supportive care and prompt treatment of complications can substantially reduce mortality.

The safest and most effective way to prevent measles is to get two doses of measles vaccine on time. Some children may not develop sufficient immunity after receiving one dose; therefore, the second dose is very important. According to WHO, two doses of a measles-containing vaccine are approximately 97% effective at preventing measles.

Sudden Measles Outbreak in Bangladesh: Vaccination Gap Explodes in 2024-2025

Although Bangladesh’s 2026 measles outbreak appeared sudden to the public, it was not an unexpected event from an epidemiological perspective. The crisis arose from a combination of disruptions to vaccine supply and health programs in 2024-2025, missed routine vaccinations, cancellations of scheduled supplementary immunization programs, administrative delays in vaccine procurement, and a failure to promptly identify at-risk populations.

Outbreak onset and spread:

A marked increase in measles cases was observed in Bangladesh in January 2026, and gradually spread to other parts of the country. As cases and child deaths began to rise rapidly in March, the Directorate General of Health Services (DGHS) began regularly publishing information on suspected cases, hospitalizations, and deaths

from March 15. On March 16, 2026, a specialized infectious disease hospital was vandalized after a measles-infected child died due to medical negligence and lack of emergency medical care [1].

By the end of March, the disease had spread to multiple districts in the country, and health experts immediately identified the situation as a national outbreak. Between March 15 and April 3, 5,792 people were hospitalized with measles symptoms, and 99 people died of measles [2].

The growing measles outbreak in Bangladesh [2].

By March 28, measles had spread widely in 56 of the country's 64 districts [3]. According to media reports, while measles infections were spreading across the country, the number of deaths was increasing at an alarming rate; media reports identified discrepancies in government and hospital-based statistics [4]. Media reports raised concerns that the actual number may have been higher than the official figures. As of 7 April 2026, at least 149 people had died of measles [5].

According to the National Outbreak Monitoring Platform's measles situation, 167 suspected measles deaths have occurred across the country as of 10 April 2026. Of these, 68 have been reported in Dhaka and 67 in Rajshahi. To date, 14,170 suspected measles patients have been identified, of whom 9,499 have been admitted to hospital for treatment. In Dhaka alone, there were 5,635 suspected measles patients [6].

According to the second UN situation report published on 23 April, the number of suspected cases had increased to 27,164 by 22 April [7]. According to the National

Outbreak Monitoring Platform, at least 228 measles-related deaths were recorded at that time.

According to official data, 74 percent of confirmed measles patients had not received either dose of the vaccine, and 14 percent had received only one dose. In addition, 59 percent of suspected measles patients did not receive any doses of the vaccine [8].

The Daily Star

74% measles patients did not get shots

Outbreak may ease by May-end

30 APRIL 2026, 00:00 AM UPDATED 30 APRIL 2026, 10:16 AM BANGLADESH

Staff Correspondent

A four-month-old infant from Patuakhali receives treatment for measles on the floor of the Infectious Diseases Hospital in Dhaka amid increasing admissions and a shortage of beds [8].

Although the World Health Organization (WHO) recommends strengthening epidemiological surveillance in densely populated border areas to identify and respond to suspected cases quickly, the response remains insufficient [9].

As of 8 am on May 5, 2026, according to the National Outbreak Monitoring Platform, 317 people have died of measles. At the same time, there were 40,854 suspected measles cases, of which 30,388 were hospitalized. The number of suspected cases in Dhaka division was 19,504 and in Chattogram division was 5,967 [6].

On May 10, 2026, New Age published a news report titled “Measles toll far higher than official count”. It is known that the actual number of deaths is much higher than the official report. The report claims that hospital records and local health reports do not match the departmental report published by Directorate General of Health Services (DGHS) [10]. According to the official account, the number of deaths to date is 409 [6].

Tuesday, Aug 04,2026

NEWAGE

Measles toll far higher than official count

Rashad Ahamad 10 May, 2026, 00:40

The actual number of measles deaths and infections across Bangladesh is significantly higher than the figures officially disclosed by the Directorate General of Health Services as divisional data, hospital records and local health reports revealed major discrepancies in government reporting amid the continuing outbreak.

As of May 17, 2026, information about the deaths of 459 children with measles symptoms is available on the government website [6]. The number of measles cases among children and adults is increasing. According to data published by health

departments of various countries and international media, Bangladesh ranks first in the world in measles and related deaths in 2026 [11].

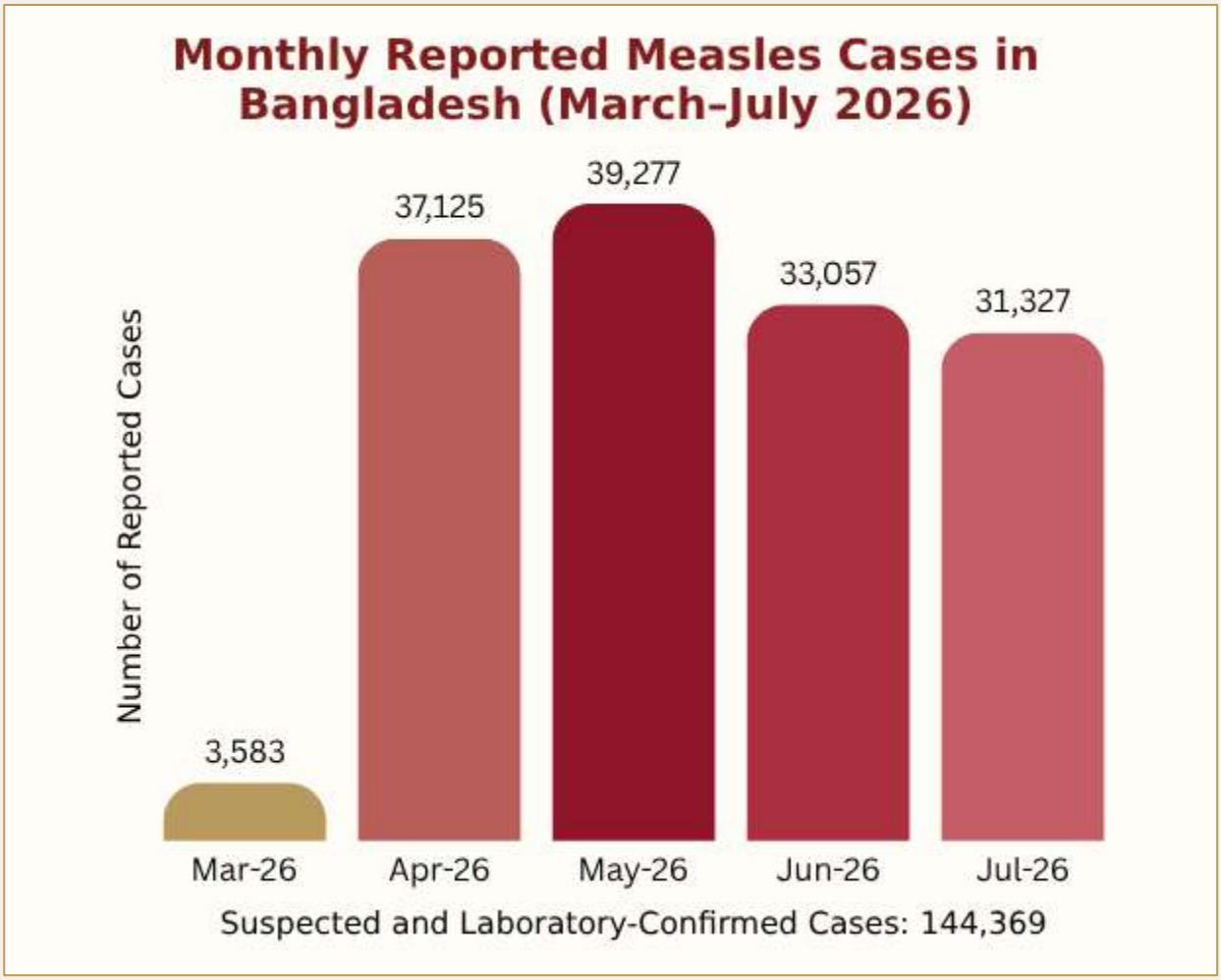
A report published on May 30 stated that an average of 50 people were dying every week with measles symptoms [12]. According to the National Outbreak Monitoring Platform, 585 people have died of measles as of May 31. Of these, 495 died with measles symptoms, and 90 died of lab-tested confirmed measles. The website reported that the maximum number of infected people was 33,470 in Dhaka division and 11,549 in Chattogram [6].

Despite a gradual increase in the number of infected people over a long period, access to medical services has not increased. Although special wards have been set up in hospitals in Dhaka, there are not enough intensive care beds [13].

Three months have passed since the outbreak of measles among children in Bangladesh; the government has not been able to bring the situation under control. As a result, the number of infections and deaths continued to increase every day. Public health experts have blamed government mismanagement for the deaths, according to a BBC Bangla report. According to the report, Prof. Dr. Be-Nazir

Ahmed, former chief scientific officer of the Institute of Epidemiology, Disease Control and Research (IEDCR), said, "So many deaths have occurred due to government mismanagement. If the management had been done better, there would not have been so many deaths [14]." As of June 15, according to government data, the number of measles-related deaths was 656, most of which were in Dhaka [6]. However, experts disagree on the number of measles deaths in Bangladesh [15]. Experts and media reports questioned whether official reporting captured the full death toll.

As of June 25, the number of deaths from measles symptoms was 698, according to official figures. During this period, the number of measles cases was 96,653, of which 80,497 were treated in hospitals [6].

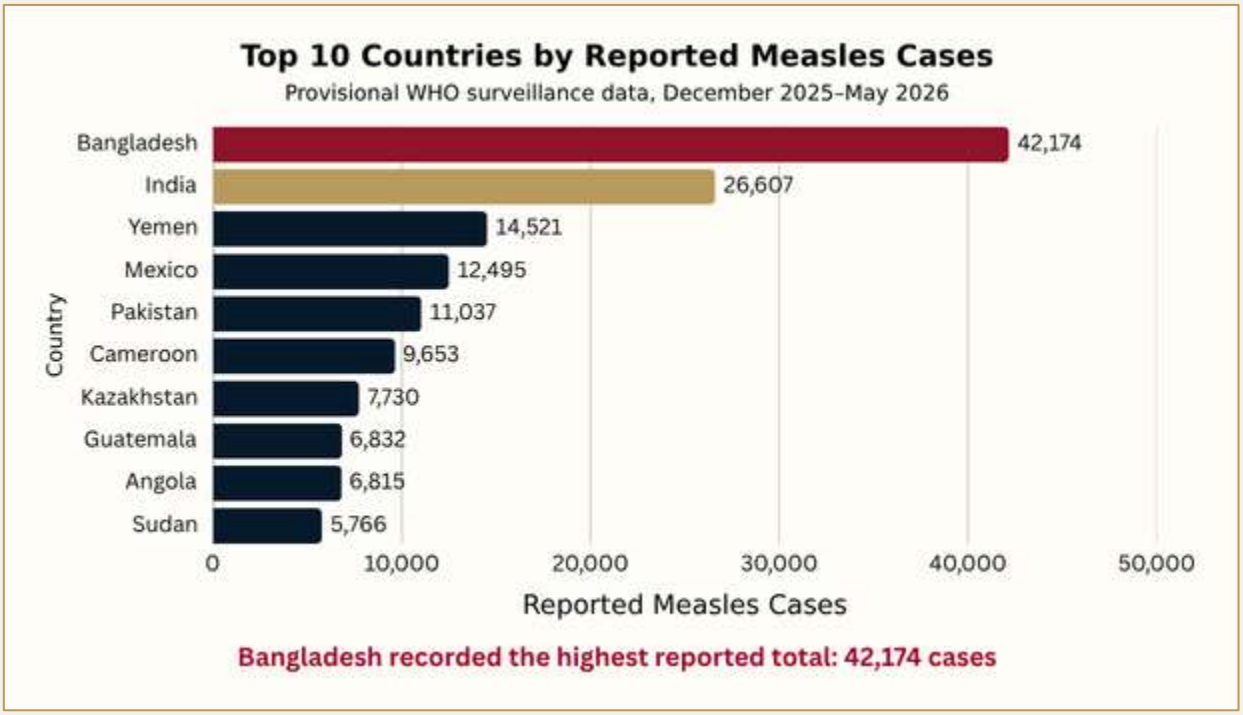


Monthly reported measles cases in Bangladesh from March to July 2026, combining suspected and laboratory-confirmed cases. Source: DGHS [6].

Despite the outbreak lasting almost four months, the government has not been able to control it. As of July 8, 2026, an average of about 1,000 new measles cases are being reported every day [16]. According to a research report, 71% of children with measles and those who are seriously ill do not have access to intensive care beds [17]. In Barishal, Sher-e-Bangla Medical College Hospital (SBMCH) was treating

three measles-infected children in one bed [18]. Due to the shortage of hospital beds, relatives of patients with measles are running from one hospital to another, unable to get a hospital bed [19]. According to the National Outbreak Monitoring Platform on the measles situation as of July 8, 2026, 745 people have died [6].

