

# Sudan conflict and refugee crisis

Multi-country External Situation Report n. 4<sup>1</sup>, covering reporting period August 2024<sup>2</sup>

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

## Highlights

- Over 500 days have passed since the escalation of conflict in Sudan in April 2023.
- Healthcare should never be a target. However, since April 2023, 106 attacks on healthcare have been verified, resulting in 183 deaths and 125 injuries. Many more undocumented attacks are likely to have occurred.
- There is an ongoing cholera outbreak in Sudan. Since the beginning of the outbreak, nearly 10 000 cases and 315 deaths (CFR 3.3%) have been reported as of 15 September 2024. WHO supports the Sudan Federal Ministry of Health (FMoH) through different pillars.
- An oral polio vaccination campaign took place in seven states (River Nile, Gedaref, Kassala, Northern and Red Sea, Blue Nile and White Nile) in Sudan from 19 to 22 August 2024. WHO helped vaccinate more than 2.9 million children under five years of age.
- In conjunction with the polio vaccination campaign, an oral cholera vaccination campaign was conducted in one locality of Kassala State from 19 to 22 August 2024, vaccinating 51 000 people aged older than one year.

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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, which erupted over 500 days ago. More than 10.8 million people are currently internally displaced in Sudan—the largest number in the world—and over 2.3 million 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. As defined in the [Sudan Humanitarian Needs and Response Plan \(HNRP\)](#) for 2024, 15 million people are in need of urgent lifesaving health assistance in the country, out of whom Health Cluster partners are targeting 4.9 million people who are most vulnerable. Of the US\$ 178 million required for the entire health response, only 42.7% is funded as of August 2024, limiting the ability for partners to scale up and address needs.

An ongoing cholera outbreak has affected eight states in Sudan, and thousands of people are at risk of cholera. Malnutrition and acute food insecurity are at the worst level the country has ever seen, with many areas in Sudan under famine or under the risk of famine.

<sup>1</sup> This is the fourth 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. Egypt and Libya are included in this report and reports from these countries also cover the period before August 2024. For previous situation reports covering exclusively Sudan please see: <https://www.emro.who.int/sdn/crisis/index.html>

<sup>2</sup> Given the rapidly evolving situation of the cholera outbreak, the latest cholera data and information beyond August have been included.

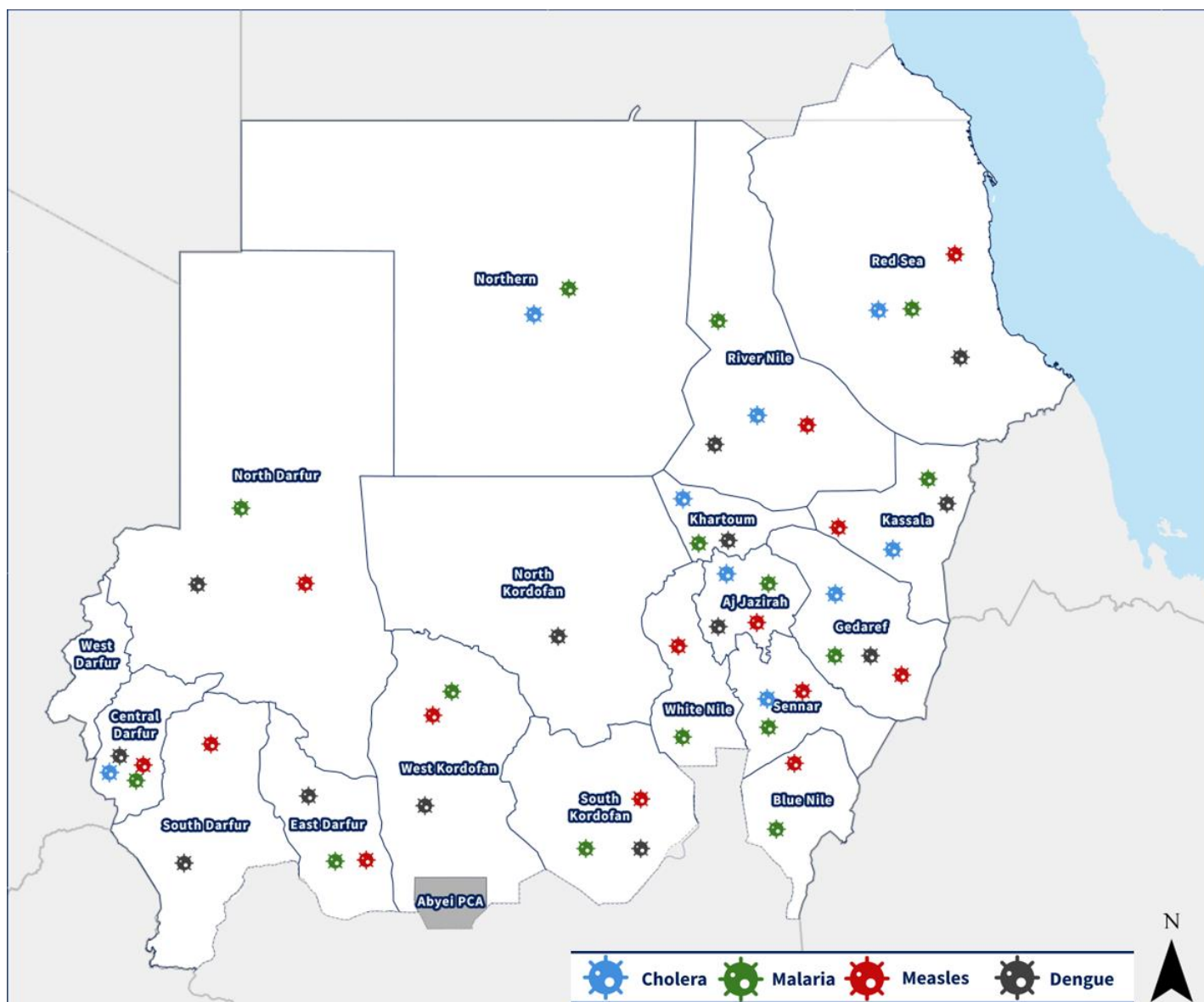
WHO has scaled up disease surveillance and vaccination coverage. However, we need a massive increase in funding to scale up the response, and sustained access to deliver supplies and aid. The protection of health facilities, health workers, and patients must be ensured. Finally, it must be empathized that the best medicine is peace, and an immediate ceasefire is necessary to contain the worsening humanitarian catastrophe.

## Sudan Health Information and Epidemiology updates

### Disease Outbreaks

Sudan is facing multiple outbreaks simultaneously. Resources and local capacities to detect and respond to outbreaks are overstretched. As of 6 September 2024<sup>3</sup>, at least 12 of the 18 states in the country are experiencing three or more outbreaks of different diseases simultaneously. Note that for the figures below, periods referenced in the text may not correspond to periods shown in epidemic curves.

**Figure 1: Ongoing disease outbreaks as of 6 September 2024**



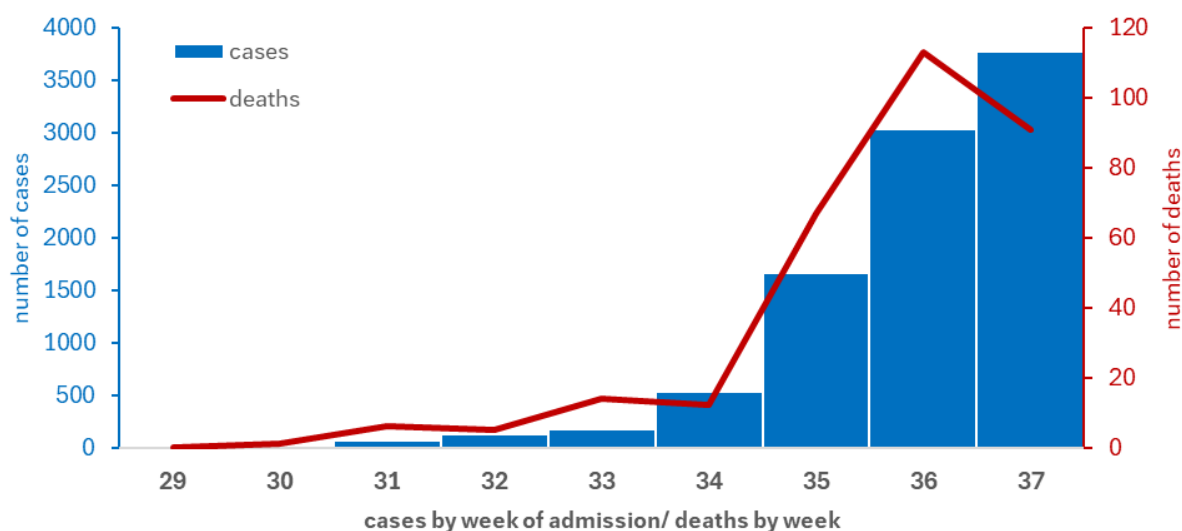
Source: WHO Country Office Sudan, based on Sudan Federal Ministry of Health data

### Cholera

- On 12 August 2024, the Sudan Federal Ministry of Health officially notified WHO of a cholera outbreak. The initial case was reported in Kassala state on 22 July 2024, and as of 15 September 2024, the cumulative number of cases amounted to 9533 with 315 deaths (CFR: 3.3%).

<sup>3</sup> The last epidemiological week in August ends on 6 September 2024.

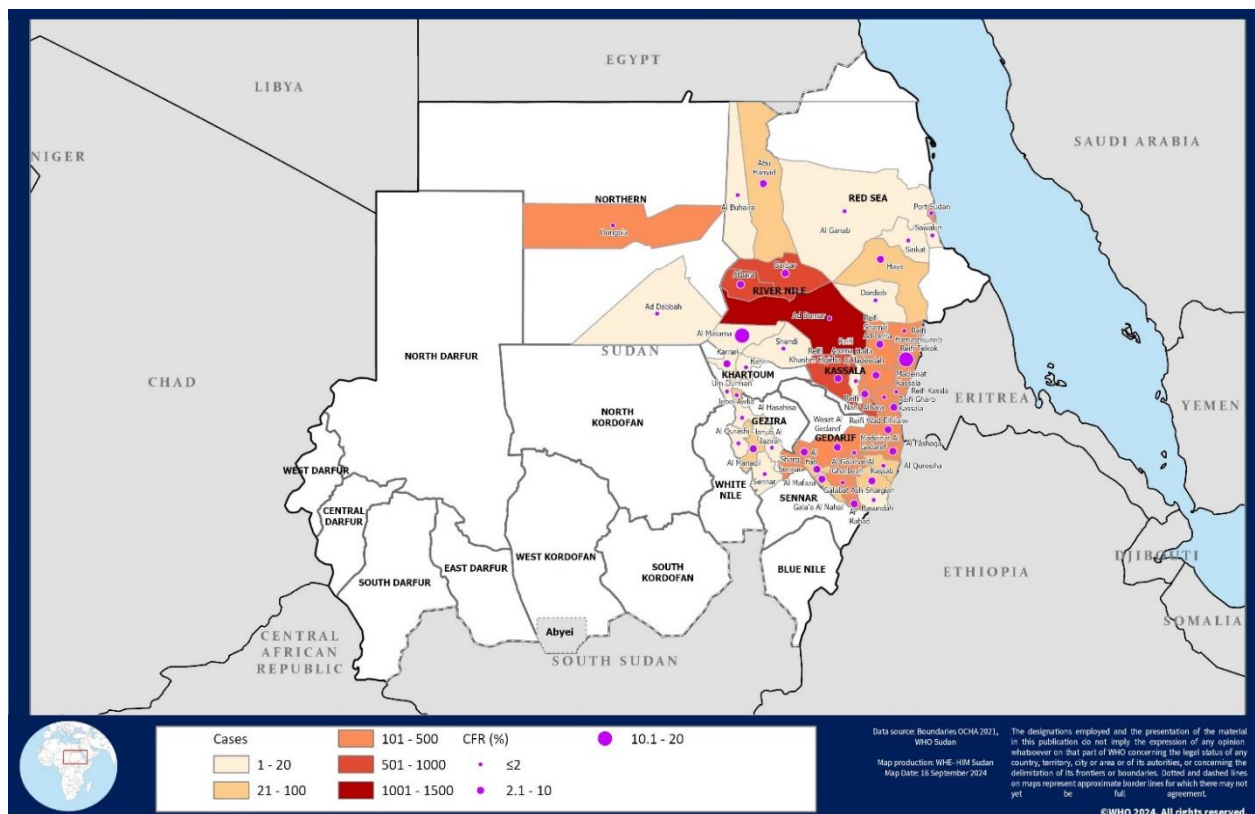
**Figure 2: Number of cholera cases and deaths reported in Sudan between 22 July and 13 September 2024**



