Sudan: Health Emergency

Situation Report

31 October 2024

KEY FACTS AND FIGURES:

14.7M	4.9M	10.9M	3.1M	$86 M	57%
In need of health assistance	Targeted for assistance	Internally displaced	Refugees	Required by WHO	Funded

27K	33K	45	113	45%	4M
Civilians killed (ACLED)	Civilians injured (MoH)	Humanitarians killed	Health facilities attacked	Non-functioning health facilities	Women and girls face GBV risk

HIGHLIGHTS

- **After 18 months, the conflict in Sudan continues to rage, trapping the population in a nightmarish cycle of violence, deprivation, displacement, hunger, disease and death.**
- **Civilians and civilian structures, including health facilities, were attacked in escalation of clashes in parts of Al Jazirah State since 20 October 2024, leading to an influx of displacement. By 30 October, 135,405 individuals have fled to Kassala, Gedaref and River Nile states.**
- **Since the start of the conflict in April 2023, WHO has verified 119 attacks on health care that have led to 189 deaths and 140 injuries. 10 of these attacks took place in October 2024 leading to 6 deaths and 15 injuries.**
- **Cholera has spread to 11 states with 29,147 cases and 852 deaths (CFR 2.9%) reported as of end of October 2024. WHO, with the Ministry of Health and partners, is responding to the outbreak.**
- **Oral cholera vaccination campaigns in priority localities have reached 5.3 million people.**
- **Using crossline and cross-border routes, WHO has been distributing medical supplies, including medicines, diagnostic supplies and cholera and nutrition kits to assist the lifesaving operations of health facilities in Sudan. As of 31 October 2024, WHO supplied 900 metric tons of supplies across the country.**

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the WHO.

SITUATION OVERVIEW

Over 18 months of conflict in Sudan have led to a severe regional emergency as over 3.1 million people displaced from Sudan are sheltering in neighboring countries whose system is not robust enough to absorb the influx. Another 10.9 million people are internally displaced within Sudan, many of them twice and thrice within the last 18 months as conflict spread to localities that were hosting them or driven by flooding and extreme constraint of access to food. Sheltered in overcrowded displacement sites or with communities, the displaced are at high risk of disease outbreaks and face severe limitation of access to health care and other basic services. WHO, leading the Health Cluster, coordinates the humanitarian health response, targeting 4.9 million of the 15 million people in urgent need of health assistance as outlined in the 2024 Sudan Humanitarian Needs and Response Plan (HNRP).

Despite requiring $178.6 million for the health response, only 73% of the funding has been secured as of 25 October 2024. The situation is exacerbated by a cholera outbreak affecting 11 states, and widespread malnutrition and acute food insecurity, with some areas facing famine. WHO has enhanced disease surveillance, rapid response, case management and vaccination efforts but stresses the need for increased funding, sustained access to localities requiring urgent health assistance, and the protection of health care. An immediate ceasefire is crucial to mitigate the humanitarian crisis and avert disease and death among the most vulnerable in Sudan.

LEADERSHIP AND COORDINATION

WHO is coordinating the health response and continues to lead the Health Cluster for national and sub-national level response to the health crisis. Under the leadership of the Federal and State Ministries of Health, WHO is coordinating the health response, including response to severe acute malnutrition with complication, cholera and other disease outbreaks.

Extending coverage of a minimum basic package of primary health care services (BPPHS) to facilities across Sudan is a need that will continue to be addressed by the health sector over the coming years.

In October, regular and ad-hoc health cluster meetings at national and subnational levels strengthened collaboration, addressed urgent health needs, and aligned partners' efforts for greater impact. These included two national and two subnational meetings that facilitated grassroots feedback integration into health strategies. Key activities focused on advocacy for funding, community-based cholera surveillance, water quality monitoring, and mpox preparedness.

To overcome challenges like limited HRP indicator reporting, health cluster plans include training Information Management Officers (IMOs) on 2025 HRP indicators, enhancing visibility through monthly reports and success stories, and conducting a Cluster Coordination Performance Monitoring (CCPM) survey. Upcoming priorities involve state-level partner consultations, a national IMO training workshop, and the HRP launch, ensuring continued support and improved health service delivery to affected populations in Sudan.

ESSENTIAL HEALTH SERVICES

The war has made the delivery of health care increasingly difficult. In some states, 45% of health facilities are functional while in states with active conflict, less than 30% are functional. Insecurity is preventing patients and health workers from reaching hospitals and other health facilities. Assets and staff are being attacked. The health system in other states is overwhelmed due to the massive displacement of populations and the influx of people requiring health care. WHO is working with the MoH and partners to ensure access to essential and life-saving health services focusing on the most vulnerable population.