Measles incidence, which had previously declined to near-zero levels, resurged sharply, raising new concerns in Bangladesh. According to the World Health Organization, over the last 6 months, Bangladesh has recorded the highest number of measles cases worldwide. From December 2025 to May 2026, 42,174 cases of measles or measles symptoms were reported in Bangladesh. This is the highest number of cases in any country during this period. The report shows that Bangladesh topped the list of measles cases in the six-month period. Neighboring India ranked second. During this period, 26,607 cases of measles symptoms were reported in the country. War-torn Yemen ranks third with 14,521 cases. The top 10 countries are followed by Mexico (12,495), Pakistan (11,037), Cameroon (9,653), Kazakhstan (7,730), Guatemala (6,832), Angola (6,815) and Sudan (5,766) [20].



Top 10 countries by reported measles cases during December 2025-May 2026. Bangladesh recorded 42,174 cases, the highest reported total globally during the six-month period [20].

As of July 25, 2026, the total number of measles-related deaths was 816 [6]. There has been a significant deficiency in the government's data storage and supply system. Detailed information could not be found even after searching various government institutions. No publicly accessible line list of deaths or detailed age-disaggregated statistics could be located. The number of infected people to date is 122,763 [21]. Of these, 55,059 are in Dhaka, 22,227 in Chattogram, 12,987 in

Barishal, 8,789 in Rajshahi, 8,366 in Khulna, 7,235 in Sylhet, 5,837 in Mymensingh, and 2,263 in Rangpur. Due to government mismanagement, the number of infected people has not decreased even after more than 4 months. During the ongoing measles epidemic, 1,415 patients were admitted to hospitals in 24 hours, from 8:00 am on July 26, 2026 to 8:00 am on July 27, 2026, setting a new record [22]. According to information received as of July 31, 2026, the total number of measles deaths is 837.

Measles outbreak progression, July 25–31, 2026

REPORTING DATE	SUSPECTED CASES		CONFIRMED CASES		TOTAL DEATHS		ADMISSION CUM.	RECOVERY CUM.
	24H	TOTAL	24H	TOTAL	24H	TOTAL		
31 Jul	900	128,310	185	16,059	2	**837**	110,987	106,859
30 Jul	870	127,410	135	15,874	4	**835**	110,182	106,053
29 Jul	996	126,540	79	15,739	3	**831**	109,366	105,198
28 Jul	799	125,544	105	15,660	3	**828**	108,441	104,235
27 Jul	992	124,745	113	15,555	5	**825**	107,654	103,467
26 Jul	990	123,753	170	15,442	4	**820**	106,239	102,467
25 Jul	613	122,763	78	15,272	6	**816**	105,298	101,535

Measles progression of suspected and confirmed measles cases, deaths, admissions and recoveries in Bangladesh, July 25-31, 2026. Source: DGHS National Outbreak Monitoring Platform [6].

WHO Assessment

High-Risk Measles Outbreak at the National Level

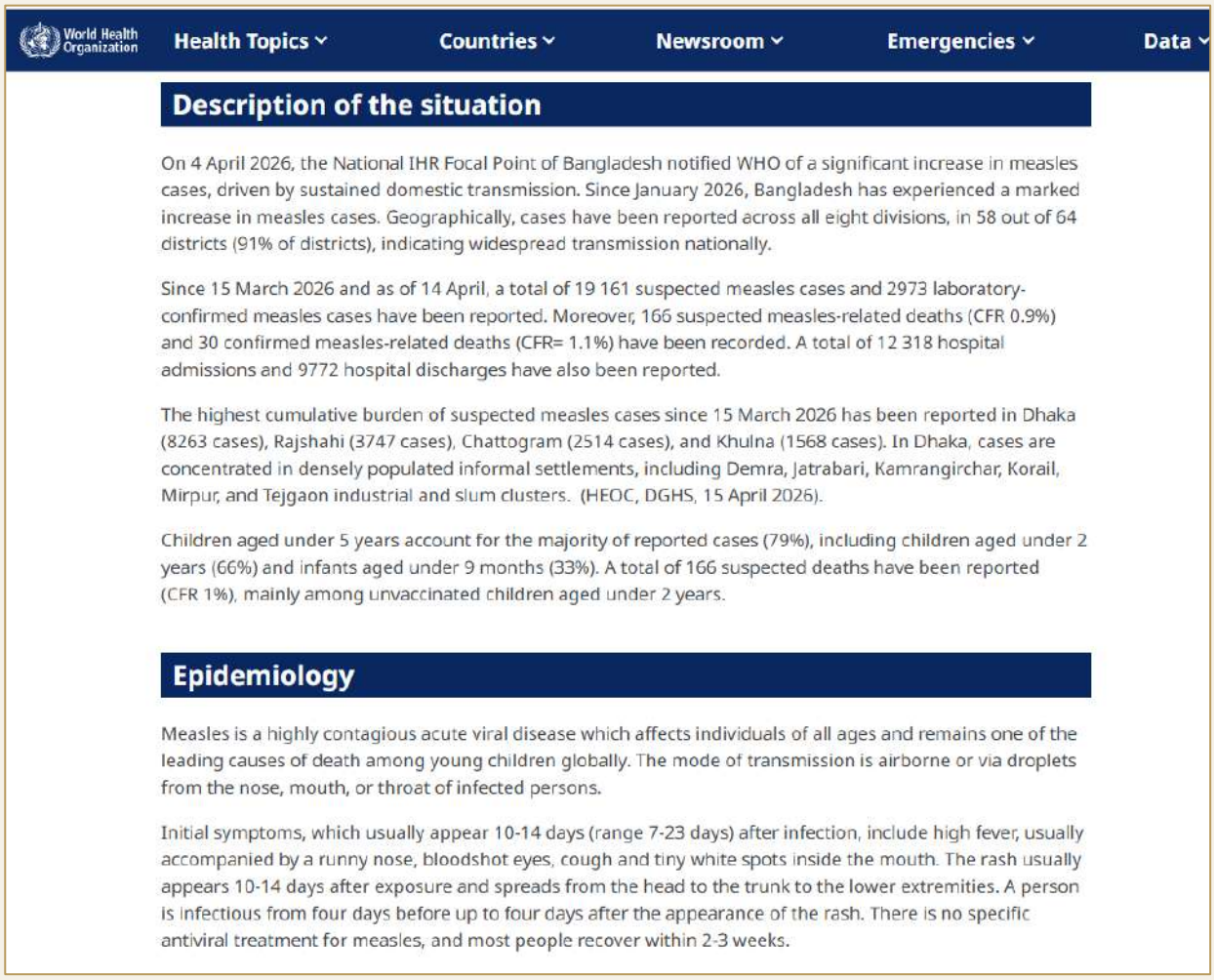
According to the WHO's Disease Outbreak News published on 23 April 2026, Bangladesh officially notified the organization on 4 April 2026 of a nationwide increase in measles transmission. As of 14 April, the infection had spread to 58 of the 64 districts in eight divisions. From March 15 to April 14, 19,161 suspected and nearly 3,000 laboratory-confirmed cases were identified. WHO reported 166 suspected measles-related deaths and separately recorded 30 laboratory-confirmed deaths. During this time, 12,318 patients were hospitalized.

79 percent of the infected were under five years of age; 66 percent were under two years of age. Most of the deaths occurred in unvaccinated children under two years of age.

UNICEF Representative Rana Flowers said UNICEF had repeatedly warned the government since 2024 about vaccine shortages and outbreak risks [(107)].

The WHO attributed the outbreak to the nationwide depletion of MR vaccine stocks in 2024-25, and a lack of regular vaccination. This resulted in a large number of unvaccinated and incompletely vaccinated children, reversing Bangladesh's previous measles elimination progress. The WHO has assessed the national and

regional risk as high and the global risk as moderate due to ongoing transmission, the immunity gap, and infant mortality.



World Health Organization | Health Topics | Countries | Newsroom | Emergencies | Data

Description of the situation

On 4 April 2026, the National IHR Focal Point of Bangladesh notified WHO of a significant increase in measles cases, driven by sustained domestic transmission. Since January 2026, Bangladesh has experienced a marked increase in measles cases. Geographically, cases have been reported across all eight divisions, in 58 out of 64 districts (91% of districts), indicating widespread transmission nationally.

Since 15 March 2026 and as of 14 April, a total of 19 161 suspected measles cases and 2973 laboratory-confirmed measles cases have been reported. Moreover, 166 suspected measles-related deaths (CFR 0.9%) and 30 confirmed measles-related deaths (CFR= 1.1%) have been recorded. A total of 12 318 hospital admissions and 9772 hospital discharges have also been reported.

The highest cumulative burden of suspected measles cases since 15 March 2026 has been reported in Dhaka (8263 cases), Rajshahi (3747 cases), Chattogram (2514 cases), and Khulna (1568 cases). In Dhaka, cases are concentrated in densely populated informal settlements, including Demra, Jatrabari, Kamrangirchar, Korail, Mirpur, and Tejgaon industrial and slum clusters. (HEOC, DGHS, 15 April 2026).

Children aged under 5 years account for the majority of reported cases (79%), including children aged under 2 years (66%) and infants aged under 9 months (33%). A total of 166 suspected deaths have been reported (CFR 1%), mainly among unvaccinated children aged under 2 years.

Epidemiology

Measles is a highly contagious acute viral disease which affects individuals of all ages and remains one of the leading causes of death among young children globally. The mode of transmission is airborne or via droplets from the nose, mouth, or throat of infected persons.

Initial symptoms, which usually appear 10-14 days (range 7-23 days) after infection, include high fever, usually accompanied by a runny nose, bloodshot eyes, cough and tiny white spots inside the mouth. The rash usually appears 10-14 days after exposure and spreads from the head to the trunk to the lower extremities. A person is infectious from four days before up to four days after the appearance of the rash. There is no specific antiviral treatment for measles, and most people recover within 2-3 weeks.

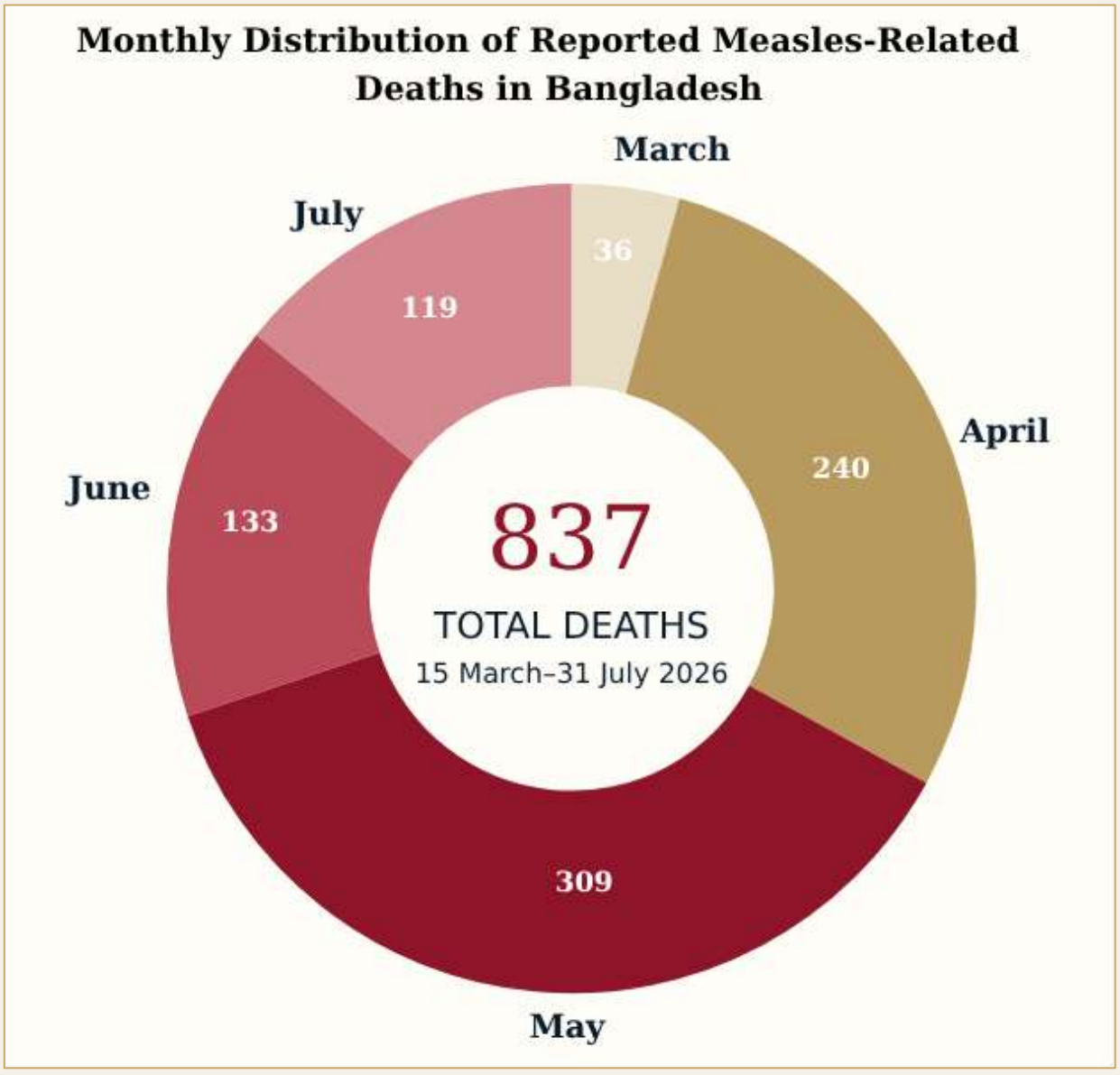
The WHO report is important in assessing the responsibility. The 2024-25 vaccination crisis and the prolonged immunity gap bear evidence of the failure to maintain the immune system during the interim government. On the other hand, despite the increase in transmission since January, WHO was notified on 4 April and nationwide vaccination began on 20 April, raising questions about the timeliness of the current government's disease detection, risk declaration, and national response. According to the WHO, at least 95% coverage with two vaccine doses, rapid case identification, effective referral and isolation, and targeted vaccination of vulnerable and migrant populations are essential to prevent transmission [(105)].