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

- The outbreak has expanded to 47 localities in eight states. Kassala is the most affected state where 44.8% of cases (4274) have been reported, followed by River Nile (25.4%; 2422 cases), Gedaref (23.3%; 2229 cases), Red Sea (2.4%; 233 cases), Northern (1.5%; 143 cases), Sennar (1.2%; 117 cases), Al Jazirah (0.7%; 65 cases) and Khartoum (0.5%; 50 cases).
- Among the total deaths, 40% have been reported from Kassala state, followed by Gedaref (23.1%, 73 deaths), Sinnar (17.4%, 55 deaths), River Nile (16.8%, 53 deaths), Red Sea (0.9%, three deaths), Al Jazirah (0.6%, two deaths), Northern (0.6%, two deaths) and Khartoum (0.3%, one death).

**Figure 3: Number of cholera cases by states in Sudan, 22 July - 15 September 2024**



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

- Thousands of people are at risk of cholera due to displacement, malnutrition, widespread flooding, contaminated water, poor WASH conditions, sub-optimal community awareness, low capacity of available health care workers, and overstretched healthcare provision.
- WHO supports the FMoH and Health Cluster partners through different pillars, including coordination and planning, surveillance, WASH, case management, infection prevention and control, risk communication and community engagement, medical countermeasures (oral cholera vaccination: OCV), logistics support delivering cholera kits and other medical commodities, and the continuation of essential health services.

### **Dengue**

- Dengue remains a major health burden in the country. From 15 July 2023 through 5 September 2024, 9484 cases have been reported from 12 states, with 75 deaths (CFR: 0.8%).

### **Malaria**

- Malaria is a leading infectious cause of morbidity and mortality in Sudan. Between 4 November 2023 and 5 September 2024, over 1.78 million cases have been reported from 15 states, with 178 deaths (CFR: 0.01%).

### **Measles**

- The current measles outbreak affecting Sudan began in late 2023. As of 5 September 2024, 5484 cases have been reported from 11 states, with 119 deaths (CFR: 2.2%).
- There is low immunization coverage, particularly in hard-to-reach areas such as Darfur and Kordofan states, indicating a high risk of outbreaks of vaccine-preventable diseases.
- WHO and partners are planning for a multi-antigen immunization campaign for the Darfur states from October 2024.

### **Suspected Pertussis**

- Between 15 April 2023 and 5 September 2024, 144 cases were reported from seven states, with no associated deaths reported.

### **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 5 September 2024, 155 cases were reported from 10 states, with 19 deaths (CFR 12.8%).

### **Mpox**

- Between 18 July and 18 August 2024, two suspected cases have been reported, one each from Central Darfur and Khartoum states.
- The samples from the Central Darfur case could not be collected due to inaccessibility and security situation, while the sample from Khartoum arrived in Port Sudan laboratory in poor quality.

### **Food Insecurity**

Acute food insecurity remains at the worst level ever seen in the country. Conflict and insecurity, displacement, and economic shocks are key drivers of the situation, particularly in conflict-affected areas. The Famine Review Committee concluded that Integrated Food Security Phase Classification (IPC) Phase 5 (Famine) was ongoing in July 2024 in Zamzam camp near El Fasher town, with the conditions expected continue up to the end of the October projection period. Although uncertainty exists, the likelihood of famine remains high in Zamzam camp beyond October, and many other areas throughout Sudan remain at risk of famine as long as the conflict persists, and humanitarian access constraints continue to exist. In addition, similar conditions are likely prevailing in different sites for internally displaced persons in the El Fasher area, notably in Abu Shouk and Al Salam camps.

## Sudan Operational updates

### Health Information and Epidemiology

#### Early Warning, Alert and Response (EWAR) surveillance:

On 7 August 2024, the virtual electronic early warning, alert and response (EWAR) pilot training using the WHO EWARS Mobile system was conducted for partner-supported facilities in Central Darfur and East Darfur states. Four additional partners joined the training to support the early detection and rapid response activities for acute public health events. Partner engagement is ongoing, and the implementation will be followed by possible expansion of the system to other hard-to-reach areas.

The completeness of the existing national Sudan EWARS system as of 6 September 2024 was 36%. The electronic system was completed one year after its launch in August 2023. A full scale-up plan with activation of response and laboratory modules starting from Kassala State has been finalized with the FMoH, with gradual scaling up in other States. In addition, WHO together with the FMoH has launched an event-based surveillance module for the Sudan EWARS system.

#### Health Resources and Services Availability Monitoring System (HeRAMS):

The first round of HeRAMS was completed in December 2023. This year, a second round of HeRAMS in July, covering nine States (Red Sea, Kassala, Gedaref, Al Jazirah, Khartoum, White Nile, River Nile, Northern, and Sennar) and the special administrative area of Abyei. As of mid-September 2024, the completeness of HeRAMS reporting stands at 56%. One state (Khartoum) has completed 100% data entry while three States (Kassala, Red Sea and Gedaref) have achieved over 95%. The WHO country office is engaging with partners in the Darfur and Kordofan states to assist State MoHs in HeRAMS data collection. One round of virtual training has been conducted so far and more are planned.

### Partner Coordination and Engagement

#### Emergency Medical Teams (EMTs):

Following the official request for assistance from the FMoH, WHO has received 13 expressions of interests from teams to deploy to Sudan. An EMT coordinator and deputy coordinator has arrived in Port Sudan to establish a formal EMT Coordination Cell. Initial meetings have been held with the Ministry of Health, and the finalization of a tasking plan is underway.

### Technical Expertise and Health Operations

#### Primary Health Care (PHC):

WHO continues to support healthcare facilities providing primary care to ensure the free delivery of essential services across the country. As of 31 August 2024, through the mobile clinics, WHO helped reach 53 primary health care (PHC) facilities in Red Sea, Kassala, Gedaref, White Nile, Northern, and River Nile states, and the cumulative number of beneficiaries reached was 123 416. The aggregated number of served IDPs was 46 928 (38% of total visits).

#### Specialized Workforce Capacity:

WHO has deployed healthcare specialists, and in collaboration with the FMoH, facilitated capacity building for healthcare workers:

- Emergency care: WHO supported deployment of one emergency and trauma consultant to Dongola Specialized Hospital (Gedaref), two EMR experts to the WHO Country Office Sudan, and 12 specialists to support 11 states.
- Sexual, reproductive, maternal, newborn, child and adolescent health and gender-based violence: WHO contributed to training 52 midwives through an updated package of in-service training and 60 medical students from Kassala state through an online orientation session.

### **Mental Health and Psychosocial Support (MHPSS) Interventions:**

- WHO supported 60 primary healthcare centres and mobile clinics across five states, providing 185 Mental Health Kits with essential psychotropic medications, facilitating 4430 new mental health consultations and 63 149 psychosocial support (PSS) sessions. Key conditions addressed included depression, epilepsy, post-traumatic stress disorder (PTSD), anxiety, substance abuse, and psychosis, in targeted regions including North Darfur, South Kordofan, Kassala, Khartoum, Northern State, Al Jazirah, River Nile, and Red Sea states.
- In collaboration with UNFPA and UNICEF, WHO trained psychiatrists, family physicians, and psychologists in the Mental Health Gap Action Programme (mhGAP). Despite successful interventions, challenges included the relocation of trained experts due to conflict, highlighting the need for continuous training and additional funding.

### **Laboratory and Testing Capacity:**

- A high-quality, customized mobile lab was designed for use in complex humanitarian contexts and public health emergency responses, providing on-site testing capabilities that reduce the need for sample transportation and improve response times. It features BSL-1, BSL-2, and BSL-3 containment levels for various biological testing needs, along with capabilities for environmental monitoring, disease outbreak control, and industrial chemical analysis.

### **Cholera Outbreak Response:**

#### **Coordination and Planning**

- Coordination meetings are ongoing in all states. The FMOH, supported by WHO and partners, has developed a cholera response plan.
- Health and WASH Cluster lead agencies, WHO and UNICEF are collaborating on response intervention and resource mobilization efforts.

#### **Surveillance and Case Management**

- Surveillance systems have been activated across affected regions, with 30 trained Rapid Response Teams (RRTs) deployed to conduct field assessments, initiate management of cases, and ensure early detection and referral.
- Cholera Treatment Units (CTUs) and Oral Rehydration Points (ORPs) have been established to provide immediate care, with several states expanding their treatment capacities. A total of 1044 beds have been activated by the government and partners. An additional 275 beds are planned by the government, WHO, and Médecins Sans Frontières.

### **Water, Sanitation, and Hygiene (WASH) Interventions**

- WASH activities have been intensified to prevent the spread of cholera, including the distribution of chlorine for water purification, regular water quality monitoring, and community hygiene promotion.
- Sanitary inspections have been conducted to identify and address contamination sources in critical areas.
- Water quality monitoring is ongoing with the support of WHO and other partners. Among the 3415 drinking water sources inspected, 10.5% (357) have not met the Free Residual Chlorine standards, and among the 5490 Free residual chlorine tests conducted at the household level, 21% (1151) have not met Free Residual Chlorine standards. WHO WASH team, in collaboration with WASH cluster partners, is supporting chlorination efforts. WHO donated chlorine powder 45 kg to Kassala state to support chlorination, especially at the CTC for disinfection. A 15-day general cleaning campaign supported by WHO in all IDP gathering sites in Kassala. In addition, 983 food safety inspections were conducted.

### **Supplies and Oral Cholera Vaccines (OCV)**

- A reactive OCV campaign was conducted in Wed Alhilaio locality in Kassala on 19-22 August 2024 using 51 000 doses left over from previous campaigns; a coverage of 100% was achieved. An additional 404 081 doses arrived in Sudan for a campaign in two priority localities in Kassala planned for mid-September.
- A request for more than 1.4 million doses of OCV was approved to implement a reactive vaccination campaign targeting five localities in Gedaref, River Nile, and Kassala states.

- Essential cholera medicine modules and infection prevention and control supplies were pre-positioned and distributed to treatment facilities across the impacted states.

### Operation Support and Logistics

- In August 2024, WHO dispatched 28 tons of cholera commodities to all states reporting cases, including 135 cholera kits (different modules), 2376 bottles of intravenous fluids, 900 rapid diagnostic tests 16 100 personal protective equipment gowns, 4100 hand sanitizers, 91 200 chlorine tablets, 40 health care waste management sets and 25 sets of disinfectants.

### Nutrition Situation Response:

#### Stabilization Centres (SCs) Support

- WHO is supporting 122 functional stabilization centres (SCs) through direct technical and operational support and/or the distribution of food supplements and medicines for children with severe acute malnutrition (SAM) and its clinical complications. Since the start of the conflict, WHO supplies have helped treat 17 500 children.

