SUDAN

People in need of health assistance [1]

20.3 MILLION

People targeted for health assistance[1]

9.4 MILLION

Funding requirement

US$ 135 MILLION

[1] Humanitarian Needs and Response Plan for Sudan 2025

World Health Organization

CONTEXT

The humanitarian situation in Sudan has dramatically worsened since conflict erupted in April 2023, triggering widespread violence and displacement across multiple states. The country is facing a critical health crisis with around 30.4 million people in need, including approximately 7.4 million internally displaced persons (IDPs) in search of basic human needs. In areas affected by conflict, 70-80% of health facilities are either non-functional or overwhelmed. The ongoing violence, economic instability, and climate-related challenges with food insecurity significantly increase health risks. Vulnerable groups, particularly women, children, the elderly and individuals with disabilities are disproportionately affected. All 18 states are responding to three or more disease outbreaks, including cholera, with up to 50 000 cases reported in just close to six months leading up to the end of December 2024.

Women needing medical and reproductive health services comprise 35% of those in need of health assistance, while children comprise nearly 55% and face increased risks from disease outbreaks and lack of pediatric care. WHO has documented over 145 attacks on healthcare facilities since the onset of the conflict, resulting in more than 80 deaths and significant disruptions to healthcare services. The ongoing violence and attacks on health care facilities and bureaucratic impediments in Sudan have severely hindered the movement of medical supplies and people's access to essential health services. The conflict has also complicated efforts for organizations to deliver basic public health services, including immunizations and disease surveillance and has reduced the access of rapid response teams, leaving the population more susceptible to preventable diseases.

Even prior to the conflict, Sudan's health system was strained by governance issues and shortages of qualified staff and supplies. Currently, approximately 65% of the population lack access to adequate healthcare. Concerns about rights violations, including sexual misconduct, and the departure of health care professionals in rural areas have further strained healthcare delivery.

Non-communicable diseases account for over 54% of deaths, and around 15% of the population live with disabilities and require rehabilitative services. Food insecurity affects over half the population, and an estimated 778 000 children suffer from severe acute malnutrition (SAM), with 116 800 needing inpatient care. Finally, disease outbreaks, including measles, polio, cholera, malaria, and dengue are exacerbated by low vaccination rates (over 30% of children are unvaccinated), poor sanitation and environmental changes, heightening the public health crisis.

A woman and her son who fled the conflict in Sudan receive care in a malnutrition unit .
Photo credit: WHO / Nicolo Filippo Rosso

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen and expand leadership and coordination capacity** at national, sub-national, and cross-border levels, including further collaboration with health partners, NGOs, and community-based organizations to maximize reach.
2. **Ensure access to essential health and nutrition services** while integrating them with other critical services, particularly for vulnerable groups and especially in populations facing acute hunger.
3. **Strengthen and expand operational support and logistics and presence** to ensure the availability of essential life-saving supplies for those affected.
4. **Enhance the capacity to prevent, detect, respond to, and mitigate disease outbreaks** and other acute health emergencies within the current context.

> We are grateful for the remarkable coordination and support from WHO Sudan and to the EU for donating the funds to make this possible. The equipment received today will undoubtedly save lives and enhance health care delivery across these 6 states.
>
> **Dr Haitham Mohamed Ibrahim, Federal Minister of Health, the Republic of Sudan**

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Sudanese refugees wait to be registered upon arrival in Adre, Chad.
Photo credit: WHO / Nicolo Filippo Rosso

WHO 2025 RESPONSE STRATEGY

WHO, in collaboration with the Ministry of Health (FMoH), UN partners and health cluster partners, has identified high-risk populations affected by the health impacts of food insecurity, displacement, disasters, and disease outbreaks in the Darfur and Kordofan regions, as well as Kassala, Gedaref, and Red Sea states. Notably, all states are experiencing at least three concurrent disease outbreaks: cholera, measles, and malaria.

