

Sudan conflict and refugee crisis

Multi-country External Situation Report n. 1¹, published 18 June 2024

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

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Situation overview

This situation report is the first WHO report summarizing the multi-country health situation and WHO response across the regional emergency caused by the conflict in Sudan. Since the start of the conflict in April 2023, 10 million have been displaced internally—the largest number in the world—and 2 million into neighbouring countries including Chad, South Sudan, Egypt, and the Central African Republic. There is frequent re-displacement as lines of control continue to shift between the parties involved in the conflict.

In addition to direct health effects of the conflict such as trauma, there has been extensive damage and disruption to the health system in Sudan, with millions in the country lacking access to healthcare, further exacerbating the already fragile health of many already vulnerable people.

WHO as a cluster lead agency ensures the functioning of the Health Cluster in Sudan. As articulated in the Sudan Humanitarian Needs and Response Plan (HNRP) for 2024, nearly 15 million people are estimated to need urgent lifesaving health care services in the country, for which health cluster partners are aiming to reach 4.9 million people, requiring US\$ 178 million to do so, but which is only 26% funded as of 13 June.

Given concerning trends in food insecurity and malnutrition, the Sudan Famine Prevention Plan was launched in April 2024 targeting 7.6 million people for assistance, of whom 6.3 million are estimated to be facing emergency levels of food insecurity (Integrated Food Security Phase Classification or IPC 4). The Inter-Agency Standing Committee (IASC) system wide scale up was extended to 30 June to be able to implement famine prevention and response measures.

Ongoing challenges with access to and capacity of health facilities, and interruptions in services such as immunization, as well as worsening food insecurity, have combined in recent months to further worsen the health and nutrition situation and increase the risk of outbreaks of infectious diseases. In many hard-to-reach areas of Sudan, such as in

¹ This is the first 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>

Darfur and Kordofan states, the actual burden of infectious disease outbreaks is difficult to characterize due to the paucity of surveillance data resulting from access constraints and communication breakdowns.

These access and communication challenges also mean that the people currently in conflict-affected areas in Sudan have been cut off from any humanitarian assistance, including food and medical supplies. The Adre crossing, the main route from Chad into Darfur, has been closed since February 2024.

The arrival of refugees from Sudan into neighbouring countries has placed a major burden on the already overstretched health systems in these countries. They are struggling to cope with the increased need for trauma, gender-based violence, and psychosocial and mental health care. At the same time, there are several, simultaneous outbreaks of infectious diseases affecting refugee camps.

The impending arrival of the rainy season in Sudan and neighbouring countries will further aggravate issues of access to healthcare by the affected populations, as well as the ability of WHO and partners to provide humanitarian assistance. Urgent action is needed to contain an unfolding humanitarian catastrophe.

Sudan Health Information and Epidemiology updates

Disease Outbreaks

The country 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 epidemiological week 22, 2024 (ending 31 May 2024), at least two-thirds of the States in the country are experiencing three or more outbreaks of different diseases simultaneously.

Note that most surveillance data currently available are cumulative and thus it is difficult to interpret trends in the disease burden. As more detailed data become available, they will be incorporated in future situation reports.

Measles

- The current measles outbreak began in 2023, and between 15 April 2023 and 31 May 2024, 4800 cases were reported from 13 states.
- One hundred seven deaths have been reported from eight states, for a case fatality rate (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.

Cholera

- The ongoing cholera outbreak started in June 2023 and was officially declared in September 2023. As of 23 May 2024, 11 211 cases have been reported from 12 States. The weekly reported cases peaked in epidemiological week 49 in 2023 (2 to 8 December 2023) with over 1400 cases, followed by a declining trend. Data collection has been challenging with no reports from the five Darfur states and West Kordofan state since 15 April 2023.
- 309 deaths have reported from 11 States, for a CFR of 2.8%.

Malaria

Malaria is a leading cause of sickness and death in Sudan. Between 15 April 2023 and 31 May 2024, 1 548 868 cases were reported from 14 states, and 172 deaths were reported from five States, for a CFR of 0.01%. These numbers reflect what has been reported since the start of the conflict, under a condition of data collection and reporting constrained by lack of access and communication challenges.

Dengue

- Dengue remains a major health burden in the country, and as of 30 May 2024, 9276 cases have been reported from 12 states. The weekly reported cases peaked in epidemiological week 41 in 2023 (7 to 13 October 2023) with over 700 cases, followed by a declining trend.
- Seventy-three deaths have been reported from 12 states, with a CFR of 0.78%.

Suspected Pertussis

- Between 15 April 2023 and 31 May 2024, 118 cases were reported from seven states, with no associated deaths reported.

Meningitis

- Parts of Sudan fall within the “meningitis belt,” a contiguous region in Africa with the highest disease burden. Between 15 April 2023 and 31 May 2024, 121 cases were reported from nine states, with 13 associated deaths (CFR 10.7%).

Food Insecurity

Food insecurity and malnutrition are widespread in Sudan. In parts of Khartoum, Darfur and Kordofan regions, there is a risk of famine as people remain cut off from food and health assistance.

According to the IPC analysis completed in December 2023, 17.7 million people (37% of the population) were expected to face high levels of acute food insecurity (IPC Phase 3 or above) between October 2023 and February 2024, including 4.9 million (10%) in Phase 4 (emergency) with a potential catastrophe (IPC Phase 5) in West Darfur and Khartoum states. Since the drafting of this IPC report, there has been a significant worsening of the situation.

In addition, as of March 2024, over 3.6 million children under five and 1.2 million pregnant and breastfeeding women have been estimated to be acutely malnourished across the country, representing an increase of over 22% compared to the beginning of 2023.