### Reactivation and Expansion Plans

- WHO and SMOH plans to reopen SCs at Rufaa and Wad Rabia hospitals and propose a new SC in Alqureshi (IPC Phase 4)
- Monitoring visits have been conducted to SCs in Kassala, East Darfur, and Northern states.

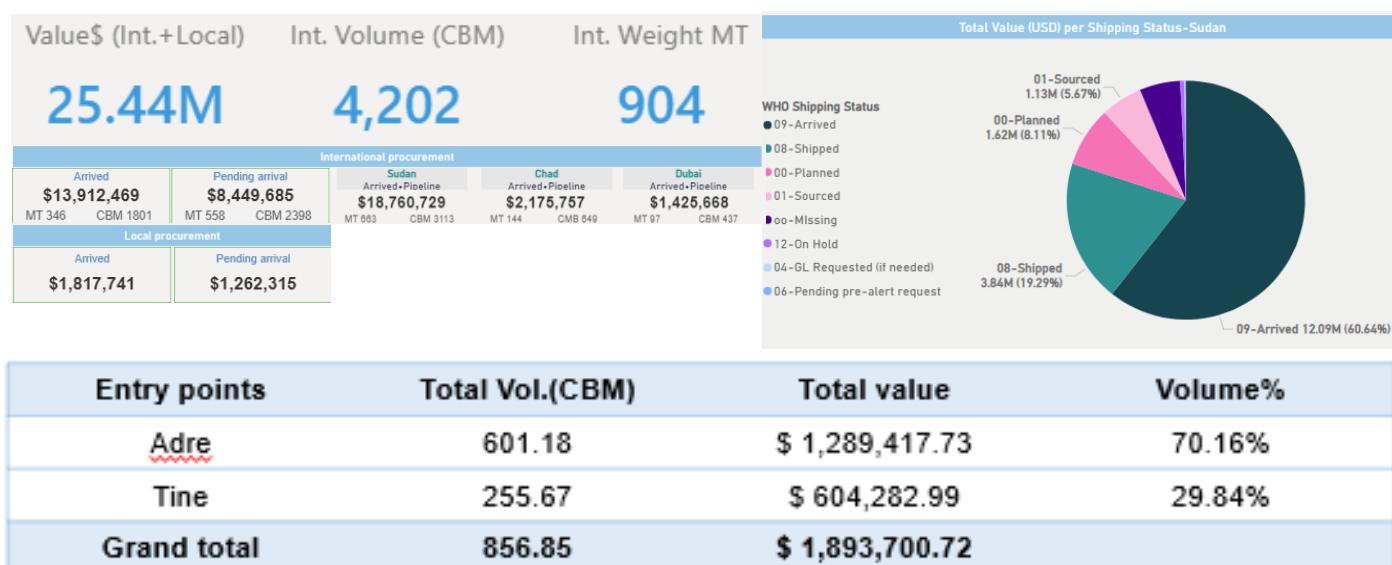
### Community Support and Training

- Integrated Young Child Feeding and WASH counselling were provided to 120 mothers at two IDP sites in Kassala, and 220 breastfeeding advocacy materials were set up for four Breastfeeding Corners (three in Kassala, one in Red Sea). Thirty participants were trained on Baby Friendly Hospital Initiatives (BFHI) at Alsaudi Maternity Hospital, Kassala.

### Operations Support and Logistics (OSL)

Since 1 January 2024, WHO has supported Sudan with supplies worth \$US 16 million of emergency medical supplies, totalling 860 metric tonnes (MTs). These include 778 MTs of supplies delivered to 17 states in February to mid-August in 2024. Among the 778 MTs, 158 MTs were delivered through the cross-border from Chad and 47 MTs were delivered from South Sudan to Abyei.

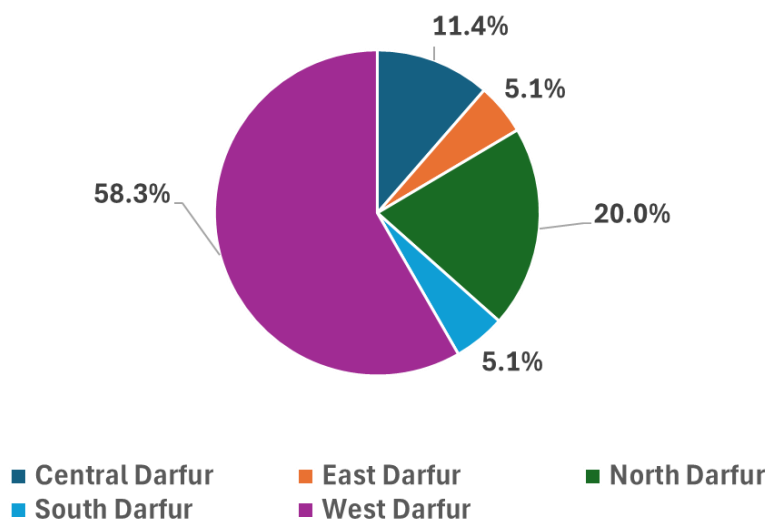
**Figure 4: Procurement value (\$US) and status including volume (CBM) and weight (MT) since 15 April 2023**





- **Sudan Cholera response:** 68 metric tons of cholera supplies worth \$500 000 of cholera supplies are shipped to Port Sudan from Dubai Logistics Hub in two charter flights among other medical supplies in early September.
- **Chad Cross border:** Two charter flights were received in late August and eight containers with BHA and SHARE supplies are expected in September (Sea and Land shipments).

**Figure 5: Darfur States covered with last deliveries:**



(Source: WHO Headquarters OSL Supply Dashboard)

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

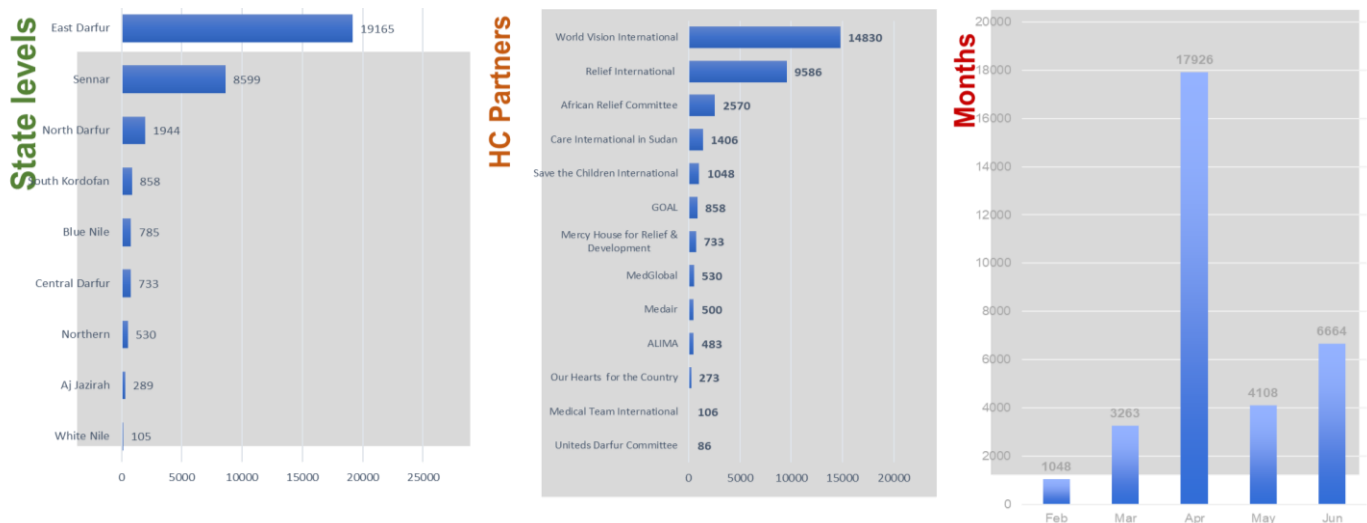
In Sudan, WHO continues to play a vital role in the prevention of sexual exploitation, abuse, and harassment (PRSEAH) as part of its broader humanitarian response. WHO is at an advanced stage of preparing consultations and capacity development for 50 health workers and service providers, as well as 50 RRTs in Kassala and Gedaref states. These sessions will focus on localizing awareness-raising messaging, covering basic concepts of sexual exploitation and abuse (SEA), risk assessment and mitigation measures, and a survivor-centred approach, including mental health and psychosocial support. The training and consultations are scheduled to begin in September.

WHO continues to actively engage with the PSEA Network and other inter-agency platforms. It is currently a penholder for several inter-agency products presented for approval to the UN Country Team (UNCT) and Humanitarian Country Team (HCT), including the revised terms of reference for the PSEA Network, the 2024-2025 PSEA Country Action Plan and its Funding Plan, and the Inter-Agency Standard Operating Procedures for PSEA in Sudan. Plans are also underway to develop a Sudan Communications and Advocacy Strategic Plan, targeting all levels of actors.

PRSEAH has remained a key focus within the Health Cluster at both national and sub-national levels, with discussions held on a guidance note for the practical integration of PRS into Cluster projects. WHO also provided orientation on the application of the PSEA module in the UN Partners Portal to an additional implementing partner, emphasizing WHO's zero-tolerance policy on sexual misconduct, and its accountability framework. Additionally, Sudan was highlighted during the Global PRS meeting hosted by WHO headquarters, where experiences from engaging with civil society organizations through current implementing partners, Health Cluster partners, and the PSEA Network were shared. The approved capacity development and consultation planning for health workers and RRTs is underway.

In August 2024, the PRSEAH team in Sudan conducted an analysis to guide the prioritization of efforts for the coming months. This analysis, covering the period from January to June 2024, indicated that 33 009 beneficiaries were reached with information on PRSEAH through consultations, training sessions, awareness activities, and assessments. East Darfur emerged as the state with the highest number of people reached, totalling 19 165. Among the organizations involved, World Vision reached the most beneficiaries, nearly 15 000, followed by Relief International, which reached almost 10 000. These data will be instrumental in refining strategies and targeting future interventions more effectively to enhance awareness and prevention efforts across the country. The breakdown is summarized in the below figure.

