



Sudan health emergency

Situation Report No.1

15 April – 14 June 2023



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Highlights

- Two months since the escalation of violence in Sudan, insecurity continues to make the delivery of health care increasingly challenging. In Khartoum, fewer than one fifth of health facilities are fully functional. Insecurity is preventing patients and health workers from reaching hospitals; health facilities, assets and staff are being attacked.
- Overall, the greatest public health risks remain the ongoing violence resulting in trauma injuries, major disruptions to health care and repeated attacks on the health system, and poor access to clean water, sanitation and food, increasing the risk of malnutrition and water- and vector-borne diseases.
- Between 15 April and 08 June, 46 attacks on health care have been verified by WHO, resulting in 8 deaths and 18 injuries. WHO condemns in the strongest terms the increasing attacks on health care in Sudan, and the occupation of several health facilities, including the National Public Health Laboratory and the Federal Ministry of Health's National Medical Supply Funds Warehouse in Khartoum. The safety and sanctity of health care must always be protected, especially in situations of deadly violence, when the work of health care actors and safe access to life-saving services become even more vital.
- The 11 May Jeddah Declaration of Commitment to Protect the Civilians of Sudan and subsequent ceasefires deals offered limited windows to distribute supplies urgently needed by health facilities and partners for their life-saving operations. We call on parties to uphold this commitment and guarantee the safety of humanitarian aid in the country as well as protection of health workers and health facilities to ensure health facilities remain functional and accessible, and supplies are delivered without impediment so the population can receive the health care they need and deserve.
- Bureaucratic processes are posing a challenge to the deployment of experts for an effective physical presence to lead the health response on the ground.

Funding overview

- 3.6 million US dollars was released for the response from WHO's Contingency Fund for Emergencies (CFE) on 19 April. 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.
- The revised Sudan Humanitarian Response Plan (HRP) 2023 seeks 2.6 billion US dollars to help 18 million people in Sudan. The HRP appeal for health is 178.6 million US dollars to reach 11 million people; it is only [11.3% funded](#).
- The Sudan Regional Refugee Response Plan has a funding requirement of 470.7 million US dollars, of which 10.9 million US dollars is for the health sector.

Key facts and figures

866

people killed

6000+

people injured

46

attacks on health care verified by WHO, resulting in 8 deaths and 18 injuries

24.7 million

people in need of humanitarian aid per revised HRP

18.1 million

people targeted for humanitarian aid in revised HRP

100 000+

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

3.7 million

people already internally displaced prior to the conflict, mostly in Darfur

1.6 million+

people internally displaced since the escalation of violence

528,000+

Sudanese and non-Sudanese migrating to neighboring countries, mostly Egypt

100 000+

refugee returnees fled back to South Sudan, CAR and Ethiopia

15 000+

Non-Sudanese refugees and asylum seekers migrated to Egypt, South Sudan and Ethiopia

Situation

- Since violence in Sudan escalated on 15 April, more than 866 people have been killed and 6083 more injured, according to the Sudanese Federal Ministry of Health, although the number of casualties is expected to be much higher. There are reported challenges in finding safe pathways to evacuate the injured and transport staff, and even those that do manage to get to health facilities are not safe from attacks.
- Previously pre-positioned stocks of supplies to treat trauma patients were rapidly consumed early in the fighting due to a surge in demand. Despite insecurity and operational challenges, WHO was able to deliver over 170 MT of supplies to affected areas.
- There are reports of shortages of specialized medical personnel, including anesthesiologists and surgical specialists, as well as medical supplies including, oxygen supplies, and X-Ray films.
- Across all affected areas, health staff have not been paid, and most of them have relocated to safer areas. According to the Preliminary Committee of Sudan Doctor's Trade Union, 67% (60 out of 89) of all main hospitals in affected areas were out of service as of 31 May. 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, and electricity.
- Lack of access to safe and clean deliveries for the 90,000 pregnant women expecting to deliver in the coming three months is among the biggest concerns, especially for those who have complications with their pregnancy as more women will be forced to deliver at home.
- Lack of access to food and water as well as the inability to access health care for chronic diseases, maternal and newborn health needs, and for injury trauma are causing losses of life, particularly in areas affected by the conflict. 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.
- With limited access to food or treatment, the situation has only worsened, with now more than 100 000 under-five children with severe acute malnutrition with medical complications currently in need of specialized care at stabilization centres.
- Widespread blackouts continue in certain areas, resulting in a lack of electricity in hospitals and placing patients and perishable medical supplies at high risk. Deaths of children and infants due to power interruptions have been reported. Health facilities are also facing acute shortages in fuel for generators, and safe water.
- With the upcoming rainy season, there is an increased risk of outbreaks of water-borne and vector-borne diseases compounded by challenges in waste management in Khartoum and other conflict-affected states posing significant health risks. Interruption of vector control efforts to contain dengue fever and malaria is also a point of concern.
- In just 59 days since the start of the conflict, 1.6 million people have been internally displaced, greater than the displacement recorded in the past 4 years, according to IOM ([Displacement Tracking Matrix – Sudan Situation Report 8, 13 June 2023](#)). Another more than 528 000 individuals have crossed the border to neighboring countries. This 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.
- 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.

