SUDAN

People in need[1]

33.7 MILLION

People targeted[1]

20.4 MILLION

Funding requirement

US$ 97.7 MILLION

[1] Figures represent People in Need and People Targeted for overall humanitarian assistance drawn from the Global Humanitarian Overview (GHO) 2026

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CONTEXT

Since April 2023, fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has driven one of the world's most severe humanitarian crises, with over half of Sudan's population now in urgent need of assistance.

More than 9.3 million people are displaced within Sudan, while a further 4.3 million have fled to neighbouring countries. Famine conditions, the collapse of health services and widespread sexual and gender-based violence (SGBV) have disproportionately affected women and children. Prolonged exposure to conflict, violence and instability has resulted in widespread psychological distress, with many people experiencing depression, anxiety and post-traumatic stress disorder (PTSD). However, major gaps in mental health services persist, leaving needs largely unmet. In 2025, the United Nations and partners reached 16.8 million people with at least one form of assistance. As of 30 September 2025, health partners had reached 4.1 million people – less than 50% of those targeted – underscoring the urgent need to expand humanitarian access, de-escalate hostilities and sustain funding for life-saving assistance.

In 2026, Sudan faces a deepening health and humanitarian emergency, with 33.7 million people requiring urgent assistance, including 7.4 million internally displaced people (IDPs). WHO plans to respond to almost 21 million people in need, including 4.9 million IDPs, with 6.6 million targeted for health services. Nearly 80% of people targeted for assistance are located in areas with multiple vulnerability factors and are therefore prioritized for response. Furthermore, an estimated 37% of health facilities are non-functional, while only 63% remain at least partially functional, leaving large segments of the population without access to essential health care. Attacks on health facilities, shortages of health workers and economic instability have further weakened the health system.

An estimated 8.1 million women and girls of reproductive age, including over 803 000 pregnant women, require urgent reproductive health services, with nearly 1.1 million births expected in 2026. In addition, food insecurity remains widespread, with more than half of the population experiencing acute food insecurity in 2025, including 755 000 people in famine-like conditions. An estimated 778 000 children suffered from severe acute malnutrition, of whom 116 800 required inpatient care. In the first half of 2026, 19.1 million people are projected to face high levels of acute food insecurity, including 145 656 people in catastrophic conditions. Twenty areas across Greater Darfur and Greater Kordofan remain at risk of famine, with continued conflict making further deterioration highly likely.

Frequent outbreaks of cholera, measles, malaria, polio and dengue, combined with low routine immunization coverage and more than 30% of children remaining unvaccinated, continue to place severe strain on an already fragile health system. Vulnerable populations, particularly women, children and persons with disabilities, are the most affected.

A child recovering from severe acute malnutrition receives treatment at the stabilization centre in Port Sudan.
Photo credit: WHO

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen subnational and cross-border health coordination:** Deploy health coordination capacity to priority subnational and cross-border areas, aligned with area-based coordination mechanisms, to maximize response reach in line with the Humanitarian Reset.

2. **Provide equitable access to lifesaving health care through a minimum package of services:** Deliver quality health and nutrition services – including for maternal, child and adolescent health; sexual and reproductive health (SRH); trauma care; services for survivors of violence and gender-based violence (GBV); and mental health and psychosocial support (MHPSS) – for crisis-affected, displaced and vulnerable populations, while promoting community participation and respecting cultural norms.

3. **Strengthen preparedness, surveillance and rapid response to health emergencies:** Support national and subnational capacity to prevent, detect and respond to epidemics and emergencies, strengthen community resilience in crisis-affected areas and ensure equitable coverage for underserved areas and vulnerable populations.

4. **Ensure uninterrupted access to essential medical supplies:** Fill critical gaps to ensure the availability of life-saving commodities for affected populations, in support of INGOs, national NGOs and the Ministry of Health.

> WHO support is crucial for vulnerable groups, especially those with chronic illnesses. We have families where every member requires continuous treatment with expensive medicines like sodium valproate. Because of WHO's support, they now receive this medication for free. This intervention is truly life-saving.
>
> **Dr Abrar Abdalla, pharmacist at Dongola Primary Health Care Centre, a WHO-supported facility in Northern State**

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A child receives treatment for severe acute malnutrition at Port Sudan Stabilization Centre.
Photo credit: WHO

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

WHO is adapting its role and approach to deliver more effectively under the Humanitarian Reset by strengthening coordination and surveillance functions nationwide, with increased focus on Darfur and Kordofan, which were significantly underserved in 2025. In these priority areas, WHO will scale up the humanitarian health response. At the same time, the restoration of essential health services and system functionality through humanitarian–development nexus approaches in Khartoum, the Red Sea State and other eastern states, will also be prioritized.