In 2024, WHO reinforced warehousing facilities in Port Sudan, Red Sea, and other states, established warehousing in Chad, and facilitated the cross-border movement of medical commodities and supplies. These actions underscore WHO's commitment to reaching displaced populations and providing essential health and nutrition interventions. WHO has procured life-saving medical commodities for stabilization centers treating Sudanese children with severe acute malnutrition and complications. This includes interagency emergency kits, trauma kits, cholera kits, laboratory supplies, and reagents. In 2025, WHO will continue to procure and distribute medical and laboratory supplies and kits to health facilities and temporary clinics. Many health cluster partners rely on WHO for commodities to swiftly respond to outbreaks and deliver essential healthcare.

WHO has strengthened localization efforts by partnering with NGOs to directly deliver clinical care services on its behalf. Reinforced surveillance mechanisms, including EWARS and community-based surveillance, have equipped trained volunteers and healthcare workers to reach affected communities and displaced persons, engaging them in disease prevention efforts. The Health Information Unit, working closely with the FMoH and partners, will continue collecting, analyzing, and disseminating epidemiological data through EWARS and other surveillance systems. This will enable health partners to refine plans, implement interventions, and monitor public health outcomes. WHO will also strengthen its information management capacities in 2025.

At the WHO Country Office in Port Sudan, the Incident Management System (IMS), supported by WHO, will lead the implementation and monitoring of the health response in alignment with the WHO Emergency Response Framework. Sub-nationally, WHO will expand zonal offices, increase critical resources, and strengthen health cluster coordination. This will ensure activities are carried out collaboratively with the nutrition, food security, protection and WASH clusters.

WHO will continue advocating for multi-antigen immunization campaigns to protect children in underreached areas. In 2024, the introduction of the malaria vaccine marked a significant step toward reaching preventable child deaths from malaria, a key priority for 2025.

OPERATIONAL PRESENCE

WHO's country office in Sudan has 194 staff members in total, of whom 165 are national staff. The Red Sea state hosts the largest portion of the workforce, with 100 staff members, of whom 86% are national staff and 14% are international staff.

WORKING WITH PARTNERS

In support of the FMoH, WHO is leading the health cluster with Alight as a co-coordinating agency. As of December 2024, there were 50 operational partners coordinating with the health cluster including 4 UN agencies, 21 international NGOs, 19 national NGOs, as well as 6 observers and donors. These have delivered various health interventions in over 570 health facilities in 151 localities across all 18 states of Sudan.

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Supplies arrive in Chad to support refugees from Sudan.
Photo credit: WHO

A refugee from Sudan receives medical assistance for her pregnancy.
Photo credit: WHO / Nicolo Filippo Rosso

KEY ACTIVITIES FOR 2025

- **Strengthen coordination and advocacy**: Expand subnational health cluster coordination, advocate for the protection of health infrastructure, and ensure unrestricted access to vulnerable populations.
- **Enhance field presence for cross-line and cross-border operations**: Activate three zonal offices, UN hubs, and increase state-level presence to strengthen cross-line and cross-border WHO programme implementation.
- **Improve access to health services**: Maintain 40 hospitals, 100 primary health care centers (PHCs), and deploy 50 mobile clinics to deliver essential health care services.
- **Address severe malnutrition:** Scale up to 170 stabilization centers to manage severe acute malnutrition cases, ensuring service continuity in high-burden areas.
- **Expand logistics and supply chain**: Enhance warehousing and logistics capacities in zonal hubs, recruit field monitoring staff, and sustain medical supply chains across the country.
- **Surveillance and early warning**: Expand the Early Warning, Alert and Response System (EWARS) and other surveillance mechanisms to reach all people in need.
- **Strengthen monitoring and evaluation**: Establish a Program Monitoring Unit and enhance the Planning, Monitoring, and Evaluation unit for improved project management and resource mobilization.
- **Support public health infrastructure:** Build the capacity of the National Public Health Reference Laboratory and state-level Emergency Operations Centers, enhancing International Health Regulation (IHR) capabilities to detect and respond to outbreaks.
- **Enhance outbreak preparedness**: Align response efforts with the Health Emergency Preparedness and Resilience (HEPR) framework, guided by risk assessments and Public Health Situation Analyses, to better prepare for and respond to mapped disease risks.

