

KEY FACTS AND FIGURES:

14.7M

In need of health assistance

4.9M

Targeted for assistance

10.8M

Internally displaced

2.3M

Refugees

\$86M

Required by WHO

55%

Funded

24k

Civilians killed (ACLED)

33k

Civilians injured (MoH)

45

Humanitarians killed

108

Health facilities attacked

45%

Non-functioning health facilities

4M

Women and girls face GBV risk

HIGHLIGHTS

- Over 500 days have passed since the escalation of conflict in Sudan in April 2023
- Up to 70% of healthcare facilities have become nonfunctional due to the crises. Health care has faced 109 verified attacks, causing 183 deaths and 125 injuries.
- Sudan is experiencing a cholera outbreak, with 18,383 cases and 549 deaths (CFR 3.0%) reported from 10 states as of 29 September 2024. WHO is working with the Ministry of Health and partners to curb the outbreak.
- An oral cholera vaccination campaign in Kassala State vaccinated 51,000 people aged over one year.
- WHO has been distributing supplies to sustain medical supply chain through crossline and cross border shipments. Since the beginning of the year, WHO supplied 900 metric tons of supplies across the country.



SITUATION OVERVIEW

Over 500 days of conflict in Sudan has led to a severe regional emergency. Over 2.3 million people displaced from Sudan are sheltering in neighboring countries whose system is not robust enough to absorb the influx. Another 10.8 million people are internally displaced in Sudan, many of them twice and thrice as conflict spread to localities where they were sheltering or driven by flooding and limited 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 healthcare.

WHO, leading the Health Cluster, coordinates the humanitarian health response, targeting 4.9 million of the 14.7 million people in urgent need of health assistance as outlined in the 2024 Sudan Humanitarian Needs and Response Plan (HNRP).

Health facilities are operating at very limited capacity due to shortage of supplies, exodus and displacement of health workers, and limited operational capacity (Fuel, electricity and connectivity). Health facilities are observing increased numbers of trauma cases, face attacks in areas with active conflict and overburdened in areas receiving recurrent waves of IDPs. The situation is exacerbated by outbreaks of disease including water-borne, vector-borne and vaccine-preventable disease, most prominently a cholera outbreak affecting 10 states. Malnutrition is widespread resulting from 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 aid, and the protection of health care.

Despite requiring \$178.6 million for the health response, only 47.2% of the funding has been secured as of 27 September 2024. 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 Director-General Dr Tedros Adhanom Ghebreyesus and Regional Director Dr Hanan Balkhy visited Port Sudan on 7-8 September, where they reaffirmed WHO's commitment to reaching all Sudanese in need and called on the international community to urgently act to end the extreme health and humanitarian crisis.

WHO Director General also visited the Sudan cross-border operations in Chad on 16 September and oversaw the deployment of 3 trucks to South Darfur from Adre.

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 response to malnutrition, cholera and other 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. Sudan Health Cluster is delivering humanitarian health services to the population in need.



WHO Director General Dr Tedros Adhanom Ghebreyesus and Regional Director Dr Hanan Balkhy, with H.E. Dr Heitham Mohamed Ibrahim Awadallah, visited a camp for internally displaced persons in Port Sudan during their visit to Sudan in September 2024

Photo credit: WHO / Satti Mohammed

ESSENTIAL SERVICES

The war has made the delivery of health care increasingly difficult. In Khartoum and other hotspots, fewer than one third of health facilities are functional. Insecurity is preventing patients and health workers from reaching hospitals and 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 MoH and humanitarian partners to ensure access to essential and life-saving health services focusing on the most vulnerable population.

Primary Health Care (PHC)

WHO is supporting provision of essential health services through 59 primary health care centres in 10 states targeting displaced populations and host communities. The scope of support entails supplies, human resources, operational cost, and minor maintenance. From June to September 2024, 128,680 beneficiaries, 40% of whom were internally displaced persons, received services at these facilities.