The recently published Nutrition Vulnerability Analysis, conducted by the United Nations Children's Fund (UNICEF), UN World Food Programme (WFP) and WHO highlighted that child malnutrition is driven by the ongoing hostilities, such as a lack of access to nutritious food, safe drinking water and sanitation. This is compounded by massive population displacement and the situation has deteriorated over recent months.

Particularly in hard-to-reach areas, several factors will influence the nutrition situation over the coming months, including the onset of the rainy season, which coincides with the lean season; likely continued expansion of the conflict zones; and severely hindered humanitarian access despite high demands. In Central Darfur, 15.6% of children under five are estimated to be suffering from acute malnutrition, and in ZamZam camp, it was estimated to be closer to 30%. Malnutrition has a significant impact on pregnant and breastfeeding mothers. The screening carried out by Medecins Sans Frontières in ZamZam camp in April 2024 revealed that over 33% of pregnant and breastfeeding women are malnourished.

Operational updates

Health Information and Epidemiology

Early Warning, Alert and Response (EWAR) surveillance

The Federal Ministry of Health and WHO convened a meeting on the early warning, alert and response (EWAR) surveillance strategy in hard-to-reach states and agreed on a pilot implementation of the WHO EWARS Mobile software and a light data collection approach centred on partner-supported facilities in Central Darfur and East Darfur states, the two states with the current lowest availability of surveillance data. Technical preparations are now underway to implement this pilot, which will run for two months. At the pilot's end, a decision will be made about how to expand EWAR surveillance to the remaining inaccessible areas.

Health Resources and Services Availability Monitoring System (HeRAMS)

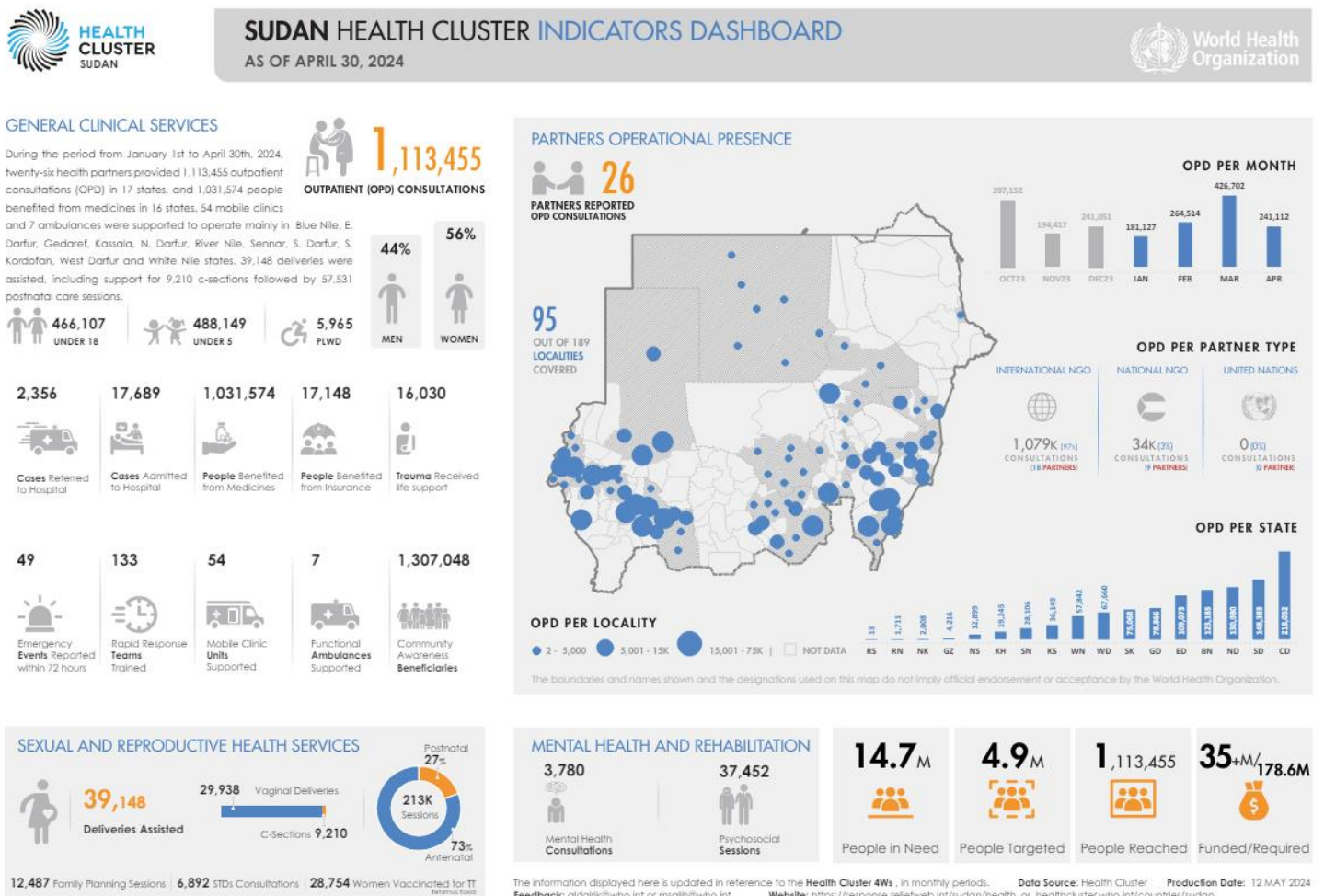
The first round of HeRAMS was completed in December 2023 for Red Sea, Kassala, White Nile, Gedaref, Khartoum states and the special administrative area of Abyei. The results can be accessed on the HeRAMS dashboard (www.herams.org). The first round for Blue Nile, River Nile, Sennar, and Northern States, as well as the second round for the above-mentioned states, will start in July 2024.