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ACHIEVEMENTS IN 2024

Stabilization centers are a lifeline for Sudan's malnourished children

WHO staff speak to Sudanese refugees in the malnutrition unit at a health centre.
Photo credit: WHO / Nicolo Filippo Rosso

Since the conflict erupted in April 2023, more than 30 million people in the country need humanitarian assistance, of which 21 million face acute hunger and high food insecurity. Of Sudan's 161 stabilization centers, only 125 centers in 18 states are functional and able to provide life-saving treatment to children who have severe acute malnutrition (SAM) with medical complications. Another 18 stabilization centers in the 5 states are partially functional, while 40 centers have closed their doors entirely.

WHO is providing medical supplies and technical support to 126 state-run stabilization centers in Sudan. WHO also supports 50 of these centers with their operating costs, including incentives for cadres, food for caregivers and hygiene supplies.

WHO technical officers train stabilization center staff and provide continuous technical support and supportive supervision in all accessible centers including Darfur, Kordofan and Khartoum States. WHO and partners also train volunteer health and nutrition cadres in nutrition assessment to identify and treat malnourished children who are displaced and living with relatives in host communities or in camps for displaced people.

As of November 2024, WHO has trained 2046 nutrition cadres and distributed more than 2173 SAM kits to help treat more than 42 000 children with SAM with medical complications. Training of the nutrition cadres and health workers covered the management of SAM inpatients, infant and young child feeding counselling, nutrition in emergencies, reporting nutrition status to the nutrition information and surveillance system, and child growth monitoring. In addition, WHO established 11 breast feeding corners supporting nutrition counselling in 6 states, with a total of 4884 caregivers reached with essential breast-feeding counselling.

WHO continues to provide technical assistance and expert advice as well as critically needed supplies for the treatment of SAM with medical complications.

FOR MORE INFORMATION

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A woman who fled the conflict and is now taking shelter in Adre refugee camp, Chad.
Photo credit: WHO / Nicolo Filippo Rosoo

A woman who fled the conflict in Sudan and crossed into Chad receives medical attention for her 10-month-old child in a health center.
Photo credit: WHO / Nicolo Filippo Rosso

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar (US $ million).

SUDAN HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$'000)
Collaborative surveillance	**13 400**
Surveillance, case investigation and contact tracing	6950
Diagnostics and testing	6450
Community protection	**27 290**
Risk communication and community engagement	1600
Travel, trade and points of entry	1450
Infection prevention and control in communities	7240
Vaccination	17 000
Safe and scalable care	**79 650**
Infection prevention and control in health facilities	2100
Case management and therapeutics	21 500
Essential health systems and services	56 050
Access to countermeasures	**9500**
Operational support and logistics	8550
Research, innovation and evidence	950
Emergency leadership	**5160**
Leadership, coordination, PSEAH and monitoring	5160
Grand Total	**135 000**

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SUDAN REFUGEES HUMANITARIAN EMERGENCY