To reinforce this shift, WHO has deployed – and will continue to sustain – subnational coordination capacity and integrated public health officers at state level. This approach strengthens coordination with state authorities, improves service delivery oversight and brings decision-making closer to affected populations.

WHO will continue to play its convening role on health and health-related issues, providing technical leadership and operational support throughout the protracted conflict and periods of acute escalation. In line with the Humanitarian Reset, WHO is prioritizing outreach to the most vulnerable and underserved populations, ensuring that response efforts are driven by needs, risk and access constraints.

A central pillar of this evolving approach is strengthened collaboration with local organizations within the Health Cluster. WHO is proactively working with national and community-based partners to improve coordination and cooperation on health initiatives. Through targeted training and resource support, WHO is enhancing the capacity of local partners to assume expanded roles in health service delivery and data collection, ensuring interventions are better aligned with the specific needs of the communities they serve. In parallel, WHO is advocating for a co-coordination model that increases the participation of local partners in Health Cluster leadership and decision-making processes at both state and zonal levels.

These adjustments are closely aligned with the principles of the Humanitarian Reset and are intended to foster a more effective and sustainable response. A stronger emphasis on localization places local actors and communities at the centre of the response, enabling more context-specific interventions that are closer to populations in need. Increased accountability ensures that the voices of affected populations are heard and reflected in response planning, building trust and improving targeting. Finally, a greater focus on resilience-building promotes investment in health systems capable of withstanding future shocks, supporting a shift from emergency response towards more sustainable health outcomes.

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WHO Sudan provides support to a cholera vaccination campaign in the Darfurs in September 2025. *Photo credit: WHO*

WHO 2026 RESPONSE STRATEGY

Working closely with the Ministry of Health, UN partners and Health Cluster partners, WHO continues to support high-risk populations affected by conflict, displacement, natural hazards, disease outbreaks and food insecurity across Darfur, Kordofan and neighbouring regions, including Tawila, South Darfur, Jebel Marra and White Nile. WHO will conduct regular risk reviews and scenario-based analyses to anticipate governance and operational changes and to implement appropriate mitigation measures to sustain delivery.

Significant funding reductions in 2025 reduced WHO's response capacity by more than 65%, necessitating repeated reprioritization to focus on the most affected and hardest-to-reach populations. This prioritization approach will continue in 2026. WHO will procure and distribute lifesaving medical commodities, including interagency emergency health kits, trauma kits, cholera kits and paediatric severe acute malnutrition (SAM) kits, to health facilities and temporary clinics. Many Health Cluster partners continue to rely on WHO for rapid outbreak response and continuity of essential health services. Cross-border logistics routes through South Sudan and Chad, supported by reinforced warehousing in Abeche, have enabled timely outbreak control in North Abyei, the Nuba Mountains and North Darfur, demonstrating WHO's capacity to reach displaced and conflict-affected populations.

WHO is strengthening localization by partnering with national and international NGOs to deliver clinical services alongside the Ministry of Health. The Early Warning, Alert and Response System (EWARS) has been reinforced across all five Darfur states through expanded community-based surveillance, with volunteers and health workers trained and equipped to detect and report priority events. EWARS coverage will be expanded to Kordofan in 2026. In parallel, the Health Information Unit will continue to collect, analyse and disseminate epidemiological data, enabling partners to refine response planning, target interventions and monitor outcomes.

Aligned with the Ministry of Health's relocation, WHO has established an office presence in Khartoum and reviewed the distribution of human resources to support early recovery while maintaining acute humanitarian response capacity. WHO is also institutionalizing national Emergency Medical Teams and strengthening gender-based violence management and environmental safeguard frameworks, enhancing protection for vulnerable populations and improving the responsiveness and quality of health programmes.