Partner Coordination and Engagement

Over 49 partners participate in the Health Cluster including a wide variety of actors: national and international NGOs, UN agencies, donors, observers and the Ministry of Health. Health partners support over 500 health facilities (see Health Cluster HeRAMs December 2023) and between January and April 2024 conducted over 1.1 million outpatient consultations, nearly 40 000 assisted deliveries, of which nearly 10% received Comprehensive Emergency Obstetric and Newborn Care (CeMONC), 3700 mental health consultations and 37 000 psychosocial support sessions were conducted. Services were provided even in some of the most hard-to-reach areas across the Darfur and Kordofan states.

Access challenges remain a constraint for all partners, due to both administrative obstructions and insecurity, including the attack of health care workers and looting of health facilities. National partners and local staff remain key to response as many retain access or return quickly despite the challenges. Strengthening partnerships with national actors remains critical.

Figure 1. Sudan Health Cluster Indicators



Source: World Health Organization. Disclaimer: The information is as of April 2024. The data are collected on a monthly basis towards the end of each month.

The health cluster operates at national and subnational level while WHO is also supporting state coordination. Strengthening of health cluster functioning from local to national level is a key priority and highlighted in multiple reviews including by the Inter-Agency Standing Committee (IASC) and Humanitarian Coordination Team to ensure all populations are able to access lifesaving services. This includes supporting partners to have presence to support in cluster co-ordination and intersectoral response. The health cluster has established three working groups: the Sexual and Reproductive Health (SRH) Working Group, for which United Nations Population Fund (UNFPA) is co-coordinator; Mental Health and Psychosocial Support, which United Nations Development Programme (UNDP) co-coordinates; and the Trauma Working Group, co-coordinated by WHO.

The SRH Working Group reports that 57% of CeMONC and 63% of Basic Emergency Obstetric and Newborn Care (BeMONC) facilities are functional only with minimum capacity (with no reporting from Darfur). Sixty health facilities are providing services of clinical management of rape in 10 states according to the latest mapping. Further work including sensitization is planned across 13 states. Strengthening the linkage of state working groups with the subnational health cluster coordination is a priority.

Trauma

Regarding trauma rehabilitation, in May 2024 WHO led a five-day master training on early rehabilitation in conflict for 29 participants representing 10 states. Following that, a one-day workshop was held to identify current challenges and to develop a road map to strengthen rehabilitation as part of the emergency response. Lack of supplies in health facilities, severe disruption of all National Authority for Prosthetics and Orthotics (NAPO)-run rehabilitation centres, lack of functioning referral pathways, and an absence of rehabilitation services at the community level (including for those displaced) were among the key critical challenges identified. Priorities were the reactivation of a national rehabilitation council/committee, the establishment (and implementation) of minimum service packages (including supplies and personnel) for rehabilitation in hospitals and in primary health centers (PHC), and scaling up support for NAPO to re-open and expand services.

The Trauma Working Group meets once a month. In June 2024, a face-to-face meeting was held with all partners in Port Sudan. Partner constraints include the following:

- Access for personnel: Restricted travel permits and extremely limited cross-line movement of personnel and supplies.
- Supplies: Importation of supplies and lack of standard operating procedures to move supplies across the country.
- Workforce: NGOs pay staff incentives in line with agreed rates – but not responsive to inflation or severe insecurity that many staff face. Lack of protection for health staff from attacks. High turn-over of staff at all levels of HCF/MOH partners.
- Remote support is hampered by unreliable telephone networks.
- Organizations report challenges with financial resources and donor fatigue.
- Data on services, patient needs, and epidemiology are unreliable and scarce.

Emergency Medical Teams (EMT) coordination Discussions are underway to facilitate an open request for Emergency Medical Teams (EMT) to support all components of the trauma pathway, and a call for expression of interest was issued in May 2024 by the EMT Secretariat.

Technical Expertise and Health Operations

Provision of essential and life-saving health services

WHO plans to support the provision of essential and life-saving health services in 35 priority hospitals. Among these, 19 hospitals in 12 states, including East Darfur state, have been supported through three contracted NGOs. In addition, WHO has signed an agreement with Addition for Disaster Assistance and Development (ADD) to support 12 hospitals in Khartoum, Northern, River Nile, Red Sea, Sennar, South Kordofan and White Nile states. Furthermore, WHO initiated support to 60 PHC facilities to ensure provision of the integrated basic package of health services in 10 states.

Nutrition

WHO provided support to 81 stabilization centers including operational support to seven stabilization centers in several states (e.g., North Darfur, Red Sea and White Nile), and supportive supervision for inpatient cases of severe acute malnutrition. In addition, WHO provided technical & financial support for a SMART survey conducted in Kassala state in May and June 2024 and contributed to the development of the Famine Prevention Plan.

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

WHO has deployed additional staff to support gender-based violence (GBV) and Integrated Management of Childhood Illness (IMCI) services in 16 PHC facilities. In addition, operational support has been provided to six CEmONC facilities in Red Sea and Khartoum states. Furthermore, WHO plans to support CEmNOC and BEmNOC facilities for three months in three additional states (White Nile, Gedarf and River Nile).

Infection Prevention and Control and Case Management

The new rabies national treatment protocol and the updated meningitis treatment protocol have been developed.

Operations Support and Logistics (OSL)

In coordination with OCHA, WHO Sudan is actively negotiating for improved access to the western part of Sudan with the national authorities. In the meantime, a cross-border (XB) operation is being set up in Chad, including one 500 square metre temperature-controlled warehouse in Farchana and two 320 square metre temperature-controlled warehouses at the Abeche interagency logistics base (WFP).

There is a robust supply chain system² in place and deliveries to Port Sudan warehouse (4000sqm) and Chad cross-border warehouse in Farchana are regular without stock-outs reported. The bottleneck remain access to western and central states of Sudan due to the current conflict and difficulties to get the travel permit from the national authorities. The other challenge is the rainy season which will isolate some regions like East Darfur, West & South Kordofan.

