

Sudan conflict and refugee crisis

Multi-country External Situation Report n. 2¹, published 17 July 2024

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

Highlights

- Acute food insecurity in Sudan is at the highest level the country has ever seen, with 25.6 million people—more than half the population—expected to face crisis or worse levels of food insecurity.
- At least two-thirds of the 18 states of Sudan are experiencing three or more outbreaks simultaneously.
- Intense fighting in the southeast of Sudan has created additional displacement within Sudan and into neighbouring countries, and further exacerbated challenges in access to health care. These challenges will be further worsened by the arrival of the rainy season.
- Neighbouring countries' healthcare systems continue to be strained by the influx of refugees from Sudan, compounded by poor water, sanitation and hygiene conditions, and a high burden of infectious diseases and other health conditions.

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Situation overview

This report summarizes the multi-country health situation and WHO's response across the regional emergency caused by the conflict in Sudan. Since the start of the conflict in April 2023, over 10 million people have been displaced internally—the largest number in the world—and over 2 million into neighbouring countries, including Chad, South Sudan, Egypt, Ethiopia, the Central African Republic, Uganda, and Libya.²

There are concerning trends in terms of food insecurity and malnutrition. Acute food insecurity is at the worst level the country has ever seen. The [Integrated Food Security Phase Classification \(IPC\)](#) analysis, published on 27 June, presented the stark and rapidly deteriorating food security situation, which leaves over half the population at high levels of acute food insecurity, with 14 areas at risk of famine. Coinciding with the lean season, between June and September 2024, 25.6 million people (54% of the population) are expected to face crisis or worse levels of acute food insecurity (IPC Phase 3 or above). This figure includes 8.5 million (18% of the population) in IPC Phase 4 (emergency) and 755 000 (2% of the population) in IPC Phase 5 (catastrophe) in 10 states.

While intense fighting continues in multiple locations in the country, recent increases in conflict in the south-east of Sudan, such as around Sennar and Sinja, have led to further movements of internally displaced persons (IDPs) and refugees, and further exacerbated challenges in access to healthcare.

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

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

The arrival of the rainy season in Sudan and neighbouring countries will worsen challenges in accessing health care for affected populations, and it will also impact the ability of WHO and its partners to deliver humanitarian assistance. Urgent action and ceasefire are needed to contain an unfolding humanitarian catastrophe.

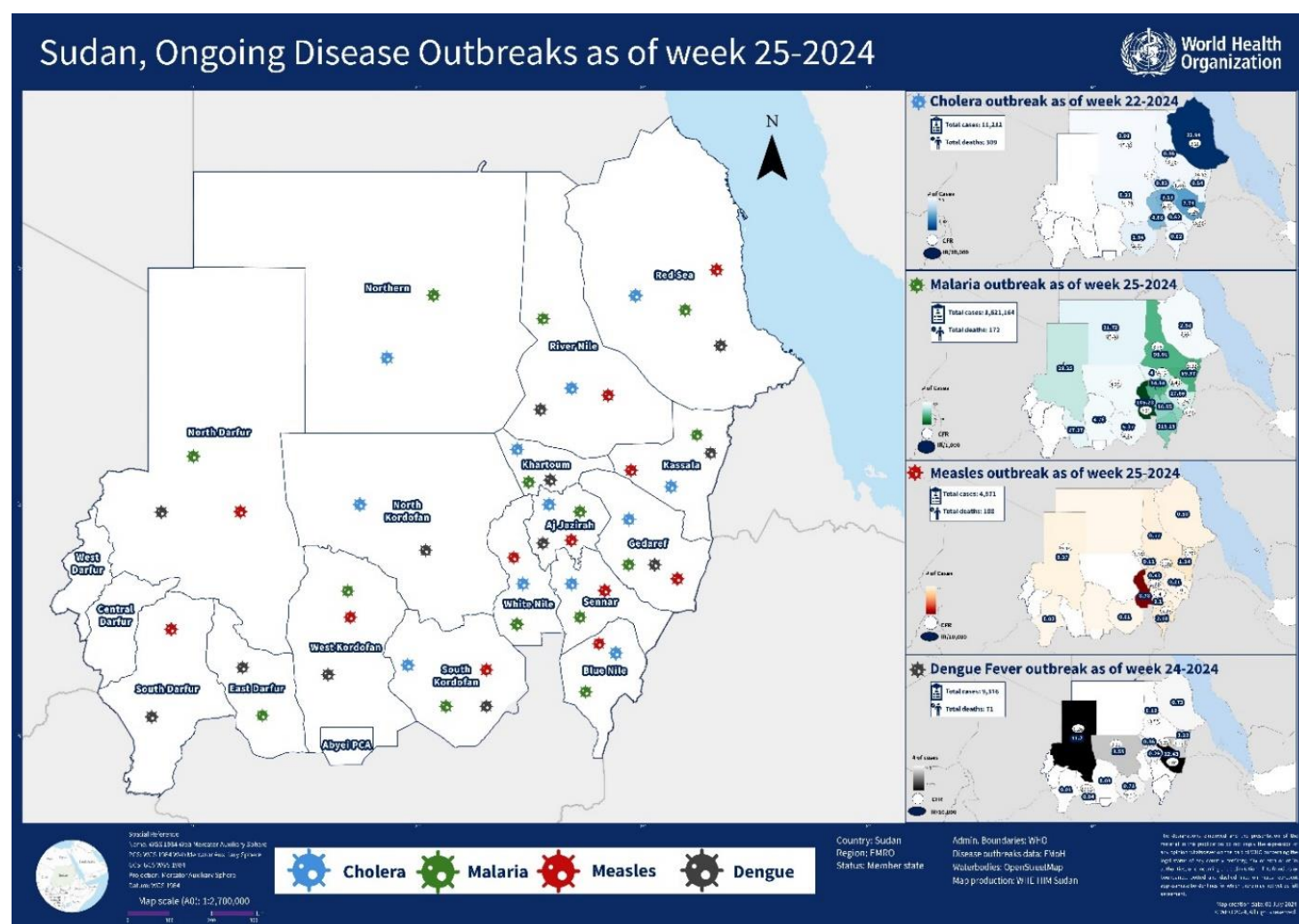
Sudan Health Information and Epidemiology updates

Disease Outbreaks

Sudan is facing multiple outbreaks simultaneously. However, resources and local capacities to detect and respond to outbreaks are limited, particularly in hard-to-reach areas such as in the Darfur and Kordofan states. As of 21 June 2024, at least two-thirds of the 18 states in the country are experiencing three or more outbreaks of different diseases simultaneously.

Note that for figures below, time periods referenced in the narratives may not correspond to time periods shown in epidemic curves.

Figure 1: Ongoing disease outbreaks as of week 25, 2024

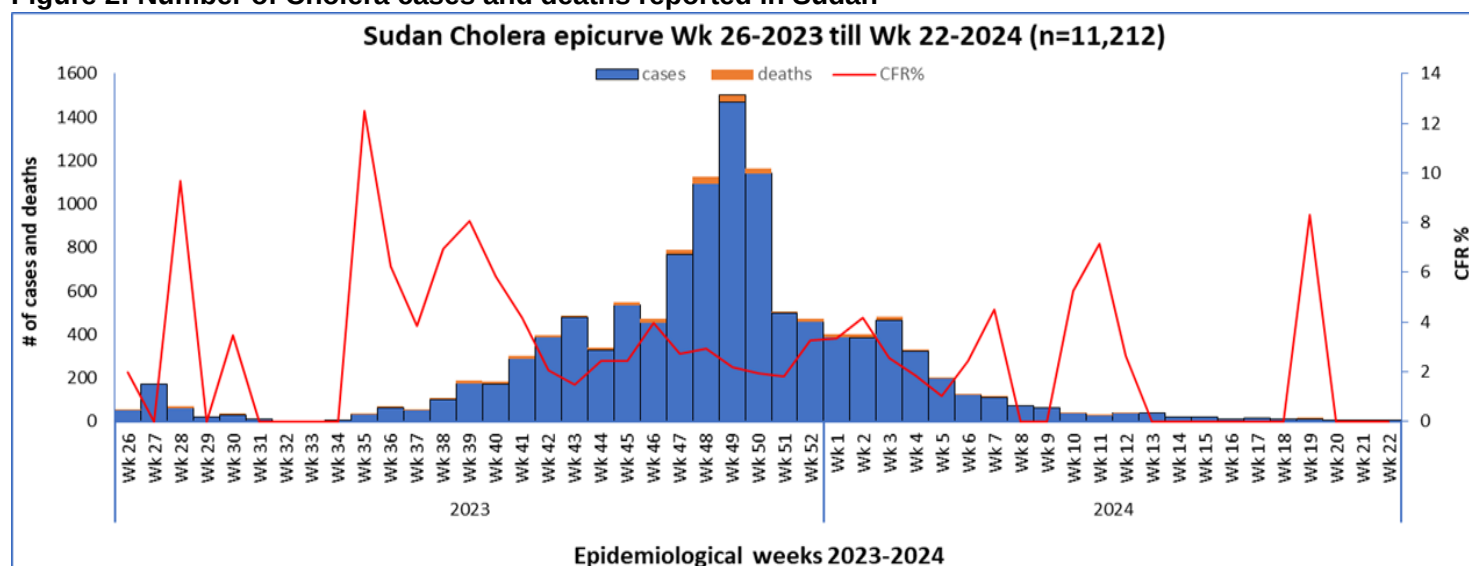


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Cholera

- The ongoing cholera outbreak started in June 2023 and was officially declared in September 2023. As of 31 May 2024), a total of 11 212 cases have been reported from 12 states. The weekly reported cases peaked in epidemiological week at the end of last year with over 1400 cases from 2 to 8 December 2023, followed by a declining trend. Data collection has been challenging, with no reports from the five Darfur states and West Kordofan state since the start of the conflict.
- A total of 309 deaths have been reported from 11 states, for a CFR (Case Fatality Rate) of 2.8%.

