

# Sudan conflict and refugee crisis

Multi-country External Situation Report n. 9<sup>1</sup>, covering reporting period January-February 2025

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

## Highlights

- More than 22 months have passed since the escalation of conflict in Sudan in April 2023. Health is the sector with the third highest people in need as per the Humanitarian Needs Response Plan 2025 (HNRP).
- Two-thirds of states in Sudan are experiencing more than three different disease outbreaks, which are exacerbated by the widening climatic shocks. In particular, more than 56 900 cases of cholera with 1529 deaths (CFR 2.7%) have been reported as of February. WHO supports the country through multiple response pillars.
- WHO makes substantive contributions to preventing sexual exploitation and abuse in Sudan.
- Eastern Chad continues to report malaria, suspected measles, suspected hepatitis E and chickenpox. Since the start of the conflict in April 2023, over 763 000 refugees have entered eastern Chad.
- More than 83 300 individuals crossed from Sudan into South Sudan through six border crossings in January and February, and health service provision in Renk and other counties where refugees and returnees from Sudan are received remains overstretched. There is an ongoing cholera outbreak linked to the influx of returnees and refugees from Sudan.
- In Libya, WHO supported delivering comprehensive health services, strengthening disease surveillance and assessing health facilities with logistical support.
- In addition to continued outbreaks of malaria in Ethiopia and hepatitis E in the Central African Republic, a cholera outbreak has been reported in Ethiopia. WHO provided technical support for outbreak response activities.

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## Situation overview

This report summarizes the multi-country health situation and WHO's response to the regional emergency caused by the conflict in Sudan. More than 12.9 million people are currently internally displaced in Sudan—the largest number in the world—and over 3.8 million have fled to neighbouring countries, including Egypt, South Sudan, Chad, Ethiopia, Libya, Central African Republic, and others.

As the Health Cluster lead agency, WHO ensures the coordination across partners and the strategic approach of the humanitarian health response. As indicated in the Sudan Humanitarian Needs and Response Plan (HNRP) for 2025, 20.3 million people are in need of health assistance in the country, of which the Health Cluster partners are targeting a total of 9.4 million people who are most vulnerable.

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<sup>1</sup> This is the ninth multi-country external situation report of the Sudan humanitarian health 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. Please note that between September and December 2024, these multi-country situation reports have focused on the health situation and WHO's regional response in refugee-hosting neighbouring countries of Sudan, with the health situation in Sudan and WHO's response covered separately in reports issued by the WHO Sudan Country Office. In early to mid-2025, the Sudan component will be re-integrated into this report. For previous situation reports covering exclusively Sudan, please see: <https://www.emro.who.int/sdn/crisis/index.html>

## Situation update in Sudan

### Situation overview

After more than 22 months of relentless conflict, Sudan has become one of the world's largest humanitarian crises. Ongoing armed conflict and attacks against civilians, displacement, hunger, malnutrition, disease outbreaks, and climate shocks have left nearly two-thirds of the population in desperate need of humanitarian assistance and protection services. An estimated 12.9 million people have been forcibly displaced within and out of Sudan since April 2023, many of whom were already displaced. This includes 3.8 million people who have crossed into neighboring countries. Roughly 8.9 million people are estimated to be internally displaced and close to 270 000 people are self-relocated refugees, making Sudan the largest internal displacement crisis in the world. Children account for 53% of the displaced population.

Sudan is also experiencing an unprecedented food security crisis, with close to 25 million people facing high levels of acute food insecurity between December 2024 and May 2025<sup>2</sup>. The situation is particularly dire for those trapped in conflict zones, including in Al Jazirah, North Darfur, Khartoum, and the Kordofan region. In August 2024, famine conditions were identified in Zamzam camp in North Darfur State, more areas in North Darfur and the Western Nuba mountains have been identified as experiencing famine conditions. Nutrition surveys reveal a worsening trend, with a global acute malnutrition (GAM) rate of 13.6% in surveyed areas. The 2025 outlook suggests further deterioration, especially since conflict intensified with the onset of the dry season in October 2024. It is projected that 21.1 million (45%) of the population is in Integrated Phase Classification (IPC) Phase 3 and above, of whom over 109 000 are in IPC phase 5 (catastrophic) in December 2024 to May 2025.

The Humanitarian Needs Response Plan (HNRP) 2025 identifies food security and livelihoods, health, and water sanitation and hygiene (WASH) as the three clusters with the highest numbers of people in need: 25.5 million people in need for WASH services; 25.1 million people in need for food security and livelihood services while 20.3 million people in need for health services.

In addition to the widening conflict, climate shocks including unusually heavy rains and flooding—and disease outbreaks like cholera and measles—are exacerbating humanitarian needs. The conflict has upended the lives of 24 million children, with over 17 million out of school, creating a true generational catastrophe. School-aged girls face additional threats including child marriage, female genital mutilation, and sexual violence, exploitation and abuse.

Civilians continue to bear the brunt of armed violence. The fighting has led to mass displacement and appalling patterns of sexual violence against women and girls, indiscriminate bombardment of civilian areas, widespread damage and destruction of civilian infrastructure, attacks on health care facilities and ethnically motivated killings. Children continue to be killed and maimed, subjected to sexual violence, recruited by armed actors and denied essential services and humanitarian assistance. The number of people at risk of gender-based violence (GBV) has tripled since the conflict began in April 2023, now totaling over 12 million women, girls, men, and boys. In addition, most conflict-affected areas are now heavily contaminated by explosive hazards.

Access to essential services has sharply declined due to the conflict. The latest round of the Health Resources and Services Availability Monitoring System (HeRAMS) has found that 38% of health facilities are non-functional and 62% are partially functional in Red Sea, Kassala, Gedaref, White Nile, Blue Nile, Sennar, Khartoum and special administrative area of Abyei. Less than 25% of health facilities remain functional in the hardest-hit areas. National vaccination coverage has plummeted from 85% before the war, to around 50%. In active conflict zones, vaccination rates are averaging 30%. Schools are closed countrywide, and water and sanitation systems are at breaking point, compounding the spiraling risks

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<sup>2</sup> Sudan: Acute Food Insecurity Situation - Updated Projections and FRC conclusions for October 2024 to May 2025 available at : <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159433/?iso3=SDN>

