Sudan conflict and refugee crisis

Multi-country External Situation Report n. 10[1], covering March - April 2025

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

Highlights

- More than two years have passed since the escalation of conflict in Sudan in April 2023, resulting in a humanitarian crisis of catastrophic proportions. The displacement in Sudan is recognized as the largest displacement crisis in the world, with 14.5 million people displaced (10.5 million as internally displaced persons (IDP) and nearly four million across borders into neighbouring countries, including Egypt, South Sudan, Chad, Ethiopia, Libya, Central African Republic and others). The health system in Sudan is collapsing and the capacities of neighbouring countries are straining under the refugee crisis. Health is the sector with the third highest number of people in need as per the Humanitarian Needs Response Plan 2025.
- As of April 2025, Sudan has reported nearly 60 000 cases of cholera, resulting in over 1640 deaths. WHO continues to support the country through multiple response pillars.
- In South Sudan, between January and March 2025, displacement from Sudan continued at scale, with approximately 200 000 new arrivals, bringing the total number of refugees and returnees in South Sudan to more than one million. The escalation of the internal conflict in South Sudan displaced an additional 250 000 people across Upper Nile, Unity and Jonglei states, increasing the number of IDPs to over two million. The complexity of the humanitarian situation, compounded by attacks on health facilities, continues to hinder critical health interventions, including responses to cholera, measles and malnutrition.
- As of April 2025, Sudan has reported nearly 60 000 cases of cholera, resulting in over 1640 deaths. WHO continues to support the country through multiple response pillars.
- In Eastern Chad, malaria, acute respiratory infections, malnutrition and acute watery diarrhoea remain the most commonly reported health conditions. Additionally, there are ongoing reports of suspected measles, hepatitis E and diphtheria.
- Egypt continues to support Sudanese new arrivals by covering healthcare expenses through its dedicated healthcare coverage programme. As of the end of April 2025, 1.5 million Sudanese new arrivals have been recorded in Egypt.
- Malaria in Ethiopia and hepatitis E in the Central African Republic remain ongoing public health challenges. Additionally, the cholera outbreak in Ethiopia's Gambella region continues. WHO provided technical support for outbreak response activities.

In this edition:

[1] This is the tenth multi-country external situation report jointly covering Sudan and 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

This report summarizes the multi-country health situation and WHO's response to the regional emergency caused by the conflict in Sudan. More than 14.5 million people are forcibly displaced due to the regional crisis-the largest number in the world-and nearly four million have fled to neighbouring countries, including Egypt, South Sudan, Chad, Ethiopia, Libya, Central African Republic and others. As the Health Cluster lead agency, WHO ensures the coordination across partners and the strategic approach of the humanitarian health response.

Situation update in Sudan

Situation overview

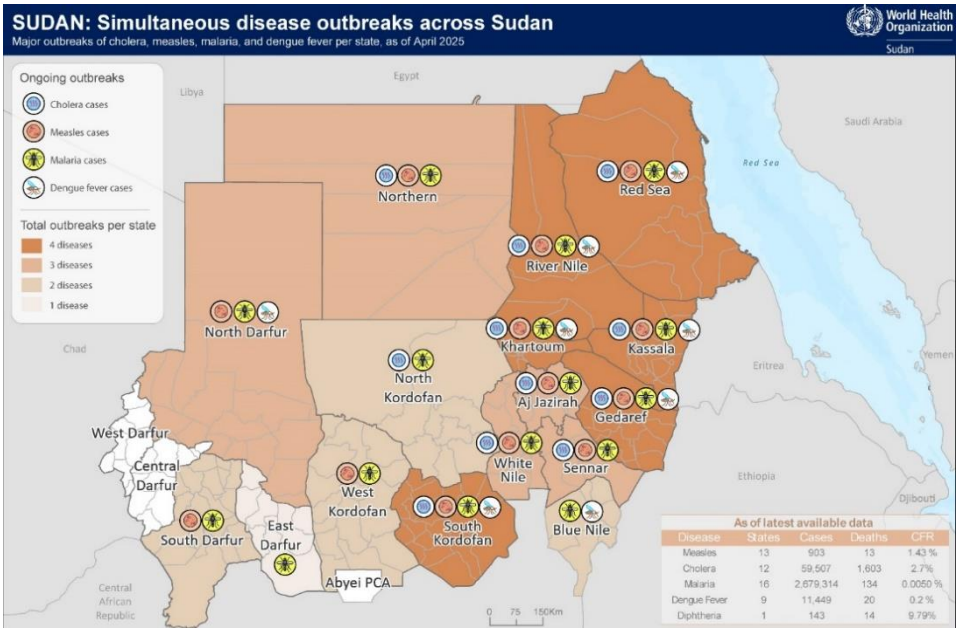
The humanitarian crisis in Sudan has worsened significantly as the country enters its third year of conflict. It is the world's largest displacement crisis, with 14.5 million people displaced, including 10.5 million as IDPs and nearly four million across borders. The scale of displacement, compounded by ongoing violence, has resulted in deteriorating living conditions, disruption of core services, and the near collapse of the health system in large parts of Sudan. Congestion of camps and spontaneous settlements, limited access to safe water and sanitation, and overstretched health infrastructure have all acted together to produce an environment conducive to rapid spread of communicable diseases. Urgent humanitarian needs include access to clean water, food, shelter, healthcare, and core relief items.

Under these precarious conditions, outbreak response and epidemiological surveillance capabilities are highly impaired. Early Warning, Alert and Response (EWAR) has been implemented in 15 states, though its performance needs improvement. In mid-March 2025, the completeness of reporting stood at 66% while timeliness was only at 44%. Some states lack consistent data submission due to insecurity, movement restriction, electricity and network outages, and shortage of resources. Despite these obstacles, WHO and partners have continued investing in capacity building through initiatives such as the EWARS Mobile refresher training in Darfur on 16 April 2025 to improve local response and coordination, and the addition of eight new partner organizations to the system. Meanwhile, the surveillance system is also pushed by the increasing number of disease alerts-measles, cholera, dengue and malaria-reported in multiple states.

Health facility functionality has also been severely disrupted. According to the December 2024 Health Resources and Services Availability Monitoring System (HeRAMS) report, 38% of facilities in seven states and Abyei PCA are non-functional, and in Khartoum State the proportion of functional hospitals and primary health centres (PHCs) remain at a dismal 31% and 17%, respectively. Without skilled personnel, basic supplies and secure access, normal operations and emergency service remain severely hampered.

Rapid Response Teams (RRTs) have been deployed to support outbreak investigation and early control interventions, especially in conflict hotspot states like the Darfur region, South Kordofan and Blue Nile. A total of 725 cases of suspected measles have been reported in Darfur up to epidemiological week 15 (ending 12 April 2025). As of April 2025, a cumulative total of 59 507 cholera cases have been reported from 12 states. Dengue fever is increasing, with a 70% rise in reported cases in epidemiological week 14 (ending 5 April 2025) from the previous week and infecting 10 states and over 38 localities.

Figure 1: Disease outbreak reported across Sudan as of April 2025



The ongoing conflict and displacement, in addition to fragile health infrastructure and limited access to affected populations, pose a risk of mass disease transmission. Immediate support to sustain surveillance, improve outbreak response and preserve life-saving health services remains imperative to prevent further deterioration of the public health situation.

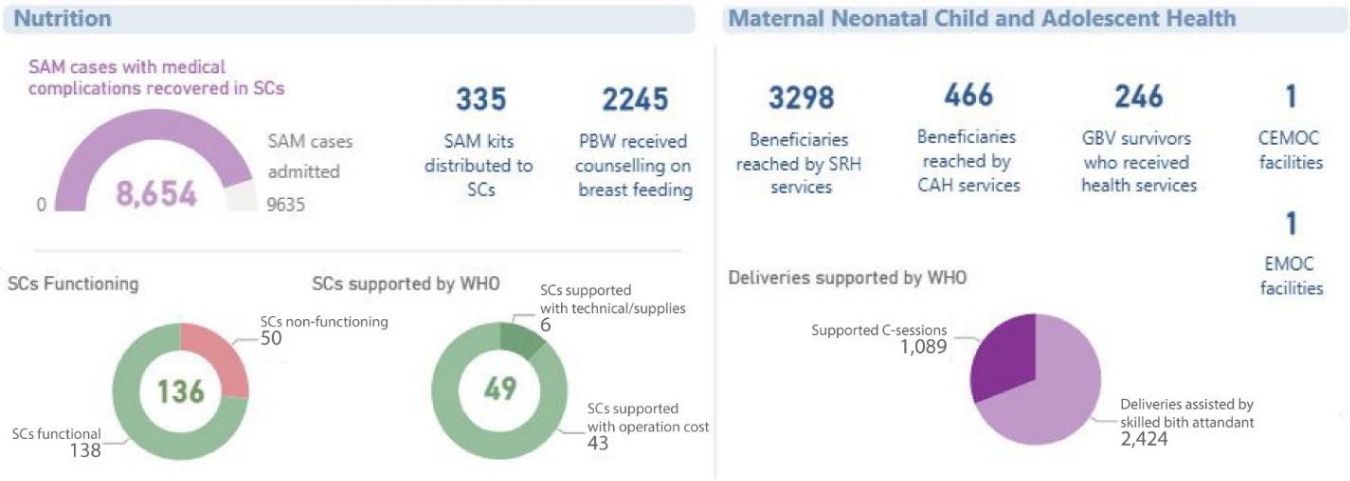
Operational updates

WHO Sudan has continued scaling up its nutrition interventions in conflict-affected and high-need areas. During the reporting period, a total of 4252 children suffering from severe acute malnutrition (SAM) with medical complications were admitted to Stabilization Centres (SCs), with 3914 successfully treated. The highest caseloads were reported in Blue Nile (473 admissions), North Darfur (471), and Kassala (382 admissions). WHO supported the functionality of 136 SCs across the country, with technical support provided to 43 SCs, and operational cost support extended to six of them. Capacity building efforts also continued, with 75 health care workers trained on nutrition services, including 43 in Red Sea and 27 in Sennar. Breastfeeding promotion was prioritized, with 464 pregnant and breastfeeding women counselled. WHO also facilitated the distribution of 276 SAM kits to critical locations, primarily in Red Sea state.

