

# Sudan conflict – Situation in refugee-hosting countries

Multi-country External Situation Report n. 6<sup>1</sup>, covering reporting period October 2024

Covering Chad, South Sudan, Libya, Ethiopia, and the Central African Republic

## Highlights

- There is a continued influx of refugees from Sudan to surrounding countries. Eastern Chad has recorded an increasing trend of cases of malaria, diarrhoea, and respiratory infection.
- The Ministry of Health in South Sudan declared the outbreak of cholera in Renk County, Upper Nile State on 28 October 2024. This is in addition to five other active disease outbreaks currently ongoing in the country.
- There is an ongoing outbreak of hepatitis E in Chad among refugees and returnees and in Central African Republic among the refugees, returnees, and host communities; these outbreaks are aggravated by poor water and sanitation infrastructure in sites hosting displaced persons.
- Ongoing hostilities between armed groups threaten the security of civilians in Sudan and neighbouring countries, causing further displacement and adding challenges to infectious disease control and the delivery of medical countermeasures and humanitarian aid.

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## Situation overview

This report summarizes the multi-country health situation and WHO's response across the regional refugee crisis caused by the conflict in Sudan. More than 11.6 million people have been displaced—the largest number in the world—with over 2.4 million displaced into neighbouring countries, including Chad, South Sudan, Egypt, Libya, Ethiopia, the Central African Republic, and Uganda.

As the Health Cluster Lead Agency, WHO ensures the coordination across partners and the strategic approach of the humanitarian health response. However, the existing funding gap limits the ability to scale up and address needs.

Please note that this multi-country situation report focuses on the health situation and WHO's regional response in refugee-hosting countries by the conflict in Sudan. The Sudan health situation and WHO's response will be covered separately in reports issued by the WHO Sudan Country Office.

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<sup>1</sup> This is the sixth multi-country external situation report jointly covering the neighboring 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>

## Situation overview

More than 7300 conflict-related injuries have been reported as of October 2024. Patients have been managed with the support of Médecins Sans Frontières (MSF) France, Première Urgence Internationale, the International Committee of the Red Cross, and WHO. Among the 537 deaths reported in health facilities as of October 2024, 216 (40.2%) were reported in malnourished children. There has been an increase in reported deaths since July 2024, mainly due to the floods that caused more than 100 deaths in Eastern Chad.

The infographic displays a map of Chad divided into four provinces: ENNEDI EST, WADI FIRA, OUADDAI, and SILA. Each province has a population figure in a blue circle: ENNEDI EST (7,046), WADI FIRA (93,841), OUADDAI (481,757), and SILA (93,841). The map also shows various health facilities (H) and mobile clinics (MC) across these provinces. A legend identifies symbols for different types of facilities and health issues.

### Keys figures

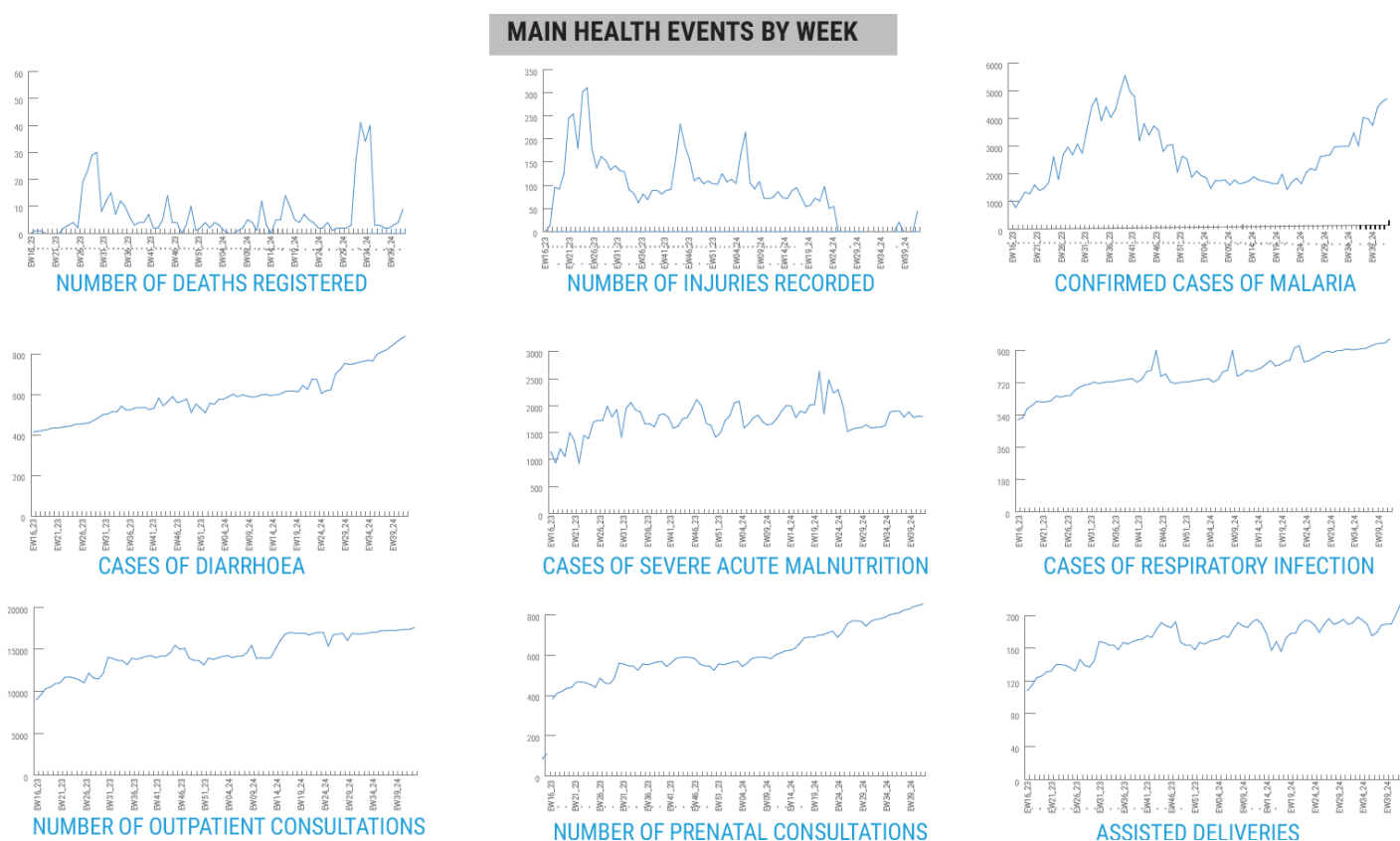
- > 2,2M** POPULATION AFFECTED\*
- 1 334 271** POPULATION IN NEEDS HUMANITARIAN ASSISTANCE\*
- 930,850** POPULATION DISPLACED\*\*\*
- \$ FUNDING (USD)**
  - Financed: 2.3 M (10.5%)
  - Expected: 20.6 M (89.5%)
- 708,107** SOUDANESE REFUGEES
- 58%** WOMEN
- 22 %** CHILDREN UNDER 5 YEARS
- 537** FATALITIES (ALL CAUSES) IN DANS LES FORMATIONS SANITAIRES\*
- 7,375** PEOPLE INJURED
- 5,186** TRAUMA INTERVENTIONS\*
- 16,474** ASSISTED DELIVERIES
- 1,066,436** OUTPATIENTS CONSULTATIONS IN MOBILE CLINICS
- 229** TONNES OF MEDICAMENTS DISTRIBUES
- 132,390** PEOPLE SUFFERING FROM SEVERE MALNUTRITION ACUTE\*\*\*
- 17,334** MENTAL HEALTH CASES SEEN\*\*
- 04** RECORDED EPIDEMICS
- 19** MOBILE CLINICS
- 21** HEALTH CLUSTER PARTNERS
- 53%** EPIDEMIC ALERTS INVESTIGATED WITHIN 24 HOURS