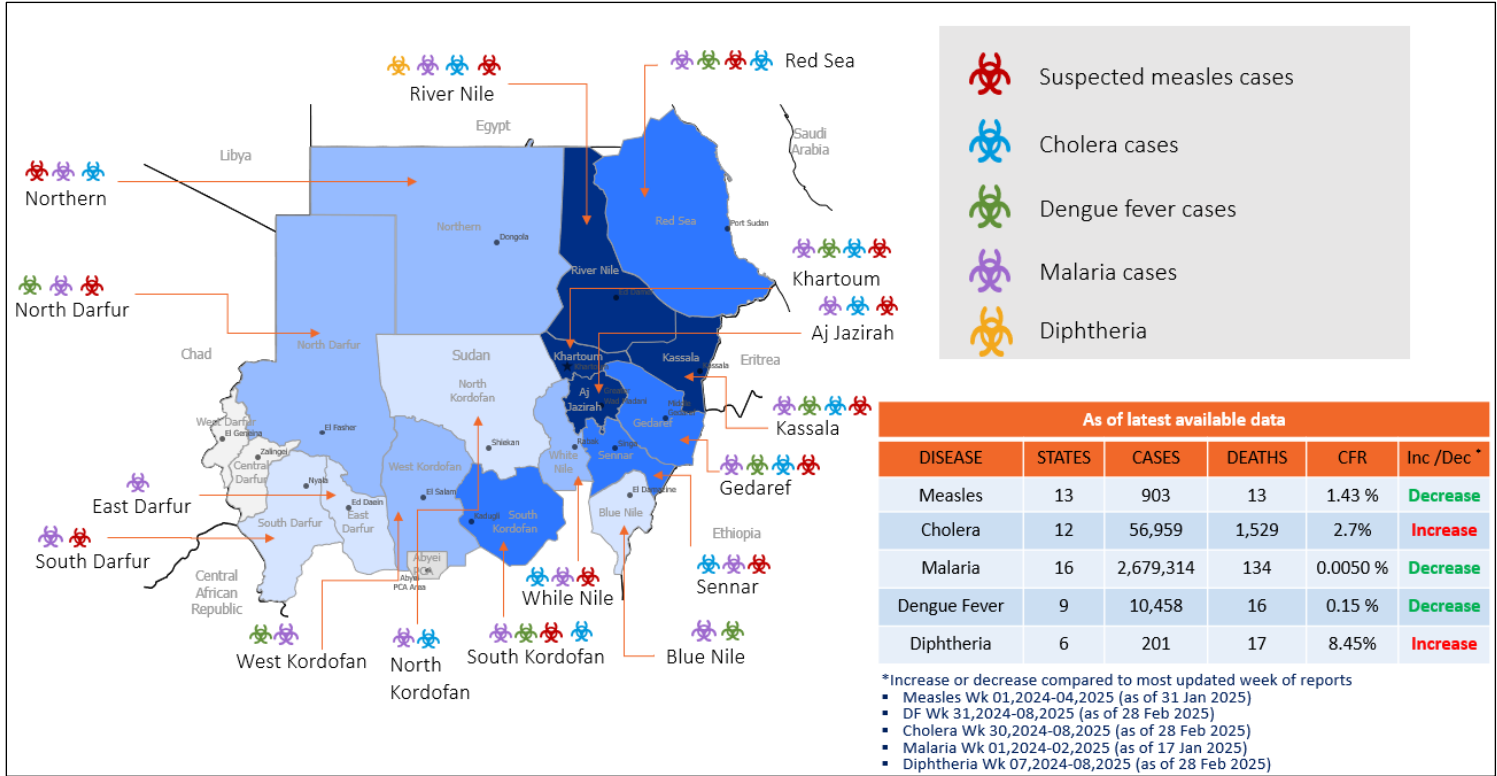
faced by the population, particularly women and girls. An ongoing telecommunications blackout across much of the country is cutting millions of people off from access to life-saving information, as well as banking and other services.

The levels of need are staggering. While assistance is reaching many areas, with local communities and networks playing an indispensable role, humanitarian access challenges severely limit the ability of humanitarian organizations to scale up, especially in high-conflict zones where needs are generally most acute.

Sudan faces a range of risks related to sexual exploitation, abuse and harassment stemming from various factors. The following risks are identified through consultation with key stakeholders, including the Prevention of Sexual Exploitation and Abuse (PSEA) Inter-Agency Network, Health Cluster, humanitarian partners, and other partners across the country: pre-existing social norms; gender disparities and inequalities; internal displacement as cross-border movement; overcrowding; economic hardship; and limited access to services, including limitations in community-based reporting and feedback mechanisms. WHO and humanitarian partners are working to mitigate all of these risks.

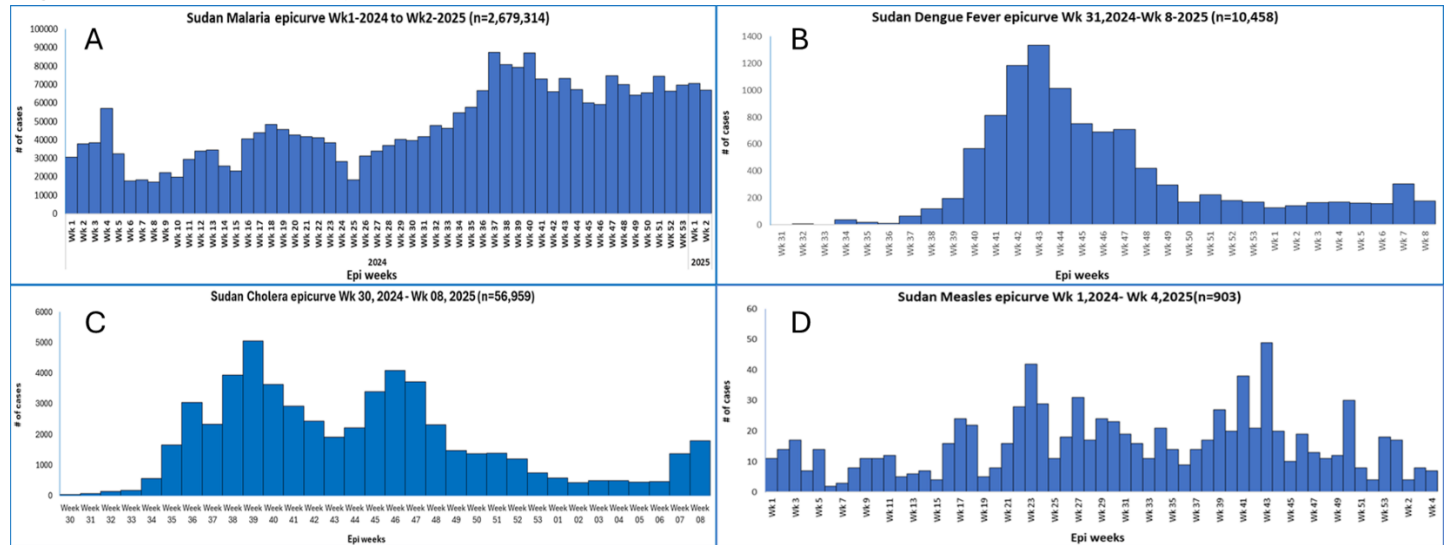
Almost two thirds of the states in Sudan are experiencing multiple simultaneous disease outbreaks, including cholera, dengue, measles, diphtheria and malaria as shown in the figure below:

Figure 1: Ongoing disease outbreaks as of 28 February 2025



- **Malaria:** Between 30 December 2023 and 17 January 2025, a total of 2 679 314 clinical malaria cases with 134 associated deaths (CFR 0.005%) were recorded across 16 states.
- **Dengue:** Between 27 July 2024 and 17 January 2025, a total of 10 458 dengue cases with 16 associated deaths (CFR 0.15%) were recorded across nine states.
- **Cholera:** Between 20 July 2024 and 28 February 2025, a total of 56 959 suspected cholera cases with 1529 associated deaths (CFR 2.7%) were recorded across 12 states.
- **Measles:** Between 30 December 2023 and 31 January 2025, a total of 903 suspected measles cases with 13 associated deaths (CFR 1.4%) were recorded across 13 states.

**Figure 2: Epicurves of key infectious diseases in Sudan**



## Operational updates

- WHO holds nine active grant letters of agreement (GLOAs) with six NGOs supporting 31 hospitals and 31 Primary Health Centres (PHCs) across Sudan and 10 mobile clinics in Abyei.
- WHO finalized selection of partners under the World Bank (WB) Sudan Health Assistance and Response to Emergencies (SHARE) project to provide support to 10 hospitals. A partner's workshop was organized to develop the operational plans.
- WHO is finalizing the procurement of renal dialysis supplies through the support of KS Relief.
- A total of 12 emergency and trauma specialists are deployed in 12 hospitals to provide critical health care services.
- WHO conducted a hospitals and warehouses damage assessment in inaccessible areas using satellite imagery in collaboration with the WHO GIS Centre. The assessment covered 149 facilities in Khartoum (103), North Darfur (34) and West Darfur state (12).
- WHO supported a total of 26 stabilization centres (SCs) with supplies and technical support and 32 SCs with operational cost across Sudan.
- A total of 137 health and nutrition staff received comprehensive training on nutrition in emergency in two States.
- WHO continued to support operations for five Comprehensive Emergency Obstetric and Newborn Care (CEmONC) hospitals across five states.
- WHO is supporting telemedicine programs in partnership with the Sudan Medical Specialization Board and Sudan Family Planning Association to provide Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) services including GBV. The total number of beneficiaries in January was 932.
- WHO, in collaboration with the Sudan Red Crescent Society and the Ministry of Health (MoH), conducted an outreach activity in River Nile state to improve access to sexual and reproductive health services for women and girls.
- In January and February, WHO dispatched over 46 400 metric tons of supplies across Sudan, including modules of Interagency Emergency Health Kits (IEHKs), cholera kits, paediatric severe acute malnutrition (SAM) kits, and Trauma and Emergency Supply Kits (TESKs).
- North Kordofan State conducted indicator-based surveillance training for 40 sentinel site and locality surveillance staff, including surveillance officers, doctors, lab technicians, environmental health officers, and statisticians.
- WHO supported rapid response team (RRT) training for 60 RRT members as well as supporting alert investigation missions across different states.
- The WHO country office, in collaboration with WHO headquarters, conducted two virtual training sessions for the Early Warning Alert and Response System (EWARS) Mobile ([WHO's early warning alert and response tool](#))

surveillance system for partners in the Darfurs. The sessions, which aimed to enhance partners' technical skills for improving EWARS Mobile completeness, were attended by 30 participants.