Since the start of the conflict, distribution of supplies in the western part of Sudan has been minimal due to the difficulty of getting travel permit to cross line to western Sudan. However, since 5 June 2024, Sudan national authorities have approved travel permits for WHO trucks as follows:

- Al Fasher 3 trucks (North Darfur)
- Nyala 2 trucks (South Darfur)
- Eldaein 1 truck (East Darfur)
- Zalingei 1 truck (Central Darfur)
- Rokero 1 truck (Central Darfur)

² World Health Organizations (2024). Sudan Conflict and Complex Emergency - Supply Chain Management Dashboard (Upstream data. Available at: [Sudan Conflict and Complex Emergency - Power BI](#))

- Kadugli 1 truck (South Kordofan)

These trucks will be sent from Port Sudan WHO warehouse.

Additionally, in response to the massacre reported in Gezeira state, WHO immediately responded with delivering 6.5 MT of lifesaving medical supplies to Al Gezira State to respond to the recent mass casualty in Al-Noura locality following the atrocious attacks on civilians & meet the urgent healthcare needs of those affected.

The supplies included emergency health supplies to support 10 000 people for 3 months as well as supplies for trauma management and emergency surgery. WHO has also stockpiled adequate lifesaving medicines and medical supplies for preparedness, including medicines for chronic diseases & cholera response to treat IDPs and other vulnerable populations in Al Gezira State

This year, as of 31 May 2024, WHO has distributed US\$ 7.6 million worth of medical supplies to 19 partners.

