

Sudan conflict and refugee crisis

Multi-country External Situation Report n. 3¹, covering the reporting period July 2024

Including refugee-hosting countries Chad, South Sudan, Ethiopia, Central African Republic

Highlights

- As of July 2024, famine is ongoing in Zamzam camp near El Fasher town, Sudan, according to the latest reports. Many other areas throughout Sudan remain at risk of famine as long as the conflict and limited humanitarian access continue.
- At least 12 of the 18 states of Sudan are experiencing three or more outbreaks simultaneously. Following a report on 22 July 2024, an officially declared and notified cholera outbreak is ongoing in Kassala and several other states.
- The rainy season ushers in severe rains and flooding in floods in different states in Sudan, exacerbating the public health risk.
- With intense renewed fighting, additional displacement within Sudan and into neighbouring countries could further impact access to health care.
- Neighbouring countries' healthcare systems continue to be strained by the influx of refugees from Sudan, compounded by poor water, sanitation and hygiene conditions, and a high burden of infectious diseases and other health conditions.

In this edition:

- [Situation overview](#)
- [Sudan Health Information and Epidemiology updates](#)
- [Operational updates](#)
- [Situation update in neighbouring countries](#)
- [Key operational challenges](#)
- [Next steps](#)
- [Other resources](#)

Situation overview

This report summarizes the multi-country health situation and WHO's response across the regional emergency caused by the conflict in Sudan. Since the start of the conflict in April 2023, over 10.2 million people have been displaced internally—the largest number in the world—and over 2.1 million into neighbouring countries, including Chad, South Sudan, Egypt, Libya, Ethiopia, the Central African Republic, and Uganda.²

Leading the Health Cluster, WHO ensures the coordination across partners and the strategic approach of the humanitarian health response. As defined in the Sudan Humanitarian Needs and Response Plan (HNRP) for 2024, 15 million people are in need of urgent lifesaving health care in the country, for which Health Clusters partners are targeting 4.9 million people who are most vulnerable. Of the US\$ 178 million required for the entire health response, only 42.7% is funded as of August 2024, limiting the ability for partners to scale up and address needs.

Acute food insecurity is at the worst level the country has ever seen, and many areas in Sudan are at risk of famine due to conflict and limited humanitarian access, with some areas already in famine. The rainy season has ushered in severe rains and flooding in various states across Sudan, exaggerating the public health risk and impacting the ability of WHO and its partners to deliver humanitarian assistance. Urgent action and a ceasefire are needed to contain the worsening humanitarian catastrophe.

¹ This is the third multi-country external situation report jointly covering Sudan and countries affected by the Sudan emergency. It is a joint effort of the WHO country offices of the affected countries, WHO regional offices for Africa and the Eastern Mediterranean, and WHO Headquarters. For previous situation reports covering exclusively Sudan please see: <https://www.emro.who.int/sdn/crisis/index.html>

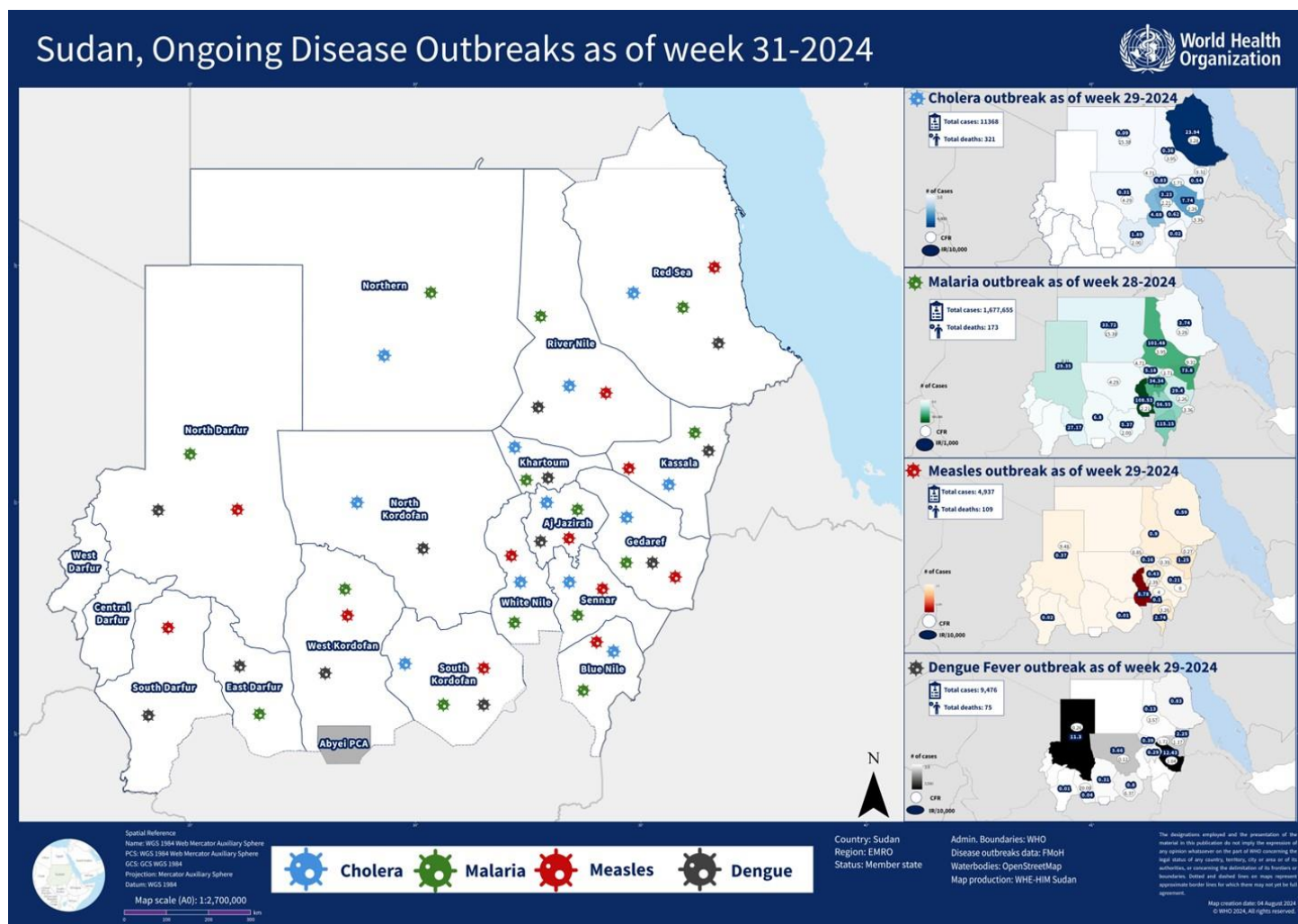
² UNHCR. Operational Data Portal. Sudan Situation. Available at: <https://data.unhcr.org/en/situations/sudansituation>

Sudan Health Information and Epidemiology updates

Disease Outbreaks

Sudan is facing multiple outbreaks simultaneously. However, resources and local capacities to detect and respond to outbreaks are limited, particularly in hard-to-reach areas such as in the Darfur and Kordofan states. As of 2 August 2024³, at least 12 of the 18 states in the country are experiencing three or more outbreaks of different diseases simultaneously. Note that for the figures below, periods referenced in the text may not correspond to periods shown in epidemic curves.

Figure 1: Ongoing disease outbreaks as of 2 August 2024



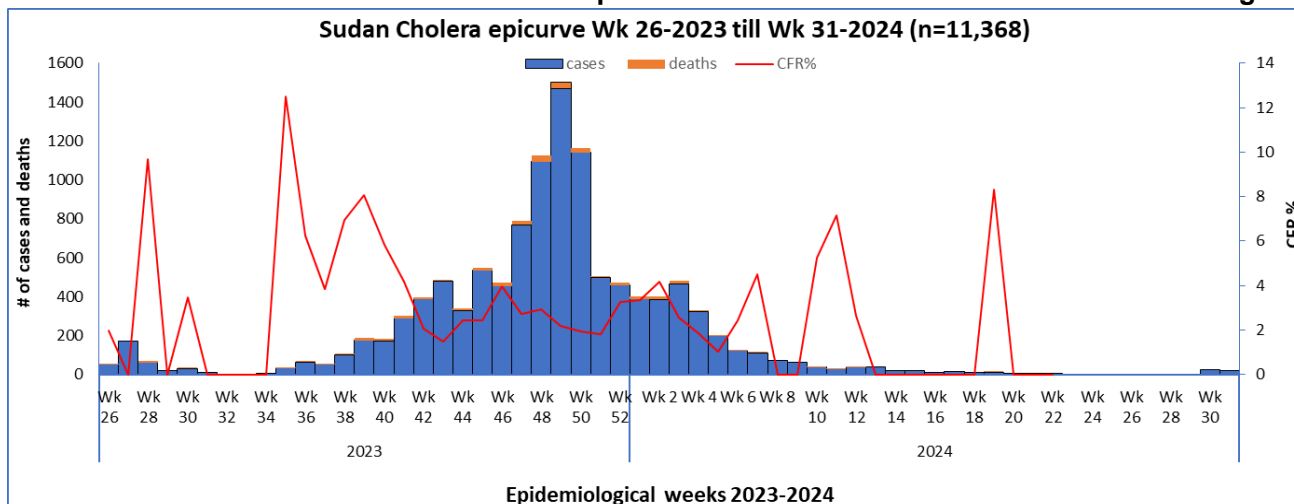
Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Cholera

- A cholera outbreak started in June 2023 and was officially declared in September 2023. As of 2 August 2024, a total of 11 327 cases have been reported from 12 states, with the epicentre in Red Sea state. The weekly reported cases peaked in epidemiological week 49 in 2023 (from 2 to 8 December 2023) with over 1400 cases, followed by a declining trend. Data collection has been challenging, with no reports from the five Darfur states and West Kordofan state since the start of the conflict.
- A total of 316 deaths have been reported, resulting in a CFR (Case Fatality Rate) of 2.8%.

³ The last epidemiological week in July ends on 2 August 2024.