Figure 6: Number of people reached by PRSEAH team, by states, partners, and months



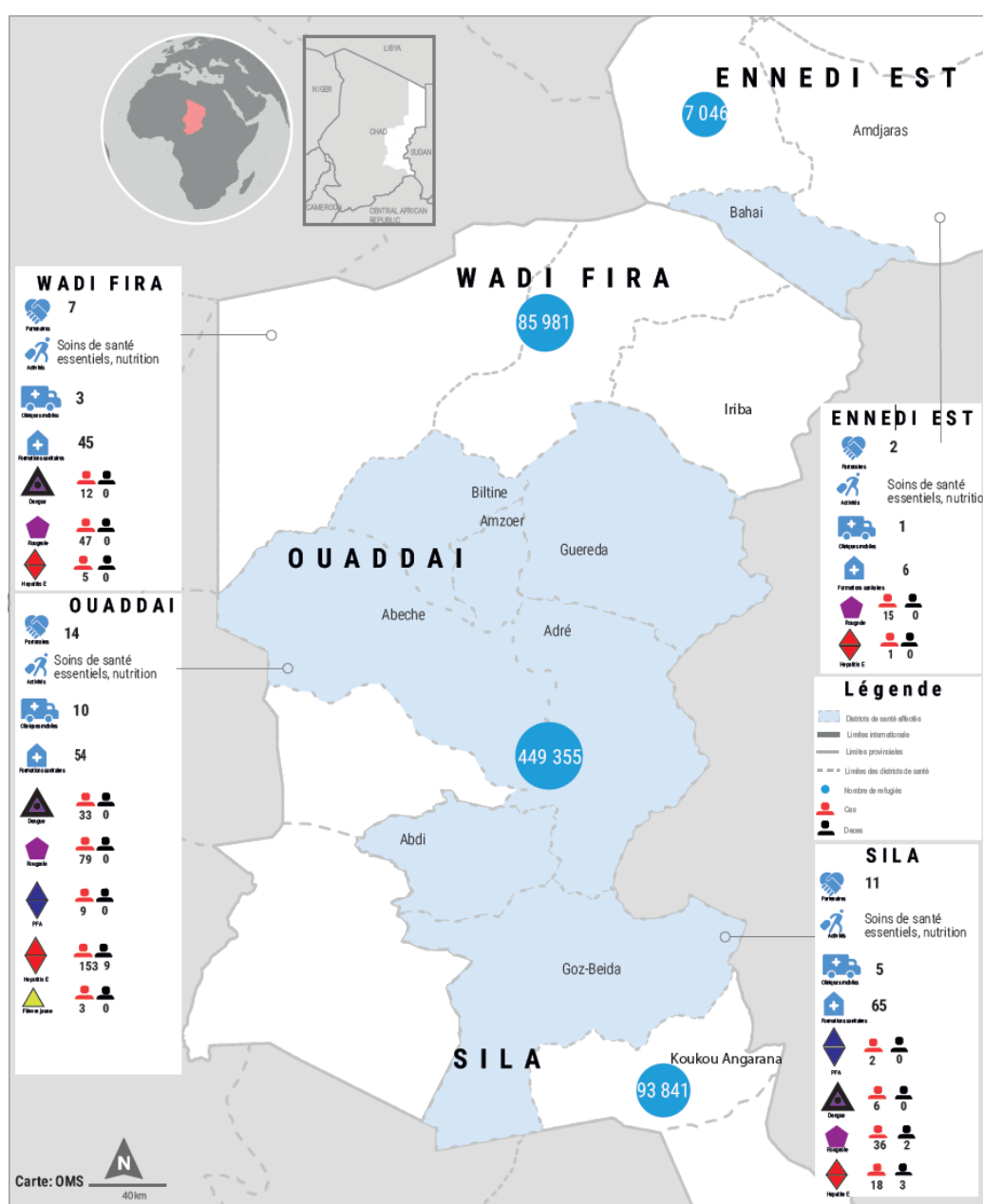
## Situation update in neighbouring countries

### 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 837 600 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, there remain challenges in access to essential health services due to multiple factors, including difficult physical access, and limited medical supplies and human resources for health. Flooding in affected regions also adds vulnerabilities by significantly destroying livelihood, increasing the risk of waterborne diseases, and complicating response operations in the field.

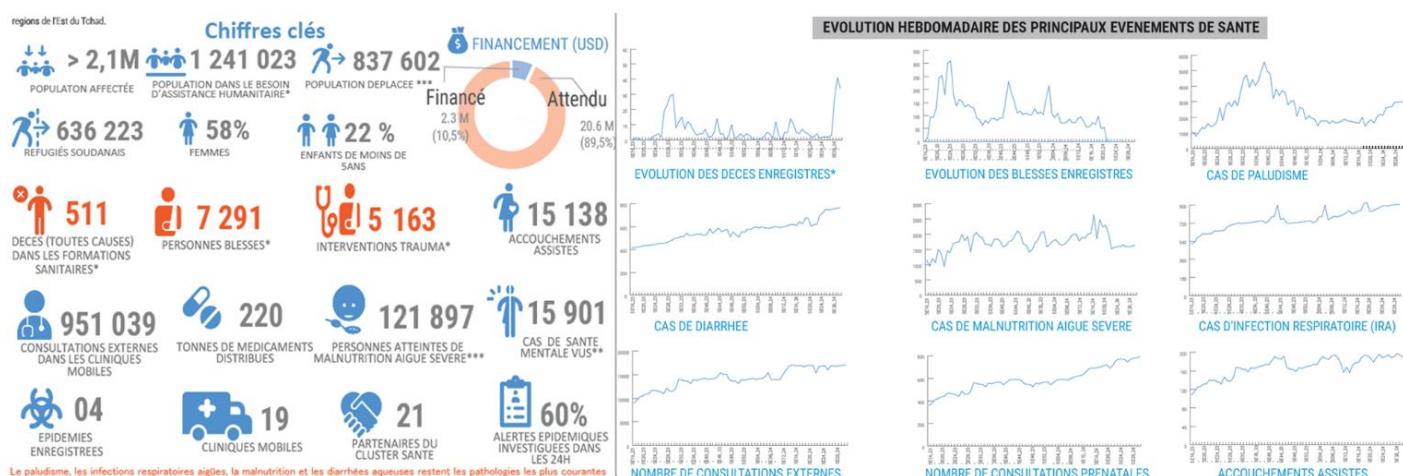
**Figure 7: Chad health situation map, as of 31 August 2024**



## Health information and epidemiology updates

- The health challenges in the refugee camps are immense. Every week, thousands of SAM cases are registered.
- Malaria, acute respiratory infections, malnutrition, and acute watery diarrhea 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.
- 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 8: Key figures and trends of major health events by week, as of 31 August 2024**



## Operational updates

- WHO supported organizing the visit of the Deputy Secretary-General of the United Nations to Adre on 30 August 2024.
- WHO supported the Ministry of Public Health in coordination, epidemiological surveillance and laboratory investigations of various infectious disease, particularly hepatitis E, yellow fever, measles, chickenpox and suspected cases of dengue fever and mpox; and provided supportive supervision in refugee camps, where awareness-raising sessions were organized for the benefit of the community.
- WHO technically supported developing the flood response plans in Ouaddaï, Wadi Fira and Sila provinces.
- WHO supported health facilities most affected by the humanitarian crisis in multiple districts (DS Adré, Hadjer-Hadid, Amléyouna Koukou Angarana, Gozbeida, Iriba, Abéché) in preparing for and responding to the various epidemics.
- WHO provided 1000 rapid diagnostic tests for dengue fever to the eastern provinces.
- WHO supported training on community-based surveillance in Goz-Beida organized by the Chadian Red Cross (CRC) for CRC focal points, health centre agents, and the District Management Team in Goz-Beida. A total of 23 participants from the Zabout and Kerfi camps were trained.
- WHO technically supported the training of 28 health workers from the Adré DS in practical implementation of the Expanded Programme on Immunization (EPI), covering topics including the vaccination schedule for children, interpersonal communication, monitoring for action, management of vaccines and consumables, and quality and storage of vaccines.
- As part of the response to the floods, WHO donated approximately two tons of medical supplies, including cholera kits, WASH kits, and tents for the benefit of more than 56 000 disaster victims in the province of Sila.
- WHO provided technical and logistical support to the seasonal chemoprevention campaigns against malaria in three provinces (Ouaddaï, Wadi Fira, and Sila).

## South Sudan

### Situation overview

South Sudan continues to face overlapping crises, including floods, conflicts, disease outbreaks, and food insecurity, all contributing to a persistently high level of malnutrition at 16%, which exceeds the WHO critical threshold of 15%. Currently, 7.1 million people (56% of the total population) are experiencing [IPC Phase 3 and above](#) (crisis levels and above). This situation is expected to worsen during the lean season between June and September 2024, with 79 000 people, including 50% returnees from Sudan, projected to be in IPC Phase 5 (Catastrophic level). Malnutrition prevalence remains critical, with 2.5 million individuals at risk, including 1.65 million children and 870 000 pregnant and lactating women.

In August 2024, a total of 26 466 individuals (comprising 7755 households) arrived in South Sudan from Sudan. Among these new arrivals, 76% were South Sudanese returnees, 24% were Sudanese refugees, and the rest were from diverse nationalities. Since the onset of the Sudan crisis, more than 795 700 individuals from 18 different nationalities have entered into South Sudan. Of these, 51% are female, 19% are children under five years old, and 3% are aged 60 years or above.

The ongoing flooding in Upper Nile state, combined with an influx of returnees, refugees, and internally displaced people, is severely straining health services and causing shortages of medical supplies. As of 29 August 2024, floods have impacted 472 000 people across 26 of 80 counties in South Sudan, including those receiving arrivals from Sudan. In addition to the widespread displacement, 24 health facilities reported flooding between 18 and 24 August 2024, further exacerbating the strain on the country's healthcare system.

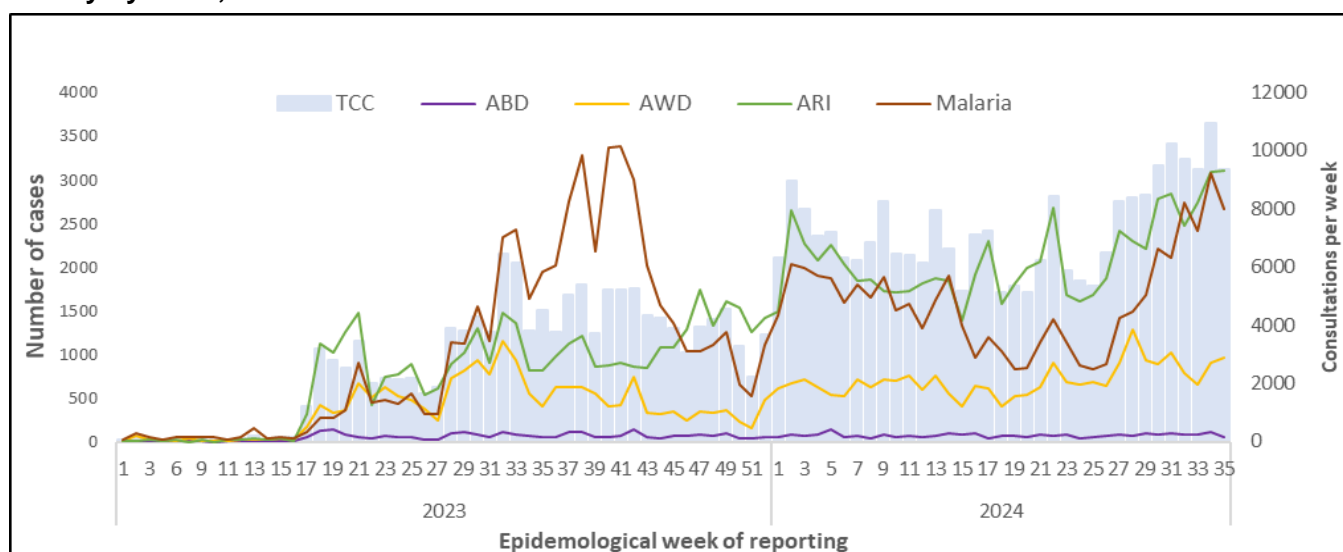
### Health information and epidemiology updates

Two suspected cases of mpox were investigated in Renk County. The cases involved Sudanese refugees who were identified at a screening centre at one of the main points of entry. Following laboratory testing at the National Public Health Lab in Juba, the samples returned negative results.