- WHO provided 10 cholera investigation modules and 1440 rapid diagnostic tests (RDTs) to cholera-affected states.
- WHO trained 50 health and care workers serving in cholera treatment units (CTUs) and cholera treatment centres (CTCs) on testing, sample collection, and related procedures.
- WHO supported the deployment of a mobile laboratory in Blue Nile and White Nile states through the provision of a mobile RT-PCR machine, kits, reagents, and RDTs, as well as staff training.
- WHO-trained environmental and public health officers continued to support water quality testing and monitoring using rapid testing across six states and 23 localities.
- As the Health Cluster lead, WHO organized a workshop focused on key performance indicators for the Cluster, which was attended by 32 information management officers (IMOs) and 38 Cluster partners from the Western, Central and Eastern hubs.
- WHO trained 50 health and care professionals from different states in a national case management training of trainers (TOT) workshop held in Port Sudan. The trained workforce will cascade the training to their respective areas. During the workshop, 10 highly skilled trainers were selected for rapid deployment during large outbreaks.
- WHO and UNICEF, in collaboration with the MoH, launched a six-day oral cholera vaccination (OCV) campaign on 21 February, targeting 1 047 341 people in Kosti and Rabak localities of White Nile state. At the end of the campaign, 87% administrative coverage was achieved, utilizing 910 226 OCV doses.

#### **Preventing and Responding to Sexual Exploitation, Abuse and Harrassment (PRSEAH) updates**

- On 13 January, the-CERF funded PSEA inter-agency community feedback mechanism was officially launched by the Resident and Humanitarian Coordinator in Port Sudan. The establishment of the inter-agency feedback mechanism was led by the Accountability to the Affected Populations Working Group in collaboration with the PSEA inter-agency network, to address some of the challenges faced by the communities and humanitarian actors and collaborators in reporting and raising concerns on issues of sexual misconduct in the country.
- A total of 49 Health Cluster partners (civil society organizations) have reported on the PRS indicator in the who-what-where-when (4Ws) matrix, with 170 249 beneficiaries reached with information on PRS during consultations, trainings and awareness raising.
- Capacity development on PRS was provided to the 32 IMOs and Health Cluster partners that attended the workshop on the Health Cluster key performance indicators.
- Another technical session was held with 37 members of the Central sub-national Health Cluster. The session focused on tangible actions for risk mitigation, response, and accountability of each member organization, enhanced the technical capacity of the health frontline workers who are providing services to all population groups, including refugees and internally displaced persons (IDPs).



## Situation update in neighbouring countries

### Chad

#### Situation overview

Chad is at the centre of the Sudan refugee crisis and its profound impact on health. Since the start of the conflict in April 2023, over 763 000 refugees have entered eastern Chad. These refugees live in numerous formal and informal camps in nine health districts across Ennedi Est, Ouaddaï, Sila, and Wadi Fira provinces. In the camps, challenges in accessing essential health services remain due to multiple factors, including difficult physical access, limited medical supplies, and insufficient financial and human resources, mainly amongst health and care workers.

**Table 1: Key figures in Eastern Chad**

Provinces	Populations in 2025		Districts		Health centers		District hospitals	Provincial hospitals	Total camps	Transition sites	Returnee sites
	Total	Refugees	Total	Functioning	Total	Functioning					
Ouaddaï	1 766 088	489 702	12	11	131	131	12	1	10	1	2
Wadi-Fira	940 844	141 514	9	7	164	138	9	1	5	3	0
Sila	850 381	97 018	4	4	84	96	4	1	4	0	2
Ennedi Est	191 365	20 429	5	5	22	22	5	1	1	0	0
<b>TOTAL</b>	<b>3 748 678</b>	<b>748 663</b>	<b>30</b>	<b>27</b>	<b>401</b>	<b>387</b>	<b>30</b>	<b>4</b>	<b>20</b>	<b>4</b>	<b>4</b>

Malaria, acute respiratory infections, malnutrition and acute watery diarrhoea remain the most commonly reported disease conditions. The humanitarian situation is exacerbated by epidemics of measles, chickenpox, hepatitis E, yellow fever, suspected dengue, and cholera. Chad is using EWARS Mobile in affected areas to scale up disease surveillance and early warning alert and response.

- **Suspected measles:** Between January 2025 and 16 February 2025, 49 suspected measles cases were reported in the crisis-affected eastern provinces of Chad.
- **Suspected hepatitis E:** Since the outbreak began in 2024, 177 cases have been confirmed by RT-PCR, with 16 reported deaths. Of these 16 deaths, five were amongst pregnant women in Adré and Goz-Beida. The most affected province is Ouaddaï, with 153 confirmed cases and seven deaths, followed by Sila (18 cases, nine deaths), Wadi Fira (five cases), and Ennedi Est (one case).
- **Other diseases:** Cases of suspected measles, jaundice syndrome, diphtheria, dengue, and acute flaccid paralysis have also been reported during this period.

#### Operational updates

- WHO provided technical support for the health working group coordination meeting and performance review meeting in February.
- WHO provided a vaccination response campaign following a confirmed diphtheria case in Adré, vaccinating 2000 individuals across six villages in Goungour, in collaboration with Médecins Sans Frontières and Première Urgence Internationale.
- WHO donated psychotropic medicines to partners at the new refugee camp in Dougui (Ckokoyane, Ouaddaï) to support mental health patients.
- WHO trained 52 health workers in psychological first aid in Adré and Goz-Beida.
- WHO supported surgical case management in the hospitals of Guéréda, Adré, and Goz-Beida.
- WHO donated medicines to World Relief, responsible for the Koursigué site, which serves 6118 refugees and 8873 host community members.
- WHO donated psychotropic medicines to Agence de Développement Economique et Social, which manages the Gaga and Kouchaguine-Moura camps (Amléyouna, Ouaddaï).
- WHO facilitated training for health workers, including humanitarian partners, on basic psychosocial care and psychological first aid.

- WHO supported a meeting on individual GBV case management at the Adré spontaneous site, and enhanced coordination for holistic GBV survivor care.

#### **PRSEAH updates**

- WHO supported training 45 members of the Sudanese Refugee Women's Association on PSEA in Adre and raised awareness on different forms of sexual abuse, methods for identifying and reporting cases and available response services.

## South Sudan

### Situation overview

Since April 2023, more than 1.2 million refugees and returnees have entered South Sudan, with the majority crossing through 21 points of entry. Renk county has been the primary entry point, receiving 74% of all arrivals. The large-scale population movement, combined with inadequate access to safe water, sanitation, and healthcare services, has exacerbated public health challenges across South Sudan.

Over the past two months, more than 83 306 individuals crossed into South Sudan via six crossing points, with an average of 1411 daily arrivals following violence in Sudan's White Nile, Blue Nile and Al Jazirah states.

