

# Sudan conflict – Situation in refugee-hosting countries

Multi-country External Situation Report n. 71, covering reporting period November 2024

Covering Chad, South Sudan, Egypt, Libya, Ethiopia and the Central African Republic

## **Highlights**

The ongoing conflict in Sudan continues to drive a large influx of refugees into surrounding countries.

- In South Sudan, the ongoing cholera outbreak is reported to be linked to the continued influx of returnees and
  refugees crossing the border from Sudan, driven by the ongoing conflict. The large-scale movement of populations
  under challenging conditions marked by inadequate access to safe water, sanitation, and healthcare services has
  contributed to the spread of cholera across the country.
- Eastern Chad continues to report chickenpox, malaria and hepatitis E.
- There are continued outbreaks of hepatitis E in Central African Republic among the refugees, returnees, and host communities, exacerbated by insufficient infrastructure in water and sanitation in sites hosting displaced populations, along with ongoing malaria in Ethiopia.
- Security concerns persist, and ongoing hostilities between armed groups threatening the safety of civilians in Sudan and neighbouring countries, causing further displacement and adding significant challenges to infectious disease control and the delivery of medical countermeasures and humanitarian aid.

#### In this edition:

- Situation overview
- Situation update by country
- Key operational challenges
- Next steps
- Other resources

### Situation overview

This report summarizes the multi-country health situation and WHO's response to the regional refugee crisis caused by the conflict in Sudan. Nearly 12.0 million people have been displaced—the largest number in the world—with almost 2.5 million displaced into neighbouring countries, including Chad, South Sudan, Egypt, Libya, Ethiopia, and the Central African Republic.

As the Health Cluster Lead Agency, WHO ensures the coordination across partners and the strategic approach of the humanitarian health response. However, the existing funding gap limits the ability to scale up and address the needs.

Please note that this multi-country situation report focuses on the health situation and WHO's regional response in refugee-hosting, neighbouring countries neighbouring by the conflict Sudan. The health situation in Sudan and WHO's response is covered separately in reports issued by the WHO Sudan Country Office.

<sup>&</sup>lt;sup>1</sup> This is the seventh multi-country external situation report jointly covering the neighboring countries affected by the Sudan emergency. It is a joint effort of the WHO country offices of the affected countries, WHO regional offices for Africa and the Eastern Mediterranean, and WHO Headquarters. For previous situation reports covering exclusively Sudan please see: <a href="https://www.emro.who.int/sdn/crisis/index.html">https://www.emro.who.int/sdn/crisis/index.html</a>

## Situation update by country

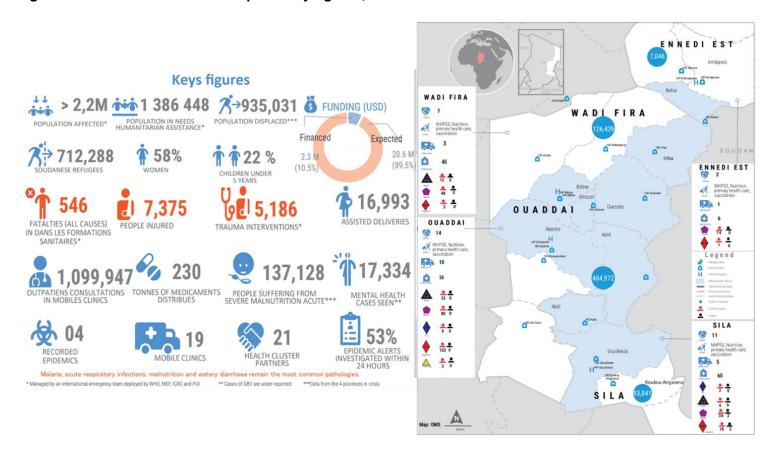
### Chad

#### Situation overview

Chad is at the centre of the Sudan refugee crisis and its profound health impact. Since the start of the conflict in April 2023, more than 935 000 Sudanese refugees/asylum seekers have entered through 32 entry points in eastern Chad. These refugees live in many formal and informal camps in nine health districts spread across Ennedi Est, Ouaddaï, Sila, and Wadi Fira provinces. However, in the camps, challenges in accessing essential health services remain due to multiple factors, including difficult physical access, limited medical supplies, and a lack of health and care workers. The previous flooding in affected regions also added vulnerabilities by significantly destroying livelihoods, increasing the risk of waterborne diseases, and complicating response operations in the field.

More than 7300 conflict-related injuries have been reported as of November 2024. Patients have been treated with the support of Médecins Sans Frontières (MSF) France, Première Urgence Internationale (PUI), the International Committee of the Red Cross, WHO, and other UN agencies. Among the 546 deaths reported in health facilities as of 17 November 2024, 216 (40.2%) have been reported among malnourished children. There was an increase of the number of deaths between July and August 2024 due to flooding, which caused 137 reported deaths in provinces in eastern Chad.