Funding requirement

US$ 51.7 MILLION

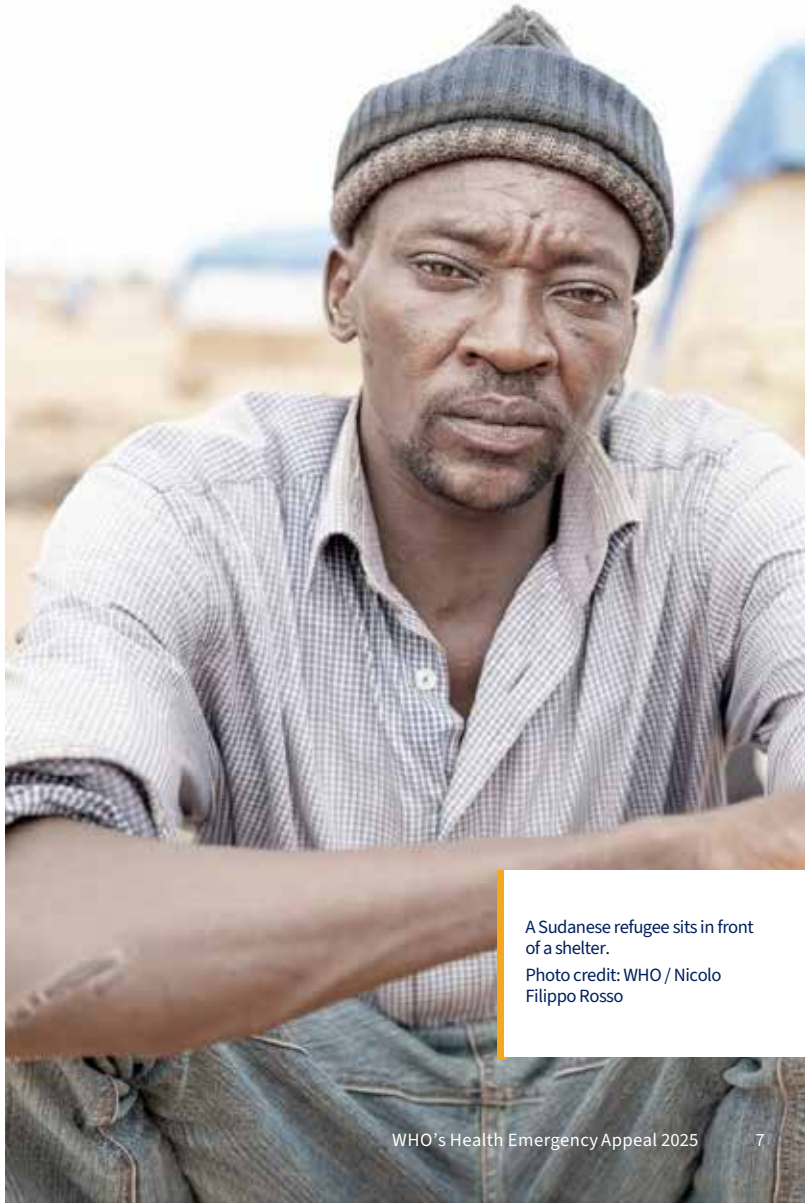
World Health Organization

CONTEXT

The ongoing conflict in Sudan has resulted in one of the fastest-growing displacement crises globally, with over 2.9 million refugees fleeing to neighbouring countries, including Chad, the Central African Republic (CAR), South Sudan, Ethiopia, Egypt and Libya. Refugees have placed immense strain on fragile health systems in host nations, where resources were already limited due to concurrent emergencies and systemic vulnerabilities. Overcrowded refugee camps and host communities face widespread outbreaks of cholera, malaria, measles, and hepatitis E, fuelled by inadequate water, sanitation, and hygiene (WASH) infrastructure. Acute malnutrition is critically high, particularly among children, and compounded by food insecurity across host countries.

Access to healthcare remains a persistent challenge, with insecurity, logistical barriers, and underfunded health systems hampering service delivery. Refugees, particularly women, children, and vulnerable groups, face significant risks due to gaps in maternal and child health services, mental health support, and epidemic prevention. In many areas, health facilities are either non-operational or severely under-resourced, leaving populations exposed to preventable diseases and life-threatening conditions.

The region's health systems are further strained by an insufficient number of trained personnel, limited medical supplies, and weak disease surveillance. Security concerns and porous borders exacerbate the situation, making cross-border transmission of diseases a growing threat. Coordination and timely action are critical to addressing these intersecting challenges and preventing further deterioration of health outcomes for displaced and host populations alike.



A Sudanese refugee sits in front of a shelter.

Photo credit: WHO / Nicolo Filippo Rosso

REGIONAL HUMANITARIAN OVERVIEW

CHAD

- Hosting **687 067 Sudanese refugees**, Chad faces overcrowding in camps in Wadi Fira, Ennedi Est, and Sila, leading to an elevated risk of hepatitis E, cholera, measles and malaria outbreaks.
- Health facilities are stretched thin, with flooding and security challenges disrupting service delivery. Military escorts, required for aid operations near border areas, further compound costs and logistical barriers.