Between March and April 2025, WHO sustained critical maternal and reproductive health interventions across priority states, supporting four Comprehensive Emergency Obstetric and Newborn Care facilities, including one each in Khartoum and West Darfur, and one Emergency Obstetric Care facility to deliver life-saving maternal and newborn services. A total of 1112 deliveries were assisted by skilled birth attendants, the vast majority in Khartoum (1033), while 637 caesarean sections were conducted with WHO support.

WHO-supported facilities conducted 2731 antenatal care consultations over the two months, enabling early detection and management of pregnancy-related complications. In addition, 2438 people accessed sexual and reproductive health services. To enhance the quality of care, 42 health care providers were trained on reproductive, maternal, newborn, child and adolescent health services, and WHO continued to deliver integrated outreach and facility-based care, especially in conflict-affected states such as Khartoum, West Darfur, and Red Sea.

Figure 2: Key indicators in Nutrition and Maternal, Neonatal, Child and Adolescent Health



To sustain essential service delivery, WHO supported nine hospitals, 26 mobile clinics, and 31 PHCs across the country. Notably, mobile clinic operations were scaled up in the Darfur region and Khartoum state, with 16 mobile clinics deployed to ensure continued delivery of primary health care services. In Abyei PCA, 10 mobile clinics were operational, helping to bridge critical access gaps in underserved and conflict-affected areas.

Between March and April 2025, WHO-supported health facilities across Sudan delivered over 285 000 consultations. The highest case load was recorded in East Darfur, with 111 518 consultations, followed by Central Darfur (51 722), South

Darfur (40 962), and Khartoum (28 507), reflecting the ongoing demand for essential health services in areas affected by displacement and conflict.

WHO has continued to deliver critical medical supplies across priority states. Between March and April 2025, a total of 2143 medical kits and diagnostic tools were distributed, supporting health service continuity in hard-to-reach and conflict-affected areas. Red Sea received the largest share of support, with 1882 units including 216 Interagency Emergency Health Kits (IEHKs), 52 Paediatric SAM (PED SAM) kits, 103 Trauma and Emergency Surgery Kits (TESKs), and a significant scale-up of diagnostics: WHO provided a total of 900 cholera rapid diagnostic tests (RDTs), 400 Dengue RDTs, and 80 Malaria RDTs, essential for outbreak control. Khartoum and Kassala also received substantial support, with 90 and 67 units respectively, including trauma kits and paediatric supplies to meet urgent needs.

Al Jazirah, Northern, River Nile, and South Darfur states were supplied with essential kits such as mental health, PED SAM, and TESKs. Overall, the dispatch of 65 cholera kits, 359 IEHKs, 157 TESKs, and hundreds of diagnostic kits underscores WHO's continued commitment to maintaining life-saving health services amidst escalating challenges.

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

In collaboration with the Sudan Medical Students' Association, a three-day training on preventing and responding to sexual exploitation, abuse and harassment was conducted for 40 medical students on 26-28 March 2025. The training equipped the medical students to identify and address PRSEAH in their studies and upcoming health service.

In March, the United Nations Country Team in Sudan endorsed the Sudan Communication and Advocacy Strategy on Protection from Sexual Exploitation and Abuse (PSEA) developed by the Sudan Inter-Agency PSEA Network, in collaboration with the Sudan Humanitarian Communications Working Group and UN Communications Group. WHO played a lead role in the development of the strategy.

Situation update in neighbouring countries

Chad

Situation overview

Since 15 April 2023, Sudanese refugees and Chadian returnees from Darfur have been arriving at more than 32 border entry points in eastern Chad in search of safety and shelter. Nearly 996 000 displaced persons have found refuge in Chad, with thousands of new arrivals every week. Refugees are living in numerous formal and informal camps in four provinces in eastern Chad (Ennedi East, Ouaddaï, Sila and Wadi Fira). The devastating conflict is also accompanied by extreme hunger, affecting more than eight million children and pregnant and breast-feeding women who have lost their means of subsistence. In the camps, access to essential health services remains severely limited, due to multiple factors, including difficult physical access, limited medical supplies, and insufficient financial and human resources, mainly amongst health and care workers. Malaria, acute respiratory infections, malnutrition and acute watery diarrhoea remain the most commonly reported disease conditions. This humanitarian situation is exacerbated by epidemics of measles, chickenpox, hepatitis E, yellow fever, diphtheria and meningitis in the affected provinces, as well as acute gastroenteritis and suspicions of mpox and cholera.

Figure 3: Chad health situation map and key figures, as of 27 April 2025

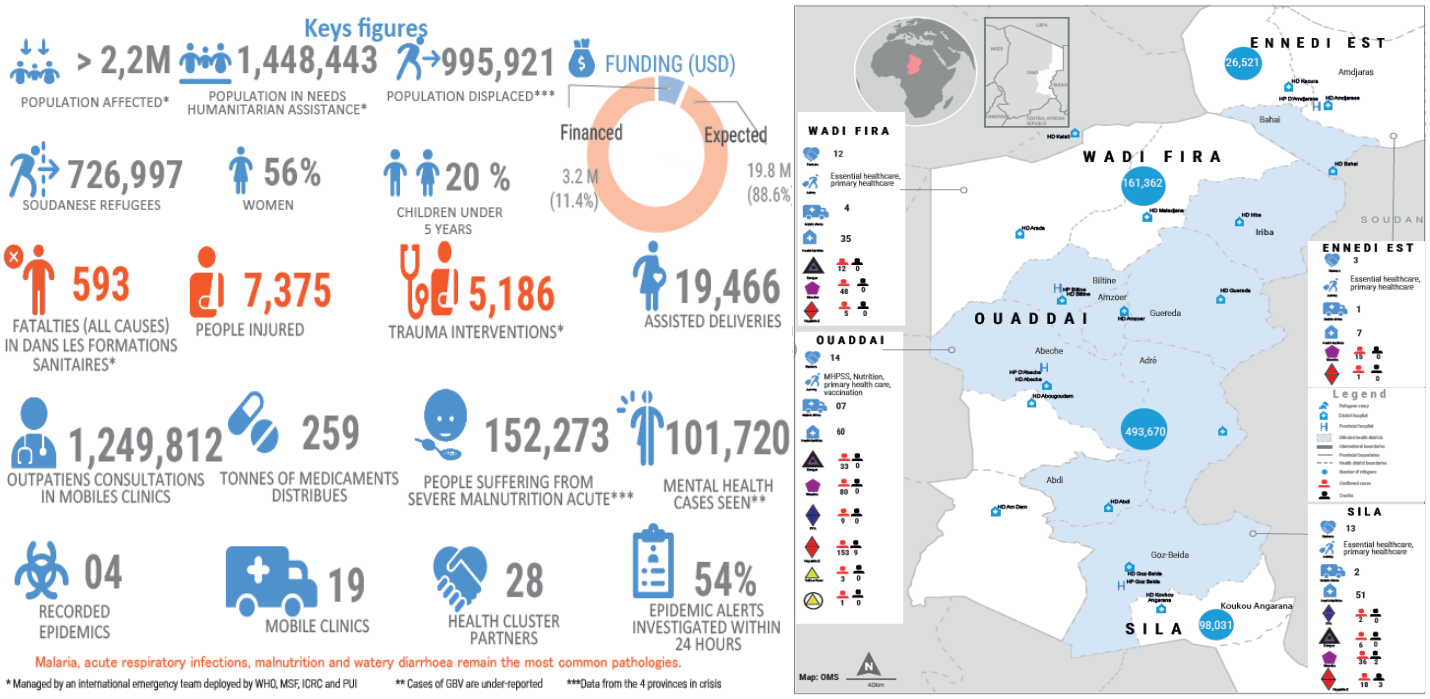


Table 1: Key figures in Eastern Chad

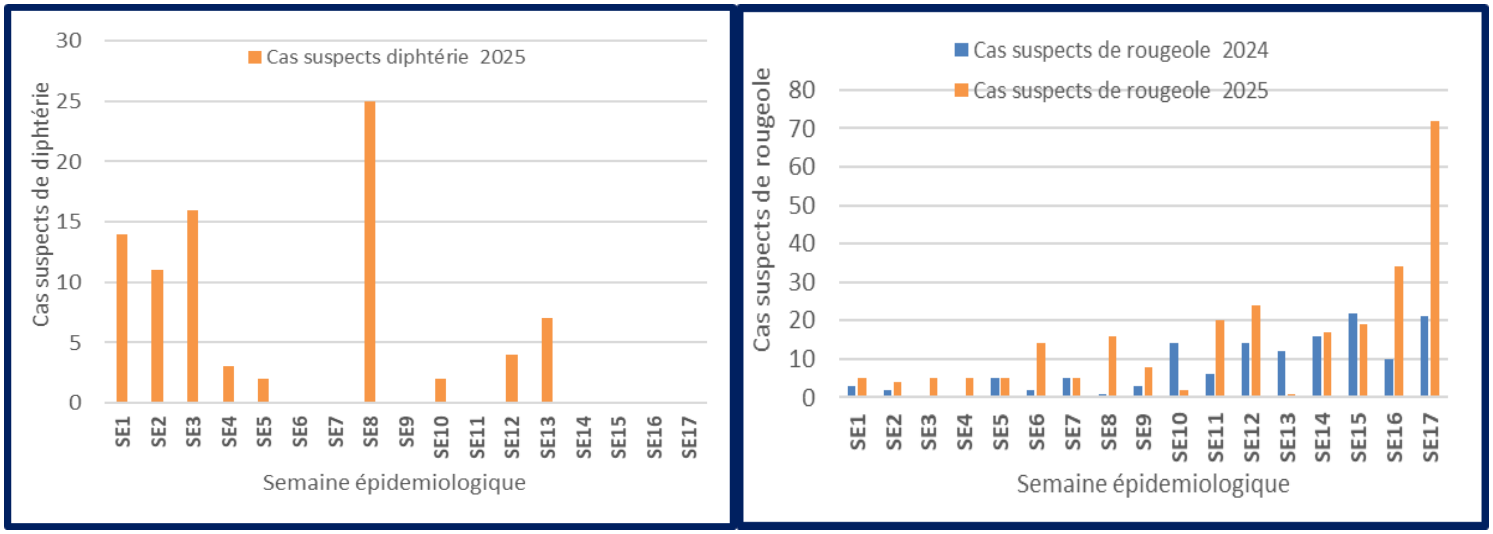
Provinces	Population in 2025		Districts		Health Centers		District Hospitals	Provincial hospitals	Total camps	Transition sites	Returnee sites
	Total	Refugees	Total	Functioning	Total	Functioning					
Ouaddai	1 766 088	493 670	12	11	131	131	12	1	10	1	2
Wadi-Fira	940 844	161 362	9	7	164	138	9	1	5	3	0
Sila	850 381	98 031	4	4	84	96	4	1	4	0	2
Ennedi Est	191 365	26 521	5	5	22	22	5	1	1	0	0
TOTAL	3 748 678	779 584	30	27	401	387	30	4	20	4	4

Chad is using WHO's EWARS Mobile in affected areas to scale up disease surveillance and early warning alert and response.

