

Sudan conflict – Situation in refugee-hosting countries

Multi-country External Situation Report n. 8¹, covering reporting period December 2024

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

Highlights

The ongoing conflict in Sudan continues to drive a large influx of refugees into surrounding countries.

- Eastern Chad continues to report chickenpox and hepatitis E. In addition, there is an increase in diarrhoea.
- There is an ongoing cholera outbreak in South Sudan, and more than 13 700 suspected cholera cases have been reported. There is a link with the continued influx of returnees and refugees crossing the border from Sudan, making it difficult to ensure adequate water and sanitation conditions and healthcare services. Malaria accounted for the largest number of cases compared to other disease conditions in Renk County.
- In Egypt, WHO provided extensive support to the Ministry of Health and Population and other partners, covering health financing, procurement of medical supplies, healthcare provision and water, sanitation and hygiene (WASH).
- In Libya, WHO has continued activities in Emergency Medical Teams (EMTs) and mental health and psychosocial support (MHPSS), in addition to strengthening laboratory capacity.
- There are continued outbreaks of malaria in Ethiopia. and hepatitis E in Central African Republic. WHO provided technical support for outbreak response activities.
- Security concerns persist and ongoing hostilities between armed groups threaten the safety of civilians in Sudan and neighboring countries, causing further displacement and adding significant 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 to the regional refugee crisis caused by the conflict in Sudan. More than 12.3 million people have been displaced—the largest number in the world—with over 3.2 million displaced into neighbouring countries, including Chad, Egypt, Ethiopia, Libya, South Sudan, and the Central African Republic.

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 the needs.

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

¹ This is the eighth 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>

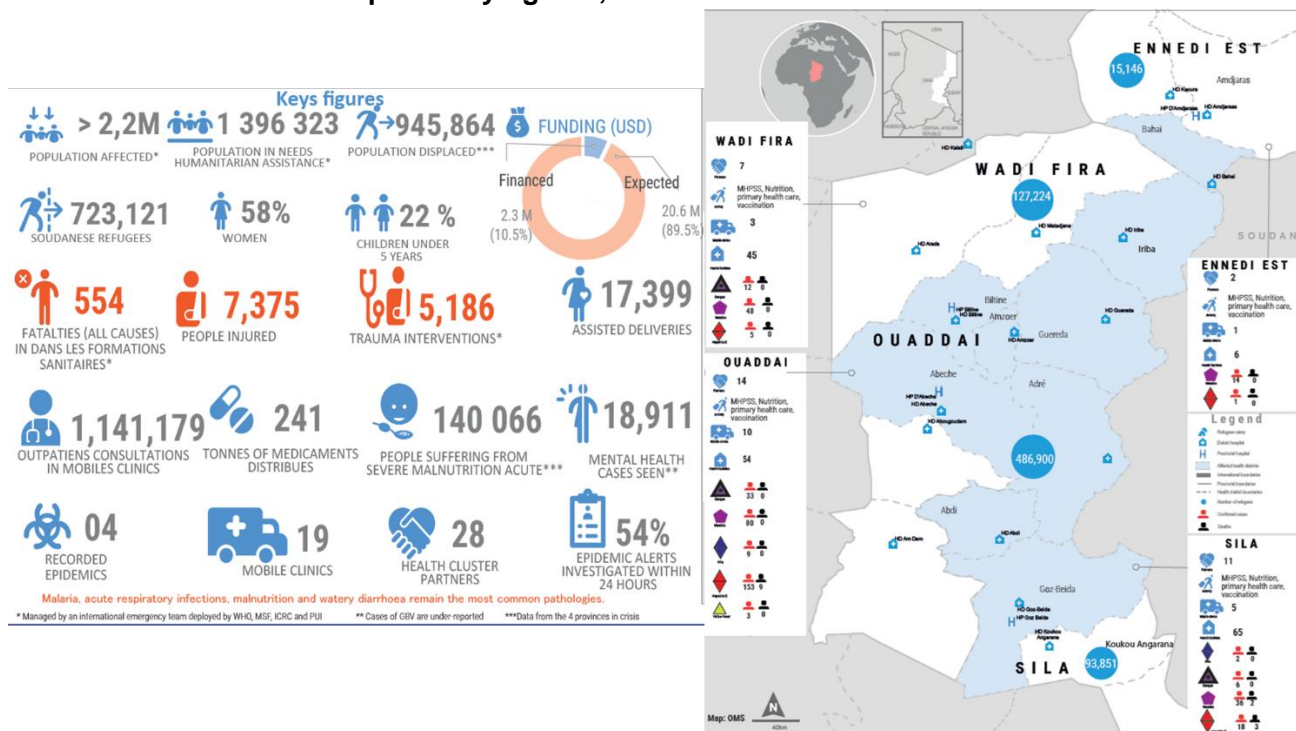
Chad

Chad is at the centre of the Sudan refugee crisis and its profound impact on health. Since the start of the conflict in April 2023, over 720 000 refugees and more than 220 000 Chadian returnees have entered eastern Chad. These refugees live in 21 camps in nine health districts spread across Ennedi Est, Ouaddaï, Sila, and Wadi Fira provinces. In the camps, challenges in accessing essential health services remain due to multiple factors, including difficult physical access, limited medical supplies, and a lack of health and care workers.

The security situation in eastern Chad was relatively calm in December 2024, except for volatility in the border areas between Wadi-Fira and Darfur. Crime remains a security challenge but the electoral campaign for legislative and municipal elections took place without significant incidents. Although the northern corridor of West Darfur remains relatively stable, the situation in the Darfur region, particularly in North Darfur, continues to deteriorate as characterized by daily bombings, airstrikes, intercommunal conflicts and the proliferation of armed groups. This persistent insecurity and the worsening humanitarian crisis suggest the likelihood of additional new displacements.

More than 7370 conflict-related injuries and 554 deaths in health facilities have been reported as of December 2024. Patients have been treated with the support of Médecins Sans Frontières (MSF) France, Première Urgence Internationale (PUI), the International Committee of the Red Cross (ICRC), WHO and other UN agencies.