Figure 2: Number of Cholera cases and deaths reported in Sudan

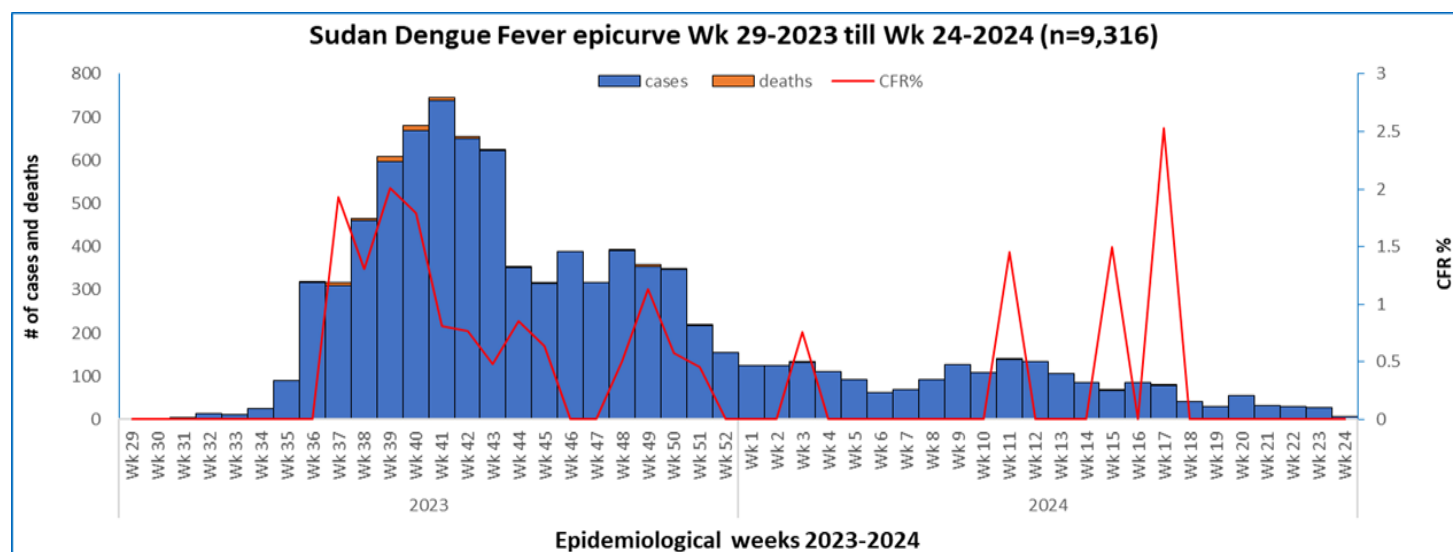


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Dengue

- Dengue remains a major health burden in the country. From 17 July 2023 through 21 June 2024, 9316 cases have been reported from 12 states. The weekly reported cases peaked between 7 and 13 October 2023, with over 700 cases, followed by a declining trend.
- A total of 71 deaths have been reported from nine states, with a CFR of 0.76%.

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

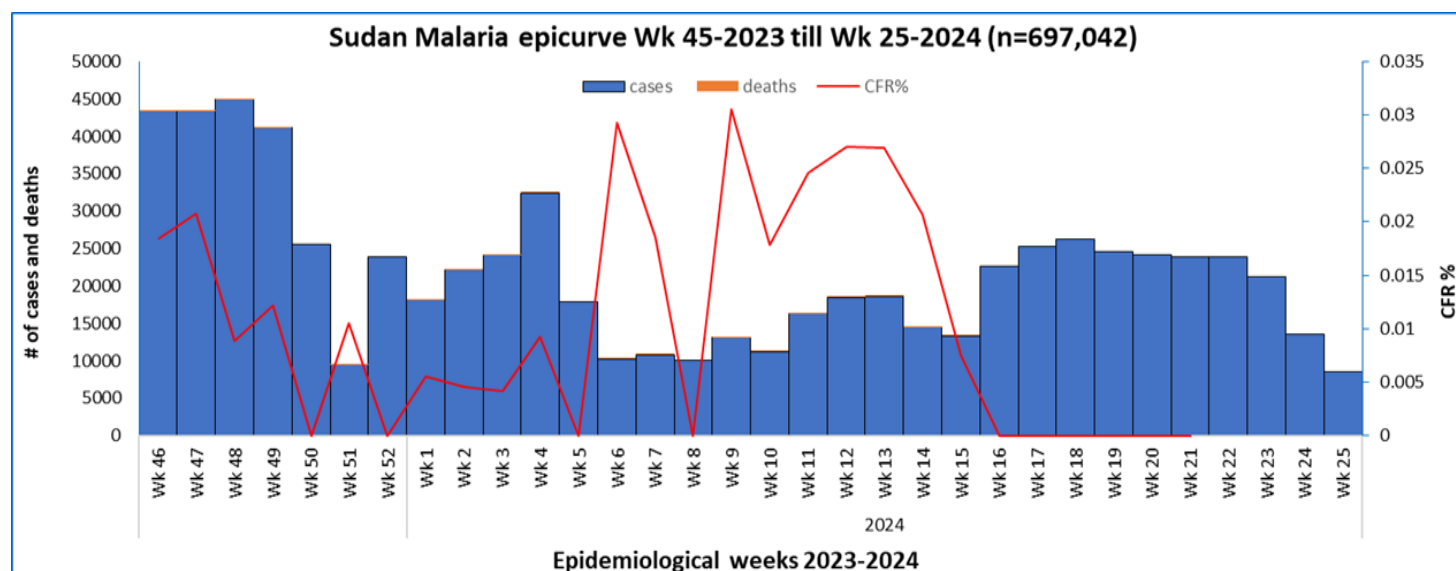


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Malaria

- Malaria is a leading cause of morbidity and mortality in Sudan, accounting for around 20% of total outpatient consultations. Since the beginning of 2023 and as of 21 June 2024, 1 621 164 cases have been reported from 15 states.
- A total of 172 deaths have been reported from six states, for a CFR of 0.01%.