Diphtheria: From January to April 2025, 94 total cases including 93 suspected and one confirmed case (Biltine health district, Wadi Fira province) have been recorded in the crisis-hit eastern provinces. Between March and April 2025, 21 suspected cases, including one death (Biltine health district, Wadi Fira province) were reported. At national level, since the start of the epidemic, September 2023 to April 2025: 4847 total cases including seven confirmed cases (one in the Adré health district in the province of Ouaddaï, two in the Moussouro health district and two in the Chaddra health district in the province of Barh El Gazal, one in the Ati health district in the province of Batha and one in the Iriba health district in the province of Wadi Fira) with 84 deaths, giving a case-fatality ratio of 1.7% in the provinces of Batha, Hadjer Lamis, Kanem, Barh El Gazal, Lac, Ouaddai and Wadi Fira.

Suspected measles: Since the beginning of 2025, 1837 suspected cases of measles and nine deaths have been recorded nationally, including 374 suspected cases and five deaths in the eastern provinces affected by the crisis. Between March and April 2025, a total of 256 suspected cases and three deaths were reported in the crisis-affected eastern provinces. One death occurred in the Goz-Beida Health District (Week 16), and two deaths were recorded in the Koukou Angarana Health District.

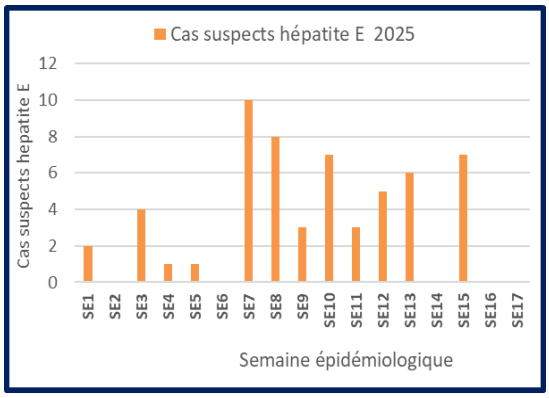
Figure 4: Suspected diphtheria (diphthérie) and measles (rougeole) cases between 1 January and 26 April 2025

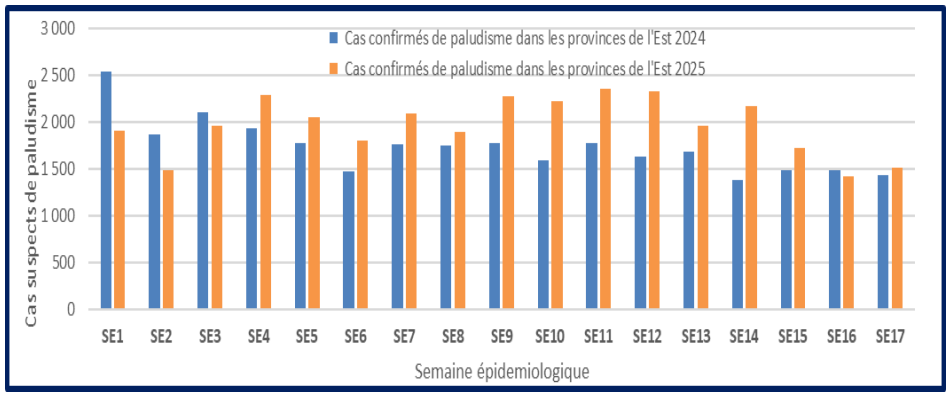


Hepatitis E: From the start of the outbreak in December 2023 to April 2025, 3575 total cases were recorded. Of these, a total of 177 cases were confirmed by RT-PCR, and 16 deaths were reported. Of these 16 deaths, five involved pregnant women in Adré and Goz-Beida. The worst-hit province is Ouaddaï, with 153 confirmed cases and seven deaths, followed by Sila (18 cases, nine deaths), Wadi Fira (five cases) and Ennedi Est (one case). Between January and April 2025, there were 60 suspected cases, no confirmed cases and no deaths.

Malaria: Since the beginning of 2025, 657 135 total cases, including 348 559 confirmed cases and 314 deaths, have been recorded. This represents more than half of the total morbidity since the beginning of 2025. In the eastern provinces in crisis, 76 992 total cases, 33 150 confirmed cases and 13 deaths have been recorded. Between March and April 2025, 28 416 total cases were recorded, including 15 717 confirmed cases and eight deaths.

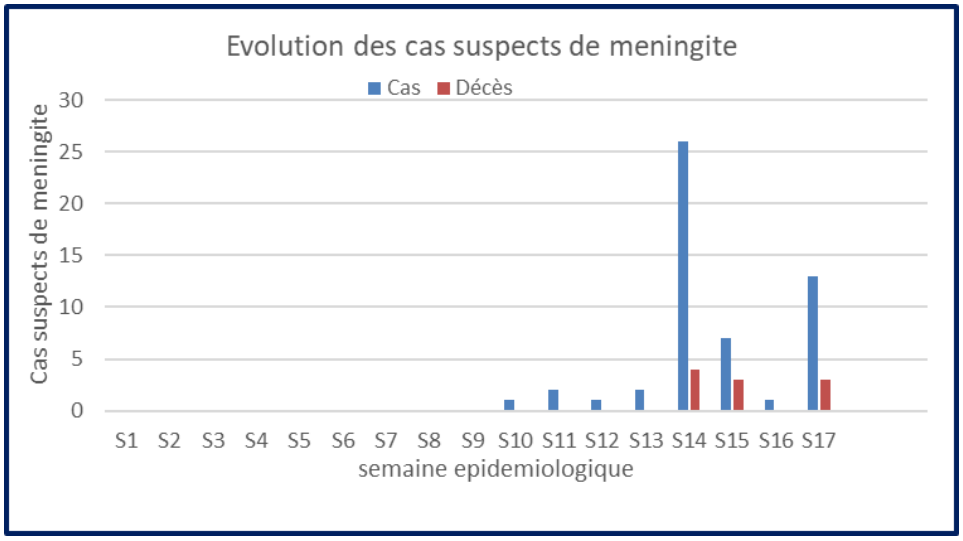
Figure 5: Suspected Hepatitis E and Malaria cases between 1 January - 26 April 2025





Meningitis: In March-April 2025, there were 54 suspected cases, of which 51 cases were in Ouaddaï province (13 in the Abéché health district; 23 in the Amleyouna health district; 15 in the Farchana health district); one case in the Guerada health district in the Wadi Fira province and two suspected cases in the Sila province (one in the Abdi health district, one in the Goz-beida health district). A total of seven confirmed cases of *Neisseria meningitidis* serogroup C (NmC) were identified in the province of Ouaddaï (Farchana, Abéche and Amleyouna). This is the first time that Chad has documented NmC. Several public health actions are underway, and WHO supported the investigation of suspected cases of meningitis reported in the affected health districts; active case-finding in the community; dissemination of the case definition in the zones of responsibility and the health districts affected by the epidemic; referral of serious cases to the Abéché University Hospital; and case management (a batch of medicines has been pre-positioned by the WHO in the health districts of Amléyouna and Hajer Hadid).

Figure 6: Number of suspected meningitis cases and deaths between 1 January - 26 April 2025



Other diseases: Cases of suspected dengue and acute flaccid paralysis have also been reported during this period.

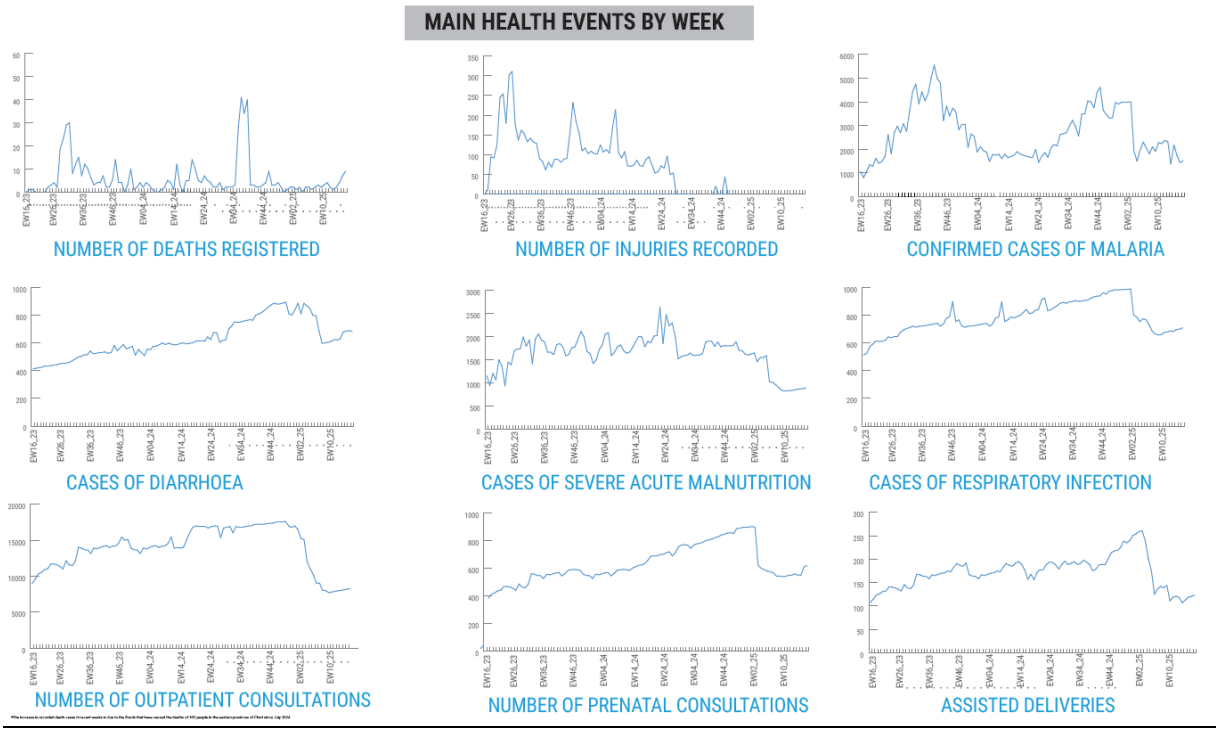
Operational updates

Leadership and coordination:

- WHO provided support to organize and implement the bimonthly Technical Working Groups on Mental Health and Psychosocial Support in Adré and Sila in March 2025.
- WHO continued strengthening disease surveillance efforts in the eastern part of the country, focusing on areas hosting Sudanese refugees and the surrounding host communities.
- WHO provided technical support for the nutrition sub-working group in Adre.

