

Sudan conflict – Situation in refugee-hosting countries

Multi-country External Situation Report n. 5¹, covering reporting period September 2024

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

Highlights

- This month, the WHO Director-General and the WHO Regional Director for the Eastern Mediterranean Region visited Port Sudan and met with the Federal Minister of Health of Sudan, where they reaffirmed WHO's commitment to reaching all Sudanese in need and called on the international community to urgently act to end the extreme health and humanitarian crisis.
- The WHO Director-General also visited the border town of Adré in eastern Chad, along with the Minister of Public Health of Chad, to assess the situation on the ground and witness the delivery of essential medicines and medical supplies across the border from Adré to Sudan.
- Flooding continues to negatively impact lives and livelihoods of communities in affected areas in Sudan, Chad, and South Sudan.
- In addition to the cholera outbreak in Sudan, cases of acute watery diarrhoea have been reported in surrounding countries, such as South Sudan.
- There is an ongoing outbreak of hepatitis E among refugees and returnees from Sudan in Chad and Central African Republic.

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Situation overview

This report summarizes the multi-country health situation and WHO's response across the regional refugee crisis caused by the conflict in Sudan. More than 11.3 million people have been displaced—the largest number in the world—with over 2.3 million displaced into neighbouring countries, including Chad, South Sudan, Egypt, Libya, Ethiopia, the Central African Republic, and Uganda.

Leading the Health Cluster, WHO ensures the coordination across partners and the strategic approach of the humanitarian health response. Of the US\$ 178 million required for the entire health response, only 46.5% is funded as of September 2024, limiting the ability for partners to scale up and address needs.

To provide a clearer distinction between the health situation in Sudan and in neighbouring countries, this multi-country situation report will now focus on the health situation and WHO's regional response in neighbouring countries affected by the conflict. The Sudan health situation and WHO's response will be covered separately in reports issued by the WHO Sudan Country Office.

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

Situation update by country

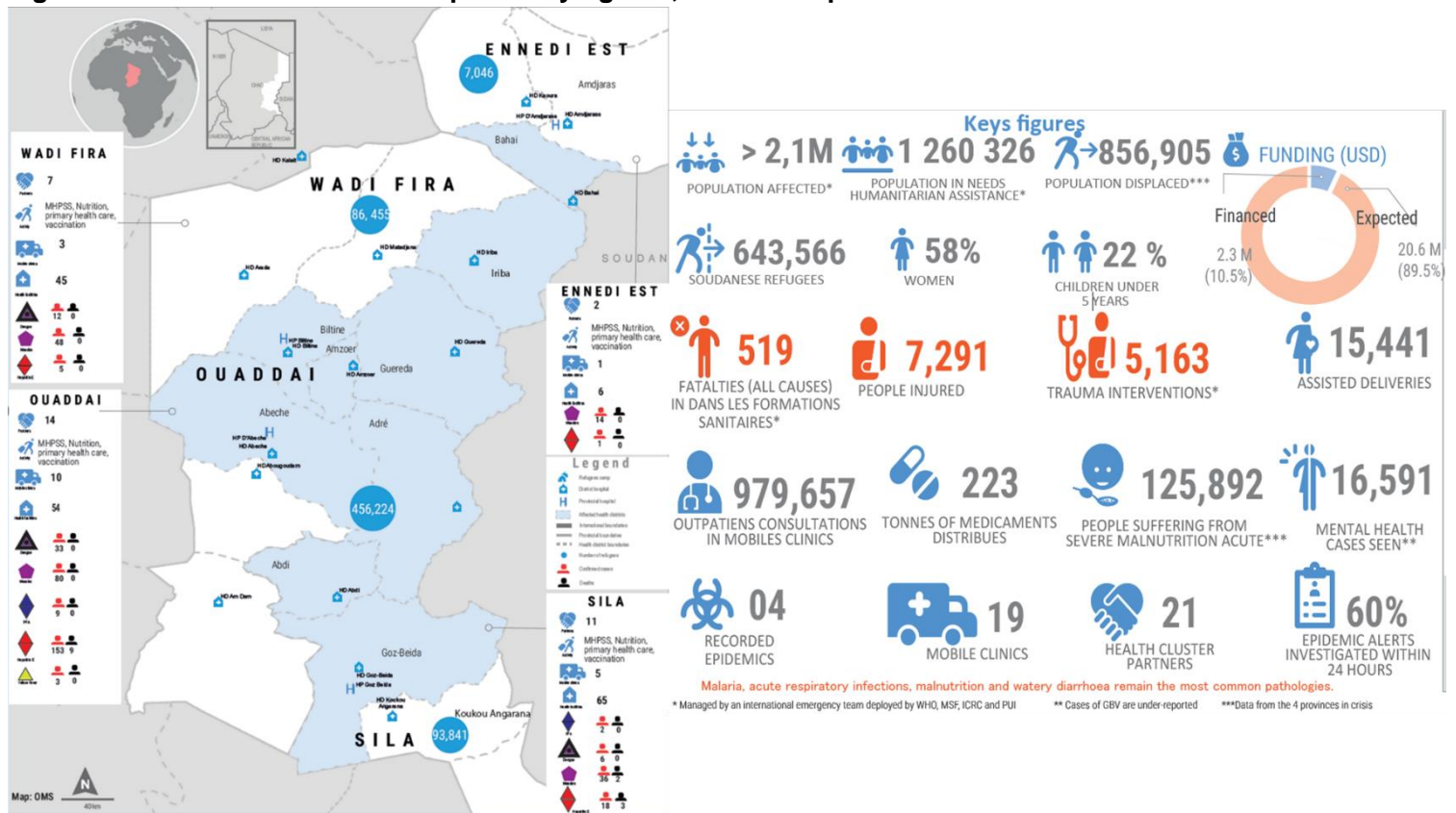
Chad

Situation overview

Chad is at the centre of the Sudan refugee crisis and its profound health impact. Since the start of the conflict in April 2023, more than 856 900 Sudanese refugees/asylum seekers have entered through 37 entry points in eastern Chad. These refugees live in many formal and informal camps in nine health districts spread across Ennedi Est, Ouaddaï, Sila, and Wadi Fira provinces. However, in the camps, challenges in accessing essential health services remain due to multiple factors, including difficult physical access, limited medical supplies, and a lack of health workers. Flooding in affected regions also adds vulnerabilities by significantly destroying livelihood, increasing the risk of waterborne diseases, and complicating response operations in the field.