Figure 1: Chad health situation map and key figures, as of 17 November 2024

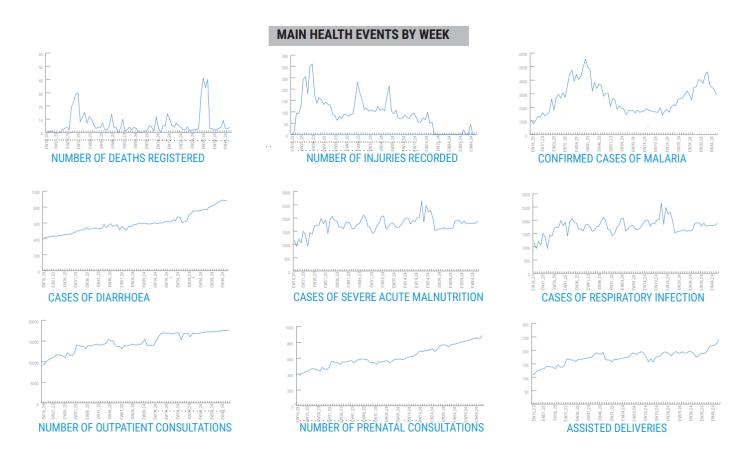


Malaria, acute respiratory infections, malnutrition and acute watery diarrhoea remain the most commonly reported disease conditions. The humanitarian situation is exacerbated by epidemics of dengue fever, measles, chickenpox, and hepatitis E. Chad is using EWARS Mobile (WHO's early warning alert and response tool) in affected areas to scale up disease surveillance and early warning alert and response.

Below is an overview of the current epidemiological situation across multiple districts in Ouaddaï, Sila, and Wadi-Fira provinces, as of 1 December 2024.

- Ouaddaï Province: In Abéché District, there have been ongoing reports of chickenpox cases, and the cumulative number of cases have reached 221. In Adré District, malaria continues to be a major concern. In addition, 20 cases of acute jaundice syndrome have been reported, including five cases of hepatitis E confirmed by rapid diagnostic test (RDT) in Abouteingué camp and Urbain health centre. The cumulative number of suspected measles cases in Abouteingué camp has reached 80. In Amleyouna District, samples from patients with suspected acute jaundice syndrome have been collected from the Gaga camp health center for further analysis.
- Sila Province: In Goz-Beida District, there have been reports of a suspected case of acute flaccid paralysis (AFP) and an increase in measles.
- Two new suspected measles cases have been reported in Koukou-Angarana district, and the cumulative number of suspected cases has reached 260, including one death. Additionally, three new suspected hepatitis E cases have been reported, bringing the total number to 808, with nine deaths.
- Wadi-Fira Province: In Guereda District, hepatitis E remains a significant concern. Reports of suspected cases continue in Touloum camp, bringing the total number of cases to 152 from 30 May to 1 December 2024, of which two cases have been confirmed by PCR test.

Figure 2: Trends of major health events by week, as of 17 November 2024



### **Operational updates**

- WHO supported the polio response campaign launch in Koukou-Angarana, Goz-Beida, Sila Province.
- WHO briefed more than 50 health staff in Guéréda and Iriba on polio vaccination and vitamin A supplementation and facilitated a coordination meeting for Hepatitis E in Touloum.
- WHO provided technical support on a nutrition screening campaign targeting four districts (Adré, Hadjer-Hadid, Amléyouna, and Ckokoyane).

- In Adré District, WHO trained 30 vaccinators operating in camps and sites (Metché, Abouteingué, Lycée, Tongori, Koufroune, and Adré Urbain) on new vaccines (pneumococcus, rotavirus, and malaria). The training also included mpox surveillance.
- WHO maintained technical support for organizing the Mental Health and Psychosocial Support (MHPSS) working
  group meeting and contributed to strengthening needs assessment, identifying gaps in resources, and identifying
  lay partners.

### Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

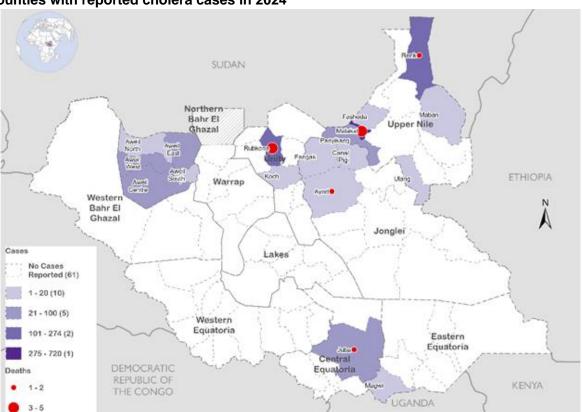
In Chad, WHO has been actively implementing measures to prevent sexual exploitation, abuse and harassment (PSEAH) within the context of the refugee crisis. Despite the absence of a dedicated international PSEAH Technical Officer, significant progress has been made through the efforts of part-time PSEAH focal points and WHO's collaboration with inter-agency partners. Awareness sessions have reached 1223 participants, and safeguarding measures, such as the integration of PSEAH into project proposals and compliance protocols for staff and partners, have been systematically applied. Recruitment for a dedicated PSEAH Technical Officer is ongoing, with deployment anticipated by the end of 2024, ensuring sustained and strengthened response efforts.