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

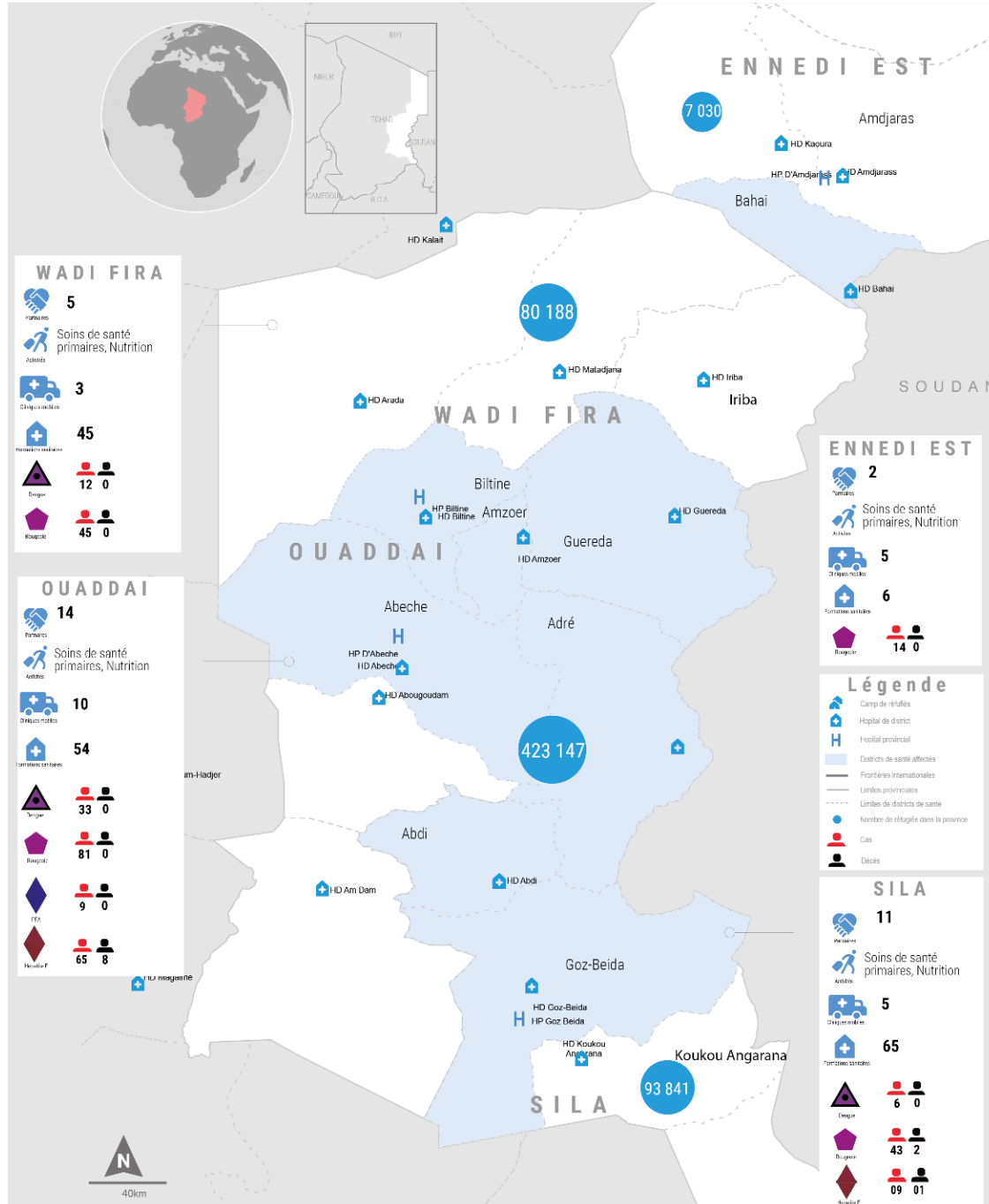
Updates

- Over 22 200 beneficiaries of nine Health Cluster partners received information on PRSEAH through consultations, awareness raising, and training located in East Darfur, Sennar, North Darfur, South Kordofan, Blue Nile and White Nile during the period February to April.
- SEAH risk mitigation messaging is being integrated in various immunization campaigns in Darfur.
- A perception survey on PRSEAH was conducted and 119 WHO personnel participated. Initial results show that 96.6% of personnel are aware of their roles and responsibilities; 89.9% know where to report and are aware of the consequences.
- The WHO PRSEAH Coordinator participated in a 3-day capacity development training organized by WHO in collaboration with the Federal Ministry of Health and the Ministry of Social Development on Rehab in Conflict for Emergency Care Agency. Twenty-five physiotherapists benefitted from orientation on addressing SEAH in their programmes particularly targeting persons with disability.
- The PRSEAH Coordinator organized a 3-day training workshop for 30 PRSEAH Champions (16 men, 14 women) of the Country Office. The training covered WHO normative frameworks, PSEAH in emergencies, communications & advocacy tools.
- Forty-five Subnational health cluster members received orientation on the basic concepts of SEAH and the core principles.
- Challenges include weak referral pathways to access services for victims and survivors.

Situation update in neighbouring countries

Chad

Figure 2. Chad Health Situation Map



Source: WHO Country Office Chad

Disclaimer: The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization.

While Sudan is ravaged by conflict, Chad has become the epicentre of the ensuing refugee crisis and its profound health impacts.

Approximately 45% of Sudanese refugees, totaling nearly 777 330 individuals, are hosted in Chad. Additionally, about 173 000 Chadian nationals have returned from Sudan since the violence erupted in April 2023. Each week, around 3000 new arrivals are recorded at 32 entry points in eastern Chad. These refugees, predominantly women and children, are settled in formal and informal camps across 12 health districts in Ennedi East, Ouaddaï, Sila, and Wadi Fira provinces. Among them, many women and young girls have suffered sexual violence, and malnutrition is rampant among children, compounded by measles and other epidemics, creating a dire health emergency.

Chad's healthcare system, already fragile, is under immense strain. The influx of refugees and the upcoming rainy season are expected to worsen the situation, complicating the delivery of coordinated health responses. Weekly, 1500 to 2000 cases of severe acute malnutrition are reported, with the growing risk of famine in Sudan is likely to impact new arrivals' health.

Since the crisis began, 341 deaths have been reported among refugees and host populations, with 196 deaths due to malnutrition among children. This alarming statistic underscores the severity of the situation. Outbreaks of dengue fever, measles, chickenpox, and hepatitis E are prevalent, alongside rising cases of malaria, acute respiratory infections, and diarrheal diseases.

The hepatitis E outbreak is particularly concerning, with 2590 cases and nine deaths reported as of April 2024. The virus thrives in poor living conditions, inadequate healthcare, and limited sanitation, posing a significant risk, especially to pregnant women. The lack of specialized healthcare services in refugee camps exacerbates the dangers for these women and their unborn children.

Recent fighting in Sudan is expected to lead to more refugees arriving in Chad. The approaching rainy season will further challenge health response efforts due to torrential rains impeding access to affected areas. WHO plans to pre-position health kits, including cholera kits, in crisis-affected districts before the rains arrive to ensure preparedness for potential public health events.

Health information and epidemiology updates

- Between 16 April 2023 and 26 May 2024, 51 confirmed cases of dengue, 183 confirmed cases of measles, 11 confirmed cases of acute flaccid paralysis, 74 confirmed cases of hepatitis E have been reported in four provinces affected by the Sudan crisis (Ennedi Est, Ouaddaï, Sila and Wadi Fira).
- Between 16 April 2023 and 2 June 2024, a total of 6947 people have been injured. They have been treated with the support of partners and an international EMT deployed by WHO.

PRSEAH updates

There are two part-time focal points in place and WHO is currently recruiting for an international full-time PRSEAH Coordinator.

- Systematic signing of the code of conduct by all staff upon signing the contract
- Systematic briefing when starting assignment
- Organize a mission to update the risk assessment of the crisis in Eastern Chad and update mitigation strategies.

- Refresher training for each WHO Chad office in one combined session for staff, for partner service providers, maintenance and office security agents.
- Participation in the PRSEAH interagency network meeting in Abéché where recommendations were made including:
 - The standard operating procedure must be shared with all members of the PRSEAH network.
 - Organizations that have budgeted for PRSEAH activities are requested to share with the coordination for harmonization of resources.
 - It was requested to make the notion of consent clearer on the SEA information transmission circuit.
 - Continuing surveillance of GBV cases: seven cases were declared for the month of May 2024. To date, there have been 49 cases of GBV reported since April 2023 in Abéché.

Operational updates

Priority activities

- WHO is responding to the hepatitis E epidemic in the Adré and Hadjer-Hadid health districts and the varicella epidemic in the Abéché prison in Ouaddaï province, with particular emphasis on strengthening active surveillance in the areas of responsibility and community-based surveillance.
- WHO is supporting strengthening the diagnostic capabilities of the Biosafety and Epidemics Laboratory by providing access to optimized PCR testing for hepatitis E, epidemiological surveillance, sequencing and genomic surveillance.
- WHO is providing technical support to digitize the Health Information System by providing health districts with IT tools and internet connections and implement the early warning and rapid response system using the EWARS-in-a-Box tool.
- WHO is strengthening the coordination, structure and governance of mental health and psychosocial support (MHPSS) in the four provinces of Eastern Chad affected by the crisis.

Partner Coordination Update

While UNHCR is responsible for refugee response, as Cluster Lead Agency WHO supports the Ministry of Health to coordinate health response for all of Eastern Chad. Prior to the Sudanese refugee crisis, Eastern Chad had the third largest population in need of humanitarian health response in the world (see HNRP 2024). As such the vulnerabilities and risks faced by both host population and refugees, compounded by health system under pressure due to the increase load and shock from multiple outbreaks such as Hepatitis E, dengue, requires a coordinated approach. Since August 2023, WHO has coordinated with over 15 health cluster partners in Eastern Chad to support the crisis. Strengthening the coordination of health response in Eastern Chad is required with full time dedicated support.