Figure 4: Number of Malaria cases and deaths reported in Sudan

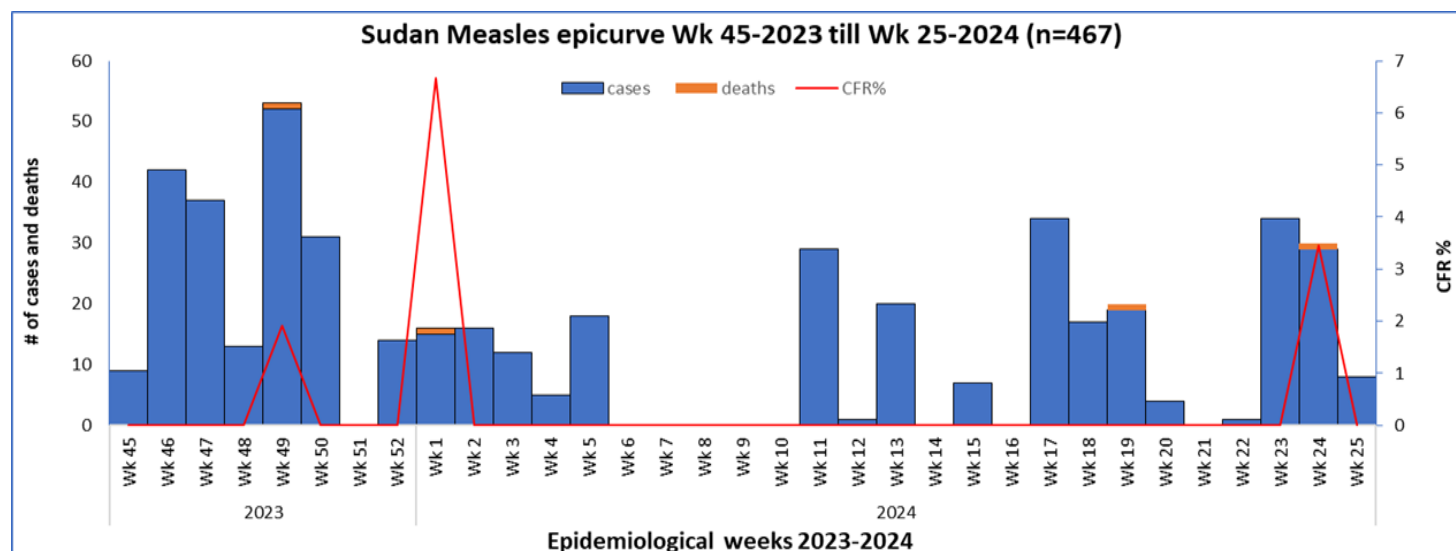


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Measles

- The current measles outbreak began in 2023, and as of 21 June 2024, 4871 cases have been reported from 14 states.
- A total of 108 deaths have been reported from nine states, for a CFR of 2.2%.
- There is low immunization coverage, particularly in hard-to-reach areas, indicating a high risk of outbreaks of vaccine-preventable diseases. In the past year, most children in the Darfurs and Kordofans have received no measles vaccination. There is an ongoing planning for a multi-antigen immunization campaign for the Darfur states.

Figure 5: Number of Measles cases and deaths reported in Sudan

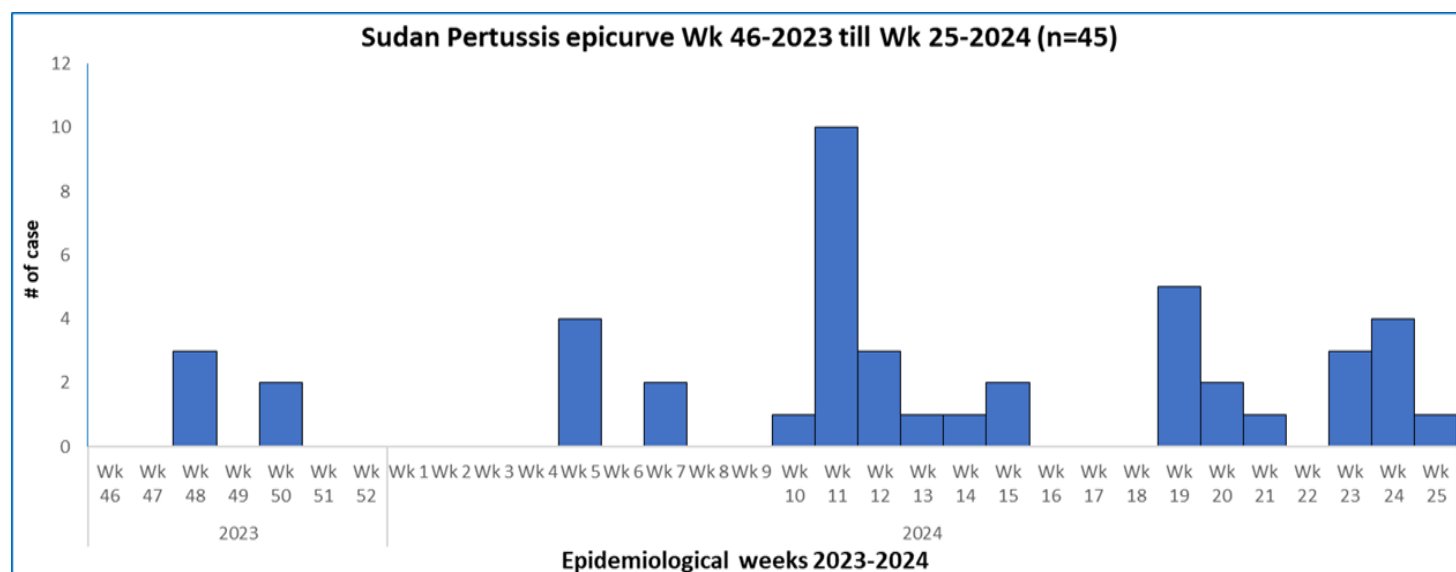


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Suspected Pertussis

- Between 15 April 2023 and 21 June 2024, 126 cases were reported from seven states, with no associated deaths reported.

Figure 6: Number of Pertussis cases and deaths reported in Sudan

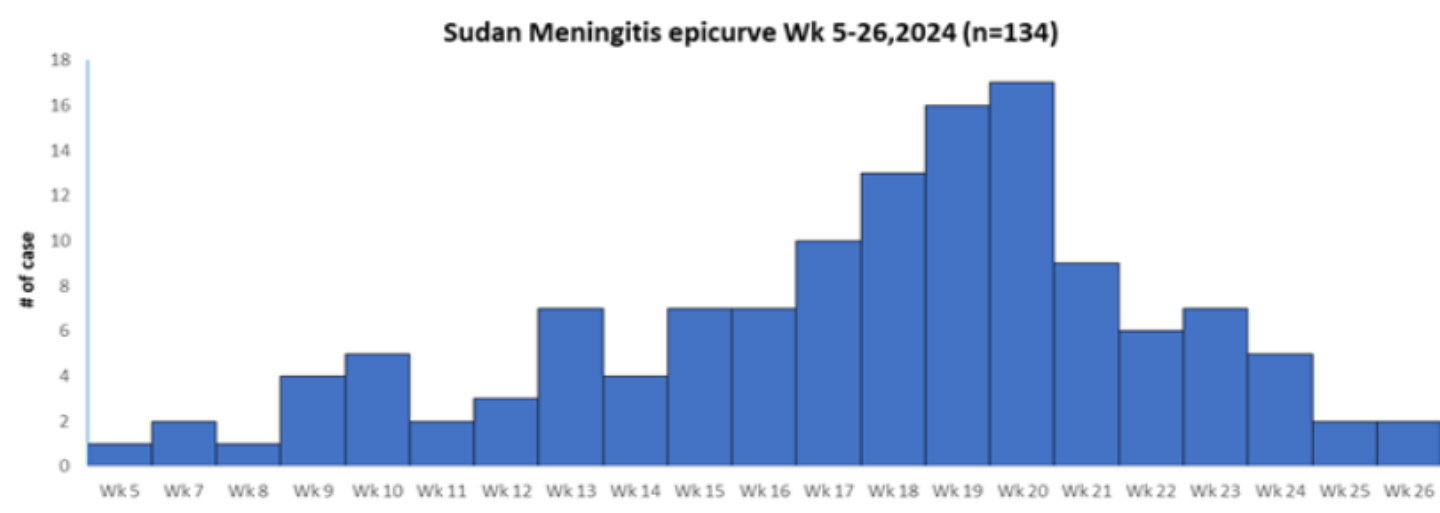


Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

Meningitis

- Parts of Sudan fall within the “meningitis belt,” where the highest rates of meningococcal disease are recorded in the world.
- Between 15 April 2023 and 28 June 2024, 134 cases were reported from 10 states, with 14 associated deaths from five states (CFR 10.4%).

Figure 7: Number of Meningitis cases reported in Sudan between April 2023 and June 2024



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

Food Insecurity

Acute food insecurity is at the worst level ever seen in the country. The recent analysis published by the Integrated Food Security Phase Classification (IPC) presented that a stark and rapid deterioration of the food security situation leaves over half of the population at high levels of acute food insecurity, with 14 areas at risk of famine.