Outbreak progress

Nationwide spread, case burden and mortality

By June 25, measles had spread to all 64 districts of the country. The fifth UN situation report stated that 81 percent of cases were among children under five years of age. Even then, an average of about 980 suspected cases were being detected daily [(23)].

According to the latest data from the Directorate General of Health Services as of August 1, 2026, the number of suspected cases in the country was 128,310, and the number of laboratory-confirmed cases was 16,059. 110,987 suspected cases were hospitalized, and 106,859 recovered. A total of 837 deaths were recorded, of which 741 were suspected, and 96 were laboratory-confirmed [(6)].



Monthly distribution of measles-related deaths Reported by DGHS [(6)].

Main causes of the outbreak

1. Dangerously low routine vaccination coverage

At least 95 percent effective coverage with two doses of the vaccine is required in every district and population to prevent measles transmission. According to EPI data reported by Samakal, reported measles vaccination coverage in Bangladesh fell to 56.2 percent in 2025, the lowest level in the nine-year period from 2017 to 2025 [(106)]. While MR-1 and MR-2 coverage was close to 90 percent between 2017 and 2024, it fell below 60 percent in 2025 [(24)].

According to UNICEF, an estimated half a million children in Bangladesh are either completely or partially excluded from routine vaccination every year.

2. Vaccine shortages and changes in procurement methods

Bangladesh had long procured WHO-approved vaccines through UNICEF's international supply chain. However, during the interim government, this system was changed, and vaccines were procured through open tenders. According to UNICEF, it warned the government about the potential vaccine shortage through five to six formal letters and about 10 meetings between 2024 and 2026.

Bangladesh's routine immunization program requires about 70 million doses of various vaccines annually, but only 17.8 million doses of vaccines were procured with UNICEF's advance funding between August and November 2025. UNICEF said that despite the allocation of funds, it was not possible to procure vaccines on time due to indecision over the procurement method and the lengthy open tender process. The government paid the money to UNICEF in April 2026 [(25)].

From this information, it can reasonably be said that the changed methods of vaccine procurement, insufficient stockpiling, and failure to take prompt alternative measures despite warnings from UNICEF were important proximate administrative causes of the outbreak.

Warned interim govt at least 10 times over measles vaccine shortage since 2024: Unicef

Although Bangladesh requires nearly 7 crore doses annually, routine immunisation efforts remained disrupted for an extended period due to insufficient supply, said Unicef.

3. Disruption in health sector programs

For a long time, vaccine transport, field workers, the operation of vaccination centers, and other public health activities were managed under the health sector program. After the relevant program expired in June 2024, appropriate interim funding and management arrangements were not in place. As a result, vaccine transport, field activities, and regular center-based vaccination were disrupted. The reluctance of the interim government is one of the reasons for this [(26)].

According to field-level health workers, vaccine shortages began in some areas as early as July-August 2024. In some unions, vaccination activities could be conducted at only two or three of the eight designated centers. By February 2025, several essential childhood vaccines had become completely unavailable in certain areas [(27)].

4. Supplementary measles vaccination program canceled

In Bangladesh, a supplementary measles-rubella vaccination program is conducted at regular intervals outside the routine vaccination schedule to protect children who missed the regular program. The supplementary program planned for 2024 was postponed to 2025 due to political unrest [(28)]. The measles vaccination program was later canceled for administrative reasons, including a clash with the typhoid vaccination program [(29)]. As a result, the opportunity to re-vaccinate a large number of children who missed the regular vaccination program was lost.

5. Hospital and medical system crisis

Early in the outbreak, the UN reported a shortage of isolation beds, trained staff, diagnostic facilities, oxygen, and essential medical supplies in hospitals. Many patients were transferred from one hospital to another; this delayed the start of treatment and increased the risk of death for critically ill children [(30)].

It is known that 22 of the country's 64 districts lack a government ICU, and 55 percent of government ICU beds are concentrated in just 22 hospitals in Dhaka. These are strong warning signs of potential structural failures in the health system [(31)].

Four children with measles symptoms share a single hospital bed at Cox's Bazar Sadar Hospital amid severe overcrowding [(33)].

A UNICEF report found that 30 to 40 measles-infected children are being treated in an 8-bed isolation unit at Cox's Bazar District Sadar Hospital. This means that

at least four to five children are being treated in one bed [32]. The issue was highlighted in a report in Bangladesh's national daily Prothom Alo [33].

Measles is a highly contagious disease. Therefore, overcrowding and inadequate isolation likely facilitated further transmission within healthcare facilities. As a result, adults have also been infected with measles [34].

Decline in Vaccination Coverage: The Policy and Administrative Responsibility of the Interim Government

The analysis of the available data clearly indicates that the decline in measles-rubella vaccination coverage in Bangladesh in 2025 was due to the lack of effective alternative measures during the transition of the health sector program of the interim government, delays in vaccine procurement and supply, failure to take timely action despite warnings from UNICEF, and failure to conduct supplementary measles-rubella vaccination programs.

According to EPI data reported by Samakal, reported measles vaccination coverage fell to 56.2 percent in 2025, the lowest level recorded during 2017-2025 [35].

WHO later identified the nationwide stock-out of the MR vaccine in Bangladesh in 2024-2025 and the lack of regular vaccination as the main contributors to the decline in immunity among children and the 2026 outbreak [36].

Overall, the nationwide spread of measles resulted from a combination of administrative and health-system failures, including the programmatic vacuum created under the interim government; disruptions in vaccine procurement, transportation, and supply; vaccine stock-outs and canceled EPI sessions; declining MR1 and MR2 coverage; an increasing number of children missing scheduled vaccinations; the absence of supplementary immunization programs; and the current government’s inadequate and inefficient medical response.

The lowest vaccination rate in the last 5 years, from 2021 to 2025, was only 56.2 percent in 2025. 43.8 percent of children were not vaccinated. Health experts have warned that measles cases may increase in the future as many children remain unvaccinated. Especially children who have not received any dose of vaccine or have received partial vaccination are at high risk of infection.

Measles Vaccination Coverage in Bangladesh, 2021-2025

Year	Measles vaccination coverage
2021	99.7%
2022	93.8%
2023	97.3%
2024	98.9%
2025	56.2%

Source: Expanded Program on Immunization (EPI) [35]

After information spread on social media that measles outbreaks have occurred due to low vaccine coverage, some coverage-related information has been removed from the EPI website. However, the relevant documents are in the possession of the national daily newspaper Samakal; they reported [35].

Closure of health sector programs and failure to implement alternative measures:

The fourth Health, Population and Nutrition Sector Program, or 4th HPNSP, ended in June 2024. The previous Awami League government proposed the fifth HPNSP but was unable to implement it. Later, in August 2024, after the interim government led by Dr. Muhammad Yunus took office, it did not even try to implement it. Instead, the interim government canceled the fifth HPNSP in March 2025 [37].

As a result, an administrative vacuum was created in vaccine procurement, transportation, financing for field workers, and the conduct of EPI sessions. A health official of the interim government himself admitted that the government could not accurately estimate in advance how long it would take to move to the new system [38].


Tuesday, August 04, 2026

Dhaka Tribune

Measles outbreak and silence that followed

What has happened, and what has failed to happen, cannot ultimately be hidden

The crises created by the cancellation of the HPNSP are:

- Termination of the existing system without an effective and funded exit plan;
- Approximately eight months to approve the bridging arrangement;
- A vacuum of responsibility at the line director and program manager levels;
- No ring-fenced system to ensure continuity of vaccination, transportation, and EPI sessions despite the changes;
- No vaccine-supply risk assessment before the change.

Life-saving routine vaccination cannot be delayed until administrative reforms are completed. This is considered a continuity-of-essential-services failure in international public health management.

Failures in vaccine procurement and supply management:

Bangladesh had long procured WHO-prequalified vaccines directly through UNICEF. Although Tk 842 crore was allocated for vaccine procurement in August 2025, in September it was decided to procure half of the vaccines through UNICEF and the remaining half through open tenders. The combination of health sector program closures, delays in bridging projects, and new approval processes has increased procurement lead times [(39)].

According to UNICEF Bangladesh Representative Rana Flowers [(40)]:

- Five to six formal letters were sent during 2024-2026;
- About 10 meetings were held to raise concerns about the vaccine shortage;
- Bangladesh usually procures about 70 million EPI vaccine doses annually;
- However, only 17.8 million doses arrived in the country through UNICEF pre-financing in August-November 2025;
- Lack of funds was not the main problem; the main problem was the lack of timely order and procurement decisions;
- It may take a year or more to complete the open bidding for emergency vaccine procurement.

It is clear that the silence and inaction of the government led by Dr. Muhammad Yunus, despite repeated warnings from international partners, is one of the main reasons for this measles epidemic disaster.

Stock-out and EPI session reduction at the field level:

According to a field health assistant in Lakshmipur district working on vaccination, the shortage there began in July-August 2024. By February 2025, five vaccine types were missing from the Lakshmipur centers, and only two to three of the eight scheduled sessions could be held in each ward. The fact that the situation has not been corrected even after several months under the interim government indicates a failure of supply continuity [(41)]. There was a nationwide shortage of vaccines for at least 10 diseases, including measles. The government did not take any appropriate measures to meet this [(42)].

Lack of supplementary measles-rubella campaign:

The National Supplementary Immunization Program was conducted in 2020 to ensure vaccination for previously unreached children. The next National Supplementary Immunization Program was scheduled for 2024. But after the Awami League government was ousted from power, Dr. Muhammad Yunus's interim government canceled the planned national supplementary immunization program rather than implementing it. No catch-up campaign was conducted throughout the interim government's term [(43)].

Regular MR coverage was declining rapidly, and stock-outs were reported in various areas. However, the cancellation of a previously planned special program of public health importance without an alternative date can be considered a missed preventive opportunity.

Comparative evaluation of the previous Awami League government and the interim government:

Evaluation area	Record of the previous Awami League government	Interim government records
MR coverage	About 90%	56.2% in 2025; Both doses below 60%
Sector Program	Taking steps to implement the fifth HPNSP in due time after the completion of the fourth HPNSP	Fifth HPNSP canceled; long delay in establishing effective bridge
Supplementary MR campaign	National Supplementary Immunization Program to be implemented in 2024	After the fall of the Awami League government, despite adequate budget and facilities being ready, the previously scheduled National Supplementary Vaccination Program for 2024 was not carried out. Even in 2025, the campaign was canceled without being implemented.
Vaccine supply	The vaccination program was ongoing. Proper preparations were being made for the implementation of the National Supplementary Vaccination Program.	An unplanned change in vaccine procurement procedures in the new fiscal year led to a shortage of vaccines as supplies were cut off, and the shortage turned into a prolonged and WHO-recognized nationwide stock-out.
Accountability assessment	The National Supplementary Vaccination Program was adopted in 2024 to address the immunity gap and transition risk.	Failure to take action despite repeated warnings from UNICEF and unplanned changes in procurement methods have led to the worsening of the vaccine shortage and failure to control the risk.

A review of the above assessment indicates that the interim government bears substantial responsibility for Bangladesh's measles crisis. The failure of the interim government, in terms of comparative results, is severe, with the failure to maintain continuity of the previously planned sector program, the administrative coverage falling from about 90 percent to below 60 percent, the prolonged stock-out, and the failure to conduct any national catch-up campaign.