### South Sudan

#### Situation overview

More than 886 000 refugees and returnees have entered South Sudan since April 2023. Refugees and returnees are crossing into South Sudan through 21 points of entry (PoEs), with the majority crossing to Renk through the Wunthow (Joda) PoE. In November 2024, the Ministry of Health (MoH) of South Sudan, along with WHO and its partners, continued to respond to seven active disease outbreaks and monitor two public health events under surveillance. In particular, cholera outbreak is an imminent issue, with 1427 cases with 14 deaths reported from 18 counties within six states between 28 September and 3 December 2024. Of the affected counties, Malakal County accounts for 56% (n = 663) of all cases, followed by Renk (21%; n = 241). The ongoing cholera outbreak in South Sudan is reported to be linked to the ongoing influx of returnees and refugees crossing the border from Sudan. The large-scale movement of populations under challenging conditions marked by inadequate access to safe water, sanitation, and healthcare services has contributed to the spread of cholera across the country.





In response to the cholera outbreak in South Sudan, WHO has shipped 22 metric tons of cholera kits and four tents to Malakal via the Logistics Cluster, providing resources to treat 2200 individuals. Additionally, five cholera kits, sufficient to treat 500 individuals, have been delivered to the International Rescue Committee (IRC) to support the outbreak response in Wedweil Camp in Aweil West, along with five cholera beds to aid their efforts. In Juba state, rapid response teams (RRTs) supported by WHO are conducting enhanced surveillance and interventions, including active case searches, alert investigations, line listing, contact follow-ups, and community monitoring, to ensure early detection of cholera cases. RDTs have been deployed to remote health facilities near the Sudan border to facilitate early detection efforts. In Renk, World Vision International (WVI) has established 11 oral rehydration points (ORPs) within health facilities to provide decentralized care. Similarly, in Malakal, ORPs have been set up in health facilities such as Bam primary health care centre (PHCC) and Malakal Teaching Hospital, as well as in key hotspots like markets and water points, with coordination by water, sanitation and health (WASH) partners. The oral cholera vaccines arrived on 28 November 2024.

Key Interventions: In collaboration with the WHO and UNICEF, the MoH has secured over 282 153 doses of oral cholera vaccine to target identified transmission hotspots. These vaccines will support reactive vaccination campaigns in Renk and Malakal counties, Upper Nile state. For Renk, 151 250 doses are already in the country and will be dispatched in early December 2024, with the campaign set to launch afterwards. In Malakal, 130,950 doses are available and will be shipped in mid-December 2024, with the campaign scheduled to begin afterwards. These efforts are crucial in curbing the spread of cholera in the most affected areas.

Figure 4: Number of cholera suspected cases, as of 3 December 2024

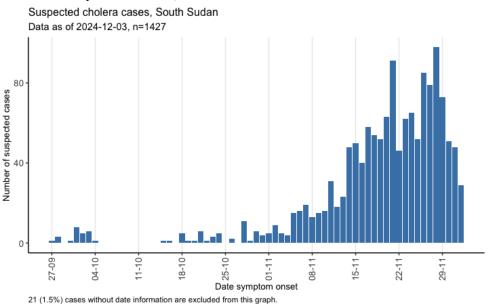
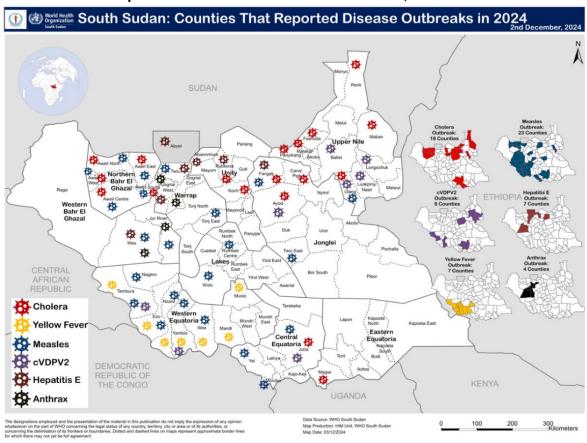


Figure 5: Counties that have reported disease outbreaks in South Sudan, as of 2 December 2024