Coinciding with the lean season, between June and September 2024, 25.6 million people (54% of the population) are expected to face crisis or worse levels of acute food insecurity (IPC Phase 3 or above), which has increased from 17.7 million in the previous update (between October 2023 and February 2024). This figure includes the following:

- 8.5 million (18% of the population) in IPC Phase 4 (emergency), increased by 74% from 4.9 million in the previous update
- 755 000 (2% of the population) in IPC Phase 5 (catastrophe) in 10 states (including five Darfur states, South and North Kordofan, Blue Nile, Al Jazirah, and Khartoum states)

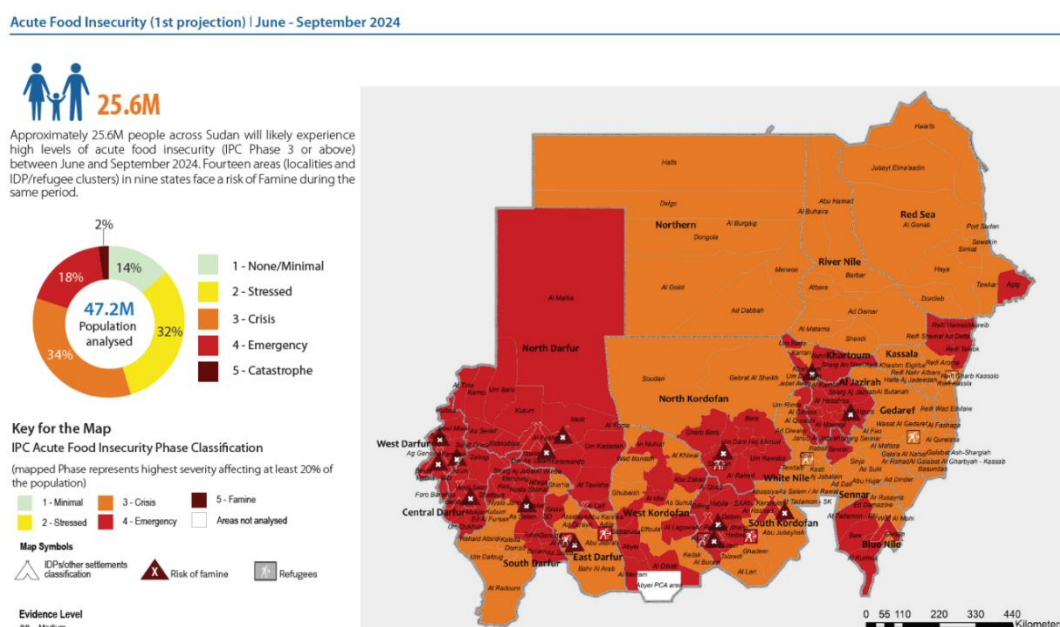
There is a risk of famine in 14 areas (Greater Darfur, Greater Kordofan, Al Jazirah and some hotspots in Khartoum), including five localities and 9 clusters of internally displaced populations (IDPs) and refugees, as summarized below:

- Localities (residents): Al Fasher (North Darfur), Tuti Island, Mayo and Alingaz (Khartoum locality and Jabal Awlia), Sirba (West Darfur), Kereneik (West Darfur), and Madani al Kubra (Al Jazirah).
- IDP camps and clusters: Zamzam IDP camp (North Darfur), IDP cluster in West Darfur, IDP cluster in Central Darfur, IDPs in Kadugli locality (South Kordofan), IDPs in Dilling locality (South Kordofan), IDPs in Beliel, Nyala Janoub and Nyala Shimal localities (South Darfur).
- Refugee clusters: refugees in Al Firdous locality (East Darfur); refugees in Kadugli locality (South Kordofan); and refugees in Sheikan locality (North Kordofan).

Particularly in Greater Darfur, Greater Kordofan, Khartoum and Al Jazirah states, IDPs and refugees who need humanitarian assistance are major concerns. Between June and September 2024, at least 534 000 IDPs and refugees in conflict-affected localities and states (where data are available) will be likely to experience acute food insecurity (IPC Phase 4 or 5). This corresponds to 20% of the displaced population in Sudan.

Conflict and insecurity, displacement, and economic shocks are key drivers of the situation, particularly in conflict-affected areas.

Figure 8: Acute Food Insecurity (1st Projection), June-September 2024



Source: IPC Acute Food Insecurity (1st projection) | June - September 2024

Sudan Operational updates

Health Information and Epidemiology

Early Warning, Alert and Response (EWAR) surveillance

Based on an agreement between the Federal Ministry of Health and WHO on the early warning, alert and response (EWAR) surveillance strategy in hard-to-reach states, a pilot of the WHO EWARS Mobile software has been planned for partner-supported facilities in Central Darfur and East Darfur states. An EWARS Mobile training is being planned for 10-11 July 2024.

The implementation will begin immediately, and is planned to run for two months, followed by further discussion on the possibility of expansion of the system to other hard-to-reach areas.

Health Resources and Services Availability Monitoring System (HeRAMS)

The first round for Blue Nile, River Nile, Sennar, and Northern States, as well as the second round for Red Sea, Kassala, White Nile, Gedaref, Khartoum states and the special administrative area of Abyei where the first round has been completed in December 2023, is scheduled for July 2024, following a training of trainers session in Port Sudan scheduled for 6-8 July 2024. With the support of partners, a virtual training for Central and East Darfur states has been scheduled for 9 July 2024.

Partner Coordination and Engagement

Trauma working group: The recent Sudan Trauma Working Group meetings have highlighted severe access issues in conflict zones like Khartoum and Al Fasher due to insecurity and bureaucratic hurdles, with no official cross-line movement of supplies. Health Clusters and emergency medical teams have discussed scaling up coordination and deployment. Various partners, including ICRC, MSF, and WHO, have provided updates on their ongoing support, noting significant challenges in supply and workforce shortages, limited access, and lack of salaries. The group identified key barriers such as poor access, limited supplies, workforce issues, and lack of coordination, and proposed solutions like strengthening national and subnational emergency operation centers, establishing SOPs for supply movement, and enhancing coordination and advocacy efforts. Discussions also addressed the critical need for rehabilitation services and supplies, with a focus on prosthetic services and rehabilitation training, and concluded with calls for continued collaboration and nominations for co-chairing the group.

EMT request for deployment: On 25 June 2024, a request for the deployment of Emergency Medical Teams (EMTs) was received, encompassing the areas of pre-hospital care, trauma response, and rehabilitation services. In response to this call, eight organizations expressed their interest in deploying. To effectively manage the deployment and coordination of these partners, an EMT Coordination Cell will be activated in Port Sudan. Additionally, an EMT Coordinator is prepared to be deployed to Port Sudan, pending validation by the WHO Country Office in Sudan. This strategic deployment aims to ensure a cohesive and efficient response to the health care needs in parts of Sudan.

Technical Expertise and Health Operations³

Support to health care facilities

With support from WHO, 10 identified referral hospitals are providing secondary health care at a referral capacity in the states of Northern, Kassala, River Nile, Red Sea, South Darfur, Khartoum, Sennar, North Kordofan, West Darfur, and Blue Nile. Additionally, 50 healthcare facilities are providing primary health care, with 38 of the 50 targeted facilities already operational, in all 18 states of Sudan. An additional 12 facilities are currently being assessed for inclusion in WHO support.

Medical commodities

WHO is supporting in a number of ways: supporting trauma care pathways with essential medical supplies to care for patients from pre-hospital, stabilization, and referral, as well as advanced care for traumatic injuries at the surgical and referral level; working to increase supplies of medicines for non-communicable diseases, including chronic diseases,

³ Where details on total numbers of services / commodities are not stated below, WHO is working on consolidating these figures and will seek to provide further granularity in future situation reports.

as well as renal dialysis modules; increasing testing capacity through providing rapid diagnostic tests and laboratory supplies for healthcare facilities with testing capacity; providing supplies for maternal care from prenatal to postnatal care, including supplements for mothers, medicine and surgical modules, delivery supplies, and neonatal care commodities; supporting rehabilitation of the cold chain including fridges and freezers, tags, and sources of sustainable energy; and providing blood transfusion consumables for hospitals and partners operating with surgical and inpatient department capacity, as well as providing blood bank and testing equipment for hospitals.

Laboratory:

WHO is in the process of procuring a polymerase chain reaction mobile laboratory for vaccine preventable diseases that was requested and approved by the Ministry of Health (MOH). In addition, WHO is supporting an assessment of biological risk in pathogen handling, to provide guidelines to MOH and partners.

Nutrition:

In line with the Famine Prevention Plan, WHO is supporting 114 severe acute malnutrition (SAM) stabilization centres for children with SAM with clinical complications.

Immunization:

A pre-emptive application for Oral Cholera Vaccine (OCV) has been submitted to the International Coordinating Group Secretariat on 29 June 2024. Over 1.7 million OCV doses have been requested to cover IDPs across 10 states and 20 localities.

Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNACH)

WHO supports three healthcare facilities in Khartoum with comprehensive emergency obstetric and newborn care (CEmONC) by providing essential medical supplies to ensure the provision of lifesaving services for women and girls; however, two CEmONC facilities in Sennar State has been suspended due to security concerns.

Capacity building for medical professionals

WHO continues to support capacity building for medical professionals, including (in the reporting period): training 24 community midwives on CEmONC in Kassala; training 30 doctors in clinical management of mental, neurological, and substance use conditions in humanitarian emergencies in the state of Kassala, in a joint effort between WHO and the Ministry of Health; and conducting a refresher training on SAM for 30 health and nutrition stabilization centre staff in Port Sudan, in a joint effort between WHO and the State MOH.

Operations Support and Logistics (OSL)

The procurement process for some critical items under World Bank support has started with HQ and Dubai Logistic hub actively involved. Additionally, requests for supplies, including laboratory and dialysis supplies, are also being processed. Two charter flights totaling 239.12 cubic metres and containing mainly emergency health supplies arrived in Chad this week for the cross-border operation; the cross-border operation has further expressed an urgent need for trauma and emergency supplies.