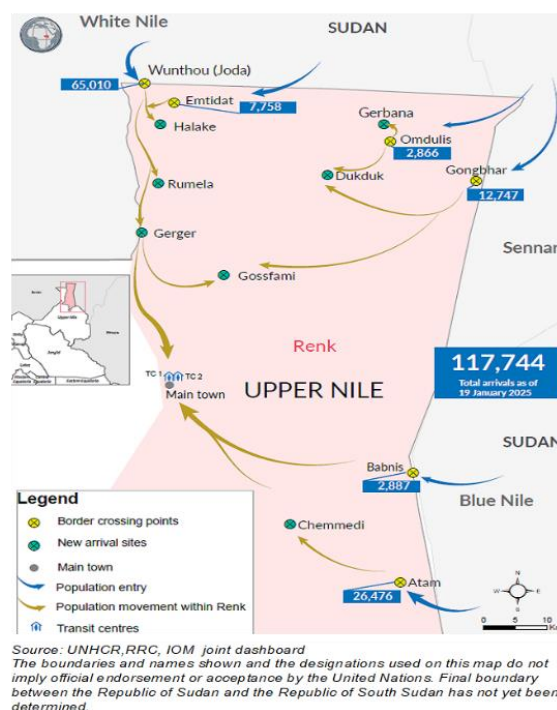
The Ministry of Health of South Sudan, WHO, and humanitarian partners have been actively responding to six active disease outbreaks: cholera, polio, hepatitis E, measles, anthrax, and malaria. The cholera outbreak remains a critical concern, with 36 188 suspected cases and 600 deaths (CFR: 1.7%) reported across 41 counties within seven states. Rubkona county accounts for 54% of all cases, followed by Juba county (12%). The outbreak is linked to the influx of returnees and refugees from Sudan, whose living conditions have facilitated the rapid spread of the disease.

Services in Renk and other counties receiving refugees and returnees from Sudan remain overstretched. The transit centres in Renk currently host over 16 ,000 people—more than four times their intended capacity—while informal hosting sites face similar challenges, with new arrivals outnumbering host communities by up to five times in some locations. While host communities remain welcoming, the goodwill is at risk if conditions and access to essential services continue to deteriorate. Intention surveys indicate that most new arrivals prefer to stay near the border, hoping to return to Sudan once the security situation stabilizes rather than relocating to other refugee-hosting areas in South Sudan.

The surge response is facing critical funding shortages, with partners forced to reprioritize existing flexible resources. Urgent needs include US\$ 17 million for immediate relief, and an additional US\$ 4 million is required to prepare for the June-October rainy season, during which several new arrival locations will become inaccessible.

At critical risk are the 163 260 new arrivals currently living in a new settlement area near the six crossing points, alongside 35 000 host community members, especially in the new unofficial crossing points and settlement areas.. Without the required US\$ 21 million for the next 10 months—of which only US\$ 2 million is currently available—critical gaps in water, health, nutrition, and protection services will leave refugees, returnees, and host populations without essential support.

**Figure 3: Border crossing arrivals since December 2024**



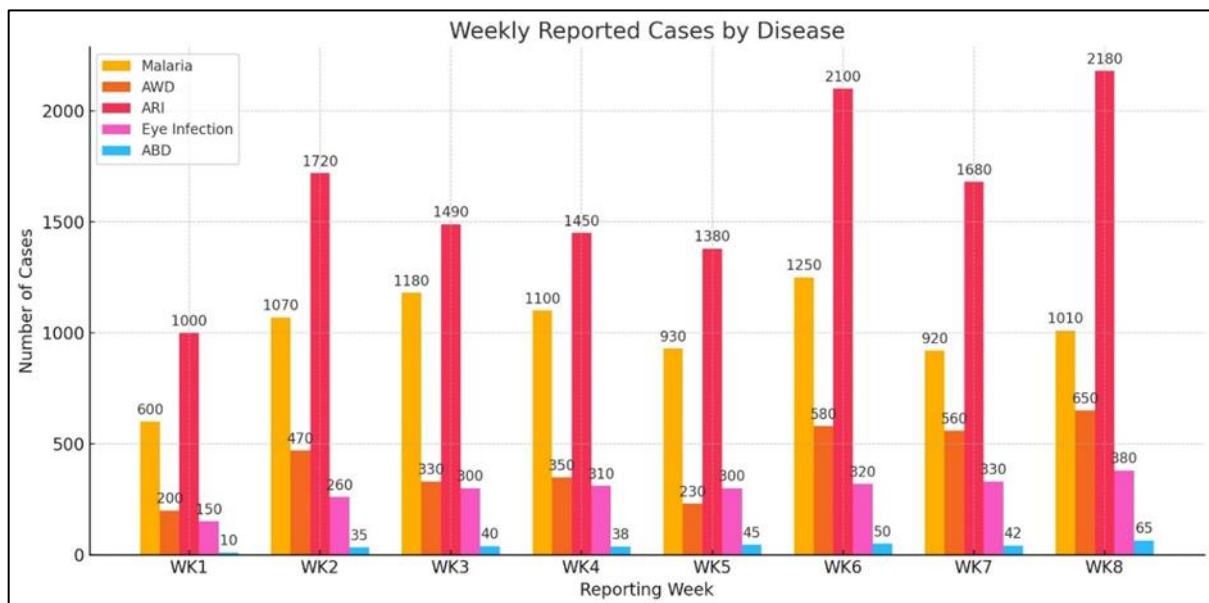


## Morbidity trends in Renk county transit centres

A review of morbidity trends in transit centres (TCs) 1 and 2 and the reception centre in Renk County has identified the following:

- Acute respiratory infections (ARI) consistently shows the highest number of reported cases across all weeks, peaking at 2180 cases in Week 8. Significant fluctuations are observed, with sharp increases in epidemiological (epi) week 2 and epi week 6, suggesting potential seasonal or environmental influences.
- Malaria cases follow ARI in terms of volume, peaking at 1250 cases in epi week 6 before dropping in epi week 7 and rising again in epi week 8. The trend indicates a possible correlation with rainfall patterns or mosquito breeding cycles, typical of malaria transmission.
- Acute watery diarrhoea cases have displayed a gradual upward trend, rising from 200 cases in epi week 1 to 650 cases in epi week 8. The steady increase may indicate ongoing issues with water quality or sanitation.
- The number of eye infection cases remains relatively stable, with a slight upward trend, peaking at 380 cases in epi week 8. This suggests persistent exposure to environmental irritants or infectious agents primarily due to limitations in WASH facilities and practices.
- Dysentery has the lowest case numbers, starting at 10 cases in epi week 1 and gradually increasing to 65 cases in epi week 8. Although the numbers are low, the upward trend warrants attention as this condition can indicate more severe health issues.

**Figure 4: Ongoing disease outbreaks as of epi week 8, 2025**



## Operational updates

The humanitarian crisis in South Sudan, particularly Renk County, remains critical. Immediate and sustained donor support is essential to stabilize the crisis and prevent further deterioration. Without urgent interventions, South Sudan faces a worsening public health emergency with increasing disease burden and mortality rates. The next few months will be critical in shaping the trajectory of this crisis.

## Coordination and leadership

- Regular health and WASH coordination meetings continue across affected states, ensuring a structured and timely response. Functional technical working groups have been established in cholera-affected areas, facilitating inter-agency collaboration. WHO is leading the coordination of sixteen health and nutrition partners in Renk, comprising local, international, and UN agencies.

## Trauma and emergency health services

- The Renk County Hospital has become a critical facility for managing trauma and emergency cases, particularly injuries from armed violence near the border. Since December 2024, over 400 trauma cases have been treated, with daily hospital occupancy exceeding 250 outpatients and 100 inpatients, far surpassing capacity. To manage the growing caseload, WHO and partners have established a temporary trauma centre in Renk, equipped with 60 beds, a triage area, an operating theatre, and a post-operative ward. However, critical shortages of medical supplies, including trauma kits, intravenous fluids and surgical equipment continue to hinder efforts. Staffing remains insufficient to handle the influx of patients, requiring urgent reinforcement.