Figure 1: Chad health situation map and key figures, as of December 2024

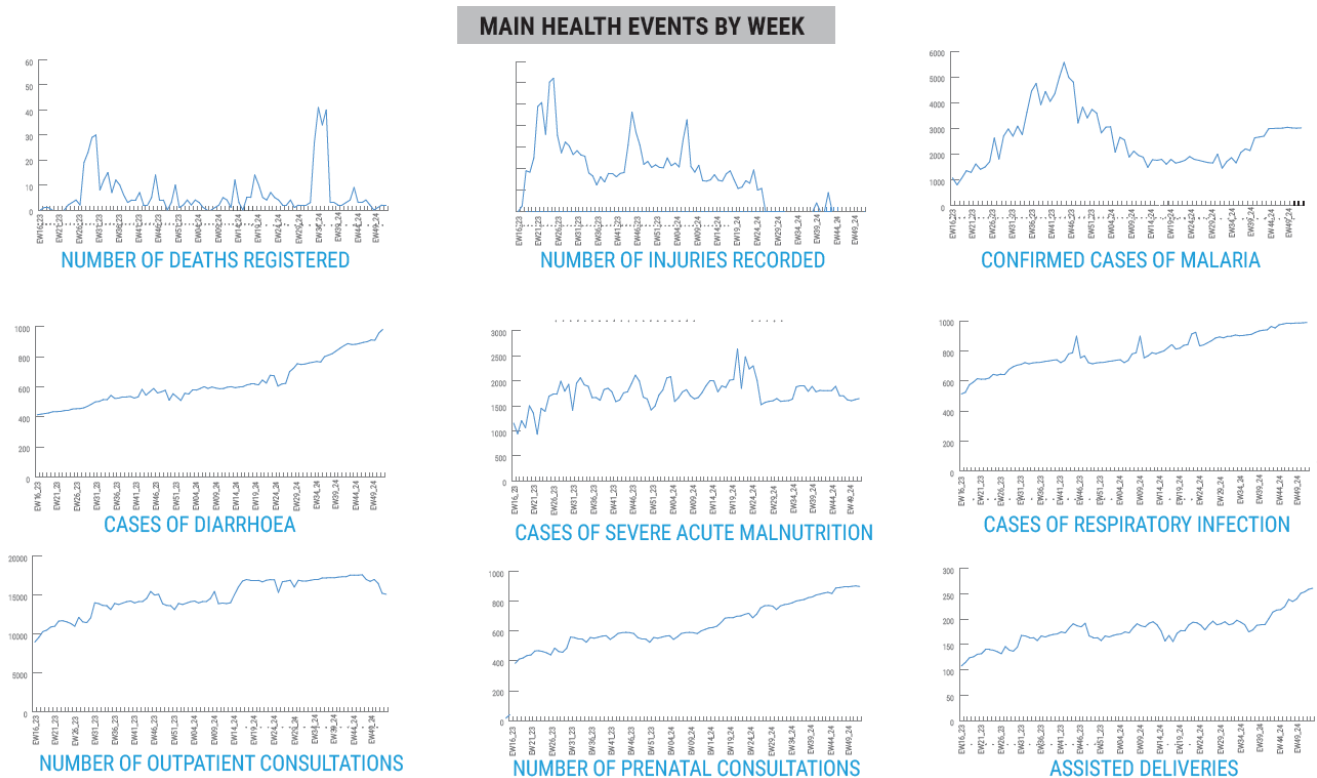


Malaria, acute respiratory infections, malnutrition and acute watery diarrhoea remain the most commonly reported disease conditions. The humanitarian situation is exacerbated by epidemics of measles, chickenpox, hepatitis E, yellow fever, and suspected dengue and cholera. Chad is using EWARS Mobile ([WHO's early warning alert and response tool](#)) in affected areas to scale up disease surveillance and early warning alert and response.

Below is an overview of the current epidemiological situation across multiple districts in Ouaddaï, Sila, and Wadi-Fira provinces, as of December 2024.

- **Ouaddaï Province:** In Adré district, 25 cases of acute jaundice syndrome have been reported, 48% of them from the Abouteingué camp. In addition, a suspected case of pertussis, three cases of snakebites and eight scorpion stings have been reported at the Adré lycée site. There has been no report of suspected cases of acute flaccid paralysis, measles, or mpox. 30 new cases of chickenpox have been reported, bringing the total number of cases to 251.
- **Sila Province:** New suspected hepatitis E cases have been reported, bringing the total number to 903, with nine deaths.
- **Wadi-Fira Province:** Hepatitis E remains a significant concern. Reports of suspected cases continue in Touloum camp, Iriba health district, bringing the total number of cases to 184 from 30 May to the end of December 2024.

Figure 2: Trends of major health events by week, as of 29 December 2024



Operational updates

- WHO provided technical support for the review meeting of the steering committee in Ouaddaï province, highlighting achievements and challenges in key pillars (coordination, epidemiological surveillance, patient care, routine vaccination and logistics) between January and October 2024.
- WHO contributed to implementing mental health programmes in Sila, Wadi Fira and Ouaddaï provinces by donating psychotropic medications to districts and partners.
- WHO provided technical support for the data follow-up meeting of the Expanded Program on Immunization (EPI) and surveillance within the health delegation. In addition, WHO participated in the joint UNICEF-WHO-MSP EPI mission to monitor vaccination activities in Ouaddaï province, particularly in the Amléyouna health district.
- WHO organized a briefing for health district management teams on the pneumococcal PCV13 catch-up vaccination campaign for children aged 12 to 59 months, combined with a deworming campaign using albendazole.
- WHO provided technical support for the training of health centre managers in the Guéréda and Iriba health districts on the preparatory module for the supplementary immunisation activities for catch-up vaccination of the PCV13 vaccine.

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) updates

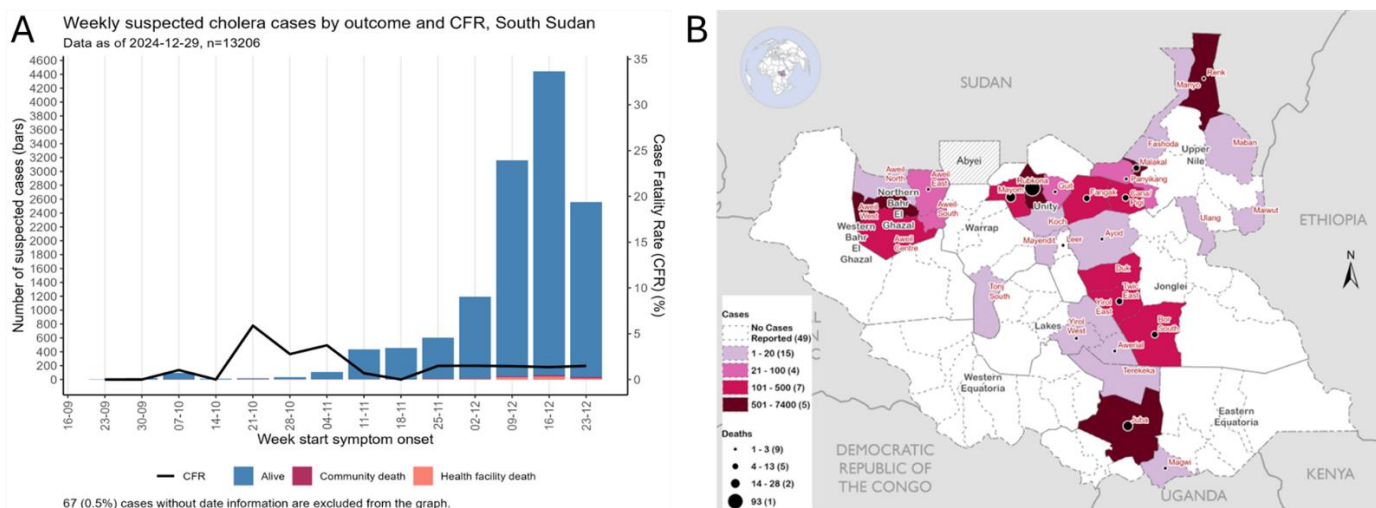
- WHO supported the training of 16 heads of neighborhood in Adré on the types and causes of gender-based violence and raised awareness of the services provided by the Centre d'Intervention Spécialisé en Matière de VBG for comprehensive case management. WHO PSEA focal points (national and provincial) organized sessions on PRSEAH in Adré, Amléyouna, Koukou Angarana and Goz-Beida. Nearly 130 health workers from partners attended the sessions.