Government authorities gave travel permit to move supplies to Darfur from Port Sudan across line. Seven trucks with 53 metric tons of supplies purchased through funding from the United States Bureau for Humanitarian Assistance left Port Sudan on 23 June 2023.

Additional trauma and emergency health supplies valued over US\$ 67 000 were provided to Al Managil hospitals in response to the Al Jazirah mass casualty incident.

Figure 9: Total value, weight and volume of supplies which arrived and pending arrival in Sudan, Chad and Dubai

Value\$ (Int.+Local)	Int. Volume (CBM)	Int. Weight MT
\$20.65M	3,034	614

(Source: WHO HQ OSL Supply Dashboard)

Figure 10: Detailed weight, volume and total value of supplies across the three warehouses

International procurement									
Arrived		Pending arrival		Sudan Arrived+Pipeline		Chad Arrived+Pipeline		Dubai Arrived+Pipeline	
\$12,635,402		\$5,930,757		\$15,996,090		\$1,611,458		\$958,611	
MT 368	CBM 1895	MT 246	CBM 1139	MT 489	CBM 2437	MT 173	CMB 777	MT 180	CBM 748

(Source: WHO HQ OSL Supply Dashboard)

Figure 11: Total value per item category for Sudan and Chad supplies and Emergency Health Kit Impact since January 2024

Emergency Health Kits (EHK) impact			
Estimate # of interventions for trauma and emergency surgery enabled with TESK supplied	Arrived	700	Interventions
	Pipeline	3,500	Interventions
Estimate # of catchement population covered for basic care by the IEHK supplied	Arrived	1,084,000	People
	Pipeline	1,330,000	People
Estimate # of catchement popoulation covered for NCD health needs by the NCDK supplied	Arrived	970,000	People
	Pipeline	80,000	People

(Source: WHO HQ OSL Supply Dashboard)

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

Orientation on the Global and WHO PRSEAH policies was provided to 65 sub-national Health Cluster partners, represented by field-based UN and civil society health in emergency partners. WHO continues to engage with partners through the PSEA Inter-agency Network, Gender-Based Violence and Child Protection sub-clusters, and the Protection Cluster.

Situation update in neighbouring countries

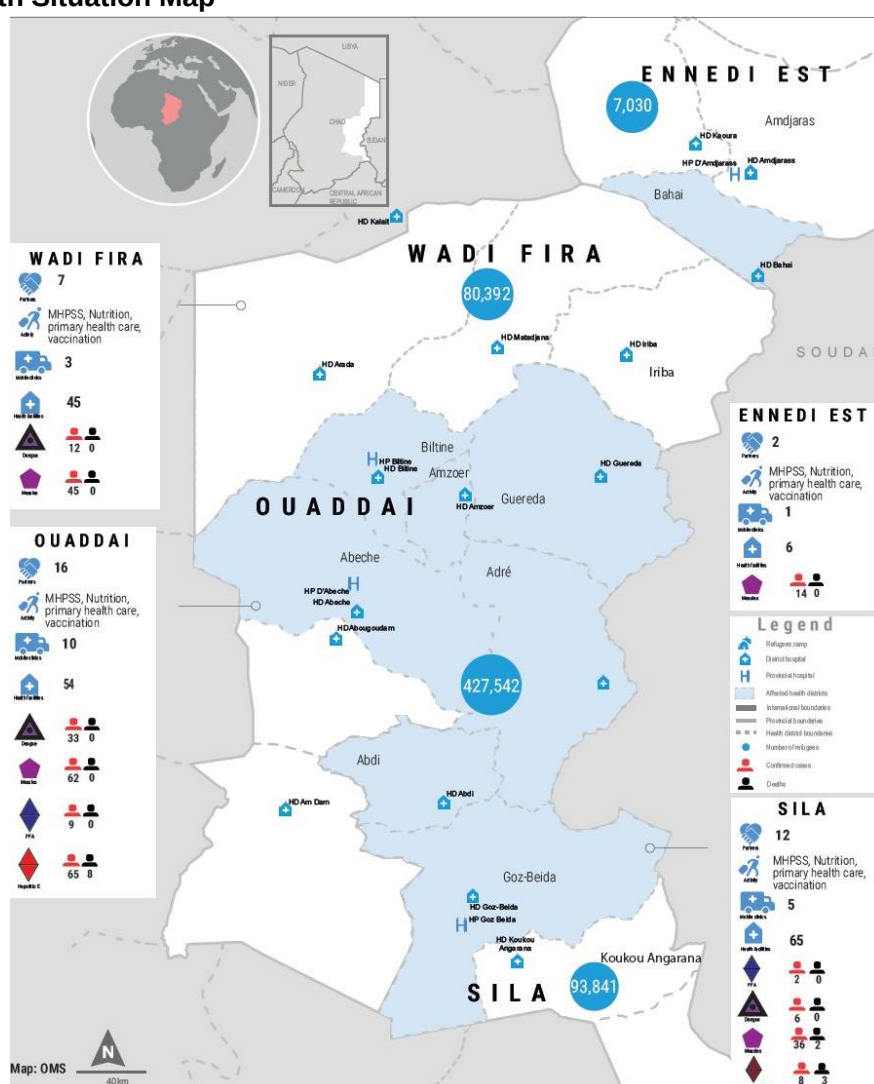
Chad

Situation overview

More than 784 000 Sudanese and Chadians have fled Darfur and converged on the 32 entry points in eastern Chad, as of 23 June 2024. Chad is the neighbouring country most affected by the crisis in Sudan, with over 45% of Sudanese refugees and returnees, and thousands of new arrivals every week. These refugees live in numerous formal and informal camps in 9 health districts in the provinces of Ennedi East, Ouaddaï, Sila and Wadi-Fira.

The renewed fighting in Sudan could lead to new arrivals, particularly at the entry points of Tiné and Birak in the province of Wadi Fira. As the rainy season begins, the health situation remains a major concern because of the torrential rains (Ouadi), which make it difficult to move around due to temporary watercourses.

Figure 12. Chad Health Situation Map



Source: WHO Country Office Chad

Health information and epidemiology updates

Malaria, acute respiratory infections, malnutrition, and watery diarrhea remain the most common pathologies. The humanitarian situation is exacerbated by epidemics of dengue fever, measles, chickenpox, and hepatitis E. Unless specifically described, epidemiological data presented below are from four provinces in the Eastern part of Chad (Ennedi Est, Ouaddaï, Sila, Wadi-Fira).

- Measles: Between 1 January and 15 June 2024, 364 suspected cases with no deaths have been reported.
- Hepatitis E: As of 9 June 2024, 2723 suspected cases with 11 deaths have been reported in seven refugee camps in Ouaddaï. Among all cases, 1226 cases (45.1%) are women, and 1497 cases (55.0%) are men. These include 40 cases with three deaths among pregnant women.
- Yellow Fever: Between 1 January and 15 June 2024, 187 suspected cases were reported. The last confirmed case was on 10 October 2023 in Léré district, Mayo-Kebbi Ouest.
- Acute Flaccid Paralysis (AFP): Since the beginning of the conflict, 263 suspected cases including 11 confirmed cases of AFP have been recorded. During epi week 24, 2024, one suspected case was reported.

Table 1. Cumulative epidemiological data for key infectious diseases between epi week 16 in 2023 and epi week 24 in 2024 in the four eastern provinces affected by the crisis

Provinces	Measles		AFP		Hepatitis E		Yellow Fever		Meningitis		Cholera	
	Confirmed cases	Deaths	Confirmed cases	Deaths	Confirmed cases	Deaths	Confirmed cases	Deaths	Confirmed cases	Deaths	Confirmed cases	Deaths
Ennedi Est	14	0	0	0	0	0	0	0	0	0	0	0
Ouaddaï	62	0	9	0	65	8	0	0	0	0	0	0
Sila	36	2	2	0	8	3	0	0	0	0	0	0
Wadi-Fira	52	0	0	0	0	0	0	0	0	0	0	0
Total	164	2	11	0	73	11	0	0	0	0	0	0

- In the camps, access to essential health services is disrupted due to difficult physical access and limited human and material resources. As of 23 June 2024, a total of 7237 people were reported with injuries and treated with the support of MSF France, Première Urgence Internationale (PUI), the International Committee of the Red Cross (ICRC) and Emergency Medical Teams deployed by WHO.