A total of 7291 injuries have been reported as of September 2024. Patients have been managed with the support of Médecins Sans Frontières (MSF) France, Première Urgence Internationale, the International Committee of the Red Cross, and the WHO international emergency team. Among the 519 deaths reported, 212 (40.8%) deaths were in malnourished children, 137 deaths were due to floods, 42 were maternal deaths, 26 were among the injured, and the remaining 102 were due to other causes.

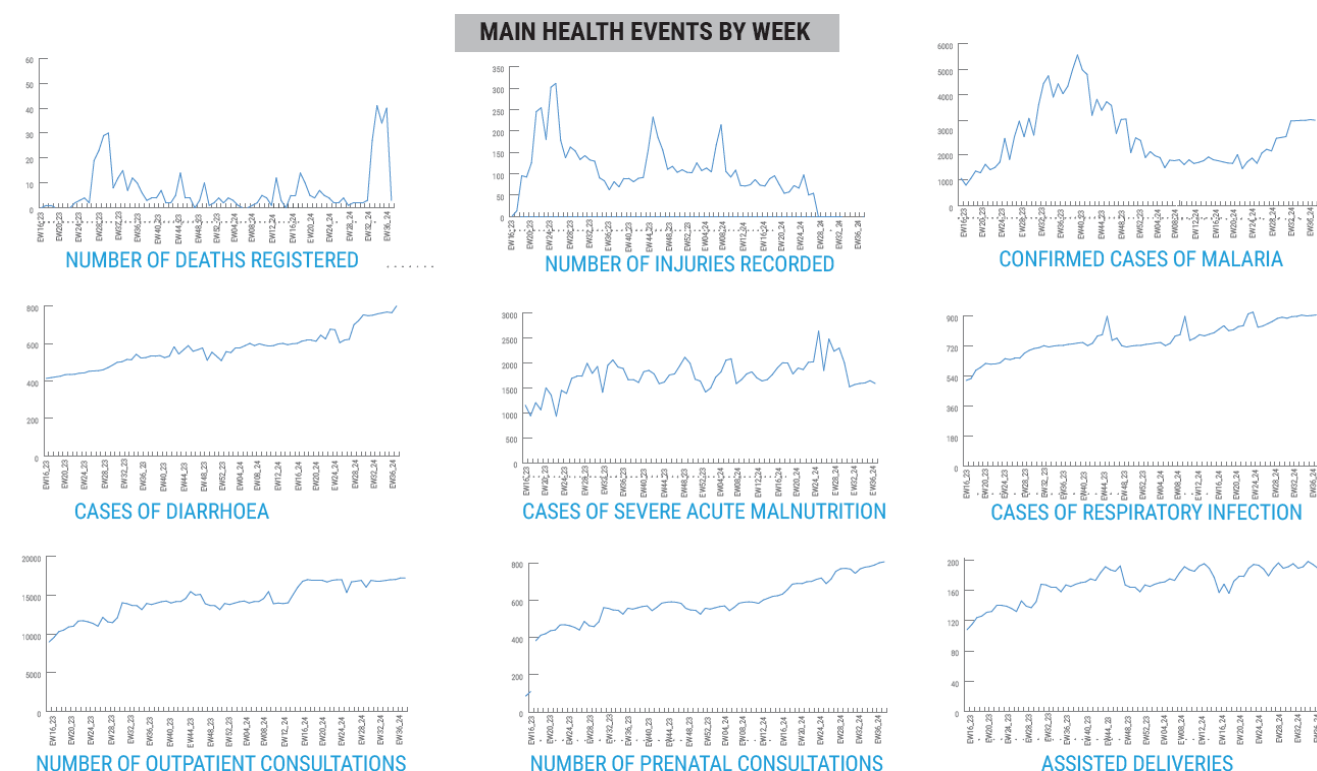
Figure 1: Chad health situation map and key figures, as of 15 September 2024



- The health challenges in the refugee camps are immense. Every week, an average of 250 cases of acute malnutrition cases are registered.
- Malaria, acute respiratory infections, malnutrition, and acute watery diarrhoea remain the most common pathologies. The humanitarian situation is exacerbated by epidemics of dengue fever, measles, chickenpox, and hepatitis E. Chad is using EWARS Mobile ([WHO's early warning alert and response tool](#)) in affected areas to scale up disease surveillance and early warning alert and response.

- **Measles:** Between January and 7 September 2024, 499 suspected cases have been recorded in the crisis-affected eastern provinces of Chad, with no deaths.
- **Hepatitis E:** From January to 8 September 2024, 3455 suspected cases with 11 deaths have been reported from 11 refugee camps and sites across seven health districts in Ouaddaï, Sila, Wadi-Fira, and Ennedi Est, of which 177 were confirmed. Cases have included 52 pregnant women, with five deaths.
- **Acute Flaccid Paralysis:** Since the beginning of the crisis to 8 September 2024, 280 suspected cases and 11 confirmed cases have been recorded in the eastern provinces.
- Mental health needs are also significant. It is estimated that over 25 000 refugees need mental health support, but there are not enough resources to cater to all of them.

Figure 2: Trends of major health events by week, as of 15 September 2024



Operational updates

- The Minister of Public Health, the Director-General of WHO, the WHO Representative (acting United Nations Resident Coordinator in Chad), and the Governor of Ouaddaï Province visited Adré on 16 September 2024 to assess the humanitarian and health crisis caused by the Sudanese conflict. WHO provided briefings for the Health Delegation of Ouaddaï Province and provided technical support to eight health districts on a synchronized polio vaccination campaign that took place on 19 September 2024.
- WHO teams carried out integrated supervision in six health areas in Abéché district (Mokorbo, Evangélique, Djatinié, Nakal, Torbiguine, and Kacha) to benefit 21 health agents and 15 community relays.
- WHO provided technical support for the training of trainers for the polio vaccination campaign on 26-29 September.
- WHO delivered three tons of medications to treat common diseases such as malaria, diarrheal diseases (including cholera), respiratory infections, malnutrition, and mental health conditions, targeting 4750 individuals.
- A total of 2069 new curative consultation cases were reported in Kouchaguine and Gaga camps. This included 85 cases of moderate acute malnutrition (MAM), 43 cases of severe acute malnutrition (SAM), 344 suspected cases of malaria (75 confirmed), and 200 cases of acute watery diarrhoea.

