



Sudan health emergency

Situation Report No. 2
15 June – 16 July 2023



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Highlights

- Three months since the escalation of violence in Sudan, insecurity and limited access to medicines, medical supplies, electricity and water continues pose enormous challenges to the delivery of health care across the entire country, especially in those states directly affected by the conflict such as Khartoum, West and Central Darfur, and North and South Kordofan.
- Due to the conflict and displacement, there are now 24.7 million people in need of humanitarian aid in Sudan – a 57% increase since the start of the recent escalation - with 18.1 million people now targeted to receive humanitarian aid as per the revised Humanitarian Response Plan launched in May 2023.
- Insecurity continues to prevent patients and health workers from reaching hospitals. Attacks on health care continue to be reported. Since the start of the conflict on 15 April 2023, WHO has verified 50 attacks on health care resulting in 10 deaths and 21 injuries. These are only attacks WHO has been able to verify through its verification system. Attacks on health care include incidents involving hospitals, ambulances, laboratories, warehouses, health workers and patients ([WHO Surveillance System of Attacks on Healthcare - SSA](#)).
- The occupation of Sudan National Medical Supplies Fund (NMSF), National Public Health Laboratory (NPHL) and Central Blood Bank continue to impact the availability of critically needed medical supplies and services.
- 4 million children and pregnant and breastfeeding women are acutely malnourished, and more than 100,000 under-five children with severe acute malnutrition with medical complications are in need of specialized care at stabilization centres.
- Mass displacements continue to take place within Sudan and to neighboring countries, with reports of over 3 million people displaced, over 2.4 million of them internally and close to 738 000 across borders to neighboring countries ([IOM Displacement Tracking Matrix, Situation Report 12](#)). WHO offices in receiving countries are working with the respective governments to help meet the urgent needs of refugees, migrants and returnees.
- An alarming rise in the incidence of sexual and gender-based violence against women and girls is reported from states affected by the conflict, particularly Khartoum and Darfur. WHO is working with health partners to ensure faster access to emergency health supplies and treatment for survivors, as well as ensuring access to psychosocial services.
- There are reports of cases of acute watery diarrhea, acute flaccid paralysis, suspected dengue, and measles.

KEY FACTS AND FIGURES

24.7 million

people in need of humanitarian aid in 2023

18.1 million

people targeted for humanitarian aid in 2023

11 million

people targeted for health response

100 000+

children under five years suffering from medical complications of severe acute malnutrition in need of specialized care

1105

people killed

12 115

people injured

50

attacks on health care verified by WHO

3.7 million

people already internally displaced prior to the conflict

3+ million

people displaced internally and across borders since 15 April

2.4+ million

people internally displaced since the escalation of violence

737,800+

people migrating to neighboring countries

Situation

Overall needs

- As per the revised Humanitarian Response Plan (HRP) for 2023, half the population of Sudan, nearly 25 million people are in need of humanitarian support, and 18 million have been targeted for humanitarian assistance.
- An estimated 11 million people in Sudan need urgent health assistance.
- Since the start of the conflict and as of 09 July, over 3 million people have been displaced, over 2.4 million internally and close to 738 000 across the border into six neighbouring countries: Egypt, Chad, South Sudan, Ethiopia, Central African Republic and Libya (IOM Displacement Tracking Matrix, Situation Report 12). The mass displacement, with the associated limitation of access to food, water, sanitation and health care, will further put the health of the affected populations at risk of malnutrition and disease outbreaks.

Access to health care

- A staggering 67% (60 out of 89) 67% of hospitals (60 out of 89) are not functional in areas affected by conflict such as Khartoum, North Kordufan and Darfur are out of service according to a report of the Preliminary Committee of Sudan Doctor's Trade Union, dated 31 May. The situation is not expected to improve since the report date as reports of more attacks on health care have been received and verified by WHO. The 29 hospitals operating fully or partially – some providing emergency medical services only – are at risk of closure due to shortage of medical staff, supplies, water, electricity and fuel for generators.
- Across all affected areas, health staff have not been paid for nearly three months, and most of them have relocated to safer areas. There are serious shortages of specialized medical personnel, including anesthesiologists and surgical specialists, most of whom have relocated seeking safety.
- Shortages of medicines and medical supplies including, treatment for chronic diseases, oxygen supplies and x-ray films continue to be reported despite provision of supplies by health partners, including WHO.

Trauma and injuries

- According to the Federal Ministry of Health, the violence in Sudan has killed 1105 people and injured 12 115, although the number of casualties is expected to be much higher.

Outbreaks

- The lack of safe drinking water in hotspot states like Khartoum due to some water stations going out of service is forcing people to use water from unsafe sources, increasing the risk of water-borne diseases. The onset of the rainy season, will also increase the risk of outbreaks of water-borne and vector-borne diseases.
- Interruption of vector control efforts to contain dengue fever and malaria also increases these risks.