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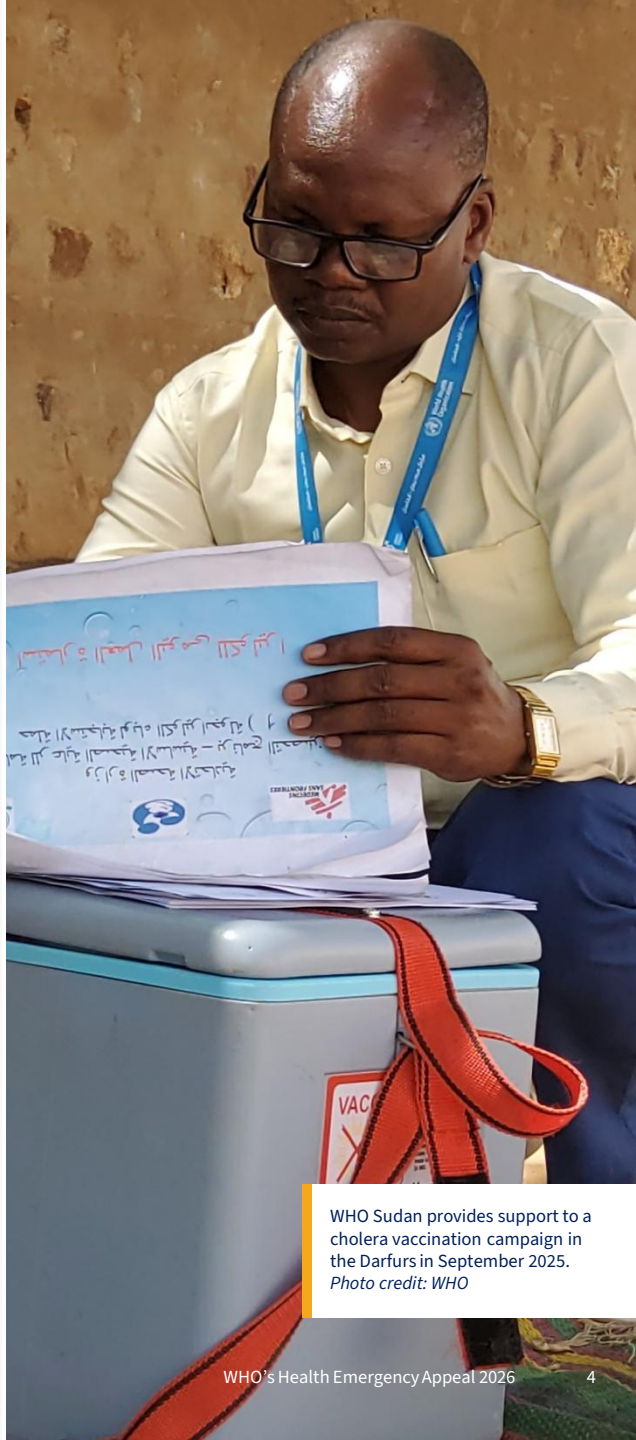
OPERATIONAL PRESENCE

WHO maintains a strong in-country operational presence, with 161 personnel, including 134 national staff and 27 international staff. This capacity is distributed across six sub-offices located in Red Sea/Port Sudan, Atbara, Gedaref, Kassala, Khartoum and Kadugli, and is supported by two logistics hubs in Port Sudan (Sudan) and Abeche (Chad), as well as four warehouses in Kassala, Port Sudan, Kosti (Ministry of Health) and Abeche. This infrastructure is complemented by surge and field staff deployed for outbreak response, enabling rapid operational scale-up across priority areas.

WHO's operational presence directly supports localization and Humanitarian Reset priorities by strengthening technical capacity at federal and state ministries of health and among local partners. Field teams coordinate the distribution of medical supplies to Health Cluster partners through prioritized allocations, with a focus on underserved and outbreak-affected areas. Local partners operating stabilization centres for severe acute malnutrition with complications, health facilities and cholera and dengue treatment centres are prioritized based on established trust and operational recognition. Importantly, WHO's presence supports the delivery of clinical services across hospitals, primary health care centres, stabilization centres and treatment facilities by female health workers trained in gender-responsive care, helping to maximize access and coverage for women and girls across all age groups.

WHO partners with national and community-based organizations and volunteers to deliver response activities, reinforcing local ownership and uptake of interventions. WHO works closely with state ministries of health and Health and WASH Cluster partners to expand surveillance at community and locality levels, while engaging local water committees to increase uptake of health messaging on safe water and hygiene promotion. Support to the establishment and functionalization of national Emergency Medical Teams further strengthens resilience-building and transition efforts, enabling greater engagement of national responders in humanitarian action and sustaining emergency care capacity beyond the current humanitarian phase.