\* Managed by an international emergency team deployed by WHO, MSF, ICRC and PUH  
 \*\* Cases of GBV are under reported  
 \*\*\*Data from the 4 provinces in crisis

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- **Measles:** From January 2024 and as of 26 October, a total of 506 suspected cases have been recorded in the crisis-affected eastern provinces of Chad, with no deaths.
- **Hepatitis E:** From January 2024 and as of 27 October, a total of 3482 suspected cases, 177 confirmed cases and 12 deaths have been reported from 11 refugee camps and sites across seven health districts in Ouaddaï, Sila, Wadi-Fira, and Ennedi Est. Of the reported cases, 52 cases and five deaths have been reported in pregnant women.
- **Acute Flaccid Paralysis:** Since the beginning of the crisis and as of 26 October 2024, a total of 297 suspected cases and 11 confirmed cases have been recorded in the eastern provinces.
- Mental health needs are also significant. It is estimated that over 25 000 refugees need mental health support, however there is a lack of resources to cater to the needs of all of them.

**Figure 2: Trends of major health events by week, as of 27 October 2024**



### Operational updates

- WHO provided technical support for organizing the Mental Health and Psychosocial Support (MHPSS) working group meeting and contributed to updating the 3W/4W matrix, managing mental health data, and creating an annual action plan to guide collaborative actions.
- WHO supported a gender-based violence (GBV) working group meeting in Adré with partners and contributed to developing a GBV communication plan targeting 200 000 refugees at the transit site.
- WHO has delivered psychotropic medications to ensure continuity of care for patients with mental health issues, including a significant number of pregnant women.
- WHO has delivered approximately two tonnes of trauma supplies to transit sites (Birak and Koulbous) in Wadi-Fira province.
- WHO provided technical support for training health centre managers and Expanded Program on Immunization (EPI) coordinators on the introduction of three new vaccines (rotavirus, pneumococcus, and malaria). A total of 12 health centre managers and 14 EPI coordinators participated in the training.