Figure 2: Number of cholera cases and deaths reported in Sudan between 24 June 2023 and 2 August 2024



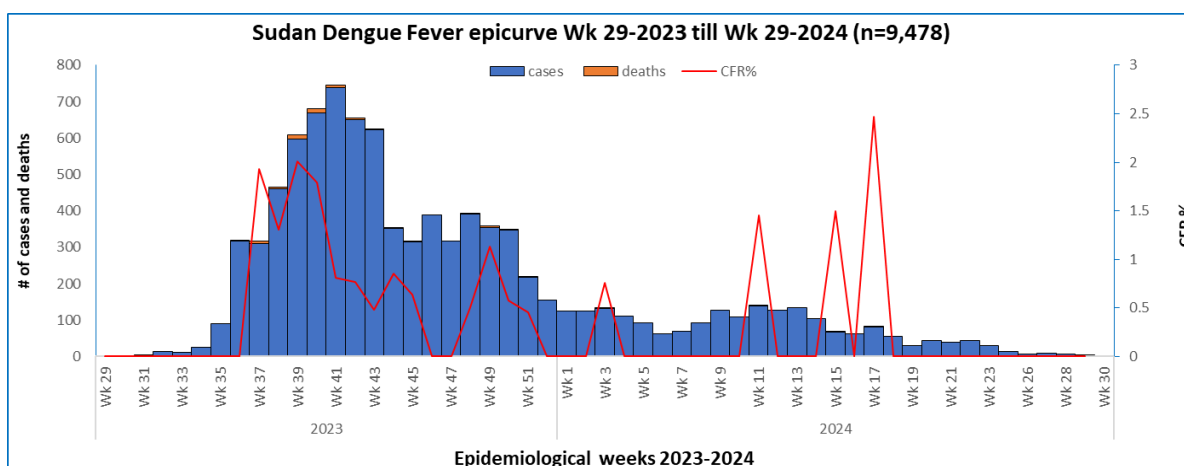
Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

- While the 12-state outbreak has not been officially declared over, in early August the Sudan Federal Ministry of Health officially declared a new outbreak Al Jazirah centred on Kassala state. The initial case was identified in the Reifi Wad Elheilaw locality in Kassala state on 22 July 2024. The local outbreak investigation team implemented preventative measures and established an isolation ward. As of end-July, cases have also been reported from Bahri locality in Khartoum state, and Al Managel and Hasaheisa localities in Al Jazirah state. Further information will be provided in the next situation report covering August 2024.

Dengue

- Dengue remains a major health burden in the country. From 15 July 2023 through 19 July 2024, 9396 cases have been reported from 12 states.
- During the same period, a total of 73 deaths have been reported from nine states, for a CFR of 0.7%.

Figure 3: Number of dengue cases and deaths reported in Sudan

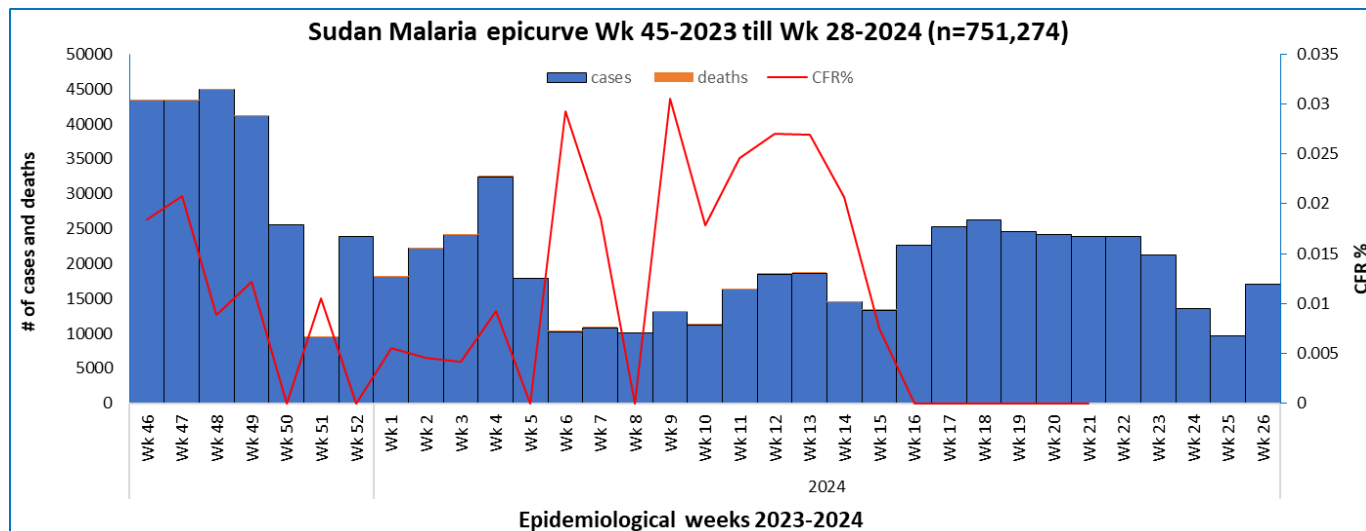


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Malaria

- Malaria is a leading infectious cause of morbidity and mortality in Sudan. Between 4 November 2023 and 12 July 2024, over 1.67 million cases have been reported from 15 states.
- A total of 173 deaths have been reported from six states, for a CFR of 0.01%.

Figure 4: Number of malaria cases and deaths reported in Sudan between 4 November 2023 and 12 July 2024

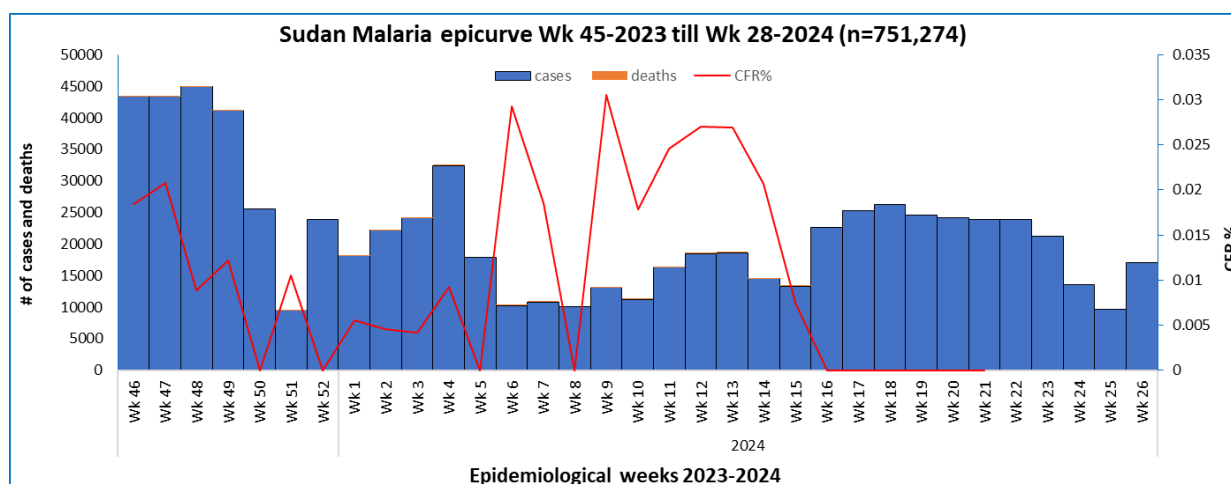


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Measles

- The current measles outbreak affecting Sudan began in late 2023. As of 12 July 2024, 4937 cases were reported from 14 states.
- A total of 109 deaths have been reported from 14 states, for a CFR of 2.2%.
- There is low immunization coverage, particularly in hard-to-reach areas such as Darfur and Kordofan states, indicating a high risk of outbreaks of vaccine-preventable diseases.
- WHO and partners are planning for a multi-antigen immunization campaign for the Darfur states in the coming months.

Figure 5: Number of measles cases and deaths reported in Sudan between 4 November 2023 and 12 July 2024

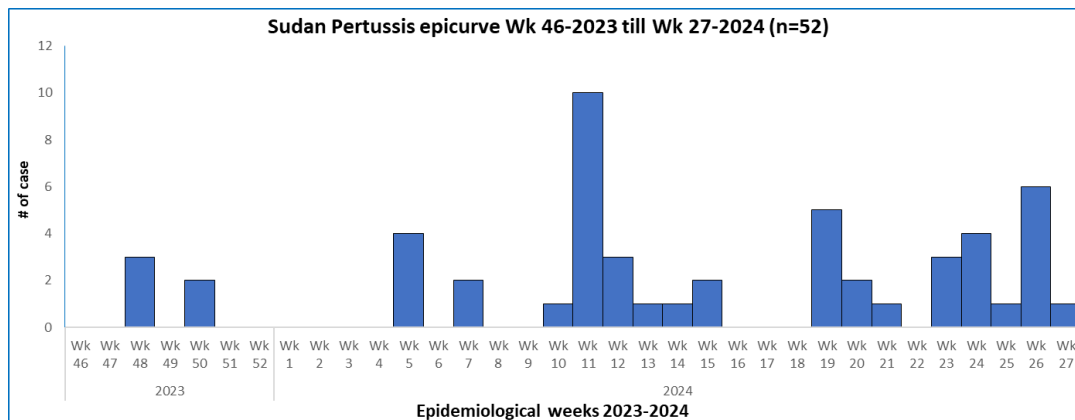


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Suspected Pertussis

- Between 15 April 2023 and 5 July 2024, 133 cases were reported from seven states, with no associated deaths reported.

Figure 6: Number of pertussis cases reported in Sudan between 11 November 2023 and 5 July 2024

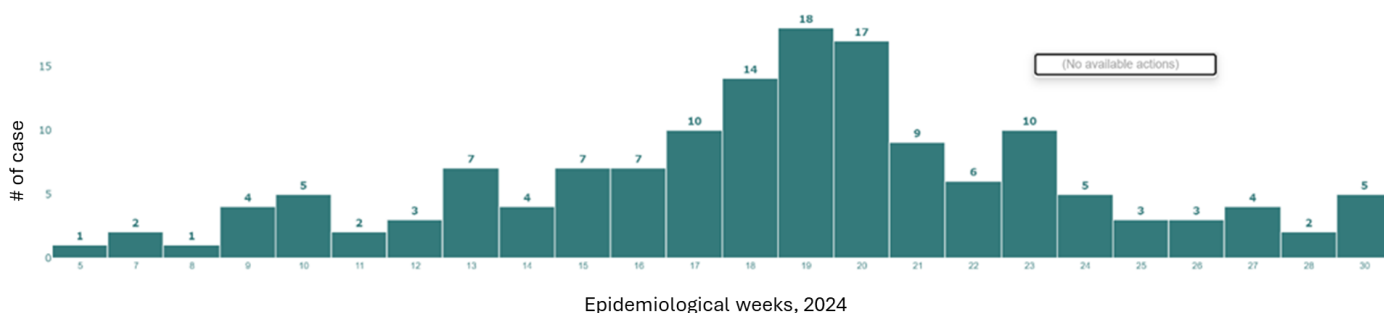


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Meningitis

- Parts of Sudan fall within the “meningitis belt,” where the highest rates of meningococcal disease are recorded in the world.
- Between 15 April 2023 and 2 August 2024, 155 cases were reported from 10 states, with 20 associated deaths (CFR 12.9%).

Figure 7: Number of meningitis cases reported in Sudan between 27 January and 26 July 2024



Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Food Insecurity

Acute food insecurity remains at the worst level ever seen in the country. Conflict and insecurity, displacement, and economic shocks are key drivers of the situation, particularly in conflict-affected areas. [The Famine Review Committee by the Integrated Food Security Phase Classification \(IPC\)](#) concluded that IPC Phase 5 (Famine) is ongoing in July 2024 in Zamzam camp near El Fasher town, and the conditions will continue into the August to end of October projection period. Although uncertainty exists, the likelihood of famine remains high in Zamzam camp after October and many other areas throughout Sudan remain at risk of famine as long as the conflict and limited humanitarian access continue. In addition, similar conditions are likely prevailing in other sites for internally displaced persons in the El Fasher area, notably in Abu Shouk and Al Salam camps.