At the national level, WHO serves as the lead agency for the Health Cluster, which comprises 38 health organizations. Coordination is decentralized across three subnational hubs: the Darfur Hub, co-coordinated by Relief International; the Central Hub, co-coordinated by Save the Children; and the Eastern Hub, co-coordinated by CARE International and International Medical Corps, based in Khartoum.



WHO Sudan provides support to a cholera vaccination campaign in the Darfurs in September 2025. *Photo credit: WHO*

WHO teams work to accelerate their multi-state response to the dengue outbreak in Sudan. *Photo credit: WHO*

KEY ACTIVITIES FOR 2026

- **Strengthen coordination and advocacy:** Expand subnational health cluster coordination, advocate for the protection of health infrastructure and civilians, including against sexual misconduct, and ensure unrestricted access to vulnerable populations.
- **Enhance surveillance and early warning:** Expand EWARS and other surveillance mechanisms to reach all people in need and integrate Prevention and Response to Sexual misconduct (PRS) interventions.
- **Enhance outbreak preparedness:** Enhance outbreak preparedness, guided by risk assessments and Public Health Situation Analyses using innovations like the WHO Access, Impact and Monitoring (AIM) toolkit, to better prepare for and respond to mapped disease risks.
- **Revitalise public health infrastructure:** Build the capacity of the National Public Health Reference Laboratory and state-level Emergency Operations Centres, enhancing International Health Regulation (IHR) capabilities to detect and respond to outbreaks.
- **Expand logistics and supply chain capacity:** Enhance warehousing and logistics capacities in zonal hubs, recruit field monitoring staff and sustain medical supply chains across the country to meet 30% of health cluster needs.
- **Address severe acute malnutrition:** Scale up to 150 stabilization centres to manage severe acute malnutrition cases, ensuring service continuity in high-burden areas.
- **Maintain and improve access to health services:** Maintain 40 hospitals and 60 primary health care centres (PHCs), deploying 72 mobile teams to deliver essential health care services including services for victims of GBV. Integrate mental health and psychosocial support services (MHPSS) and enhance referral pathways.
- **Enhance emergency and trauma response:** Operationalize the national Emergency Medical Teams (EMT) strategy through training, equipment, supplies and deployment and bolster capacity for mass casualty incidents in 40 primary health centres and 25 mobile teams.
- **Enhance field presence for cross-line and cross-border operations:** Activate UN hubs and three zonal offices, increasing state-level presence to strengthen crossline and cross-border WHO programme implementation.
- **Improve skills training for frontline health workers:** Train 3500 frontline health workers on a range of health interventions, case management and infection prevention for outbreak-prone diseases.
- **Expand the use of key performance indicators:** Widen the use of key performance indicators and emergency management systems.

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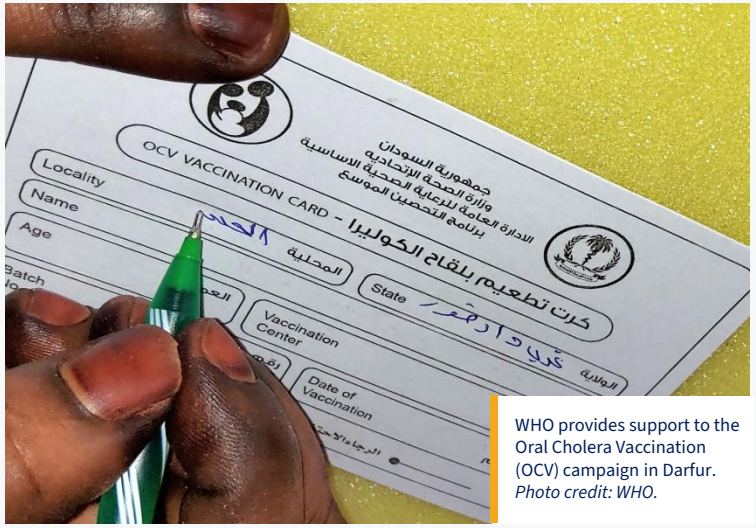
IMPACT IN 2025

DELIVERING CARE AMID CONFLICT: PROTECTING HEALTH SERVICES IN SUDAN



WHO provides support to the Oral Cholera Vaccination (OCV) campaign in Darfur. *Photo credit: WHO.*

Across Sudan's 18 states, conflict and mass displacements have placed extraordinary strain on the health system while many health facilities were made non-operational due to repeated attacks on health care and a lack of human resources and supplies.

