

SUDAN

People in need
14 257 653

People targeted
10 933 315

Requirements
US\$ 48.74 million

Context

Civil unrest and conflict, population displacement, disease outbreaks and natural disasters are driving a severe health crisis in Sudan. More than 1.1 million refugees and 3 million internally displaced persons live in Sudan. Displacements continue due to the internal conflict in Ethiopia and intercommunal conflicts. The public health system is severely affected by years of underfunding, resulting in a lack of qualified health staff and insufficient access to basic and essential services. Disease surveillance capacities are limited in the entire country and the fragile health system is overwhelmed by the burden of COVID-19 cases. Water-borne, vector-borne and vaccine-preventable disease outbreaks continue each year, due to limited capacities for WASH, vector control and low vaccine coverage among populations in vulnerable settings. Support is needed to secure access to essential health.

Response strategy

WHO's strategic objectives align with the Health Cluster Strategy that prioritize:

- Support for essential public health functions with a focus on primary health care.
- Strengthen emergency preparedness, response, and all-hazards risk management.
- Address needs of vulnerable groups disproportionately affected by health emergencies (refugees, internally displaced persons, and returnees).

WHO will prioritize the localities targeted by the 2022 Humanitarian Response Plan but may intervene in other areas across Sudan if new health threats appear. The following will be integrated into the response strategy:

- Rapid detection and risk assessment of potential health emergencies.

- Rapid response to acute health emergencies and strengthening essential health services for those in vulnerable settings.
- Enhance multi-hazard preparedness and early response capacities.

Country priorities

- Reinforce integrated disease surveillance, including Early Warning, Alert and Response System and related health information systems and IT platforms, through capacity building initiatives, technical support, and equipment.
- Increase capacities for the health emergency response through support to the emergency operations centres and intersectoral coordination mechanisms and support capacity building in subjects relevant to emergencies, technical expertise, and operational support.
- Strengthen the supply line of essential medicines and preposition supplies to further reinforce the emergency response, including procurement and distribution of essential medicines and supplies to cover the basic health needs in primary health care for 1.5 million vulnerable people for one year.
- Support vector control and water quality monitoring efforts to control outbreaks, ensure 1.5 million vulnerable people will benefit from integrated vector control in areas of high transmission of vector-borne diseases.
- Strengthen the COVID-19 response by supporting the COVAX campaign with operational costs and technical expertise with the aim to reach 70% coverage.

In 2017 more than 885 000 people at higher risk of cholera were immunized in the first round and nearly 500 000 people also received a second round of the vaccine. Due to security challenges, not everyone was able to receive the recommended two doses, which would significantly decrease their risk of being affected by cholera. © WHO



- Improve capacities in case management – including oxygen therapy, infection prevention and control and laboratory diagnostics – and expand provision of essential medicines, oxygen, equipment, supplies, and different types of COVID-19 tests.
- Rapidly detect potential health emergencies and assess risks including training of 3000 health staff and community volunteers to scale up basic integrated disease surveillance capacities across the country, and procure and deliver at least 100 000 polymerase chain reaction tests and rapid antigen diagnostic tests for COVID-19 to enhance detection and surveillance of SARS-Cov-2.
- Rapidly respond to acute health emergencies and strengthen essential health services for vulnerable populations, including training of 2500 health staff in primary and secondary health care facilities in appropriate COVID-19 infection prevention and control measures.
- Enhance multi-hazard preparedness and early response capacities, including developing a multi-hazard preparedness plan based on the capacity assessments in 18 states in Sudan and share with partners from health-related sectors.

For more information

Dr Nima Saeed Abid

WHO Representative
WHO Sudan

abidn@who.int

COVID-19 response

Sudan's health system is overwhelmed with the response to the COVID-19 outbreak, which is taking place in the context of multiple parallel health emergencies. The caseload is largely underestimated due to low access to testing and inadequate surveillance. COVID-19 vaccination coverage was less than 3% as of November 2021. WHO supports all pillars of the COVID-19 response in collaboration with health partners and United Nations agencies. Priority COVID-19 interventions include:

- Plan and coordinate support through emergency operations centre, Health Cluster mechanisms, and implementation of the national and subnational response plans.
- Strengthen surveillance and contact tracing through capacity building, support to health information systems and operational support to rapid response teams and surveillance teams.

- Increase access to testing through laboratory support and provision of laboratory supplies and equipment, including different types of COVID-19 tests.
- Strengthen infection prevention and control through supply of personal protective equipment, training of health personnel, and dissemination of information.
- Improve quality of care through capacity building on updated guidelines and protocols and provision of essential medicines and supplies, including oxygen and medical equipment.
- Strengthen health services delivery for those in vulnerable settings in collaboration with health partners.
- Scale up COVAX campaign across Sudan in collaboration with health partners to increase vaccination coverage.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.26	0.32	0.58
P2. Risk communication and community engagement	0.55	0.32	0.87
P3. Surveillance, case investigation, and contact tracing	2.46	1.38	3.85
P4. Travel, trade, points of entry and mass gatherings	0.79	0.54	1.33
P5. Diagnostics and testing	0.51	1.21	1.72
P6. Infection prevention and control	0.49	0.87	1.36
P7. Case management and therapeutics	8.61	4.70	13.32
P8. Operational support and logistics	3.51	1.74	5.24
P9. Essential health systems and services	5.37	1.17	6.54
P10. Vaccination	-	13.93	13.93
Total	22.56	26.18	48.74