Sudan Operational updates

Health Information and Epidemiology

Early Warning, Alert and Response (EWAR) surveillance:

From 10 to 11 July 2024, WHO, in collaboration with the Federal Ministry of Health, conducted the electronic early warning, alert and response (EWAR) pilot hybrid training for partner-supported facilities in Central Darfur and East Darfur states. The primary objective of EWAR is to support the early detection and rapid response to acute public health events, thus contributing to saving lives and livelihoods. The training is planned to be repeated in several rounds to allow more partners to join the pilot program. The implementation would be followed by possible expansion of the system to other hard-to-reach areas.

Health Resources and Services Availability Monitoring System (HeRAMS):

With the support of partners, a virtual training was conducted for Central and East Darfur states on 9 July 2024. The training is planned to be repeated on 8 August 2024 to allow more partners to join. In addition, the training of trainers (ToT) session in Port Sudan has been conducted on 13-15 July 2024. The session aimed to cover Red Sea, Kassala, White Nile, Gedaref, Khartoum and Al Jazirah states (as a first round) and Blue Nile, River Nile, Sennar, and Northern States (as a second round).

Partner Coordination and Engagement

Eighty-four partners participate in the Health Cluster at national and sub-national levels, including 24 national NGOs, 37 international, UN agencies, donors, observers and the Ministry of Health. Health partners support over 596 health facilities, which between January and June 2024 conducted over 1.8 million outpatient consultations, 68 000 assisted deliveries, 6100 mental health consultations and 48 200 psychosocial support sessions. Though most support is for primary health care service delivery points (63% for primary health care centres [PHCCs], 16% primary Hhealth care units [PHCUs], and 8% mobile clinics) 12% of the supported facilities are hospitals. Partners continue to provide services across all states including hard-to-reach areas such as Khartoum, and across the Darfur and Kordofan regions.

According to mapping conducted in July 2024, the most common cause for disruption of the provision of health services was lack of supplies (reported in 58% of health facilities with disruptions).

Figure 8: Partner distribution by state and agency in Sudan.

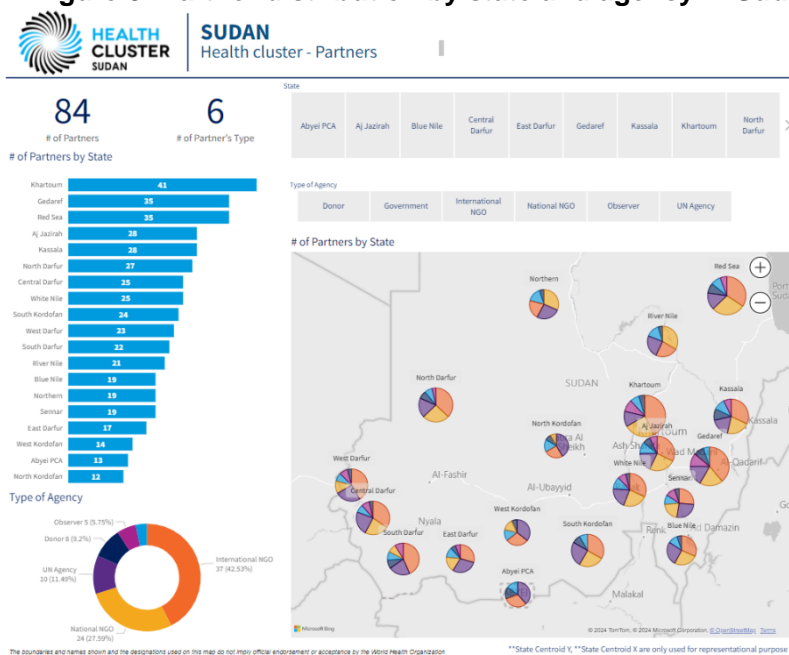
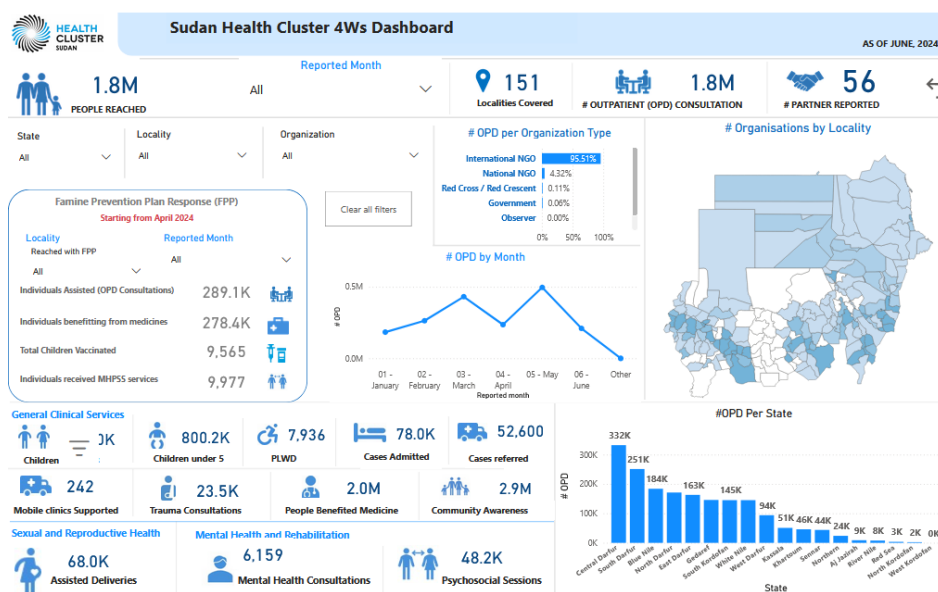


Figure 9. Sudan Health Cluster 4Ws (who, what, where, when) dashboard



Emergency Medical Team (EMT) request for deployment and trauma working group:

On 10 July 2024, an EMT request for assistance, issued by the Ministry of Health of Sudan, was shared with the global EMT community. An EMT strategy was subsequently developed that combines surges in clinical care with capacity building of local services. A total of 13 international teams have expressed their readiness to deploy. A tasking plan is being developed jointly with the Trauma Working Group and Health Cluster.

An EMT coordinator has been identified and is being deployed to Port Sudan.

Technical Expertise and Health Operations

Support to health care facilities:

- **Referral Hospitals:** Ten referral hospitals focused on secondary healthcare across various states, including Khartoum, Northern, and Kassala, will be supported starting August 2024 for a period of 18 months with funding from the World Bank. Additionally, support is being provided to 30 other hospitals offering primary and secondary healthcare, including comprehensive emergency obstetric and newborn care (CEmONC) services and clinical support for survivors of female genital mutilation (FGM) across the country, funded by various donors.
- **Primary Health Care:** In partnership with the Ministry of Health, WHO is supporting 60 primary healthcare facilities, with 53 operational as of July 2024. This support includes human resources, operational costs, training, and medical supplies. An additional 42 facilities providing primary healthcare are funded by the United States Bureau of Humanitarian Assistance (BHA) through WHO.

Medical commodities package:

- **Pharmacy:** Rehabilitation of cold chain systems, including fridges and sustainable energy sources.
- **Trauma Care:** Supply of essential medical supplies from pre-hospital to advanced care.
- **Non-Communicable Diseases (NCDs):** Distribution of medicines for chronic diseases.
- **Renal Dialysis:** Distribution of dialysis supplies, including sessions for adults and paediatrics, with significant support from international donors like Saudi Arabia.
- **Procurement:** Acquisition of mobile laboratories.
- **Essential Medicines:** Supply of essential medicines and consumables for patients in need of lifesaving care.

Laboratory:

- **Mobile Laboratory:** Through the Ministry of Health, WHO is procuring a mobile PCR laboratory for vaccine-preventable diseases, along with the provision of biosafety guidelines. The mobile laboratory is intended to support rapid pathogen detection and environmental monitoring, equipped for various biological and chemical analyses.
- **Testing Capacity:** WHO is providing rapid diagnostic tests and other laboratory supplies to enhance testing capacities in health facilities.
- **Laboratory Assessment:** WHO is leading the assessment of national laboratory capacity with the intention to support the procurement of essential laboratory equipment, aiming to enhance the Ministry of Health's ability for early detection of communicable diseases and environmental hazards.

Haemodialysis:

WHO delivered over US\$ 799 000 worth of haemodialysis supplies to the Ministry of Health, including 47 000 sessions for adults and 6000 sessions for paediatric patients in January 2024, with support from King Salman Humanitarian Aid and Relief Center (KSRelief). More supplies will be provided to cover 215 000 haemodialysis sessions planned for the remainder of the year. The impact of supplies is expected to benefit 240 paediatric patients and 8820 adult patients over a duration of six months, providing 72 sessions per patient.

Nutrition:

WHO is providing support to 16 nutrition stabilization centres targeting patients with severe acute malnutrition (SAM) with clinical complications. The 16 centres are operated by health partners, located in the Red Sea, River Nile, North Kordofan, North Darfur, Kassala, Gedaref, South Kordofan, and West Darfur states. By June 2024, a total of 13 280 children suffering from severe acute malnutrition and medical complications have been treated in Sudan's stabilization centres.

In collaboration with the MOH, WHO completed a rapid needs assessment in Blue Nile State, covering newly arrived internally displaced persons from Khartoum, Al Jazirah, and Sennar.

Famine alerts were issued by IPC for Central and West Darfur states, with Beida locality in West Darfur elevated to a top priority. Preliminary results from SMART Surveys in El Geneina, West Darfur, indicate global acute malnutrition (GAM) at 21.1% and SAM at 6.1%. Data collection was also completed in Kulbus, Jebel Moon, and Krenek localities in West Darfur.

WHO has distributed 1173 SAM modules, containing both medicines and supplements, to stabilization centres in White Nile, Red Sea, Kassala, Port Sudan, and Gedaref. Additionally, 190 SAM modules have been prepositioned at the Port Sudan warehouse out of the 2713 modules needed, with an additional 171 flexible SAM modules and 720 SAM modules intended for health partners in Chad working cross-border.

In collaboration with the Ministry of Health, WHO has trained 2134 individuals, of whom 81.2% are women, with 10 nutrition specialists providing technical support through over 60 field visits across the country.

Immunization:

WHO is supporting healthcare facilities across the country with routine immunization, providing vaccines for the pentavalent vaccine (Penta), pneumococcal conjugate vaccine, inactivated poliovirus vaccine, bivalent oral polio vaccine (bOPV), rotavirus vaccine, yellow fever vaccine, meningococcal serogroup A vaccine, and measles-containing vaccine (MCV), along with vitamin A, mid-upper arm circumference measurement for assessment of malnutrition, deworming, and insecticide-treated nets. As of May 2024, the first-dose Penta coverage in accessible states reached 101%, while the third-dose Penta coverage was at 86%. However, in hard-to-reach states, coverage was significantly

lower, with 14% for the first-dose Penta and 11% for the third-dose Penta. The measles-rubella vaccine was introduced in eight relatively safe states by week 25 of 2024.