- **Coordination**: Coordinating public health efforts through regular meetings at the County Health Department office, including weekly Health and Nutrition Cluster meetings, daily cholera outbreak briefings, and bi-weekly Cholera Task Force meetings.
- Surveillance, laboratory and outbreak response: Active case searches are being conducted within communities
  and across health facilities, including cholera treatment centres (CTCs), Wunthou primary health care unit (PHCU),
  Halaka PHCU, Rumela PHCU, Abukadra PHCU, Gerger PHCC, and private facilities. The line list is being updated
  and cleaned daily, with information shared accordingly. An active surveillance system has been initiated on a daily
  basis to monitor health facilities and conduct case searches in the host communities reporting cases.
- Case management/essential health services: In Northern Bahr el Ghazal, MSF-France, in collaboration with the state MoH, WHO, and the Aweil Center County Health Department, established a 20-bed Cholera Treatment Unit (CTU) at Maper West PHCU. With WHO support, partners including UNICEF, UNHCR, MSF-France, IRC, and others plan to set up 30 ORPs: five per county, two at entry points, and three within the municipality. In Renk, a three-day cholera case management training was conducted for 35 healthcare workers from 10 facilities, and the South Sudan Red Cross established ORPs at Zero, Sugukari, and Sukujar. In Juba, MSF-France supports a 20-bed CTU at Gurei PHCC, has set up an ORP at Hai Baraka Block 5, and has endorsed a 10-bed CTU at Gorom PHCC. UNICEF has also supported the establishment of eight ORPs in nine assessed health facilities. In Malakal, MSF-Spain supports an 80-bed CTC at Asosa, the International Medical Corps (IMC) manages a 17-bed CTU at the protection of civilians (POC) site, and WHO supports a 16-bed CTU at Malakal Teaching Hospital. Furthermore, IOM operates ORPs at the POC clinic, Malakia, and Bulukat, African Relief and Development Foundation at Bam PHCC, and WVI at six water points.
- Infection prevention and control (IPC)/WASH: Personal protective equipment (PPE) was distributed to health facilities, on-the-job training was provided to hygiene promoters and incinerator staff, and running water was ensured at the IMC CTU facility. Water samples from multiple locations met acceptable standards. Additionally, hygiene supplies were distributed to eight schools in Renk.
- Risk communication and community engagement (RCCE): UNICEF has provided incentives for 60 social mobilizers, with an additional 20 mobilizers supported by OXFAM, bringing the total to 80 mobilizers. These teams will focus on enhancing cholera and hygiene awareness in Wunthou and Renk town.

#### **PRSEAH**

In November 2024, the WHO offices in South Sudan made significant progress in raising awareness and integrating PSEAH into their ongoing health and emergency response activities, with a particular focus on areas affected by the Sudan crisis. Through targeted training sessions and community engagement, WHO reinforced its commitment to safeguarding vulnerable populations and ensuring that PSEAH principles are embedded across all levels of operations.

In Lakes State, the WHO office conducted a comprehensive PSEAH session for 38 healthcare workers during an Early Warning, Alert, and Response System (EWARS) training in Rumbek. This initiative was part of a broader effort to enhance the capacity of healthcare workers to identify and address risks related to sexual exploitation and abuse in health service delivery. Similarly, in Northern Bahr el Ghazal (NBeG), during the training of trainers (ToT) for the planned nOPV polio vaccination campaign, 44 participants were sensitized on PSEAH key messages, emphasizing the importance of ethical conduct and safeguarding measures during campaign implementation.

In the Western Equatoria (WEQ) state, WHO integrated PSEAH awareness sessions into its EWARS training, reaching 25 healthcare workers. Additionally, a two-day community-based surveillance refresher training for WVI Home Health Promoters included a PSEAH component, which benefited 21 participants. These sessions underscored WHO's strategy

to blend technical training with safeguarding awareness, ensuring that health workers are equipped to uphold the highest standards of accountability and respect in their interactions with affected populations.

In Jonglei and the Greater Pibor Administrative Area (GPAA), WHO prioritized PSEAH in its capacity-building initiatives. A state-level ToT for the third round of polio supplemental immunization activities, held 11-14 November, provided PSEAH sensitization to 61 participants, emphasizing the observance of safeguarding principles during campaign activities. Additionally, in Fangak county, WHO conducted awareness-raising sessions on PSEAH during two critical trainings as part of the flood response: an RRT training that reached 40 healthcare workers, and a case management training that benefited 30 healthcare workers.

## **Egypt**

#### Situation overview

As of November 2024, Egypt has received 1.2 million new arrivals from Sudan, corresponding to 38% of all Sudanese refugees. As of 30 November 2024, 569 629 Sudanese have registered with the UNHCR, including those arriving before the onset of the crisis; raising the total number of registered refugees in Egypt to 846 431 (837% growth in Sudanese refugee numbers versus all nationalities between 31 March 2023 and November 2024). Most Sudanese new arrivals reside in Giza, Cairo, Alexandria and Aswan, as shown in the map below.