- Between 21 May and 12 July, suspected cases of different outbreak-prone diseases were reported. Due to the occupation of the National Public Health Laboratory and logistical challenges.
 - 1313 suspected measles cases and 26 deaths were reported from eight states
 - 323 cases of suspected malaria were reported from South Darfur
 - 15 cases of acute watery diarrhoea were reported from White Nile
 - 6 cases of dengue were reported from Red Sea
- Since the start of the conflict in April, 71 cases of acute flaccid paralysis (AFP) were reported from Gezira and Blue Nile states.
- A total of 25 cases and 4 deaths of heat stroke were reported from Red Sea State.

Reproductive health

- There are an estimated 2.64 million women and girls of reproductive age. More than 260 000 of them are pregnant and over 90 000 will give birth in the next three months. Lack of access to safe and clean deliveries for these women and their newborns is major concern, especially for those who have complications of their pregnancy, as more women will be forced to deliver at home.
- Since this conflict began, the UN Human Rights Office in Sudan has received credible reports of incidents of conflict-related sexual violence against at least 57 women and girls. Based on previous experience in conflict zones, it is expected that this is a gross underestimate.

Non-communicable diseases

- Persons with chronic diseases such as diabetes mellitus, hypertension and cancer face a major risk of complications – including death – due to acute cessation of access to treatment. This problem is especially pressing for the estimated 8 000 people in Sudan requiring renal dialysis for chronic kidney failure, and the 4000 needing kidney transplant. Ensuring their access to life-saving care is an urgent priority.

Nutrition

- The already dire nutrition situation following prolonged drought is worsening dramatically due to lack of access to food as a result of the conflict.
- An estimated 4 million children and pregnant and breastfeeding women acutely malnourished; more than 100 000 under-five children with severe acute malnutrition with medical complications currently in need of specialized care at stabilization centres.

WHO Response

Leadership and coordination

- WHO is coordinating the health response and continues to lead the Health Cluster, including sub-national cluster hubs in Port Sudan and Wad Madani, Gezira.

Distribution of supplies

- Along with other humanitarian agencies, WHO is working intensively to continue to distribute lifesaving medical supplies.
 - Between 15 June and 16 July, WHO has brought into the country 18 metric tons of medicines and medical supplies, including trauma kits, blood bags, medicines for chronic diseases and infectious diseases, and diagnostic kits worth US\$560 000, in addition to previously delivered 170 metric tons of medical supplies.
 - Using all possible avenues, WHO has distributed these supplies to health facilities in 14 States through the Federal Ministry of Health, state ministries of health, international and local non-government organizations (INGOs, NGOs), and directly to health facilities.
- Insecurity and operational hurdles continue to pose a challenge in the timely delivery of supplies and services. Nevertheless, WHO remains committed to collaborating with partners and local authorities to explore alternative approaches and guarantee the delivery of healthcare services and vital medical supplies to the affected population in these regions. Continuous efforts are being made to overcome the challenges and extend support to healthcare facilities as circumstances permit.

Addressing information gaps

- WHO is collaborating with health officials and partners to address gaps in essential health data, including disease surveillance. The organization:
 - is working with state health authorities to revitalize surveillance systems across the country, including to detect and guide timely response to disease outbreaks.
 - has undertaken assessments of the functionality of 18 hospitals in Jazeera State and the availability of health services in Wadi Halfa locality.
 - has assessed the functionality of health directorates in X states.
- In coordination with Federal and State Ministries of Health, WHO has supported the initiation of the Health Resources and Services Availability Monitoring System (HeRAMS).

Outbreaks

- WHO has supported the activation of an emergency operation centre (EOC) for measles outbreak response.
- The organization is supporting the resumption of routine immunization, and together with UNICEF, is preparing for a reactive vaccination campaign to respond to the ongoing measles outbreak in affected and surrounding localities.
- WHO prepositioned supplies including antibiotics, IV fluids, oral rehydration solution and zinc, as well as equipment like treatment beds in Dilling locality in South Kordofan state, playing a vital role to launching a timely response to the ongoing acute watery diarrhoea (AWD) outbreak.
- WHO supported South Kordofan State Ministry and locality health authorities in setting up treatment at Dilling locality. Additionally, with support from WHO, a rapid response team (RRT) was activated at Dilling for further epidemiological investigation of the AWD outbreak and to support response activities.
- In collaboration with Samaritan's Purse, WHO helped establish a heat stroke treatment centre in Port Sudan to respond to the heat stroke outbreak.