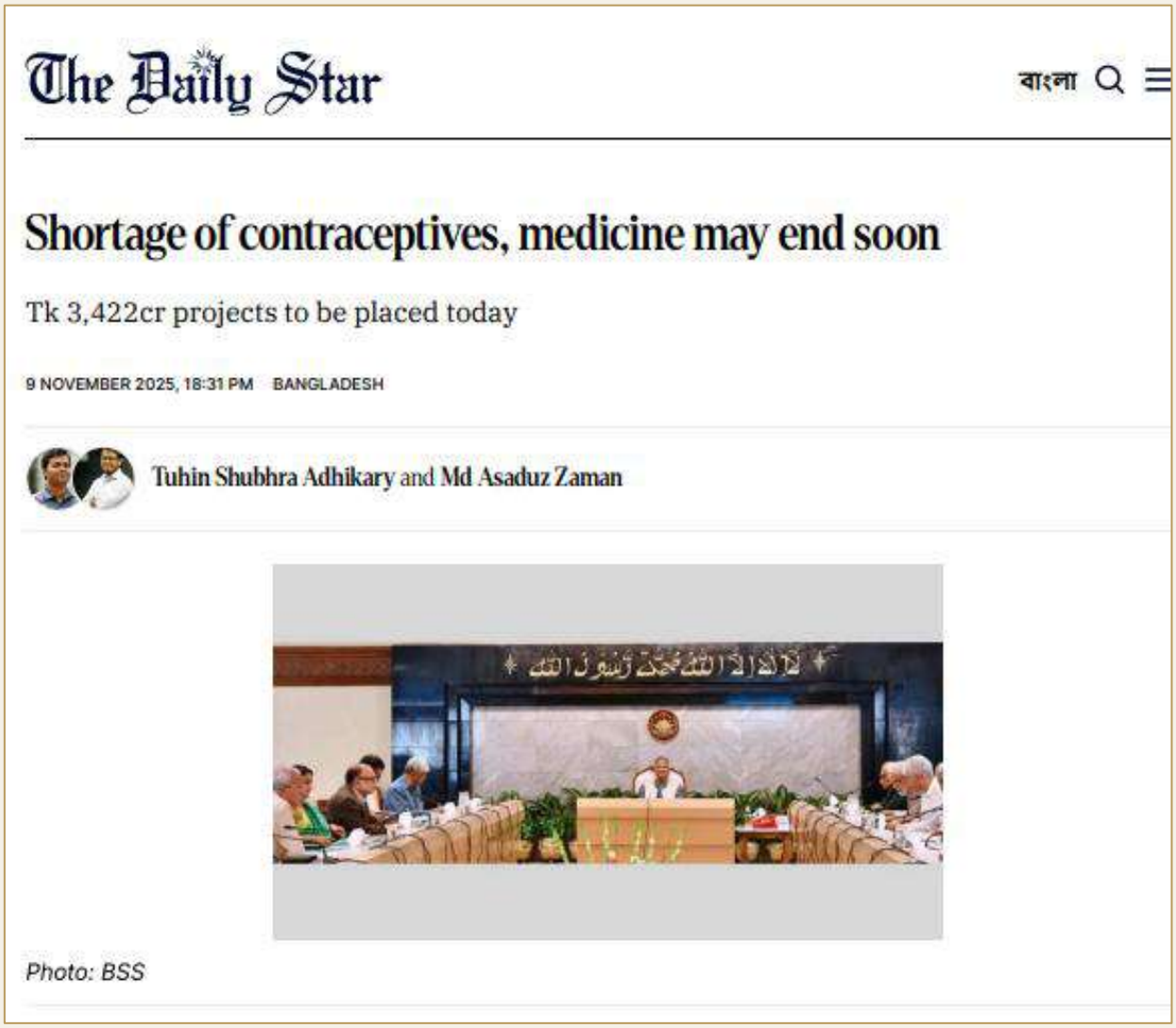
The extent of the interim government's liability:

Failure type	Strength of evidence	Assessment of the claim
Stopping the sector program before alternative measures are implemented	Strong	High
Delays in approval and implementation of bridging projects	Strong	High
Delays and changes to proven methods in vaccine procurement and procurement planning	Strong	High
Failure to respond to UNICEF's warnings in a timely manner	Strong	High
Not doing a pre-planned supplementary MR campaign	Strong	High

The vaccine shortage during the interim government’s tenure is a preventable administrative failure. Despite knowing the risks, it simultaneously dismantled sector programs, delayed the implementation of bridging mechanisms, created uncertainty in vaccine procurement and distribution, and failed to implement supplementary programs for excluded children. In the context of the WHO-acknowledged stock-out and the abnormal decline in coverage in 2025, the policy and administrative responsibility for Significant policy and administrative responsibility for these failures appears to lie with the interim government.

Closure of EPI Sector Program: Policy and Administrative Responsibility of the Interim Government

The procurement, storage, and transportation of vaccines; field staff; training; supervision; outreach sessions; and various operational costs of Bangladesh's Expanded Program on Immunization (EPI) were long linked to the operational plan framework of the Health, Population and Nutrition Sector Program (HPNSP). The interim government closed this sector program, which is of utmost importance for public health, without renewing it. In reality, the EPI program was severely affected by the closure of a previously successful program before any alternative measures were implemented.



The Daily Star

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Shortage of contraceptives, medicine may end soon

Tk 3,422cr projects to be placed today

9 NOVEMBER 2025, 18:31 PM BANGLADESH

Tuhin Shubhra Adhikary and Md Asaduz Zaman

Photo: BSS

The fourth HPNSP ended in June 2024. The previous Awami League government accepted the proposal for the fifth HPNSP, given the program's success. However, after the change of government in early August 2024, the government led by Dr.

Muhammad Yunus neither approved it nor took any initiative to implement it. As a result, the EPI program began to suffer severely. The interim government decided to cancel the fifth HPNSP in March-April 2025 and move to a separate project-based system [44]. The administrative, financial, and logistical vacuums are prolonged by dismantling the old operational structure before the necessary bridging projects can be implemented.

The most serious failures of the interim government were:

- Dismantling the old structure before a fully funded and approved transition arrangement was in place;
- Not protecting essential healthcare from the reform process;
- Taking almost a year to approve and implement bridging projects;
- Dismantling the line director and program management structures before replacing them;
- Not having a separate contingency mechanism for vaccine procurement, buffer stock and distribution;
- Not taking timely preventive measures despite warnings from UNICEF and local EPI experts.

This sequence confirms that this was not just a procurement failure; it was a broader health-system failure involving serious administrative negligence.

Role of HPNSP in EPI and Health Sector:

Since 1998, the health sector in Bangladesh has been managed under the Sector-Wide Approach (SWAp). HPNSP (Health, Population and Nutrition Sector Program) is an integrated sector program of the Awami League government, launched in 1998 to develop Bangladesh's health, nutrition, and population sectors. Through which various operational plans for health, nutrition, family planning, disease control, vaccination, medicine, training, and infrastructure were managed under the same umbrella.

Although the BNP-led government came to power in 2001, it continued to implement the HPNSP within the Sector-Wide Approach (SWAp), maintaining broad policy continuity. One of the reasons for the success of Bangladesh's health sector is the HPNSP program, which has been running for 27 years [45].

As a result of sustained success, the previous Awami League government prepared the fifth HPNSP Strategic Investment Plan in 2023. These included government-led integrated planning, coordination among development partners, reduction of recurrent costs, continuity of policies and services, expansion of community clinics, outreach and field-level healthcare, and central coordination of procurement and supply-chain management.

Measles outbreak

Interim govt changed vaccine procurement despite Unicef warning: Science report

The shift to open tender triggered delays, stalled immunisation and left Bangladesh facing a widening measles crisis, it says

1 MAY 2026, 15:01 PM • UPDATED 2 MAY 2026, 21:25 PM • DISEASE

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However, the successful and well-tested program, which played a role in the development of Bangladesh's health sector, was discontinued after the interim government took office. For a long time, no alternative program was adopted, leading to stagnation across the entire health system. In April 2025, the government announced its decision to abandon the fifth HPNSP and adopt a project-based approach [(46)]. As a result, a large part of the EPI program's financing, procurement, logistics, and program-management structure that depended on it was closed.

Ignoring warnings from UNICEF, WHO, or EPI experts

UNICEF's warning:

UNICEF Bangladesh Representative Rana Flowers said that between 2024 and 2026, five to six formal letters were sent to the interim government regarding the vaccine crisis and about 10 meetings were held. According to her, the government was repeatedly informed about the need to place vaccine orders on time.

UNICEF said that during the previous Awami League government, about 70 million EPI vaccine doses were procured annually based on demand. In contrast, UNICEF's pre-financing received only 17.8 million doses in August-November 2025. EPI vaccine doses could not be procured on time due to the complexity of the interim government's decision-making [47]. The government ignored UNICEF's warnings and efforts.

Measles Outbreak: 'Interim govt ignored Unicef warning'

Reports Science magazine, says changed vaccine procurement policy behind crisis

3 MAY 2026, 00:00 AM • UPDATED 3 MAY 2026, 21:19 PM • BANGLADESH

Star Report

Domestic EPI and epidemiology experts' warning:

Professor Mahmudur Rahman, Chairman of the National Measles and Rubella Elimination Verification Committee, said that senior officials of the Ministry of Health were repeatedly informed of the decline in vaccination coverage. Still, no visible action was taken [48].

At the April 2025 national immunization meeting, experts publicly expressed concerns about human resources shortages, vaccine transportation delays, low coverage in cities, and vaccine availability. Although the Special Assistant to the interim government on Health, Prof Sayedur Rahman, was present at the event, the issue was ignored [49].

Documents show that a project evaluation committee sat for 60 meetings at the planning commission between July and November, 2024, concluding that this fifth edition would be the final one. The committee asked the health ministry to prepare an exit plan.

But instead, the ministry scrapped the HPNSP altogether in March 2025 and decided to integrate the OPs into regular government programmes. This was done to improve coordination and strengthen infrastructure, officials said.

> **"The 18-month government that ran the country had attempted to change the method of procurement and funding source which caused procurement delays leading to a vaccine shortage and eventual stockout. This, in turn, led to an outbreak.**

The ministry had also decided to adopt several "bridging projects" to complete unfinished tasks under the fourth HPNSP and continue the supply of medicines, vaccines, and other essential items.

Report citing experts and officials linked the measles crisis to the interim government's policy missteps, delayed vaccine procurement and failure to conduct a special vaccination campaign [48].

WHO's position

The 2026 outbreak assessment published by WHO directly states that the MR vaccine stock-out in 2024-25, the routine immunization gap, and the lack of a nationwide supplementary campaign after 2020, i.e., the previously planned 2024 nationwide supplementary campaign, contributed to the outbreak [50].

World Health Organization

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Disease Outbreak News

Measles - Bangladesh

23 April 2026

WHO risk assessment

Measles is a highly contagious viral disease that affects susceptible individuals of all ages and remains one of the leading causes of death among young children globally. Measles can cause serious illness in at-risk groups, including children under 5 years of age, those who are malnourished especially those with vitamin A deficiency and people with weakened immune systems. Measles complications include hearing loss, diarrhoea, pneumonia and blindness. Severe complications of measles include encephalitis, brain damage, and death.

The current outbreak in Bangladesh is occurring in the context of suboptimal population immunity. A substantial proportion of cases occurred among children who were either unvaccinated or had received only one dose of measles-containing vaccine. In addition, some children were infected before reaching the age of eligibility for vaccination at 9 months. Most cases (91%) occurred among children aged 1 to 14 years, indicating substantial immunity gaps in this age group.

Before this outbreak, Bangladesh had made substantial progress towards measles elimination. Reported coverage with the first dose of measles-containing vaccine increased considerably between 2000 (89% - WUENIC) and 2016 (118% - WUENIC), while coverage with the second dose also improved between its nationwide introduction in 2012 (22% - WUENIC) and 2024 (121% - WUENIC). During the same period, confirmed measles incidence declined sharply. However, recent declines in MR1 and MR2 coverage due to nationwide stockout of MR vaccine between 2024-2025, combined with routine immunization gaps and the absence of regular nationwide supplementary measles-rubella campaigns since 2020, have increased the number of susceptible children and contributed to the current outbreak.

WHO assessed the measles outbreak risk in Bangladesh as high, citing nationwide vaccine stockouts, declining immunisation coverage and substantial immunity gaps among children (50).

Therefore, the failure to order vaccines despite warnings from UNICEF, WHO, or EPI experts, the lack of supply, and the failure to take urgent action despite the risk of stock-outs can also be considered factors influencing the measles disaster.

Assessment of the interim government's liabilities:

Field of application	Evaluation
Protecting essential service continuity	Serious failure
Transition planning	Serious failure
Protecting human resources and institutional memory	Serious failure
Procurement and buffer-stock management	Serious failure
Response to warning	Evidence of gross negligence

The interim government's closure of a long-standing sector program in the name of health sector restructuring did not secure the life-saving activities it was running. Although an exit plan was prepared on paper, it was not promptly approved, funded, or implemented. As a result, administrative positions were eliminated, staff salaries and training were suspended, procurement delays for drugs and vaccines occurred, transportation problems arose, and outreach was disrupted simultaneously. Therefore, the interim government bears significant policy and administrative responsibility for the disruption caused to EPI and related healthcare services.