- WHO participated in the emergency health and nutrition coordination meeting in Guéréda to assess the needs of the Guéréda Urbain Stabilization Centre that will receive approximately 10 000 new refugees.
- WHO has welcomed the visit of the European Union Commissioner for Emergencies and Humanitarian Response to Adré. The team provided a briefing on health and mental health coordination activities.
- On 22-24 April 2025, the WHO office in Abéché organized an intra-action review workshop of the activities carried out in 2024, bringing together the entire team dedicated to the Eastern crisis.
- Approximately three tonnes of medicines for the treatment of common diseases, including malaria, acute respiratory infections and diarrhoeal diseases, have been donated to the Sila health delegation.

Figure 7: Trends of major health events by week, as of 27 April 2025



Vaccination:

- **Support to diphtheria vaccination campaign in Goungour/Adré health zone:** On 11-12 March 2025, WHO provided technical and logistical support for the second round of the diphtheria vaccination response campaign across six villages in the Goungour/Adré health zone. A total of 1172 individuals were vaccinated out of an estimated target population of 2000, achieving a coverage rate of 58.6%, compared to 1672 people (83.6%) during the previous round.
- **Measles vaccination response in Adona Health Zone, Amléyouna District:** WHO provided technical and logistical support in the vaccination response around confirmed cases of measles at the Amléyouna DS, where some 200 children aged between 6 months and 15 years were immunized.
- WHO technically and logistically supported the supervision of supplementary immunization activities against poliomyelitis in the provinces of Sila and Ouaddaï.
- WHO technically and logistically supported the training of 118 monitors from seven different provinces (Sila, Ouaddaï, Wadi Fira, Ennedi-Est, Ennedi-Ouest, and Borkou and Tibesti), as well as the training of 14 LQA investigators in Abéché.

Case management:

- WHO provided support for the management of surgical cases in the hospitals of Guéréda, Adré, and Goz-Beida, and enhanced the quality and availability of essential surgical care in these facilities.
- A total of 229 individuals with mental health conditions received treatment with technical and pharmaceutical support from WHO. This included 158 cases in Ouaddaï, 52 in Sila and 19 in Wadi Fira, through various mental health service points.
- WHO facilitated the sensitization of 1712 individuals (618 men and 1094 women) in the Touloum camp on hepatitis E prevention, using WHO-endorsed messaging. In addition, 15 000 hygiene kits were distributed to the exposed population. WHO also donated essential psychotropic medications to implementing partners in the new refugee camp at Dougui (Ckokoyane, Ouaddaï) to strengthen mental health care services for displaced populations.

Awareness campaign:

- **Community engagement on maternal health:** On 8 April 2025, WHO provided technical support for an educational dialogue session at the Integrated Health and Social Center of Adré (Ouaddaï), focusing on antenatal care.

PRSEAH updates

- A PRSEAH technical support mission, led by the WHO Regional Office for Africa, visited various camps in the provinces of Sila and Ouaddaï to supervise and assess the risks associated with PRSEAH in this area. A total of 52 partners, including members of the Ministry of Health, were made aware of the principles of the PRSEAH and the applicable rules of conduct. The mission also carried out a risk assessment in the area of PRSEAH in the various health facilities in the camps that were visited.
- WHO supported the training of 45 members of the Sudanese Refugee Women's Association on PRSEAH in Adre and raised awareness on different forms of sexual abuse, methods for identifying and reporting cases and available response services.
- At the Djabal refugee camp in the province of Sila, the Community Relays, supervised by the partner APLFT, led an awareness session at the food distribution site.
- WHO, in collaboration with UNFPA, organized a training on the clinical management of rape and intimate partner violence for 37 providers in Koukou and Gozbeida.
- As part of National Women's Week in Chad, WHO and UNFPA jointly supported several partners in six mass awareness sessions and educational talks for 499 people (refugees and indigenous persons) in the department of Assoungha/Adré on various themes related to gender-based violence (GBV).
- Two mass awareness-raising sessions were carried out for 213 people by the Community Relays.

South Sudan

Situation overview

Between April 2023 and March 2025, over 1.5 million people arrived in South Sudan. Of these, 70% are South Sudanese nationals returning home, whilst the rest included over 352 000 Sudanese refugees and smaller numbers of other foreign nationals. Between January and March 2025, displacement from Sudan continued at scale, with approximately 200 000 new arrivals. Simultaneously, internal conflict within South Sudan escalated, displacing an additional 250 000 people across Upper Nile, Unity and Jonglei states, pushing the total number of internally displaced persons (IDPs) to over two million. Renk County remained the epicenter of the crisis, receiving 74% of all new arrivals. Its transit centres, originally designed for far fewer, are severely overcrowded, hosting over 16 000 individuals-four times their intended capacity. By February 2025, collective centres within the host community in Renk such as Abayok, the Orthodox Church compound and Gasroom accommodated 66 259 people across 7249 households.

The sheer volume of arrivals is overwhelming South Sudan's limited infrastructure, particularly in border areas where congestion in transit centres heightens protection, GBV and health risks. Transportation constraints and the strained capacity of host communities underscore the need for increased support to move people quickly to safer locations.

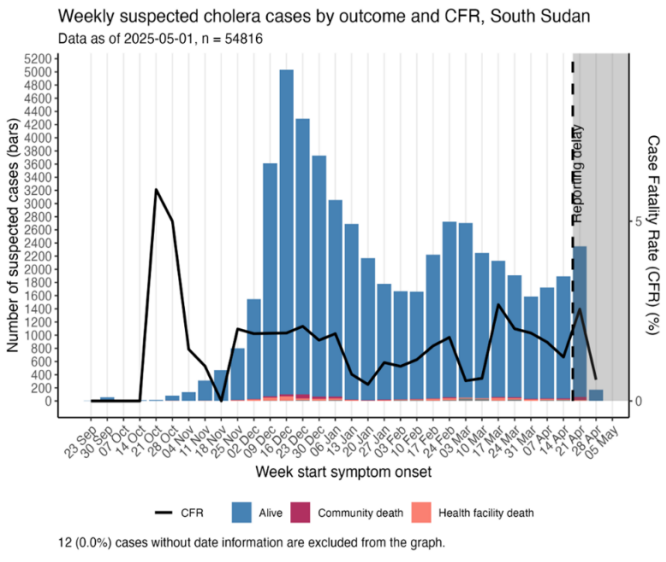
In 2025, eight out of 10 children under five years are at risk of acute malnutrition, with 7.7 million people, including 1.5 million children, facing severe food insecurity. Fever, diarrhoea and respiratory infections and poor nutrition, water and sanitation access add to the crisis, further aggravated by economic challenges, climate impacts, heightened GBV risks and spillover effects from the Sudan crisis.

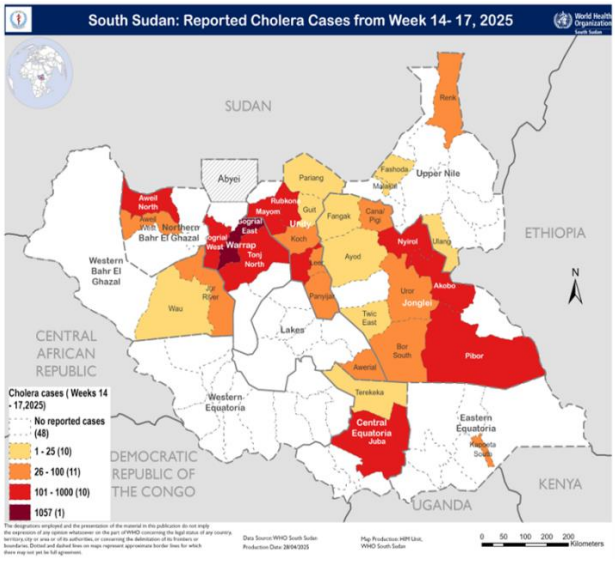
People in South Sudan continue to experience a high burden of outbreak-prone diseases, with people in some areas enduring multiple outbreaks simultaneously, with cholera and mpox being the most recent outbreaks; this intensifies the burden on communities and the health system. The vaccine-preventable disease burden looms large, due to limited coverage in immunization programmes, with many children and adults vulnerable to diseases including measles, yellow fever and poliovirus.

From 28 September 2024 to 30 April 2025, a cumulative total of 54 816 cholera cases and 1059 deaths, for a case fatality ratio (CFR) of 1.9%, including 532 facility-based deaths (CFR in health facilities: 1.0%). The outbreak has spread to 47 counties across nine states and two administrative areas (Ruweng and Greater Pibor). The 0–4 years age group accounted for the highest proportion of cases (26%), followed by 5–14 years (22%) and aged 35 years and older (21%). Females represented 50% of the total cases, and 71% of cases originate from the host community. The highest number of deaths has been reported among children aged 5–14 years (20%), followed by 0–4 years (17%), with males comprising 56% of all reported deaths.