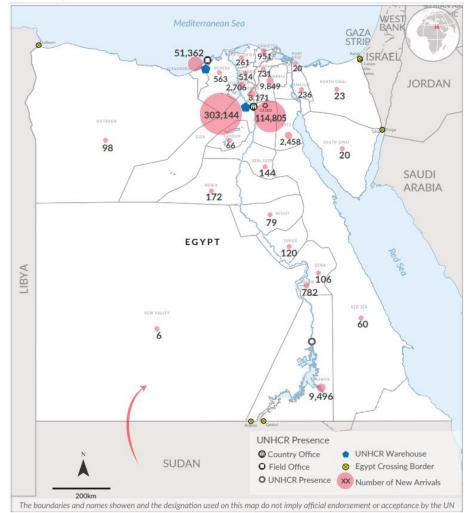


Figure 6: UNHCR Egypt Emergency Response - New Arrivals from Sudan Factsheet

### **Operational updates**

- WHO Egypt procured 2454 doses of tetanus immunoglobulin vaccine, 500 doses of hepatitis B immunoglobulin and 9720 test-kits for diseases such as measles, rubella, dengue, and cholera, which were delivered to Ministry of Health and Population (MOHP) healthcare facilities. Since the beginning of the Sudan conflict, WHO Egypt has been able to deliver items with a total value of US\$ 683 000, including treatment kits for non-communicable diseases and severe acute malnutrition (SAM), medical consumables including PPE, and WASH supplies.
- As part of capacity building events, 35 medical and educational staff from eight schools at Aswan governorate received a training course on "Health-promoting schools", bringing the total number of trained healthcare providers since the beginning of the conflict to 545 trainees. WHO Egypt has developed an interactive dashboard to provide a live update on the Sudan emergency across the main pillars of response, including procurement, capacity building and healthcare expenses coverage, as shown below. The dashboard is accessible through this <a href="Link">Link</a>.

Egypt Response to Sudan Crisis Logistics & Medical Supplies Coordination Dashboard World Health Organization **HECP Sudan** Capacity Building Sudan Supply Breakdown Geographical Distribution Analysis USD Per Category Destination (... • EHA • MOH Medical Consumables Medical Kits 0.18M 0.08M Medicines & Vaccines Supplies Category Non-Medical Equipme... 0.06M Bani Maza Non-Medical Consum... Trauma and Surgeries **EGYPT** 0.01M Medical Equipment WASH 0.01M Other 0.00M 0.1M 0.2M 0.0M 0.3M Sum of USD amount **Delivery Status** Receiving Entity / USD Supplies Category Sum of USD Governorates Breakdown / USD USD amount WASH 6K 2023 April WASH 2023 May 6K 17K 2023 April Trauma and Surgerie 341K Other 3K 2023 July Governerate MOH Non-Medical 19K 2023 May Aswan Equipment Non-Medical 2023 June 7K Equipment Non-Medical 2023 September

Figure 7: WHO Egypt Emergency Response Dashboard

Total

 Healthcare Expenses Coverage Program: WHO Egypt, in collaboration with the public healthcare providers in Aswan governorate, has provided coverage for 297 health services for Sudanese persons, as well as individuals from other nationalities displaced because of the Sudan conflict, bringing the total health services covered by the Healthcare Expenses Coverage Program to 2261. The most common services provided included management of injuries and fractures, constituting 16% of all services; renal dialysis, constituting 14%; and caesarean sections and normal deliveries, constituting 10%. Treatment of malaria cases, intensive care admissions and emergency surgeries were among the other health services covered by the program.

683K

• Although Egypt has recently been certified a malaria-free country, the Healthcare Expenses Coverage Program has seen 20 malaria cases among Sudanese refugees in 2024.

### PRSEAH and gender-based violence

WHO remains committed to support the building of a robust health sector response to gender-based violence, ensuring survivor-centred care, improved referral pathways, and collaboration across sectors for a safer and healthier future for all. Within this context, WHO Egypt organized a workshop with the MOHP including 40 healthcare personnel from curative care, and primary healthcare. The workshop, supported by the EU, aimed to strengthen the health sector's response to violence against women and girls and improve referral systems for Egyptians and non-Egyptians.

The WHO Egypt workforce is committed to the prevention and swift response to potential for sexual exploitation, abuse, and harassment represented in the mandatory training for all members of the emergency team upon recruitment and refresher training before field deployment.

Healthcare providers from Aswan were trained on PRSEAH at the beginning of the emergency response to ensure the wide spreading of the WHO reporting channels to safeguard against SEAH risks. Additionally, orientation on PRSEAH and reporting channels is conducted in the beginning of training sessions organized and delivered to different target groups in the emergency response, with information, education and communication (IEC) materials on reporting channels displayed at all WHO-organized events.

### Libya

#### Situation overview

As of 30 November, 125 020 health certificates have been issued, predominantly to adult male Sudanese refugees. This indicates that the influx of refugees to the south of Libya is rapidly increasing, and one can expect the Regional Response Plan numbers to continue to increase.