Timeliness of the current government's emergency response and failure of the medical system to deal with measles

The main factors contributing to the measles outbreak were the nationwide stock-out of MR vaccines in 2024-2025, disruptions to routine immunization, and the absence of a nationwide supplementary immunization program after 2020. The available evidence indicates that the interim government bears primary policy and administrative responsibility for these failures.

However, after taking office on February 17, the current government is responsible for quickly identifying and controlling the crisis, setting appropriate targets for nationwide vaccination, hospital beds, oxygen supply, and PICU preparation, and

establishing an effective referral system. In these specific aspects of health management, the government's major delays, inadequate preparation, false assurances, and structural failures of the medical system are clear.

Although it has shown speed in vaccination since the end of March, it has not taken the same level of timely preparation in treatment, surveillance, proper targeting, PICU, and referral systems. As a result, infections and deaths continued until July 31.

Outbreak extent as of July 31:

Index	Until July 31, 2026
Suspected patient	128,310
Laboratory-confirmed patient	16,059
Suspected patient admitted to hospital	110,987
Patients discharged from hospital	106,859
Suspected measles death	741
Laboratory-confirmed measles death	96
Combined confirmed and suspected deaths	837

The above information is based on official data from the Department of Health [(51)], which reports 741 deaths from measles or suspected measles. Such a large number of suspected deaths demonstrates the limitations of the diagnostic and postmortem systems.

However, various reports have revealed a significant discrepancy between the official figures and reality. The current government is downplaying the death toll to hide the failure of the medical system. The actual death toll is much higher [(52)].

Delay in Assessing the Immunity Gap Following the Formation of the current Government

The BNP government took office on February 17. The number of measles cases in Bangladesh has been increasing since January. But the first visible high-level national review and the Prime Minister's urgent directive came on March 30. That is, about 41 days after the government's formation. The current government canceled the open-tender procurement initiated by the interim government and decided to purchase the vaccine through UNICEF, a positive initial step.

The timeline raises questions about why a high-level review was not initiated earlier, despite rising case numbers since January, when the new government took office in February, but it waited until March 30. The government started the first vaccination on April 5. Therefore, the delay in identifying the risk and making decisions before March 30 can be considered a contributing factor in the measles outbreak.

Not starting the vaccination program simultaneously across the country

The fact that the government did not start the vaccination program nationwide simultaneously to control it, despite the "epidemic-stage national outbreak," and instead started it in only 30 upazilas across 18 districts proves that the government did not take the issue with due seriousness.

Although prioritizing areas with the highest risks of infection and death is scientifically justified when vaccine supplies are limited, the decision not to begin the program in Dhaka Division, particularly in the Dhaka city corporation areas, which had the highest patient burden, raises questions about the efficiency of the initial targeting strategy.. The target for the first phase was only 1.2 million. In addition to vaccinating high-risk areas first, parallel preparation and rapid catch-up were not initiated in other districts, and the plan was to wait about four weeks for nationwide expansion.

Even during the national spread of measles, prolonging the first phase and failing to provide rapid protection to children in the rest of the region was an excessively narrow and risky strategy.

Delay in budget and human resources allocation

The interim government's decision to cancel the HPNSP program created a crisis in the vaccination program. The salaries and allowances of health workers were stopped for a long time; some important positions responsible for running the entire program were abolished; and human resources were eliminated.

To address the vaccine shortage that arose due to the Dr. Muhammad Yunus-led government's failure to release vaccine funds and place purchase orders, the current government announced on March 29 a reallocation of vaccine funds. However, this allocation was released much later.Salary arrears had not been fully paid by 8 April [(53)]. The Health Minister later reported that UNICEF had moved ahead with the larger EPI procurement process after receiving the funds on April 9 and 17 [(54)].

Therefore, while the "budget allocation" was rapid, the actual cash release, procurement completion, and field-worker readiness did not follow suit. Human resources were mobilized by canceling leave, but salary arrears, staff shortages, and incomplete micro-planning indicate that the mobilization was incomplete and inadequate.

The weakness of the health system and the responsibility of the current government

Hospital preparedness gaps

On 5 April, UNICEF reported that hospitals in high-risk areas were already overcrowded; isolation capacity was limited, and referral and treatment pathways were lacking [(55)].


ENGLISH

Bangladesh

Negligence in procurement, now no syringes to administer vaccines

Shishir Moral Dhaka

Published: 01 Apr 2026, 12: 38

However, private hospitals were instructed to admit measles patients, create separate wards/cabins, and reserve designated beds on May 19, 44 days after the first emergency

vaccination. Several private hospitals were already accused of turning away measles patients [56].

This suggests that hospital-based containment strategies were not fully implemented at the beginning of the outbreak.

Severe shortage of ICU/PICU

As of May 19, there were no government ICUs in 22 districts of the country, according to government data. Of the 1,372 government ICU beds, 55 percent were concentrated in just 22 hospitals in Dhaka. Of these, 10 district hospitals were ineffective due to a lack of readily available ICU personnel. The government took the initiative to reopen them on May 19, when 464 confirmed and suspected infant deaths had already been recorded [57].

The human resources contracts of these ICUs expired in December 2024 and were not renewed by the interim government. But even after the current government took office, it took almost three months to activate them on an emergency basis.

Failure of referral and oxygen system:

On May 15, doctors said that many children sent from the districts to Dhaka were arriving in extremely critical condition. Oxygen saturation monitoring, vitamin A, nutrition support, and oxygen therapy were not being provided properly and on time at the field-level. The need for a national treatment manual and new training also came to the fore [58].

Measles deaths surged as patients from outside Dhaka arrived at hospitals late and in critical condition, highlighting gaps in timely treatment and referral services.

The WHO had already spoken about guidelines and training in April. But in May, doctors asked for new national manuals and training. Although guidelines had been issued, implementation and monitoring remained inadequate, and lack of monitoring, they were not sufficiently implemented at the field level.

Failure to meet vaccination targets and coverage:

According to the government, the national program has exceeded its target, achieving 100-104 percent coverage. But even in June, an EPI official admitted that despite showing more than 100 percent coverage due to an incorrect age cutoff and a target population estimate, children were actually missed [59]. The mother of a child from Madaripur who died in a hospital from measles said, "I took my daughter to the local vaccination center three times. Each time, the center said that the government vaccination was closed. Later, I took my daughter to the Sadar Hospital. There was a vaccination there, but they said it had to be obtained from a specific vaccination center; they could not provide it. In the meantime, the daughter died of measles" [60].

The current government's accountability assessment:

Evaluation area	Decision	The current government's responsibility
Although measles infections began in January, a full risk audit was conducted after taking office.	No public and verifiable audit found.	Notable
Target population and coverage	denominator errors and omissions children	Serious management failure
Epidemic risk communication	Minimizing the situation and making unrealistic promises	Serious
Command center/RRT	There was a structure, but the timing, manpower and effectiveness were unclear.	Moderate
ICU/PICU and oxygen	Reactivation delayed; severe geographical shortage	Serious
Isolation and private-hospital regulation	The instructions came on May 19.	Serious delay
referral and treatment protocol	Repeated transfers, training and guideline implementation are weak.	Serious
Outbreak control until July	Daily cases and deaths continue despite vaccination	Failure to achieve expected results

Although the current government did not create the immunity gap that was the root cause of the measles crisis, it failed to give top priority to the previous vaccination crisis and the increasing infections since January after taking office. The rapid start of vaccination following the decision in late March and the subsequent nationwide expansion are notable achievements of the government. But the wrong target numbers, children left unvaccinated, downplaying the situation as not being an epidemic, delays in opening ineffective district ICUs and PICUs, oxygen, isolation shortages, and a fragile referral system undermined that success. As of July 31, more than 128 thousand suspected cases, more than 110 thousand hospitalizations, and 837 confirmed and suspected deaths show that the government was able to vaccinate, but could not ensure rapid stopping of transmission and life-saving treatment of critically ill children.

Hospital and health system preparedness: An assessment of the current government's responsibility, failure, and negligence

Despite identifying additional patient burden, limited isolation facilities, and weak referral capacity in high-risk hospitals by 5 April, the government failed to complete nationwide hospital preparedness in time. The procurement and distribution of oxygen equipment, pulse oximeters, nebulizers, diagnostic equipment, and pediatric care equipment continued until late May; at the same time, a standardized national case management protocol was still being developed [(61)].

Hospital admissions and deaths continued to rise significantly in July, and experts identified weak infection prevention and control (IPC) as one of the reasons for the ongoing outbreak. The 1,218 hospital admissions in a single day as of July 22, and an average of 821 admissions per day in the first three weeks of July, suggest that the hospital capacity problem was not a temporary crisis in April-May [(62)].

A report in the national daily Prothom Alo reported that four people were being treated in a single bed at Cox’s Bazar Sadar Hospital [(63)].

The most serious failures of the current government were:

- Not completing and publishing a national hospital-readiness audit at the beginning of the outbreak;
- Not preparing a district-wise list of operational pediatric ICU/PICU, isolation beds, oxygen, and trained human resources;
- Not taking action after serious deaths occurred by not quickly reopening closed ICUs;
- Delaying the implementation of isolation and patient admission orders in government and private hospitals;
- Not ensuring quality treatment and pre-referral stabilization at the upazila and district levels;
- Not establishing real-time ICU/PICU bed coordination and an effective referral system; and
- Lack of transparency in publishing information on equipment, medicines, and patient rejection.

These are significant evidence of administrative failure and negligence.

Important timeline:

Date	Hospital-related incidents	Liability assessment
Apr 5, 2026	High-risk hospitals identified overcrowding, limited isolation and referral capacity	The government received advance warning.
Apr 20, 2026	Complaints of patients not being kept separate in government and private hospitals and being treated in the same ward	Lack of IPC implementation and oversight
Apr 23, 2026	WHO says national and departmental clinical-management and IPC guidelines issued; DGHS orders not to turn away patients	There were instructions, but the capacity and implementation were not ensured.
Apr 27, 2026	IDH and Bangladesh Children's Hospital have more patients than designated beds; treatment in corridors	Surge planning is inadequate.
May 5-6, 2026	Deployment of limited surge team including 5 doctors and 10 nurses begins at IDH	Support limited after nearly two months of major pressure
May 15, 2026	Experts demand urgent national measles management manual and nationwide training	Previous guidance was not sufficient or of good quality at the field level.

Date	Hospital-related incidents	Liability assessment
May 19, 2026	Initiative to reopen closed ICUs in 10 districts; Private hospitals ordered to admit patients and set up separate wards	The move comes after 464 deaths were recorded.
May 21, 2026	UN says DGHS committee formed to develop standardized national case-management protocol; procurement of many equipment still underway	National medical preparedness was incomplete
July 01, 2026	Peer-reviewed studies show recurring patterns of ICU crises and referral delays	Evidence of structural failures of the medical system
July 22, 2026	Experts complain of inadequate IPC and lack of government attention	Even though the crisis has been prolonged, oversight has not been sustainable

Pediatric intensive-care and isolation beds

According to DGHS data released on May 19, there were 1,372 general ICU beds across 74 government hospitals in 42 districts. There were no government ICUs in 22 districts of the country, and 758, or 55 percent of the total beds, were concentrated in 22 hospitals in Dhaka.

Hospitals struggled to comply with the order not to turn away measles patients. There were severe shortages of beds, staff, space, oxygen and equipment (64).

However, the government had not released a complete national figure on the total number of PICU beds available for measles patients in Bangladesh as of July 31. General ICU beds cannot be counted as PICUs; children require special training, appropriate ventilator circuits, cannulas, monitoring equipment, and a pediatrician. Therefore, the total number of ICU beds alone does not reflect the hospital's actual pediatric capacity.

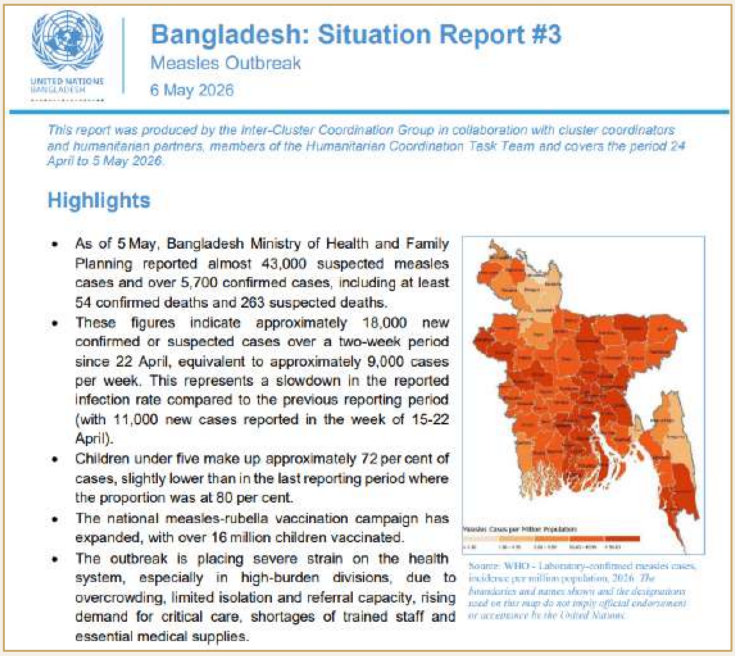
A national online daily newspaper [64] reported a more alarming hospital-based picture on April 27:

- The Infectious Diseases Hospital had almost twice as many patients as the 25 designated beds for measles;
- Bangladesh Children's Hospital had 82 patients in its 70 designated beds;
- Rajshahi Medical College Hospital had over 140 measles patients in its 200-bed pediatric ward, and overall occupancy was regularly exceeding capacity;
- Rajshahi's PICU, although upgraded from 12 to 18 beds, was limited compared to demand.