The novel oral polio vaccine type 2 (nOPV2) and vitamin A campaign targeted over three million children under five years, achieving vaccination of 3 292 398 children (107% of the target) with nOPV2, and 2 219 560 children (97% of the target) received vitamin A supplements. State-level accessibility shows varying levels of access across Blue Nile, Sinnar, White Nile, Northern, Al Jazirah, Khartoum, Kassala, Red Sea, and Gedaref, while North Darfur has 18 inaccessible localities. Overall, 51% of localities are fully accessible, 33% are partially accessible, and 16% are inaccessible.

The second round of the campaign will be in August 2024 to reach 2.9 million children. WHO supports federal and state ministries of health, providing technical support, supportive supervision, post-campaign monitoring, and operational support to ensure the campaign is implemented with the highest possible standards. With WHO support, the Federal EPI Programme will, for the first time, use lot quality assurance sampling (LQAS) for post-campaign monitoring.

Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health:

Comprehensive emergency obstetric and newborn care (CEmNOC) activities were repurposed under the Sudan Free of Female Genital Mutilation Program, funded by the United Kingdom Foreign, Commonwealth & Development Office (FCDO) and Global Affairs Canada through WHO, to ensure lifesaving care for women and girls within selected hospitals. Gender-based violence (GBV) training was provided to 24 midwives in Kassala, along with an online orientation focused on GBV-related life skills for 60 medical students. Functional support was extended to eight primary healthcare facilities through the supply of emergency gynaecology and obstetrics medical supplies, with additional personnel trained in GBV, clinical management of rape (CMR), and FGM complication management. As of July 2024, a total of 2325 women and girls were reached across Khartoum, Red Sea, Kassala, River Nile, and Northern states.

Services provided included antenatal care for 1439 women, postnatal care for 50, family planning for 287, and 288 normal deliveries. Additionally, 259 caesarean sections were performed, and ongoing GBV case management was supported. Continued efforts include mapping the GBV sub-sector, conducting community outreach, offering telemedicine services for mental health support, and providing further training for medical professionals in GBV and CMR.

Operations Support and Logistics (OSL)

From 1 January 2024 and as of 22 July 2024, commodities mobilized by WHO to support the health response in Sudan have included:

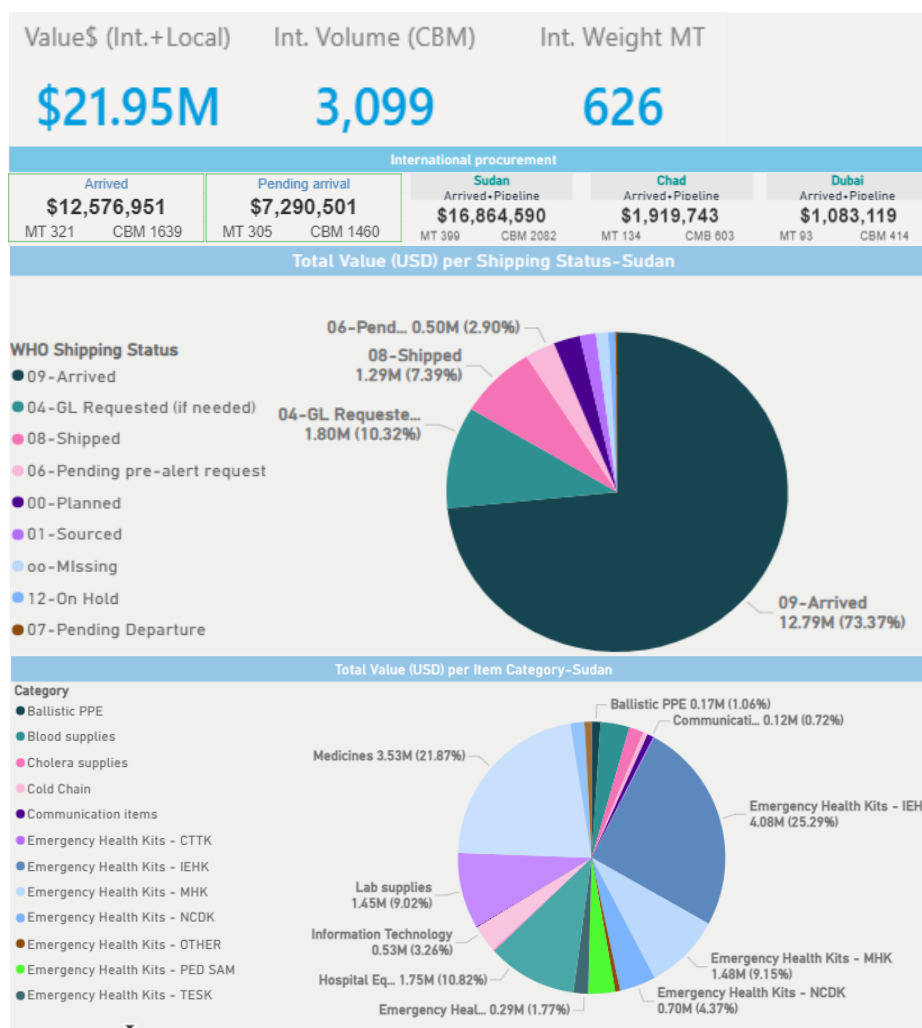
- Emergency health kits to serve the basic primary care medical needs for a population of 1 164 000 people for about three months.
- Non-communicable disease kits to serve the chronic disease treatment needs for a population of 970 000 people for about three months.
- Emergency health kits to serve the secondary care medical needs for a population of 6 680 000 people for about three months.
- Supplies to treat 44 900 cases of cholera.
- Medicines and supplies to care for to treat 8750 cases of severe acute malnutrition with medical complications in children.
- Medicines to treat the most common pediatric illnesses for about 109 800 children.
- Medicines to serve the secondary care needs of 45 400 hospitalized children.
- Supplies to treat 7800 cases of pneumonia.
- Medicines for outpatient treatment of the mental health and neurological conditions for a population of 1 520 000 people.
- Medicines for inpatient treatment of the mental health and neurological conditions for a population of 2 270 000 people.

- Medicines to treat 281 010 cases of uncomplicated malaria.
- Medicines to treat 71 160 complicated malaria cases.
- Supplies to collect, test and transfuse 500 units of blood.
- Medicine to treat 25000 cases of schistosomiasis.
- Supplies to perform 4200 trauma interventions.
- Diphtheria antitoxin sufficient to treat up to 300 cases of diphtheria.
- Rapid diagnostic kits to perform (96000 + 100000) = 196 000 tests for hepatitis B.
- Rapid diagnostic kits to perform 96 000 tests for HIV.
- Rapid diagnostic kits to perform 52 000 tests for dengue.
- Rapid diagnostic kits to perform (33 600 + 60000) = 93 000 tests for malaria.
- Rapid diagnostic kits to perform 52 000 tests for cholera.
- Laboratory supplies for over 75 000 PCR tests for a variety of pathogens including SARS-CoV-2, Crimean-Congo haemorrhagic fever, dengue, hepatitis E, and West Nile virus.

As well as numerous additional health commodities for whom the number of people covered is more difficult to quantify, such as medical devices, safety equipment, and standard laboratory reagents. The highest expenditure in terms of purchase line amount falls under the category of Emergency Health Kits, which accounts for almost half of the total value at 49.58%. Other substantial categories include Medicines and Hospital Equipment.

Supply Chain Management (Upstream from January 2024 to present):

Figure 10. Procurement value (USD) and status including Volume (CBM) and weight (MT)



Prevention of and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

Findings from the analysis of PRSEAH integration into the Health Cluster in Sudan highlight substantial progress made from January to June 2024. A total of 33 009 beneficiaries were reached with information, with the majority of this outreach taking place in East Darfur and Sennar states, led by the NGO partners World Vision and Relief International. Technical discussions have been facilitated between the national and sub-national Health Clusters regarding the implementation of recommendations from the perception survey.

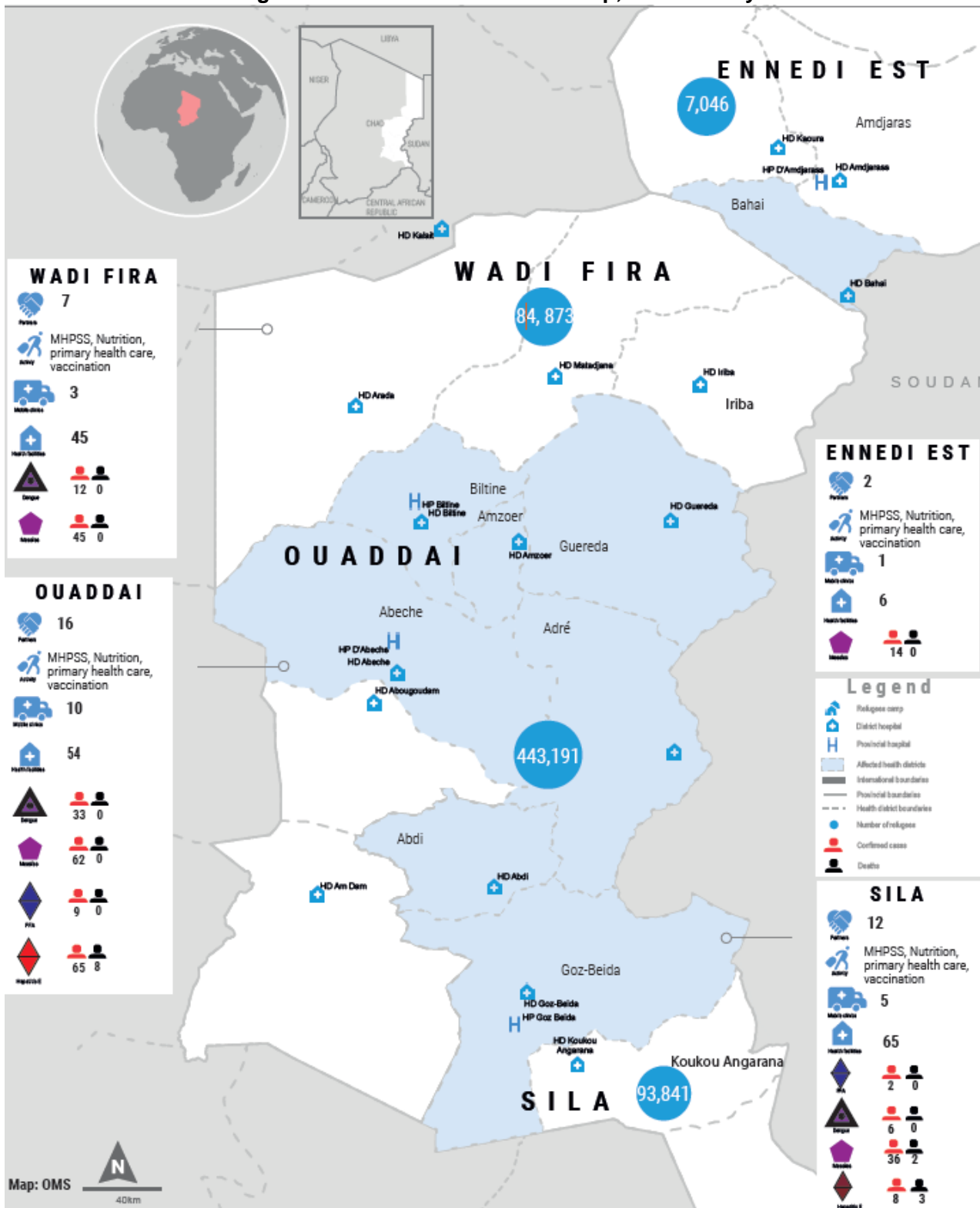
Following the deployment of the inter-agency PSEA coordinator in April, the Inter-agency Action Plan was published on 11 July 2024, with contributions to inter-agency initiatives by WHO. As part of inter-agency initiatives, WHO delivered a PSEA session during the Protection Cluster's Training of Trainers.