In response, WHO has delivered nearly 3000 metric tons of life-saving medical supplies since the start of the conflict, including almost 800 metric tons in 2025, helping health facilities continue operating despite severe access and security constraints.

WHO supported the continuity of essential health services by strengthening primary health care services, supporting hospital services and deploying mobile clinics and labs including in hard-to-reach areas, enabling care for over 1.8 million beneficiaries. With Sudan facing an acute malnutrition crisis, WHO also supported 148 nutrition stabilization centres, helping treat nearly 40 000 severely acute malnourished children with medical complications.

"WHO's support to primary health care centres is rooted in its commitment to make essential life-saving primary health care accessible to everyone, everywhere in Sudan and to restore universal health care despite the prevailing challenges," said Dr Shible Sahbani, WHO Representative to Sudan.

Moreover, in 2025, WHO supported large-scale responses to disease outbreaks, protecting 12 million people with oral cholera vaccines, alongside disease monitoring, rapid response teams, water quality testing and community-level interventions to reduce transmission. WHO also supported Sudan's response to a widening dengue outbreak, which now affects 14 of the country's 18 states, through early detection of cases and targeted measures to reduce mosquito breeding sites.

WHO's work in Sudan in 2025 was made possible through the generous support of partners.

FOR MORE INFORMATION

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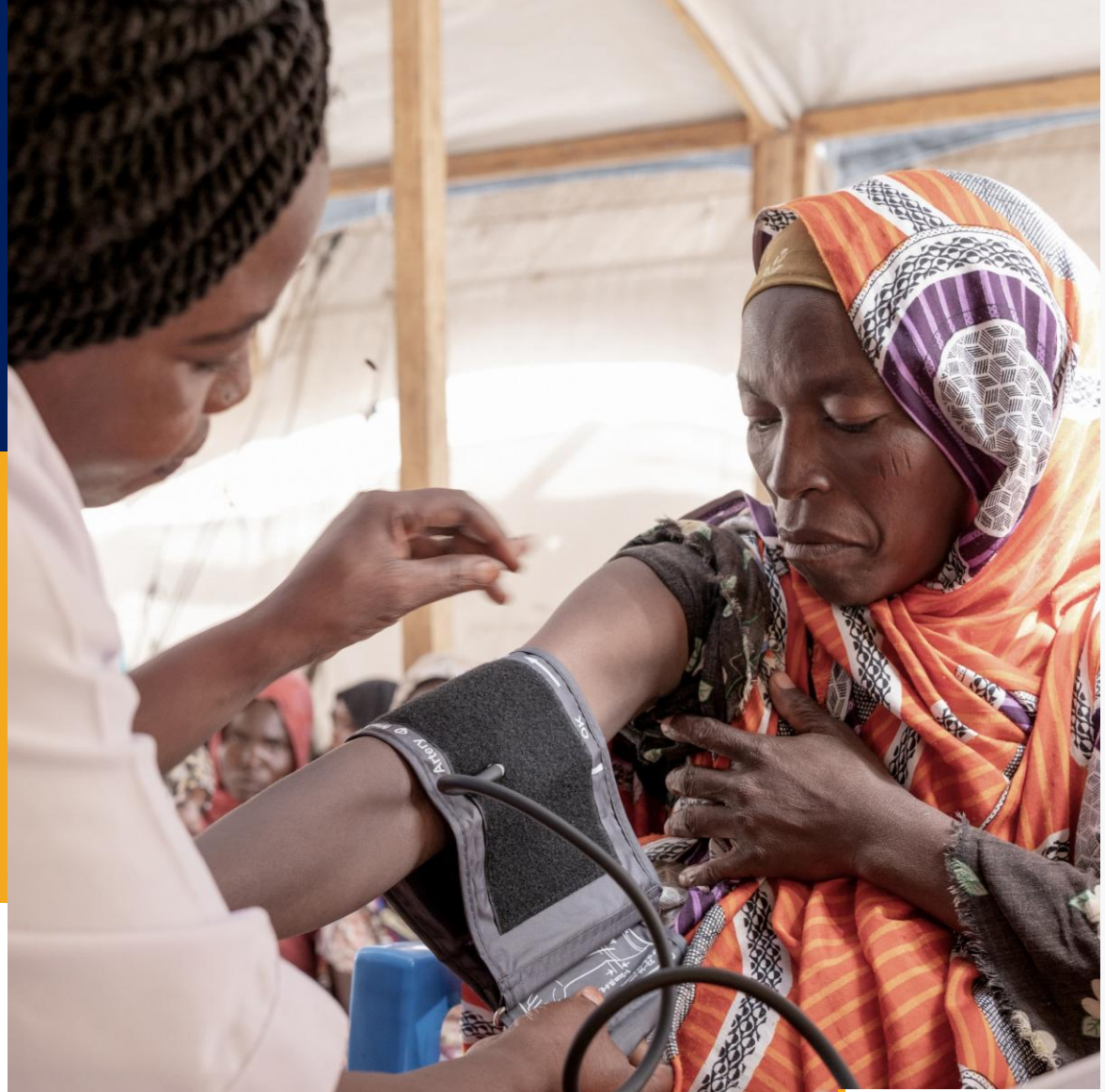
A WHO worker assesses the cholera response at Gulsa Village in Sudan. *Photo credit: WHO.*