South Sudan

Situation overview

More than 972 000 refugees and returnees have entered South Sudan since April 2023. Refugees and returnees are crossing into South Sudan through 21 points of entry (PoEs), with the majority crossing to Renk through the Wunthow (Joda) PoE. In December 2024, the Ministry of Health of South Sudan, along with WHO and its partners, continued to respond to six active disease outbreaks (cholera, polio, hepatitis E, measles, anthrax and malaria) while maintaining preparedness for mpox. In particular, the cholera outbreak is a major issue, with a total of 13 735 suspected cholera cases, including 5101 positive rapid diagnostic test results, and 202 cholera-related deaths (CFR: 1.5%) from 29 counties within seven states as of 30 December 2024. Of the affected counties, Rubkona county accounts for 54% of all cases, followed by Juba county with 12% of the cases. The ongoing cholera outbreak in South Sudan is reported to be linked to the ongoing influx of returnees and refugees crossing the border from Sudan. The large-scale movement of populations under challenging conditions, marked by inadequate access to safe water, sanitation and healthcare services, has contributed to the spread of cholera across the country. In addition, one new polio case was reported from Rubkona, increasing the 2024 total to 13 cases across Western Equatoria, Central Equatoria, Unity, and Jonglei.

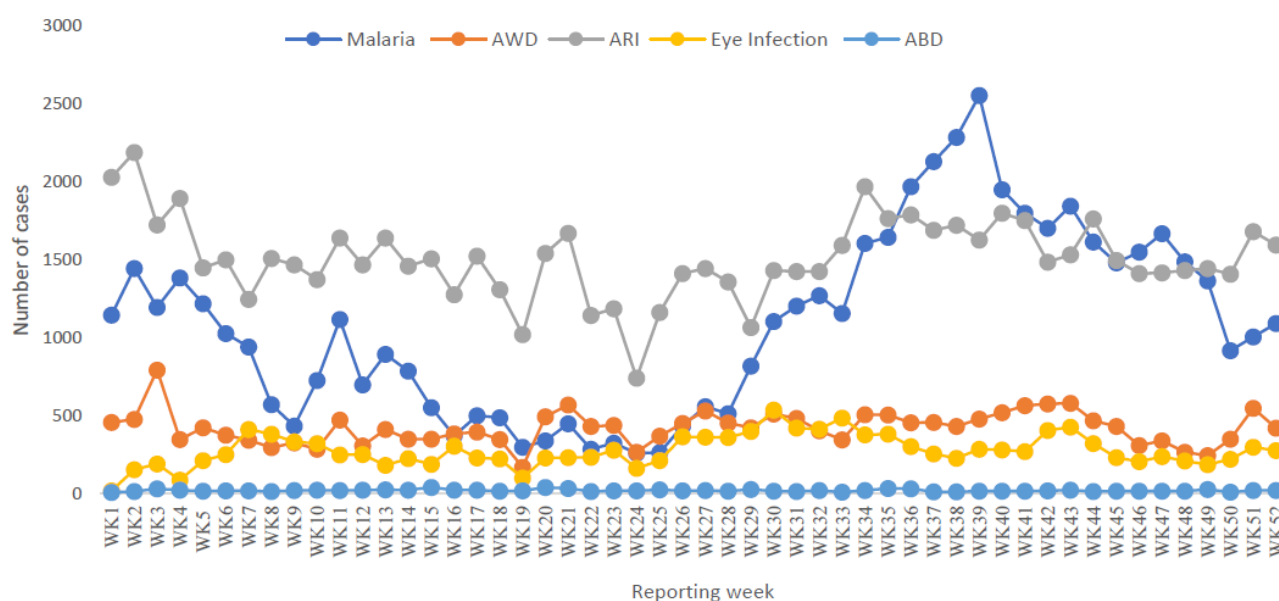
Figure 3: Cholera in South Sudan, as of 29 December 2024: (A) Number of cholera suspected cases; and (B) Counties with reported cholera cases and deaths



The morbidity trends in Transit Centres (TCs) 1 and 2 and Reception Centre in Renk County in 2024 have been summarized as below.

- Malaria cases have been the most frequently reported morbidity, showing significant fluctuations throughout the year 2024. The trend peaked around mid-year (corresponding to the rainy season) and then gradually declined towards the end of the year.
- Acute respiratory infection (ARI) cases have been steady with occasional fluctuations. It remained the second most common condition.
- Acute watery diarrhoea cases have shown moderate fluctuations throughout the year 2024 but remained relatively low compared to malaria and ARI. There have been some minor peaks, potentially indicating localized outbreaks.
- Eye infections have shown a steady trend with relatively low numbers of cases compared to the other conditions. There have been no significant spikes throughout 2024.
- Acute bloody diarrhoea cases have been the least frequently reported and remained consistently low throughout the year, with no notable surges.

