Overall situation

7 months of armed conflict
• Most affected are Khartoum, Kordofan and Darfur
• Jeddah peace talks completed
• No ceasefire agreement

Directly Affected
• 32,679 injured and 2,085 died as of 3rd Nov 2023
• At least 45 Humanitarian workers killed - detained

Displacement
• > 7.1M internally displaced (4.86 M recent)
• 1.3 M crossed the borders to other countries

Attacks on Health Care
• 60 verified attacks (34 deaths and 38 injuries)
Health situation

Health System
- Destruction and looting of health facilities and stocks
- Shortages of medicines and medical supplies
- In conflict hotspots 70% of health facilities is not or only partially functional
- In other places health facilities are overwhelmed

Critical public health services are discontinued or disrupted
- Childhood vaccination
- Disease surveillance
- Vector control

Malnutrition
- Every 7th child in Sudan is acutely malnourished,
- 99 of 160 stabilization centres are fully operational and 28 partially.

Sexual and Reproductive Health
- 4.2 million vulnerable populations at risk of sexual and gender based violence
- 300,000 women will give birth in the next 3 months with limited access to care

High burden of NCDs - 51% of mortality
- Shortage of medication and treatment
Major outbreaks

**Cholera**
- 6 States: 2,525 suspected cases - 78 deaths - CFR 3.1%

**Dengue**
- 9 States: 4,523 suspected cases - 51 deaths - CFR 1.13%

**Malaria**
- 14 States: 837,739 cases - 28 deaths - CFR 0.003%

**Measles**
- 8 States: 4,404 cases - 104 deaths - CFR 2.36%

**Diphtheria**
- 1 State: 73 cases - 0 deaths

**Suspected Pertussis**
- 4 States: 31 cases, 0 deaths

Data as of 23 October
Key challenges

Insecurity:
- High levels of insecurity in Khartoum, Darfur and Kordofan
- Khartoum already limited presence, but access deteriorated
- Inter agency Cross border convoys temporarily paused
- West Darfur partners have recently evacuated

Accessibility:
- Bad condition of roads and bridges - rainy season making things worse
- Stocks pre-positioned in Khartoum are no longer accessible
- Increasing bureaucratic impediments for circulation of both people and goods

Operations:
- Banking and fund transfers are difficult in certain areas (Darfur)
- Fragile infrastructure for water, sanitation, electricity, communication
- Widespread blackouts continue, placing patients and medical supplies at high risk.
- High cost of operations due to high cost of fuel, transportation and daily wages

Disruption of health workforce:
- Salaries of government staff have not been paid fully for months
- Relocation of staff towards safer areas
Resource mobilization: External Relations

WHO’s Emergency Appeal for Sudan:
• $145,165,000 required
• $30.3 M have been received; $14.4 M pledged
• $100.5 M gap

This is largely in line with funding level of other appeals
• HRP funded at 33.6%
• RRP at 23.4% (at 06/11/23)

Additional proposals are being discussed with several donors

WHO’s 2024 Health Emergency Appeal in development
WHO response

Emergency Coordination
- Support to the Federal and State Ministries of Health
- Co-chairing the National Cholera Task Force with the Federal Ministry of Health

Collaborative surveillance
- Supported set up of public health laboratory in Port Sudan
- Facilitates transportation of samples
- Revitalize and strengthen surveillance. Incl roll out of EWARS
- Trained over 300 surveillance officers
- Covering communication costs for 250 surveillance focal points

Community protection
- Support to vaccination campaigns (measles,…).
- Support to applications for oral cholera vaccines
- Control of water quality control

Safe and scalable care
- Mapping and monitoring the functionality of health services
- Expert advice and oversight to health operations
- Distribution of lifesaving medical supplies,
- Training (mental health, SGBV, case management, ….)
- Support to stabilization centres, mobile clinics and Cholera treatment centers
WHO cross border response from Chad into Darfur

Context
• Ongoing fighting between SAF and RSF
• Renewed ethnic violence

Response
• Established a team (IM, OSL, Admin), office in Farchana, Chad.
• Mapping healthcare services for West and Central Darfur
• 8 cross-border missions, assessed 10 health facilities in West Darfur
• Conducted focus group discussions with 9 communities
• Warehouses in N’djamena (200 m²) and Farchana (110 m²)

Priority interventions
• Provision of medicine, medical supplies and equipment
• Strengthening community and facility-based health services
• Improved health information
• Preparedness for disease outbreaks, trauma and access to basic care
Health Cluster response

2023: 11M, 7.8M targeted for assistance
178M USD, 74.8M USD funded (42%)

From April to October 2023
- 383 facilities reporting to provide services Aug to Sept 2023
- 1.4 M OPD consultations (Compared to 6.2M OPD January to December 2022)
- 8084 Trauma consultations
- 70k Assisted deliveries
- 2k MH consultation, 3.4k psychosocial support
- 2.2 M benefitted from medicines
- HeRAMs with HC partners currently being conducted
- Strengthened coordination at sub national level

Cross border coordination from Farchana, Chad
- 10 health implementing partners in Central, West and North Darfur
- Discussions on establishing cross border health cluster coordination platform initiated to DF from Farchana Chad
- Supply and personnel movement is temporarily paused due to escalation in violence to most areas in Darfur.
WHO response to refugee influx in Eastern Chad

**Context** (as of 5 November 2023)
- Almost 550,000 people have crossed over to Chad (UNHCR)
- Early November: over 7,800 people crossed over in 4 days.
- Humanitarian needs are high: shelter, protection, healthcare, nutrition assistance needed

**Response**
- Ouaddai province and national level coordination mechanisms in place
- Distribution of more than 30 tons of medicines, medical supplies and equipment
- Training of 30 national EMTs (50% in the field)
- Deployment of international surgical EMTs (30% in the field)
- Mobile clinic to support primary health care activities

**Funding**
- Contingency Fund for Emergencies (CFE) from the onset of emergency, only source of funding for the response $1M
Thank you