As of April 2025, three new confirmed cases were reported, bringing the cumulative total of confirmed mpox cases at 11, with zero deaths. The three new reported cases are from Quality Assurance retesting of samples previously reported as negative. The confirmed cases comprise 10 from Juba and one from Malakal. During the same period, 62 newly suspected cases were reported, bringing the cumulative number of suspected cases to 136. This large number of suspected cases was also from an updated line-list of cases detected by MSF-Spain in Malakal County. Follow up of sequencing results from Uganda Virus Research Institute (UVRI) is ongoing to obtain the genetic characteristics of all 11 confirmed cases, needed in vaccination strategy development. The priority for mpox response in South Sudan remains active surveillance for new cases, acceleration of laboratory testing and External Quality Assurance re-testing, and obtaining sequence reports for the eight positive samples that are at UVRI.

Figure 8: Number of cholera cases by epi week and by region as of 28 April 2025.





In the recent ongoing conflict in Upper Nile – the state receiving over 80% of arrivals from Sudan – and Jonglei states, 10 direct attacks on health facilities have been reported, resulting in the deaths of two health care workers. On 22 March 2025, explosive barrels were dropped on Jikmir Primary Health Care Unit (PHCU), and Nasir County Hospital was looted and severely damaged. The same day, Doma PHCU and Ying Primary Health Care Center (PHCC) were also looted, while Kuich PHCC was both bombed and set on fire-severely compromising the ability to provide life-saving services. On 15 April 2025, Owachi PHCC was looted and ransacked by armed combatants. The most recent attack occurred on 3 May 2025, when two helicopter gunships dropped a bomb on Old Fangak Hospital-an MSF-supported facility-completely destroying it by fire.

Between March and April 2025, Renk County transit centres reported a high burden of disease, with acute respiratory infections (ARI) accounting for nearly half of all cases. ARI peaked at 1897 cases in epi week 9 (ending 1 March 2025) and fluctuated through epi week 14 (week ending 5 April 2025), suggesting possible seasonal or environmental drivers. Malaria followed as the second highest contributor, with 9049 cases during epi weeks 9–18 (from 23 February to 3 May 2025), potentially influenced by rainfall and mosquito breeding patterns. Acute watery diarrhea (AWD) showed a steady rise-from 502 cases in Week 14 (ending 5 April) to 671 in Week 17 (ending 27 April)-totaling 5112 cases, reflecting ongoing water and sanitation challenges. Eye infections remained relatively stable but slightly increased, reaching 2822 cases. Though acute bloody diarrhea had the lowest case numbers, it rose sharply from 18 in Week 9 (ending 1 March) to 230 in Week 18 (ending 3 May), totaling 936 cases and warranting close monitoring due to its potential severity.

Operational updates

Coordination: The MoH, with technical support from WHO and partners, continues to lead the cholera response through established coordination structures, including the Incident Management System (IMS) and Technical Working Groups (TWGs). Weekly meetings at the National Emergency Operations Centre (EOC) are held to assess progress and guide response activities. The WHO Country Office conducts regular technical briefings with state coordinators to resolve operational challenges and ensure strategic alignment. WHO field teams are actively deployed to support affected states and counties. The Health Cluster organizes biweekly coordination meetings with partners to review implementation and coordinate interventions. In parallel, routine health and water, sanitation and hygiene (WASH) coordination meetings are held across affected areas, backed by functional TWGs. In Renk, WHO leads coordination among 16 health and nutrition partners-including local, international and UN agencies-ensuring a harmonized and effective response.

Surveillance and Laboratory: WHO facilitated the deployment of RRTs at both national and state levels to bolster outbreak response. Analysis of reported cases is being used by the MoH and WHO to identify outbreak drivers and provide

targeted feedback to states and counties. Continued engagement at the subnational level is reinforcing the need to scale up RDT use for improved case detection.

Case Management: WHO has supported the establishment of cholera treatment centres (CTCs) across the country, while partners are actively contributing to the operation of oral rehydration points (ORPs), cholera treatment units (CTUs) and CTCs to ensure effective case management. Further, WHO has trained frontline healthcare workers on standardized cholera treatment protocols to enhance the quality of care.

Infection Prevention and Control (IPC) / WASH: Case area targeted interventions (CATI) are ongoing in several cholera-affected counties. WASH partners are working to provide safe drinking water; however, access remains a critical gap in many locations, necessitating continued efforts to ensure sustainable water supply.

Nutrition and Food Security: Screening of 3252 children under five revealed 4% with moderate and 2% with severe acute malnutrition in March and April only. Among 1,269 pregnant and lactating women screened, 7% were found to have moderate acute malnutrition. To address immediate nutritional needs, fortified biscuits were distributed to 91 671 individuals, including 6000 beneficiaries reached since Week 9. Livelihood support efforts included vaccinating 21 900 cattle, benefiting 452 families and treating an additional 8404 cattle to help stabilize food and income sources for vulnerable households.

Risk Communication and Community Engagement (RCCE): RCCE activities are ongoing to increase community awareness about cholera prevention, the availability of treatment services and the benefits of vaccination. These efforts are essential for reducing disease transmission and encouraging timely healthcare-seeking behaviour.

Oral Cholera Vaccination (OCV): OCV campaigns have been successfully conducted in 32 counties, with 17 of them achieving coverage above 80%. Additional campaigns are planned for four more counties to further expand population immunity and contain the outbreak. Counties experiencing cholera outbreaks and bordering Sudan-such as Renk, Malakal, areas in Unity State and Bahr El Ghazal-have all conducted OCV campaigns led by WHO and in partnership with the MoH and its partners.

Logistics and Supplies: WHO has supported the reopening of the previously vandalized CTU at Nasir Hospital. In addition, 18 metric tonnes of Emergency Health Kits-including cholera-specific supplies-have been prepositioned at the Malakal hub. These supplies are sufficient to support up to 100 000 individuals in need. During March and April 2025, the WHO Renk Office facilitated the distribution of 37 cholera-specific medical supply kits to health facilities across Renk and Manyo Counties. The supplies included Kit Cholera Periphery Drugs, Kit Cholera Periphery Renewable Supplies, Kit Cholera Community Drugs, Kit Cholera Community-Based Care, as well as Kit Cholera Investigation and RDT kits. In addition, 30 IEHKs were distributed, comprising the IEHK 2017 Basic Module (Medicine), IEHK Basic Module (Malaria), and IEHK 2017 Supplementary Module (Renewable Supplies). Collectively, these supplies have the capacity to support approximately 33 700 people for a duration of three months.

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

In response to the high prevalence of GBV, the WHO Country Office has deployed a full-time PRSEAH Coordinator. This role is dedicated to leading the implementation of effective strategies to prevent and respond to SEAH, ensuring integration across all WHO programmes and operations. The Coordinator also provides strategic and policy support to WHO's implementing partners and contributes to the overall coordination of the national PSEA Taskforce.

WHO South Sudan is committed to fostering a culture of zero tolerance for SEAH. To this end, it has developed and institutionalized robust mechanisms for prevention, response and accountability throughout its operations. With a workforce of 500 personnel and ten field offices across the country, WHO recently expanded its presence by opening a new office in Renk in response to the Sudan crisis.

Key interventions include the development of policies and strategies on SEAH prevention and response, comprehensive workforce training and active collaboration with stakeholders including UN agencies, international and national NGOs. WHO has also established a network of 27 trained part-time PRSEAH focal points across its offices. These focal points have completed both training of trainers (ToT) and refresher sessions facilitated by the PRSEAH Coordinator. Notably, five focal points also underwent Arabic ToT training organized by the WHO Regional Office for Africa. These focal points play a key role in ensuring PRSEAH integration into field activities and cluster operations.

PRSEAH principles are now embedded in WHO's programmatic cycle, including fundraising and planning, as well as in the Emergency Preparedness and Response (EPR) programme. A full-time national PRSEAH officer is embedded within the EPR cluster, with specific responsibilities for ensuring compliance in emergency responses, including the Sudan crisis. All personnel deployed to respond to the crisis are vetted, briefed on PRSEAH, and required to sign the code of conduct. Rapid risk assessments were conducted at the onset of the crisis, and their recommendations have since been implemented.

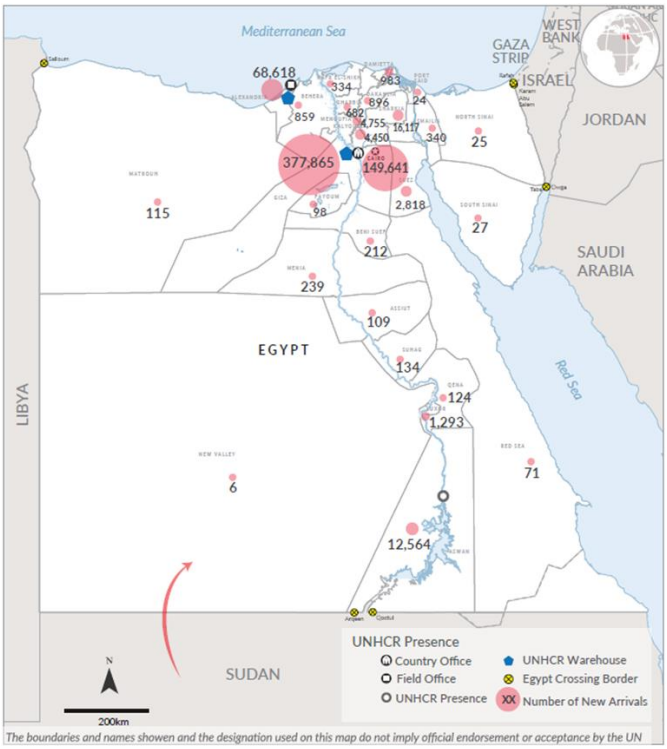
In partnership with the Health Cluster, WHO conducted a three-day capacity-building training for all 40 national NGO partners in Juba. Additionally, over 6000 "No Excuse" cards were distributed to implementing partner staff, outlining core principles and available reporting mechanisms-particularly for those engaged in the Sudan crisis response.