South Sudan

Situation overview

In September 2024, South Sudan continued responding to six active disease outbreaks and two public health events that are under surveillance.

South Sudan reported 93 cases of suspected mpox, of which 89 samples were negative and the rest are being investigated.

The number of malaria cases nationally has surpassed the epidemic threshold. As of late September 2024, malaria remained the leading cause of morbidity, with 112 455 cases reported, accounting for 47% of overall morbidity across the country.

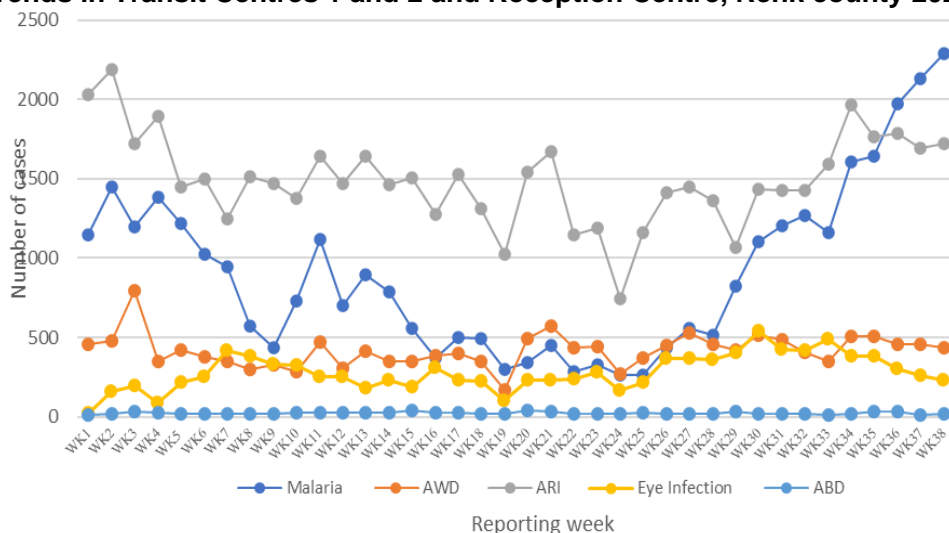
On 28 September 2024, WHO was notified of suspected cholera cases in Joda, Renk county, a key entry point from Sudan. A team from Renk Hospital, including an epidemiologist, Health Cluster Coordinator, and laboratory technician, were dispatched to investigate. Three alerts were verified, with no epidemiological links between the cases. Stool samples were collected, with one positive result for cholera using a rapid diagnostic test (RDT), from a Sudanese woman who had travelled from Khartoum. Another RDT-positive case was later reported in Renk. Both samples were sent to the National Public Health Laboratory in Juba for further confirmation using polymerase chain reaction (PCR) and culture but have been verified negative for cholera.

A circulating vaccine derived polio virus type-2 (cVDPV2) outbreak has also been reported, with 11 confirmed cases and eight environmental positive samples reported from January to September 2024. The polio-affected areas span eight counties across four states: Western Equatoria, Central Equatoria, Upper Nile, and Jonglei.

Flooding continues to pose a significant threat to the livelihoods and well-being of communities in the affected areas, compounding the already existing humanitarian needs and ongoing multiple outbreaks in the country. As of 28 September, one more health facility reported partial submersion due to flooding, bringing the total number of affected facilities in flood-impacted areas to 56 in recent weeks. In Aweil town, Northern Bahr el Ghazal, a heavy downpour led to the collapse of several houses, displacing many people and causing six deaths, including that of a pregnant woman. Currently, there are over 735 000 individuals affected by floods, with over 76 200 people displaced by floods across the country. Snake bites also continue to pose a public health threat, especially in flood-affected areas. Eight snakebite incidents including three deaths were reported in flood-affected counties during the last week of September, raising the total number of snake bites reported in September 2024 to 55. The rise in snakebite cases is linked to widespread flooding across several counties in Warrap, Northern Bahr el Ghazal, Pibor, Jonglei, and Unity states.

Whilst anthrax and hepatitis E virus outbreaks continue to be active in some parts of the country, measles and yellow fever appear to be in remission, with no cases reported in recent weeks.

Figure 3: Morbidity trends in Transit Centres 1 and 2 and Reception Centre, Renk county 2024



Operational updates

- WHO and partners in Renk have activated the cholera task force to coordinate efforts across the various response pillars following the confirmation of two RDT-positive cases in Renk.
- WHO and MSF conducted an orientation session for the surveillance team and healthcare workers at the Wuntau point of entry, focusing on cholera case definitions and updating the cholera line list.
- WHO has pre-positioned five cholera investigation kits with partners including MSF, the International Organization for Migration (IOM), Relief International, International Medical Corps (IMC), and Renk Hospital. These partners are expected to collect samples as part of efforts to enhance cholera preparedness.
- WHO has distributed 1296 malaria kits across the country from January to September 2024. These kits were provided to health partners to complement antimalarial supplies in communities with a high malaria burden.
- Ongoing monitoring of the health impacts of floods, with a particular focus on vector-borne and waterborne diseases, is being conducted through the Integrated Disease Surveillance and Response (IDSR) system.

PRSEAH updates

- The PRSEAH Coordinator collaborates effectively with other clusters within the WHO Country Office to integrate PRSEAH into activities and programs, including capacity building for national NGOs under the Health Cluster.
- Continuous community engagement and educational sessions are held to enhance awareness and strengthen reporting mechanisms for sexual exploitation and abuse within the communities.
- Various PRSEAH communication materials have been produced and distributed to personnel, partners, and communities to promote awareness and reporting channels related to SEA matters.
- WHO has been co-chairing the national Prevention of Sexual Exploitation and Abuse (PSEA) Task Force, providing support to state-level task forces and conducting joint UN missions for PSEA training and establishment of community-based complaint mechanisms in crisis-affected areas.