Non-Communicable Diseases (NCD)

WHO is working to sustain delivery of essential, life-saving non-communicable disease (NCD) services, including through strengthening the capacity of primary health care (PHC) centres to deliver these essential services.

The WHO Clinical Guidelines for Medical Assistants and Community Health Workers have been launched at federal and state levels. These guidelines aim to expand NCD services and improve access, especially in conflict-affected and remote areas.

Additionally, guidelines for promoting healthy lifestyles have been introduced for all care providers. Integrating healthy lifestyle practices into NCD healthcare services is a cost-effective intervention for preventing and managing NCDs, particularly during crises.

WHO has also supplied essential medicines and insulin to IDPs and host communities to address significant shortages in NCD treatment. Furthermore, the organization is building the capacities of frontline care providers to meet the high demand for NCD management. The NCD services package is integrated into 25 of the 59 WHO-supported PHC centres.

8,872
NCD consultations provided by WHO-supported PHC centres.

28
Frontline care providers trained

2,960
Insulin vials with accessories distributed

Mental Health and Psychosocial Support (MHPSS)

Twenty-one (21) primary health care (PHC) centres are currently providing comprehensive MHPSS services (both psychotherapy and pharmacological care) to the population, including internally displaced people and host communities. So far, 4,668 individuals have received MHPSS care in the facilities.

A total of 16 clinics in IDP gathering points have been activated and are providing services. These clinics have provided care to 1,587 IDPs. In each clinic, there is a psychiatrist or family doctor trained in mental health Gap Action Programme (mhGAP) and psychologists who are providing MHPSS. These clinics have also been supplied with essential psychotropic medications to support in treating severe mental health conditions.

Cumulatively since April 2024 to date, a total of 357 psychologists have been trained in Problem Management Plus (PM+); 280 doctors have received training on using mhGAP Humanitarian Intervention Guide (mhGAP-HIG).

MHPSS has also been integrated in case management through mobile clinics. The trained psychologists and doctors have provided specialized MHPSS services to 995 patients through mobile clinics. Essential psychotropic medications from the 107 mental health kits helped diagnose and treat 35 patients in River Nile, Kassala and Gedaref states, the states which are receiving most of the IDPs from Al Jazirah.

The MHPSS team created awareness to 5,421 individuals through mass media campaigns. In addition, the campaigns were conducted during the World Mental Health Day celebrations in Kassala, Red Sea, Gedaref and Northern state. Such campaigns help provide accurate information on mental health and are key to fighting stigma and mental health disinformation within the community.

357
Psychologists trained

280
Doctors trained

4,668
Mobile mental health clinic beneficiaries

5,421
reached with awareness raising through mass media campaigns as part of WMHD commemorations

Hospital and Trauma Care

WHO is supporting 18 hospitals across 10 states through implementing partners. Through this modality, support has been provided to major departments, including operational costs, minor rehabilitation, supplies such as oxygen, WASH, and some human resource costs (non-financial incentives). As of end-October, 48,519 received health care services at these hospitals.

18
Hospitals

48K
Patients

Reproductive Health Maternal Neonatal Child and Adolescent Health (RMNCAH)

The Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNCAH) program is working on 3 main components to strengthen the health system:

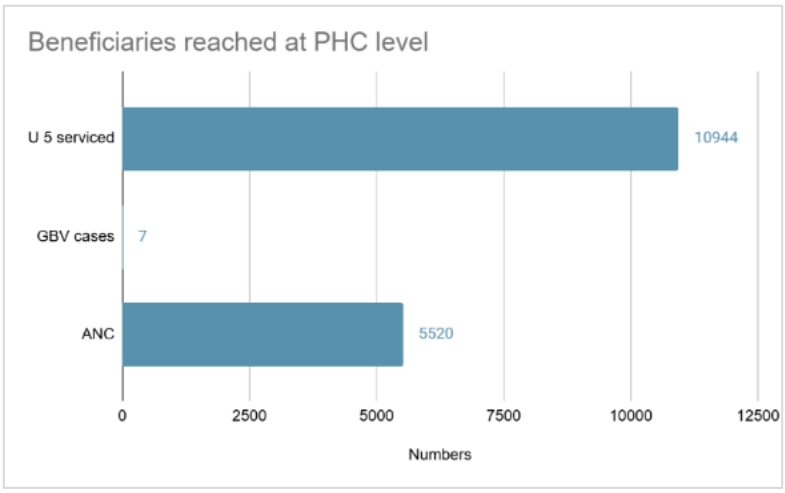
1- Strengthening quality of care and capacity building

2- Service delivery of essential and life-saving interventions to both IDPs and host communities, and

3- Strengthening coordination at state and federal level.