## Infection prevention and control (IPC) / WASH

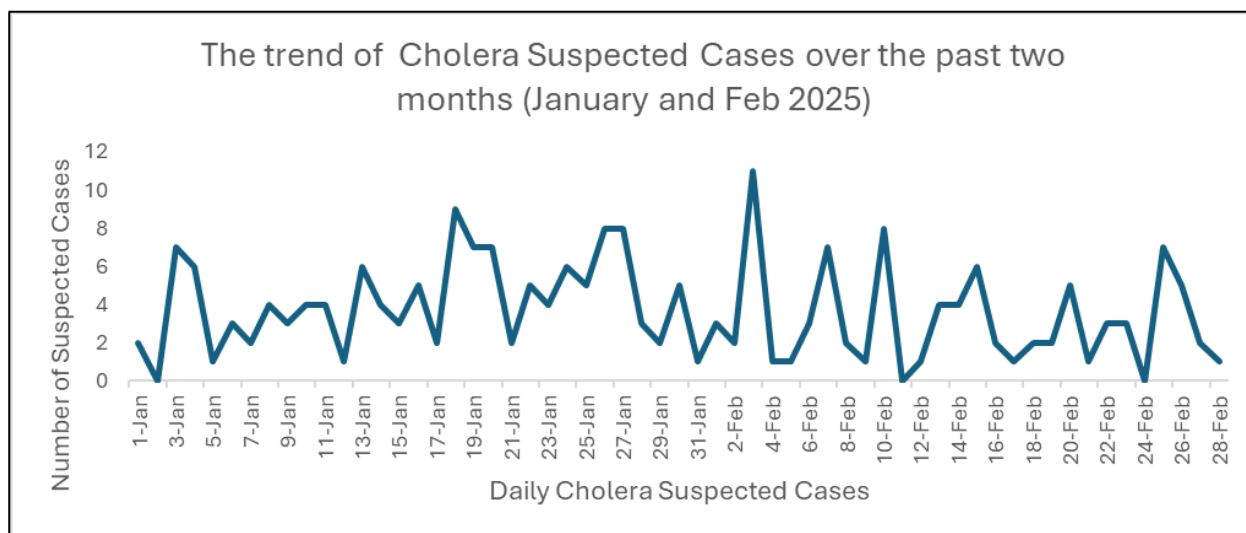
- Severe water shortages continue to affect Renk and surrounding counties, particularly in eastern Renk, where reservoirs are depleted.
- Water trucking is ongoing in Gosfami and Bebnis, with plans to expand to additional sites in the coming weeks.
- Sanitation infrastructure remains inadequate, with transit centres receiving only 17 liters per person per day, and the extension site receiving only nine liters per person per day (below Sphere standards).

## Nutrition and food security

- A total of 3252 children under five were screened, with 4% identified as moderately malnourished and 2% as severely malnourished.
- A total of 1269 pregnant and lactating women were screened, with 7% found to be moderately malnourished.
- Fortified biscuits were distributed to 91 671 individuals, including 6000 individuals since epi week 4.
- A total of 452 families received livestock vaccinations, covering 21 900 cattle, while 8404 cattle received treatment.

## Cholera response – Renk county

**Figure 5: Trend of suspected cholera cases as of February 2025**



The daily trend of suspected cholera cases in Renk for January and February 2025 shows a fluctuating pattern with multiple peaks and declines. In January, cases peaked at seven on 3 January, nine on 19 January, and eight on 27 January, maintaining a moderate level throughout the month. February recorded the highest peak of 11 cases on 2 February, with additional surges on 8 February (seven cases), 12 February (eight cases), and 16 February (six cases), while some days reported zero cases. The sporadic nature of the outbreak, with periodic spikes rather than a consistent upward or downward trend, underscores the need for continued surveillance and intervention. A total of 217 suspected cholera cases were reported over the two months, highlighting the disease's ongoing presence.

## **Cross-border collaboration and support**

Recognizing the importance of a coordinated response, WHO Sudan and WHO South Sudan have been working together since late 2024 to ensure a seamless public health response on both sides of the border. However, as cases continue to rise in Sudan's White Nile region, WHO is leveraging its cross-border coordination mechanisms to enhance outbreak management efforts. Weekly situation updates have been introduced to track the evolving cholera situation and guide decision-making. Vaccination campaigns and data-sharing initiatives are being carried out between response teams in White Nile (Sudan) and Upper Nile (South Sudan) to strengthen disease prevention strategies. Population movement data are being closely monitored to assess potential health risks and inform response efforts. Additionally, South Sudan has provided logistical and supply support to aid the response in Sudan, facilitating the transportation of 70 metric tons of essential supplies across the border.

## **PRSEAH updates**

WHO South Sudan has integrated PRSEAH interventions across its operations, including in its operations at the Sudan border and in collaboration with partners working in transit centres, points of entry, and reception centres. These efforts ensure that safeguarding measures are embedded into humanitarian response activities.

WHO has also established a network of 27 trained and dedicated part-time PRSEAH focal points strategically positioned across the country and in key field locations including Sudan and South Sudan border and operation areas. These focal points have undergone comprehensive PRSEAH training, including training of trainers (ToT) and refresher sessions facilitated by the PRSEAH coordinator. Additionally, five focal points participated in an Arabic ToT organized by the WHO Africa Regional Office. These focal points actively engage in PRSEAH programming, ensuring that PRSEAH principles are systematically integrated into cluster operations and field activities.

To strengthen internal capacity, WHO South Sudan ensures that all personnel complete mandatory PRSEAH e-learning training as part of their onboarding process. This is further reinforced through in-person PRSEAH briefings during induction, as well as regular training sessions and refresher courses. These sessions emphasize key PRSEAH principles, staff obligations to report any allegations of sexual exploitation, abuse, and harassment (SEAH), available reporting channels, and WHO's zero-tolerance policy on SEAH. Additionally, these trainings clarify expected behavior within office humanitarian settings and field environments, contributing to a safer and more respectful workplace culture.

In addition to internal efforts, WHO has established strong partnerships with the MoH at both national and state levels. WHO engages directly with State Health Ministers and Director Generals to highlight PRSEAH priorities and enhance collaboration. In 2024, over 3000 government personnel received PRSEAH training, reinforcing MoH's commitment to tackling these issues. By the end of the year, 28 PRSEAH focal points were officially nominated by the Ministry—one from the national level and representatives from each of the 10 states and three administrative areas.

Building on these efforts, WHO convened a three-day PRSEAH orientation workshop in January 2025 in Juba, bringing together the 27 WHO focal points and 28 MoH focal points. The workshop aimed to strengthen their capacity, align their roles, and provide strategic guidance on addressing PRSEAH challenges at the state level. This initiative marks an important step toward institutionalizing PRSEAH measures within national and subnational health systems.

Through these integrated efforts, WHO South Sudan continues to prioritize the protection and well-being of affected populations, ensuring that PRSEAH principles are systematically incorporated into health emergency response operations.

# Libya

## Situation overview

The ongoing humanitarian crisis in Sudan has resulted in a significant influx of refugees into Libya, particularly to the Al-Kufra area in the southeast of Libya, placing increased pressure on the local health system. In 2024, the Libyan MoH and WHO estimated 381 659 Sudanese refugees (123 658 men, 82 438 women, 175 563 children) entered Libya through Al-Kufra, with projections indicating similar trends for 2025. Many refugees arrive in poor health, presenting high rates of malnutrition, infectious diseases, and trauma-related injuries.

An assessment of 87 health facilities in refugee-hosting areas revealed that only 8% are fully operational, while 84% function only partially due to shortages of medical staff, equipment, and supplies, and 8% are non-functioning. This underscores the urgent need for strengthened health interventions to meet the growing demands for primary and emergency healthcare services.

## Operational updates

### Healthcare service delivery:

WHO has deployed EMTs to enhance healthcare access for Sudanese refugees and host communities. The number of WHO Emergency Medical Teams (EMTs) in Al-Kufra increased from 13 at the end of 2024 to 40 by February 2025. These EMTs covered 14 health facilities and 10 settlement points including mobile clinics in Al-Kufra, Ejdabia, and Algatroun. The number of consultations reached 73 691 by the end of February 2025 compared to 21 863 in December 2024.

Additionally, WHO expanded the deployment of EMTs for mental health and psychosocial support (MHPSS) to three teams covering two health facilities. This expansion has significantly improved access to MHPSS services. There were 1261 consultations by February 2025 compared to 822 in December 2024.

In summary:

### January 2025:

- A total of 40 EMT doctors provided 21 724 consultations across 14 health facilities and nine mobile clinics.
- A total of 39% of patients (8381 individuals) were Sudanese refugees, receiving care for paediatric illnesses (3577 cases), obstetric and gynecological conditions (2800 cases), and trauma-related injuries (321 cases).