Egypt

Situation overview

As of September 2024, 1.2 million individuals have been forced to flee to Egypt since the eruption of violence in Sudan, out of which 431 172 have successfully been registered as refugees/asylum seekers. Currently, a daily average of 360 individuals cross into Egypt from Sudan.

An outbreak of *Escherichia coli* was reported by the Ministry of Health Egypt in Aswan in September, including hospitalizations for diarrhoea and severe dehydration. The cases include Sudanese patients, whose healthcare service fees are covered by the WHO Egypt Healthcare Expenses Coverage program.

Operational updates

In September, the WHO Egypt Country Office has further expanded the Healthcare Expenses Coverage program for individuals affected by the conflict in Sudan, in cooperation with the Egypt Healthcare Authority (Healthcare provider governmental body of the newly implemented Universal Health Insurance System in Egypt).

The Healthcare Expenses Coverage program (which was launched on 15 August 2024) covers the expenses of emergency and essential healthcare services for the Sudanese in the following healthcare facilities:

- Aswan Specialized Hospital (Aswan city)
- El Masala Specialized Hospital (Aswan city)
- Aswan Ophthalmology Hospital (Aswan city)
- El Nile Specialized Hospital (Edfu city)

Since the launching of the program, more than 190 patients have been covered by the program for a total of 448 healthcare services, including 277 dialysis sessions.

Additionally, the WHO Country Office has conducted a community outreach meeting in collaboration with UNHCR to announce the program to 20 Sudanese community leaders in Aswan and in turn enhance the community accessibility to the needed healthcare services. This raises the overall reach to 80 community leaders since 15 August 2024.

PRSEAH updates

The WHO Country Office workforce is committed to the prevention and swift response to potential instances of sexual exploitation, abuse and harassment. All members of the emergency team undergo mandatory training upon recruitment and refresher trainings before field deployment.

Healthcare providers from Aswan were trained on PRSEAH in the beginning of the emergency response to ensure the wide dissemination of the WHO reporting channels. Additionally, orientation on PRSEAH and reporting channels is conducted in the beginning of training sessions organized and delivered to different target groups in the emergency response, with Information, Education, and Communication (IEC) material on reporting channels displayed at WHO organized events.

Libya

Situation overview

Al Kufra, in the southeast of Libya, was the first station for arrival of Sudanese refugees to Libya. WHO conducted several field visits in Al-Kufra, finding that Sudanese refugees were settling in about 50 rural collective shelters, and in governmental buildings.

UNHCR estimates that since April 2023, 97 600 Sudanese have arrived in Libya, out of whom 26 867 have registered with UNHCR as refugees/asylum-seekers. The influx of Sudanese refugees into Al Kufra continues; the population movement is highly dynamic, and the locations of informal settlements are ever changing.

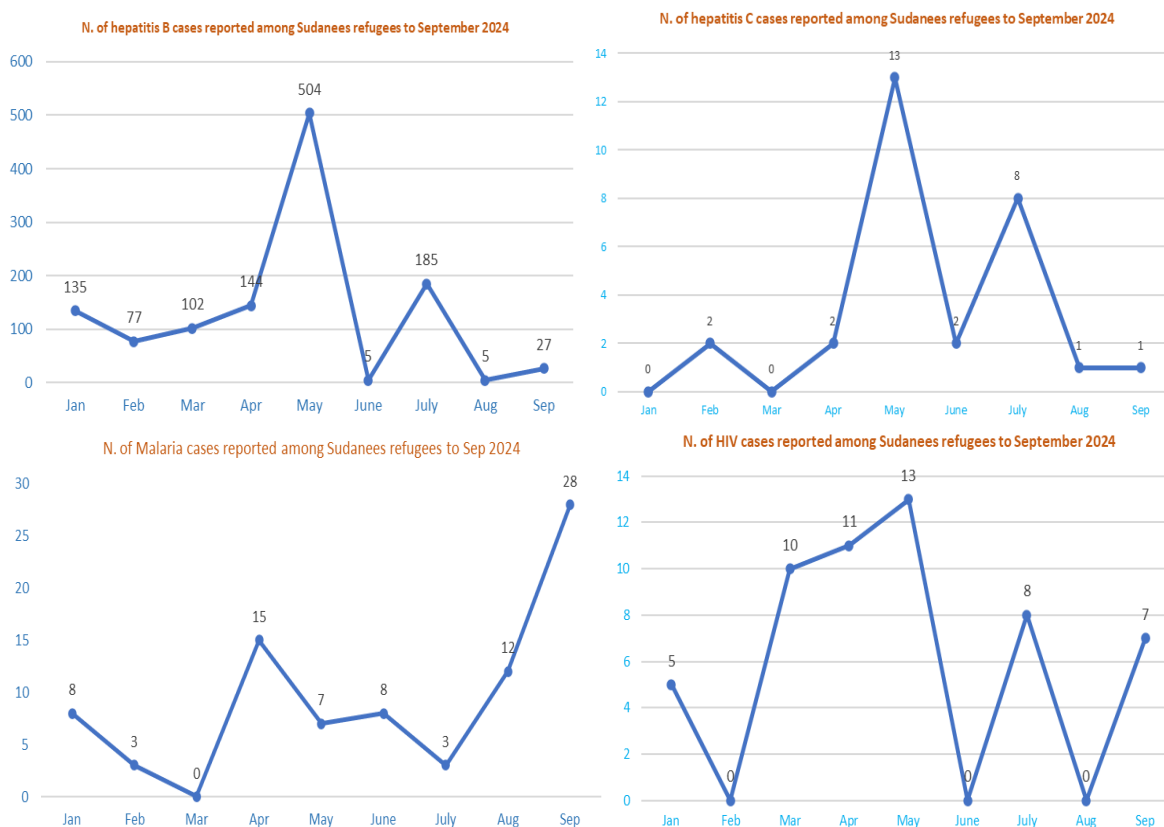
The incoming Sudanese refugees primarily access healthcare through 16 local facilities, including 13 primary healthcare centres, one general hospital, a mental health centre, and a diabetes centre. The latest updates from the Emergency Operations Centre in Al Kufra report that more than 86 000 health certificates have been issued to male refugees over the age of 18 between January and 5 September 2024. WHO has strengthened the existing health system in Al Kufra to expand access to lifesaving and life-sustaining health services to Sudanese refugees and hosting communities. This has included deploying a mobile medical team to enable access to life-saving services in hard-to-reach areas and within the settlements and ensure screening and management of medical complications associated with SAM, as well as scale-up of disease surveillance and rapid response.