Fatioma, 30, a refugee from Sudan, receives medical assistance for her pregnancy upon her arrival in Adre, Chad. *Photo credit: WHO/Nicolò Filippo Rosso*

WHO'S 2026 FUNDING REQUIREMENTS

SUDAN CONFLICT, COMPLEX EMERGENCY AND REFUGEE CRISIS FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**9.81**
Laboratory systems, diagnostics and testing	2.36
Surveillance, case investigation and contact tracing	7.45
Community protection	**12.31**
IPC in the community	3.62
Risk communication and community engagement	0.92
Travel, trade, points of entry and gatherings	0.75
Vaccination	7.01
Safe and scalable care	**51.36**
Case management and therapeutics	15.96
Essential health systems and services	33.93
IPC within health care settings	1.47
Access to countermeasures	**16.60**
Operational support and logistics	16.28
Research, innovation and evidence	0.32
Emergency leadership	**7.65**
Lead, coordinate, plan and monitor protracted response ops	6.32
PSEAH in protracted emergency response operations	0.30
Risk and readiness assessments	1.03
Total	**97.73**

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REGIONAL REFUGEE CRISIS

SITUATION OVERVIEW

Since April 2023, the conflict in Sudan has triggered one of the largest displacement crises globally, with over 4.3 million people fleeing to neighbouring countries. Chad, the Central African Republic, Ethiopia and South Sudan collectively host more than 2.7 million Sudanese refugees settled primarily in remote, fragile and underserved border areas.

The scale and speed of refugee inflows have severely overstretched national and subnational health services, compounding pre-existing fragility, insecurity and food insecurity. Host communities – already facing chronic shortages of health workers, medicines and functional health facilities – are increasingly affected, heightening protection risks and social tensions.

Across the four countries, refugees and host populations face limited access to essential health services, high maternal, newborn, child and adolescent health (MNCAH) needs, elevated risks of cholera, measles, malaria, dengue and polio, rising mental health and psychosocial distress, and significant sexual and gender-based violence (GBV) risks, as well as disruptions to routine immunization, surveillance and referral pathways. Cross-border population movements and informal settlements further complicate disease surveillance, outbreak containment and continuity of care.

Sustained and predictable funding in 2026 is essential to prevent excess mortality, avert large-scale outbreaks, reinforce regional coordination mechanisms and stabilize health services in refugee-hosting areas across the region.

KEY HEALTH RISKS AND NEEDS

Priority health risks include:

- **Epidemic outbreaks** driven by overcrowding, poor water, sanitation and hygiene conditions and low vaccination coverage.
- **Preventable maternal and neonatal deaths** due to a lack of skilled birth attendance and emergency obstetric care.
- **Acute malnutrition and related complications** among children and pregnant women.
- **Severe gaps in trauma care and referral services** in border and displacement settings.
- **Under-resourced surveillance systems** limiting early detection of outbreaks.
- **Weak coordination and logistics capacity** for sustained cross-border response.
- **Insufficient health workforce capacity** at local and regional levels to establish and sustain effective coordination, implementation and monitoring of health security parameters for growing displaced populations.