Attacks on health care

Attacks on health care include attacks on health facilities, transport, personnel, patients, supplies and warehouses. For more information on WHO's system for monitoring attacks on health care:

<https://www.who.int/activities/stopping-attacks-on-health-care>

- Since 15 April, WHO has verified 46 attacks on health care leading to 8 deaths and 18 injuries.
- 29 of these attacks impacted health facilities, 19 impacted health personnel, 12 impacted supplies, 7 impacted transport, 6 impacted warehouses, and another 6 impacted patients.
- Attacks with individual weapons are the biggest issue with 25 incidents, followed by obstruction of access to health care and removal of health assets/looting with 21 incidents each. Other attacks included psychological violence, assault and the forced occupation of facilities.
- The signing of the Jeddah Declaration of Commitment by the parties to protect civilians and guarantee the safe passage of humanitarian aid in the country, restore essential services and withdraw forces from hospitals and essential public facilities is a welcome development; as is the recent short-term humanitarian cease-fire that went into effect on 22 May to last for a week. However, such commitments will help the humanitarian response operations only if comprehensively implemented and fully honored by the signing parties.
- Since the 11 May signing of the Jeddah Declaration, 16 new reports of attacks have been verified. However, we cannot yet identify any trends, or assess the impact of the declaration.
- There are reports of a military occupation of the National Medical Supply Funds (NMSF) warehouses, where medicines for the entire country, including malaria medicines, are kept; and where the national pharmacy for chronic diseases is located.
- WHO has a stock of emergency medical supplies and development products at its warehouse in the NMSF warehouses premises.
- The occupation of the National Public Health Laboratory (NPHL) poses a moderate threat to public health, as per WHO risk assessment. The potential mishandling of the samples contained in the laboratory by untrained persons, the potential damage of parts of the laboratory, and importantly, the fact that the laboratory cannot perform its vital role in diagnosing disease, are a concern.
- There are reports of forces occupying hospitals and using them to launch attacks. This is a gross violation of international humanitarian law.

WHO Response

- WHO is coordinating the health response, including distributions of supplies, through the Federal Ministry of Health, State Ministries of Health and health partners.
- WHO had also supported Khartoum State Ministry of Health to equip ambulances with needed supplies.
- WHO previously supported the Ministry of Health in conducting multiple trainings on mass casualty management and critical care: over 1000 health care workers were trained in basic emergency care and 230 in mass casualty management.
- Prior to the escalation of fighting, WHO had already prepositioned essential drugs and supplies including trauma and emergency surgery supplies at hospitals, given the previous civil unrest in the country, and had in the first days of the violence distributed additional supplies from stocks in Khartoum, stored at the government's National Medical Supplies Fund (NMSF) warehouses.
- Along with other humanitarian agencies, WHO is working intensively to continue to distribute lifesaving medical supplies.
- We have sent a total of 170 MT of medical supplies worth US\$ 1.6 million, including for trauma injuries, chronic diseases, and infectious diseases, using all possible means by air, land and sea. These supplies are crucial to addressing the urgent healthcare needs of the affected population and supporting the efforts of healthcare providers and organizations in Sudan.
- However, insecurity and operational hurdles still pose a challenge in the timely delivery of supplies to where they are needed. 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.
- WHO has trained health care workers on psychological first aid to survivors of gender-based and sexual violence. We are also coordinating the mental health and psychosocial support (MHPSS) technical working group comprising 26 UN and INGO partners, and have distributed psychotropic medications.

Population displacement

- According to IOM Displacement Tracking Matrix Sudan Situation Report of 06 June, over 1.4 million people have been newly internally displaced by the fighting since 15 April, and another 476 811 people have crossed the border into neighbouring countries as refugees, asylum seekers and returnees; 205 565 Sudanese and non-Sudanese have crossed the border into Egypt, 125 377 into Chad, 90 796 into South Sudan, 39 833 into Ethiopia, 13 922 into Central African Republic and 1318 into Libya.
- The 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.