Communications

Multiple communications products have been issued in relation to the refugee crisis in eastern Chad. Links are provided below.

- 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>

Central African Republic

The Central African Republic has received over 31 600 people from Sudan through several border crossings, the majority coming through Am-dafock, in the Vakaga region.

Health information and epidemiology updates

- During the month of May, the WHO, in collaboration with the US Centers for Disease Control and Prevention and the African Field Epidemiology Network, carried out 12 site visits, reviewing 26 consultation registers for diseases under surveillance.
- An alert of jaundice was reported from Birao and Sikikédé health areas in epidemiological week 18 (between 28 April and 4 May 2024), and 26 cases have been recorded with three deaths (CFR: 11.5%). Five samples were analyzed at the Institut Pasteur laboratory in Bangui and were negative for yellow fever. Viral testing for hepatitis E is under way.
- The International Medical Corps (IMC) and Nourrir provide free curative consultations, vaccinations and ante-natal consultations at the Korsi site.
- Assessment of the needs of the other districts with the new grouping points is continuing.

Operational updates

PRSEAH activities in Central African Republic in May 2024:

- There is a full-time international PRSEAH Coordinator in place.
- Sudanese refugees are concentrated in Birao, where the WHO PRSEAH Coordinator:

- Provided training on the basic concepts of PRSEAH to 34 humanitarian workers of four UN agencies (UNHCR, OCHA, MINUSCA, WFP) and 29 INGOs.
- Conducted sensitization of 114 community leaders and nine local authorities and five health centers supervisors and two local medias actors, on SEAH definitions and notifications mechanism of SEAH allegations.
- Distributed the No Excuse card to each participant of these sessions.
- Conducted sensitization of 16 health workers involved in surveillance and Investigations of health emergencies in the region.

South Sudan

Between May 27 and June 2, 2024, 6701 individuals (1830 households) crossed into South Sudan. As of June 2, 2024, a total of 695 143 individuals (169 002 households) have arrived in South Sudan since the Sudan Crisis began. Of these, 78.4% (545 133) are South Sudanese returnees, 20.8% (144 866) are Sudanese refugees, and the remainder are of various other nationalities.

The South Sudan Humanitarian Needs and Response Plan 2024 outlines the necessary support for both returnees and refugees. Coordination occurs through different entities, such as the health cluster and Inter-Cluster Coordination Group (ICCG), focusing on preparedness and response to cholera, meningitis, yellow fever, and measles. Active surveillance and basic health services are provided at entry and transit centers.

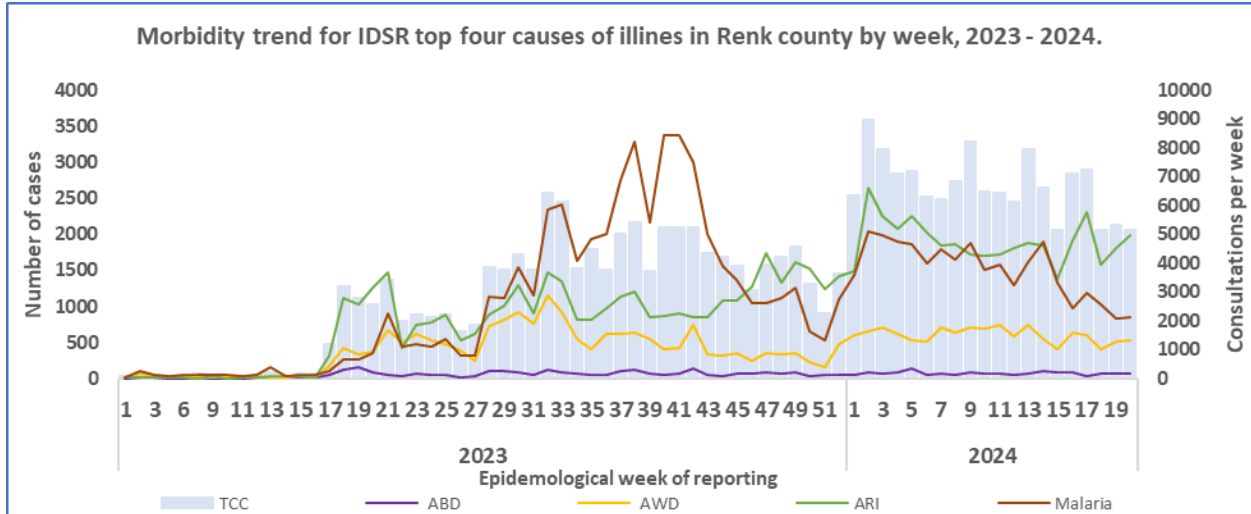
Health information and epidemiology updates

Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data provided by the states and the EWARS surveillance system, most counties have reported ongoing disease outbreaks. These outbreaks include measles, anthrax, meningitis, cholera, hepatitis E, yellow fever and others. Besides, the country has been affected by the drought and food insecurity in the greater Horn of Africa. Measures have been put in place to help mitigate the spread of these outbreaks, especially in counties receiving returnees and refugees from Sudan, notably Renk county where the majority of the people from Sudan entering South Sudan are entering through. Below are key highlights in Renk from 27 May to 2 June 2024:

- There were 493 pregnant and lactating women (PLW) screened at the two transit centers (TCs) and PoE, with 221 identified as pregnant and 272 as lactating.
- The total number of children screened is 1806. There were 81 (4.5%) children with severe acute malnutrition without medical complications and 152 (8.4%) children with moderate acute malnutrition.
- During the reporting period, one child was referred to the Stabilization Centre due to medical complications of malnutrition.
- WHO, UNICEF, WFP and GOAL conducted a mass mid-upper arm circumference (MUAC) screening activity on 5 June in the two TCs and the adjoining area between the TCs. Results are still pending and will be shared once available.
- WFP has provided additional cash assistance to all families that have arrived between April 2023 and April 2024 that have a child less than two years of age. This initiative is intended to contribute to reducing the high GAM level in the TCs (~25%).
- As of the last week of May, all new arrivals are provided with a two-week ration instead of the one-week ration that had been provided over the past number of months.