Operational updates

- WHO is working alongside the Ministry of Public Health and Prevention, UN agencies and operational partners in the response to the hepatitis E epidemic in the health districts of Adré, Hadjer-Hadid in the province of Ouaddaï and Koukou Angarana, Gozbeida in the province of Sila; and the response to a varicella epidemic in the Abéché prison in the province of Ouaddaï.
- The WHO is supporting the Ministry of Health and Prevention in coordinating the response, epidemiological surveillance, laboratory work, awareness-raising and training supervision in the areas of responsibility and in the refugee camps, where community awareness-raising sessions are being organized.
- Through the WHO Hubs, medical supplies including rapid tests have been sent to the country for strengthening outbreak responses.
- A joint visit to the health centre in the Dougui refugee camp in the Chokoyane health district, Ouaddaï province, revealed significant progress in the implementation of activities including curative consultations and antenatal care, mental health, childbirth, family planning and the management of malnutrition. Upcoming activities include vaccination (vaccines will be supplied by the Chokoyane health district), community-based surveillance, and community awareness-raising on good hygiene and sanitation practices (hand washing, reducing open defecation).
- Technical support was provided for the Health/Nutrition cluster workshop organised from 12 to 13 June 2024 in Abéché, to build the capacity of its members in humanitarian coordination. The workshop aimed to provide members of the Health/Nutrition working group with information on the global humanitarian coordination system, humanitarian principles and the role and functioning of a cluster.

- As part of WHO's institutional support for the operational level of the health system, in support of the efforts of the government and other health actors, the WHO Country Office in Chad handed over nearly 10 tons of medicines and consumables to 29 State MOH in North Darfur Health Facilities; these supplies were acquired thanks to the United Nations Central Emergency Response Fund for the Ouaddaï provincial health delegation. This donation will enable at least 6000 people to be treated over three months. This will help to improve the availability and accessibility of essential medicines in Ouaddaï, which has been experiencing an unprecedented humanitarian crisis for over a year due to the massive influx of refugees.
- Discussions continue between WHO and UNHCR about a possible retrospective mortality survey in Eastern Chad amongst newly arrived Sudanese refugees.

PRSEAH updates

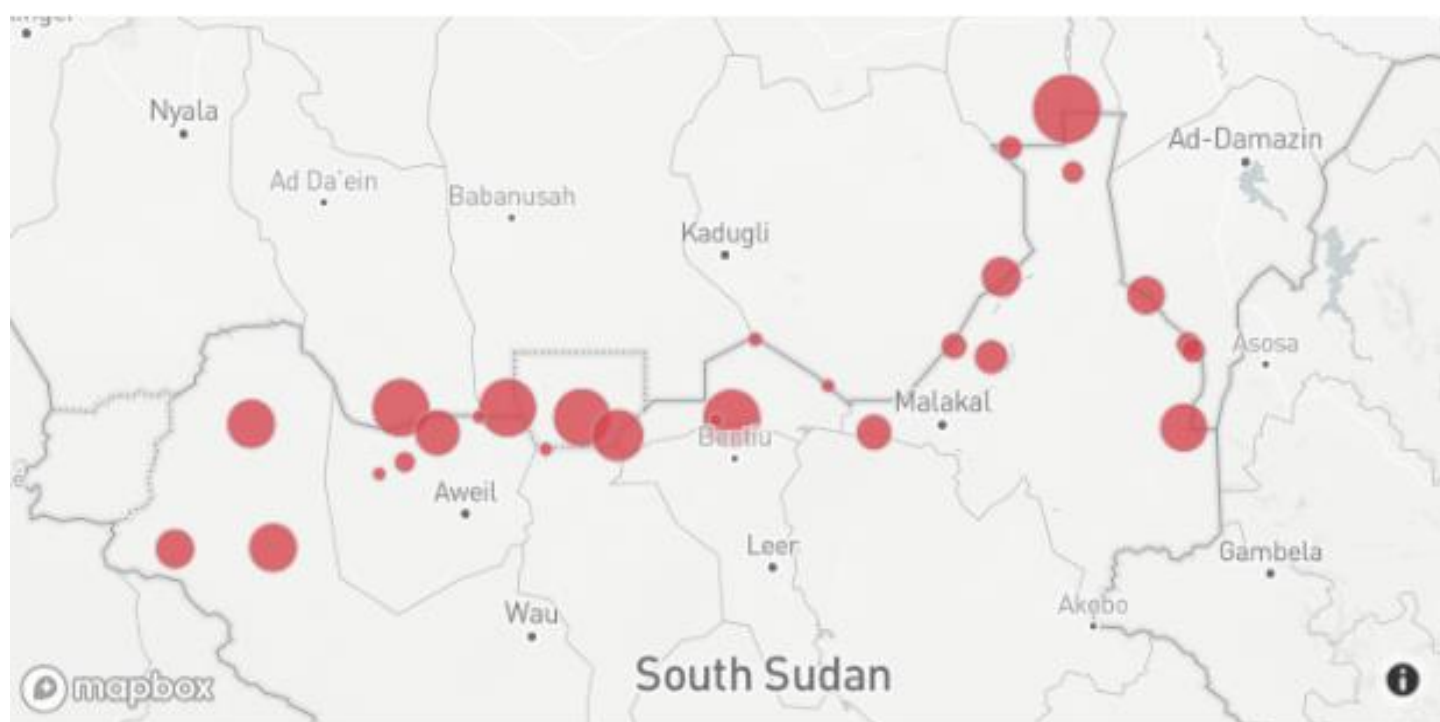
- Chad is one of the countries being considered to participate in a regional French-language training-of-trainers on the Clinical Management of Rape and Intimate Partner Violence to take place at the end of August 2024.
- An emergency action plan to manage the various crises has been drafted, taking into account the fight against gender-based violence.

South Sudan

Situation overview

- Over 726 000 refugees and returnees have fled to South Sudan since April 2023, with around 1800 new arrivals daily, straining the country's infrastructure and resources. Most refugees are women and children needing urgent food, water, shelter, and medical care. This influx worsens the humanitarian situation, with over 9 million people projected to need assistance in 2024.
- Emerging needs include:
 - WHO supports Renk County Hospital to retain their surgeon in July and possibly August, addressing service gaps while World Vision International recruits additional staff.
 - Deployment of a WHO laboratory specialist to assist with the use of Alkaline Peptone Water (APW) media for *Vibrio cholerae* amplification in suspected cholera cases.
 - Conducting microbiological analysis on water distributed to treatment centers, which is currently only tested for free residual chlorine (FRC).

Figure 13. Point of Entry Map



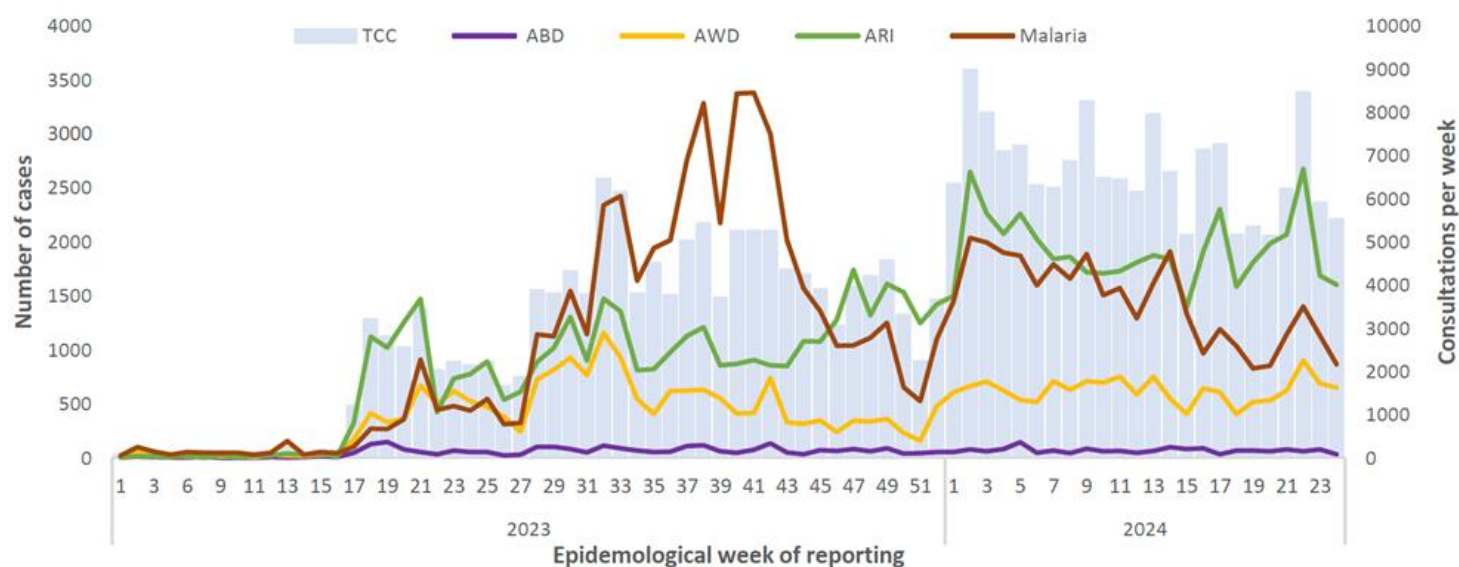
Source: Joint Border Monitoring of Arrivals from Sudan to South Sudan, UNHCR Operational Data Portal

Health information and epidemiology updates

- The analysis of the main causes of illness in Renk County has changed over time. Malaria, acute respiratory infections (ARI), and acute watery diarrhea (AWD) continue to be the primary sources of morbidity in the county, as depicted in the chart provided. The increase in documented cases can be partially linked to the onset of the Sudan crisis in epi week 17, 2023. The establishment of an operational surveillance system guarantees the regular reporting of all diseases susceptible to outbreaks.
- The total number of children screened for malnutrition in this reporting period is 1178, of which 27 (2.3%) were severe acute malnutrition (SAM) without medical complications and 112 (9.5%) were moderate acute malnutrition (MAM). Compared with epi week 23, SAM prevalence decreased by 4.4% from 6.9% and the MAM prevalence reduced by 6.4% to 9.5%. During the reporting period, one child was referred to the stabilization center due to medical complications.
- Based on the mass mid-upper arm circumference (MUAC) screening survey conducted on 5 June, Global Acute Malnutrition (GAM) prevalence was 19.9%.