Egypt

Situation overview

Since the escalation of the conflict in April 2023 and as of 7 May, 1.5 million Sudanese have fled to Egypt, placing Egypt on the top of the countries receiving Sudanese forcibly displaced individuals. Among them, 922 300 people have been provided with registration appointments by UNHCR Egypt. Registration was successfully concluded for 638 800 people (69%). Most of the registered Sudanese new arrivals are residing in Giza (377 865), followed by Cairo (149 641), Alexandria (68 618), and Aswan (12 564). Aswan remains the main entry point for Sudanese using both regular and irregular migration routes. A more detailed distribution of Sudanese new arrivals is shown in the map below published by the UNHCR Egypt country office.

Figure 9: New Arrivals from Sudan (UNHCR Egypt Emergency Response)



The Sudanese community in Aswan is exceptionally vulnerable, since the community includes Sudanese registered refugees, migrants from before April 2023 and new arrivals utilizing both regular and irregular routes. Public healthcare in Aswan has recently been transferred from the Ministry of Health and Population to the Egypt Healthcare Authority, the healthcare provider in the newly implemented Universal Health Insurance system. Sudanese used to receive healthcare services at par with Egyptians at the healthcare facilities affiliated to the Ministry of Health and Population; however, in the Universal Health Insurance system, Sudanese are charged higher fees, which exacerbates their vulnerability and underpins the need for humanitarian intervention.

Operational updates

WHO Egypt works closely with the Egypt Healthcare Authority to provide much needed healthcare to the most vulnerable while strengthening the national healthcare system to cope with the increased demand. WHO Egypt interventions include the following main pillars:

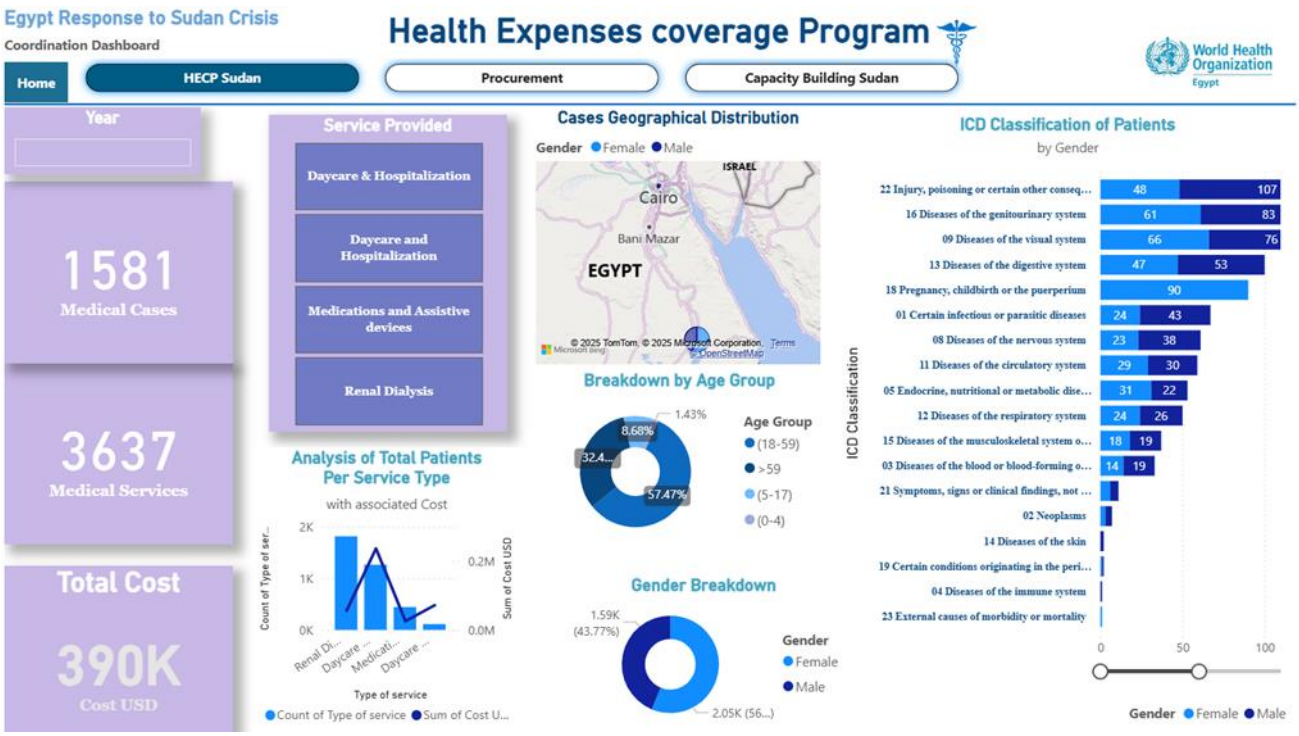
- **Healthcare expenses coverage programme**: WHO Egypt has launched a programme in Aswan for covering the expenses incurred by Sudanese patients as well as individuals of other nationalities affected by the conflict in Sudan since 2023. Aswan was selected due to the heightened vulnerability of the Sudanese community there as well as the shortage of humanitarian aid provided on the ground in comparison to the measured needs. During March and April 2025, WHO Egypt successfully paid for 533 healthcare services including 113 daycare and hospitalization

services including surgical interventions, emergency care and ICU admissions, 390 life-saving dialysis sessions and 30 dispensed prescriptions. This brings the total healthcare services delivered through the programme up to 3637 delivered to 1581 medical cases since the start of the programme in 2023, with a total cost of almost US$ 40 000.

- **Capacity building**: On 5–6 March, WHO Egypt organized a capacity-building workshop in Cairo targeting 45 Egyptian and Sudanese students from medical, pharmacy and nursing disciplines. The training aimed to enhance participants' skills in conducting effective health awareness campaigns and to promote understanding of the health needs of migrants and refugees, with a particular focus on family development and health literacy. As part of a broader training programme, the workshop covered key topics including positive parenting, effective communication and campaigning, growth and development assessment, and premarital counselling.
- **Coordination platform:** In partnership with UNHCR Egypt, WHO Egypt continued to co-lead the Health Working Group under the Refugee Coordination Model established in response to the Sudan crisis. Convening monthly, the group facilitates updates on humanitarian health assistance for newly arrived Sudanese, promotes the regular updating of service mapping, and encourages partners to address service gaps. These efforts aim to ensure comprehensive health service delivery for vulnerable Sudanese individuals, as well as other affected refugees and migrants across Egypt.

  In March and April, the Health Working Group convened to examine the implications of ongoing funding cuts on the provision of essential health services to migrants and refugees. During these meetings, members reviewed service gaps, shared mitigation strategies, and reached consensus on a set of core advocacy messages aimed at unifying and strengthening joint outreach efforts. These discussions reinforced the need for sustained resource mobilization to safeguard critical health interventions and support vulnerable populations amid growing demands and limited funding.
- **Reporting:** WHO Egypt has launched an interactive dashboard with regular updates on the different pillars of response. The dashboard provides real-time updates on the activities delivered by WHO Egypt in response to the conflict in Sudan. WHO plans to expand the dashboard to represent the work of all partners in the Health Working Group soon.

Figure 10: WHO Egypt dashboard for Sudan Emergency Response



PRSEAH and GBV

WHO Egypt remains dedicated to supporting the development of a strong health sector response to GBV. This includes ensuring survivor-centred 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 Ministry of Health and Population, 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, through active participation in the GBV Working Group, one of the working groups activated under the refugee coordination model, to actively engage in addressing gaps in services provided.

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.

Ethiopia

Situation overview

As of April 2025, Ethiopia has received more than 187 000 individuals displaced by the ongoing conflict in Sudan, including both refugees and returnees. The majority of arrivals have been registered in border regions such as Amhara, Benishangul-Gumuz (BSGR), and Gambella, which continue to serve as key entry points and transit hubs. Despite ongoing response efforts, humanitarian actors face significant challenges at border crossing areas and transit sites. Security risks remain prevalent, particularly in volatile zones such as Metema and Kurmuk, threatening the safety of both displaced populations and humanitarian personnel. In parallel, health service delivery is severely constrained by a persistent shortage of essential medical supplies, including critical items such as anti-malarial medications and vaccines. WASH conditions remain substandard at many transit locations, with inadequate access to clean water and latrines, increasing the risk of disease outbreaks. The referral system is also sub-optimal, hampered by a lack of transport options-including ambulances and other serviceable vehicles-which further delays urgent medical care.

Additionally, vaccination services are inconsistent at transit and reception sites, undermining efforts to prevent the spread of vaccine-preventable diseases among new arrivals. These gaps, coupled with limited health personnel and overstretched infrastructure, pose serious risks to public health and the well-being of displaced populations. WHO and partners continue to scale up support through disease surveillance, outbreak response, mobile health teams, and the deployment of technical personnel. However, funding constraints and logistical challenges threaten to stall further progress, highlighting the urgent need for increased international support.

- Between 10 March and 27 April 2025, the Amhara region has reported a total of 1109 confirmed malaria cases.
- Malaria cases in the Amhara region have shown a lower trend among both host communities and refugees compared to 2023 and 2024.
- Between 10 March and 27 April 2025, the Gambella region reported 6450 confirmed malaria cases from refugee-settled woredas (districts). During the same period, 293 children with SAM were reported from Gambella. Identified cases were referred to SAM stabilization centres.
- Cholera outbreak: As of 28 April 2025, the Gambella region has reported a cumulative of 2088 cholera cases and 32 deaths (CFR: 1.5%) from eight woredas. The affected woredas include Akobo, Wanthowa, Makuey, Jikawo, Itang Special, Lare, Gambella, Gambela town and some refugee camps.