Although geographical disparities in ICUs have long been a problem in Bangladesh, no urgent operational audit was published after taking power to identify which ICUs were operational, which were closed, and which could accommodate pediatric patients. Moreover, the decision to reopen ICUs in 10 districts that had been closed due to lack of human resources was taken on May 19, when 464 child deaths due to measles and measles-like symptoms had already been recorded [65].

Oxygen, ventilator, nebulizer and pulse oximeter shortages:

The UN report of May 6 clearly states that hospitals are facing increased critical-care demands as well as shortages of trained staff and essential medical supplies [66].



Bangladesh: Situation Report #3

Measles Outbreak

6 May 2026

This report was produced by the Inter-Cluster Coordination Group in collaboration with cluster coordinators and humanitarian partners, members of the Humanitarian Coordination Task Team and covers the period 24 April to 5 May 2026.

Highlights

- As of 5 May, Bangladesh Ministry of Health and Family Planning reported almost 43,000 suspected measles cases and over 5,700 confirmed cases, including at least 54 confirmed deaths and 263 suspected deaths.
- These figures indicate approximately 18,000 new confirmed or suspected cases over a two-week period since 22 April, equivalent to approximately 9,000 cases per week. This represents a slowdown in the reported infection rate compared to the previous reporting period (with 11,000 new cases reported in the week of 15-22 April).
- Children under five make up approximately 72 per cent of cases, slightly lower than in the last reporting period where the proportion was at 80 per cent.
- The national measles-rubella vaccination campaign has expanded, with over 16 million children vaccinated.
- The outbreak is placing severe strain on the health system, especially in high-burden divisions, due to overcrowding, limited isolation and referral capacity, rising demand for critical care, shortages of trained staff and essential medical supplies.

A UN situation report warned that Bangladesh's measles outbreak was placing severe strain on hospitals due to overcrowding, limited isolation and referral capacity, staff shortages and inadequate medical supplies. Source: UN Bangladesh, 6 May 2026 [66].

As of May 21, the procurement and distribution of oxygen delivery systems, pulse oximeters, nebulizers, pediatric care items, diagnostic kits and PPE, with support from UNICEF, were still "underway." Although the rapid assessment to set up PICUs in three hospitals had been completed, the necessary procurement was still ongoing. The same report states that the Bangladesh Red Crescent and IFRC had procured 11

ventilators, 30 nebulizers and 30 oxygen flow meters; however, only three nebulizers and three flow meters had reached one hospital by then [67].

Three failures are evident from this data:

- Hospital-based functional equipment inventories were not prepared before the outbreak began;
- Essential equipment was procured after the patient burden increased;
- A national inventory of the number of ventilators, concentrators, cylinders, pulse oximeters, and nebulizers in operation at each hospital was not published.

Oxygen deprivation is particularly serious, as hypoxemia increases the risk of death in measles pneumonia and respiratory failure [68].

Shortage of pediatric ICU doctors and nurses:

The United Nations identified the shortage of trained staff as one of the reasons for the hospital crisis as of May 5. Although 5 doctors, 10 nurses, 10 support staff, and a coordinator were recruited at the infectious diseases hospital, their deployment did not begin until May 6, and ICU/emergency training was scheduled for May 9-10. That is, frontline clinical surge capacity was prepared after the pressure of patients and deaths began [69]. More seriously, several specialized pediatric hospitals built at the divisional level have not been effectively operationalized due to human resource shortages [70]. The interim government did not renew the contracts of more than 1,000 doctors and technicians recruited under the post-COVID project after their contracts expired in December 2024; as a result, ICUs in 10 districts became non-functional. The current government took the initiative to reopen ICUs in mid-May, rather than making emergency appointments or dispatching personnel at the beginning of the outbreak, a belated decision [71].

Shortage of Vitamin A and essential medicines:

The WHO report dated April 23 stated that all suspected and confirmed measles cases should receive vitamin A as part of standard treatment [72].

But by May 20, about 90 percent of districts had procured vitamin A from CMSD. That is, about 10 percent of districts had not yet procured it. Each district was allocated 7,500 capsules of 100,000 IU and 15,000 capsules of 200,000 IU [73]. This allocation was not appropriate because the districts' population and patient burden varied.

On May 15, medical experts complained that many patients from the districts were not receiving timely vitamin A, nutritional support, oxygen, and oxygen saturation monitoring in the primary care setting [74].

The government's failure here is not limited to the central allocation of capsules; there was no accountability or monitoring of whether patients received vitamin A at the last stage, whether repeat doses were given, or which hospitals had stock-outs. Similarly, there was a shortage of antibiotics, intravenous fluids, zinc, antipyretic and pneumonia-management medicines.

Delayed introduction of standard treatment protocol:

The WHO reported on 23 April that national and departmental guidelines on clinical management, IPC, patient care pathways, and procurement had been issued.


Measles mortality surges as outside-Dhaka patients arrive late at hospitals

Doctors call for urgent training and national treatment guideline

Delayed referrals and inadequate initial treatment outside Dhaka left many measles patients critically ill by the time they reached hospitals, contributing to rising child deaths [58].

But on May 15, the country's pediatricians demanded an urgent national "Measles Management Manual" and nationwide training [75]. Then, on May 21, the UN reported that the DGHS had formed a technical expert committee to develop a standardized national measles case-management protocol for all levels of care [76].

Therefore, although some operational guidelines were issued on April 23, a uniform, comprehensive, and training-based case-management protocol had not been implemented at the upazila and district levels since then. As of July 31, this review did not know the publication date of the final government protocol, the revision number, the approving authority, the date of distribution at the district level, or how many doctors and nurses had received training.

Delay in referral of emergency patients and transfer from one hospital to another:

There are allegations that a specialized hospital in Mohakhali itself is not admitting a measles patient. Even though the patient's condition is serious, the patient's relatives could not get him admitted to the hospital [77].

Relatives Take Soha's Body Home, Alleging Death Resulted from Inadequate Hospital Treatment [78].

A report published in Prothom Alo described how a child with measles from Madaripur was taken to four hospitals before she eventually died. Recounting the family's desperate search for treatment, the child's uncle, Rashedul Islam, said: "We tried to admit Soha to a hospital, but each hospital directed us to another. Even after she was admitted to Madaripur Sadar Hospital, she was not given oxygen. When we finally took her to Dhaka Shishu Hospital, the doctors said that her condition had already become critical while she was in Madaripur. Government vaccines were unavailable, the hospitals lacked medicines, and there were no adequate ICU facilities. We went from one hospital to another and spent a great deal of money. Do these accounts not reach the government? Children are dying from measles, even though we call them the future of the nation. If our children cannot survive, what kind of country is this? [78]"

Numerous reports described children being unable to secure timely hospital admission. This indicates that the current government has not been able to play an effective role in combating the measles outbreak.

Hospitals are referring measles patients without providing proper treatment according to their specific capacity. When a measles patient goes to some hospital, they are referred elsewhere without providing any treatment [79]. Again, some specialist doctors reported that many children sent from the district to Dhaka were arriving in extremely critical condition. Oxygen saturation monitoring, vitamin A, nutrition support, and oxygen therapy were not being provided on time at the field level [80].

A peer-reviewed study published in July 2026 reviewed the treatment pathways of 34 infant deaths reported in detail in the media [68]. The study found that:

- All 34 infants required ICU or PICU care;
- 71 percent of infants did not receive ICU/PICU care due to lack of beds;
- 82 percent of infants were transferred to two or more hospitals before definitive treatment;
- 38 percent had at least a day's delay in referral; and
- 15 percent of infants died before or during transfer to a better treatment facility.

The recurring pattern of multiple hospital transfers, unavailability of ICUs, and delays in referrals suggests serious structural problems in the healthcare system.

Eleven of the 15 deaths recorded at Dhaka Medical College Hospital and six of the 10 deaths at the Infectious Diseases Hospital as of May 15 were referred from outside Dhaka. Doctors said that many infants arrived in Dhaka in extremely critical condition without receiving the necessary stabilization at the district level [81].

Failure to control transmission in hospitals:

A 20 April investigative report revealed allegations that children in government and private hospitals in Kushtia were infected after being in the same wards as measles patients with other diseases. Several hospitals in Dhaka also reported cases of separating patients only with curtains and of using the same lift, corridor, waiting area, bathroom, and dispensary. At that time, a DGHS official admitted that there were no specific instructions for setting up separate isolation units for private hospitals [82].

Keeping suspected measles patients in general wards, allowing them to share patient-flow areas, and failing to provide effective airborne isolation create unacceptable risks of transmission and are inconsistent with established infection-prevention standards.

Inadequacy of treatment outside Dhaka:

A widespread inadequacy of treatment was observed outside Dhaka. There were no specialized treatment facilities for measles in upazila and district hospitals. The disparity in treatment outside Dhaka was most evident at Mymensingh Medical College Hospital. As of May 1, 22 children admitted there with measles-like symptoms had died, but the hospital did not have a pediatric ICU [83].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> Bangladesh

Measles deaths mount as ICU absence casts shadow over Mymensingh Medical

Doctors say the lack of ICU support may be worsening outcomes as more children with measles symptoms are admitted

Children with measles receive treatment at Mymensingh Medical College Hospital, where the absence of paediatric ICU facilities has raised concerns over preventable deaths (83).

With no government ICUs in 22 districts and 55 percent of government ICU beds concentrated in Dhaka, patients in the districts have to travel long distances. Without oxygen or critical-care ambulances en route, the child's respiratory distress is at risk of worsening [84].

The inadequacy of the medical system outside Dhaka has also been evident in the country's main economic hub, Chattogram. On May 18, a nine-month-old measles-infected baby, Suraiya, from Cox's Bazar, died in the pediatric ICU of Chattogram Medical College Hospital with severe respiratory distress and measles encephalitis. Although doctors recommended using a High-Flow Nasal Cannula (HFNC), the device initially used malfunctioned, and the alternative later failed as well. The attending doctor asked the child's father to procure an HFNC circuit worth about Tk 11,500 from outside. The father, who had sold his camera to help cover the medical expenses, tried to obtain the necessary equipment, but the child died before he could procure it. Hospital sources said that most of the beds in the 20-bed pediatric ICU were occupied by children with measles and related complications; Several high-flow machines were broken and, as many machines were grant-dependent, it was not possible to quickly replace spare parts [(85)].

Field-level assessment

Field	The current government's responsibility	Evaluation
Delay in opening closed district ICU	Not making quick corrections despite knowing about the crisis	High liability
Delay in implementing isolation and IPC	Despite warnings, comprehensive private-hospital directive delayed	High liability
Failure to disclose equipment readiness inventory	Direct responsibility of the current administration	High liability
Doctor-nurse surge deployment	Limited and late	Medium to high liability
Opacity of national standard protocol	Direct responsibility of the current DGHS and the ministry	High liability
District level vitamin A and oxygen monitoring	Weak last-mile implementation	Medium to high liability
Referral and bed coordination	No effective central mechanism is visible	High liability
Patient discharged from hospital	There are total number of the patients discharge from hospital not known.	Serious concern; full extent unknown
Nosocomial transmission	Risks and complaints are strong	Hard evidence of IPC failure

The current government has failed to address known and measurable risks quickly since coming to power. Despite warnings about hospital overcrowding, isolation, and referral gaps in early April, equipment procurement, the establishment of temporary isolation units, the deployment of human resources, and the formulation of standard treatment protocols continued until late May. In addition, information opacity is a distinct and serious failure of the current government's medical response.

Medical crisis in remote hilly areas:

At least 83 people in Alikadam, Bandarban, were affected by flu-like symptoms; most were children from the remote Kurukpatar district among the Mro and Marma. After the situation became critical, a temporary medical camp with a capacity of only 30 patients was opened, but 65 and 55 people came for treatment in the first two days, respectively. The cost of going to the hospital was around 600 taka, and it was difficult to call for emergency transport due to poor mobile network coverage. The four deaths claimed by locals could not be officially confirmed at the time. The opening of limited camps after the infection, without permanent health centers, mobile medical teams, testing, and emergency referral systems, is evidence of the current government's reactive and inadequate preparation [(86)].