59 
PHC Centres

129k 
Beneficiaries

Mental Health and Psychosocial Support (MHPSS)

As part of its coordination role, WHO is chairing the Mental Health and Psychosocial Support (MHPSS) Technical Working Group (TWG) together with Sudan's Federal Ministry of Health. In September 2024, the Inter-Agency Standing Committee (IASC) 4Ws service mapping exercise was conducted with the participation of 17 partners delivering MHPSS services.

30
Psychologists trained

30
Doctors trained

As part of integration of MHPSS in health care interventions, psychological first aid and other elements of psychosocial support, management of aggression was conducted during case management workshop on rabies, meningitis and cholera in Kassala State.


127
Mobile mental health clinic beneficiaries

3,112
reached with awareness raising

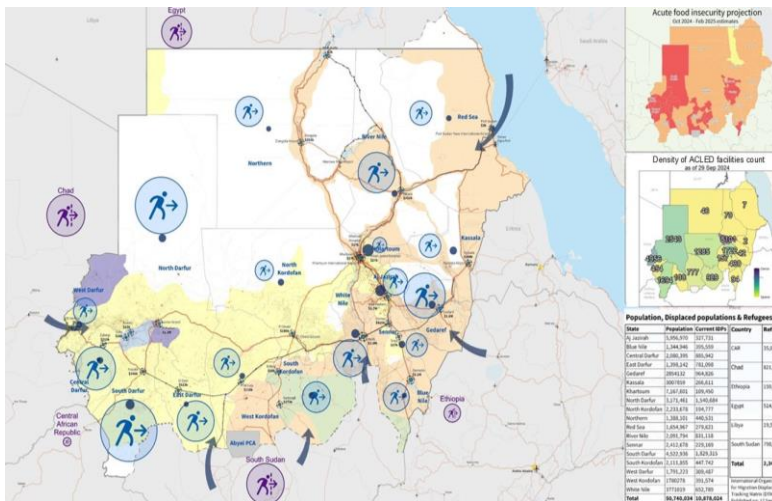
WHO activated 16 Mental Health clinics in Gedaref, Kassala River Nile and Northern States (4 clinics per state) to respond to the acute needs of displaced persons in the IDPs Sites. These clinics are also being used for mental health literacy through raising awareness about the services, MHPSS myths, symptoms of mental health conditions as well as available treatment interventions.

Hospital and Trauma Care

WHO is supporting 10 hospitals in 6 states through implementing partners. This entails support of major departments with operational costs, minor rehabilitation, supplies, including oxygen, WASH, and some HR costs (non-financial incentives). A total of 30,000 beneficiaries were reached in September.

10 
Hospitals

30k 
Beneficiaries



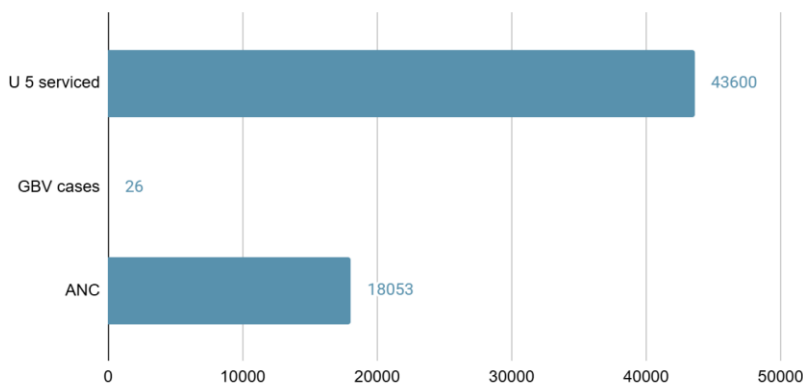
Situation as of 29 Sept 2024

- IDP \uparrow 0.1M
- IPC 4/5 static (~14%)
- Top fatality at Khartoum StateD
- Top Refugee \rightarrow SSD

Reproductive Health Maternal Neonatal Child and Adolescent Health (RMNCAH)

SRMNCAH program is working on 3 main components to sustain the health system in humanitarian settings: service delivery to both internally displaced persons and host communities, capacity building, and coordination at state and federal levels. In total, 68 primary health care (PHC) facilities were supported to provide maternal and child health (MCH) services, and pediatricians, obstetrics and gynecology specialists, midwives and medical assistants were deployed. Capacity building activities were conducted for medical students and health care providers.