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



Operational updates

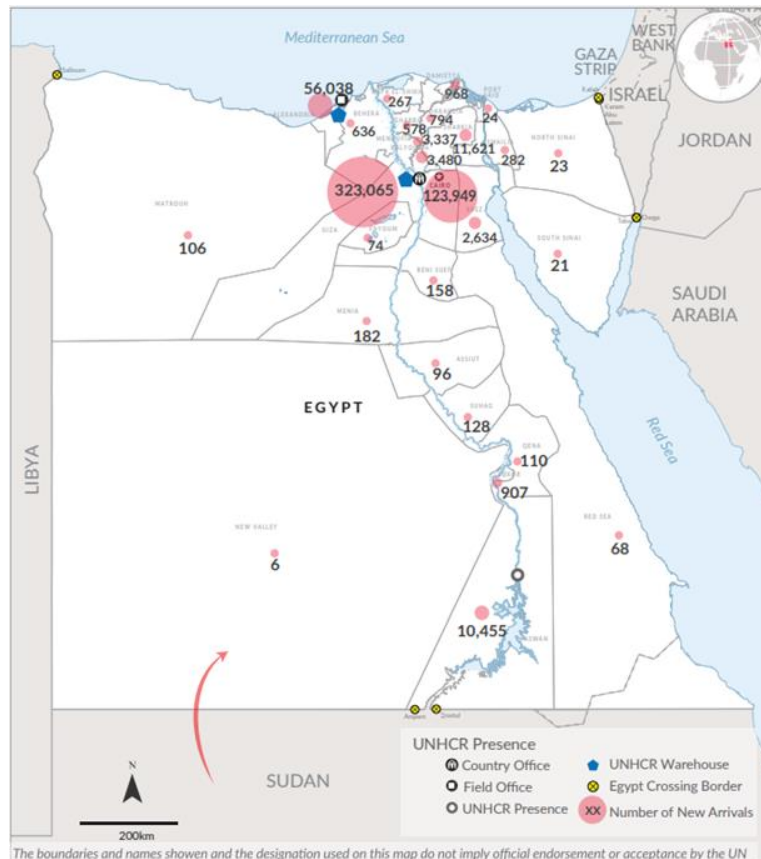
- **Coordination:** In all states, especially states where cholera outbreaks have been reported, regular health and WASH coordination meetings have been held, with established and functional technical working groups.
- **Surveillance, laboratory and outbreak response:** Cholera active case search is being conducted on a daily basis within communities and across health facilities, including TCs, Wunthou primary health care unit (PHCU), Halaka PHCU, Rumela PHCU, Abukadra PHCU, Gerger primary health care centre, and private facilities. The line list is being updated and cleaned daily, with information shared accordingly.
- **Case management/essential health services:** Healthcare services are being provided through established health facilities with support from humanitarian partners such as the International Medical Corps, the International Organization for Migration (IOM), MSF, and World Vision International (WVI). WVI continued providing oral rehydration point (ORP) services at the 11 established sites near health facilities. The South Sudan Red Cross established five additional ORPs, at Zero Station, Zero Market, Suku Sabi, Suku Juma, and Suku Kabir, with WHO supplying the necessary ORP kits. Additionally, IOM set up four ORPs, with two in Wunthou (IOM Clinic and Vaccination Center) and two at registration sites (River Site and Registration Center in TC2).
- **Infection prevention and control (IPC)/WASH:** Routine hygiene promotion in TC2 and Jerbana continues to be supported by Oxfam. Additionally, the Norwegian Refugee Council increased the Soil and Water Assessment Tool (SWAT) capacity to 150 m³/day, prioritizing the loading site in Wunthou and completing the final installation of a 20m³ bladder with a tap stand in Wunthou.
- **Risk communication and community engagement (RCCE):** Oral cholera vaccine (OCV) materials for RCCE in Renk, along with key messages, were delivered by social mobilizers throughout the campaign.
- **Supply and logistics:** WHO continues to distribute essential cholera response supplies, including investigation and treatment kits, cholera beds, standalone rapid diagnostic tests, logistics and hardware modules, and personal protective equipment. These supplies are strategically pre-positioned to enhance cholera preparedness and response efforts, capable of supporting treatment for over 4700 cholera cases.
- **Oral Cholera Vaccine (OCV):** An OCV campaign was conducted in Renk County and achieved 94.6% coverage. In Malakal County, over 80 000 doses of OCV have been delivered, and preparations have been at the final stage to commence the campaign. WHO and its partners are intensifying efforts to launch targeted OCV campaigns in other cholera-affected counties.

Egypt

Situation overview

Since the escalation of the conflict in April 2023, 1.2 million Sudanese have fled to Egypt. Among them, 861 318 people have been provided registration appointments by UNHCR Egypt. Registration at the UNHCR was concluded successfully for 545 225 Sudanese. New arrivals from Sudan largely reside in Giza, Cairo, Alexandria and Aswan. Aswan remains a pivotal location for Sudanese as the gateway for Sudanese through the two points of entry (Quosto and Argeen), and a significant Sudanese community resides there.

Figure 5: UNHCR Egypt Emergency Response – New Arrivals



Operational updates

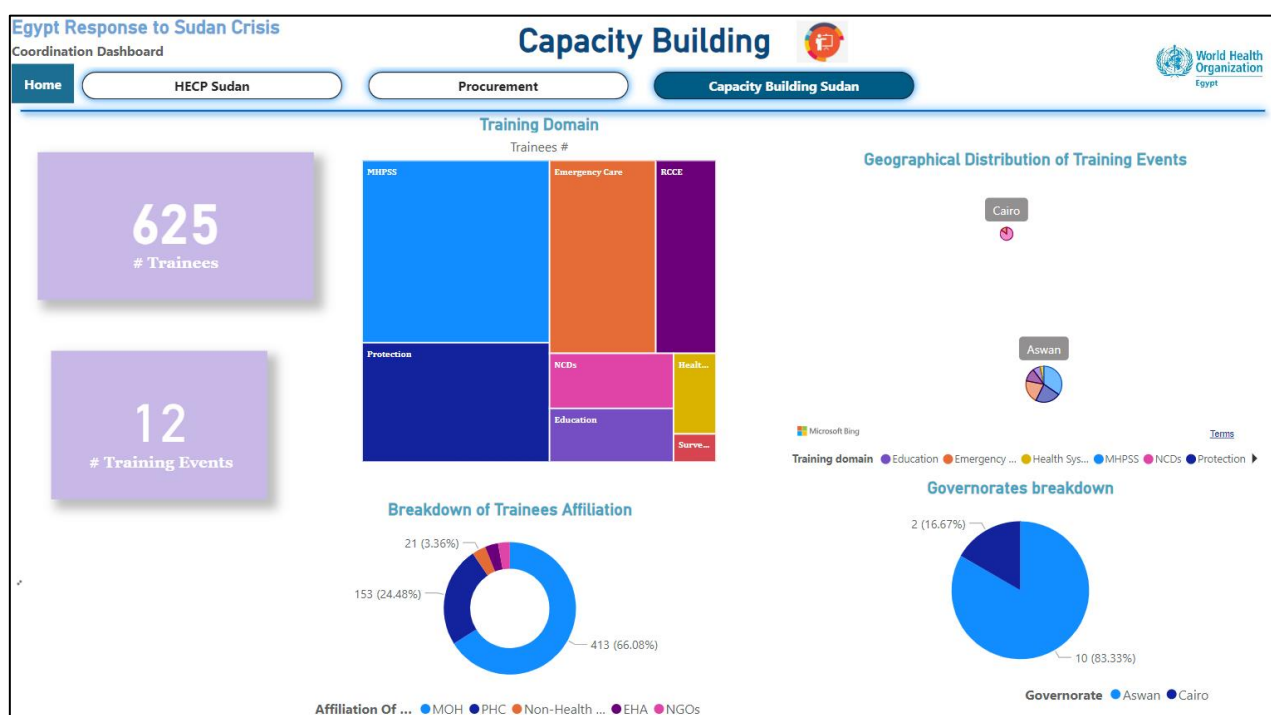
WHO Egypt works closely with the Ministry of Health and Population as well as other national stakeholders such as teaching hospitals affiliated to the Ministry of Higher Education and the Egypt Healthcare Authority.