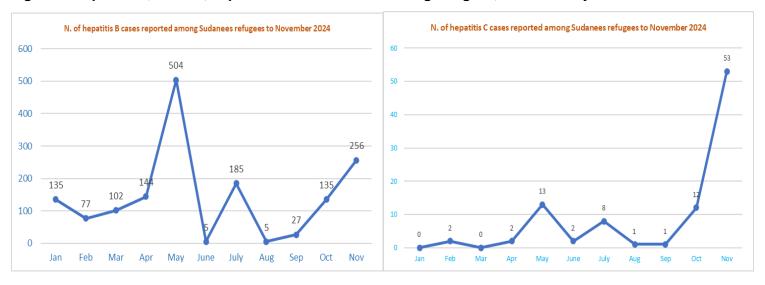
In response to the growing healthcare demands, a 40-bed isolation centre was recently established, equipped with an intensive care unit, a laboratory and a digital X-ray machine. The centre also includes separate wards for men and women. It is currently staffed by paediatricians and obstetricians from PUI and IMC; additional medical personnel from WHO's Emergency Medical Teams (EMTs) will join in the coming weeks to enhance capacity. Critical challenges persist, including shortages in essential medicines, diagnostic supplies and adequate shelter for refugees. Moreover, the burden of communicable diseases such as malaria is increasing, necessitating urgent interventions.

On 20 November 2024, the WHO country office (WCO) conducted a field visit to Alkofra to review the performance of EMTs, assess their capacity to meet the increasing healthcare demands and identify challenges in providing medical services, particularly considering the growing refugee population. This visit targeted four refugees shelters and six health facilities, including a general hospital and an isolation centre. Through this visit, the WCO found that the refugee population has grown significantly to over 120 000, with no precise figures available due to continuous arrivals. Farms and gathering areas are heavily overcrowded, increasing the demand for healthcare services.

### Health information and epidemiology updates

- Tuberculosis: An increase in tuberculosis cases has been reported, with an average of three new cases diagnosed daily. Overcrowding on farms is a significant contributor.
- Malaria: Cases are still high due to the increased influx of refugees and a shortage of diagnostic kits and antimalarial drugs.
- Eye infections: 122 cases of eye infection have been reported among children in gathering areas. There is a shortage
  of topical treatments.
- Hepatitis B remains the highest cause of reported morbidity among Sudanese refugees, with 256 cases in November 2024.

Figure 8: Hepatitis B, malaria, hepatitis C and HIV cases among refugees, from January to November 2024



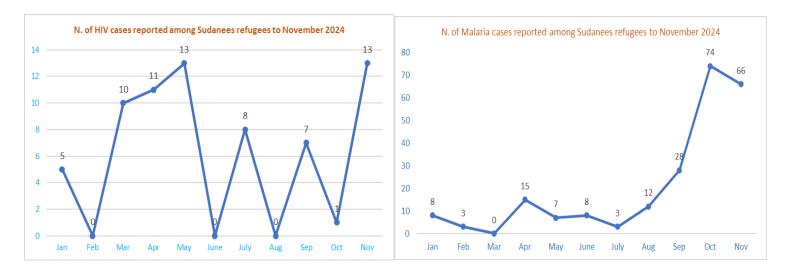


Figure 9. Emergency Medical Teams (EMTs) and mental health and psychosocial support (MHPSS) activities in Al Kufra during November 2024



The seven EMTs provided 5238 consultations in November 2024, 81% of them to Sudanese individuals, the remainder to the host communities. Two MHPSS teams provided 124 consultations in Nov 2024, 56 out of them for Sudanese refugees. In December 2024, WHO plans to train surveillance officers and rapid response teams on early detection and response to alerts and outbreaks.

### **PRSEAH updates**

By the end of 2024, the WCO will start updating the annual assessment of sexual misconduct risks upon which development, implementation and document-related mitigation plans as required. The WCO is continuously proactively participating in United Nations action on PRSEAH under the leadership of the UN Resident Coordinator/Humanitarian Coordinator; and the PRS Focal Point is collaborating on interagency PSEA/PRSEAH/PRS mechanisms, workplans and actions.

WHO continues close follow up and collaboration with field teams on safeguarding against sexual misconduct in emergency response operations.

## **Ethiopia**

#### Situation overview

As of November 2024, Ethiopia has received an influx of more than 179 700 refugees and returnees from Sudan. Concerns in insecurity at the crossing points, particularly in Metema, shortages of supplies, inadequate water and latrine facilities, sub-optimal referral systems, and an absence of laboratory services remain. Malaria cases are increasing among both refugees and host communities in the Amhara region.

- As of 23 November 2024, the Kurmuk site has reported a total of 10 577 malaria-confirmed cases including 647 cases among refugees and returnees. In 2024, 439 rotavirus cases with three deaths have been reported from Kurmuk woreda.
- Between 27 October and 23 November 2024, the Gambela region reported 8371 confirmed malaria cases from refugee-affected woredas. In this period, 3599 confirmed cases from Kurmuk and Oura Woredas and 3946 confirmed cases from Metema were reported. During the same period, more than 250 SAM cases were reported from Kurmuk, Oura, Gambela, and Metema districts. Identified cases were referred to SAM stabilization centers.