3	60	34	48
CEmNOC facilities supported in Khartoum State	Medical students received orientation	Health cadres trained on child and adolescent health	Midwives trained

Beneficiaries reached at primary health care facilities in October 2024.



The nutrition situation is critical and worsening. Sudan is among the top four countries globally with the highest prevalence of global acute malnutrition (GAM), affecting 13.6% of the population. The ongoing conflict has exacerbated the situation, with massive displacement, disrupted access to basic services, and multiple disease outbreaks.

Children under five years and pregnant or breastfeeding women are particularly vulnerable, with 4.9 million in urgent need of life-saving nutrition interventions. The situation is expected to deteriorate further due to continued conflict, food insecurity, and compromised and inaccessible health services.

33	126	135	30.4K	185
SCs currently receive operations and technical support	SCs receive WHO supplies	SAM modules delivered	SAM Jan-Sep 2024	Health & nutrition cadres trained

Response:

- WHO provides medical supplies for the management of children with severe acute malnutrition (SAM) with medical complications to all functional 126 stabilization centres across Sudan.
- In October 2024, WHO delivered 135 SAM kits to stabilization centres, including to centres in Al Jazirah and West Darfur
- WHO currently provides operations and technical support to 33 stabilization centres.
- WHO deployed nutrition specialists to West Darfur, North Darfur, Khartoum, North Kordofan, and River Nile states to conduct in-person training and capacity building in nutrition including in-patient management, and nutrition information systems.

- 145 health workers (doctors, nutrition experts, stabilization centre staff) in South Darfur, Khartoum (Karari and Omdurman), North Kordofan, River Nile and Red Sea states trained in inpatient management of severe acute malnutrition (SAM) with medical complications.
- 40 staff in Karari and Omdurman, Khartoum, were trained in nutrition information system to improve reporting.

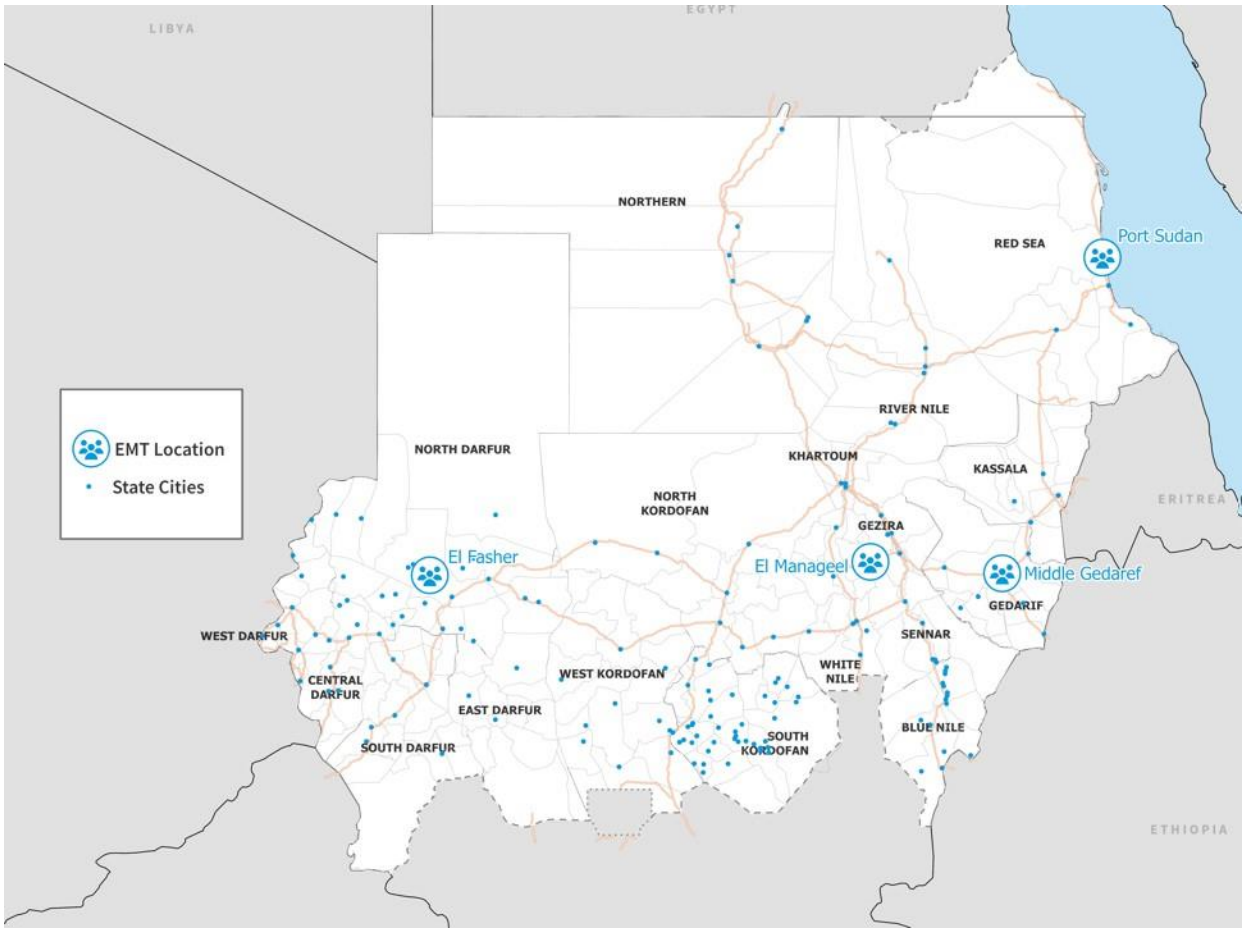
EMERGENCY MEDICAL TEAMS (EMT)