- **Healthcare Expenses Coverage programme:** WHO Egypt has launched a programme for covering the expenses incurred in Aswan by Sudanese patients as well as individuals of other nationalities affected by the conflict in Sudan since 2023. Aswan was selected due to the exacerbated vulnerability of the Sudanese community there as well as the shortage of humanitarian aid provided on the ground in comparison to the measured needs. During December, WHO Egypt successfully covered 289 healthcare services for 116 patients, bringing the number of total healthcare services delivered through the programme to 1602 for 2590 patients since the start of the programme in 2023.
- **Procurement:** During December 2024, WHO has delivered a shipment of non-communicable disease medications to cover 200 000 patients for three months for conditions including hypertension, other cardiovascular conditions, diabetes and chronic respiratory diseases. This shipment is part of a project funded by the European Union that aims to ensure access to essential healthcare for migrants and refugees. The shipment was donated to the

Egyptian Ministry of Health and Population to be utilized in treating Sudanese and other refugees as well as members of the host community.

- **Capacity Building:** 40 healthcare providers participated in a workshop aimed at strengthening the health sector's response to violence against women and girls and improve referral systems for Egyptians and non-Egyptians. The workshop was organized in Cairo in collaboration with the Ministry of Health and Population (MoHP), particularly. Members of the General Secretariat of mental health and addiction treatment also participated in the training. Additionally, another workshop was organized as part of the Joint Platform for Migrants and Refugees (JPMR) to address the health needs of refugees and migrants in Egypt. This workshop was also attended by 40 healthcare providers and focused on family medicine, non-communicable diseases and reproductive health.
- **WASH:** WHO Egypt conducted an assessment mission in collaboration with UNICEF Egypt to assess WASH conditions at healthcare facilities in Aswan. The assessment was concluded with the identification of critical areas for improvements in the facilities serving the areas with high densities of Sudanese new arrivals.
- **Coordination Platform:** In collaboration with UNHCR Egypt, WHO Egypt continues to co-lead the health working group as part of the refugee coordination model that was activated in Egypt in response to the conflict in Sudan. The health working group meets on a monthly basis to exchange updates in humanitarian aid provided to Sudanese new arrivals, ensure the updating of service mapping and encourage partners to fill into gaps of services to ensure the service provision to all vulnerable groups of Sudanese and other affected refugees and migrants across Egypt.
- **Reporting:** WHO Egypt has launched an interactive dashboard with regular updates on the different pillars of response. The dashboard serves as an easy real-time platform shedding light on the activities delivered by WHO Egypt in response to the conflict in Sudan. It is planned for the dashboard to expand to represent the work of all partners in the health working group soon.

Figure 6: WHO Egypt Emergency Response Dashboard [Link](#)



PRSEAH and gender-based violence

WHO Egypt remains dedicated to supporting the development of a strong health sector response to gender-based violence. This includes ensuring survivor-centered care, enhancing referral pathways, and fostering collaboration across various sectors to create a safer and healthier future for all. In this regard, WHO Egypt organized a workshop in partnership

with the MoHP, which included 40 healthcare personnel from both curative and primary care sectors to strengthen the health sector's response to violence against women and girls. WHO Egypt has also delivered training for field humanitarian health workers on the clinical management of rape and continues to actively engage in addressing gaps in services provided through the active participation in the gender-based violence working group, one of the working groups activated under the refugee coordination model.

WHO Egypt's team is also focused on preventing and responding swiftly to sexual exploitation, abuse, and harassment (SEAH). This is reflected in mandatory training for all emergency team members upon recruitment, with refresher courses held prior to field deployment.

Healthcare providers in Aswan were trained on PRSEAH at the start of the emergency response to ensure broad awareness of WHO's reporting channels and protect against SEAH risks. Additionally, PRSEAH orientation and information on reporting channels are incorporated into the initial training sessions for various target groups involved in the emergency response, with informational materials displayed at all WHO-organized events.