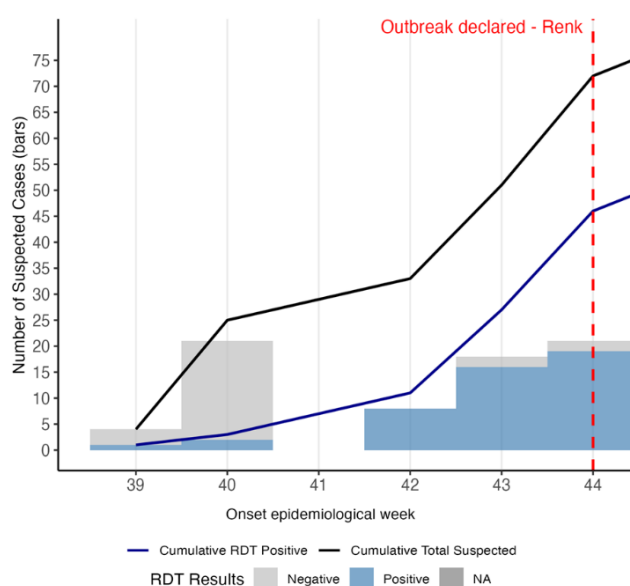
## South Sudan

### Situation overview

More than 850 000 refugees and returnees have entered South Sudan since April 2023. Refugees and returnees are crossing into South Sudan through 21 points of entry (PoEs), and close to 78% of them are crossing to Renk through the Wunthow (Joda) PoE. In October 2024, the Ministry of Health (MoH) of South Sudan, along with WHO and its partners, continued to respond to six active disease outbreaks and monitor two public health events under surveillance. A total of 52 suspected cholera cases have been reported in Renk County, Upper Nile State. All patients were tested by rapid diagnostic test (RDT) and 49 samples were shipped for culture to the National Public Health Laboratory. Among 49 samples, 16 were tested positive for *Vibrio cholerae*, one for serotype Ogawa. The MoH declared the cholera outbreak in Renk County on 28 October 2024. Most of the reported cases were from Sudan where cases self-referred to avail health services at cholera treatment units (CTUs) established at PoEs. The majority of the cases were reported from transit centres where refugees and returnees are hosted. The MoH, the Renk county health Department, WHO and other partners are implementing coordinated response actions.

The most affected age group is 20-49 years (28.8%; 15 out of 52), followed by 0-4 years (26.9%; 14 out of 52). Patients have been reported from the following sources: International Medical Corps (18), CTUs (18), PoE Health Screening Desk (nine), Relief International (five), World Vision (one), and Renk County Hospital (one).

**Figure 3: Number of cholera suspected cases by epidemic week, as of 28 October 2024.**



Biweekly cholera task force meetings regularly review the work of the various cholera technical working groups (TWGs). Surveillance efforts have been enhanced, and two cholera treatment units (CTUs) have been capacitated by adding 20 beds. Risk communication and community engagement (RCCE) and water, sanitation and hygiene (WASH) responses have been intensified. As of October 2024, WHO has shipped 12 metric tons of medical supplies to Renk to support the response. There is an ongoing discussion for cross-border (between Sudan and South Sudan) support and collaboration.

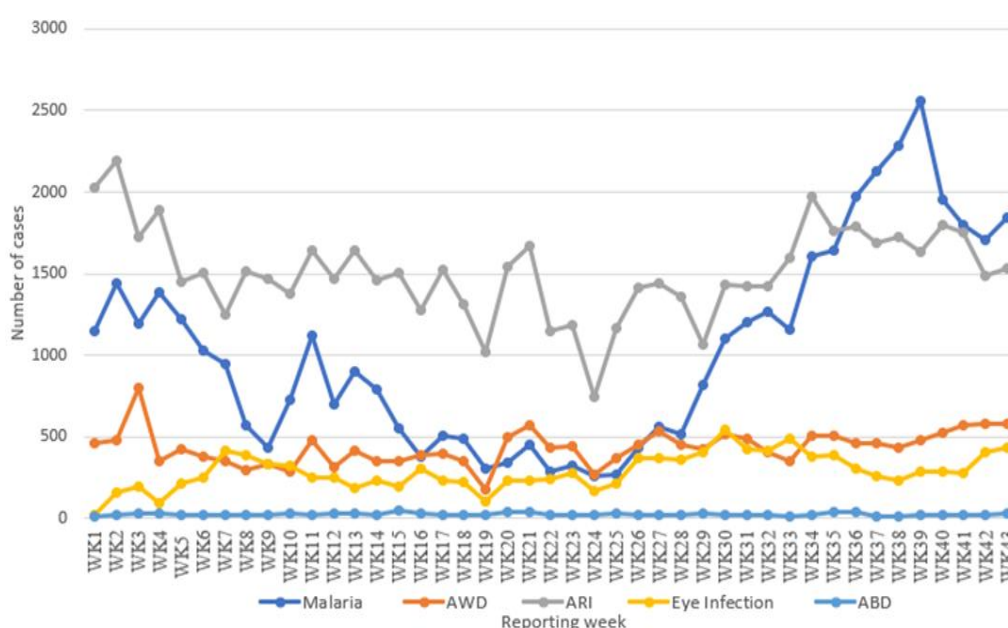
A circulating vaccine derived polio virus type-2 (cVDPV2) outbreak has also been reported, with 12 confirmed cases and eight environmental positive samples reported from January to October 2024. The cVDPV2-affected areas span eight counties across four states: Western Equatoria, Central Equatoria, Upper Nile, and Jonglei. Preparatory work is ongoing to conduct a vaccination campaign in all States in November 2024.

Flooding continues to pose a significant threat to the livelihoods and well-being of communities in the affected areas, intensifying the already existing humanitarian needs and ongoing multiple outbreaks in the country. As of the end of

October 2024, 58 health facilities were submerged due to flooding. In October, over 1.4 million individuals were affected by floods, with over 375 000 people displaced by floods across the country. Snake bites also continue to pose a public health threat, especially in flood-affected areas. Whilst anthrax and hepatitis E virus outbreaks continue to be active in some parts of the country, a measles outbreak has also been reported in four counties.

More than 28 600 refugees and returnees were screened at the PoE for cholera, AWD and measles, and over 30 700 consultations services were provided to refugees and returnees in Renk by different partners (International Organization for Migration [IOM], Relief International, Médecins Sans Frontières [MSF], International Medical Corps [IMC], World Vision International and African Development Aid). The most common morbidities included malaria, acute watery diarrhoea, acute respiratory infection, eye infection and acute bloody diarrhoea.