### February 2025:

- A total of 26 EMT doctors conducted 19 265 consultations in 13 health facilities and eight refugee settlements via four mobile clinics.
- MHPSS services were expanded, with four MHPSS doctors and one supervisor conducting 133 consultations.
- A total of six Community Health Worker teams visited 122 households, delivering essential health education and disease prevention services.

### Emergency response to mass casualties

- WHO mobilized an urgent health response following the discovery of mass graves in southern Libya, rescuing 76 critically ill refugees.
- Within 24 hours, 90 emergency consultations were provided, including cases of scabies, dehydration, and acute respiratory infections.
- At the Al-Kufra Detention Centre, WHO teams conducted 613 medical consultations, providing essential care to the detained refugees and migrants.
- WHO distributed 21 medical and emergency kits to support mobile clinics and local health facilities.
- WHO also provided anti-scabies treatment to manage infectious skin diseases and intravenous fluids for dehydration among migrants and refugees.

## Nutrition and maternal & child health

- In February 2025, a total of 5299 malnutrition screenings were conducted, highlighting critical levels of food insecurity among refugees.
- Sexual and reproductive health services reached 2702 women, focusing on antenatal care, maternal health, and deliveries.
- Malnutrition rates among children under five exceeded 30%, surpassing the WHO emergency threshold of 15%, necessitating urgent nutritional interventions.

## Capacity building for disease surveillance

WHO facilitated training programs to strengthen disease surveillance and outbreak preparedness:

- Refresher training from 23 to 26 February on polio and measles surveillance was provided to 67 participants, with a focus on Sudanese refugees.
- A training workshop on routine vaccination planning in Al-Kufra, from 16 to 19 February engaged 53 health professionals to improve immunization strategies.

## Health facility assessments and logistics support

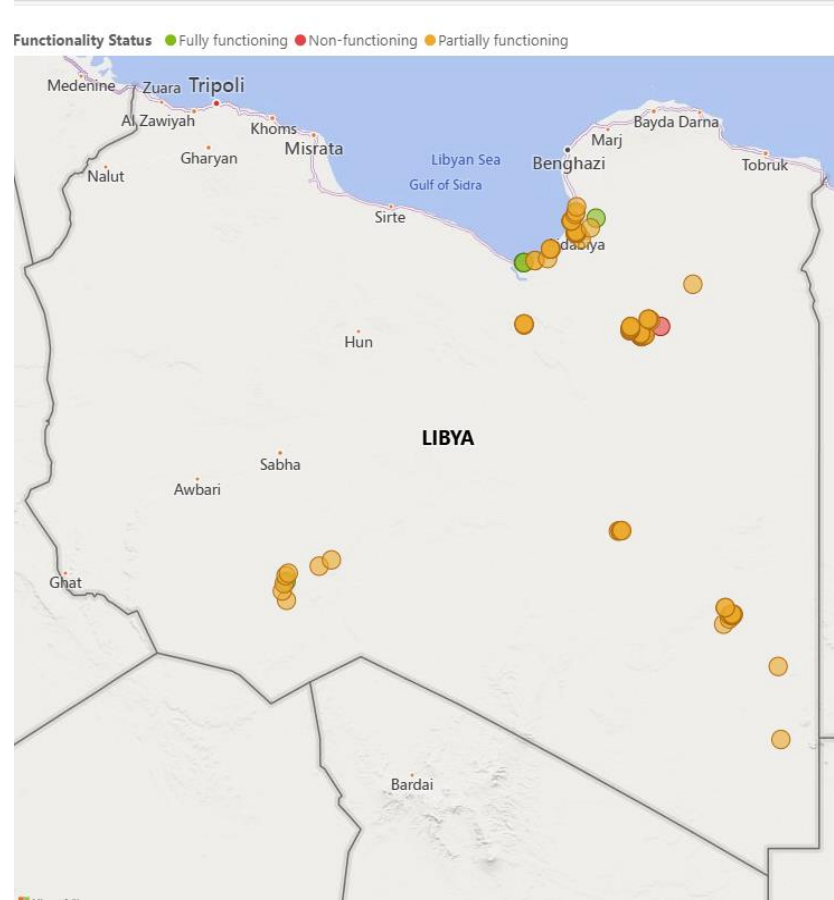
- WHO assessed 87 health facilities. The findings are as follows:
  - A total of 84% were only partially operational, primarily due to staffing shortages and supply deficits.
  - A total of 68% had damaged medical equipment, further limiting service delivery.

To address these gaps, WHO provided 21 essential medical supplies, including maternal kits, trauma kits, and essential medicines, to health facilities in refugee-hosting areas.

**Figure 6: Emergency Medical Teams (EMTs) and mental health and psychosocial support (MHPSS) activities in Al-Kufra during January and February 2025**



**Figure 7: functionality status assessment for health facilities in refugee-settled areas.**



**PRSEAH updates**

WHO Libya contributed to the 2025 Country Level Humanitarian Country Team / United Nations Country Team (HCT/UNCT) Action Plan to Prevent and Respond to Sexual Exploitation and Abuse. It outlines the priorities to be achieved in collaboration with humanitarian, development, and peace and security operations, aiming to promote harmonized activities that contribute to implementing a robust Action Plan. Additionally, it also provides the basis for tracking progress and the provision/mobilization of required resources, in relation to PSEA in Libya with other United Nations agencies. Field teams and new WHO contractors were oriented on the code of conduct and WHO’s mandate towards PRSEAH.