Egypt

- To date, Egypt has received the largest number of people fleeing the violence in Sudan. According to the latest figures by the Egyptian authorities, more than 200,000 displaced individuals, predominantly Sudanese, have crossed into Egypt, mostly women, children, and older people. It is estimated that hundreds of thousands more will continue to arrive in Egypt in the next few months, according to the Interagency Regional Refugee Response Plan.
- The Egyptian Ministry of Health and Population (MoHP) is taking preventive measures at the borders including administering polio and MMR (measles, mumps and rubella) vaccines for children, malaria vector control, mobile clinics, and laboratory testing for communicable diseases.
- Since the refugee influx into Egypt, WHO Egypt has been on the ground at the borders with MoHP to regularly assess the health situation and provide humanitarian support as needed, in collaboration with other UN agencies, the Egyptian Red Crescent (ERC), and community-based organizations.
- WHO Egypt delivered 40 MT of medical and surgical supplies to MoHP, ERC, and university hospitals at Aswan, including essential medicines for chronic diseases that will serve 40 000 patients over 3 months, rapid diagnostic tests and medicines for communicable diseases, severe acute malnutrition kits for children, personal protective equipment for healthcare workers, accessibility equipment and WASH tools.
- WHO Egypt has also established a mental health and psychosocial support clinic inside Karkar Bus Station in Aswan, distributed IEC materials, conducted trainings, and installed latrines, among other interventions.
- Nonetheless, the needs are dire, and the resources are limited. Gaps have been identified in referral mechanisms and some emergency-specialized medical services. During his visit to Egypt in late May, UNHCR High Commissioner Filippo Grandi appealed for borders to be kept open for people seeking protection and called on the international donor community to support Egypt to be able to maintain its generosity in supporting arrivals.
- Based on the latest assessments and the growing needs, WHO in Egypt seeks 10 million US dollars 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.

South Sudan

- WHO and the South Sudan Ministry of Health are working together to meet the medical needs of the 111 000 people who have fled to South Sudan in the past eight weeks.
- WHO has sent kits with enough emergency medical supplies to care for more than 100 000 people.
- Mobile clinics have been set up in Aweil, currently attending to about 150-200 individuals a day.
- The most urgent needs on the ground include non-communicable diseases and malnutrition. To support the response, WHO and MoH have deployed a multi-disciplinary team to support the responses in Wau, Raja, Renk, Palouch, and Aweil. Recently, technical support was deployed to Unity State to support the response in Rotriak.
- WHO estimates that 10.7 million US dollars is required in the next 6 months to adequately respond to the increased health needs in South Sudan.

Ethiopia

- Since the beginning of the internal armed conflict in Sudan, more than 45 000 persons of 70 different nationalities have crossed into Ethiopia through West Gondar at Metema border.
- Through the Health Cluster, WHO and health partners have supported the Federal Ministry of Health (FMOH) of Ethiopia and the regional state of Amhara to respond to the crisis through the establishment of emergency health response at the point of entry and transit sites.
- With the government and 11 active health partners, WHO coordinated the deployment of emergency teams at the border point.
- WHO provided operational and financial support to the FMOH to deploy an emergency medical team (EMT) to provide basic primary health care services including setting up of an EMT shelter for patient care.
- To date, more than 2 900 consultations have been provided by the EMT, with a daily average of 150 patients seen.
- Emergency and essential health interventions include health and nutrition screening, provision of basic primary essential healthcare and patient referral services, risk communication, mental health and psychosocial support (MHPSS), disease outbreak surveillance and prepositioning of medicines and supplies in readiness for response.
- Emergency health kits have been provided to health partners to serve a population of about 100 000 persons including prepositioning at zonal and district health facilities which are providing treatment for referred patients.
- Despite the above interventions, there is need for additional support to sustain the health response, improve emergency health services and prepare for additional needs.
- Ongoing acute needs include maintaining technical and coordination support, deployment of additional emergency medical teams, sustaining disease surveillance and early detection of potential public health threats, as well as prepositioning more emergency medical supplies at the point of entry, transit centres and other supporting health facilities.
- In total, WHO requires approximately 6.5 million US dollars to support the response over the next six months.

Chad

- Cross-border disease surveillance is limited and accessibility remains a challenge.
- With the upcoming rainy season and poor living conditions in refugee camps/sites, there is a higher risk of infectious disease outbreaks such as malaria, measles and cholera.
- 9 camp sites are providing health care to refugees in Eastern Chad.
- WHO and partners are helping the health authorities in Chad to increase surveillance to better detect cases of infectious diseases and supporting the health response with delivery of medicines and materials to health centers, including nutritional items for children and pregnant women, vaccines for immunization activities and essential malaria drugs and supplies to prevent cholera:
- WHO donated enough essential drugs and supplies to care for at least 700 000 people for 3 months.
- WHO has deployed experts to support the health authorities on the ground.
- More than 13 600 consultations were carried out since the start of the crisis in Sudan. Acute respiratory infections (ARI), watery diarrhea and malaria remain at the top of the list of most recurrent illnesses.
- More than 20 000 children aged 6 months to 15 years have been vaccinated against measles and over 14 600 children have been dewormed with Albendazole.
- Over 51 000 Sudanese children were vaccinated during a recent polio vaccination campaign in 34 refugee sites spread across the seven border health districts in the provinces of Abéché, Sila, Wadifira and Ennédi-Est in the eastern zone of Chad.
- WHO's priority is to reinforce the health structures housing returnees and refugees and to increase the number of mobile health clinics operating in the area.

For more information, contact:

Dr Mohammad Dauod Altaf
Lead, WHO Sudan Health Emergency Programme
altafm@who.int

Loza Mesfin Tesfaye
Emergency Communications Officer, WHO Sudan
tesfayel@who.int