**Figure 4: Morbidity trends in Transit Centres 1 and 2 and Reception Centre, Renk county 2024**



### Operational updates

- WHO, MoH and partners in Renk have activated the cholera task force and are meeting twice a week to coordinate efforts across the various response pillars.
- Weekly health sector and WASH sector meeting are ongoing, focusing on the ongoing cholera response actions.
- Surveillance has been intensified and oral dehydration points (ORPs) established at all health facilities and selected strategic areas, and the capacity has been upgraded at two CTUs.
- WHO has deployed technical experts to reinforce WHO response operations.
- WHO shipped 12 metric tons of health emergency supplies, which includes supplies to treat cholera, 25 cholera beds and 10 tents.
- WHO supported the health partners by procuring therapeutics and other medical supplies to respond to the cholera outbreak.

### Prevention and response to sexual exploitation, abuse and harassment (PRSEAH updates)

In Bentiu, Unity State, WHO provided financial and technical support to the state-level inter-agency task force to conduct training for 37 personnel (21 men and 16 women) from 23 organizations operating in the region. This initiative aimed to strengthen capacity for collective accountability in addressing sexual exploitation and abuse (SEA) among PSEA task force members, NGO staff, and community outreach workers. The training also focused on raising awareness within the affected communities, including guidance on how to report SEA cases, ensuring greater engagement and protection for the population in Unity State.



## Libya

### Situation overview

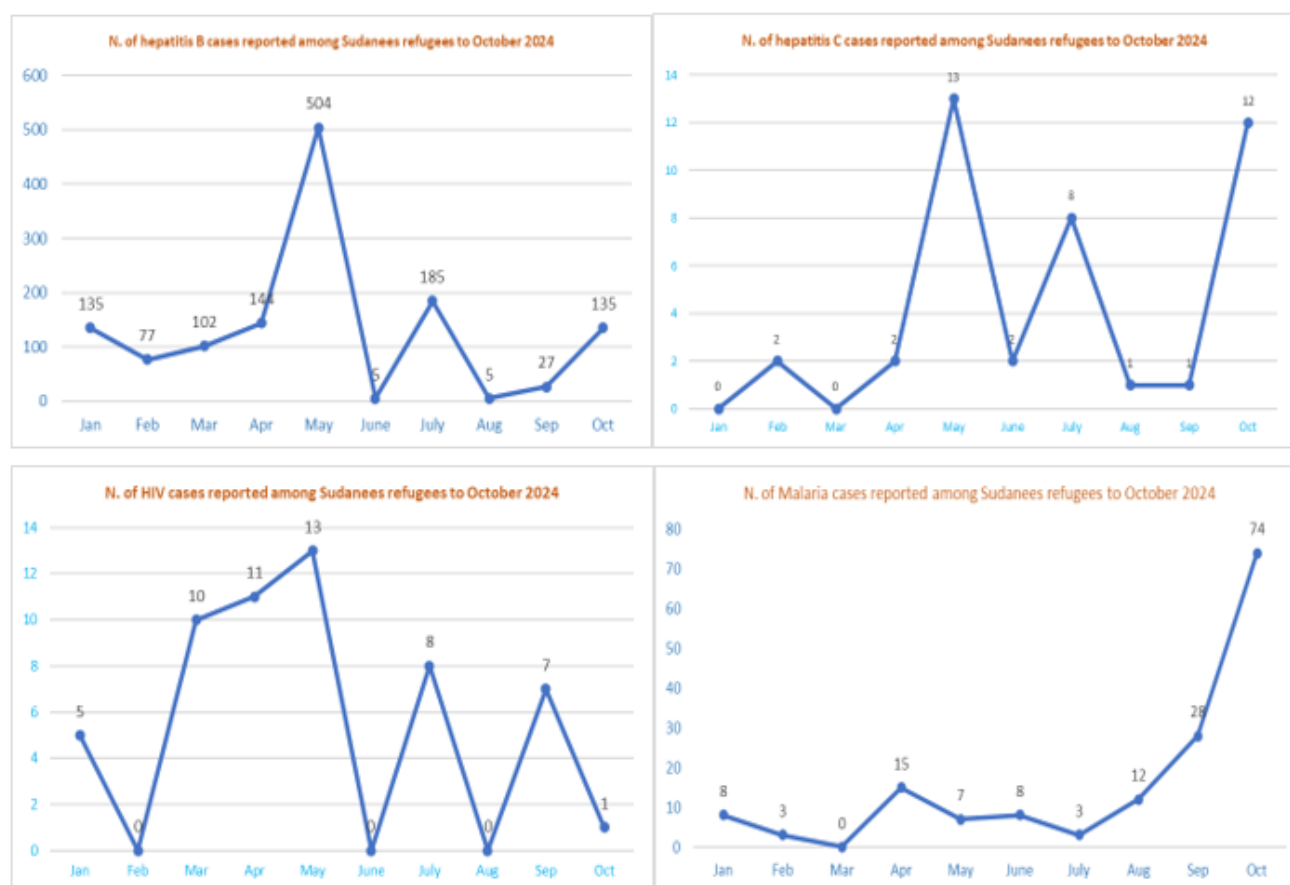
The main PoE for Sudanese refugees remains Al Kufra. As of 15 October 2024, there were 43 521 refugees in Alkufra municipality, while other refugees had moved onwards. The Inter-Agency Coordination, with WHO support, is preparing to run multi-sectoral needs assessments to map the movement of the population and identify pockets of humanitarian need. The Emergency Operations Centre in Al Kufra reported that more than 92 520 health certificates have been issued to Sudanese refugees as of 8 October 2024.

