

SUDAN AND NEIGHBOURING COUNTRIES

People in need¹

24.7 million

People targeted¹

14.7 million

Funding requirement for all WHO Emergency Operations in Sudan:

US\$53 852 000

Total funding requirement specifically for Sudan Conflict and neighbouring countries Grade-3 emergency

US\$39 842 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.



CONTEXT

The war that has been raging in Sudan for over eight months has had a devastating impact on the lives, livelihoods, and health of millions of people. A health system already struggling due to structural weaknesses, violence, disease outbreaks, and hunger is now buckling under the enormous pressure caused by the war and the huge population displacements it has caused. The health of 14.7 million people hangs in the balance in the face of mass displacement, injuries, hunger and floods. Sudan is simultaneously facing outbreaks of measles, malaria, dengue fever, cholera, and other water- and vector-borne and vaccine preventable diseases, compounded by the health risks associated with seasonal rains, poor water quality, poor hygiene and waste management. More than 3.1 million people are estimated to be at risk of cholera in Sudan between July and December 2023. The health system's response capacity is constrained by the increasing barriers to the free movement of people and supplies, looting, and widespread shortages of medical supplies, health staff, and operational funding. About 70% of hospitals in conflict-affected states are non-functional, while functioning hospitals and clinics in more stable states are overwhelmed.

The ongoing conflict has reignited political and tribal tensions between the Arab and Massalit communities in Darfur. The resulting brutal violence has forced thousands of people to flee their homes in search of safety. It has also disrupted the health system across the Darfur region, leaving some 1.5 million people with no access to emergency healthcare. Humanitarian access to the Darfur states is still limited and often only possible across the border from Chad.

The impact on health in refugee-receiving countries such as Chad, Egypt, the Central African Republic, Ethiopia and South Sudan has been profound, with the influx of people from Sudan seeking safety putting pressure on already fragile health systems. Central African Republic, Chad, Ethiopia, and South Sudan are classified as fragile and vulnerable countries with limited health infrastructure and health workforce capacity. Now they must host large numbers of refugees from neighbouring countries. In addition, all four countries are currently responding to either an acute health outbreak (e.g. cholera, measles, dengue and yellow fever) and/or a humanitarian response to conflict and extreme weather events followed by high levels of food insecurity and malnutrition.



Nadir Makki, head of WHO operations in Al Jazeera state.

Photo: WHO / Ala Kheir

WHO'S STRATEGIC OBJECTIVES

- Ensure that people affected by the conflict have access to integrated life-saving essential health services
- Ensure open logistics channels and provision of essential medicines and emergency medical supplies
- Address public health risks by enhancing surveillance, early detection, and timely response to disease outbreaks
- Provide Health Cluster leadership and coordination

WHO 2024 RESPONSE STRATEGY

As the armed conflict continues, WHO will support the delivery of essential and lifesaving health care to all people in Sudan. WHO's response will focus on assisting strategically selected health facilities, hospitals, and primary health care facilities in maintaining integrated life-saving essential health services. In high-risk states and localities of Sudan, trauma and acute emergency care will be supported by equipping health cluster partners with trauma and emergency surgical care supplies, support for mass casualty preparedness and management, and addressing the population's needs from pre-hospital care to rehabilitation. Additionally, WHO will be expanding the reach and capacity of services by operating mobile centers.

WHO will work to maintain a sustainable supply pipeline to support the health response in Sudan. WHO will distribute emergency medical supplies, including Interagency Emergency Health Kits (IEHKs), trauma kits, cholera kits, non-communicable disease kits, and kits for the management of severe acute malnutrition in priority areas of the country.

Given the high risk of multiple outbreaks, WHO will help reinforce surveillance for epidemic-prone diseases and complement it with a robust early warning mechanism leveraging information from communities, partners, and health facilities. WHO will also support the implementation of public health measures to prevent and manage disease outbreaks and foster inter-sectoral collaboration to improve shelter conditions, nutrition, and water, sanitation, and hygiene (WASH) practices. Furthermore, WHO will support laboratories and dedicated treatment centres and invest in diagnostic testing, vaccination campaigns, mass drug administration, and vector control measures. Cutting across WHO's efforts will be the provision of effective health cluster leadership to support the delivery of a comprehensive humanitarian health response coordinated among UN agencies, INGOs, NGOs, observers, and donors.

Since fighting started, over a million Sudanese people have found refuge in neighbouring countries. As fighting continues, they are likely to receive additional arrivals in 2024, which will put increased stress on already overwhelmed health systems. Given the specific vulnerabilities of refugees, returnees, and the wider population, WHO's coordination role across the health sector at national and sub-national level is vital to harmonize the efforts of the different health actors for a needs-based and beneficiary-centred response. The overall aim of the response will continue to be to save lives and reduce human suffering among populations affected by the Sudan crisis.



