



MSF Significantly Expands Hepatitis C Programs in Rohingya Refugee Camps

An estimated 86,000 people in refugee camp in Bangladesh are living with chronic active hepatitis C infection.

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Amid concerning high levels of hepatitis C in the Rohingya refugee camps in [Cox's Bazar, Bangladesh](#), 30,000 people will receive care by the end of 2026, as Doctors Without Borders/Médecins Sans Frontières (MSF) significantly expands its treatment programs.

This decision to expand comes after a 2023 MSF study published last month in [The Lancet Gastroenterology & Hepatology](#) that found that nearly one in five adults—an estimated 86,000 people—are living with chronic active hepatitis C infection, highlighting the urgent need for a more robust response.

Campaign will aim to bridge gaps in care for refugees

“Access to [hepatitis C care in the camps](#), where more than a million refugees have been living for the past eight years [after fleeing in [Myanmar](#)], has been extremely limited,” said Dr. Wasim Firuz, MSF deputy medical coordinator. “Treating hepatitis C is not part of the package of health care provided by the over-stretched health care facilities there. People are also not allowed to freely leave the camps to access health care—and even if they could, it’s unlikely they would be able to afford the cost of treatment.”

Between October 2020 and December 2024, MSF treated over 10,000 people for hepatitis C at clinics in the camps in Jamtoli and Hospital on the Hill. To increase access to care, MSF is now establishing three specialized hepatitis C treatment centers within existing health facilities inside the camps as part of a “test and treat” campaign covering an estimated third of all people living with hepatitis C in the camps. This “test and treat” strategy will ensure that people who test positive for the virus are put on treatment quickly, improving their health and curbing further spread of the virus in the camps.

Rohingya refugees face cramped and overcrowded living conditions

Rohingya refugees have been living in precarious conditions since 2017 after fleeing targeted violence and persecution in neighboring Myanmar. Now they are trapped in camps they cannot

leave and reliant on humanitarian aid.

Harsh living conditions in the cramped and overcrowded camps, a lack of access to or reduced provision of health care, and a lack of legal status which severely restricts their basic rights, have made Rohingya refugees more vulnerable to infections—including hepatitis C—in Myanmar and Bangladesh. MSF's survey found that exposure to unsafe medical practices for decades, such as therapeutic injections, could be the main reason for the transmission of this bloodborne disease within the camps.

MSF's scaled-up program includes conducting systematic community-based screening to proactively identify people with hepatitis C, a disease that does not show any signs or symptoms in its first phase. Rapid testing is followed by laboratory confirmation at the newly established treatment centers in Balukhali, Jamtoli, and at Hospital on the Hill. MSF is also implementing a comprehensive health care awareness campaign, which includes providing drugs for hepatitis C treatment and sharing prevention messages and treatment adherence counselling with adults.

"In the absence of other alternatives to hepatitis C care for tens of thousands of people in the camps, we are undertaking this substantial increase in our treatment capacity," Dr. Firuz said. "Our goal is to reach 30,000 people with curative care by the end of 2026. This expansion represents a vital step towards preventing the spread of hepatitis C, especially among younger generations."

Attention on hepatitis C must continue after the campaign

Addressing this widespread hepatitis C epidemic presents considerable challenges within the limited capacity of the overall health response in the camps. MSF will be conducting research to analyze such challenges and bring about solutions as part of its response.

"While we are scaling up efforts and working in coordination with other organizations, the limitations within the health response, including insufficient staffing, equipment, and resources among partners, present a significant obstacle," Dr. Firuz said. "Our campaign is temporary and will not eradicate hepatitis C in the camps. Attention to hepatitis C must continue during and after the end of this campaign [at the end of 2026]. We again call on other health partners and the international community to prioritize building a comprehensive strategy in order to reduce the devastating impact of this disease on this community."

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