Through the EMT Coordination Cell (EMTCC), which arrived in Sudan in September 2024, WHO is coordinating the deployment of international Emergency Medical Teams (EMT) to Sudan – per the request of the Federal Ministry of Health – to support the health emergency response, with a particular focus on trauma care but also contributing to other areas such as disease outbreak response.

Fourteen EMT partner INGOs have responded to the call and four of them are ready to deploy their teams to accessible states, pending administrative authorizations. EMT strategy for Sudan also includes the development of a National EMT Initiative aiming at creating National EMT. Terms of Reference are being designed and will be submitted to FMOH in November.

Challenges

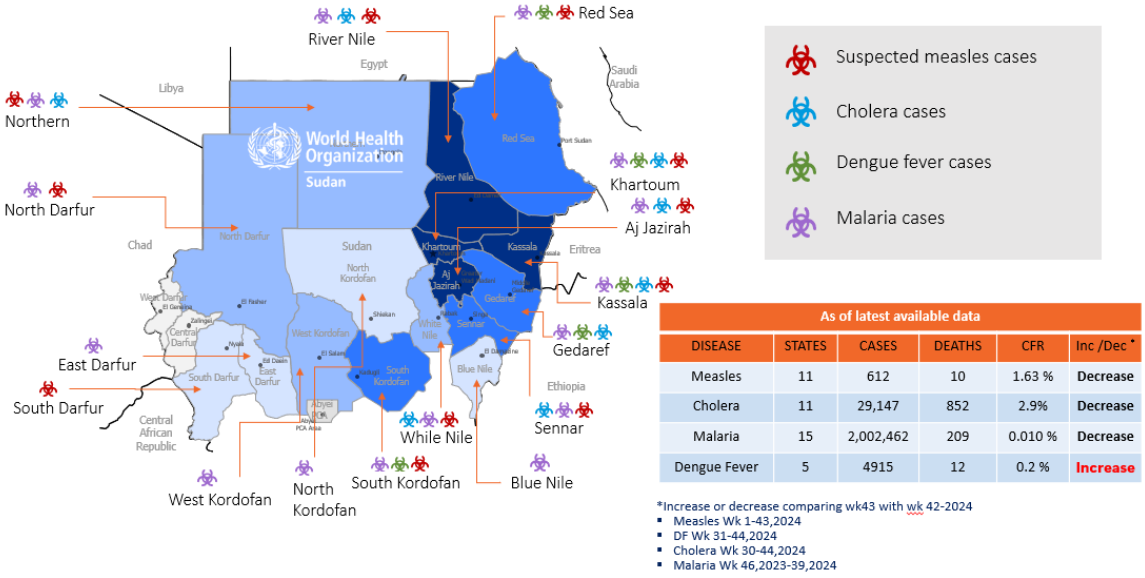
- Accessibility and administrative impediments continue to cause delays in the deployment of identified EMTs.