The current health and nutrition partners on the ground with support teams or delivering direct support to the MoH are WHO; IOM; IMC; the United Nations Population Fund (UNFPA); UNHCR, the UN Refugee Agency; and UNICEF. Health and nutrition partners are supporting three hospitals, three primary healthcare centres, and 12 informal refugee settlements. A total of 56 health personnel have been deployed to assist the public health facilities and to deliver direct health services in the informal settlements through mobile teams. Services delivered by the partners include general outpatient consultations, mental health and psychosocial support (MHPSS), maternity services, nutritional support, care of non-communicable diseases (NCDs), laboratory, pharmacy, surveillance, community awareness and health promotion, and referrals.

### Health information and epidemiology updates

No outbreaks have been reported from refugee settlements and host communities in Al Kufra municipality since the onset of the conflict in Sudan. An increase of reported malaria cases in October has been observed.

**Figure 5: Hepatitis B, malaria, hepatitis C and HIV cases among refugees, from January to October 2024**



## Operational updates

- In October 2024, WHO successfully advocated for increasing population figures in the inter-agency refugee response plans (RRP) by collaborating with health and local authorities, allowing the scale of the emergency in the country to be adequately shown.
- As of October 2024, WHO Libya Country Office has delivered more than 11 600 consultations including 321 for MHPSS. Of the total consultations, 57% were for females and 20% for children under five years old. More than 3400 Sudanese refugees, especially children, have been screened for malnutrition.
- The WHO Libya Country Office is planning to support local health authorities and the emergency medical teams (EMTs) in capacity building for NCD treatment and MHPSS during the month of November 2024. WHO will support the National Center for Disease Control (NCDC) branch laboratory by providing rapid tests for malaria, cholera, and hepatitis B and C.

**Figure 6. EMT and MHPSS activities in Al Kufra during October 2024**



## PRSEAH updates

The WHO PRSEAH team closely follow and continuously provide needed support to all WHO field teams, ensuring the survivor centered approach is central and services are provided with dignity and respect to ensure compliance and address concerns effectively.

WHO Libya includes PRSEAH in WHO's risk management approach, including Preventing and Addressing Abusive Conduct; articulating WHO's zero-tolerance approach to discrimination, abuse of authority, and harassment; and the WHO Code of Ethics that articulates standards to promote, enhance, and sustain an enabling and ethical operating environment. This is reinforcing WHO's management of potential risks. WHO strictly enforces a 'zero tolerance' policy regarding any violations to its codes including sexual misconduct or abuse.