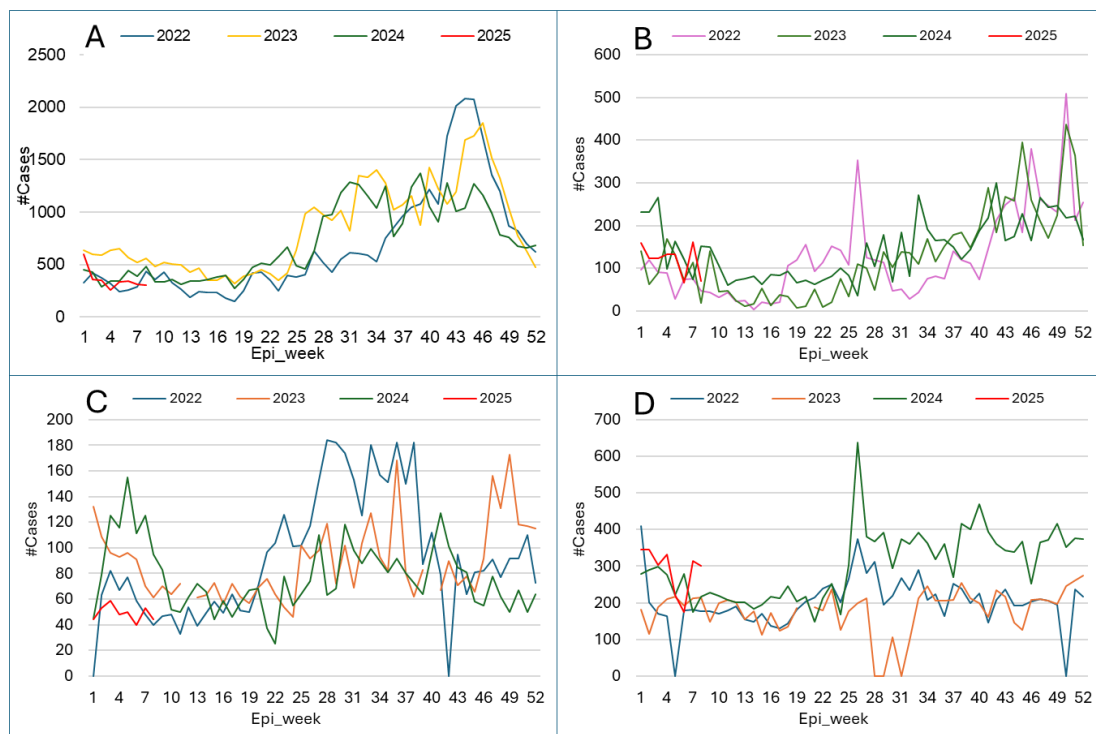
# Ethiopia

## Situation overview

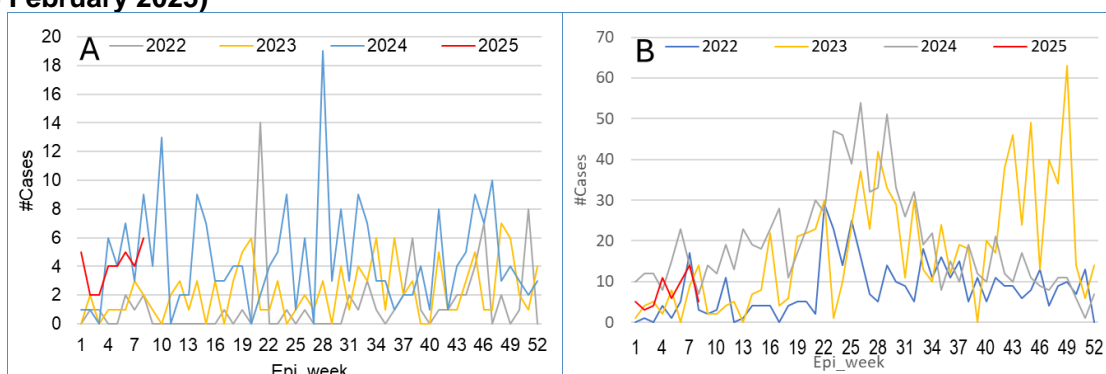
As of 23 February, Ethiopia has received an influx of more than 184 400 refugees and returnees from Sudan. Challenges around the crossing areas and transit clinics include security risks; shortage of medical supplies, including anti-malaria drugs; shortages of supplies; inadequate water and latrine facilities, sub-optimal referral systems, including lack of transport (ambulance or vehicle); and inadequate health services, including vaccination at transit sites.

- Between 30 December 2024 and 23 February 2025, the Kurmuk woreda in the Bensahngul gumuz region has reported a total of 161 malaria-confirmed cases.
- Malaria cases in the Amhara region have shown a lower trend among both host communities and refugees compared to 2023 and 2024.
- Between 20 January and 23 February 2025, the Gambela region reported 6839 confirmed malaria cases from refugee-settled woredas. During the same period, 188 SAM cases were reported from Gambela, and 13 from Metema districts. Identified cases were referred to SAM stabilization centres.

**Figure 8: Malaria trends in 2022-2025 (as of 23 February 2025): (A) Metema Woreda, Amhara region; (B) Kurmuk Woreda, Benishangul Gumuz Region; (C) Lare Woreda, Gambella region; and (D) Itang Woreda, Gambella region**

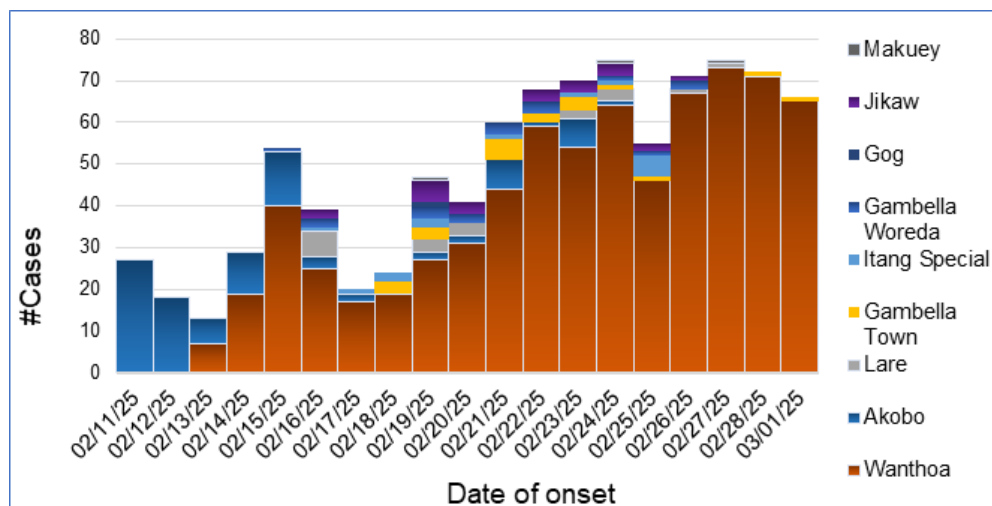


**Figure 9: (A) Severe acute malnutrition trends in Metema woreda; (B) Dysentery trends in Metema woreda: 2022-2025 (as of 23 February 2025)**



As of 2 March, Gambela region has reported a total of 992 cholera cases with 26 deaths (CFR: 2.6%) from eight woredas/districts. The affected woredas include Akobo, Wanthowa, Makuey, Jikawo, Itang Special, Lare, Gambela Town, Nguenyiel Refugee Camp, Terkedi Refugee Camp, and Pugndo 1 Refugee Camp, with a combined population of 673 839.

**Figure 10: Epi curve by data of onset and woreda, Gambela region, March 2025**



### 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.

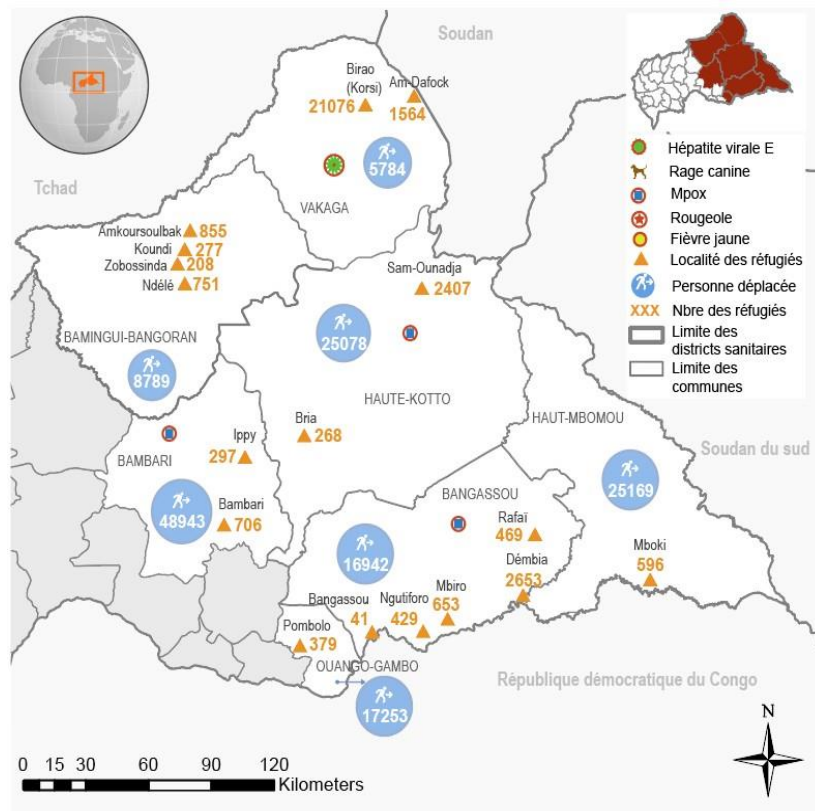
- WHO, through the Health Cluster, has engaged health partners to respond in three affected regions (Amhara, Benishangul-Gumuz, and Gambela).
- Cumulatively, more than 232 613 arriving individuals have received free medical consultations at Metema (Amhara), Gambela, and Kurmuk (Benishangul-Gumuz) crossing sites. A total of 40 465 people have received psychosocial support as of 23 February.
- WHO continues strengthening the surveillance system in the crossing sites, host communities, and border areas.
- WHO supported the malaria outbreak response activities in the affected districts.
- WHO has deployed experts and supported cholera outbreak response activities in all thematic areas in the affected districts of the Gambela region.
- WHO has supported supplying paediatric SAM kits and MHPSS medications to health facilities at the point of entry in Metema.

## Central African Republic

### Situation overview

As of February, six affected districts have reported at least one outbreak. An ongoing hepatitis E epidemic is affecting Vakaga.