Bandarban's deadly measles crisis has been intensified by extreme remoteness, poverty and inadequate access to timely treatment, leaving critically ill children unable to reach hospitals before it is too late (86).

From prevention failures to medical emergencies: The two governments' consistent responsibilities

The article “Unusual measles mortality in Bangladesh signals an immunization emergency” published in The Lancet on 20 April 2026 described the situation in Bangladesh as not just a surge in infections, but a “severity crisis” of severe illness and unusual deaths in children. As of March 30, at least 38 children had died in the country, 32 of them in March. While 69 suspected cases were admitted to the Infectious Diseases Hospital in Mohakhali throughout 2025, 560 were admitted in the first three months of 2026, with 448 in March alone. The hospital’s crude mortality rate in March was 4.7 percent, a worrying figure for a disease that is entirely vaccine-preventable. The Lancet analysis identified “immunity failure” rather than the virus as the main driver of the outbreak. The Lancet article argued that a reactive campaign alone is not enough for Bangladesh. The need for family and neighborhood contact tracing and catch-up vaccination for each child patient within 72 hours of detection; district-wise weekly dashboards on patients, ICU, mortality, and vaccination-deficiency; coordination of malnutrition testing and vitamin A treatment; and zero-dose mapping in slums and migrant populations was evident. The lack of full, visible implementation of these measures in the current government’s initial response indicates significant weaknesses in treatment and surveillance [(104)].

Cases, writs and judicial accountability regarding the measles outbreak

The 2026 measles outbreak in Bangladesh was not limited to a public health crisis; allegations of widespread child mortality, vaccine shortages, weak medical systems, and delayed government response eventually reached the courts. Between April and July, multiple public interest writs, compensation petitions, demands for investigations, and requests for criminal prosecutions against officials of the former interim government were filed.

These legal initiatives have primarily focused on the responsibilities of two governments. The interim government was accused of changing the existing vaccine procurement system, disrupting programs without adequate alternatives,

delaying efforts to address vaccine shortages, and failing to assess potential public health risks properly. On the other hand, the current government was accused of failing to take adequate precautions despite warnings of the outbreak, delaying the emergency response, failing to quickly expand hospital and ICU/PICU capacity, failing to assist affected families, and failing to maintain sufficient transparency in investigations and information disclosure.

Writ for investigation into child deaths and school closure:

The writ, filed on 2 April following 47 child deaths, sought a high-level investigation, closure of schools in the affected areas, emergency vaccination, and orders to set up adequate hospitals and ICUs [87].

As a result, on April 27, the High Court:

- ordered the nationwide measles vaccination campaign on an urgent basis;
- asked the Ministry of Health to submit a report within two weeks on the activities of the committee formed to investigate the reasons for the failure to provide vaccination;
- issued a rule asking why the alleged negligence in vaccine procurement should not be declared illegal.

However, the court did not order the closure of educational institutions or the introduction of online classes. It directed the executive branch to implement urgent measures and submit an accountability report [88].

352 Child Death Compensation and Investigation Writ:

The writ filed on May 10 sought compensation of Tk 2 crore to the family of each deceased child, specialized medical units in every district and upazila hospital, and an investigation committee with representatives from WHO, UNICEF, and IEDCR [89].

On May 19, the High Court ordered a progress report on the steps taken to control measles and save the lives of affected children within 30 days, issued a rule to find out why adequate compensation would not be given to the families of the deceased children, sought an explanation as to why a 10-member expert investigation committee would not be formed, and asked the DGHS Director General to submit an affidavit on the stock, storage, supply, and adequacy of vaccines. The court did not issue a final order for Tk 2 crore in compensation [90].

Petition seeks Tk 2cr for each family of 352 children who died from measles, symptoms

Also seeks specialised treatment units and probe committee involving WHO, Unicef and IEDCR

10 MAY 2026, 16:08 PM • UPDATED 10 MAY 2026, 16:36 PM • BANGLADESH SHARE

Star Online Report

Writ to investigate the vaccination policy of the interim government:

The writ filed on May 17 demanded an investigation into the role of former chief advisor Dr. Muhammad Yunus and former advisors. The allegation was that the interim government had created a vaccination crisis by changing the existing state system of vaccine procurement and financing or by relying on the private sector. The petitioners also sought a ban on foreign travel for 24 people [(91)].

Two days after the writ was filed, the High Court on May 19 [(92)],

- issued a rule to inquire why an inquiry commission should not be formed to investigate the alleged failure of those involved in the measles outbreak;
- asked the Health Secretary, Cabinet Secretary, Home Secretary, Public Administration Secretary and DGHS Director General to respond within four weeks.

Writ of wrong vaccination of child:

In a writ filed in Bhuiyanpur, Tangail, alleging that a child was given rabies vaccine instead of measles vaccine, the High Court ordered the formation of a three-member investigation committee, sought an investigation report within 30 days, directed that the child be properly treated, and issued a rule to find out why the family would not be given Tk 50 lakh in compensation [(93)]. Immediate orders for investigation and treatment have been given, but a final verdict on compensation has not been reached. The incident is a specific example of the current government's failure to supervise human resources, training, and vaccination centers.

Criminal case filed against officials of the interim government:

On 8 June, Sheikh Mujibur Rahman Iqbal, MP from Kishoreganj-5, filed a criminal complaint/petition seeking initiation of a case against the former interim government's chief advisor Dr. Muhammad Yunus, former health advisor Nur Jahan Begum, former secretary of the Ministry of Health and Family Welfare Md. Saidur Rahman, former special assistant to the chief advisor Professor Dr. Muhammad Sayedur Rahman, and former director general of the Directorate General of Health Services Professor Dr. Md. Abu Zafar. However, the court dismissed the petition [(94)].

Similarly, on July 5, the father of a deceased child filed a petition against four people, including the former chief advisor and former health advisor. On July 12, the court dismissed the petition under Section 203 of the Code of Criminal Procedure [(95)]. No criminal case or trial has been initiated against any responsible person of the interim government based on these petitions.

Essentially, the most significant effect of the writ petitions and cases filed in connection with the measles outbreak has been to bring the state’s public health management failures under judicial scrutiny. The court has repeatedly sought emergency measures, investigations, explanations of compensation, affidavits regarding vaccine stockpiling and supply, and progress reports. These proceedings indicate that serious and justiciable questions have been raised raised about the government’s own administrative arrangements.

The biggest allegations against the interim government are risky changes in the vaccine procurement and supply system, failure to prevent vaccine shortages, and

the creation of a long-term immunity gap. The High Court issued a rule asking why an inquiry commission should not be formed.

The current government's responsibility is of a different nature. Although the government did not create the source of the crisis, after taking office it was responsible for preventing loss of life, preparing medical facilities, administering emergency vaccinations, implementing court orders, investigating previous decisions, and assisting affected families. Health Minister Sardar Md. Sakhawat Hossain's admission, in his own statement, of a lack of preparation, and the multiple emergency orders issued by the court are strong indications of the current government's reactive and inadequate management.

Protests and civil movements surrounding the measles crisis

Since early May 2026, student organizations, political parties, lawyers, and civic organizations have held a series of protest programs over the deaths of hundreds of children in measles.

May 3 - Human chain in Mirpur:


Bangladesh

Dr Yunus, Nurjahan blamed for child deaths linked to measles

Daily Sun Report, Dhaka

Updated: 08 May 2026, 06:04 AM

Protesters in Dhaka demanded legal action against former interim government Chief Adviser Muhammad Yunus and Health Adviser Nurjahan Begum, blaming vaccine-procurement failures for measles-related child deaths [96].

Humanitarian Unity with Morality (HUM) forms a human chain in front of Grameen Bank. The organization demands legal action against former chief advisor Muhammad Yunus and health advisor Nurjahan Begum for the deaths of children in measles and compensation for the families of the deceased children [96].

May 6 - Protest with symbolic coffins at Dhaka University:

Revolutionary students demonstrate by displaying symbolic bodies of children in front of the Maitree Raju sculpture. Their demands include the official declaration of the measles outbreak as an epidemic, an independent investigation, a nationwide emergency measure, and the prosecution of those responsible for the former interim government [(97)].

May 9 - CPB protests and processions:

Various Dhaka metropolitan branches of the Communist Party of Bangladesh hold rallies and processions in Purana Paltan and Madhubagh areas. They demand an investigation into negligence in vaccine procurement, an increase in pediatric ICU capacity, an expansion of government hospitals, and control of the profit-based healthcare system. The silence of the current government and the failure to create adequate medical capacity were also criticized [(98)].

CPB demands trial of Yunus, Nurjahan over measles deaths

Party leaders allege negligence led to deaths of over 300 children

9 MAY 2026, 22:33 PM • UPDATED 9 MAY 2026, 22:33 PM • BANGLADESH

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Star Online Report

CPB activists rally in Dhaka demanding the trial of former interim government Chief Adviser Muhammad Yunus and Health Adviser Nurjahan Begum, alleging negligence behind more than 300 measles-related child deaths (98)

May 10 - Student Union rally and procession:

The Bangladesh Student Union held a protest at Dhaka University, demanding a nationwide strengthening of the health system and the immediate establishment of field hospitals for children infected with measles. The program highlighted not only

the past vaccination crisis, but also the inadequacy of the current government's medical response [99].

May 11 - National Student Power Human Chain:

The organization formed a human chain at Dhaka University to protest the deaths of children from measles, the weakness of the vaccination management, and border killings. Speakers alleged that the current government had failed to take the expected measures to prevent and treat measles, even after several months in power [100].

May 13 - Separate human chain of lawyers and professionals:

About 50 lawyers demanded justice for alleged negligence in vaccine procurement at the Dhaka Metropolitan Sessions Judge's Court. On the same day, doctors, teachers, journalists, lawyers, agriculturists and engineers participated in the "Conscious Citizen Society" program in Dhanmondi, demanding justice and compensation [101].

Lawyers demand trial of ex-advisers Yunus, Nurjahan over vaccine negligence

The demand was raised during a human chain programme organised under the banner of "Sadharan Ainjeebibrindo" in front of the Dhaka Metropolitan Sessions Judge Court this afternoon (13 May).

Lawyers demand the trial of Yunus and Nurjahan over alleged vaccine negligence (101).

May 15 - Human chain in front of the National Press Club:

A program organized by representatives of various professions raised ten demands, including an investigation into the child deaths, trial of those responsible, compensation for the families of the deceased, and public health protection [102].

June 1 - Silent human chain of Chhatra League:

Banned Chhatra League activists formed a silent human chain at Dhaka University to press six demands, including measles vaccination and child deaths; at the same time, news of a flash march in Chattogram was also published [(103)].

BCL stages 'silent human chain' at DU

The banned student organisation also brings out flash procession in Ctg

DU CORRESPONDENT | June 02, 2026 00:00:00

Activists of Bangladesh Chhatra League (BCL), the banned student wing of Awami League, staged 'a silent human chain' in front of the Dhaka University Central Students' Union (DUCSU) building during the Eid vacation and placed a six-point set of demands. Bangladesh economic report

The programme was held at around 8:00 am on Monday (June 1) in front of the DUCSU building on the DU campus.

Following the human chain, a written statement outlining the six demands was circulated.

In the statement, the banned organisation brought several allegations against Prof Dr Muhammad Yunus, who served as the chief adviser of the interim government from August 2024 to February 2026, and demanded his execution.

The organisation alleged that Dr Muhammad Yunus while in office as the chief adviser had embezzled funds allocated for measles vaccination and that is why was responsible for the large number of child deaths from the viral disease.

The protesters' main demands included an investigation into the interim government's vaccine-procurement decisions, prosecution of those found responsible, compensation for the families of the deceased, an official declaration of the measles outbreak as an epidemic, and the expansion of emergency medical services. The protests organized by Chhatra Shakti, Chhatra Union, and the Communist Party of Bangladesh (CPB) also criticized the current government's slow response to the outbreak, the shortage of pediatric ICU beds, and its failure to establish field hospitals.