Several partners are currently on the ground with support teams, including WHO, IOM, IMC, UNFPA, and UNICEF.

In the past month, there has been a sharp increase in the number of consultations provided by WHO Emergency Medical Teams (EMTs) in Al Kufra: there were 3846 consultations in 15 health facilities and refugee settlements covered by WHO EMTs. In addition, there were 144 consultations provided by the Mental Health and Psychosocial Support Services (MHPSS) team.

No outbreaks have been reported from refugee settlements and hosting communities in Al Kufra municipality since the onset of the conflict in Sudan. Trends of key infectious diseases from Al Kufra Emergency Operations Centre are shown in Figure 4.

Figure 4. Hepatitis B, malaria, hepatitis C and HIV cases among refugees, from January to September 2024



Operational updates

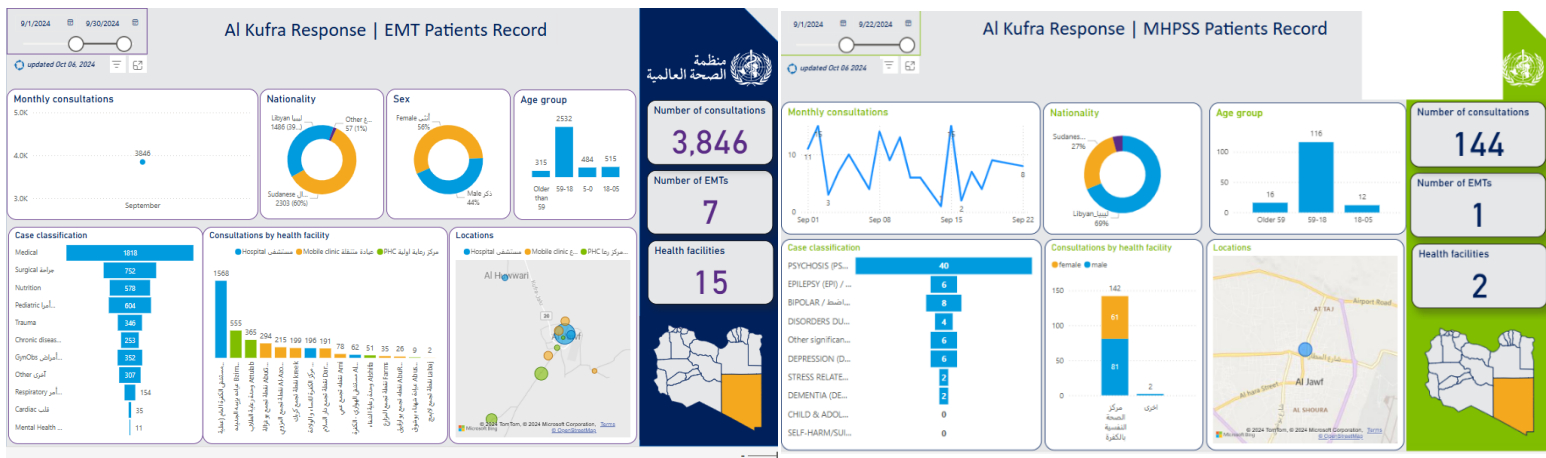
WHO, in collaboration with the National Center for Disease Control (NCDC), trained 23 community health workers in Al Kufra on strengthening community health and improving responses to emerging public health needs through an outreach approach.

Seven WHO EMTs are working in Al Kufra to cover the gaps in human resources and deliver health services to Sudanese refugees in their settlements and the host community in health facilities (Figure 5).

One MHPSS EMT delivered psychological support to refugees and the hosting community in Al Kufra from 1 to 22 September, providing 144 consultations.

The WHO Libya Country Office is planning to support local health authorities in capacity building for surveillance and rapid response. As laboratory capacities in Al Kufra related to communicable diseases confirmation are limited, WHO will support the NCDC branch laboratory by providing rapid tests for malaria, cholera, and hepatitis B and C.

Figure 5. EMT and MHPSS activities in Al Kufra during September 2024



PRSEAH updates

WHO continues its focus on PRSEAH activities in the south-east of Libya. WHO is committed to the prevention and swift response to potential instances of sexual exploitation, abuse or harassment, as evidenced by ensuring all teams follow the survivor-centred approach while providing health services to vulnerable people such as children, adolescent girls, women, and the elderly.

Ethiopia

Situation overview

As of September, there has been an influx of more than 177 000 refugees and returnees to Ethiopia. The main border crossing point of entry remains Metema Yohannes in the Amhara region, with fewer crossings at Kurmuk (Benishangul Gumuz Region (BSGR) border point and others in Gambela region (Pagak - Lare woreda, Burubeiy - Wantowa woreda). The primarily affected areas in Gambela include two refugee-hosting woredas: Itang, which has four camps (Terkidi, Kule, Nguenyiel, and Akula), and Gambela Zuria, which hosts the Jewi camp.

The Ethiopian Public Health Institute, Regional Health Bureau (EPHI/RHB), UNHCR, Medical Teams International (MTI), and GOAL Ethiopia are continuing to respond to the Sudan refugee crisis in Kurmuk woreda.

There are continuing issues with security, shortages of supplies, inadequate water and latrine facilities, sub-optimal referral systems, and an absence of laboratory services. Malaria cases are increasing among host communities and refugees in the Amhara region. As of 21 September 2024, the Kurmuk site reported 6615 malaria-confirmed cases; more than 438 were from the refugees/returnees. In 2024, 439 rotavirus cases with three deaths were reported from Kurmuk woreda.