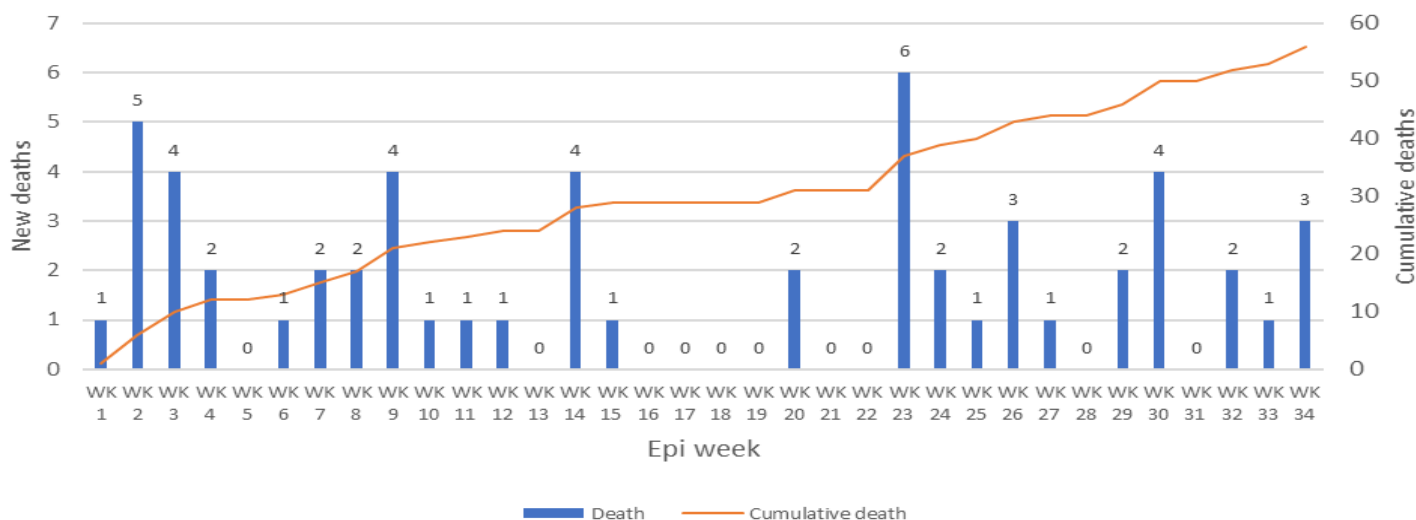
Snakebite incidents continue to be reported due to flooding in flood-affected counties including the counties bordering Sudan. In August 2024, more than 40 incident of snake bites were reported, prompting the dispatching of an additional 1080 vials of venom for treatment. Additionally, WHO provided technical guidance to partners on [Management of Snakebites](#).

Malaria, acute respiratory infections, and AWD remained the predominant causes of sickness in Renk county, as illustrated in the accompanying chart. The increase in reported cases is attributed to the ongoing Sudan crisis that commenced in 2023.

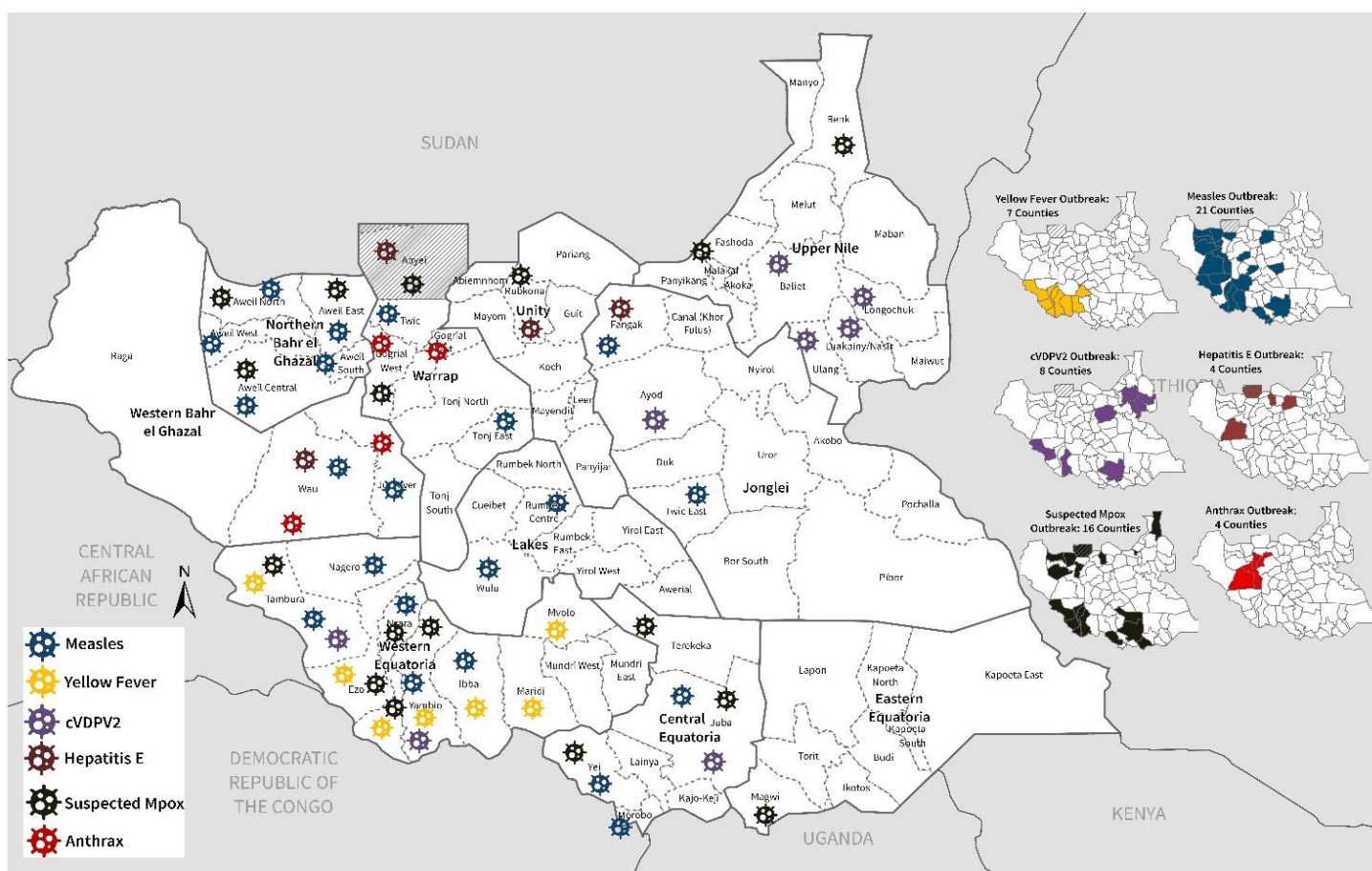
**Figure 9: Morbidity trend for Integrated Disease Surveillance and Response (IDSR) top four causes of illness in Renk county by week, 2023 - 2024**



**Figure 10: Mortality curve in health facilities providing health care services for refugees and returnees from Sudan in Renk county**



**Figure 11: Counties that have reported disease outbreaks in South Sudan, as of August 2024**



**Operational updates**

- A Flood Preparedness and Response Plan has been developed for Renk, the main county receiving refugees and returnees from Sudan, using the Inter-Sectoral Coordination mechanism. The planning incorporates multi-sectoral contingency planning that considers geographical flooding patterns in potential affected areas.

- In response to the flood, WHO has prepositioned 1042 emergency health kits, which include essential antimalarials, and 3430 doses of snake antivenom, to support the affected population. This effort aims to alleviate some of the immediate health threats facing communities impacted by the floods and associated health risks.
- Active surveillance activities including nutritional status assessments including mid-upper arm circumference (MUAC) for children under five years of age, pregnant and lactating mothers at various points of entry across counties bordering Sudan.
- Ongoing interventions include vaccination efforts at points of entry (PoEs), targeting children under 15 years to be vaccinated against vaccine-preventable diseases.
- Intensified disease surveillance and health screening efforts, especially at PoEs, are being implemented to address the increasing instances of malaria and AWD. Additionally, measures are being taken to maintain healthcare services, such as deploying medical specialists and improving laboratory capabilities at Renk County Hospital. These actions are being carried out despite facing persistent challenges like limited resources and inadequate infrastructure.
- WHO has developed a real-time flood dashboard to monitor the evolution of floods and assess their health impact in South Sudan. WHO is actively engaged in coordinating flood response efforts at both national and sub-national levels.

### **PRSEAH updates**

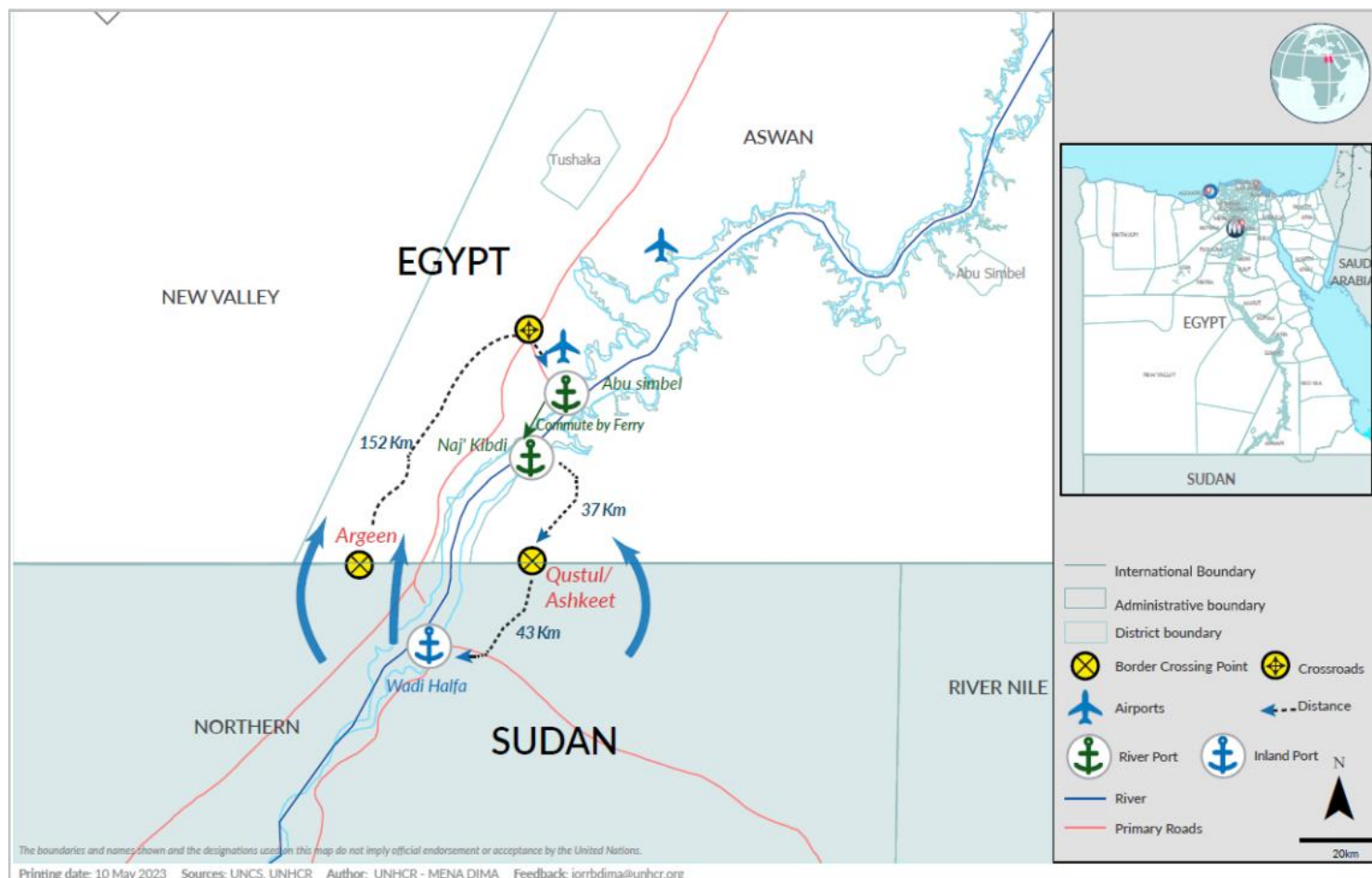
In August 2024, WHO continued its active response to the Sudan crisis and the resulting influx of refugees into South Sudan by enhancing awareness and training on PRSEAH. In Northern Bahr el Ghazar state, WHO integrated PRSEAH session into a three-day technical training programme for county health directors, county surveillance officers, and representatives from implementing partners. In Jonglei and Warrap states, 35 and 50 participants, respectively, from the SMOH were sensitized on PRSEAH. In Bentiu (Unity state), WHO trained 38 personnel from WHO, the Ministry of Health, and other One Health ministries. This training concluded with the state minister of Cabinet Affairs and three other state ministers expressing their appreciation to WHO and encouraging increased awareness among government personnel. WHO also conducted an awareness session for 135 community members in Bentiu, focusing on women. Additionally, throughout these activities, PRSEAH visibility materials such as posters, T-shirts, wristbands, leaflets, and flyers, including information on how to report allegations, were distributed to ensure widespread community engagement and awareness.