Sites for international EMT mobilization, October 2024.

EPIDEMIOLOGY AND OUTBREAK RESPONSE

Resources and local capacities to detect and respond to the multiple outbreaks ongoing in Sudan are overstretched. As of 31 October 2024, at least 11 of the 18 states in the country are simultaneously experiencing three or more outbreaks of different diseases.



As of latest available data

DISEASE	STATES	CASES	DEATHS	CFR	Inc /Dec *
Measles	11	612	10	1.63 %	Decrease
Cholera	11	29,147	852	2.9%	Decrease
Malaria	15	2,002,462	209	0.010 %	Decrease
Dengue Fever	5	4915	12	0.2 %	Increase

*Increase or decrease comparing wk43 with wk 42-2024
- Measles Wk 1-43,2024
- DF Wk 31-44,2024
- Cholera Wk 30-44,2024
- Malaria Wk 46,2023-39,2024

Epidemiological map for Sudan, October 2024. [Note: periods referenced in the text may not correspond to periods shown in epidemic curves.]

Cholera

The cholera outbreak that was officially declared on 12 August 2024 has spread to 77 localities in 11 states. Between 22 July and 31 October, 29,147 cases and 852 deaths were registered with a high case fatality ration (CFR) of 2.9%. WHO is looking into whether the high CFR is a clear representation of the situation or whether this is due to a gap in reporting. leading to a lesser number of cases versus deaths.

11	29K	852	2.9%	5.3 M
States	Cases	Deaths	CFR	OCV doses deployed for campaigns

Oral cholera vaccine is administered to an internally displaced young woman in Gedaref State, October 2024.
Photo credit: WHO / Omer Tarig

Needs:

- Thousands of people are at risk of cholera due to displacement, malnutrition, widespread flooding, contaminated water, poor WASH conditions, sub-optimal community awareness, low capacity of available health care workers, and overstretched healthcare provision.

Response:

- Joint Health and WASH outbreak response interventions are in place across all strategic pillars in affected States.
- An oral cholera vaccination (OCV) campaign conducted in six localities of River Nile, Kassala and Gadaref states reached over 1.4 million people.
- 5.3 million OCV doses were deployed for vaccination campaigns as of October 2024.

Gaps:

- Huge needs for additional resources and supplies including IV fluids.

Constraints:

- Dynamic security situation and limitations on access.
- Delays in getting approvals from HAC.
- Poor mobile and internet connectivity.
- Delays in full expansion of surveillance radar to States of Darfurs and Kordofans with partner's support.
- Community refusals for chlorination.
- Delays in health seeking behavior due to stigmatization.

Polio

On 21 January 2024, the Sudanese International Health Regulations (IHR) National Focal Point (NFP) notified WHO of the detection of a new strain of circulating vaccine- derived poliovirus type 2 (cVDPV2). According to the notification, six genetically linked cVDPV2 strains were isolated from environmental samples collected from the Port Sudan locality of Red Sea state. CVDP2 and 2 Sabin like 2 strains were later isolated from environmental samples from Kosti locality of White Nile and Kassala and Gedaref. No positive cVDPV2 isolates for over nine months, and no positive human samples detected.
Sudan reported 419 acute flaccid paralysis (AFP) cases up to week 42, 2024. of which 301 cases were discarded as non-polio AFP (NPAFP) while 118 are pending classification. Meanwhile, 12 batches of stool sample have been transported to Egypt for testing in the regional reference lab of VACSERA. Due to conflict and access constraints, surveillance indicators are sub-optimal in South, East and North Darfur, as well as in Khartoum and Al Jazirah states.

612	444	2.6	91
Expected AFP cases 2024	Reported AFP 2024	Non polio AFP rate	% of Adequacy

Needs:

- Immunity gap among children 0-59 months in Red Sea and seven other priority states.

Response:

- WHO supported the Federal Ministry of Health for three rounds of outbreak response in Red Sea and two rounds in seven priority states, reaching 3.3 million children.
- WHO supported risk assessment, outbreak response plan and mobilization of financial resources.

Gaps:

- Immunity gap in hard-to-reach states of Sudan and possibility of polio outbreak there.

Constraints:

- Access to targeted children in hard-to-reach states due to insecurity
- Non-functionality of PHC centers in conflict hotspots
- Population movement and relocation of health care providers.