WHO continues to engage technically with federal and states' Ministries of Health on integrating sexual misconduct into HeRAMS.

Situation update in neighbouring countries

Chad
Situation overview

Figure 11: Chad health situation map, as of 28 July 2024

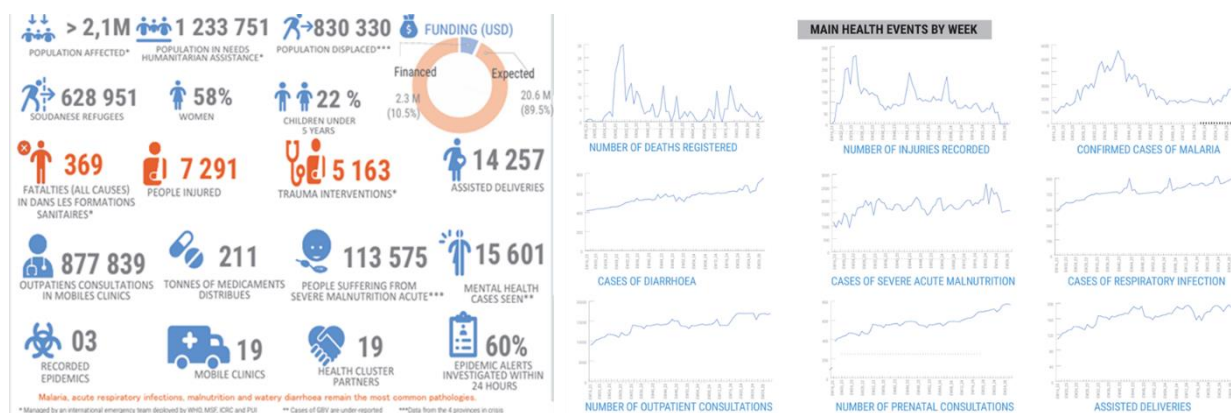


- Chad is the centre of the Sudan refugee crisis and its profound health impact. More than 632 000 Sudanese refugees/asylum seekers have been hosted in Chad since the start of the conflict in April 2023. Every week, an estimated 5000 new arrivals enter through 37 entry points in eastern Chad.
- The majority are women and children, about 89% of refugees and 93% of returnees. Many of the women and young girls have been sexually abused or raped, and malnutrition among children is widespread. Combined with measles and several other epidemics, there is an ongoing health emergency within these vulnerable groups hosted in overcrowded and under-resourced sites.
- Chad's healthcare system has limited resources and stretched infrastructure. It is now grappling with a dual challenge: supporting these refugees while not neglecting its citizens' health needs. With the ongoing rainy season, the health situation has become more dire. Torrential rains and temporary waterways also complicate the delivery of coordinated health responses.

Health information and epidemiology updates

- The health challenges in the refugee camps are immense. Every week, 1500-2000 cases of SAM are registered. Since the start of the crisis, among both the refugee and host populations, 369 deaths associated with malnutrition have been reported. Of these, 203 deaths (56.4%) were among malnourished children.
- Along with malnutrition, malaria, acute respiratory infections, and watery diarrhoea remain the most common pathologies. The humanitarian situation is exacerbated by epidemics of dengue fever, measles, chickenpox, and hepatitis E.
- Mental health needs are also significant. It is estimated that over 25 000 refugees need mental health support, but there are simply not enough resources.

Figure 12: Key figures and trends of major health events by week, as of 28 July 2024



Operational updates

- WHO is working alongside the Ministry of Public Health (MoPH), UN agencies and operational partners to respond to the hepatitis E epidemic in the health districts of Adré, Hadjer-Hadid and Amleyouna in Ouaddaï province, Koukou-Angarana and Gozbeida in Sila province, Iriba in Wadi-Fira province, and Bahai in Ennedi-Est province; as well as the chickenpox epidemic in Abéché prison in Ouaddaï province.
- WHO supports the MoPH in coordinating the response, epidemiological surveillance, laboratories and training supervision in the areas of responsibility and in the refugee camps.
- As part of the drive to strengthen epidemiological surveillance in the eastern health districts, the MoPH, with technical support from WHO, has undertaken to deploy the EWARS Mobile tool. Training sessions for health workers from the MoPH and its partners were held in the provinces of Wadi-Fira, Sila and Ouaddaï. A total of 136 people, including provincial public health delegates, heads of epidemiological units, district medical officers, zone heads, health centre managers, health information collectors and partners have already been trained in reporting

health and humanitarian data from the crisis in the east, as well as in early detection and rapid response to public health events in refugee and returnee sites and among the host population, thanks to financial support from the European Union.

- The final training session will be in Adré in August, targeting health workers and operational partners from the Adré and Hadjer-Hadid health district.

PRSEAH updates

In July 2024, WHO Regional Office for Africa conducted a mission to Chad to support efforts towards PRSEAH risk mitigation. The objectives of the mission were to strengthen the capacity of WHO staff in Chad to prevent, detect and respond effectively to PRSEAH risks, based on a systematic assessment of current practices and fostering of best practices. Specifically, the mission assessed the current intervention strategy in Eastern Chad with regards to systematic monitoring of PRSEAH risks linked to the humanitarian crisis and multiple graded emergencies, built the capacity of staff on PRSEAH, optimized processes for receiving and referring complaints and advocated for a culture of transparency and accountability in PRSEAH case management.

The mission achieved the following points:

- Facilitated a total of six PRSEAH sessions in Abéché, Farchana, Adré and N'Djamena.
- Led a PRSEAH risk overview mission to the two refugee camps (Aboutenga and Camp de Transit).
- Engaged with the PSEA Interagency coordination stakeholders and actors in Farchana to harness better collaboration.
- Advocated with the partnership and resource mobilization team of the WHO Country Office (WCO) on the need and effective strategies to be used in the integration of PRSEAH indicators and initiatives into all resource mobilization initiatives.
- Strengthened the capacity of WCO PRSEAH focal points through work sessions on diverse topics.

South Sudan

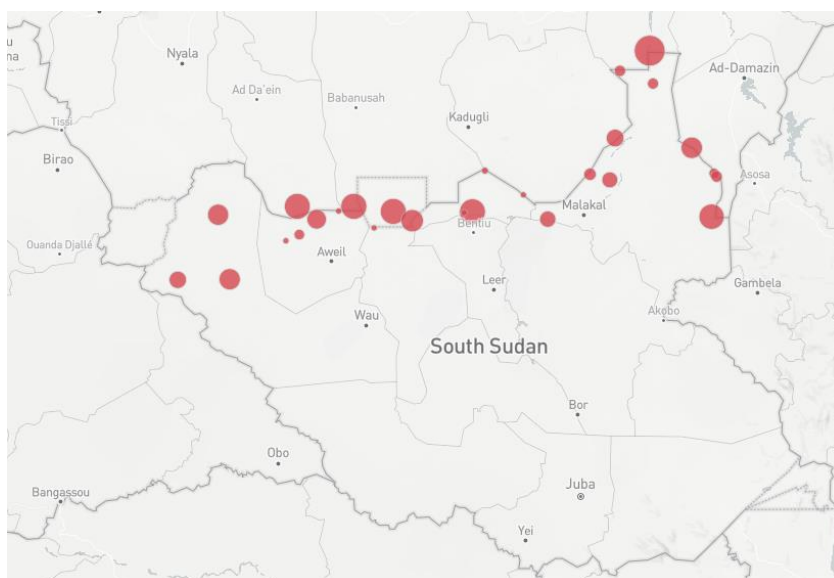
Situation overview

Over 780 000 refugees have sought sanctuary in South Sudan through various entry points since April 2023. The majority (51%) of these displaced individuals are women and children who arrived with pressing demands for essentials such as food, water, shelter, and medical aid. This influx further compounds the humanitarian difficulties faced by South Sudan, where it is estimated that over nine million individuals require assistance in 2024.

In July 2024, five children with SAM and medical complications died at Renk County Hospital. Partners have held meetings to address these deaths and ensure necessary care is provided.

South Sudan's health system faces significant challenges across all health system building blocks in providing equitable and quality healthcare services due to ongoing conflict, displacement of communities, and infrastructure limitations. Heightened and widespread food insecurity has persisted in South Sudan, with over 7.1 million people (56% of the total population) facing high levels of acute food insecurity between April and July 2024, including 79 000 people in Catastrophe (IPC Phase 5) including 28 000 returnees. An estimated 1.65 million children are projected to be acutely malnourished (SAM: 480 000; and moderate acute malnutrition [MAM]: 1.17 million) along with 870 000 pregnant and lactating women.

Figure 13. Map displaying points of entry where returnees and refugees enter from Sudan.



In May 2024, intercommunal violence between conflicting communities in Malakal town, Upper Nile state, killed at least eight people and affected humanitarian activities. Nearly 600 people fled to the Malakal Protection of Civilians (POC) site from Malakal town seeking safety. Separately, some 284 people arrived in Malakal town, from Mayendit and Rubkona counties in Unity state, in search of humanitarian assistance due to the dire situation in their places of origin.