## Egypt

### Situation overview

Egypt shares its southern border with Sudan, spanning over 1276 km and running from a tripoint with Libya in the west to the coast of the Red Sea in the east. Two border crossings, namely Qustul/Ashkeet and Argeen, are situated along the Egypt-Sudan border on either side of Lake Nasser as shown below.

**Figure 12: Map of Egypt-Sudan border showing Qustul/Ashkeet and Argeen border crossings**



Source: UNHCR Egypt Sudan Emergency Response Update, May 2023

Since April 2023, a high number of Sudanese individuals fled to Egypt using the Four Freedoms Act between Egypt and Sudan, which allows citizens of both countries to move through a facilitated process across the border, reside and work in the other country. Up to 5000 individuals have moved across the border daily, making Egypt the destination with the highest number of Sudanese individuals as of May 2023. Women, children, and the elderly constituted the majority of the fleeing population as they were granted free movement across the border (exempted from the simplified visa procedure).

By the beginning of June 2023, Egypt introduced a new visa procedure applied to all population subgroups including women and children and subsequently the daily figures decreased significantly to fall under 1000 individuals with an average of 500 individuals crossing daily. Additionally, further measures were instated in response to detected forged documents used in crossing, further reducing the numbers of individuals crossing daily.

With increased restrictions on the regular migration routes, an expected rise in irregular migration was detected by Egyptian authorities, UN agencies and civil society, raising the protection risks of illegal immigrants and increasing the incidents of deportations and pushback events by border control.



As of 3 September 2024, UNHCR Egypt has reportedly provided registration appointments to 729 000 individuals who were forced to flee Sudan since the eruption of violence, out of which 405 000 (55%) have successfully been registered as refugees/asylum seekers.

### **Health information and epidemiology updates**

Egypt, whose population is over 110 million, hosts more than nine million migrants and more than 750 000 registered refugees and asylum seekers. Egypt adopts a no-camp setting policy in its refugee response, which on the one hand allows for access to services and the labour market at par with Egyptians, yet on the other hand exacerbates the vulnerabilities of particularly vulnerable population subgroups.

Surrounding Egypt, there are three emergency contexts: Sudan, the occupied Palestinian territory, and Libya. The influx of medical evacuees and forcibly displaced individuals is posing an increased pressure on the Egyptian healthcare system, particularly with the no-camp setting policy. Such pressure has exacerbated the existing vulnerability of the healthcare system caused by the major health system reform represented in the implementation of the Universal Healthcare Insurance System (UHIS).

The majority of the displaced Sudanese individuals have settled in the big cities including Cairo, Giza, and Alexandria. However, a significant number of people have settled right across the border in Aswan governorate, particularly the most vulnerable, with no means to match the demanding cost of living in great cities. Aswan is one of the governorates undergoing the major health system reform with increased healthcare costs for non-Egyptians, which in turn limit access to essential healthcare for migrants and refugees.

Additionally, reported cases of malaria and tuberculosis amongst the Sudanese displaced population have been recorded by healthcare facilities in Aswan, underlining the importance of enhanced surveillance at Egypt's points of entry and the constant precautionary measures taken by the quarantine teams at both Qustul/Ashkeet and Argeen border crossings to detect and refer suspected cases for the prevention of a cross-border health outbreaks.

### **Operational updates**

In August 2024, the WHO Egypt country office implemented a Healthcare Expenses Coverage programme for individuals affected by the conflict in Sudan in cooperation with the Egypt Healthcare Authority (healthcare provider governmental body of the newly implemented UHIS in Egypt). The goal of the programme is to take the burden off the vulnerable Sudanese population in Aswan, where the healthcare expenses for non-Egyptians has significantly increased with the implementation of the new health system. Additionally, the aim of the programme is to support the newly implemented health system (implemented in Aswan starting February 2024) which is overstretched by responding to multiple emergencies in neighbouring countries.

The programme the expenses of emergency and essential healthcare services for the Sudanese in four hospitals: Aswan Specialized Hospital, El Masala Specialized Hospital, Aswan Ophthalmology Hospital (all in Aswan city); and El Nile Specialized Hospital (Edfu city).

In August 2024, the newly implemented programme approved the coverage of expenses for 78 patients, including 148 dialysis sessions for 12 renal failure patients, and essential medications for six patients.

Additionally, the WHO Egypt Emergency Team has conducted several community outreach meetings with the Sudanese community leaders to raise awareness on the Healthcare Expenses Coverage programme, the process adopted to access the programme and the prioritized medical conditions of emergency care and essential healthcare services.

Finally, WHO Egypt has organized a meeting for key partners delivering healthcare services in Aswan to coordinate and integrate the different services provided by different partners, establish an interagency referral pathway and ensure the simplicity and unification of the message shared with the community to ensure easy access to essential healthcare services and community engagement in the programme.

### **PRSEAH updates**

The WHO Egypt workforce is committed to the prevention and swift response to potential sexual exploitation, abuse, and harassment, as evidenced by the mandatory training for all members of the emergency team upon recruitment and refresher trainings before field deployment.

Healthcare providers from Aswan have been trained on PRSEAH since the beginning of the emergency response to ensure the wide dissemination of WHO reporting channels to safeguard against SEAH risks. 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 material on reporting channels displayed at WHO-organized events.

## Libya

### Situation overview

Sudan and Libya share a 383 km-long border with very porous PoEs, along with traditional recurring movements for trade and employment opportunities, which make the Sudanese community in Libya amongst the biggest. From April 2023 the influx of Sudanese refugees increased; this influx has become most apparent in the city of Alkufra, the first Libyan city near the Sudan/Egypt border, with an overall population of 61 288 people.

According to key informant interviews with the refugees' communities, health and local authorities obtained during a joint WHO and UNICEF rapid assessment visit, the number of daily new arrivals from Sudan into Kufra has spiked from 200 per day as of December 2023 to 1200 people per day in April 2024. The majority of the new arrivals seek refuge in one of the shared farms used as shelters, before continuing their journey onwards (most typically towards Jalu, Ajdabiya, and Sabha to reach Benghazi and Tripoli where they can join relatives who are already in Libya and seek employment).

WHO expects the number of refugees to continue to increase at rapid rates, and to reach at least 80 000 to 100 000 people by the end of 2024.

There are approximately 50 collective shelters, mostly in non-formal settlements on suburban farms. Population movement is highly dynamic, and the locations of informal settlements is changing.

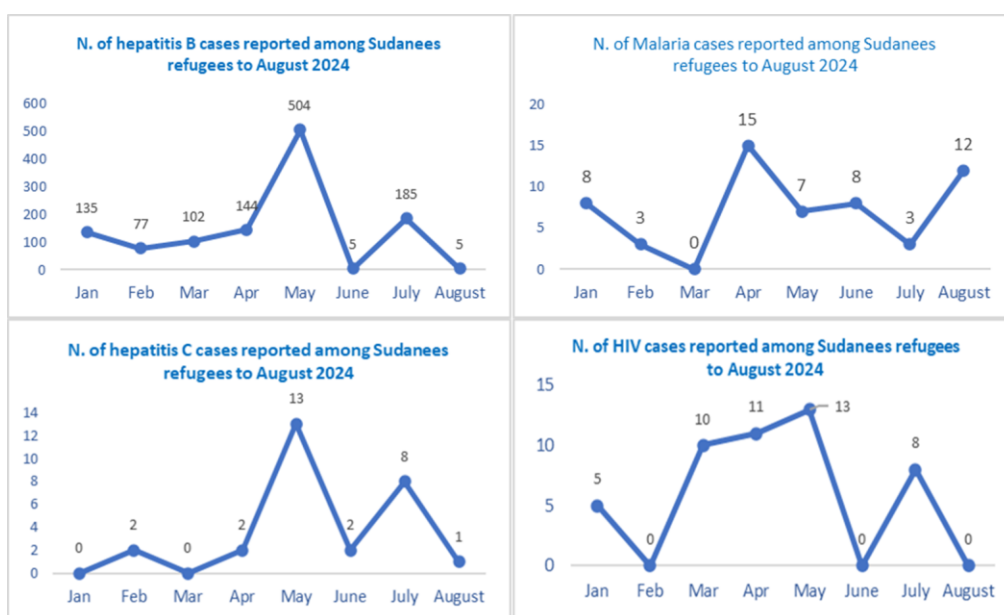
The incoming Sudanese refugees primarily access healthcare through 16 local facilities, including 13 primary healthcare centres, one general hospital, a mental health centre, and a diabetes centre. These facilities are partially equipped (usually lacking essential medicines) to handle various medical cases, but with most services provided at no cost.

### Health information and epidemiology updates

The Libyan health system faces significant challenges marked by fragmented governance, inability to mobilize the existing medical resources according to needs, and the shortage of skilled healthcare professionals and essential medicines. Within Libya, the most critically deficient areas are the hardest to reach, which also present the most pressing needs.

Surveillance data come from health facilities and mobile clinics in the city, covering 12 health facilities and refugees' settlements. The surveillance reporting rate is weak and needs more support, particularly capacity building and training on data collection and using case definitions. No outbreaks have been reported from refugee settlements since the Sudan crisis began.