Malnutrition

- As part of the nutrition emergency response, WHO has provided supplies for the treatment of severe acute malnutrition (SAM) with medical complications, deployed nine nutrition experts to train health workers on the job and provide technical support to strengthen stabilization centres for the management of SAM with complications.

Mental health and psychosocial support (MHPSS)

- MHPSS services are critically needed for people affected by the conflict, especially children and survivors of sexual and gender-based violence (SGBV).
- WHO is working with 41 national and international partner organizations through a technical working group, conducting MHPSS service mapping with the FMoH, and collaborating with UNFPA for psychosocial support to survivors of SGBV.



A WHO nutrition expert provides expert advice to a health worker during a nutrition assessment of a child, Sudan, 2023.

WHO response to the health needs of Sudanese and other nationals fled to neighbouring countries

- As of 09 July, close to 738 000 people had sought safety in countries surrounding Sudan: 255 565 have fled to Egypt, 239 218 to Chad, 160 798 to South Sudan, 62 509 to Ethiopia, 16 719 to Central African Republic, and 2992 to Libya ([IOM Displacement Tracking Matrix, DTM Situation Report 12](#))
- Provision of health services is among the priority humanitarian needs to save lives and preserve well-being.
- WHO Eastern Mediterranean Region and WHO Regional Office for Africa are coordinating the health response across borders in neighboring countries for health care, including emergency care and psychosocial support for Sudanese and other nationals fleeing the fighting in Sudan.
- WHO is responding in each country by working with Ministries of Health and partner organizations to coordinate the health response, providing emergency medical supplies for trauma victims as well as basic mental healthcare, and disease prevention activities. In times of crisis, it is important for health partners to work together seamlessly. Through the health cluster mechanism, WHO is coordinating the health response in areas that are hosting refugees and returnees. Additionally, WHO monitors disease outbreaks and responds quickly by deploying rapid response teams.
- With medical supplies in high-demand, WHO also helps procure and deliver the most needed items to hospitals and clinics.

Central African Republic

- As of 09 July, close to 17 000 people have fled to the Central African Republic (CAR) through Sudan's Darfur region. CAR's Vakaga and Haute Kotto prefectures are hosting the people who have fled.
- WHO is doing everything possible to meet growing—and urgent—health needs in these areas. However, there are access constraints because of ongoing insecurity and the recurring flooding that occurs between July and November, which makes it difficult to travel along the roads.
- WHO has sent enough medical supplies to care for 25 000 people for three months and give malaria-related care to 10 000 people for three months. WHO has also sent 'renewable' supplies, including items like gloves and syringes.
- WHO supports communities in Vakaga strengthen disease surveillance. The Organization trained 16 health workers from across eight health facilities on epidemiological surveillance to help them quickly spot and stem the spread of disease. Sixteen community health workers have also been trained to help with disease surveillance within communities. WHO teams are working with partners on the implementation of a variety of health interventions, including health cluster coordination, disease surveillance, community engagement and immunization. A recent measles vaccination campaign in Am Dafock of Vakaga Prefecture at the border with Sudan reached nearly 3400 children under five years. WHO is also helping carry out a polio vaccination campaign in Birao (also located in Vakaga prefecture) that saw more than 4300 children under five years vaccinated, 220 of whom are currently residing in the refugee camp.

Chad

- As of 09 July, nearly 240 000 people had fled Sudan to Chad. Estimates indicate that an additional 250 000 people may enter Chad by the end of the year.
- Three provinces – Sila, Ouaddai, Wadi Fira – in eastern Chad are hosting the influx of people fleeing violence.
- The most wounded and most serious trauma cases are among those coming into Chad. WHO is working around the clock to coordinate the health response at the borders and make sure there are enough supplies available to treat victims of violence.
- As of 30 June, there were more than 1400 serious trauma cases in need of critical care, including surgery. As of 4 July, 15 tons of medical supplies had been sent from WHO's Emergency Warehouse in Kenya.

- Subsequently, WHO sent US\$300 000 to procure health commodities and supplies for the trauma cases entering Chad. More supplies are on the way.
- The supplies sent range from supplies to treat trauma victims, basic medical supplies, and cholera treatments to medicine to treat malnutrition and tents for mobile health clinics.
- Malaria, diarrhoea, and severe respiratory infections are some of the health threats refugees and host communities are facing. Among the 15 tons of supplies sent, WHO has also dispatched specific medicines to address these illnesses.
- WHO has also helped vaccinate more than 51 000 children against polio across 34 refugee sites.