Emerging needs are summarized below:

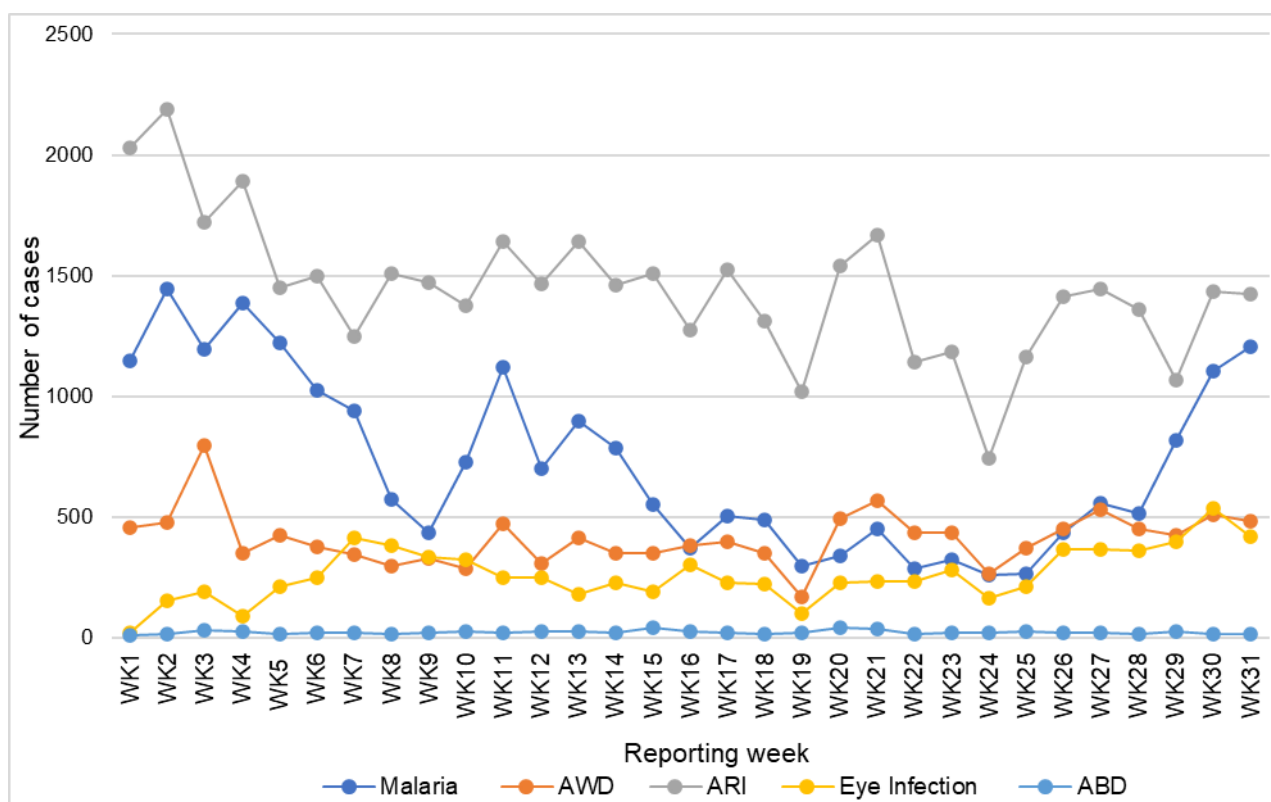
- Uncertainty regarding specialist staffing and medical care provision in Renk County Hospital through the Health System Transformation Program initiative.
- Renk County Hospital Laboratory is not adequate to carry out basic laboratory analyses and microbiological testing. The lab is very unhygienic despite a three-day cleaning supported by WHO having been conducted. At present, there is no access to clean water in the lab.
- No microbiological analysis is being conducted on water distributed to the Transit Centres (TCs). Water is only being tested for free residual chlorine.

- Recent rains have impacted large areas of TC2as drainage is poor. Large pools of stagnant water nearby the resident shelters pose a public health risk, e.g., from mosquito breeding.
- Improving surveillance by conducting tests on all reported acute watery diarrhoea (AWD) cases, particularly at health facilities and entry points.

Health information and epidemiology updates

- The incidence of malaria cases in Unity and Upper Nile states has consistently exceeded the specified alert and epidemic thresholds during most of the periods examined from epidemiological week 1 to 29 of 2024.
- Renk county continues to suffer enduring effects from the crisis in Sudan, resulting in increased morbidity and mortality rates.
- Renk county exhibits a high under-five mortality rate compared to the crude mortality rate, with measles being the primary cause, followed by malaria and AWD.
- Ongoing daily health screenings for AWD and suspected cholera cases are being conducted at the Wunthou point of entry (PoE). Active case searches and referrals for AWD cases are also being carried out in the TCs and within the host community.

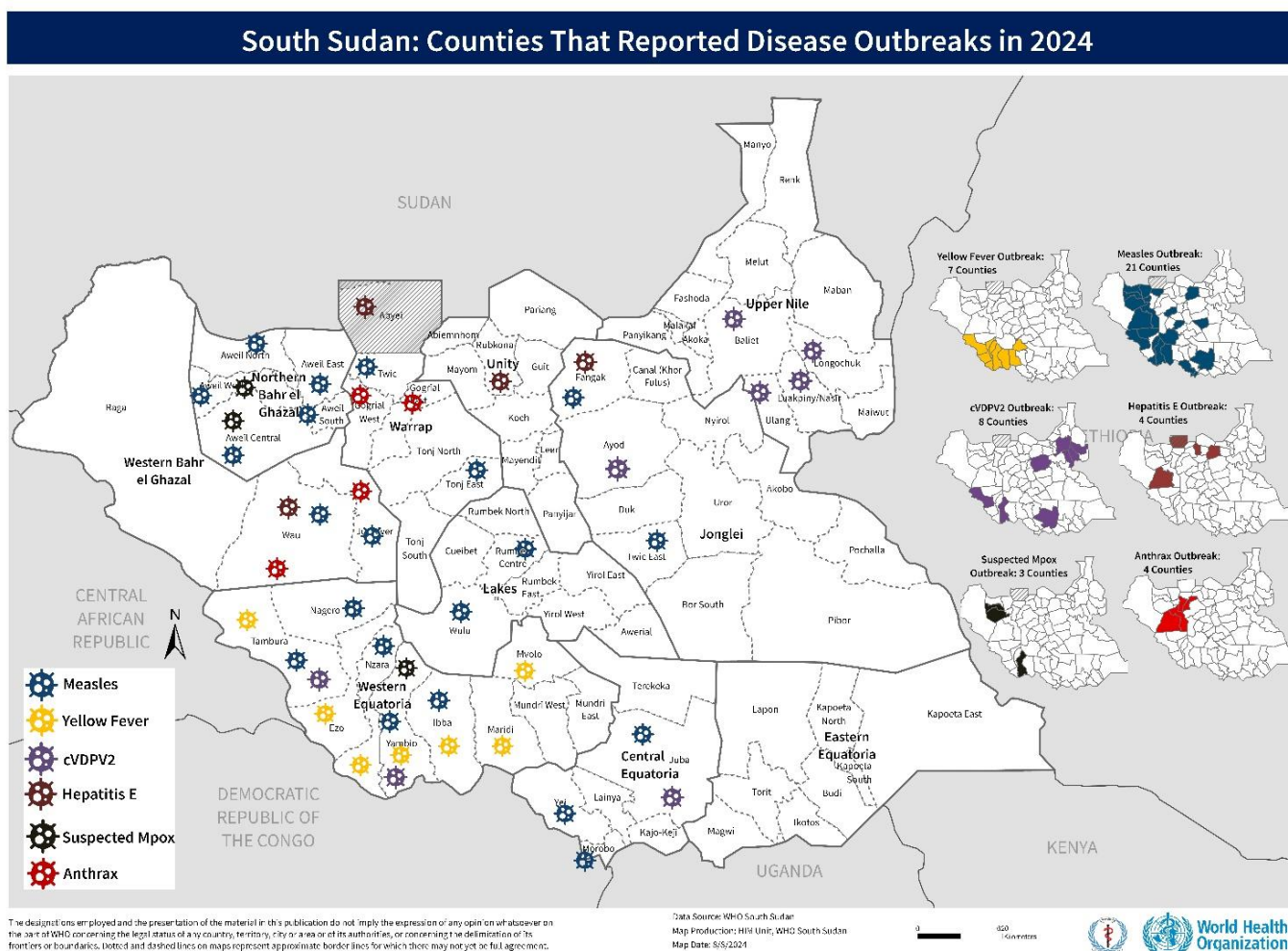
Figure 14. Morbidity trend in TC1, TC2 and Reception centre, Renk County, as of week 31, 2024



(ABD: Acute bloody diarrhoea; AWD: acute watery diarrhoea; ARI: acute respiratory infection)

Source: WHO Country Office South Sudan

Figure 15. Ongoing disease outbreaks across South Sudan, as of July 2024



Operational updates

Coordination:

Coordination is ongoing with the Ministry of Health and partner organizations involved in providing assistance in counties that are receiving refugees and returnees from Sudan. This collaboration will facilitate a comprehensive and efficient response to the healthcare needs of these vulnerable populations.

WHO, the Agency for Technical Cooperation and Development (ACTED), and the United Nations High Commissioner for Refugees (UNHCR), in collaboration with the site planner, have worked together on the reconstruction of the Wunthou One Stop Centre (OSC). This facility is utilized for protection interviews, MUAC screening, provision of nutritional supplements, and emergency vaccinations. The joint efforts of UNHCR and ACTED have successfully completed the OSC upgrade to minimise the rainy season's impact, ensuring uninterrupted access to the site and its essential services.

Surveillance:

Weekly monitoring of priority diseases through the EWARS, Integrated Disease Surveillance and Response (IDSR) platforms and, separately, via the weekly morbidity reports from each of the health facilities in the two TCs, the Wunthou PoE clinics (International Organization for Migration [IOM] and Médecins Sans Frontières - Belgium [MSF-B]) and from Renk County Hospital.

the laboratory technician deployed from the National Public Health Laboratory (NPHL) to Renk received comprehensive support to conduct an evaluation of the Renk County Hospital Laboratory and explore the possibility of enhancing its microbiological testing capabilities. Additionally, the laboratory services at the four health facilities within the TCs were evaluated, noting that three of them have dedicated lab personnel who conduct on-site testing, primarily utilizing malaria and cholera rapid diagnostic tests.

Operational Support and Logistic:

Prepositioning of emergency medical supplies to backstop health emergency partners and address the acute gap in medical supplies is underway. The first round of the prepositioning is in progress, 40.8 metric tons of emergency health supplies worth US\$ 675 566 befitting 658 030 individuals being prepositioned, to be scheduled for delivery in August 2024.

PRSEAH updates

The PRSEAH Technical Officer and Focal Points carried out a series of critical PRSEAH activities in Upper Nile State, targeting both Malakal and Renk regions.

In Malakal, WHO trained 39 individuals (12 females and 27 males) including WHO and partner personnel, and MoH staff. The training focused on enhancing knowledge of GBV/PSEA and reinforcing safe health service delivery and DO NO HARM principles. Additionally, awareness sessions were conducted for 169 community members (129 females and 40 males) at the Malakal POC site, with meetings held in women's and youth centres. PRSEAH informational materials, including leaflets and flyers, were distributed. Visibility materials such as t-shirts, wrist bands, posters, and flyers were also distributed during all activities to raise awareness and inform communities about the available reporting channels for any allegations.