Measles

Despite the availability of a safe and cost-effective vaccine, measles continues to be one of the leading causes of death among young children. In 2024, 792 fever and rash cases were reported, and 560 measles cases confirmed by lab and epi-link. The annualized rate of non-measles and non-rubella rashes per 100,000 population is very low (0.2) and only 5% of states reported non-measles and non-rubella rash cases, a rate equal to or more than 2.

11	612	10	1.63%
States	Cases	Deaths	CFR

Response:

- Multi-antigen and Big-Catch-Up campaigns are planned for hard-to- reach states including vaccination of targeted children for measles.
- WHO has been supporting National Public Health Lab of Port Sudan for testing of suspected measles samples.

Constraints:

- Low reporting of cases due to non-functionality of sentinel sites and movement of health care providers
- Disruption of network causing delays in communication and reporting
- Inaccessibility of hard-to-reach states and localities for supply of vaccine
- Limited financial resources for measles surveillance and lab.

Dengue

Between week 31-44, 2024, a total of 4,915 dengue cases and 12 deaths (CFR 0.2%) were reported from 6 States and 22 localities of Sudan. Epi week 44 showed 53% decrease in dengue fever cases compared to epi week 43-2024. A total of 2,109 RDTs were performed resulting in 1,663 positive results (78.9% positivity). Males to female ratio is 1.04 with 51% males. Temporal and geospatial expansion of vector-borne diseases (dengue and its vector) due to climate changes and deteriorated routine vector control, waste management, and shortage of water supply programs. The spread of vector-borne diseases like dengue is inevitable due to climate change, deterioration of routine vector control, poor waste management, and shortage of water supply. Co-occurrence of vector-borne diseases may lead to more severe illnesses.

6	4,915	12	0.2%
States	Cases	Deaths	CFR

Needs:

- Procuring and distributing insecticides, vector control spraying machines, PPE and LLIN
- Mobilizing community activities
- Enhancing public awareness
- Supporting the operational costs of vector control measures
- Updating the national insecticides resistance monitoring strategy

Response:

- Vector control activities are ongoing at limited capacity in all affected states due to lack of sufficient financial resources.
- Patients are provided with supportive treatment at health facilities.

Malaria

Malaria poses a significant health risk to the population of Sudan, a risk that is increasing after the war particularly due to deteriorated housing conditions, increasing levels of malnutrition, displacement, interruption of routine vector control activities and poor access to health services. The situation is further complicated by climate change, resulting in floods and heavy rains in areas not typically at high risk for malaria. This has increased the risk of severe malaria and mortality.

In areas where the Ministry of Health's access is compromised and partners are providing services, visibility on the situation is very weak. This poor reporting is affecting the ability of the Federal Ministry of Health (FMOH) and partners to respond effectively and advocate for necessary resources.

15	2M	209	0.01%
States	Cases	Deaths	CFR

Response:

- WHO supported the National Malaria Control Program (NMCP) in improving the quality of malaria case management in health facilities. This will help reduce malaria admissions and deaths.
- WHO supported Primary Health Care (PHC) facilities in providing malaria services as part of an integrated PHC package.
- Furthermore, WHO is consistently working to build the capacity of national and subnational teams on data use, including the triangulation of data from different sources to inform action.
- Preparations and groundwork were underway in October 2024 for the introduction of malaria vaccines in Sudan. The vaccines will be introduced in Gedaref and Blue Nile states in first phase of implementation.

SUPPLY CHAIN

WHO Operations Support and Logistics (OSL) team continues to make efforts to deliver supplies throughout Sudan. By optimizing Adre crossing point, a total of 184.5 MT was delivered to Darfur states through cross border operations from Chad. An additional 98 MT of supplies was delivered from Port Sudan to various states (Red Sea, Northern state, River Nile etc.). Access to West and South Kordofan remains limited but convoys with other partner agencies are being considered. A steady flow of incoming supplies was also achieved through ECHO funded transportation as follows: by road from Dubai to Port Sudan via Jeddah and by air from Dubai to N'djamena.