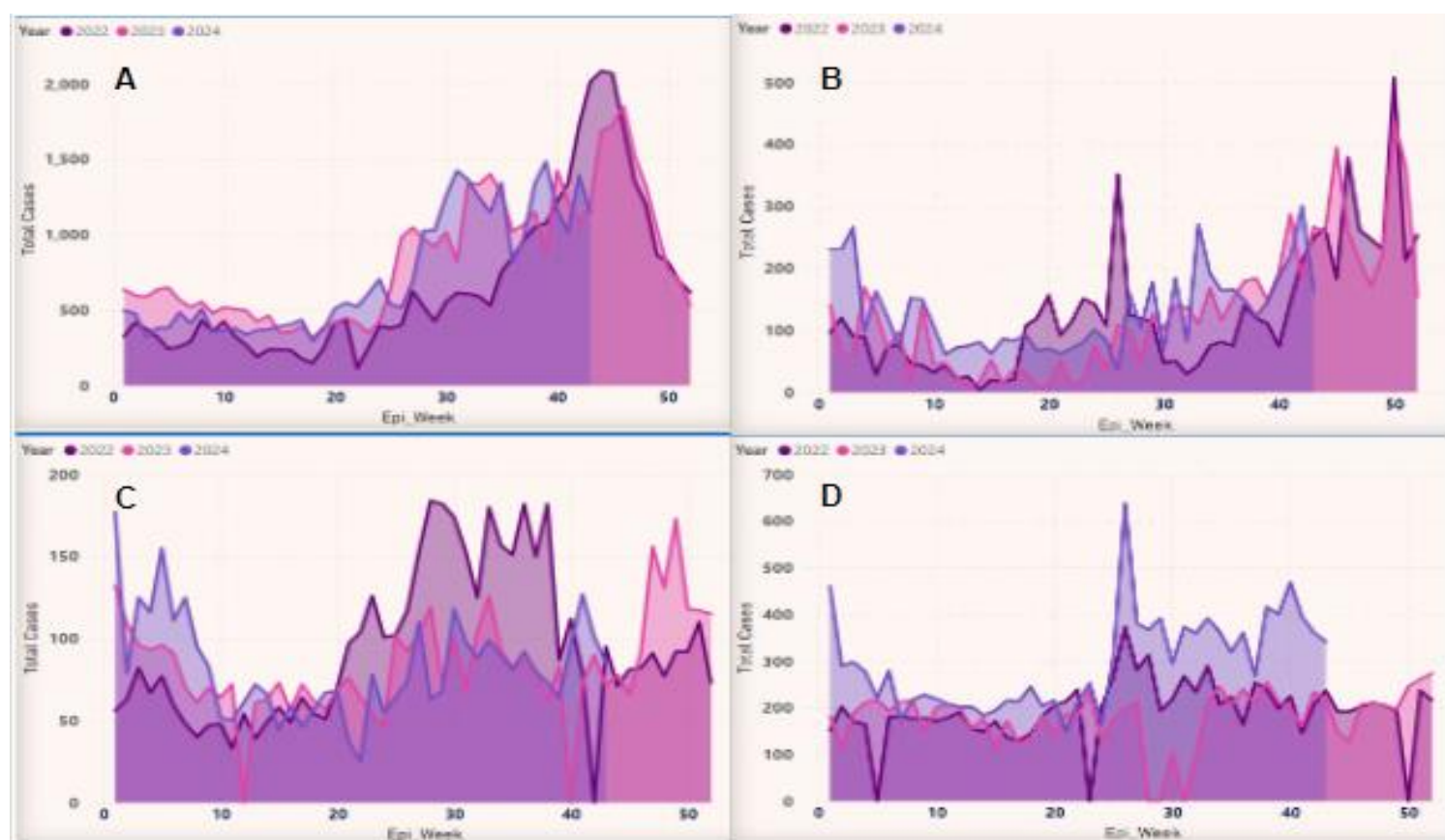
## Ethiopia

### Situation overview

As of October 2024, Ethiopia has received an influx of more than 178 200 refugees and returnees. Concerns in security, shortages of supplies, inadequate water and latrine facilities, sub-optimal referral systems, and an absence of laboratory services exist. Malaria cases are increasing among host communities and refugees in the Amhara region. This has led to significant strain on resources and infrastructure, with critical concerns regarding security, shortages of essential supplies, and inadequate water and sanitation facilities. The referral systems remain sub-optimal, and there is a lack of laboratory services in several areas. Additionally, there has been a rise in malaria cases among both host communities and refugees, particularly in the Amhara region.

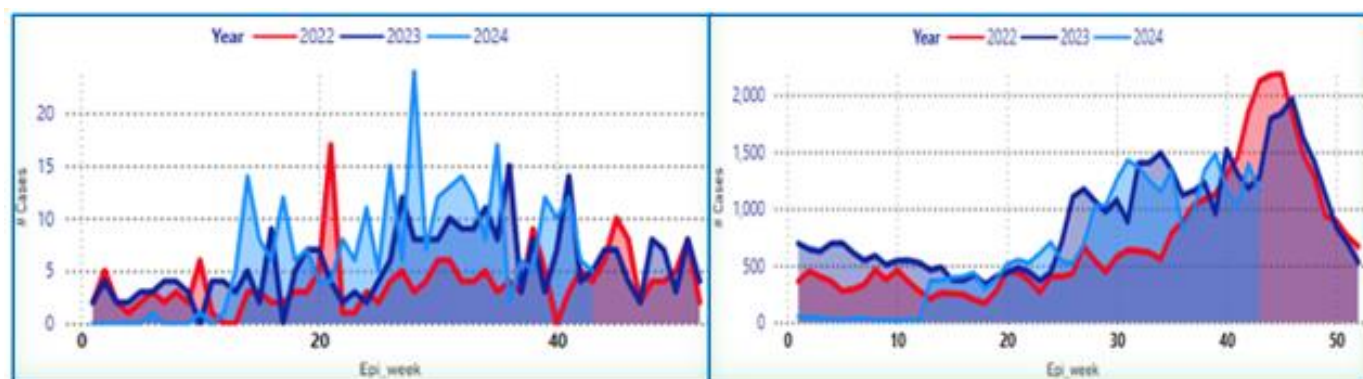
As of 25 October 2024, the Kurmuk site has reported a total of 8924 malaria-confirmed cases including 438 cases among refugees and returnees. In 2024, 439 rotavirus cases with three deaths were reported from Kurmuk woreda. Between 29 September and 26 October 2024, the Gambela region reported 6708 confirmed malaria cases from refugee-affected woredas. In this period, 2499 confirmed cases from Kurmuk and Oura Woredas and 126 confirmed cases from Metema were reported. During the same period, 62 and 10 severe acute malnutrition (SAM) cases were reported from Gambela and Kurmuk, respectively. Identified cases were referred to SAM stabilization centers.

**Figure 7: Malaria trends in 2022-2024 (as of 25 October 2024): (A) Metema; (B) Kurmuk; (C) Lare woreda; and (D) Itang woreda**





**Figure 8: SAM Trends in Metema woreda (left) and Dysentery trends in Metema woreda (right): 2022-2024 (as of 25 October 2024)**



## Operational updates

Health services are being provided by Health Cluster partners operating in the area, local health facilities, and mobile health and nutrition teams deployed by partners. The surrounding health facilities also provide services for referral cases and other visits.