**Figure 11: Map of Ongoing health events and distribution of Sudanese refugees in Central African Republic districts as of 17 February 2025.**



### Epidemic of hepatitis E

- As of February, the total number of cases amounted to 244, including 84 laboratory-confirmed cases with five deaths (CFR: 2.1%).
- The confirmed cases have been reported from four health areas: Sikikédé, Boromata, Birao, and Am Dafock. Among these, active outbreaks have been ongoing in Sikikédé and Birao.
- In the Vakaga region, 37% of the cases have been linked to displaced sites, particularly in Birao, highlighting the vulnerability of refugee populations.

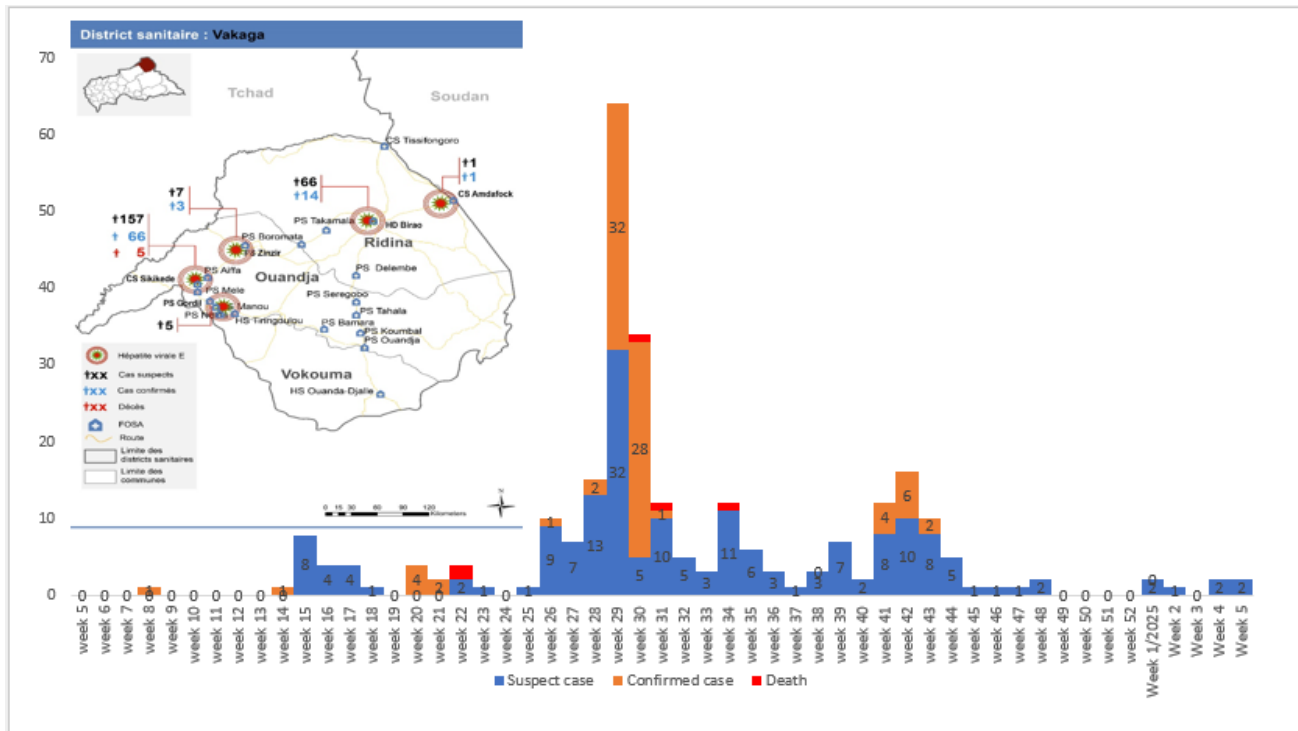
### Mpox:

- As of epi week 6, a total of eight confirmed mpox cases have been reported from three districts: Mbaïki, Bangassou and Kémo.

### EWARS early warning alert and response system (EWARS Mobile) data from Korsi Site, Birao town, Vakaga district

- UNHCR's partners International Medical Corps and Centre de Support en Santé Internationale continue to provide free care at the Korsi site in Birao.
- The use of EWARS Mobile for the monitoring of activities in refugee regroupment sites is ongoing.
- Collection, encoding, and analysis of Korsi's EWARS data is ongoing.

**Figure 12: Weekly distribution of suspected, confirmed cases and deaths of hepatitis E in Vakaga, February 2024-February 2025 by week, and distribution of cases in Vakaga**



### Operational updates

- In Bria, Birao, Bangassou, Bambari and Kaga Bandoro, WHO supported regular coordination meetings and engaged relevant stakeholders to address needs among refugees from Sudan.
- WHO supported compiling and updating the line list of hepatitis E cases.
- WHO continued health promotion messaging on the local radio station for hepatitis E, mpox, and cholera.
- WHO supported preparing the local polio vaccination day.
- Training took place on 1-4 February in Bria for four sub-prefectural focal points and 21 focal points of Haute Kotto, on the standard operating procedures of epidemiological surveillance.
- WHO contributed to the concept note on security and access analysis in the health districts of Haute Kotto and Vakaga.

### PRSEAH updates

- A total of two awareness sessions were organized in January – February. More than 50 PRSEAH visibility materials were distributed.

## Key operational challenges

- **Resource mobilization:** The recently exacerbated funding gap is resulting in the closure of operations for many health partners and hampers the response to crises in Sudan and refugee-hosting countries.
- **Security:** Ongoing hostilities threaten security on the ground, causing further displacement and adding challenges to respond to the surge in demand for medical care, to control infectious diseases, and to deliver essential medical supplies and other humanitarian aid.
- **Early warning, alert and response (EWAR):** Insufficient early warning, alert, and response functions in Sudan and refugee-hosting countries hamper the monitoring of cross-border disease transmission and the ability to make evidence-informed operational decisions.
- **Service delivery:** Attacks on health care have damaged health facilities directly or indirectly, depleting health service availability. In addition, there has been limited provision of health services at PoEs and in host communities due to overcrowding amongst IDPs, refugees and large host populations. A shortage of essential medical supplies and drugs (e.g., rapid diagnostic tests, antimalarial drugs) remains a challenge.
- **Health workforce:** There continues to be a shortage of health workers trained in emergency medical response, treatment of infectious diseases, surgery, public health emergency management and mental health. As of end of February, in response to urgent country needs and with the support of its partners, the Global Outbreak Alert and Response Network (GOARN), deployed seven international experts to neighbouring countries including Chad and South Sudan to support health operations. These experts include senior technical advisors and specialists in epidemiology and surveillance. The experts have focused on enhancing epidemiological surveillance, training local healthcare providers, and supporting decision-making by analysing and sharing data to assess the needs of displaced populations and guiding an effective response plan.
- **IPC/WASH:** Limited availability of water and relevant supplies and inadequate sanitation facilities in refugee camps and health facilities have increased the risk of outbreaks (e.g., cholera, hepatitis E).

## Next steps

- As the Health Cluster lead agency, WHO coordinates partners and employs a strategic approach to the humanitarian health response at the national and sub-national levels in Sudan and refugee-hosting countries, and regularly publishes Public Health Situation Analyses (PHSAs), Who, What, Where (When) (3W/4W) matrices and Health Cluster Bulletins.
- WHO continues support for health emergency preparedness and response work in Sudan and refugee-hosting countries across different pillars, including surveillance, rapid response teams, WASH, case management, IPC, social and behaviour change, risk communication and community engagement, medical countermeasures, and supplies. This includes the implementation of the WHO Surveillance System for Attacks on Health Care (SSA), EWARS Mobile, and the Health Resources and Services Availability Monitoring System (HeRAMS).
- WHO provides financial and logistical support to restock drug supplies, diagnostic kits, and IPC/WASH supplies.
- WHO contributes to building capacity of health workers and EMTs at health facilities and PoEs serving affected populations.
- WHO continues to support seven streams of sexual and reproductive health and rights (SRHR) activities to strengthen delivery systems of sexual and reproductive health and rights (SRHR), including datasets for HIV, SRHR and gender-based violence.
- WHO prioritizes the rights and needs of victims and survivors, advocates for zero tolerance for any form of sexual misconduct, and prevents and responds to sexual exploitation, abuse and harassment.

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