Beneficiaries reached at PHC level



3

Support to CEmNOC facilities in Khartoum State

60

Medical students received orientation

34

Trained child and adolescents' health

48

Midwives trained

Non-Communicable Diseases (NCDs)

The WHO is actively supporting the maintenance of essential, life-saving non-communicable disease (NCD) services and working to enhance the capacity of PHC to deliver these essential services. To foster this effort, NCD Clinical Guidelines for Medical Assistants and Community Health Workers have been launched. 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 the majority of PHC centres supported by WHO.

1.3M

Population covered by essential NCD medicines

235k

NCD consultations provided by WHO-supported PHC centers

100

Care providers trained medicines

280k

Population covered by Insulin.

Immunization

The armed conflict in Sudan severely affected coverage of routine immunization and performance indicators of vaccine preventable disease surveillance. Sudan reported **57% coverage of Penta 3 in 2023, the lowest ever in a decade.**

Non-functionality of PHC facilities, population movement, constraints in delivery of supplies and disturbance in operation support to immunization program affected coverage and equity. In 2024, **Sudan reported outbreaks of cVDPV2, measles and pertussis.**

The immunization program introduced measles and rubella vaccine. Around 800,000 children 0-59 months in Darfur Zone will be vaccinated by multiantigen campaign.

36

DPT3%

18.1

DPT1-3 DOR

3.3M

nOPV2 vaccinated children

6.3M

doses of OCV secured

Nutrition

The nutrition situation in Sudan is critical and worsening. The country 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, leading to 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 health services.

Response:

- WHO is currently supporting 33 stabilization centers (SC) across 11 states.
- Training was provided to 157 health and nutrition staff in several states, and IYCF counseling improved among mothers at two IDP sites.
- Workshops and online sessions on SAM and cholera protocols were held, with SAM admissions in September showing a glaring 50% increase compared to the same period last year.
- WHO has delivered SAM treatment modules to stabilization centres in Darfur.
- Supported hygiene promotion and provided equipment to centers in Northern State, and distributed IYCF advocacy materials to a maternity hospital in Kassala.

Challenges:

- Funding gap in supplies due to access challenges and insecurity.
- Technical capacity support for the SCs cadres.
- Weakness in the referral system of SAM cases.
- Damage and Looting of the premises and supplies.
- Gap in reporting from stabilization centres.
- Unstable internet connectivity.
- Electricity power interruptions affecting communication.
- Overcrowding of the stabilization centres leading to elevated risk of cross-infections.
- Excessive workload and high turnover of stabilization centre staff.

33 WHO supported SCs	124 Operational SCs supported with supplies
349 SAM modules delivered	6,932 SAM with Medical Complications
157 Health & Nutrition cadres received Nutrition Training	25 Nutrition cadres received PRSEAH Training

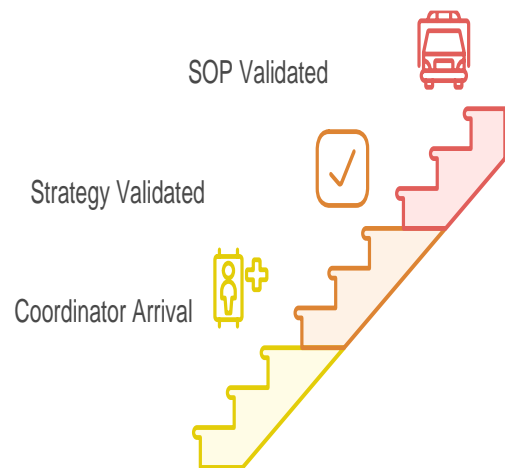
Emergency Medical Teams (EMT)

Following EMT activation, EMT Coordination Cell has been deployed and the EMT Coordinator is in country. An EMT strategy is finalized and International EMT tasking is in process.

EMTs have shown interest to deploy and support trauma and essential services. In close coordination with MOH, arrangements to deploy EMTs to areas with most need either facing conflict and trauma needs and/or waves of IDPs requiring scale up of essential services is in the process.