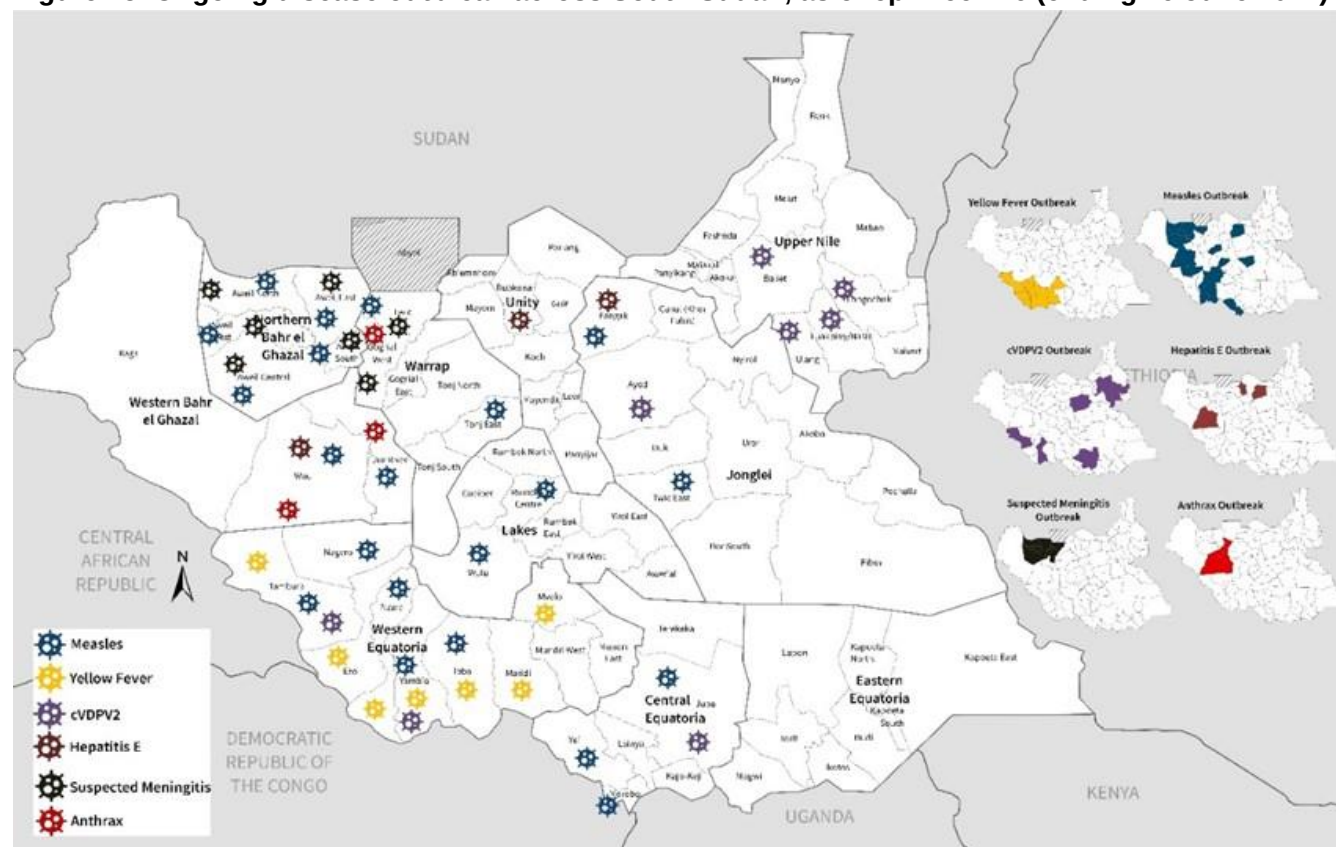
- Priority diseases are monitored weekly using the EWARS and Integrated Disease Surveillance and Response (IDSR) platforms. Additionally, all individuals entering South Sudan and showing symptoms of acute watery diarrhea undergo screening for cholera using rapid diagnostic tests (RDTs).

Figure 14: Trend of cases for IDSR top four causes of illness in Renk county by epidemiological week, 2023-2024



(TCC: Total Consultation; ABD: Acute Bloody Diarrhea; AWD: Acute Watery Diarrhea; ARI: Acute Respiratory Infection)
Source: WHO Country Office South Sudan

Figure 15. Ongoing disease outbreak across South Sudan, as of epi week 26 (ending 29 June 2024)



Source: WHO Country Office South Sudan

Operational updates

- WHO in collaboration with the MOH are leading the emergency health response through established coordination structures with health and nutrition partners in Renk, Malakal and Rubkona counties. These are the main counties receiving the majority of the returnees and refugees from Sudan since the onset of the crisis.
- Active surveillance activities continue, including nutritional status assessments (MUAC) for children under five years of age, pregnant and lactating mothers at various points of entry across counties bordering with Sudan.
- Dissemination of key messages on AWD prevention to community leaders and WASH partners is ongoing.

PRSEAH updates

- A one-hour PRSEAH refresher training was conducted during an EPI Review meeting in Juba on 28 June 2024 for 40 WHO personnel from five field locations including priority areas for the Sudan Crisis response.
- To ensure mainstreaming of PRSEAH into health operations, an awareness-raising session was provided to 20 male participants from State MOH during a laboratory training in Aweil, among whom were staff operating in the Wedweil Refugee Settlement.
- An international GBV in Emergency (GBViE) consultant arrived in the country in mid-May and is planning several field trips to conduct a scoping mission.
- If the situation lends itself, there is a possibility to use a Quality Assurance Tool adapted to the context to assess health facilities' readiness to provide quality medical care for survivors of GBV.

Ethiopia

Situation overview

- As of mid-June 2024, there has been an influx of more than 157 600 refugees and returnees to Ethiopia. The main crossing border point of entry is Metema Yohannes in the Amhara region, with fewer crossings from Kurmuk (Benishangul Gumuz Region (BSGR) border point and others expected in Gambella region (Pagak - Lare woreda, Burubeiy - Wantowa wereda). The crisis in Sudan shows no signs of abating, and more influxes are expected.
- Observed emerging needs include:
 - Security risk around the crossing areas and transit clinics.
 - Inadequate routine vaccination in the transit sites.
 - Inadequate and unsafe water supply and latrine facilities.
 - Inadequate health services and referral system (lack of transport: ambulance/vehicle).

Health information and epidemiology updates

- Surveillance: The influx crossing sites continue to face multiple public health emergencies, including malaria, measles, rotavirus, acute watery diarrhea, acute and chronic malnutrition, and HIV/AIDS. The health facilities in these areas are overburdened with people from refugees and host communities seeking health services for the above disease conditions. The area around the Kurmuk crossing site is a gold mining area with extensive in and out-migration, which may facilitate the spread of disease conditions to the adjacent overcrowded population of Assosa town, a regional center.
- Disease trends: Malaria cases are increasing among host communities and refugees in the Amhara region. In 2024, the Kurmuk site reported 2292 malaria-confirmed cases from the host communities and more than 245 from the refugees/returnees. In the past week, 19 Malaria cases were reported from Metema and 82 cases from Kurmuk site.
- Risk: Security issues are affecting the areas around transit clinics and refugee sites. Inadequate routine vaccination in transit sites and surrounding health facilities exposes children to the risk of vaccine-preventable diseases such as measles, polio, tetanus, whooping cough, and diphtheria. Inadequate water supply and sanitation facilities expose the population to cholera, dysentery, and other communicable diseases.