During the same period, the Gambela region reported 2763 suspected and 1599 confirmed malaria cases from refugee-settled woredas. As of 1 October 2024, 381 confirmed cases from Kurmuk and Oura woredas were reported.

Figure 6: Malaria trends in 2022-2024 (as of 21 September 2024): (A) Metema; (B) Kurmuk; (C) Lare woreda; and (D) Itang woreda

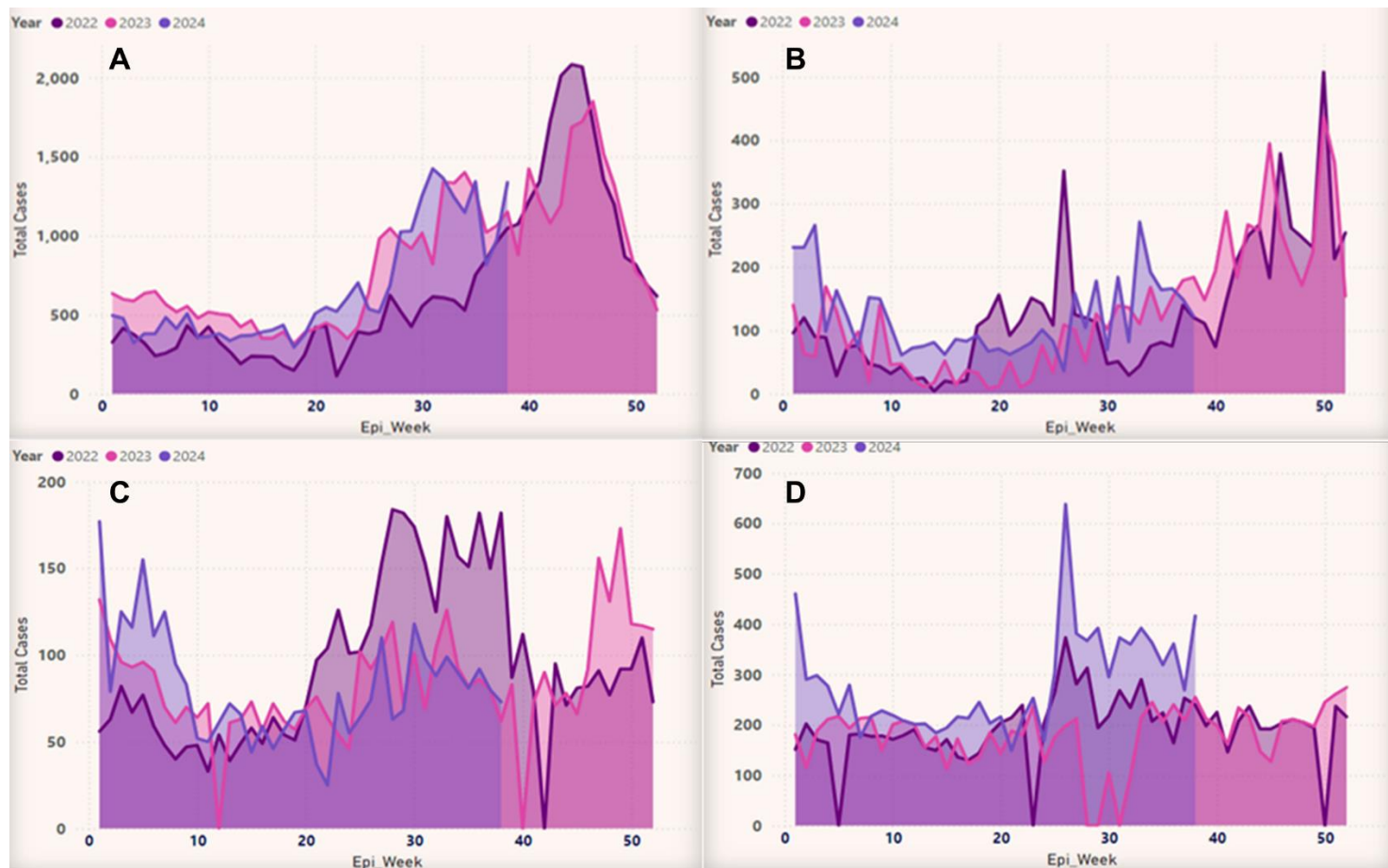
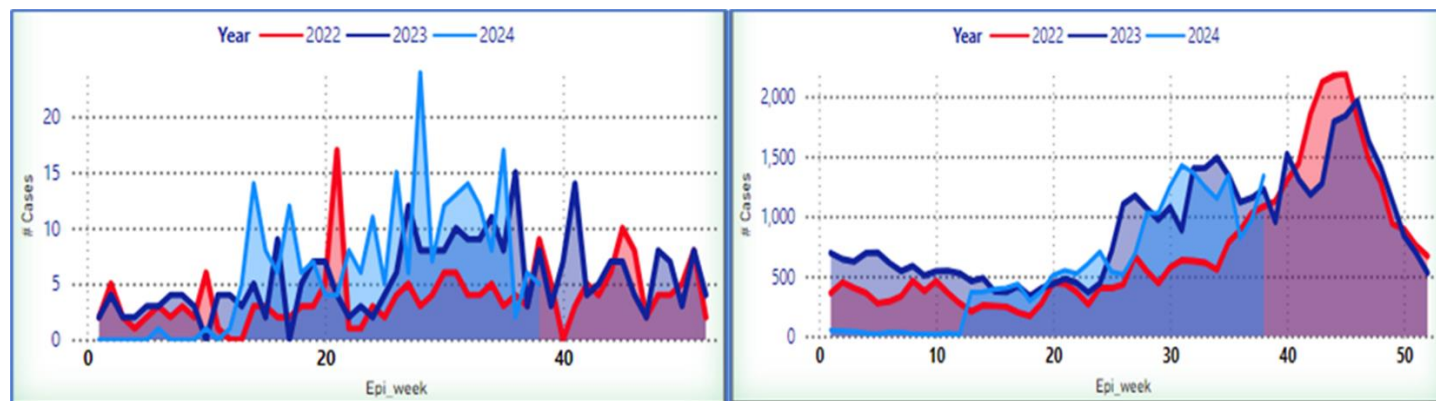


Figure 7: SAM Trends in Metema woreda (left) and Dysentery trends in Metema woreda (right): 2022-2024 (as of 21 September 2024)



Operational updates

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

- Over 177 016 refugees and returnees have crossed the border from Sudan to Ethiopia, of which 89 crossed this week. All arriving individuals were screened for disease conditions.
- A total of 122 086 arriving individuals have received free medical consultations at Metema (Amhara), Gambela, and Kurmuk (Benishangul-Gumuz) crossing sites, of which 3990 were received this week.
- WHO is in the process of providing financial support to build incinerators at Kurmuk point of entry.
- Humanitarian response induction training was provided to 84 participants in Gambella.