Figure 10: Malaria trends in 2022-2024 (as of 23 November 2024): (A) Metema; (B) Kurmuk; (C) Lare woreda; and (D) Itang woreda

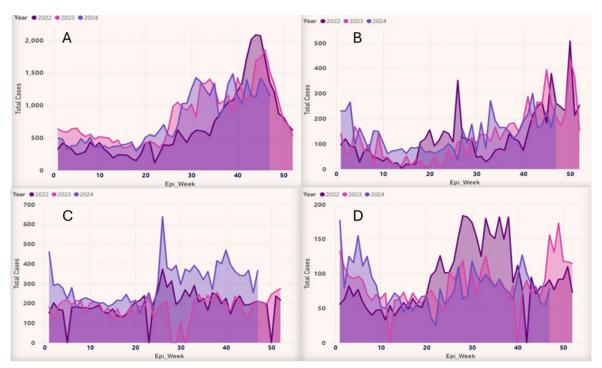
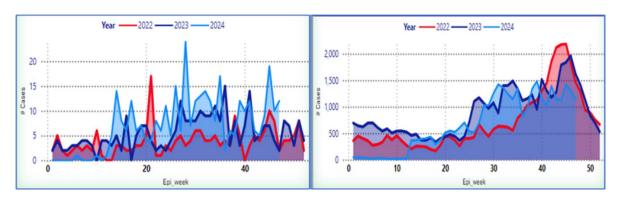


Figure 11: Severe Acute Malnutrition Trends in Metema woreda (left) and dysentery trends in Metema woreda (right): 2022-2024 (as of 23 November 2024)



Health services are being provided by Health Cluster partners operating in the area, local health facilities, and mobile health and nutrition teams deployed by partners. The surrounding health facilities also provide services for referral cases and other visits.

- WHO, through the Health Cluster, has engaged health partners to respond in three affected regions (Amhara, Benishangul-Gumuz, and Gambela).
- Cumulatively, more than 175 900 arriving individuals have received free medical consultations at Metema (Amhara), Gambela, and Kurmuk (Benishangul-Gumuz) crossing sites. A total of 33 786 people have received psychosocial support as of November 2024.
- WHO continues strengthening the surveillance system in the crossing sites, host communities, and border areas, and is responding to the malaria outbreak in affected districts.
- WHO supported the preparation for the second round of the nOPV2 polio vaccination campaign in all districts.
- WHO also provided support to prepare for human papillomavirus (HPV) vaccination campaign in Gambela region.

#### **PRSEAH**

In Ethiopia, WHO is making significant efforts PSEAH, particularly at key points of entry (POEs) along the Sudan border. These efforts are being actively integrated into the operations of EMTs. To date, 102 healthcare workers – 60 in Kurmuk and 42 in Metema – have been oriented on fundamental PSEAH concepts and trained in reporting mechanisms, marking an important step toward building capacity in these critical areas.

Despite these achievements, the initiative faces considerable challenges. The need for PSEAH activities at POEs is acute, but the effort is hindered by limited funding and restricted accessibility for humanitarian workers. Reporting channels remain unavailable at these entry points, and no formal SEAH risk assessments have been conducted to establish mitigation measures. Additionally, the development of PSEAH awareness materials in multiple languages, such as Arabic, Tigrigna, and Amharic, is essential to ensure effective communication with the diverse populations at the border. Operational budgets and resources for technical support are also constrained, further complicating the implementation of necessary interventions.

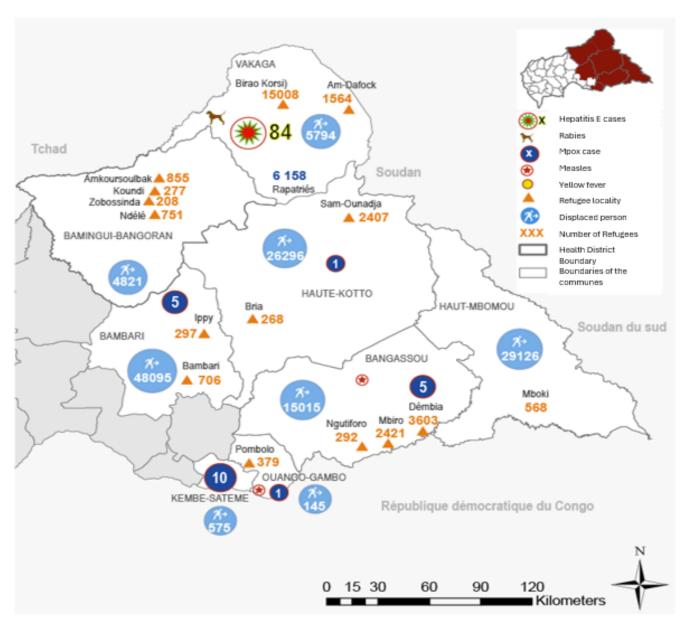
Looking ahead, WHO is focused on addressing these challenges through coordinated and strategic actions. As a network co-chair, WHO is collaborating at the interagency level to strengthen the capacity of service providers, particularly by incorporating PSEA briefings into MHPSS activities. Efforts are underway to map existing hotlines in coordination with network partners to improve reporting mechanisms. WHO is also advocating for comprehensive SEAH risk assessments at the interagency level to establish a coordinated and effective response. To enhance community awareness, IEC materials featuring three key protection messages in English and Amharic are currently under procurement. Through these efforts, WHO aims to create a safer, more responsive environment at Ethiopia's border entry points.