Operational updates

- WHO, through the Health Cluster, has engaged health partners to respond in three affected regions (Amhara, B Gumuz, and Gambella).
- More than 157 600 refugees and returnees crossed the border from Sudan to Ethiopia, of which 973 crossed this week. All influxes were screened for disease conditions.
- 73 809 influx population have received free medical services at Metema and Kurmuk crossing sites, of which 1071 were treated this week.
- Awareness raising was done in five languages for 300 individuals on mental health and related issues and 991 individuals on communicable diseases and Sexual and Reproductive Health (SRH).
- A total of 255 children were screened for malnutrition: 14 MAM cases were identified and linked to nutrition services.
- WHO has provided more than 98 different packages of medical supplies, established transit clinics, and provided furniture and tents.
- 150 vulnerable women and children received social support such as clothes, underwear, sanitary pads, diapers, biscuits, and packed water.
- SRH services were provided for 36 women in their reproductive age groups: ANC for 13, postnatal care (PNC) for eight, and family planning for 15 individuals.
- WHO supports strengthening the surveillance system in the crossing sites, host communities, and border areas & has assigned additional surveillance staff.

PRSEAH updates

- On 24 June 2024, WHO, in coordination with the PSEA Inter-agency Coordinator, held the first Inter-agency PSEA Network meeting in Amhara. The Core Humanitarian Standard (CHS) Alliance was selected to be the co-chair for the network.
- Fifteen stakeholders, including UNHCR, UNFPA, various international NGOs and local NGOs participated in the meeting. Network members agreed to have a representative of the Government from the Ministry of Health or the Ministry of Social Affairs for these meetings.
- The terms of reference for the network were endorsed and a six-month work plan was created. The work plan will prioritize raising awareness and mapping the current Community-Based Complaints Mechanism.
- Three national officers are working simultaneously on GBV/Mental Health/PRS in conflict-affected states (Afar, Amhara and Tigray).
- The WHO Country Office has requested the technical support of an international GBViE consultant and seeks funding to cover the costs.

Central African Republic

Situation overview

- The Central African Republic has received over 32 000 people from Sudan through several border crossings, the majority coming through Am-dafock, in the Vakaga region. These include over 25 900 Sudanese refugees and 6100 refugee returnees.

Health information and epidemiology updates

- The epidemiological update on hepatitis E Virus (HEV) indicates that five new suspected cases have been recorded, with three in the Sikikedé health area and two in Birao at the Korsi and Yata refugee sites. From epi weeks 15 to 25 in 2024, a total of 33 suspected HEV cases were reported in the Vakaga health district, with the first case identified in Sikikedé in week 15. There have been three deaths, one at the Korsi refugee site in Birao and two community deaths in Sikikedé. Laboratory analysis of nine samples from the Pasteur Institute in Bangui confirmed six acute HEV infections (three women and three men). The outbreak has affected four health areas: Sikikedé, Zinzir, Birao, and Am Dafok, with Sikikedé being the epicenter (72% of cases). Of the 33 suspected cases, 25 are male. The majority of cases are in the age group of 15-34, largely due to the presence of a mining site near Sikikedé where predominantly men work.

PRSEAH updates

- A PRSEAH Coordinator is awaiting clearance to go to the district of Birao, where refugee and IDP sites are located, towards the end of the month.
- Challenges include insecurity in the Region and transportation delays due to weather.
- The area is a high-risk context due to minimal coverage by the GBV referral pathway (21% of the country) developed by the GBV subcluster under UNFPA; coupled with the influx of humanitarian workers in the country, and very high GBV cases.
- The WHO Dakar Hub's GBViE consultant recently provided detailed technical feedback on a draft of a national protocol on the clinical management of rape, currently undergoing validation by the MoH.
- The Central African Republic is one of the countries being considered to participate in a regional French-language training-of-trainers on the Clinical Management of Rape and Intimate Partner Violence to take place in the end of August 2024. After the course, the trainers will return to their respective countries and conduct cascade trainings to build the capacity of the health sector to respond to the medical needs of GBV survivors.

Key operational challenges

- **Resource Mobilization:** WHO has received only \$33.5 million, leaving a funding gap of over \$52 million in the Sudan resource needs and an 80% funding gap for health operations in neighboring countries.
- **Access Constraints:** Ongoing fighting and administrative barriers limit WHO's ability to provide humanitarian health assistance in Sudan.
- **EWAR Limitations:** Inadequate early warning, alert, and response surveillance in hard-to-reach areas and among refugees hampers evidence-based decision-making.
- **Rainy Season:** The commencing rains add urgency to deliver humanitarian aid before access is further restricted.
- **Local Coordination:** Ensuring locally led coordination is crucial due to challenging access for Cluster Lead Agencies.
- **Health Worker Shortages:** Lack of trained health workers in emergency medical response, cholera treatment, public health emergency management, and mental health.
- **Supply Delays:** Delays in refilling drug and medical supplies.
- **IPC/WASH Supplies:** Shortages at entry points and financial support for transferring refugees.

Next steps

- WHO to support implementation of early warning, alert and response (EWAR) surveillance pilot and Health Resources and Services Availability Monitoring System (HeRAMS) in East and Central Darfur through partners.
- Financial and logistics support to refill drug supplies, diagnostic kits, and IPC wash supplies at the points of entry.
- Capacity building of health workers and EMTs at health facilities and Points of Entry serving the host communities and refugees.
- Strengthen the Health Cluster from state to subnational and National level including leveraging partners with presence for Co-Coordination roles.
- WHO to continuously monitor and evaluate its response to neighbouring countries (Chad, South Sudan, Ethiopia and Central African Republic)
- WHO to initiate seven streams of sexual and reproductive health and rights (SRHR) activities to strengthen delivery systems of SRHR, including datasets for HIV, SRHR and GBV

Other resources

- World Health Organization (2024). Public Health Situation Analysis - Sudan Complex Emergency. Available at: [https://www.who.int/publications/m/item/public-health-situation-analysis--sudan-conflict-\(03-april-2024\)](https://www.who.int/publications/m/item/public-health-situation-analysis--sudan-conflict-(03-april-2024))
- World Health Organization. Public Health Situation Analysis: Sudan Conflict – Refugee crisis in neighbouring countries – Central African Republic, Chad, Ethiopia, South Sudan. Internally under revision.
- Global Nutrition Cluster (2024). Sudan Nutrition Sector. Nutrition Vulnerability Analysis. Available at: <https://www.nutritioncluster.net/resources/nutrition-vulnerability-analysis-sudan>
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- International Organization for Migration (2024). Monthly displacement overview Sudan. Available at: <https://dtm.iom.int/reports/dtm-sudan-monthly-displacement-overview-08?close=true>
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- WHO Steps Up Cross-Regional Efforts for Sudan's Humanitarian Emergency: <https://www.emro.who.int/media/news/who-steps-up-cross-regional-efforts-for-sudans-humanitarian-emergency.html>
- Free essential health care for refugees in eastern Chad | WHO | Regional Office for Africa [in French]: [Des soins essentiels gratuits pour des réfugiés dans l'est du Tchad | OMS | Bureau régional pour l'Afrique \(who.int\)](#)
- WHO is supporting efforts to manage the malnutrition burden in eastern Chad (youtube.com): <https://www.youtube.com/watch?v=x59MW0ziTNk>
- Field medical posts deliver critical services as outflow from Sudan conflict surges | WHO | Regional Office for Africa: <https://www.afro.who.int/photo-story/field-medical-posts-deliver-critical-services-outflow-sudan-conflict-surges>
- Caring for the war-wounded in eastern Chad [in French]: [Soigner les blessés de guerre dans l'est du Tchad | OMS | Bureau régional pour l'Afrique \(who.int\)](#)
- In Chad, health support for refugees from the Sudanese crisis is stepping up [in French]: [Au Tchad, le soutien sanitaire aux réfugiés de la crise soudanaise s'intensifie | OMS | Bureau régional pour l'Afrique \(who.int\)](#)
- The refugee crisis in East Chad [in French]: [La crise des réfugiés à l'est du Tchad by WHO African Region \(soundcloud.com\)](#)
- Mission to Adré in Chad [in French]: https://x.com/OMS_Afrique/status/1705585018276319444
- Transit camp of Adré in Chad [in French]: https://x.com/OMS_Afrique/status/1684948324397232128
- Blaise Mbainassem, Tchad [in French]: <https://www.afro.who.int/fr/about-us/making-difference-health-africa/blaise-mbainassem-infirmier>
- In the Sahel, WHO helps treat malnourished children – YouTube: <https://www.youtube.com/watch?v=uBVuWiXdgtY&t=1s>
- Reaching refugees in Chad with COVID-19 vaccines (youtube.com): <https://www.youtube.com/watch?v=Lc0y50xj5co&t=14s>
- Chad, mobile clinics bring COVID-19 vaccination to vulnerable groups | WHO | Regional Office for Africa: <https://www.afro.who.int/photo-story/chad-mobile-clinics-bring-covid-19-vaccination-vulnerable-groups>
- Joint Border Monitoring of Arrivals from Sudan to South Sudan, UNHCR Operational Data Portal Available at: <https://data.unhcr.org/en/dataviz/331>

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