Figure 11: Number of cholera cases reported in Gambella region as of 28 April 2025

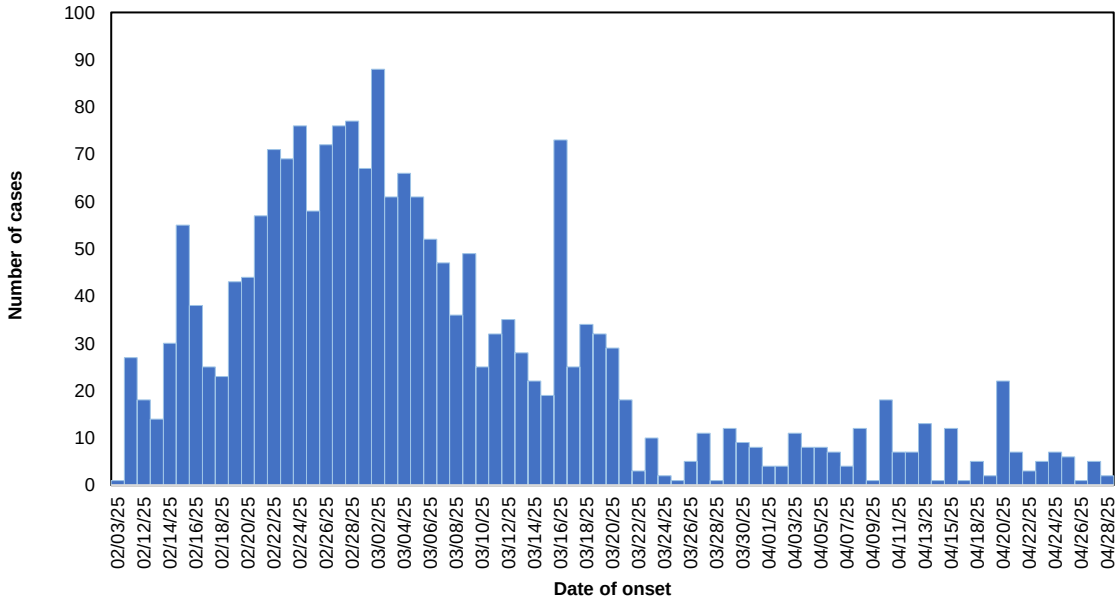


Figure 12: Malaria trends in 2022-2025 (as of 27 April 2025): (A) Metema Woreda, Amhara region; (B) Kurmuk Woreda, Benishangul Gumuz Region; (C) Lare Woreda, Gambella region; and (D) Itang Woreda, Gambella region

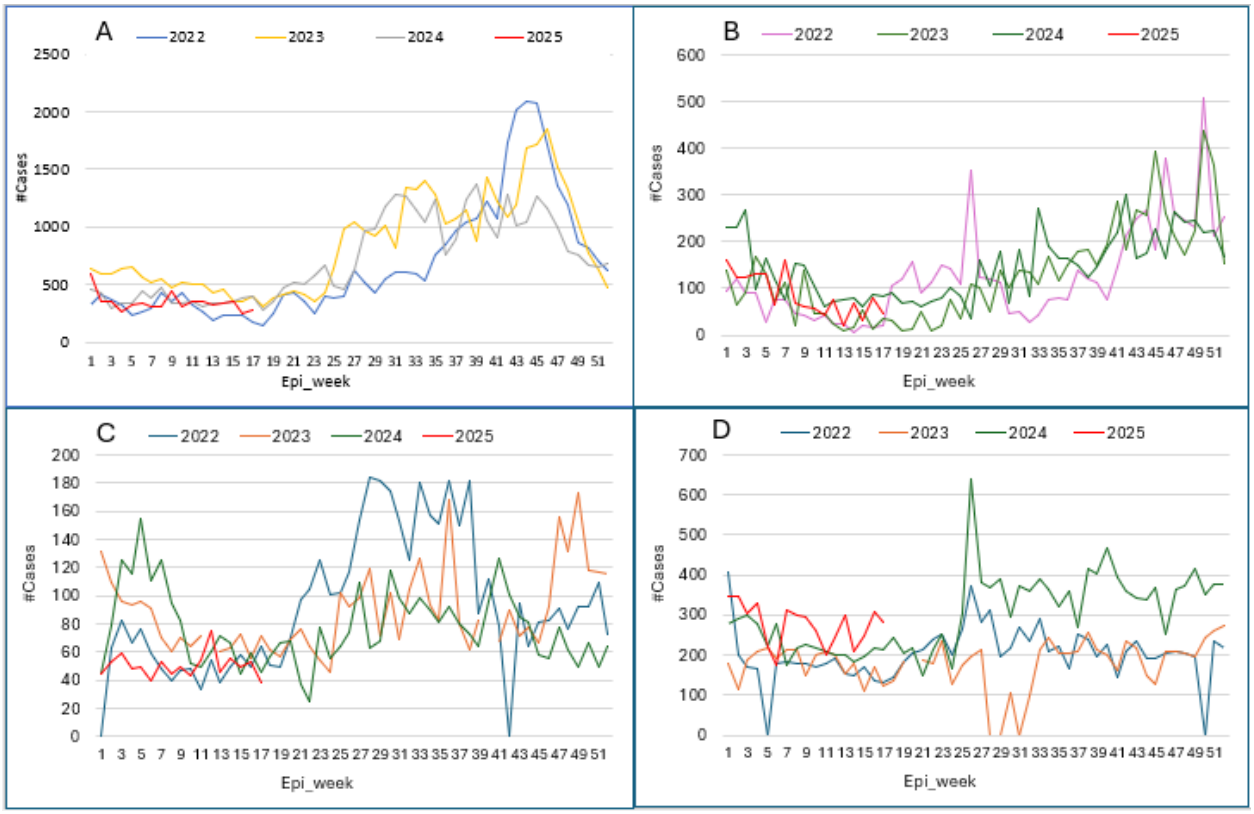


Figure 13: (A) Severe acute malnutrition trends in Metema woreda; (B) Dysentery trends in Metema woreda: 2022-2025 (as of 27 April 2025)

Operational updates

WHO, through the Health Cluster, continues to lead and coordinate the health response in the three most affected regions of Amhara, Benishangul-Gumuz, and Gambella, in support of refugees and returnees displaced by the ongoing conflict in Sudan.

- A total of 44 978 individuals have received psychosocial support, provided across points of entry (PoEs), transit sites, and refugee-hosting communities.
- WHO has reinforced disease surveillance systems at border crossings, within host communities, and across vulnerable border areas to facilitate early detection and timely response to emerging health threats.

- In response to the malaria outbreak, WHO has supported case management and vector control interventions in the affected districts.
- WHO has deployed technical experts to support the cholera outbreak response in the Gambella region, covering all thematic areas including surveillance, case management, WASH, and risk communication.
- To strengthen service delivery for children and vulnerable groups, PED SAM kits and MHPSS medications were delivered to health facilities at the Metema PoE.
- At refugee sites in Amhara, 3055 individuals were reached through health awareness sessions on communicable diseases, sexual and reproductive health, cholera, malaria, and tuberculosis, contributing to improved health-seeking behaviors and disease prevention.

These coordinated interventions demonstrate WHO’s ongoing commitment to supporting frontline health systems amid complex emergencies.

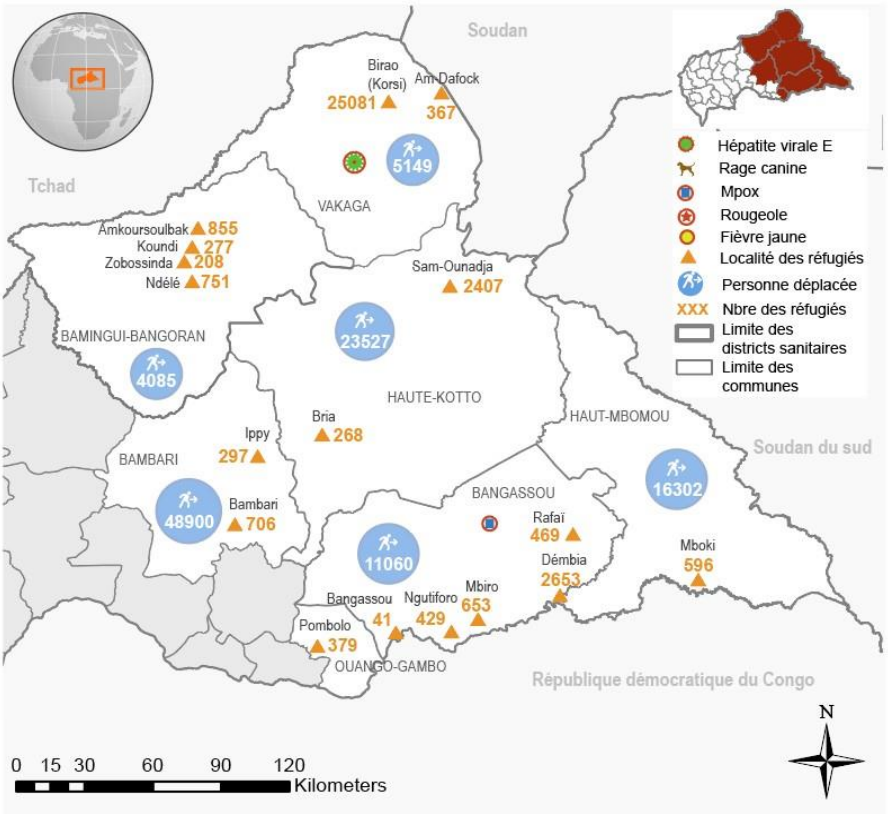
Central African Republic

Situation overview

The Central African Republic continues to experience severe humanitarian challenges. As of April 2025, the country has received over 42 000 individuals displaced by the conflict in Sudan, including approximately 36 000 Sudanese refugees and more than 6000 Central African returnees. This large-scale population influx has placed immense pressure on already overstretched resources and basic services, particularly in border prefectures such as Vakaga and Haute-Kotto. The arrival of thousands of displaced persons has deepened the vulnerability of host communities, increasing the urgency for sustained humanitarian assistance, protection services, and durable solutions.

In addition to the displacement crisis, six health districts have reported at least one disease outbreak. Vakaga prefecture remains the most severely affected, with an ongoing hepatitis E epidemic centred in Sikikédé and Birao, where 98% of confirmed cases have been linked to contaminated wells. The situation is particularly concerning at the Korsi site in Birao, where the health crisis is intensifying. According to EWARS data, ARIs are currently the leading cause of medical consultations among refugees. Limited access to safe WASH facilities is aggravating health conditions at the site, compounding the risk of communicable disease outbreaks and straining local health infrastructure. Efforts by WHO and partners are ongoing to bolster epidemic surveillance, deploy technical support, and reinforce frontline health services.