CENTRAL AFRICAN REPUBLIC (CAR)

- With **51 927 Sudanese refugees**, most concentrated in Birao and hard-to-reach Vakaga, CAR faces severe water shortages and the collapse of health infrastructure.
- Waterborne diseases like cholera and hepatitis E are exacerbated by the use of unsafe water sources in displaced communities. Malaria and acute malnutrition are common among refugees and host community members.
- The return of more than 6266 people from Sudan in harsh conditions adds to the pressure on CAR's fragile health system.

SOUTH SUDAN

- The arrival of over **824 538 Sudanese refugees** has overwhelmed health services, particularly along key entry points like Renk County and Joda-Wunthou. Many of these are South Sudanese returnees.
- Health facility functionality along border areas remains critically low, with 27% of facilities non-operational.
- Cholera, malaria, and acute malnutrition are prevalent, compounded by inadequate resources for disease surveillance and outbreak control.

A Sudanese refugee and her child sit on a bed in the malnutrition unit at a health center in Adre, Chad.

Photo credit: WHO / Nicolo Filippo Rosso

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ETHIOPIA

- With **177 713 Sudanese refugees**, Ethiopia's border regions (such as Metema Yohannes and Benishangul-Gumuz) are strained by increasing cases of malaria, measles, acute malnutrition and poor WASH conditions.
- Refugee populations are placing significant burdens on host communities, where health services are underfunded and overcrowded.
- The security situation at crossing points, particularly in Metema, is of great concern.

EGYPT

- Egypt has received over **1.2 million Sudanese refugees**, of whom 405 000 are registered with the United Nations High Commissioner for Refugees (UNHCR). This influx coincides with Egypt's transition to Universal Health Insurance, creating gaps in healthcare access.
- Refugees in urban areas face challenges accessing maternal and child health services, mental health support and disease control measures.

LIBYA

- Libya, sharing a 383-kilometre porous border with Sudan, hosts over **240 000 Sudanese refugees**, with projections of further increases by the end of 2025.
- Refugees are concentrated in Alkufra and surrounding areas, where public health services are limited. 43% of refugees in Alkufra are men required to obtain health certificates for employment, adding pressure on local health facilities.
- The country's fragile health care infrastructure is further weakened by inadequate surveillance systems and limited capacity to manage infectious diseases.

Sudanese refugees in Chad unload trucks with food bags.
Photo credit: WHO / Nicolo Filippo Rosso

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen health systems resilience**: Reinforce health infrastructure, train healthcare workers, and enhance disease surveillance in host countries.
2. **Deliver essential services**: Ensure timely access to primary healthcare, emergency care, maternal and child health, and communicable disease management.
3. **Prevent and control disease outbreaks**: Implement vaccination campaigns, establish early warning systems, and address water, sanitation and hygiene (WASH) deficiencies to mitigate cholera, malaria and measles risks.
4. **Integrate mental health and gender-based violence (GBV) services:** Provide mental health and psychosocial support and strengthen GBV prevention and response mechanisms.
5. **Facilitate cross-border coordination:** Collaborate with governments and partners to harmonize responses and address shared health risks effectively.

A refugee with her older son and 11-month-old twins in the malnutrition unit at a health center in Adre, Chad.
Photo credit: WHO / Nicolo Filippo Rosso

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COUNTRY ACTIVITIES

A refugee stands in front of a brick oven where she works informally in Adre, Chad.
Photo credit: WHO / Nicolo Filippo Rosso

CHAD

1. Establish **12 mobile health clinics** in Ennedi Est, Wadi Fira, Ouaddai, and Sila to provide primary healthcare and emergency services to refugees and host communities.
2. Strengthen **disease surveillance systems** to monitor outbreaks of measles, cholera, and hepatitis E.
3. Distribute **60 611 medical and hygiene kits** to high-risk populations in overcrowded camps.
4. Train **400 health workers** on outbreak response, water, sanitation and hygiene (WASH) protocols, and Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH) standards.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.
6. Conduct **Risk Communication and Community Engagement (RCCE)** activities to raise awareness about disease prevention and available healthcare services.
7. Coordinate closely with the Ministry of Health to streamline healthcare delivery and outbreak response.