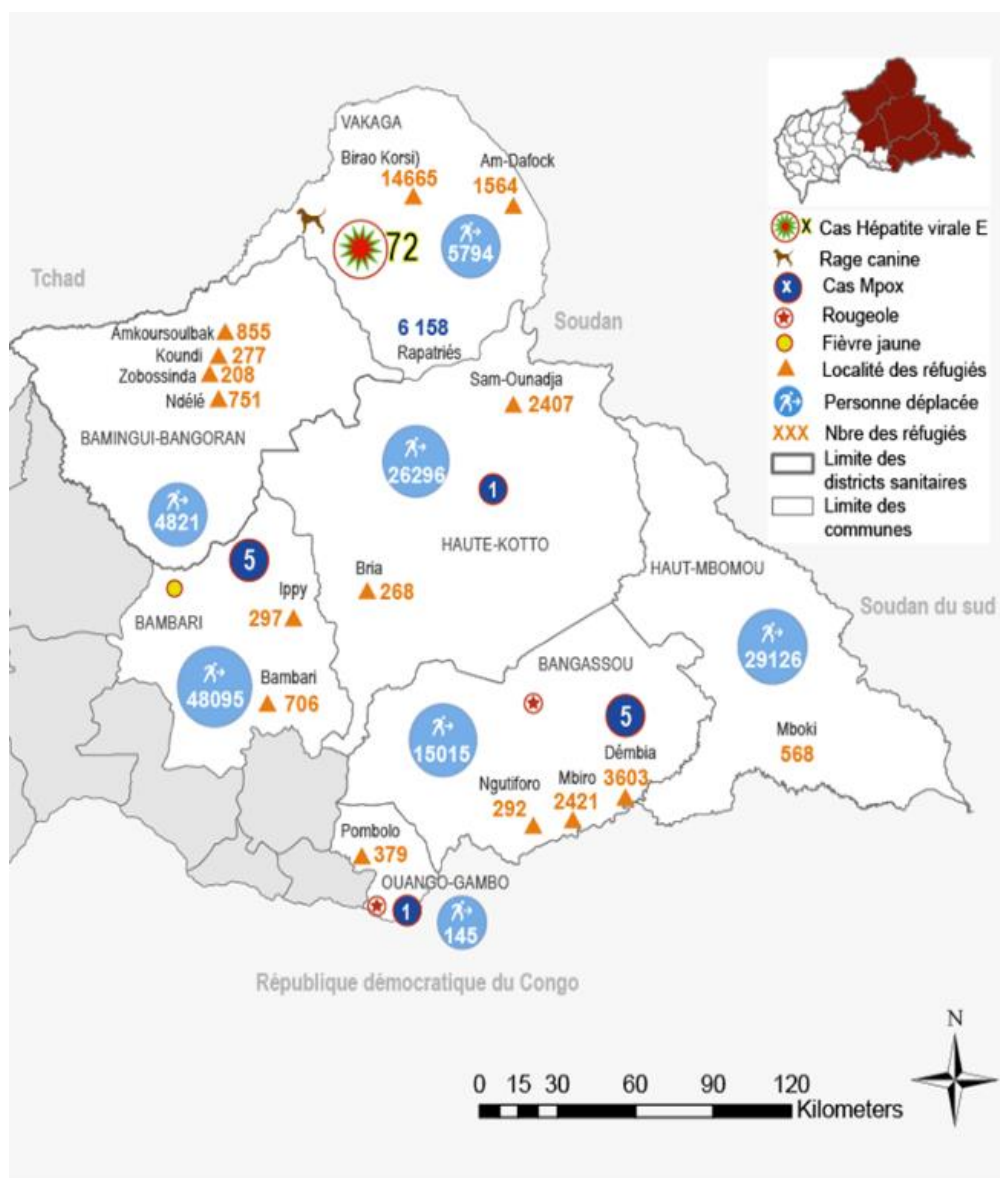
- WHO, through the Health Cluster, has engaged health partners to respond in three affected regions (Amhara, Benishangul-Gumuz, and Gambela).
- Over 178 200 refugees and returnees have crossed the border from Sudan to Ethiopia, of which 348 crossed in the last week. All arriving individuals were screened for disease conditions.
- A total of 145 138 arriving individuals have received free medical consultations at Metema (Amhara), Gambela, and Kurmuk (Benishangul-Gumuz) crossing sites. A total of 29 242 people received psychosocial support as of October 2024.
- WHO continues strengthening the surveillance system in the crossing sites, host communities, and border areas by deploying experts in surveillance.
- WHO supported the implementation of the nOPV2 vaccination campaign in all districts.
- The incinerator building at Kurmuk PoE, with WHO financial support, is 90% completed. Follow-up continues with the contractor and the regional health bureau construction focal person.
- WHO supported malaria elimination program interventions in affected areas and refugee camps in Gambela.

## Central African Republic

### Situation overview

As of October 2024, six out of seven affected districts have reported at least one outbreak. An ongoing hepatitis E epidemic is affecting Vakaga, while measles cases continue to be reported in Bangassou.

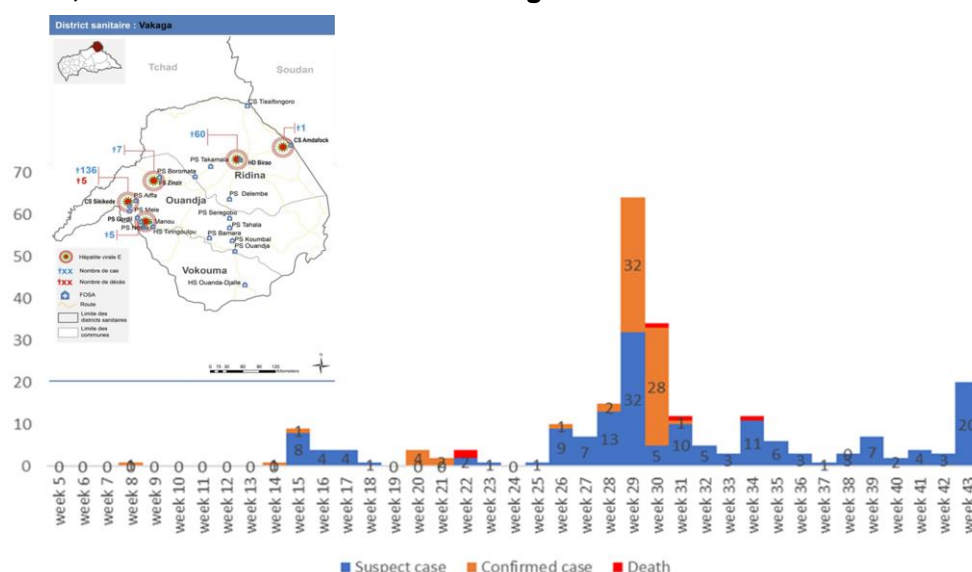
**Figure 9: Map of Sudanese refugee and asylum-seeker districts**