Figure 14: Map of Ongoing health events and distribution of Sudanese refugees in Central African Republic districts as of 19 April 2025



Epidemic of hepatitis E

- As of April 2025, the total number of cases amounted to 251, including 84 laboratory-confirmed cases with five deaths (CFR: 2.1%).
- The confirmed cases have been reported from four health areas: Sikikédé, Boromata, Birao and Am Dafock. Among these, active outbreaks are ongoing in Sikikédé and Birao.
- In the Vakaga region, 37% of the cases have been linked to displacement sites, particularly in Birao, highlighting the vulnerability of refugee populations.

Mpox:

- As of 26 April 2025, a total of nine confirmed mpox cases have been reported from four districts: Bangui, Mbaïki, Bangassou and Kémo.
- The last case was confirmed on 20 March 2025 in Bangui.

Early warning alert and response system (EWARS Mobile) data from Korsi Site, Birao town, Vakaga district

- UNHCR's partners continue to provide free care at the Korsi site in Birao, and the use of EWARS Mobile for the monitoring of activities in refugee sites is ongoing. Collection, encoding and analysis of Korsi's EWARS data is ongoing.

Operational updates

- In Bria, Birao, Bangassou, Bambari and Kaga Bandoro, WHO supported regular coordination meetings and engaged relevant stakeholders.
- WHO supported compiling and updating the line list of hepatitis E cases.
- WHO contributed to polio vaccination campaign actors, including local supervisors, town criers, social mobilizers, volunteer vaccinators, independent monitors, and the Lot Quality Assurance Sampling investigators.
- WHO provided technical support to the briefing of the 35 District Management Team personnel for the implementation of the Polio National Immunization Days, coupled with a catch-up campaign for 12 to 59 months.

Table 2: Partial provisional administrative results of the polio vaccination in IDPs and refugees' sites in seven affected districts

Districts	0 – 11 months		12 – 59 months	
	1 dose or more	0 dose	1 dose or more	0 dose
Bambari	77	26	666	0
Bamingui-Bangoran	0	0	0	0
Bangassou	142	18	420	11
Haute-Kotto	1 202	0	4 141	0
Haut-Mbomou	13	0	115	0
Kembe-Satema	27	9	162	0
Vakaga	443	87	2 107	108
Total	**1 904**	**140**	**7 611**	**119**

A total of 9774 children under five were vaccinated against polio, according to national data reported on DHIS2 as of 7 May 2025. Since the beginning of the year, partners have carried out at least 5262 medical consultations at the Korsi site, including 1945 for children under five years of age.

Key operational challenges

- **Resource mobilization:** The recently exacerbated funding gap is forcing many health partners to shut down operations and hampers the response to crises in Sudan and refugee-hosting countries.
- **Security:** Ongoing hostilities threaten security on the ground, causing further displacement and adding challenges to respond to the surge in demand for medical care, to control infectious diseases, and to deliver essential medical supplies and other humanitarian aid.
- **Early warning, alert and response (EWAR):** Insufficient early warning, alert and response functions in Sudan and refugee-hosting countries hamper the monitoring of internal and cross-border disease transmission, and the ability to make evidence-informed operational decisions.
- **Service delivery**: Attacks on health care have damaged health facilities directly or indirectly, depleting health service availability. In addition, there has been limited provision of health services at PoEs and in host communities due to overcrowding amongst IDPs, refugees and large host populations. A shortage of essential medical supplies and drugs (e.g., RDTs, 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. As of April 2025, in response to urgent country needs and with the support of its partners, the Global Outbreak Alert and Response Network (GOARN), has deployed eight international experts to neighbouring countries including Chad and South Sudan to support health operations.
- **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 a strategic approach to the humanitarian health response at the national and sub-national levels in Sudan and refugee-hosting countries, and regularly publishes Public Health Situation Analyses (PHSAs), Who, What, Where (When) (3W/4W) matrices and Health Cluster Bulletins.
- WHO continues its support for health emergency preparedness and response work in Sudan and 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), EWARS Mobile, and HeRAMS.
- WHO will continue to provide financial and logistical support to restock drug supplies, diagnostic kits and IPC/WASH supplies.
- WHO will continue to contribute to building capacity of health workers and Emergency Medical Teams at health facilities and PoEs serving affected populations.
- WHO continues to support seven streams of sexual and reproductive health and rights activities to strengthen delivery systems, 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)
- World Health Organization Regional Office for the Eastern Mediterranean. Sudan. Available at: https://www.emro.who.int/countries/sdn/index.html
- ReliefWeb Response. Sudan. Health. Available at: https://response.reliefweb.int/sudan/health
- ReliefWeb Response. Sudan. Nutrition. Available at: https://response.reliefweb.int/sudan/nutrition
- United Nations Office for the Coordination of Humanitarian Affairs (2025). Sudan – Humanitarian Needs and Response Plan 2025. Available at: https://humanitarianaction.info/plan/1220
- United Nations Office for the Coordination of Humanitarian Affairs (2024). Humanitarian Access Snapshot (December 2024) - Sudan. Available at: https://reliefweb.int/report/sudan/sudan-humanitarian-access-snapshot-december-2024
- United Nations Office for the Coordination of Humanitarian Affairs (2024). Sudan: Famine Prevention Snapshot, May – November 2024. Available at: https://www.unocha.org/publications/report/sudan/sudan-famine-prevention-snapshot-may-november-2024
- United Nations Office for the Coordination of Humanitarian Affairs (2024). Sudan. Available at: https://www.unocha.org/sudan
- United Nations Office for the Coordination of Humanitarian Affairs (2024). Sudan. News and stories. Available at: https://www.unocha.org/latest/news-and-stories
- Famine Early Warning System Network. Available at: https://fews.net/
- Integrated Food Security Phase Classification (2024). Sudan: Acute Food Insecurity Situation - Updated Projections and FRC conclusions for October 2024 to May 2025. Available at: https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159433/?iso3=SDN
- Integrated Food Security Phase Classification (2024). SUDAN: Famine expands as conflict drives catastrophic hunger to more areas. Available at: https://www.ipcinfo.org/ipcinfo-website/resources/resources-details/en/c/1159451/
- International Organization for Migration. Global Data Institute Displacement Tracking Matrix. Sudan. Available at: https://dtm.iom.int/sudan
- International Organization for Migration Sudan. Displacement Tracking Matrix (DTM). Available at: https://sudan.iom.int/displacement-tracking-matrix-dtm
- Logistic Cluster. Access constraints from log cluster dashboard: Sudan, Chad, South Sudan. Available at : https://logie.logcluster.org/?op=sdn-23-a
- World Health Organization (2024). Public Health Situation Analysis: Sudan Conflict – Refugee crisis in neighbouring countries – Central African Republic, Chad, Ethiopia, South Sudan. https://www.who.int/publications/m/item/public-health-situation-analysis--sudan-conflict-(20-august-2024)
- World Health Organization Chad. Chad News. Available at: https://www.afro.who.int/fr/countries/chad/news
- ReliefWeb Response. Chad. Santé. Available at: https://response.reliefweb.int/chad/sante
- United Nations High Commissioner for Refugees. Country Operations. Chad. Available at: https://reporting.unhcr.org/operational/operations/chad
- World Health Organization South Sudan. South Sudan News. Available at: https://www.afro.who.int/countries/south-sudan/news
- Ministry of Health, South Sudan and World Health Organization South Sudan. South Sudan Cholera Dashboard. Available at: https://worldhealthorg.shinyapps.io/cholera_dashboard/
- ReliefWeb Response. South Sudan. Health. Reports. Available at: https://response.reliefweb.int/fr/south-sudan/health/reports
- United Nations High Commissioner for Refugees. Operational data portal South Sudan. Available at: https://data.unhcr.org/en/situations/southsudan
- United Nations High Commissioner for Refugees (2024). Sudan Regional Refugee Response Plan 2025. Available at: https://data.unhcr.org/en/documents/details/113136

- United Nations High Commissioner for Refugees. Joint Border Monitoring of Arrivals from Sudan to South Sudan, UNHCR Operational Data Portal. Available at: https://data.unhcr.org/en/dataviz/331
- World Health Organization Regional Office for the Eastern Mediterranean. Egypt. Available at: https://www.emro.who.int/countries/egy/index.html
- World Health Organization Egypt. Egypt Emergency Response Dashboard. Available at: https://app.powerbi.com/view?r=eyJrIjoiYjQwZTFjY2QtYWI4Ni00OGE5LTkzOTQtNjZmNzMzNDdlYTVjIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9
- United Nations High Commissioner for Refugees Egypt. Egypt Population Dashboard. Overview of Refugees and Asylum-seekers in Egypt. Available at: https://app.powerbi.com/view?r=eyJrIjoiZGIxNDIwMWUtMjIwYS00YjIyLWFhMTgtMWJhNzNkNDkyNjM5IiwidCI6ImU1YzM3OTgxLTY2NjQtNDEzNC04YTBjLTY1NDNkMmFmODBiZSIsImMiOjh9
- United Nations High Commissioner for Refugees Egypt (2025). Emergency Response – New Arrivals from Sudan as of 9 January 2025. Available at: https://data.unhcr.org/en/documents/details/113778
- World Health Organization Regional Office for the Eastern Mediterranean. Libya. Available at: https://www.emro.who.int/countries/lby/index.html
- World Health Organization Regional Office for the Eastern Mediterranean (2024). Libya. Hamida's safe journey to motherhood. Available at: https://www.emro.who.int/lby/libya-news/hamidas-safe-journey-to-motherhood.html
- World Health Organization Libya. Al-Kufra Response. Emergency Medical Teams Patients Record and Mental Health and Psycho Social Support (MHPSS) Report. Available at: https://app.powerbi.com/view?r=eyJrIjoiZDU1Nzg4Y2UtNWNkZS00MzdjLThmOTctNGY1YmIxNjhiY2VkIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9
- World Health Organization Ethiopia. Sudan Response Weekly Surveillance Data. Internal document.
- World Health Organization Central African Republic. Bulletin Mensuel Des Urgences De Sante Publique en République Centrafricaine. Internal document.