References:

Ref No.	Link	QR Code
(1)	thedailycampus.com/crime-and-discipline/246364	
(2)	bdnews24.com/health/838e049e2267	
(3)	www.thedailystar.net/news/bangladesh/news/measles-has-spread-56-64-dists-4142271	
(4)	www.shomoyeralo.com/news/355076	
(5)	www.telegraph.co.uk/global-health/science-and-disease/bangladesh-measles-death-toll-surges-overwhelming-hospitals/	
(6)	surveillance.dghs.gov.bd/bulletin	
(7)	bangladesh.un.org/sites/default/files/2026-04/SitRep_ICCG_MeaslesOutbreak_23Apr26.pdf	
(8)	www.thedailystar.net/news/bangladesh/news/74-measles-patients-did-not-get-shots-4164351	

Ref No.	Link	QR Code
(9)	www.thedailystar.net/opinion/editorial/news/measles-response-clearly-not-enough-4160536	
(10)	www.newagebd.net/post/country/299285/measles-toll-far-higher-than-official-count	
(11)	www.pressenza.com/2026/05/bangladesh-leads-the-world-in-measles-deaths-in-2026/	
(12)	en.prothomalo.com/bangladesh/tk04xcdtjn	
(13)	www.aljazeera.com/news/2026/5/23/more-than-500-children-killed-in-measles-outbreak-in-bangladesh	
(14)	www.bbc.com/bengali/articles/clyek7x8k8jo	
(15)	bdnews24.com/bangladesh/aa8c107c88b4	
(16)	www.bbc.co.uk/programmes/l0058kzw	
(17)	www.deccanherald.com/health/healthcare/bangladesh-measles-outbreak-study-shows-71-critically-ill-children-failed-to-get-icu-beds-4071254	

Ref No.	Link	QR Code
(18)	www.thedailystar.net/news/bangladesh/news/1-bed-3-children-measles-outbreak-strains-sbmch-4141201	
(19)	www.dhakatribune.com/bangladesh/health/411855/families-of-measles-patients-crisscross-hospitals	
(20)	en.prothomalo.com/bangladesh/xe0d57v1wl	
(21)	en.prothomalo.com/bangladesh/uxbima2ih5	
(22)	www.thedailystar.net/news/bangladesh/news/measles-outbreak-record-1415-kids-hospitalised-day-4234431	
(23)	bangladesh.un.org/en/319256-bangladesh-situation-report-5-measles-outbreak-25-june-2026	
(24)	www.tbsnews.net/bangladesh/health/sudden-measles-outbreak-nationwide-what-went-wrong-1398231	
(25)	www.tbsnews.net/bangladesh/health/warned-govt-least-10-times-over-measles-vaccine-shortage-unicef-1444321	
(26)	en.prothomalo.com/bangladesh/yqni6rdl84	

Ref No.	Link	QR Code
(27)	www.banglanews24.com/banglanews-special/news/bd/1645674.details	
(28)	www.thedailystar.net/news/healthcare/news/pm-tarique-rahman-orders-urgent-probe-measles-outbreak-4139181	
(29)	www.tbsnews.net/bangladesh/health/sudden-measles-outbreak-nationwide-what-went-wrong-1398231	
(30)	bangladesh.un.org/sites/default/files/2026-04/SitRep_ICCG_MeaslesOutbreak_23Apr26.pdf	
(31)	link.springer.com/article/10.1186/s41182-026-01018-1	
(32)	www.unicef.org/media/179846/file/Bangladesh-Humanitarian-Situation-Report-No.1(Measles-Outbreak)-8-April-2026.pdf.pdf	
(33)	www.prothomalo.com/bangladesh/district/6njcle8hud	
(34)	en.bd-pratidin.com/special/2026/05/24/63254	
(35)	samakal.com/index.php/health-bangladesh/article/345119	

Ref No.	Link	QR Code
(36)	www.who.int/southeastasia/outbreaks-and-emergencies/disease-outbreak-news/item/2026-DON598	
(37)	thefinancialexpress.com.bd/economy/tk-106t-health-prog-scrapped-to-prevent-mismanagement	
(38)	www.thedailystar.net/news/bangladesh/news/interim-govts-missteps-behind-measles-crisis-4167041	
(39)	www.thedailystar.net/news/bangladesh/news/interim-govts-missteps-behind-measles-crisis-4167041	
(40)	www.tbsnews.net/bangladesh/health/warned-govt-least-10-times-over-measles-vaccine-shortage-unicef-1444321	
(41)	www.tbsnews.net/bangladesh/health/sudden-measles-outbreak-nationwide-what-went-wrong-1398231	
(42)	en.prothomalo.com/bangladesh/yqni6rdl84	
(43)	www.tbsnews.net/bangladesh/health/sudden-measles-outbreak-nationwide-what-went-wrong-1398231	
(44)	www.thedailystar.net/news/bangladesh/news/shortage-contraceptives-medicine-may-end-soon-4031236	

Ref No.	Link	QR Code
(45)	data.gffportal.org/sites/default/files/country-review/SIP%20Final_5th%20HPNSP_12%20June%202023.pdf	
(46)	openjicareport.jica.go.jp/pdf/12390365.pdf	
(47)	www.tbsnews.net/bangladesh/health/warned-govt-least-10-times-over-measles-vaccine-shortage-unicef-1444321	
(48)	www.thedailystar.net/news/bangladesh/news/interim-govts-missteps-behind-measles-crisis-4167041	
(49)	www.thedailystar.net/health/news/16-children-still-outside-immunisation-coverage-3884241	
(50)	www.who.int/emergencies/disease-outbreak-news/item/2026-DON598	
(51)	www.bssnews.net/others/410532	
(52)	www.newagebd.net/post/country/299285/measles-toll-far-higher-than-official-count	
(53)	www.dhakatribune.com/bangladesh/parliament/407242/health-minister-tk-604cr-reallocated-2.19-crore	

Ref No.	Link	QR Code
(54)	www.tbsnews.net/bangladesh/health/interim-govts-wrong-decisions-affected-immunisation-programme-health-minister	
(55)	www.tbsnews.net/bangladesh/health/interim-govts-wrong-decisions-affected-immunisation-programme-health-minister	
(56)	www.thedailystar.net/health/disease/news/dghs-orders-private-hospitals-admit-measles-patients-4179351	
(57)	www.thedailystar.net/news/bangladesh/news/govt-restart-icus-10-district-hospitals-4179131	
(58)	www.tbsnews.net/bangladesh/health/measles-mortality-surges-outside-dhaka-patients-arrive-late-hospitals-1439666	
(59)	www.dhakatribune.com/bangladesh/health/413318/measles-cases-continue-one-month-after	
(60)	www.prothomalo.com/bangladesh/sa59uqfnvp	
(61)	www.unicef.org/bangladesh/en/press-releases/bangladesh-launches-emergency-measles-rubella-campaign-unicef-who-and-gavi-protect	
(62)	www.thedailystar.net/news/bangladesh/news/measles-rages-amid-vaccination-gap-4229566	

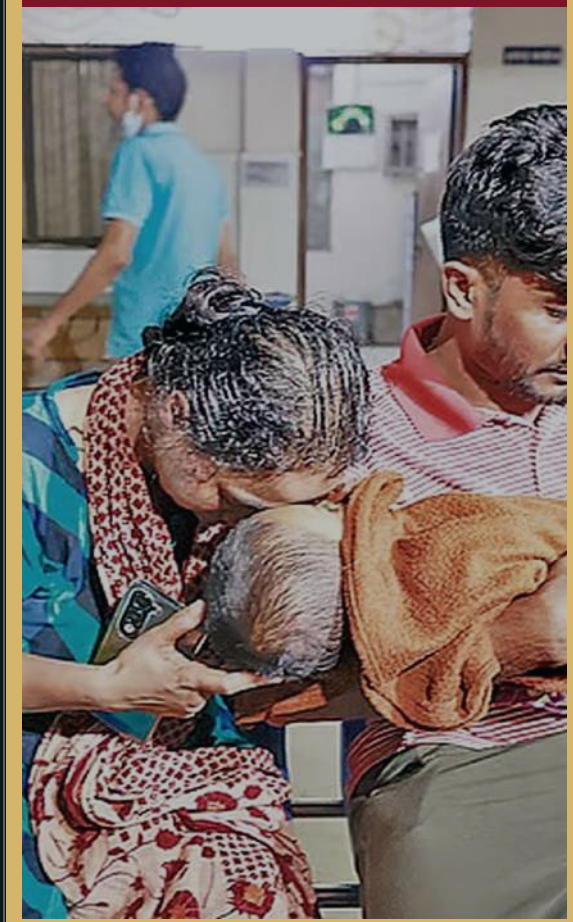
Ref No.	Link	QR Code
(63)	www.prothomalo.com/bangladesh/district/6njcle8hud	
(64)	bdnews24.com/health/7b985bbe2573	
(65)	www.thedailystar.net/news/bangladesh/news/govt-restart-icus-10-district-hospitals-4179131	
(66)	bangladesh.un.org/sites/default/files/2026-05/SitRep_ICCG_MeaslesOutbreak_07May26.pdf	
(67)	bangladesh.un.org/sites/default/files/2026-05/SitRep_ICCG_MeaslesOutbreak_21%20May26.pdf	
(68)	link.springer.com/article/10.1186/s41182-026-01018-1	
(69)	bangladesh.un.org/sites/default/files/2026-05/SitRep_ICCG_MeaslesOutbreak_07May26.pdf	
(70)	bdnews24.com/health/7b985bbe2573	
(71)	www.thedailystar.net/news/bangladesh/news/govt-restart-icus-10-district-hospitals-4179131	

Ref No.	Link	QR Code
(72)	www.who.int/emergencies/disease-outbreak-news/item/2026-DON598	
(73)	bangladesh.un.org/sites/default/files/2026-05/SitRep_ICCG_MeaslesOutbreak_21%20May26.pdf	
(74)	www.tbsnews.net/bangladesh/health/measles-mortality-surges-outside-dhaka-patients-arrive-late-hospitals-1439666	
(75)	www.tbsnews.net/bangladesh/health/measles-mortality-surges-outside-dhaka-patients-arrive-late-hospitals-1439666	
(76)	bangladesh.un.org/sites/default/files/2026-05/SitRep_ICCG_MeaslesOutbreak_21%20May26.pdf	
(77)	www.somoynews.tv/news/2026-05-31/O0I8sXUV	
(78)	www.prothomalo.com/bangladesh/sa59uqfnvp	
(79)	www.somoynews.tv/news/2026-05-16/8MX77QL4	
(80)	www.tbsnews.net/bangladesh/health/measles-mortality-surges-outside-dhaka-patients-arrive-late-hospitals-1439666	

Ref No.	Link	QR Code
(81)	www.tbsnews.net/bangladesh/health/measles-mortality-surges-outside-dhaka-patients-arrive-late-hospitals-1439666	
(82)	www.newagebd.net/post/country/297448/hospitals-spread-measles-amid-isolation-lapses	
(83)	bdnews24.com/bangladesh/35f5b05f04be	
(84)	www.thedailystar.net/news/bangladesh/news/govt-restart-icus-10-district-hospitals-4179131	
(85)	www.tbsnews.net/bangladesh/health/fathers-desperate-search-hfnc-ends-tragedy-measles-infected-infant-dies-ctg	
(86)	www.thedailystar.net/news/bangladesh/news/measles-breaks-out-remote-hills-bandarban-4163286	
(87)	www.thedailystar.net/news/bangladesh/news/hc-petition-seeks-halt-person-classes-measles-hit-areas-4141731	
(88)	www.thedailystar.net/news/bangladesh/news/hc-petition-seeks-halt-person-classes-measles-hit-areas-4141731	
(89)	www.thedailystar.net/news/bangladesh/news/petition-seeks-tk-2cr-each-family-352-children-who-died-measles-symptoms-4172211	

Ref No.	Link	QR Code
(90)	www.tbsnews.net/bangladesh/court/hc-seeks-report-30-days-steps-tackle-measles-outbreak-save-affected-children	
(91)	www.thedailystar.net/news/crime-justice/news/measles-vaccine-hc-writ-seeks-probe-yunus-ex-advisers-roles-4177721	
(92)	www.tbsnews.net/bangladesh/court/hc-issues-rule-formation-inquiry-commission-probe-measles-outbreak-failures-1443831	
(93)	www.tbsnews.net/bangladesh/court/hc-orders-probe-infant-given-rabies-vaccine-instead-measles-shot-tangail-1439476	
(94)	bdnews24.com/health/1318ba12c91c	
(95)	bdnews24.com/bangladesh/299640df777a	
(96)	www.daily-sun.com/bangladesh/872621	
(97)	www.daily-sun.com/bangladesh/872621	
(98)	www.thedailystar.net/news/bangladesh/news/cpb-demands-trial-yunus-nurjahan-over-measles-deaths-4171566	

Ref No.	Link	QR Code
(99)	www.dhakatribune.com/bangladesh/campus1/409862/bsu-demands-trial-of-yunus-led-govt-over-measles	
(100)	www.daily-sun.com/sun-campus/874129/chhatra-shakti-protests-measles-deaths-border-killings-at-du	
(101)	www.tbsnews.net/bangladesh/court/lawyers-demand-trial-ex-advisers-yunus-nurjahan-over-vaccine-negligence-1438261	
(102)	www.sunnews24x7.com/news/article/sodesh/114818	
(103)	today.thefinancialexpress.com.bd/print/bcl-stages-silent-human-chain-at-du-1780338337	
(104)	www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00687-2/fulltext	
(105)	www.who.int/emergencies/disease-outbreak-news/item/2026-DON598	
(106)	https://samakal.com/index.php/health-bangladesh/article/345119	
(107)	www.daily-sun.com/health/875900/measles-vaccine-shortage-unicef-says-it-warned-govt-at-least-10-times-since-2024	



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