CENTRAL AFRICAN REPUBLIC (CAR)

1. Vaccinate **132 450 people** against measles and other preventable diseases in refugee-dense areas.
2. Strengthen **15 disease surveillance systems** to monitor and contain outbreaks rapidly.
3. Deliver **56 872 emergency health and hygiene kits** to improve sanitation and prevent disease spread.
4. Provide **maternal and child health services to 70 115 individuals**, focusing on safe deliveries and neonatal care.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.
6. Carry out RCCE initiatives to enhance community health literacy, emphasizing hygiene practices and disease prevention.

SOUTH SUDAN

1. Distribute **50 000 mosquito nets** and provide integrated malaria prevention and case management.
2. Deploy **11 mobile clinics** to deliver primary and emergency healthcare services to **250 782 individuals.**
3. Strengthen **early warning systems** for communicable diseases, including malaria, hepatitis E, cholera, and measles.
4. Train **351 health worker**s in WASH protocols, communicable disease management, and community health practices.
5. Deliver **48 232 emergency health and hygiene kits** to improve sanitation in overcrowded refugee camps.
6. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.

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ETHIOPIA

1. Deploy **14 mobile clinics** in Amhara, Benishangul-Gumuz, and Gambela regions to reach **400 183 refugees** and host populations with healthcare services.
2. Vaccinate **150 659 individuals** in refugee camps against measles and cholera.
3. Strengthen six local health centers to manage mass casualties and emergency cases for **30 422 high-risk individuals**.
4. Improve **nutrition programs** and enhance WASH practices to prevent waterborne diseases.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.
6. Conduct RCCE activities to reach **300 000 individuals** with information on hygiene, disease prevention, and access to healthcare.

EGYPT

1. Train **500 healthcare providers** on disaster management, surveillance, outbreak control, GBV response, and PRSEAH measures.
2. Cover the healthcare expenses for **3000 vulnerable refugees** through the WHO Healthcare Expenses Coverage program.
3. Strengthen **cross-border surveillance and outbreak control measures** to prevent cross-border disease transmission.
4. Procure essential medical supplies and equipment to sustain healthcare services for displaced populations.
5. Coordinate humanitarian health efforts with the Ministry of Health and national counterparts.
6. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.

LIBYA

1. Deploy mobile health teams to provide primary and emergency healthcare services to Sudanese refugees in Alkufra and other regions.
2. Upgrade primary health centers and maternity wards in high-refugee-concentration areas to improve access to maternal and child health services.
3. Enhance disease surveillance and laboratory capacity, including donations of reagents and equipment to detect and manage public health risks.
4. Conduct hygiene promotion campaigns and implement emergency sanitation measures to address WASH gaps.
5. Ensure the integration of gender-based violence (GBV) prevention and response in the ongoing health emergency response.

Sisters, refugees from Sudan, sit in their shelter in a refugee camp in Chad.
Photo credit: WHO / Nicolo Filippo Rosso

Sudanese refugees fill water tanks at Adre refugee camp.

Photo credit: WHO / Nicolo Filippo Rosso

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar (US $ million).

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Collaborative surveillance	**11 000**
Surveillance, case investigation and contact tracing	11 000
Community protection	**8400**
Risk communication and community engagement	1400
Travel, trade and points of entry	7000
Safe and scalable care	**22 500**
Infection prevention and control in health facilities	5500
Case management and therapeutics	17 000
Access to countermeasures	**8100**
Operational support and logistics	8100
Emergency leadership	**1700**
Leadership, coordination, PSEAH and monitoring	1700
Grand Total	**51 700**

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