Comparison of the primary reasons for illness in Renk county has evolved over time. Malaria, acute respiratory infections (ARI), and acute watery diarrhea (AWD) remain the leading causes of morbidity in the county. The escalation in reported cases can be partly attributed to the Sudan crisis that commenced in week 17 (23 to 29 April) of 2023. The implementation of an operational surveillance system ensures the weekly reporting of all diseases prone to epidemics.

Figure 3. Top four causes of Morbidity in Renk county, 2023-2024, by epidemiological week.



Source: WHO Country Office South Sudan

Figure 4. Ongoing disease outbreak across the South Sudan



Source: WHO Country Office South Sudan

Operational updates

Coordination and leadership

- As the Cluster Lead Agency, WHO in collaboration with the Ministry of Health are leading the Health Cluster and emergency health response through established coordination structures with health and nutrition partners in Renk, Malakal and Rubkona counties, the main counties receiving the majority of the of returnees and refugees since the onset of the crisis, and closely linking to State level Health Cluster Coordination in Upper Nile.
- Separate biweekly meetings are being conducted where health and nutrition operational issues are discussed. In addition, weekly coordination meetings are held at the national level within the Health Cluster and within the WHO Country Office (WCO) to discuss and support the operations for the Sudan crisis response.

Surveillance, Laboratory, and Reporting

- 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 diarrhoea undergo screening for cholera using rapid diagnostic tests (RDTs).
- The Arabic version of the IDSR Weekly Summary Report has been given to the Renk County Hospital Outpatient Department (OPD) staff. There will be an orientation and training session for the Clinical Staff Office (CSO) and OPD staff on using the translated version to report from the registers to the Weekly Summary Report.
- Four-days training on surveillance, laboratory, case management, IPC/WASH and RCCE activities for cholera was conducted for 105 HCWs (36 from Renk, 35 from Maban, and 34 from Malakal).

Case management

- A total of 13 124 consultations were carried out at various healthcare facilities in communities hosting refugees and returnees. Cases of acute respiratory infections (ARI), malaria, and acute water diarrhoea (AWD) accounted for 30%, 12% and 15% of all consultations, respectively.
- Psychoeducation sessions conducted for 267 patients by the Mental Health and Psychosocial Support team.

Risk Communication

- Regular health education is provided at transit centres (TCs) and health facilities by the recruited 60 social mobilizers to provide support for Risk Communication and Community Engagement (RCCE) at TCs and for host communities in Renk County.
- Information, Education and Communication (IEC) materials for raising awareness about cholera are currently being distributed to TCs, health facilities, and public places in all the response areas.
- Ongoing health sensitization is being provided to arrivals from Sudan using audio messaging, regular playing of jingles, banners, and posters in both English and Arabic languages.

Logistics and supply

- WHO has distributed 2.7 metric tons of health emergency supplies (94 kits which includes Inter Agency Emergency health Kits, Pneumonia kits and cholera investigation and treatment kits) worth US\$ 23 426.94 to Relief International, Médecins Sans Frontières, World Vision International and International Medical Corps, benefiting 16 600 individuals.

PRSEAH activities during May 2024:

- There is a full-time international PRSEAH Coordinator and a full time national PRSEAH Officer within Emergency Preparedness and Response, next to the 27 part-time WHO focal points in country.
- The WHO PRSEAH team held a one-day PRSEAH session for 41 personnel from different partner agencies, including NGOs and UN, in Renk, Upper Nile State, focusing on basic knowledge of PRSEAH, strengthening capacity of partners' staff on safe health service delivery, and the DO NO HARM principles.
- WHO held an awareness raising session to 248 refugees & returnees from Sudan at the Jorda border crossing. The 248 participants included 167 females of which 58 were girls and 15 elderly women and 81 males of which 11 were boys and 23 elderly men. The session covered knowing their rights, reporting channels and available services.
- PRSEAH hotlines managed by UNICEF, protection desks managed by UNHCR and IOM are available at the transit centres in Renk.
- In Malakal (Upper Nile state), WHO trained 39 (12 female, 27 male) personnel from different partner agencies during a full day session. This training aimed at increasing knowledge of PRSEAH and strengthening the capacity of the partners' staff on safe health service delivery and DO NO HARM principles adherence.
- Distribution of PRSEAH visibility materials took place in the state including T-shirts (indicating WHO email and inter-agency phone numbers to report allegations), wrist bands, leaflets, postures, and flyers.

Key Challenges

- **Funding Shortages:** Both WHO and other partners are facing significant funding shortages.
- **Potential Suspension of Operations:** Some partners on the ground may have to suspend their operations.
- **Multiple Emergencies:** The country is facing multiple emergencies, including imminent extensive flooding due to heavy rains and dam water releases from Uganda.
- **WaSH Facilities:** Water, Sanitation, and Hygiene (WaSH) facilities in transit centers need reinforcement.
- **Power Interruptions:** Continuous power outages at Renk Hospital have severely impacted the provision of various health services.

Ethiopia

Since the outbreak of conflict in Sudan in April 2023, a total of 133 049 people, including both Ethiopians and non-Ethiopians, have crossed the border into Ethiopia. They have entered through Metema in Amhara, Kurmuk in Benishangul Gumuz, and various points in Gambella, such as Pagak and Burbiey. The government has allocated additional land in the Benishangul-Gumuz region, called the "URA settlement," which can accommodate 34 000 individuals. However, the situation remains volatile with multiple armed actors involved, including local militias and armed civilians. As of November 2023, seven aid workers have been killed in Ethiopia, including five in Amhara.