Oumaima and her nine-month-old baby Mafouss speak to a health worker at a health centre in Adre refugee camp, Chad. *Photo credit: WHO*

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Sudanese refugees receive medical assistance and vaccinations at a health centre in Adre refugee camp, Chad. *Photo credit: WHO*

WHO REGIONAL REFUGEE RESPONSE PRIORITIES FOR 2026

WHO will support national authorities and partners through a life-saving, systems-strengthening and nexus-oriented response, aligned with the Humanitarian Reset.

Priority 1: Maintain access to essential lifesaving health services.

- Support primary health care facilities, referral hospitals and mobile health teams in refugee-hosting areas.
- Deliver integrated MNCAH, SRH, GBV clinical care, trauma care and MHPSS services.
- Strengthen referral pathways between refugee settlements and host-community facilities.

Priority 2: Strengthen epidemic preparedness, surveillance and response.

- Expand Early Warning, Alert and Response System (EWARS) and community-based surveillance in border and displacement zones.
- Support outbreak preparedness and rapid response for cholera, measles, malaria, polio and dengue.
- Reinforce cross-border surveillance coordination and information sharing.

Priority 3: Ensure uninterrupted supply of essential medical commodities.

- Procure and distribute emergency health kits, cholera kits, trauma kits, reproductive health kits and cold-chain supplies.
- Support last-mile delivery to hard-to-reach refugee-hosting areas.

Priority 4: Protect and strengthen fragile health systems in hosting areas.

- Support health workforce surge, training and retention in high-burden border districts.
- Strengthen coordination capacities at the subnational level, including health cluster leadership.
- Promote humanitarian-development-peace nexus approaches to sustain services for refugees and host communities.

EXPECTED OUTCOMES

- **Reach 5 million refugees and host-community members.**
- **Maintain essential health services in high-risk border districts.**
- **Prevent large-scale outbreaks** through strengthened surveillance and rapid response.
- **Protect women and girls** through integrated sexual and reproductive health and gender-based violence services.
- **Stabilize fragile health systems** under the AFRO Regional fragile, conflict-affected and vulnerable settings platform to respond to health security fragilities.

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WHO'S FUNDING REQUIREMENTS AND PRIORITY INTERVENTIONS BY COUNTRY

Sudan Refugee Response 2026 – Refugee Concentrations, WHO Interventions & Funding

HOST COUNTRY	KEY REFUGEE HOSTING AREAS	PRIORITY HEALTH RISKS	WHO PRIORITY INTERVENTIONS (2026)	PROPOSED WHO FUNDING (US$ M)
CHAD	Eastern Chad (Ouaddaï, Sila, Wadi Fira, Ennedi Est)	Cholera, measles, malaria; maternal, newborn, child and adolescent health (MNCAH) gaps; malnutrition; weak referral systems	PHC & referral hospital support; mobile health teams; EWARS expansion & cross-border surveillance; emergency medical & cholera kits; sexual and reproductive health (SRH), gender-based violence (GBV) care & mental heath and psychosocial support (MHPSS) Coordination (local and regional)	**4.0**
SOUTH SUDAN	Upper Nile, Unity, Northern Bahr el Ghazal, Renk corridor	Cholera, measles, malaria; trauma injuries; malnutrition; health facility overload	Emergency health services; outbreak preparedness & rapid response; supply chain support; workforce surge & coordination; trauma care & referral strengthening	**3.5**
ETHIOPIA	Amhara, Benishangul-Gumuz, Gambella	Malaria, measles; MNCAH gaps; strained host services; surveillance gaps	Support to refugee-hosting primary health centres & hospitals; integrated MNCAH & SRH services; surveillance & immunization support; emergency supplies & mobile clinics; coordination	**2.5**
CENTRAL AFRICAN REPUBLIC	Vakaga, Haute-Kotto, Bamingui-Bangoran	Limited access to care; malaria; malnutrition; insecurity	Mobile health teams; essential medicines & emergency kits; surveillance & outbreak response; support to under-resourced health facilities; coordination	**1.6**
TOTAL		Life-saving services, outbreak control & system stabilization and health coordination		**11.6**

Sudanese refugees in Adre, Chad.
Photo credit: WHO

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