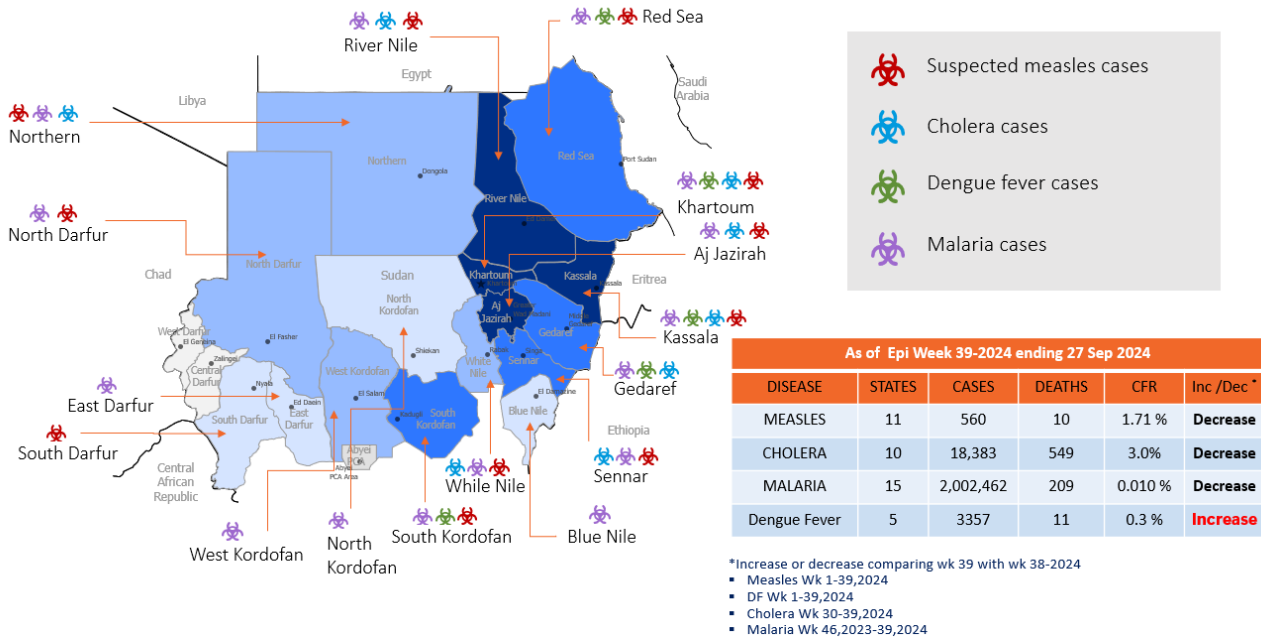
Challenges:

1. Accessibility
2. Administrative impediments
3. Lack of funding



EPIDEMIOLOGY AND OUTBREAK RESPONSE

Sudan is facing multiple outbreaks. Resources and local capacities to detect and respond to outbreaks are overstretched. As of 27 September 2024, at least 11 of the 18 states in the country are experiencing three or more outbreaks of different diseases simultaneously.



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

Cholera

On 12 August 2024, the Sudan Federal Ministry of Health officially notified WHO of a cholera outbreak under article 6 of IHR. The initial case was reported in Kassala state on 22 July 2024. The outbreak has expanded to 47 localities in 10 states as of end of September 2024.

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 health system.

Response:

- Joint health and WASH outbreak response interventions across all strategic pillars in affected states.
- 1.8 million oral cholera vaccine (OCV) doses were approved as of end of September 2024.

Gaps:

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

Constraints:

- Dynamic security situation and access limitations.
- 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.

10 States
18.4K Cases
549 Deaths
3.0% CFR

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. Followed by one VDPV2 from Kosti locality of White Nile and 2 from Kassala and Gedaref. For over nine months there have been no positive cVDPV2 isolates, and no positive human samples have been detected. Sudan reported 419 AFP cases up to week 42, 2024. of which 301 cases were discarded as NP/AFP while 118 are pending classification. In total, 12 batches of stool sample have been transported to Egypt for testing in the regional reference lab VACSERA. Surveillance indicators are sub-optimal in South, East and North Darfur, and Khartoum and Aj Jazirah states.