In Renk, WHO trained 41 personnel (13 females and 28 males) from WHO and partner organizations, including MoH staff at the Renk centre, with a similar focus on GBV/PSEA knowledge and safe health service delivery. Moreover, 248 new arrivals (167 females and 81 males) from Sudan, including refugees and returnees, were engaged with essential PRSEAH messages at the Jorda border. This initiative ensured that affected communities were aware of their rights at service delivery points. Refreshments were provided to all new arrivals before they were transported to the TCs in Renk.

Ethiopia

Situation overview

As of July 2024, around 170 000 refugees and returnees to Ethiopia have been recorded since the beginning of the conflict in Sudan in April 2023. Over half of them are Sudanese, while 38% are Ethiopians. The main border-crossing point of entry is Metema Yohannes in the Amhara region, with fewer crossings at Kurmuk in the Benishangul-Gumuz region and others in the Gambella region.

Ethiopian Public Health Institute / Regional Health Bureau, UNHCR, Medical Teams International, and GOAL Ethiopia are partners supporting the Sudan refugee crisis in Kurmuk woreda. One transit clinic was established at the Kurmuk PoE, in addition to the Horazab health centre and Assosa Hospital, the refugee referral health facilities. Refugees also use the host community health facility at the newly established Oura refugee camp. Thus, four health facilities are providing life-saving health services for refugees in the Benishangul-Gumuz region.

Emerging needs include the security risk around the crossing areas and transit clinics; shortage of medical supplies and inadequate health services, including vaccination services at the transit sites; inadequate and unsafe water supply and latrine facilities; a shortage of standard IPC/WASH facilities; and inadequate referral systems, including lack of ambulances.

Health information and epidemiology updates

Surveillance: The influx crossing sites continue to experience multiple public health emergencies, including malaria, measles, rotavirus, AWD, acute and chronic forms of malnutrition, and HIV/AIDS. The health facilities in these areas are overstretched, with people from both refugee and host communities seeking health services for the above disease conditions. The area around the Kurmuk crossing site is a gold mining area with significant in- and out-migration, which may facilitate the spread of diseases to the adjacent overcrowded population of Assosa town, a regional centre.

Disease trends: Malaria cases are increasing among host communities and refugees in the Amhara region. As of 27 July 2024 (epi week 30), the Kurmuk site reported 3456 confirmed malaria cases; more than 340 amongst refugees/returnees. In 2024, 439 rotavirus cases with three deaths were reported from Kurmuk woreda.

Risk: Inadequate routine vaccination at transit sites and surrounding health facilities exposes children to the risk of vaccine-preventable diseases such as measles, polio, tetanus, whooping cough, and diphtheria. Inadequate water supply and sanitation facilities expose the population to cholera, dysentery, and other communicable diseases.

Figure 16. Malaria trends in Metema, 2022 to 2024 (as of epi week 30)



Figure 17. Malaria trends in Kurmuk, 2022 to 2024 (as of epi week 30)



Figure 18. Malaria trends in Lare woreda, 2022 to 2024 (as of epi week 30)

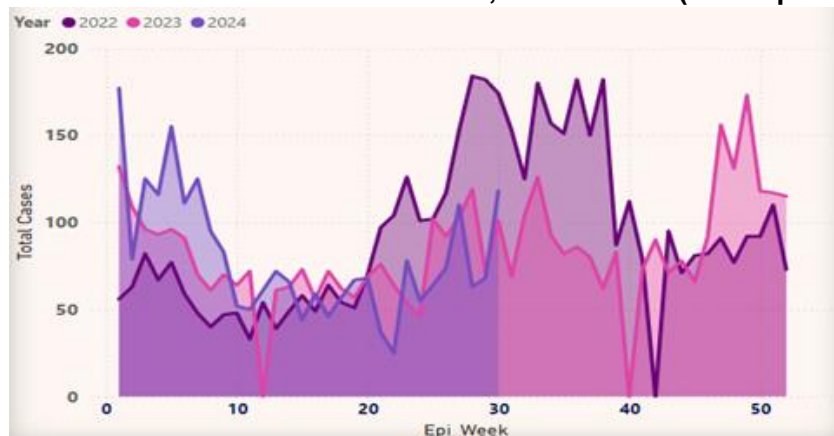


Figure 19. Malaria trends in Itang woreda, 2022 to 2024 (as of epi week 30)

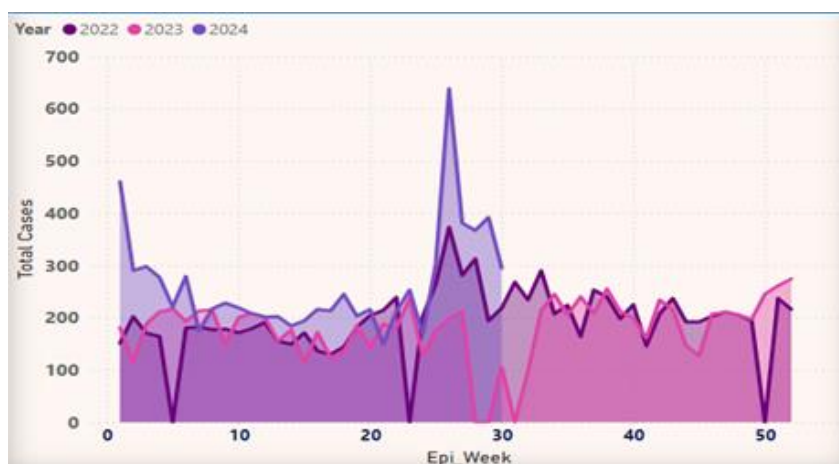


Figure 20. Severe acute malnutrition (SAM) trends in Metema woreda, 2022 to 2024 (as of epi week 30)

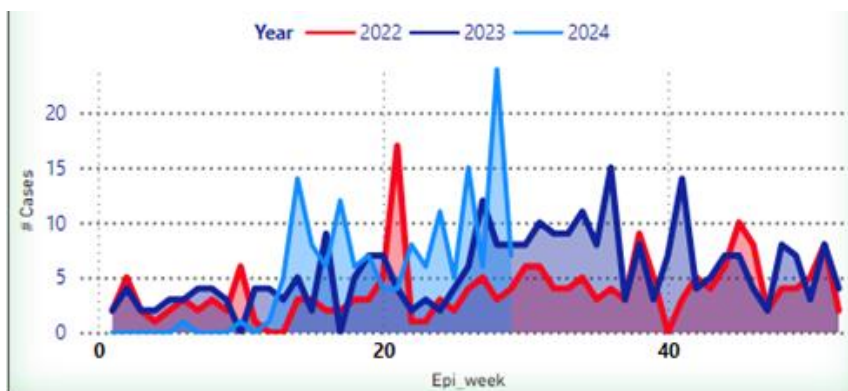


Figure 21. Dysentery trends in Metema woreda, 2022 to 2024 (as of epi week 30)



Operational updates

Health services are being provided by mobile health and nutrition teams deployed to districts around transit centres and refugee camps. The surrounding health facilities provide services for referral cases and other visits.

- WHO, through the Health Cluster, has engaged health partners to respond in three affected regions (Amhara, Benishangul-Gumuz, and Gambella).
- All influxes of refugees and returnees crossing the border from Sudan to Ethiopia are being screened for disease conditions.
- A total of over 87 000 individuals have received free medical consultations at Metema (Amhara), Gambella, and Kurmuk (Benishangul -Gumuz) crossing sites.
- A total of over 25 000 people have received psychosocial support.
- A total of 477 children were screened for malnutrition: 32 MAM and five SAM cases were identified and linked to health facilities. A total of 138 pregnant and lactating women were screened for malnutrition, and 10 MAM cases were identified and linked to the nutrition centres.
- Sexual and reproductive health services were provided for 75 women of reproductive age: 39 antenatal care, 23 postnatal care, and 13 family planning services.
- A total of 858 individuals were reached with key messages on communicable diseases and sexual and reproductive health.
- WHO is supporting strengthening the surveillance system in the crossing sites, host communities, and border areas, and has assigned additional surveillance staff.

- Emotional support was given to 197 individuals with psychological distress.
- Kurmuk Woreda Health Office Ambulance maintenance was done through WHO financial support.

PRSEAH updates

Due to communal conflict in the affected regions, and challenges in access, in-person activities on PRSEAH were suspended for July.

Central African Republic

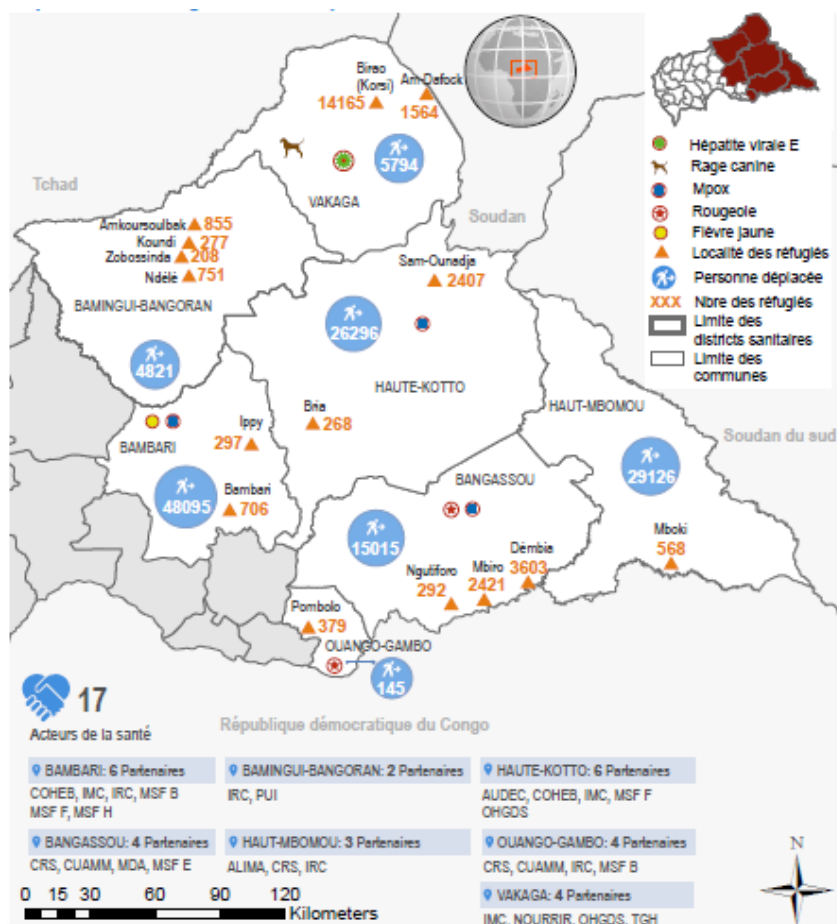
Situation overview

From April 2023 and as of 31 July 2024, the country has hosted over 34 000 Sudanese refugees in six prefectures covering seven health districts. Among the six prefectures affected, Vakaga hosts more than 15 000 refugees. There are several entry points, of which Am Dafock in Vakaga remains the key point of entry.