### **Central African Republic**

#### Situation overview

As of November 2024, six affected districts have reported at least one outbreak. An ongoing hepatitis E epidemic is affecting Vakaga.

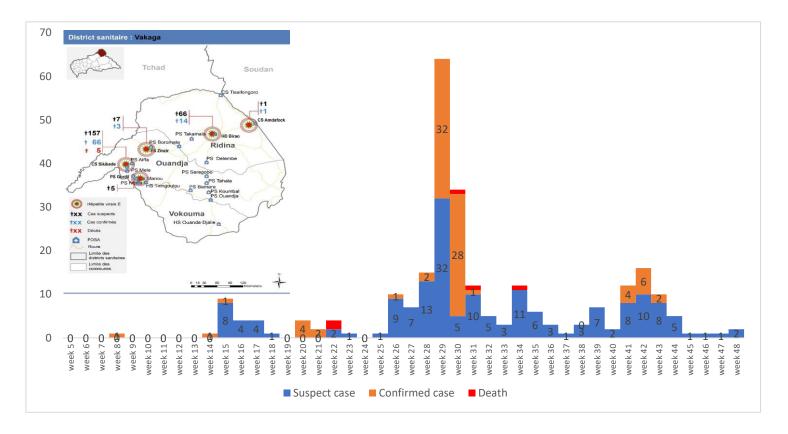
Figure 12: Map of Ongoing health events and distribution of Sudanese refugees in Central African Republic districts as of 18 November 2024.



#### **Epidemic of viral hepatitis E**

- A total of 24 new suspected cases were reported in November bringing the total number of cases to 239, including 84 laboratory-confirmed cases and five deaths, for a case fatality ratio of 2.1%.
- The confirmed cases have been reported from four health areas: Sikikédé, Boromata, Birao, and Am Dafock.
   Among these, Sikikédé and Birao have emerged as the most affected, with Sikikédé being identified as the epicenter of the outbreak.
- In the Vakaga region, 37% of the cases have been linked to displaced sites, particularly in Birao, highlighting the vulnerability of refugee populations.

Figure 13: Weekly distribution of suspected, confirmed cases and deaths of viral hepatitis E in Vakaga, February-November 2024 by week, and distribution of cases in Vakaga



- In Bria, Birao, Bangassou, Bambari and Kaga Bandoro, regular coordination meetings are held with all stakeholders engaged to respond to the Sudan refugee crisis and to mobilize stakeholders.
- In Vakaga, WHO supported investigating suspected cases of pertussis, and sending samples to the Pasteur Institute in Bangui.
- In Birao and Korsi, active investigation of suspected hepatitis E cases has been conducted, and more than 10 health workers were briefed on the case definition.
- In Haute Kotto, WHO contributed to collecting data on mental health in Haute Kotto as part of the social cohesion support project, involving 379 respondents in 150 households.
- In Haute Kotto, WHO technically supported training 16 vaccination officers to introduce the R21 malaria vaccine.

## Key operational challenges

- **Resource Mobilization:** There remains a funding gap for the response to refugee-hosting countries' crises, significantly hampering operations.
- Early Warning, Alert and Response (EWAR): Inadequate early warning, alert and response surveillance among refugees hampers evidence-based decision-making.
- **Health Service Delivery**: Limited provision of health services at PoEs and in host communities due to overcrowding amongst refugees and large host populations, shortage of essential medical supplies and drugs (e.g., rapid diagnostic tests, antimalarial drugs), and direct/indirect damage to health facilities.
- **Health Worker Shortages:** Lack of health workers trained in emergency medical response, treatment of infectious diseases, surgery, public health emergency management and mental health.
- **IPC/WASH:** Limited availability of water and relevant supplies in refugee camps and health facilities, coupled with flooding in some refugee-hosting countries, are increasing the risk of outbreaks (e.g., cholera, hepatitis E).
- **Insecurity:** Ongoing hostilities between armed groups threaten the security on the ground, causing further displacement and adding challenges to infectious disease control and the delivery of medical countermeasures and humanitarian aid.

## **Next steps**

- Continued support for health emergency preparedness and response work in refugee-hosting countries across different pillars, including surveillance, rapid response teams, WASH, case management, IPC, social and behaviour change, RCCE, medical countermeasures and supplies.
- Financial and logistical support to restock drug supplies, diagnostic kits, and IPC/WASH supplies at PoEs.
- Capacity building of health workers and EMTs at health facilities and PoEs serving host communities and refugees.
- Continued support to seven streams of sexual and reproductive health and rights (SRHR) activities to strengthen delivery systems of SRHR, including datasets for HIV, SRHR and gender-based violence.

### Other resources

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