### Epidemic of viral hepatitis E

- Twice the number of new suspected cases ( $n = 29$ ) were reported in October, compared to 14 in September in Sikikédé (80% of cases) and Birao (20%).
- As of 31 October 2024, the total number of cases were 215, including 72 confirmed cases and five deaths, for a case fatality ratio of 2.3%.

**Figure 10: Weekly distribution of suspected, confirmed cases and deaths of viral hepatitis E in Vakaga, February-October 2024 by week, and distribution of cases in Vakaga**



### Measles Outbreak in Bangassou district

- In October, 37 new suspected cases were reported from the Rafai health area, compared to 176 in September. A total of 1351 cases have been reported since January, including five deaths (CFR: 0.34%).
- A vaccination campaign was carried out by the district management team with the support of MSF Belgium.

### Operational updates

- WHO took part in the national planning for the 2025 Sudan crisis refugee response plan, organized by UNHCR in Bangui. WHO's contribution focused on the health, nutrition, and logistic pillars.
- In Bria, Birao, Bangassou, Bambari and Kaga Bando, regular coordinating meeting are held with all stakeholders engaged in the response to the Sudan refugee crisis.
- In response to the hepatitis E Outbreak in Vakaga, in October 2024, two missions were conducted by the district management team in Sikikédé. Through the mission, 32 samples of suspected hepatitis E were collected. In Vakaga, 50 community leaders, seven town criers and 30 community relays were briefed on Hepatitis E.
- In Birao, 50 community leaders and 30 community relays were briefed on hepatitis E, mpox, cholera and other vaccine preventable diseases.
- In one health sector in Birao, 25 people were trained on the standard operating procedures for public health emergencies at PoEs.
- More than 40 sessions of advanced strategies and routine mobile vaccination sessions were carried out in eight out of 10 health areas in the Vakaga district. Cumulatively, 966 children under one year old and 188 pregnant women were vaccinated against tetanus and diphtheria.
- The sub-office team carried out two missions to monitor the mobile clinic's activities at the Dembia, Mbiro and Nguitiforo assembly points in the Bangassou district. Health and care workers in Dembia were trained for active detection of diseases with epidemic potential, such as mpox, measles, and yellow fever. During this mission, the team reviewed and harmonised data on the measles epidemic in Rafai.
- A total of 12 suspected mpox samples were sent to the Institut Pasteur in Bangui for analysis.

### PRSEAH updates

In the Birao region, training sessions were conducted for 42 political leaders, 52 community members and 34 humanitarian workers, with a focus on implementing and managing community-based complaint mechanisms. This initiative aimed to equip local leaders, community representatives, and humanitarian personnel with the skills to support and manage complaint processes effectively, fostering accountability and enhancing the protection of vulnerable populations in the region.

## Key operational challenges

- **Resource Mobilization:** There remains a funding gap for the response to refugee-hosting countries' crisis, significantly hampering operations.
- **Early Warning, Alert and Response (EWAR):** Inadequate early warning, alert, and response surveillance and among refugees hamper evidence-based decision-making.
- **Health Service Delivery:** Limited provision of health services at PoEs and host communities due to overcrowding amongst refugees and large host populations, shortage of essential medical supplies and drugs (e.g., rapid diagnostic tests, antimalarial drugs), and direct/indirect damage to health facilities.
- **Health Worker Shortages:** Lack of health workers trained in emergency medical response, treatment of infectious diseases, surgery, public health emergency management, and mental health.
- **Infection Prevention and Control (IPC) / WASH:** Limited availability of water and relevant supplies at refugee camps and health facilities, coupled with flooding in some refugee-hosting countries, increasing the risk of outbreaks (e.g., cholera, hepatitis E).
- **Insecurity:** Ongoing hostilities between armed groups threatens the security on the ground, causing further displacement and adding challenges to infectious disease control and the delivery of medical countermeasures and humanitarian aid.

## Next steps

- Continued support for health emergency preparedness and response work in refugee-hosting countries across different pillars, including surveillance, rapid response teams, WASH, case management, IPC, social and behaviour change, risk communication and community engagement, medical countermeasures and supplies.
- Financial and logistical support to restock drug supplies, diagnostic kits, and IPC / WASH supplies at PoEs.
- Capacity building of health workers and EMTs at health facilities and PoEs serving host communities and refugees.
- Continued support to seven streams of sexual and reproductive health and rights (SRHR) activities to strengthen delivery systems of SRHR, including datasets for HIV, SRHR and gender-based violence.

## Other resources

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