Central African Republic Situation overview

The Vakaga prefecture hosts at least 48% of the Sudanese refugees in the Central African Republic. More than 14 600 refugees from more than 6300 households are at the Korsi site as of September 2024, though the influx has slowed down due to the rainy season. The security situation in the area remains worrying.

The Central African Republic officially declared a new outbreak of dengue on 10 September 2024; thus, the country currently faces seven epidemics: measles, rabies, pertussis, yellow fever, mpox, viral hepatitis E and dengue. Outbreaks in districts hosting Sudanese refugees include viral hepatitis E in Vakaga, where 201 cases, including 72 confirmed cases, have been reported as of 21 September; fourteen new suspected cases were registered in September, a decrease from 25 in August 2024. Outbreaks are active in Sikikédé and Birao. Under-notification is linked to limitations to active search, in the face of challenges in physical access and insecurity.

Figure 8. Weekly distribution of suspected, confirmed cases and deaths of viral hepatitis E in Vakaga, February-September 2024 by week, and distribution of cases in Vakaga

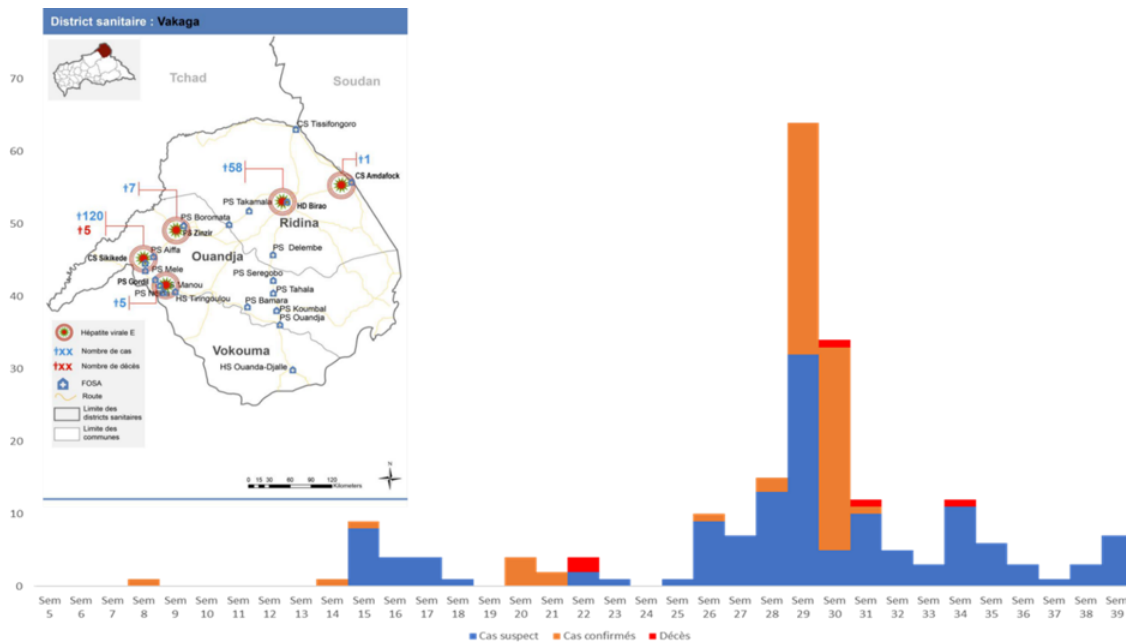
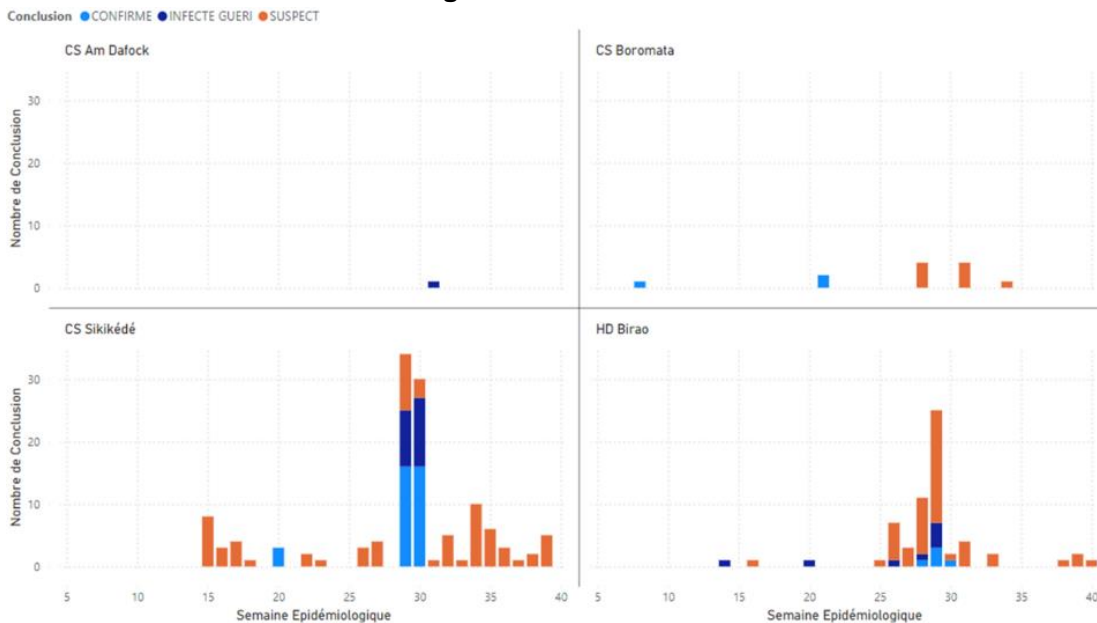