Needs:

- Cover immunity gap among children 0-59 in Red Sea and seven priority states in Sudan.

Response:

- WHO supported Federal EPI for three rounds of outbreak response in Red Sea and two rounds in seven priority states vaccinated 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 due to insecurity to targeted children in hard-to-reach states, non-functionality of PHC centers, population movement and relocation of health care providers.

612	419
AFP cases	Total AFP 2024
2.5	93
Non polio AFP rate	% of Adequacy

Measles

Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available. In 2024, 792 fever and rash cases reported, and 560 measles cases have been confirmed by lab and epi-link. The annualized rate of non-measles and non-rubella rash per 100,000 population is very low (0.2) and only 5% of states reported non-measles and non-rubella rate equal to or more than 2. Male to female ratio is 1:08 with 52% males.

In response to measles outbreak, the Federal EPI program with support from WHO and UNICEF implemented a measles and rubella vaccination campaign targeting children aged 9 months to 15 years.

Response:

- The Federal EPI program with support from WHO and UNICEF implemented MR campaign in eight states targeting 5.7 million children aged 9 months to 15 years.
- 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.

11	560
States	Cases
10	1.71%
Deaths	CFR



WHO teams providing technical support and supportive supervision during the oral cholera vaccination campaign in Kassala, September 2024.

Photo credit: WHO / Hassan Gamary

Dengue

Between week 31-39, 2024, a total of 456 dengue cases and 4 deaths (CFR 0.9%) were reported from 9 localities in 4 states of Sudan. Epi week 39 showed 60% increase in dengue fever cases compared to epi week 38-2024. A total of 314 RDTs were performed resulting in 229 positive results (72.9% positivity). Males to female ratio is 1.17 with 54% males. The expansion of vector-borne diseases like dengue is inevitable due to climate change, deterioration of routine vector control as a result of conflict, poor waste management, and shortage of water supply programs. Overlapping of vector-borne diseases may lead to more severe illnesses.

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

5 **3357**

States Cases

Response:

- Vector control activities ongoing at a low capacity in all affected states due to lack of sufficient resources.

11 **0.3%**

Deaths CFR

Malaria

Malaria poses a significant health risk to the population of Sudan, this risk is increasing after 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 changes, 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.

Response:

- To reduce malaria admissions and mortalities, WHO supported the National Malaria Control Program (NMCP) in improving the quality of malaria case management in health facilities.
- WHO also 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.

15

States

1.8 M

Cases

178

Deaths

0.01%

CFR



WHO Representative Dr Shible Sahbani and H.E. State Minister of Health Dr Haitham Mohammed Ibrahim with WHO and MoH teams during donation of supplies in Port Sudan, September 2024.

Photo credit: WHO / Satti Mohammed

SUPPLY CHAIN

OSL has increased its efforts to distribute supplies from both Port Sudan to cover the Eastern states and from Chad covering the Western states. Most supplies for ongoing projects have been received and distributed as follows: Challenges related to coordination, obtaining approvals and accessing hard to reach areas persist and continue to impact progress. Since the start of 2024 **up to 900 MT have been distributed** across the country from crossline and cross-border.

Supplies Arrived 

16 MT

Cholera Supplies

7.1 MT

IEHK Kits

7 MT

PED SAM Kit

Supplies Distributed 

54 MT

Cholera Supplies

5.2 MT

IEHK Kits

12 MT

PED SAM Kit

States served: South Darfur, Gedaref, Kassala, Red Sea, Khartoum, White Nile

PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION AND ABUSE

WHO engages health partners to protect affected populations, emphasizing zero tolerance for Sexual Exploitation and Abuse (SEA) and prioritizing victim assistance and reporting. Regular advocacy, dialogue, and training for health partners, including CSOs and service providers, has enhanced the ability of health workers to prevent and address sexual exploitation and abuse.