Libya

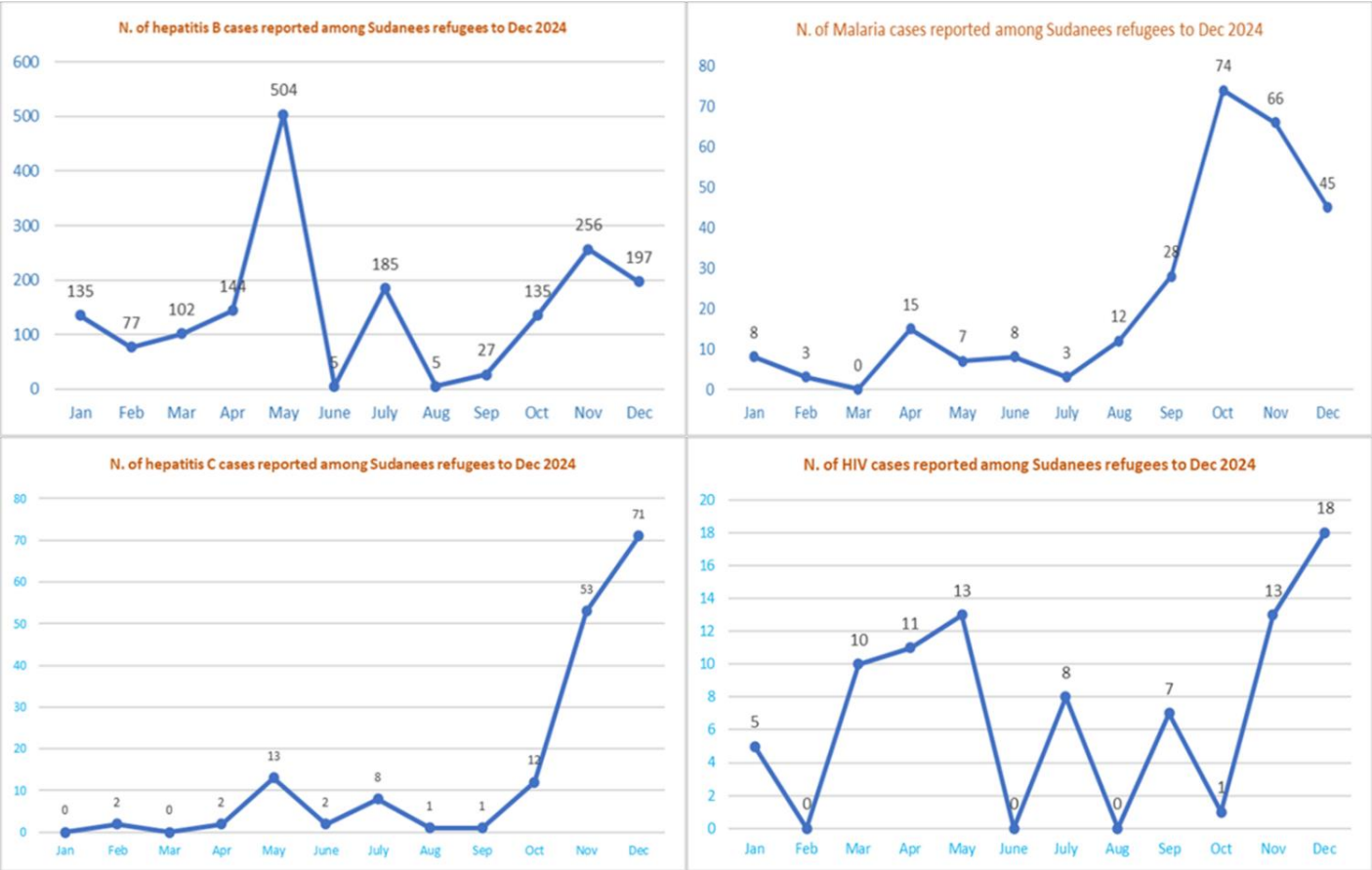
Situation overview

- UNHCR has estimated that 210 000 Sudanese refugees have fled to Libya since April 2023, and 56 000 have been registered with UNHCR in Tripoli.
- 125 000 health cards have been issued to male refugees above 18 years and some female refugees in Alkufra in 2024.
- Al-Kufra continues to serve as a primary entry point for Sudanese refugees into Libya. The influx of refugees has significantly increased, with noticeable population growth in rural farms and gathering areas. Precise statistics are unavailable due to the daily arrival of refugees, on average 350 per day. However, overcrowding in settlements, particularly within farms, continued to be observed in December.
- WHO mobile clinics continue to provide health services to refugees through fixed facilities and in refugee settlements.

Health information and epidemiology updates

- In December 2024 the number of reported HIV and hepatitis C cases increased compared with previous months, while hepatitis B and malaria reported cases decreased compared with Nov 2024.
- Issuance of health certificates is still ongoing free of charge for those who want to depart from Al-Kufra toward northern cities.
- WHO procured lab reagent for hepatitis B, hepatitis C and malaria to support lab capacities in Al-Kufra, particularly the National Center for Disease Control and Tropical Disease Centre labs.

Figure 7: Hepatitis B, malaria, hepatitis C and HIV cases among Sudanese refugees, from January to December 2024



Operational updates

Figure 8. Emergency Medical Teams (EMTs) and mental health and psychosocial support (MHPSS) activities in Al-Kufra during December 2024



In December 2024, WHO trained 14 members of the surveillance team in Al-Kufra for two days on surveillance and data collection for communicable diseases. Four rapid response teams from Al-Kufra and other municipalities hosting refugees were trained on outbreak investigation and contact tracing. Twenty medical staff have been trained for two days on the importance of the registration book and notification mechanism in surveillance system in Al-Kufra.

PRSEAH updates

Newly deployed emergency mobile teams in Al-Kufra, Al-Gatroun, Ajdabiya and Al-Wahat were oriented and sensitized on the code of conduct and PRSEAH principles. The WHO PRSEAH focal point continues follow up with all teams on the ground, especially the southeastern areas of Libya, ensuring the PRSEAH guiding principles are implemented in all WHO operations.

Ethiopia

Situation overview

As of 23 December 2024, Ethiopia has received an influx of more than 181 100 refugees and returnees from Sudan. Concerns persist regarding insecurity at the crossing points, particularly in Metema, as well as shortages of supplies, inadequate water and latrine facilities, sub-optimal referral systems, and an absence of laboratory services. Malaria cases are increasing among both refugees and host communities in the Amhara region.

- As of 23 December 2024, the Kurmuk site has reported a total of 12 737 malaria-confirmed cases including 647 cases among refugees and returnees. In 2024, 439 rotavirus cases with three deaths have been reported from Kurmuk woreda.
- Between 24 November and 23 December 2024, the Gambela region reported 8158 confirmed malaria cases from refugee-affected woredas. In this period, 3097 confirmed cases from Kurmuk and Oura Woredas and 3768 confirmed cases from Metema were reported. During the same period, 199 severe acute malnutrition (SAM) cases were reported from Gambela, 40 from Oura, and 14 from Megama districts. Identified cases were referred to SAM stabilization centres.

Figure 9: Malaria trends in 2022-2024 (as of 23 November 2024): (A) Metema; (B) Kurmuk; (C) Lare woreda; and (D) Itang woreda

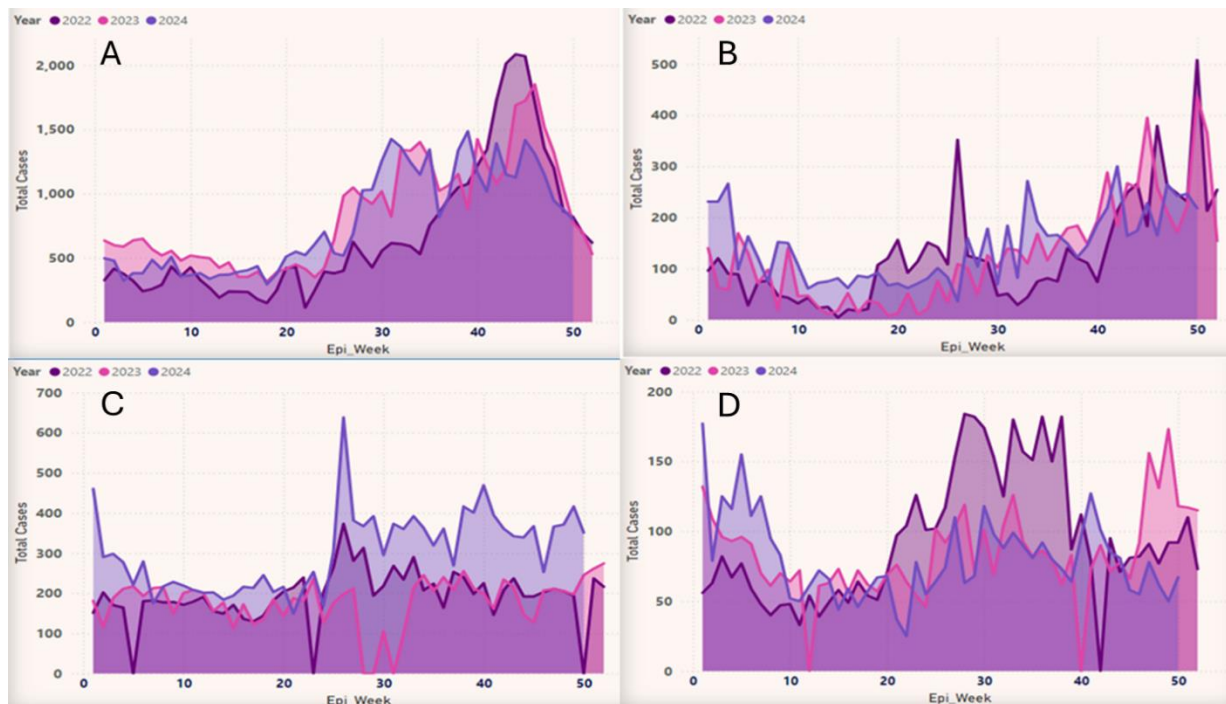
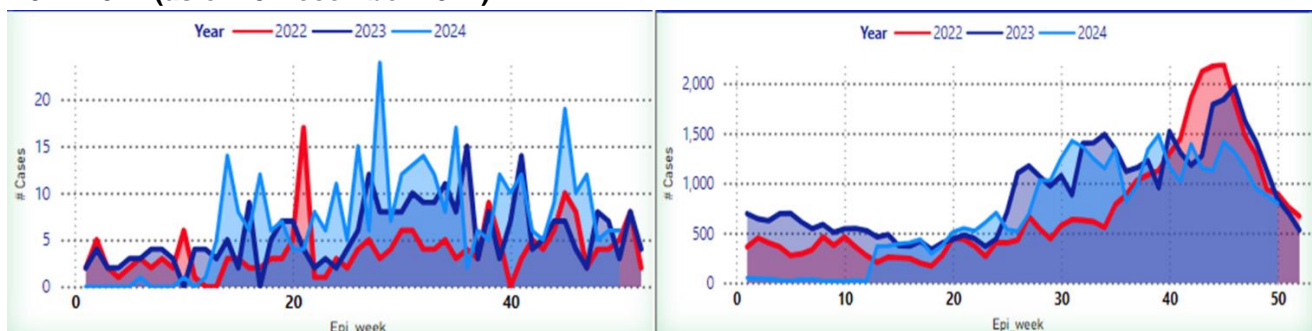