**Figure 13: Hepatitis B, malaria, hepatitis C and HIV cases among refugees, January-August 2024**

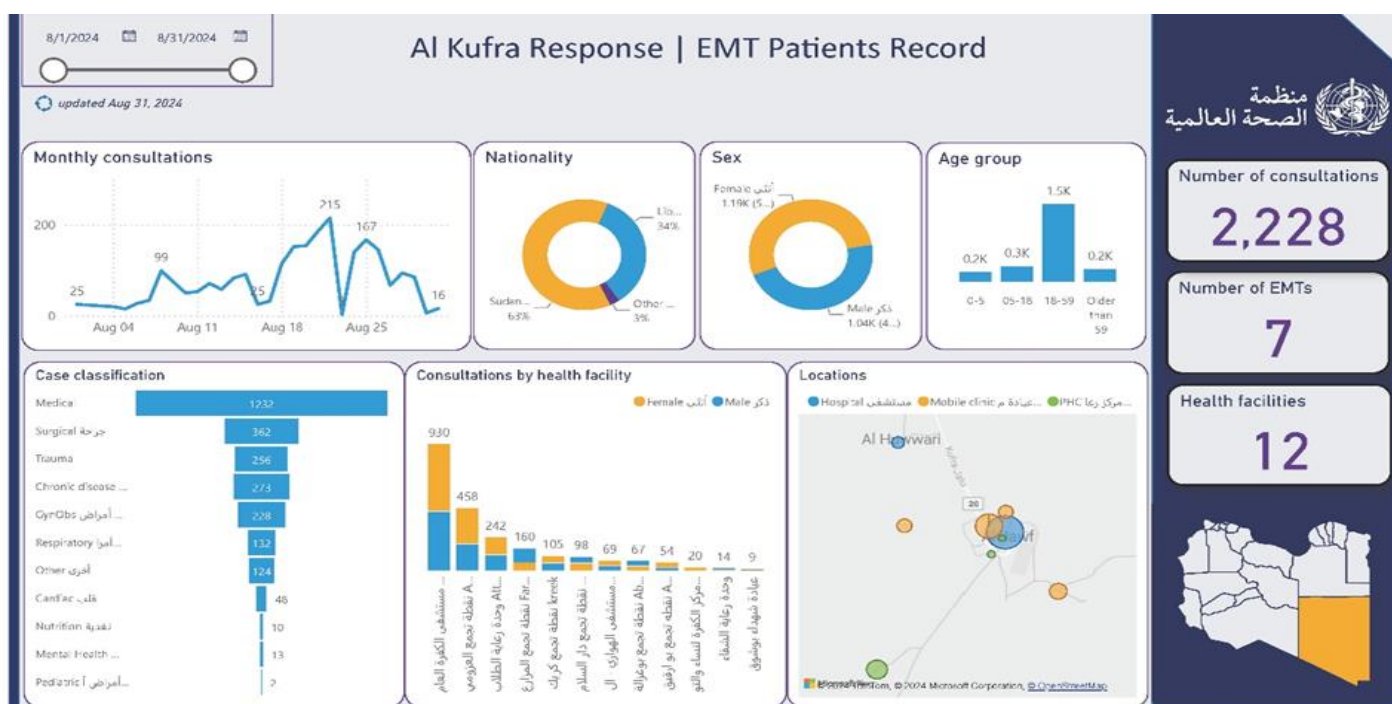


Source: WHO Country Office Libya

### Operational updates

- WHO has participated in three joint field visits to Alkufra to assess the epidemiological situation and identify humanitarian needs: with UNICEF, with the National Center for Disease Control; and as part of an inter-agency mission in July 2024.
- WHO has deployed seven emergency medical team covering 12 health facilities and seven mobile clinics visiting refugees' settlements regularly.
- WHO leads Sudanese refugees' health/nutrition task force meetings and coordinated health response in Alkufra.
- WHO has supported a vaccination campaign for measles and polio which targeted Libyan and refugees. WHO supported intra-camp monitoring of polio and measles immunization in Alkufra and Rebyana municipalities; the bOPV vaccination reached 82.1 % of eligible children, while the MMR vaccination reached 74.4% of eligible children.
- Alkufra suffered from heavy rain and subsequent floods on 11 August 2024. The main hospital and three health facilities were out of service, WHO ambulances contributed to evacuation of ICU patients from the main hospital to a safe health facility. One mobile clinic with an Emergency Medical Team was assigned to visit Alazumi location (biggest Sudanese refugees' location).
- WHO completed a rapid health assessment of Sudanese refugees on the move in Jalu, Ojala, Eikherra and Ajdabiya.
- Two national psychiatrists have been deployed by WHO to the Al Kufra psychiatric centre, ensuring daily access to specialized mental health services for those in need. Additionally, WHO has supplied essential psychotropic medications to the centre. In August, more than 100 patients benefited from the services offered at the facility.
- WHO has supported Alkufra main hospital and emergency operation centre for multiple urgent needs.

Figure 14: Emergency medical teams' patient records, August 2024



### PRSEAH updates

All 22 WHO Field coordinators and seven Emergency Medical Teams members in Al-Kufra have undergone training on the prevention of sexual exploitation and abuse. They play a critical role in identifying issues related to exclusion and discrimination and are sensitized to the importance of accountability to affected populations, in accordance with the WHO Code of Conduct.

## Ethiopia

### Situation overview



As of August 2024, an influx of more than 176 500 refugees and returnees from Sudan to Ethiopia has been recorded. The main PoE is Metema Yohannes in the Amhara region, with fewer crossings at Kurmuk (Benishangul Gumuz Region (BSGR) border point and others expected in Gambela region (Pagak - Lare woreda, Burubeiy - Wantowa wereda).

The primarily affected areas in Gambela include two refugee-hosting woredas: Itang, which has four camps (Terkidi, Kule, Nguenyiel, and Akula), and Gambela Zuria woreda, which hosts the Jewi camp.

Ethiopian Public Health Institutes / Regional Health Bureaus, UNHCR, Medical Teams International (MTI), and GOAL Ethiopia are partners supporting the Sudan refugee crisis in Kurmuk woreda. One transit clinic was established at the Kurmuk PoE in addition to Horazab Health Center and Assosa Hospital, the refugee referral health facilities. Refugees also use the host community health facility at the newly established Oura refugee camp. Thus, four health facilities are providing life-saving health services for refugees in the Benishangul Gumuz region.

Metema crossing contains a total of 4087 people based at the point of entry, and 1940 people are at the transit site. An additional 5652 people are found at refugee sites. The rest of the 79 267 foreigners who passed through Metema PoE have gone into other parts of Ethiopia and/or abroad or may have returned to Sudan.

### Observed emerging needs:

- Security risks around the crossing areas and transit clinics.
- Shortage of medical supplies, including anti-malaria medicines.
- Inadequate health services, including vaccination services, at the transit sites.
- Inadequate and unsafe water supply and latrine facilities. Shortage of standard infection prevention and control / WASH facilities.
- Sub-optimal referral system, including lack of ambulances).
- Absence of laboratory services.

### Health information and epidemiology updates

**Surveillance:** The influx crossing sites continue to experience multiple public health emergencies, including malaria, measles, rotavirus, AWD, acute and chronic malnutrition, and HIV/AIDS. The health facilities in these areas are overstretched, with people from both refugee and host communities seeking health services for the above disease conditions. The area around the Kurmuk crossing site is a gold mining area with significant in- and out-migration, which may facilitate the spread of diseases 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. As of 24 August 2024, the Kurmuk site reported 5429 malaria-confirmed cases; more than 438 were from the refugees/returnees. In 2024, 439 rotavirus cases with three deaths have been reported from Kurmuk Woreda.

### Operational updates

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

- WHO, through the Health Cluster, has engaged health partners to respond in three affected regions (Amhara, Benishangul-Gumuz, and Gambela).

- Over 176 500 refugees and returnees have crossed the border from Sudan to Ethiopia. All individuals have been screened for disease conditions.
- More than 108 500 individuals have received free medical consultations at Metema (Amhara), Gambela, and Kurmuk (Benishangul-Gumuz) crossing sites.
- Over 28 500 people have received psychosocial support.
- WHO is supporting strengthening the surveillance system in the crossing sites, host communities, and border areas by deploying surveillance staff.
- An additional 30 health professionals from health facilities in PoEs have been trained on “EMT-approached Induction Training in the Humanitarian Setting” with WHO financial support in the second round.
- WHO is in the process of providing financial support to build waste incinerators at the Kurmuk PoE.
- A total of 742 children were screened for malnutrition, with 22 moderate acute malnutrition (MAM) and two SAM cases identified and linked to health facilities in Metema, Amhara. In addition, 191 pregnant and lactating women were screened, and 21 MAM cases were identified and linked to the nutrition centres.

### **PRSEAH updates**

In response to the ongoing humanitarian crisis in Ethiopia, WHO has intensified its efforts to promote PRSEAH amongst health workers and communities. At the Kurmuk entry point in the Amhara region, 26 emergency medical staff were oriented on PSEAH to strengthen their capacity to address and prevent such incidents.

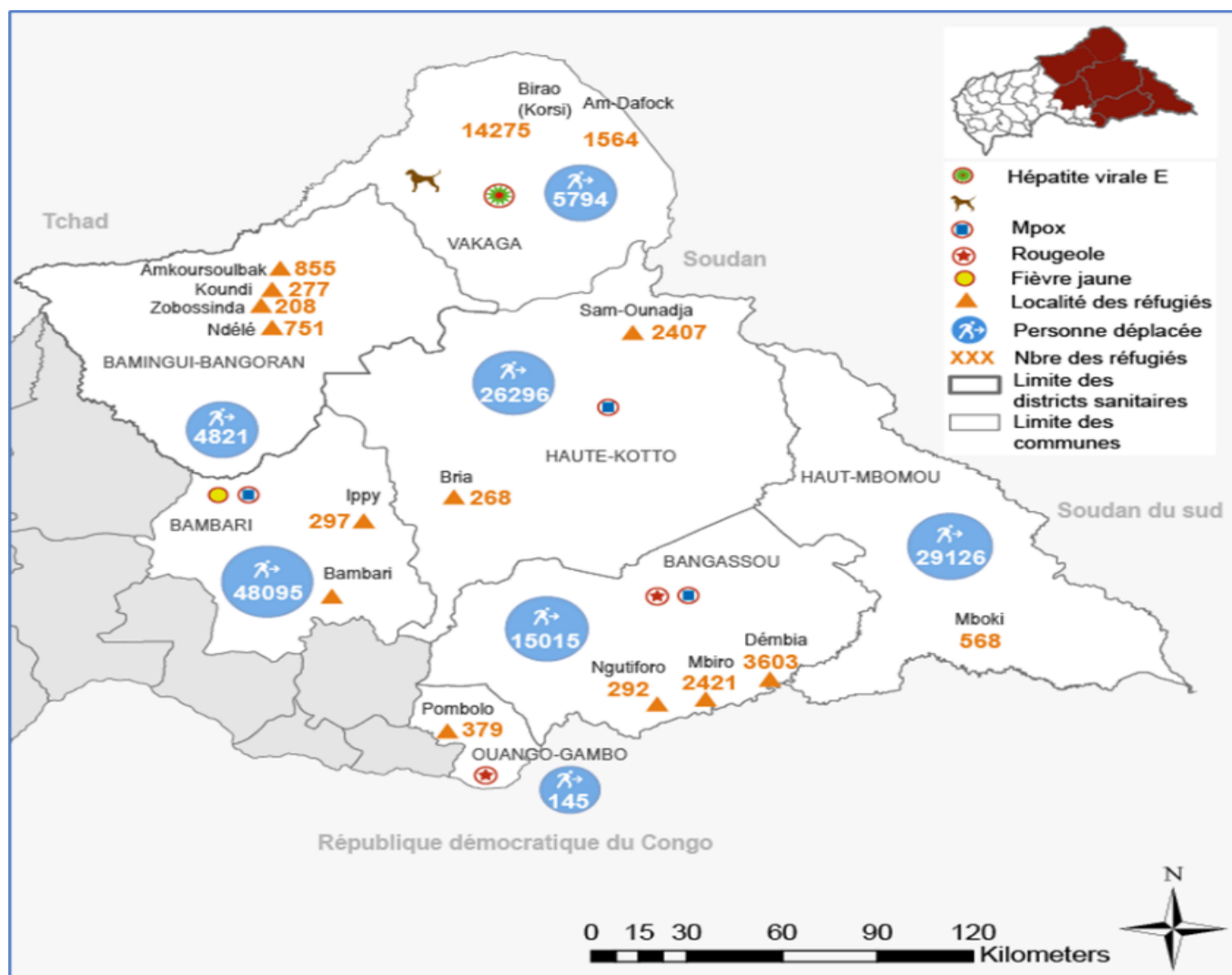
Additionally, WHO integrated PSEAH into the training of trainers programme for 21 mental health professionals as part of the "Bridging the Gap in Mental Health" initiative (mhGAP) in the Amhara region. This integration aims to enhance awareness and preparedness among mental health workers to handle PSEAH-related issues, ensuring a safer environment for all, particularly in crisis-affected areas.