Figure 9. Hepatitis E in health districts in Vakaga



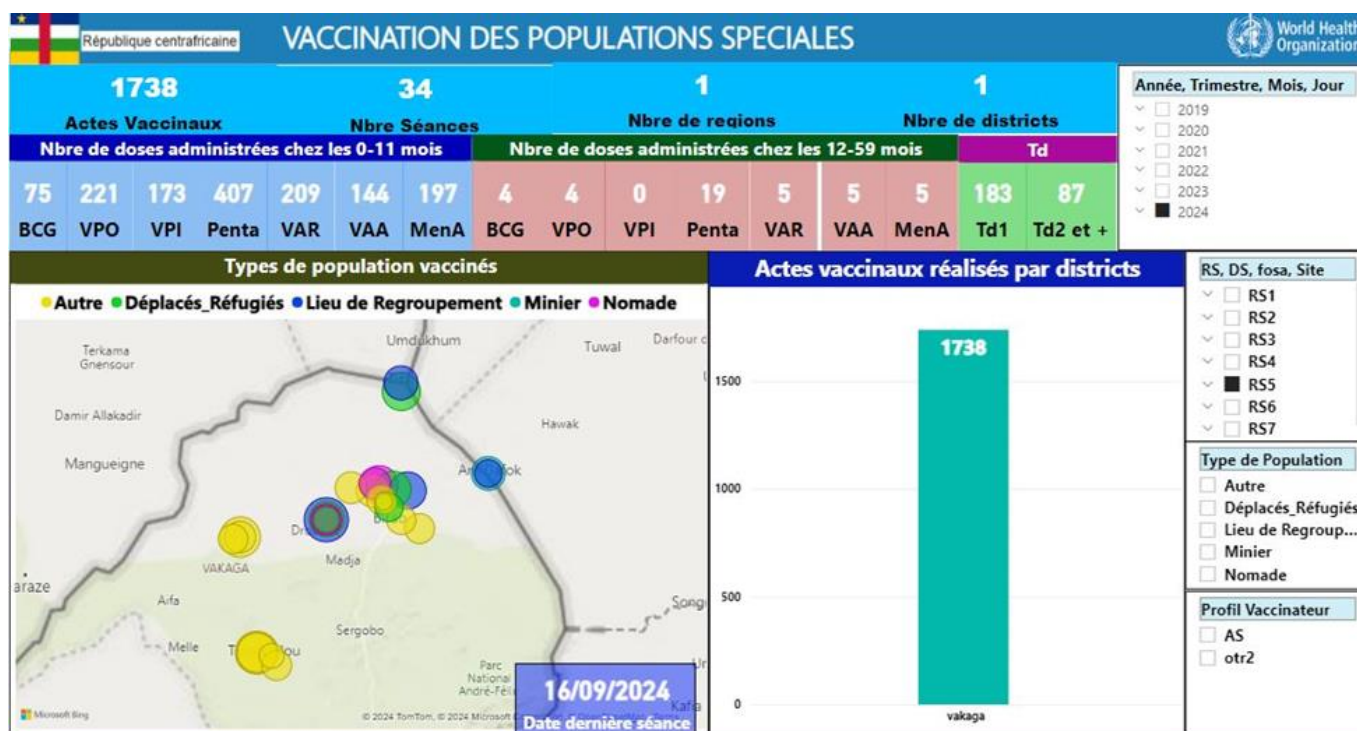
More than 70% of confirmed cases of hepatitis E in Vakaga consumed water from an unprotected well (including 85% of cases from Sikikédé).

Other outbreaks in refugee-hosting areas include measles and mpox in Bangassou and Ouango Gambo, and yellow fever in Bambari. Dengue cases have been reported from Bangui and nearby districts.

Operational updates

- Coordination actions in support of the Ministry of Health are continuing in Bangui and in the sub-offices of Kaga-Bandoro, Bambari, Bangassou, Bria and Birao, using a One Health approach.
- WHO facilitated a mission to revitalize the multisectoral response to Hepatitis E virus in Birao and Sikikédé, focusing on community mobilization and active case finding. More than 75 community leaders were reached. The mission collected 12 new stool samples for laboratory testing.
- Thanks to funds from the WHO Contingency Fund for Emergencies, advanced routine vaccination strategies continue in Vakaga for the second month. As of 16 September, 34 vaccination sessions have been conducted in eight out of ten health areas. At least 1738 vaccinations were carried out for the benefit of nearly 570 children under one year of age immunized to routine antigens and 270 pregnant women provided with tetanus and diphtheria vaccines. Preliminary partial data are presented in Figure 10.

Figure 10: Vaccination for special populations in Vakaga



Key operational challenges

- **Resource Mobilization:** WHO has received only US\$ 21.8 million in 2024 to date for the response to the Sudan and neighbouring countries crisis, leaving a funding gap of US\$ 65.2 million, significantly hampering operations.
- **Rainy Season:** The flooding and heavy rains in multiple countries add challenges in displacement, infectious diseases (e.g., cholera), and the delivery of medical countermeasures and humanitarian aid.
- **Early Warning, Alert and Response (EWAR):** Inadequate early warning, alert, and response surveillance in hard-to-reach areas and among refugees hamper evidence-based decision-making.
- **Health Service Delivery:** Inadequate provision of health services at points of entry and host communities due to overcrowding amongst refugees and large host populations, shortage of essential medical supplies and drugs (e.g., rapid diagnostic tests, antimalarial drugs), and direct/indirect damage to health facilities.
- **Health Worker Shortages:** Lack of trained health workers in emergency medical response, treatment of infectious diseases, surgery, public health emergency management, and mental health.

Next steps

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

Other resources

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