Health information and epidemiology updates

Six out of seven affected districts have at least one ongoing outbreak. Outbreaks include hepatitis E, rabies, measles, mpox and yellow fever. Among more than 15 assembly points registered, only the Korsi site in the Vakaga region offers health care for refugees, while access to other points remains difficult. The map of current outbreaks by health districts hosting refugees is shown below.

Figure 22. Map of current outbreaks by health districts hosting refugees in the Central African Republic



Source: Central African Republic WCO

There is a hepatitis E outbreak in the Vakaga region. As of the end of week 31, 2024, 125 cases have been reported, with nine cases being laboratory confirmed. Sikikédé, Zinzir, Birao, Am Dafock, and Gordil have been the most affected localities.

In the Bangassou region, a total of 834 measles cases have been reported in Rafai locality as of week 31. In addition, 29 cases of mpox, including one death, were recorded as of week 30, 2024; clade confirmation is underway.

Since the beginning of the year, the total number of curative consultations has reached 20 348 people at the Korsi site. Malaria (32%), acute respiratory infections (22%) and intestinal parasitosis (19%) are the three main causes of morbidity. All patients were treated on an outpatient basis. Other health and medical interventions in Korsi included gynecological, prenatal and postnatal consultations, family planning, deliveries and referrals to appropriate facilities for further treatment.

In terms of nutritional care, a total of 1101 children suffering from MAM and 106 suffering from SAM were identified and treated. More than 800 cases benefited from the malnutrition prevention program.

Operational updates

The incident management team was appointed at the WHO country Office in July, and activities are conducted by pillars.

Coordination/information:

- Revitalization of the Birao health working group.
- Integration of crisis response into meetings of the Bria, Bambari, Bangassou and Kaga Bandoro regional health clusters, through the sub-offices active in these localities, which are humanitarian hubs.
- Production of four weekly situation reports on the crisis.
- Revision of the response plan for the viral hepatitis E epidemic.
- Supporting health facilities to collect and share IDSR and EWARS reports.
- Provision of free healthcare at the Korsi refugee site in collaboration with UNHCR, NOURRIR, IMC, and other national and international organizations through the Health Cluster.

Technical expertise:

- Deployment of a technical officer to Birao, a location with many refugees and several ongoing outbreaks.
- Contribution to the deployment of the rapid response teams in Sikikédé between 17 and 24 July 2024, for the investigation of the viral hepatitis E epidemic.
- Eighteen reviews of consultation registers at the dispensary on the Korsi site at Birao district hospital.

Operations and support:

- Donation to the health district of Birao, consisting of 10 basic Interagency Emergency Health Kits (IEHKs), one additional IEHK 2017 kit, and multiple other sub-components and specialty modules.
- One IEHK supplementary module for renewal for the hospital in Ndélé.
- Five IEHKs, one infection prevention and control kit and communication equipment to the Sikkikede health centre.

PRSEAH updates

PRSEAH risk mitigation activities have been mainstreamed into the incident management system to respond to the hepatitis E outbreak in four locations of Vakaga health district. This has included conducting a PRSEAH briefing session with the Incident Manager and six experts in the rapid response team. The team has also incorporated PSEAH elements into engagement with political and religious leaders, health workers, community leaders and agents, and affected communities. The team of experts was supported by the peacekeeping mission from Birao to Sikkikede, the epicentre of the outbreak, as there is no access to those locations for now due to lack of security. PRSEAH technical support is provided remotely.

Key operational challenges

- **Resource Mobilization:** WHO has received only US\$ 20 million in 2024 to date, leaving a funding gap of US\$ 65.6 million for the response to the Sudan crisis.
- **Access Constraints:** Ongoing fighting and administrative barriers limit WHO's ability to provide humanitarian health assistance in Sudan.
- **EWAR Limitations:** Inadequate early warning, alert, and response surveillance in hard-to-reach areas and among refugees hamper evidence-based decision-making.
- **Rainy Season:** The flooding and heavy rains in different states add challenges in displacement, infectious diseases (e.g., cholera), and the delivery of medical countermeasures and humanitarian aid.
- **Local Coordination:** Ensuring locally led coordination is crucial due to challenging access for Cluster Lead Agencies.
- **Health Worker Shortages:** Lack of trained health workers in emergency medical response, cholera treatment, public health emergency management, and mental health.
- **Supply Delays:** Delays in refilling drug and medical supplies.
- **IPC/WASH Supplies:** Shortages at entry points and financial support for transferring refugees.

Next steps

- WHO to support rapid response to a newly declared cholera outbreak in Kassala and several other states.
- WHO to support implementation of an EWAR surveillance pilot in East and Central Darfur and expansion of HeRAMS through partners.
- Financial and logistical support to refill drug supplies, diagnostic kits, and IPC wash supplies at points of entry.
- Capacity building of health workers and EMTs at health facilities and points of entry serving the host communities and refugees.
- Strengthen the Health Cluster from state to subnational and national level, including leveraging partners with field presence for Co-Coordinator roles.
- WHO to initiate seven streams of sexual and reproductive health and rights (SRHR) activities to strengthen delivery systems of SRHR, including datasets for HIV, SRHR and GBV.

Other resources

- World Health Organization (2024). Public Health Situation Analysis - Sudan Complex Emergency. Available at: [https://www.who.int/publications/m/item/public-health-situation-analysis--sudan-conflict-\(03-april-2024\)](https://www.who.int/publications/m/item/public-health-situation-analysis--sudan-conflict-(03-april-2024))
- World Health Organization. Public Health Situation Analysis: Sudan Conflict – Refugee crisis in neighbouring countries – Central African Republic, Chad, Ethiopia, South Sudan. Internally under revision.
- Global Nutrition Cluster (2024). Sudan Nutrition Sector. Nutrition Vulnerability Analysis. Available at: <https://www.nutritioncluster.net/resources/nutrition-vulnerability-analysis-sudan>
- United Nations High Commissioner for Refugees. Operational data portal South Sudan. Available at: <https://data.unhcr.org/en/situations/sudansituation>
- United Nations High Commissioner for Refugees. Sudan Emergency. Regional refugee response plan. Available at: <https://data.unhcr.org/en/documents/details/106482>
- International Organization for Migration (2024). Monthly displacement overview Sudan. Available at: <https://dtm.iom.int/reports/dtm-sudan-monthly-displacement-overview-08?close=true>
- International Organization for Migration (2024). DTM Sudan - Monthly Displacement Overview. Available at: <https://dtm.iom.int/reports/dtm-sudan-monthly-displacement-overview-08>
- United Nations Office for the Coordination of Humanitarian Affairs (2024). Sudan Humanitarian update 15 May. Available at: <https://www.unocha.org/publications/report/sudan/sudan-humanitarian-update-15-may-2024-enar>
- Famine Early Warning System Network. Available at: <https://fews.net/>

- United Nations Office for the Coordination of Humanitarian Affairs (2024). Sudan – Humanitarian Needs and Response Plan 2024. Available at: <https://humanitarianaction.info/plan/1188>
- United Nations Office for the Coordination of Humanitarian Affairs (2024). Sudan: Famine Prevention Plan 2024 - Through Accelerated Mitigative Actions to Halt Deterioration of Food Insecurity, Livelihood Impoverishment and Malnutrition. Available at: <https://reliefweb.int/report/sudan/sudan-famine-prevention-plan-2024-through-accelerated-mitigative-actions-halt-deterioration-food-insecurity-livelihood-impoverishment-and-malnutrition>
- United Nations Office for the Coordination of Humanitarian Affairs (2024). Sudan Health Cluster. Available at: <https://response.reliefweb.int/sudan/health>
- World Health Organization (2024). WHO Steps Up Cross-Regional Efforts for Sudan's Humanitarian Emergency. Available at: <https://www.emro.who.int/media/news/who-steps-up-cross-regional-efforts-for-sudans-humanitarian-emergency.html>
- World Health Organization (2024). Free essential health care for refugees in eastern Chad | WHO | Regional Office for Africa [in French]. Available at: [Des soins essentiels gratuits pour des réfugiés dans l'est du Tchad | OMS | Bureau régional pour l'Afrique \(who.int\)](https://www.who.int/fr/news-room/feature-stories/free-essential-health-care-for-refugees-in-eastern-chad)
- World Health Organization African Region (2023). WHO is supporting efforts to manage the malnutrition burden in eastern Chad. Available at: <https://www.youtube.com/watch?v=x59MW0ziTNk>
- World Health Organization African Region (2023). Field medical posts deliver critical services as outflow from Sudan conflict surges | WHO | Regional Office for Africa. Available at: <https://www.afro.who.int/photo-story/field-medical-posts-deliver-critical-services-outflow-sudan-conflict-surges>
- World Health Organization Chad (2023). Caring for the war-wounded in eastern Chad [in French]. Available at: [Soigner les blessés de guerre dans l'est du Tchad | OMS | Bureau régional pour l'Afrique \(who.int\)](https://www.who.int/fr/news-room/feature-stories/caring-for-the-war-wounded-in-eastern-chad)
- World Health Organization Chad (2023). In Chad, health support for refugees from the Sudanese crisis is stepping up [in French]. Available at: [Au Tchad, le soutien sanitaire aux réfugiés de la crise soudanaise s'intensifie | OMS | Bureau régional pour l'Afrique \(who.int\)](https://www.who.int/fr/news-room/feature-stories/in-chad-health-support-for-refugees-from-the-sudanese-crisis-is-stepping-up)
- World Health Organization African Region (2024). The refugee crisis in East Chad [in French]. Available at: [La crise des réfugiés à l'est du Tchad by WHO African Region \(soundcloud.com\)](https://www.soundcloud.com/who-african-region/sets/the-refugee-crisis-in-east-chad)
- World Health Organization African Region (2023). Mission to Adré in Chad [in French]. Available at: https://x.com/OMS_Afrique/status/1705585018276319444
- World Health Organization African Region (2023). Transit camp of Adré in Chad [in French]. Available at: https://x.com/OMS_Afrique/status/1684948324397232128
- World Health Organization Chad (2024). Blaise Mbainassem, Tchad [in French]. Available at: <https://www.afro.who.int/fr/about-us/making-difference-health-africa/blaise-mbainassem-infirmier>
- World Health Organization African Region (2023). In the Sahel, WHO helps treat malnourished children – YouTube. Available at: <https://www.youtube.com/watch?v=uBVuWiXdgtY&t=1s>
- World Health Organization African Region (2023). Reaching refugees in Chad with COVID-19 vaccines. Available at: <https://www.youtube.com/watch?v=Lc0y50xj5co&t=14s>
- World Health Organization African Region (2023). Chad, mobile clinics bring COVID-19 vaccination to vulnerable groups | WHO | Regional Office for Africa. Available at: <https://www.afro.who.int/photo-story/chad-mobile-clinics-bring-covid-19-vaccination-vulnerable-groups>
- United Nations High Commissioner for Refugees (2024). Joint Border Monitoring of Arrivals from Sudan to South Sudan, UNHCR Operational Data Portal. Available at: <https://data.unhcr.org/en/dataviz/331>

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