Figure 10: Severe acute malnutrition trends in Metema woreda (left) and dysentery trends in Metema woreda (right): 2022-2024 (as of 23 December 2024)



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.

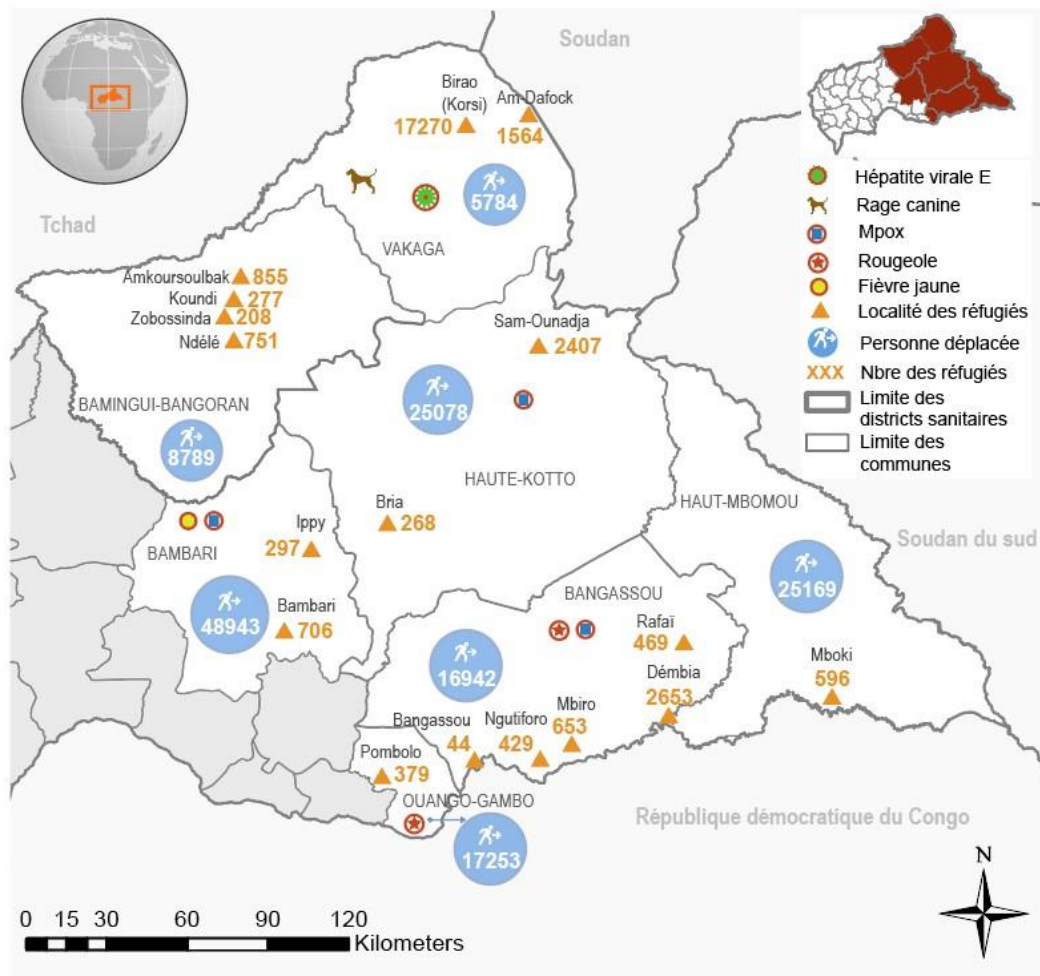
- WHO, through the Health Cluster, has engaged health partners to respond in three affected regions (Amhara, Benishangul-Gumuz, and Gambela).
- Cumulatively, more than 198 200 arriving individuals have received free medical consultations at Metema (Amhara), Gambela, and Kurmuk (Benishangul-Gumuz) crossing sites. A total of 35 330 people have received psychosocial support as of December 2024.
- WHO continues strengthening the surveillance system in the crossing sites, host communities, and border areas, and is responding to the malaria outbreak in affected districts.
- WHO supported the second round of the nOPV2 polio vaccination campaign in all districts.
- WHO supported the malaria outbreak response activities in the affected districts.
- WHO provided support to prepare for a human papillomavirus (HPV) vaccination campaign in the Gambela region.
- WHO contributed to procuring Interagency Emergency Health Kits for Assosa in the Benishangul-Gumuz region.

Central African Republic

Situation overview

As of December 2024, six affected districts have reported at least one outbreak. An ongoing hepatitis E epidemic is affecting Vakaga.

Figure 11: Map of Ongoing health events and distribution of Sudanese refugees in Central African Republic districts as of 3 January 2025.