A woman receives care at a Cholera Treatment Center.
Photo: WHO / Ala Kheir



*A woman speaks to staff
at an IDP center in Gedarf.*

Photo: WHO / Ala Kheir

KEY ACTIVITIES FOR 2024

- Continue cross-border support to accessible areas in Sudan from Chad
- Support the delivery of integrated essential health services in priority hospitals and primary health care facilities
- Strengthen trauma and emergency care through capacity-building and stockpiling of Interagency Emergency Health and Trauma and Emergency Surgery Kits
- Enhance epidemiological surveillance and early warning systems and reinforce the capacity of rapid response teams for early detection and response to disease outbreaks
- Expand disease outbreak prevention and management activities and support the implementation of public health measures to prevent and manage disease outbreaks, with a focus on malaria, dengue, cholera, measles, and polio
- Support facility-based care for acute malnutrition through management of severe acute malnutrition with medical complications
- Support coordination structures, including the health cluster and public health emergency operation centres, at the national and sub-national levels and enhance information and communication systems and tools

ACHIEVEMENTS IN 2023

MOBILE CLINICS IN SUDAN PROVIDE ESSENTIAL HEALTHCARE SERVICES



WHO staff at a mobile clinic.
Photo: WHO

As the complex humanitarian crisis in Sudan threatens to keep health services beyond the reach of those who need them most, WHO and health partners are supporting primary health care facilities and mobile health clinics to bridge gaps. Only about 29% of health facilities in conflict-affected areas are functional. WHO currently supports 21 mobile clinics across 8 states and has plans to add a further 3 such clinics.

The mobile clinics that WHO has deployed offer essential and life-saving services, including clinical and psychosocial support to survivors of gender-based violence (GBV). These mobile units operate out of clinics or any other suitable space within reach of displaced people and host communities. The mobile clinics have provided primary health care services from health facilities, school buildings, sites for internally displaced people, tents and even in the shade of trees. The mobile clinics are run by government health workers using basic equipment from government health facilities. WHO provides medical supplies and covers operational costs, including incentives for the health workers to run the services.

An estimated 4.2 million women and children in Sudan are at risk of GBV. Such violence is expected to increase in humanitarian crises as vulnerabilities and risks increase and family and community protections are stretched or collapse. Post-traumatic stress disorder, anxiety and depression are all possible outcomes of sexual violence. Access to psychosocial support is critical in this complex environment to prevent or reduce lasting impacts and suffering caused by sexual violence. All survivors, whether or not they exhibit symptoms of distress, anxiety or depression, should be referred for psychosocial support.

“We are keen to provide both clinical and psychosocial support to survivors of GBV to prevent and treat depression and other psychological and mental health issues resulting from the violence. Because the subject is still taboo, survivors of GBV are often reluctant to report the abuse or seek medical and psychosocial care. We are here to make sure that they get all the care they need,” said Dr Hiba Hussein, Reproductive, Maternal, Newborn and Child Health Officer at WHO Sudan.

FOR MORE INFORMATION

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A baby and her mother
are treated at a clinic
in eastern Sudan.
Photo: WHO / Ala Kheir

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Sudan Conflict and Complex Emergency	US\$ '000				
				Regional & Global	
Funding requirement by response pillar and by country	Sudan	Chad	Egypt	support	Total
P1. Leadership, coordination, planning, and monitoring	1 077	1 353	253	159	2 842
P2. Risk communication and community engagement	1 535		855	9	2 399
P3. Surveillance, case investigation and contact tracing	4 163	1 157	327	85	5 732
P4. Travel, trade and points of entry	582		180		762
P5. Diagnostics and testing	212	55	546	20	833
P6. Infection prevention and control	1 045		720		1 765
P7. Case management and therapeutics	7 039		1 193	44	8 275
P8. Operational support and logistics	1 822	3 705	175	45	5 746
P9. Essential health systems and services	4 780	692	225	4 915	10 612
P10. Vaccination		380	495		875
P11. Research, innovation and evidence					-
Total	22 255	7 343	4 968	5 276	39 842

The table above presents WHO's funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO's 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO's Programme Budget 2024-2025).

Sudan - Country office requirement	US\$ '000
Sudan Conflict and Complex Emergency	22 255
COVID-19	8 273
Greater Horn of Africa Drought and Food Insecurity	5 007
Multi-Region Cholera	3 681
Other graded emergencies and ongoing operations	14 636
Emergency appeal requirement	53 852
2.1 Countries prepared for health emergencies	1 120
2.2 Epidemics and pandemics prevented	1 250
2.3 Health emergencies rapidly detected and responded to	2 797
Billion 2 - Base programme requirement	5 167
Total	59 019



A boy waits to meet the head of health promotion at a school in Barakat.
Photo: WHO / Ala Kheir