Health information and epidemiology updates

- The healthcare system in the northern part of Ethiopia, where the Sudan influxes cross, faces many challenges, including outbreaks such as malaria, cholera, measles among others, communicable and non-communicable diseases, malnutrition, mental health conditions, population displacement, and drought.
- There is also resultant disruption of preventive services especially routine immunization services due to active hostilities in the regions.
- The northern and western regions, particularly Amhara, Tigray, Gambella, and Benishangul Gumuz are significantly affected by conflicts, humanitarian crises, and emergencies such as the influx of refugees from Sudan, internal displacement, and flooding. These areas are also experiencing outbreaks of malaria, measles,

dengue fever, and cholera, alongside challenges posed by drought and malnutrition. This confluence of crises has led to a substantial burden of disease and heightened vulnerability to health emergencies, including zoonotic diseases like anthrax and rabies.

PRSEAH activities in Ethiopia in May 2024:

- A full-time international PRSEAH Coordinator is now in place.
- The deployment process for a PRSEAH team member to lead the network in Amhara has begun. This dedicated team member will co-chair the network, enhancing WCO PRS activities for Sudanese refugees.
- The coordinator participated in an interagency workshop on PRSEAH under the UN response in Amhara, initiating strong interagency coordination. A joint assessment visit with the network is planned.
- PRSEAH mainstreaming sessions were held for hub coordinators and health cluster FP/part-time coordinators in Gambella and Gundar/Amhara.
- Training on National Health Sector Prevention and Response to Workplace Harassment and SEAH was conducted for 50 staff of the national health institute.
- **AFR Health Workers:** 79 health workers from around the WHO African region were trained on PRSEAH.
- **WCO Update:** 33 WCO members received updates on the PRSEAH accountability framework during the induction workshop for the health cluster's new team members.

Special focus: Responding to gender-based violence (GBV)

In humanitarian contexts, gender inequalities are exacerbated, putting women and girls at risk for multiple problems like GBV, including sexual exploitation and abuse. As compared to global estimates where 35% of women experience GBV, in humanitarian contexts this proportion doubles: 70% of women are subjected to GBV.³ This can be attributed to displacement, disruptions in family and social networks, breakdown of protection mechanisms, and changing roles of men and women, plus elevated risk factors relevant to conflicts and other types of emergencies. GBV has a negative impact on the physical and mental health of survivors, who are at higher risk for sexually transmitted infections (STIs), HIV, physical injuries, unwanted pregnancies, urinary tract infections, depression etc. than women who do not experience GBV.

Health services can provide critical, time-sensitive interventions that prevent, mitigate or treat some of the health consequences of GBV and can connect survivors to a host of services that improve their health and well-being. If a health provider is trained to provide compassionate, survivor-centred care, a survivor is more likely to disclose violence, receive appropriate care, and return for other health services.

Despite their importance, health services for survivors are often lacking or limited, particularly in humanitarian settings where adequately trained providers and referral networks are absent or of questionable quality. Services that are not specifically tailored towards survivors of GBV can lead to inadequate care or re-traumatization. Referral networks are often ineffective where they do exist, contributing to issues of accessibility. Within internally displaced persons (IDP) and refugee settings, women who have experienced GBV are also often limited by an inability to seek care outside of what is offered within their settlements, resulting in further gaps between who have experienced GBV and may want health services, and those receiving said services. Outside of IDP and refugee settings, women may still be limited by what resources are available to them locally.

In addition to the activities mentioned above on Prevention of and Response to Sexual Exploitation, Abuse and Harassment, described above, the following GBV-specific activities have taken place.

Sudan: WHO supported the Ministry of Health (MoH) to update the national Clinical Management of Rape Protocol.

Central African Republic: GBV experts for the WHO Regional office for Africa provided detailed technical feedback on a national document drafted by the Ministry of Health in collaboration with WHO and UNFPA on the clinical care provided to survivors of rape and intimate partner violence. The final document will be ready to be launched officially in the next quarter and will be the basis for future programming on the health response to the needs of GBV survivors.

Ethiopia: WHO has requested the deployment of an international consultant to provide technical guidance and mentorship to the National Public Officers (NPO) whose roles now encompass GBV, mental health and PRSEAH, given radical funding cuts to the emergency operations. WHO supported the MoH to update the national curricula for post-rape care in line with WHO standards.

South Sudan: An international consultant specializing on the health response to GBV is currently on a short-term deployment.

Chad: Developed a GBV action plan to improve GBV health response/services during the Sahel Crisis response but require technical support in this area.

³ Barclay A, Higelin M, and Bungcaras M (2017). ActionAid. On the frontline: catalysing women's leadership in humanitarian action. (p.10). Available at: <https://www.actionaid.org.uk/publications/frontline-catalysing-womens-leadership-humanitarian-action>

³ OCHA (2016). World Humanitarian Data and Trends 2016. (p.3) Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/WHDT2016.pdf>

WHO AFRO has made considerable progress towards institutionalizing the response to GBV within its emergency work. Key accomplishments include influencing the health sector to take action to address GBV, strengthened institutional capacity to address GBV, improved coverage and quality of service delivery to GBV survivors in a growing number of countries, improved availability and quality of clinical care for GBV survivors and national adaptations of WHO guidelines and tools; however, much more remains to be done.

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 imminent 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 in East and Central Darfur through partners.
- Finalization of the Public Health Situation Analysis for the Sudan refugee situations in Chad, Central African Republic, Ethiopia and South Sudan.
- 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.

Other resources

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