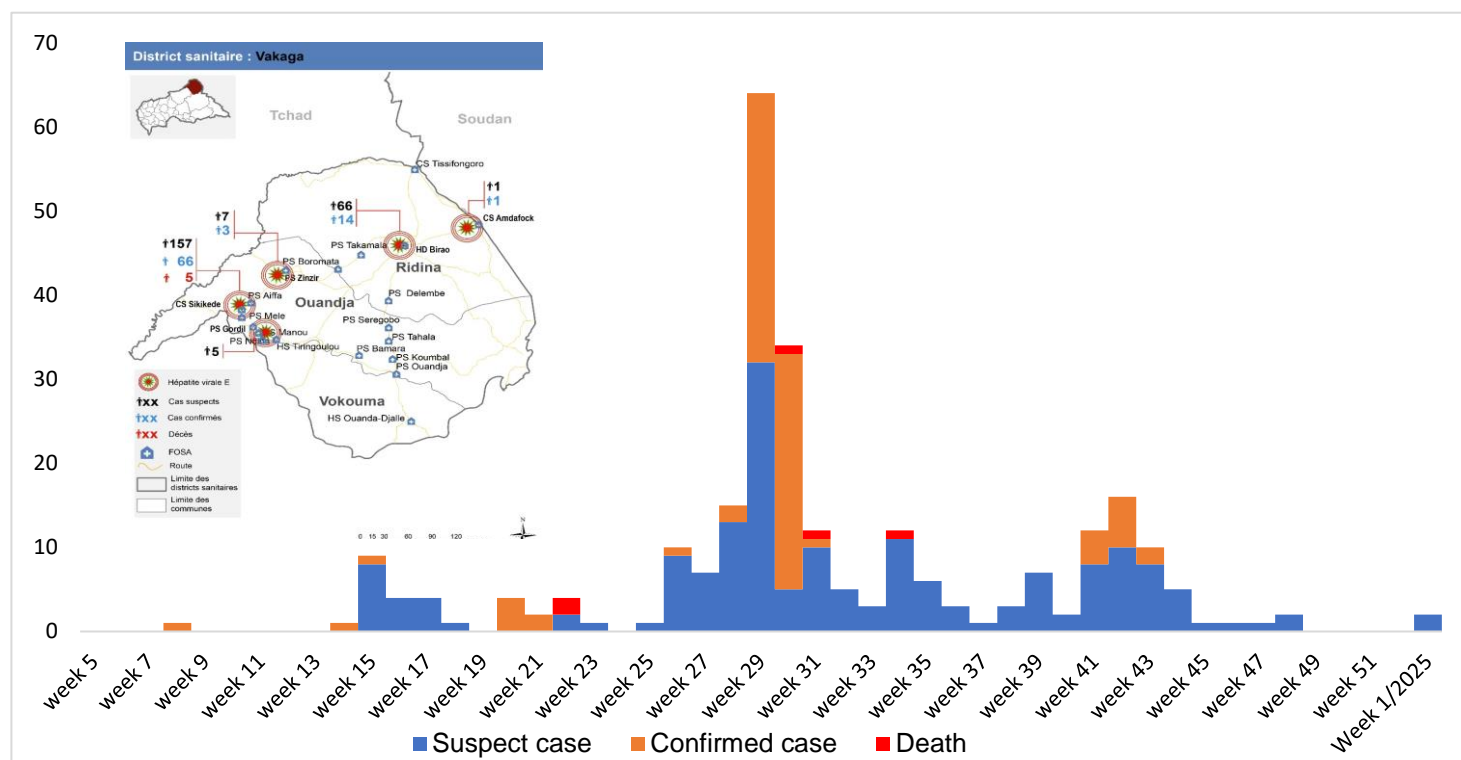
Epidemic of hepatitis E

- As of 4 January 2025, the total number of cases amounted to 241, including 84 laboratory-confirmed cases and five deaths, for a case fatality ratio of 2.1%.
- The confirmed cases have been reported from four health areas: Sikikédé, Boromata, Birao, and Am Dafock. Among these, active outbreaks have been ongoing in Sikikédé and Birao.
- In the Vakaga region, 37% of the cases have been linked to displaced sites, particularly in Birao, highlighting the vulnerability of refugee populations.

EWARS early warning alert and response system data from Korsi Site, Birao town, Vakaga district

- Malnutrition: Steady rise in moderate acute malnutrition and SAM cases, with nearly 20% originating from the community.

Figure 12: Weekly distribution of suspected, confirmed cases and deaths of hepatitis E in Vakaga, February-December 2024 by week, and distribution of cases in Vakaga



Operational updates

- In Bria, Birao, Bangassou, Bambari and Kaga Bandoro, WHO supported regular coordination meetings and engaged relevant stakeholders to address needs among refugees from Sudan.
- WHO supported compiling and updating the line list of hepatitis E cases.
- WHO continued health promotion messaging on the local radio station for hepatitis E, mpox, and cholera.
- WHO supported preparing the local polio vaccination day.

PRSEAH updates

- A total of 51 awareness sessions were organized during December.
- More than 7500 beneficiaries were sensitized during the joint caravan on 7 December 2024 in Bria, at the PK3 internally displaced persons site, Gobolo regrouping point, the return neighborhoods and the host community.
- More than 100 PRSEAH visibility materials were distributed.

Key operational challenges

- **Resource mobilization:** A funding gap significantly hampers operations to ramp up the response to refugee-hosting countries' crises.
- **Security:** Ongoing hostilities threaten security on the ground, causing further displacement and adding challenges to respond to the surge of demand for medical care, control infectious diseases and deliver essential medical supplies and other humanitarian aid.
- **Early warning, alert and response (EWAR):** Inadequate early warning, alert and response surveillance among refugees hampers evidence-based decision-making.
- **Service delivery:** Attacks on health care have damaged health facilities directly or indirectly. In addition, there has been a limited provision of health services at PoEs and in host communities due to overcrowding amongst refugees and large host populations. A shortage of essential medical supplies and drugs (e.g., rapid diagnostic tests, antimalarial drugs) remains a challenge.
- **Health workforce:** There continues to be a shortage of health workers trained in emergency medical response, treatment of infectious diseases, surgery, public health emergency management and mental health.
- **IPC/WASH:** Limited availability of water and relevant supplies and inadequate sanitation facilities in refugee camps and health facilities have increased the risk of outbreaks (e.g., cholera, hepatitis E).

Next steps

- As the Health Cluster Lead Agency, WHO coordinates partners and employs the strategic approach of the humanitarian health response at the national and sub-national levels, and regularly publishes Public Health Situation Analyses (PHSAs), Who, What, Where (3W) matrices and Health Cluster Bulletins.
- WHO continues 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, RCCE, medical countermeasures and supplies. This includes the implementation of the WHO Surveillance System for Attacks on Health Care (SSA), the Early Warning Alert and Response System (EWARS) and the Health Resources and Services Availability Monitoring System (HeRAMS).
- WHO provides financial and logistical support to restock drug supplies, diagnostic kits, and IPC/WASH supplies at PoEs.
- WHO contributes to building capacity of health workers and EMTs at health facilities and PoEs serving host communities and refugees.
- WHO supports 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.
- WHO prioritizes the rights and needs of victims and survivors, advocates for zero tolerance for any form of sexual misconduct, and prevents and responds to sexual exploitation, abuse and harassment.

Other resources

- World Health Organization (2024). Public Health Situation Analysis - Sudan Conflict. Available at: [https://www.who.int/publications/m/item/public-health-situation-analysis--sudan-conflict-\(01-september-2024\)](https://www.who.int/publications/m/item/public-health-situation-analysis--sudan-conflict-(01-september-2024))
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