SEA Risks:

- Continuous displacement and overcrowding
- Difficulties in providing services
- Poor shelter and infrastructure for affected populations
- Economic burden on workforce, collaborators, and affected communities
- Fear of reporting SEA and other misconduct
- Gender and social norms that do not foster open dialogue
- Insufficient number of trained staff on SEA safeguarding policies at implementation level

Response:

- PRS integration into health response guide developed for use by health partners in their programmes
- Risk mitigation plan has been developed based on the risks identified during practical group activities
- The scope of human resources' engagement on PRS within the state ministries of health has been expanded through training courses on sexual exploitation, abuse, and harassment, ensuring safety for all communities involved

51

Health partners trained in Gedaref

55

Health partners trained in Kassala

WHO ZONAL OPERATIONS

WHO operates from its central office in Port Sudan, with three regional hubs in Kassala, Kosti and El Fasher/Zalingei (currently operating from Chad) to coordinate zonal level interventions.

Darfur Zone

Darfur zone is comprised of 5 states – South, West, Central, East, and North Darfur states. Darfur, in western Sudan, has endured prolonged humanitarian challenges due to conflict, instability, and natural disasters, leading to significant displacement and fragile health systems. High rates of malnutrition, communicable diseases, and maternal health risks continue amid limited resources and access. WHO collaborates with partners to support essential health services and strengthen disease surveillance, especially for vulnerable populations in conflict-affected areas.

Response:

- **24 MT** Delivered essential medical supplies through cross border operations from Chad.
- **25 fully functional SCs** with ongoing scale up to 57 stabilization centres.
- State HC meetings resumed in South, East, and West Darfur

Challenges:

- Conflict-related access issues
- Shortages of medicines and supplies
- Poor internet connectivity.
- Delay in supply deliveries due to access constraints, rainy season, security and crossing conflict lines

Central Zone

Central zone is comprised of seven states, covering the states of Abyei PCA, Aj Jazirah, Blue Nile, Khartoum, North Kordofan, South Kordofan, West Kordofan, and White Nile.

Response:

- 15 PHCs are supported with operational support
- Weekly Health Cluster meetings are conducted in 5 out of 7 states to coordinate efforts by partners
- Provision of medical supplies and emergency kits

Challenges:

- Most central states are witnessing active conflict impacting accessibility to targeted states with supplies and service deliver support
- Security situation has disrupted health services
- Limited internet and mobile connectivity

Eastern Zone

Eastern zone is comprised of 6 states covering Gedaref, Red Sea, Sennar, River Nile, Kassala and Northern. Despite ongoing efforts, gaps in response remain, particularly in WASH and health services across all states.

Response:

- Scaled up efforts to curb cholera with 12 CTUs and 48 ORPs activated
- Delivered essential medical supplies.
- Daily state emergency operations centre (EOC) and weekly health cluster meetings.
- Polio eradication & OCV campaign

Challenges:

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

CHALLENGES

The World Health Organization (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:

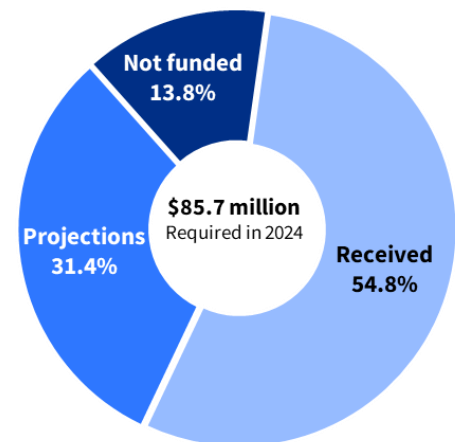
- Insecurity and Access:** The conflict has led to over 100 attacks on healthcare facilities, making it extremely difficult for WHO and other health workers to provide necessary services. Many health workers have fled, exacerbating the shortage of medical staff.
- Displacement and Malnutrition:** Millions 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.
- 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 especially.
- 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 September, just about half of these resources (\$47 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 14%, 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, and other donors for their generous support of the Organization's response in Sudan.



Background on the crisis

500 days 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.

For further information, please contact:

Hala Khudari, WHE Emergency Team Lead, khudarih@who.int, Cell +249100401080

Loza Mesfin Tesfaye, Communications Officer, tesfayel@who.int, Cell +249913467512 or +251911144194 (Whatsapp)

For more information, please visit [WHO Sudan](#).