SUPPLIES ARRIVED

27 MT
Inter-agency Emergency Health Kits (IEHK) and trauma and emergency surgery kits (TESK)

61 MT
Pediatric severe/acute malnutrition (PED SAM)

SUPPLIES DISTRIBUTED

27.5 MT
Cholera kits

37.5 MT
Trauma and Emergency Surgery kits (TESK)

200 MT
Inter-agency Emergency Health Kits (IEHK)

17.5 MT
Bulk items PRS

PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION AND ABUSE (PRS)

For the period of October, WHO in collaboration with the Sudan Prevention and Response to Sexual Exploitation and Abuse (PSEA) Inter-Agency Network, the Humanitarian Country Team, and the UN Communications Group, initiated the development of the PSEA Communication and Advocacy Strategy, aiming at harmonizing approaches, messaging, identification of priority advocacy issues, clear channels of communications and widening the scope of audience (policy, humanitarian, development, and the affected populations.

60

Technical sessions, advocacy and dialogues with health cluster partners

38

Federal Ministry of Health staff, UN and INGOs knowledge were enhanced on PRS

SEA risks:

- Internal displacement, overcrowding, economic hardship, and limited access to services, including limitations in community-based reporting and feedback mechanisms are all part of the sexual exploitation, and abuse risks that WHO and humanitarian partners endeavour to mitigate in Sudan.

Response:

- Risk mitigation and implementing partners engagement: 4 new implementing partners recruited to support the emergency response in Sudan were assessed using the UN Partners Portal to ensure that they comply with the UN Partners Protocol.
- Community outreach: Common messages developed are currently being promoted by health promoters and rapid response teams (RRTs) integrated into the cholera response activities in Kassala and Gedaref.
- Technical sessions, advocacy and dialogue were held with health cluster partners at national and sub-national levels, and with the WHO workforce. The sessions included orientation on the basic concept of sexual exploitation, abuse, and harassment, reporting mechanisms, the 6 Core Principles and power and vulnerability to sexual misconduct, and were attended by 30 technical staff, 35 program and admin support staff, 14 cleaners, and 3 security support staff.
- PRS (Basic Concepts, 6 Core Principles, reporting and victims' assistance) from an integrated training of trainers (ToT) was conducted for the adoption of the WHO Operational Guide on Child and Adolescents Health in Humanitarian Setting on 6–9 October 2024.

WHO ZONAL OPERATIONS

The security situation across most zonal states remained calm but unpredictable, with the exceptions of West Kordofan Khartoum, Al Jazirah and the North Darfur. Clashes in Khartoum and West Kordofan resulted in 378 injuries and 14 deaths while 350 people were killed in attacks on civilians in Al Jazirah which also led to the displacement of tens of thousands of people. All states under the hub operations face challenges with accessibility, making it difficult for humanitarian workers and supplies to reach them and leaving the population in a state of extreme limitation of access to food, water and basic services including health services.

Darfur Zone

Darfur faces a crisis with 5.24 million internally displaced persons (IDPs) across all states, leading to overcrowding and increased health needs in East and South Darfur. Violence and instability are exacerbating the humanitarian crisis, particularly in regions with large IDP populations. The instability, particularly in North and West Darfur, severely restricts humanitarian access as well as the population’s and IDPs access to humanitarian assistance and health services, complicates logistics, and impacts health service continuity. Security issues in South Darfur, including airstrikes and civilian violence, highlight an urgent need for protective measures around health facilities and mobile clinic operations.

Response:

- WHO's mobile clinics in East, South, and West Darfur have provided over 21,000 consultations in October, addressing malaria, nutrition, and maternal health.
- WHO launched a mobile clinic initiative in late September to address urgent health needs, starting with clinics in East and South Darfur.

Challenges:

- Resource shortages, especially for malaria and nutrition, along with security concerns, continue to limit healthcare delivery in overcrowded IDP sites.
- Limited supplies, especially for malaria treatment, HIV/AIDS medicines, TB medicines and nutritional supplements, continue to affect service delivery while ongoing looting exacerbates these challenges.

Central Zone

Central and South Sudan Hub comprises seven states, covering the states of Abyei Permanent Court of Arbitration (PCA) , Al Jazirah, Blue Nile, Khartoum, North Kordofan, South Kordofan, West Kordofan, and White Nile. Five of these states reported 15,072 cholera cases with 456 deaths (CFR 3%).

In Al Jazirah, attacks on civilians since 20 October reportedly led to 350 deaths while at least 127 rape and girls were subjected to rape and gender-based violence with reports of suicides in fear of – or as a result of – rape. By the end of the month, 135,450 people had fled to different locations in Kassala, Gedaref and River Nile.