## Central African Republic

### Situation overview

As of August 2024, six out of seven affected districts have at least one outbreak. There is an ongoing epidemic of hepatitis E in Vakaga, and measles in Bangassou. Also, there is an increase in malaria cases at the Korsi site in Birao, in Vakaga. There has been a decline in the influx of refugees in the middle of the rainy season.

Figure 15: Map of Sudanese refugee and asylum-seeker districts



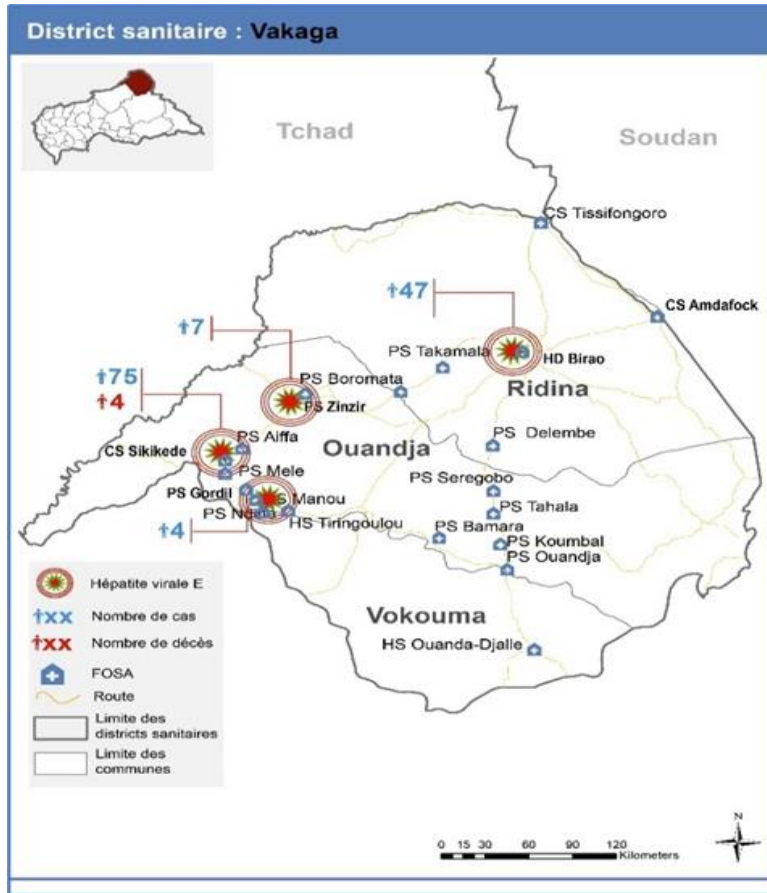
### Health information and epidemiology updates

#### Vakaga:

#### Hepatitis E

- As of 26 August 2024, 151 cases of hepatitis E have been reported, including 16 laboratory-confirmed cases (10 by PCR and six by serology) since 18 February 2024. During this period, five deaths have been reported (three from health facilities and two from the community).
- Five health areas have reported cases, including two health areas with confirmed cases: Sikikédé and Boromata.

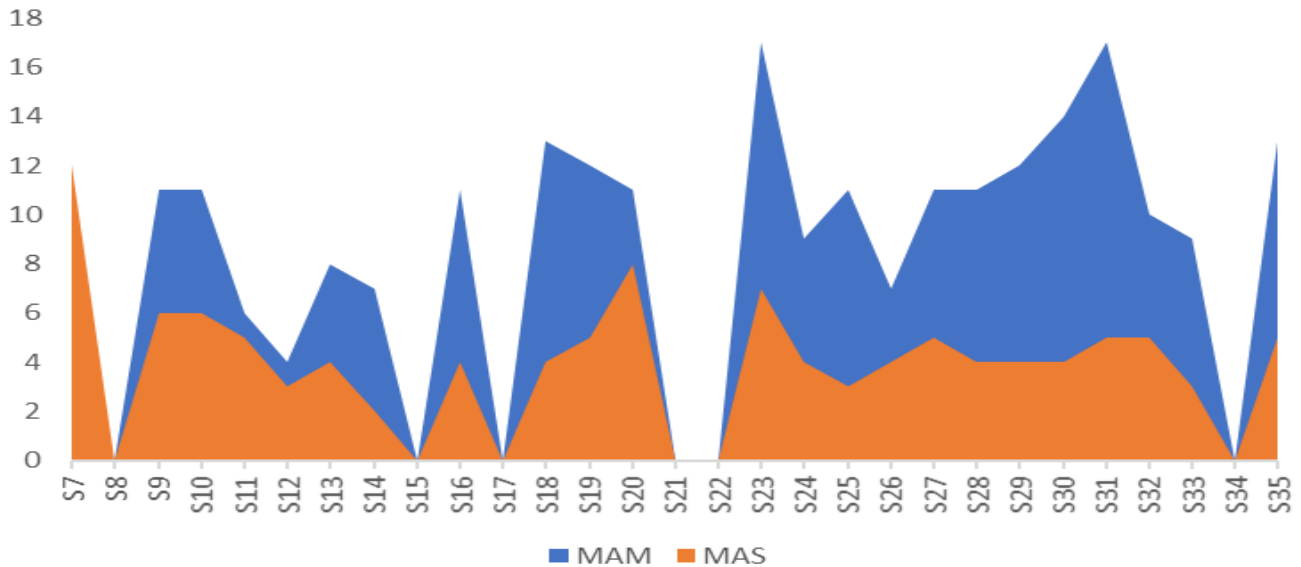
Figure 16: Hepatitis E cases in Vakaga district as of 26 August 2024



**Nutrition**

- Based on the EWARS site at the Korsi site in Birao, there has been a consistent report of SAM and MAM cases.

Figure 17: Notification of SAM and MAM cases at the Korsi site in Birao.

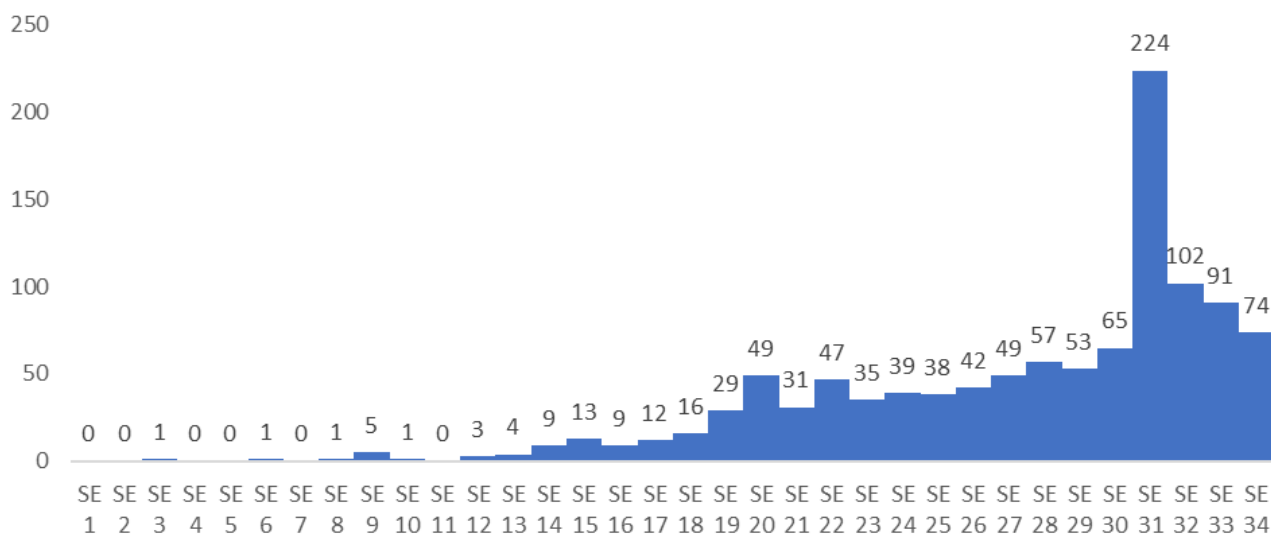




**Bangassou:**

- There has been a continued outbreak of measles in the Rafai health area. As of 24 August 2024, the cumulative number of cases is 1025, with five deaths.

**Figure 18: Weekly suspected measles cases in the Rafai health area**



**Operational updates**

**Coordination in Vakaga, Bangassou, Bambari, Kaga Bandoro:**

- Facilitation of weekly meetings to coordinate responses to ongoing epidemics in Birao, Bangassou and Bambari.
- Update of partner lists and mobilization of partners for the response, coupled with meetings of regional health clusters.
- Advocacy at the national level of the WASH cluster for their full involvement in the response to the ongoing outbreaks of mpox and hepatitis E, and preparedness for a possible importation of cholera.

**Sanitary operations and technical expertise**

**Vakaga:**

- Technical contribution to the training of 15 One Health actors in Vakaga on five priority zoonoses and event-based surveillance.
- Awareness raising of 39 mothers of children received at the Ambulatory Therapeutic Nutritional Unit on prevention measures against viral hepatitis E, at the Korsi site in partnership with International Medical Corps.
- Advanced and mobile routine vaccination strategies in Vakaga: 211 children and 148 pregnant women were immunized.

**Bangassou:**

- Investigation of seven suspected cases of mpox in Rafai, Bangassou district: samples were sent to the Institute Pasteur in Bangui.
- Preparation of the supervision mission of the measles vaccination campaign in Rafai, Bangassou district, which is scheduled for early September 2024, targeting over 15 000 children from six months to 15 years old.

**Bambari:**

- Preparation for vaccination activities at the assembly points of the Bambari health district.

### **PRSEAH updates**

WHO has intensified its focus on PRSEAH in response to the ongoing refugee crisis. In Birao district, where approximately 17 000 Sudanese refugees are located, 20 health workers providing care in local health facilities have been sensitized on PRSEAH, including the code of conduct, notification mechanisms, and safeguarding approaches.

Additionally, 14 health partners, including nine NGOs, two local health authorities, and three UN agencies, have also been sensitized on PRSEAH in the same district. Meanwhile, in Bouar district, where around 17 000 Chadian refugees have sought refuge, WHO conducted a PRSEAH briefing for health workers providing health services. These efforts are aimed at strengthening the capacity of health workers and partners to prevent and address sexual exploitation, abuse, and harassment, ensuring a safe environment for all affected communities.

## Key operational challenges

- **Resource Mobilization:** WHO has received only US\$ 20 million in 2024 to date for the response to the Sudan crisis, leaving a funding gap of US\$ 65.7 million.
- **Access Constraints:** Ongoing fighting and administrative barriers, coupled with the rainy season, limit WHO's ability to provide humanitarian health assistance in Sudan.
- **Rainy Season:** The flooding and heavy rains in different states add challenges in displacement, infectious diseases (e.g., cholera), and the delivery of medical countermeasures and humanitarian aid.
- **EWAR Limitations:** Inadequate early warning, alert, and response surveillance in hard-to-reach areas and among refugees hamper evidence-based decision-making.
- **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 drugs and medical supplies due to bureaucratic delays, resource limitations, and access issues.
- **Infection prevention and control/ WASH supplies:** Shortages at entry points and in financial support for transferring refugees.

## Next steps

- WHO to continue to support the cholera outbreak in Sudan through different technical pillars, including surveillance, rapid response teams, WASH, case management, infection prevention and control, social and behaviour change, risk communication and community engagement, and medical countermeasures (oral cholera vaccination) and supplies.
- WHO to continue to support implementation of an EWAR surveillance pilot in East and Central Darfur and expansion of HeRAMS through partners.
- 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 the host communities and refugees.
- Continue to strengthen the Health Cluster from state to sub-national and national level, including leveraging partners with field presence for Co-Coordinator roles.
- WHO to 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 GBV.

## Other resources

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