Egypt

- To date, Egypt has received the largest number of people fleeing the violence in Sudan. According to the latest figures from IOM, more than 255 000 displaced individuals, predominantly Sudanese, have crossed into Egypt as of 18 June, mostly women, children, and older people.
- The Egyptian Ministry of Health and Population (MoHP) is taking preventive measures at the borders including administering polio and measles, mumps and rubella (MMR) vaccines for children, malaria vector control, mobile clinics, and laboratory testing for communicable disease.
- WHO Egypt, in close coordination with the MoHP, and in collaboration with other UN agencies, the Egyptian Red Crescent (ERC), and community-based organizations, is providing support, including medicines and medical supplies, to help address the health and humanitarian needs of refugees and migrants.
- WHO has also:
 - helped establish a mental health and psychosocial support clinic in Aswan, and trained health workers and other responders on psychosocial first aid in emergency context;
 - oriented health care workers and volunteers on the health response to gender-based violence;
 - installed latrines and shower units at key locations at the borders in Qustul, Argeen and Karkar;
 - installed a caravan unit to provide shelter to health care workers at Qustul from extreme heat and mosquitoes/parasites.
- Based on the latest assessments and the growing needs, WHO in Egypt seeks US\$10 million for 6 months to continue its emergency operations and response, ensure the sustainability of healthcare services, meet the needs of the displaced people and host communities, and maintain cross-border health security.

Ethiopia

- As of 09 July, more than 62 000 people had arrived in Ethiopia from Sudan. Most people have been coming to either Metema in the northwest or Kurmuk in the west.
- WHO is working with local authorities and partner organizations to make sure refugees can receive the health care they need. With the Ministry of Health, WHO has helped deploy an emergency medical team to Metema and provided a vehicle to help responders provide health services. WHO has also deployed five people to Metema to assist with mental health care, surveillance, community engagement, logistics and coordinating the overall health response. WHO is also assisting in public health screenings at points of entry, including for COVID-19 and Marburg and provided antimalarial drugs.
- The organization has sent more than 8000 kilograms worth of medical supplies to the affected area that can provide medical services to 153 000 people, including trauma kits, supplies to treat cholera, malnutrition, non-communicable diseases, and essential services.

South Sudan

- As of 09 July, nearly 147 000 people fled Sudan in search of safety in South Sudan. Four states are hosting the influx of people (Upper Nile, Western Bahr el Ghazal, Northern Bahr el Ghazal, and Unity State). More than half of the refugees are in Upper Nile State.

- The risk of diseases spreading is increased by overcrowding in the camps and temporary settlements, limited access to healthcare, inadequate sanitation facilities, malnutrition, and limited resources. WHO is working around the clock to deliver an effective and coordinated health response in South Sudan to save lives.
- South Sudan is currently responding to a measles outbreak along the borders through which people are coming into the country.
- WHO is providing emergency health kits to organizations involved in the crisis response to ensure that health facilities have the necessary supplies. About 350 emergency health kits have been distributed or prepositioned in six locations across the four states, benefiting more than 158 000 people for three months.
- WHO is supporting existing health facilities to optimize basic healthcare to populations in locations prioritized for a response. This includes training healthcare workers on quality case management for both communicable and non-communicable diseases. In areas without existing health services, WHO has set up mobile clinics to ensure everyone has access to basic health services.
- The organization is also carrying out regular water quality testing to ensure safe drinking water for everyone. In cases of severe acute malnutrition with medical complications, WHO provides the necessary nutritional kits to manage them. WHO has also set up handwashing stations in transit areas to support dire gaps in water and sanitation provisions.

Funding overview

- The revised 2023 Humanitarian Response Plan (HRP) seeks US\$2.6 billion for the humanitarian sector to provide urgent assistance to 18.1 million people targeted out of 24.7 million people in Sudan in need of humanitarian assistance. This includes US\$178.6 million in financial requirements to reach 11 million people with healthcare assistance, which is only 11.8% funded.
- The Sudan Regional Refugee Response Plan has an overall funding requirement of \$470.7 million to meet the needs of people seeking safety beyond Sudan's borders, including for urgent healthcare assistance.
- WHO Emergency Appeal requests US\$ 145 million for June–December 2023 to respond to the needs of 7.6 million people in need of urgent health assistance in Sudan and almost 500 000 individuals forced to flee to neighbouring Central African Republic, Chad, Egypt, Ethiopia and South Sudan.
- A contribution from the Contingency Fund for Emergencies (CFE) enabled WHO to respond to this emergency since its onset. WHO thanks all donors who provide support to this critical fund which allows WHO to move quickly in emergencies and allocate resources where they are needed most. WHO additionally thanks the UN Central Emergency Response Fund for its support to improve access to essential and life-saving healthcare services in the country.



Amna and her sisters Alia and Asmaa play with new friends in Alzahraa displacement camp where around 1800 people who fled violence in other parts of Sudan are hosted.

Although located near the centre of the city of Madani in Gezira state, the camp lacks basic services. It is already overcrowded, but many people who have nowhere to go are joining their families here.

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