Response:

- Coordinated with WHO South Sudan to deliver cholera kits to White Nile through cross-border operations.
- Led subnational coordination with partners and stakeholders in all states for cholera response.
- Supported 4 cholera treatment centres (CTC) and 16 oral rehydration points (ORP) in Khartoum & Al Jazirah states as part of the response to the cholera outbreak.
- Supported water quality monitoring and vector surveillance and control activities in White Nile and Blue Nile states.
- WHO provides direct support for 15 PHCs in IDPs gathering points covering around 2,420,917beneficires.
- Supported the training and deployment as well as operations cost of rapid response teams to localities in target states.
- Over 45 MT of Cholera, NCDK nutrition and TESK delivered to Gazira.
- Conducted investigation missions in Blue Nile to verify outbreaks.
- TMC4 (Temporary Mobile Clinics Phase 4) continue to provide essential health services in Khartoum.

Challenges:

- Accessibility, security situation and availability of network in all states under the Hub.
- The banking system is either non-functional or severely disrupted in most of the states under the hub.
- Shortage of medicines and medical supplies for the states under the hub.
- Low surveillance reporting as well as non-functionality of health facilities.

Eastern Zone

Eastern zone comprises Gedaref, Red Sea, Sennar, River Nile, Kassala and Northern states. Despite ongoing efforts, gaps in response remain, particularly in WASH and health services across all states.

70%
WASH services at IDP gathering sites remain unmet

2
Vaccination campaigns (Polio and cholera)

A WHO public health officer conducts water quality monitoring supervision visit in Haya locality, Red Sea State, October 2024
Photo credit: WHO Sudan

Response:

- Delivered essential medical supplies
- Participate in daily state EOC and weekly Health Cluster meetings.
- Polio eradication efforts and OCV campaign.

Challenges:

- Relocation of IDPs from schools.
- Significant gaps in WASH services.

CHALLENGES

WHO faces significant challenges in responding to the health crisis in Sudan, primarily due to the ongoing conflict and its devastating impact on the country's health system. Here are some key challenges:

1. **Insecurity and Access:** The conflict has led to over 100 attacks on healthcare facilities, making it extremely difficult for WHO and other health workers to provide necessary services. Many health workers have fled, exacerbating the shortage of medical staff.

2. **Displacement and Malnutrition:** Millions of people have been displaced, both within Sudan and to neighboring countries. This displacement has worsened food insecurity, with 3.6 million children acutely malnourished.

3. **Resource Constraints:** The response is severely underfunded, with only 18% of the required funds for the Sudan Humanitarian Response being met. This lack of resources hampers efforts to deliver essential medical supplies and services.

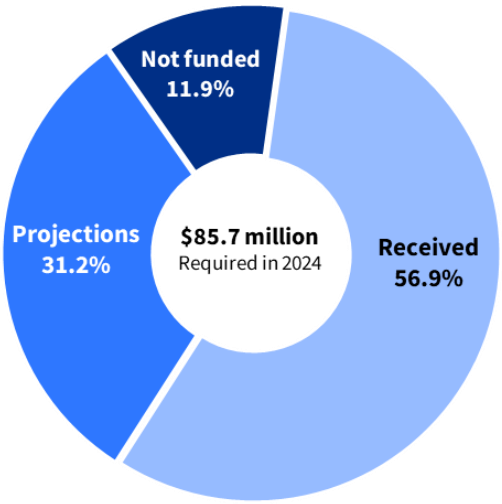
4. **Health System Collapse:** More than two-thirds of hospitals in affected areas are out of service due to shortages of medical staff, supplies, safe water, and electricity. The ongoing conflict has disrupted disease surveillance systems, making it challenging to detect and respond to outbreaks.

WHO continues to call for urgent international action to address these challenges and provide the necessary support to alleviate the health crisis in Sudan.

FUNDING

WHO requires $85.7 million to respond to mounting health needs in Sudan in 2024 and provide immediate, life-saving essential health services to the population affected by conflict, natural disasters, and outbreaks. As of 30 October, just about half of these resources ($48.7 million) have been made available to WHO by several donors, while others have pledged $27 million in additional support. This leaves a funding gap of at least 12%, reducing WHO's capacity to support the health response in the country.

WHO thanks the Central Emergency Response Fund (CERF), the United States of America, Saudi Arabia, Germany, France, and other donors for their generous support of the Organization's response in Sudan.



Background on the crisis
18 months of conflict in Sudan has stretched the health system to its limits with displacement, disease outbreaks, war injuries, non-communicable diseases and needs for maternal and child health rising in the face of declining capacity to meet these needs.

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