

# Public Health Situation Analysis (PHSA)

This is the fourth WHO PHSA on the Sudan crisis. This updates the March 2025 version.

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS) <sup>1</sup>	INFORM (2025) <sup>2</sup>
 Conflict  Food Security  Displacement  Epidemics	<ul style="list-style-type: none"> <li>Malnutrition</li> <li>Trauma and injury</li> <li>Cholera and acute watery diarrhoea</li> <li>Dengue</li> <li>Malaria</li> <li>Measles</li> <li>Non-communicable diseases</li> <li>Mental health</li> <li>Protection (including gender-based violence)</li> </ul>	<p><b>Grade 3</b> (IASC System-Wide Scale-Up activated by December 2025)</p>	<p><b>Substantial (4/6):</b> Darfur, Khartoum, Aj Jazirah, Northern Kordofan &amp; Kosti</p> <p><b>Moderate (3/6):</b> Northern Sudan, Red Sea, Southeast Sudan, Southern Kordofan</p>	<p><b>Risk Index (0-10):</b> 7.8 (Very High)</p> <p><b>Global Ranking (1-191 countries):</b> 1</p>

## SUMMARY OF CRISIS AND KEY FINDINGS

After more than two and a half years of the conflict, Sudan remains locked in a humanitarian catastrophe of staggering dimensions. In 2026, 33.7 million people require assistance. The humanitarian crisis has led to a substantial health crisis, with 21.0 million people requiring assistance and 6.6 million people primarily targeted for health support.

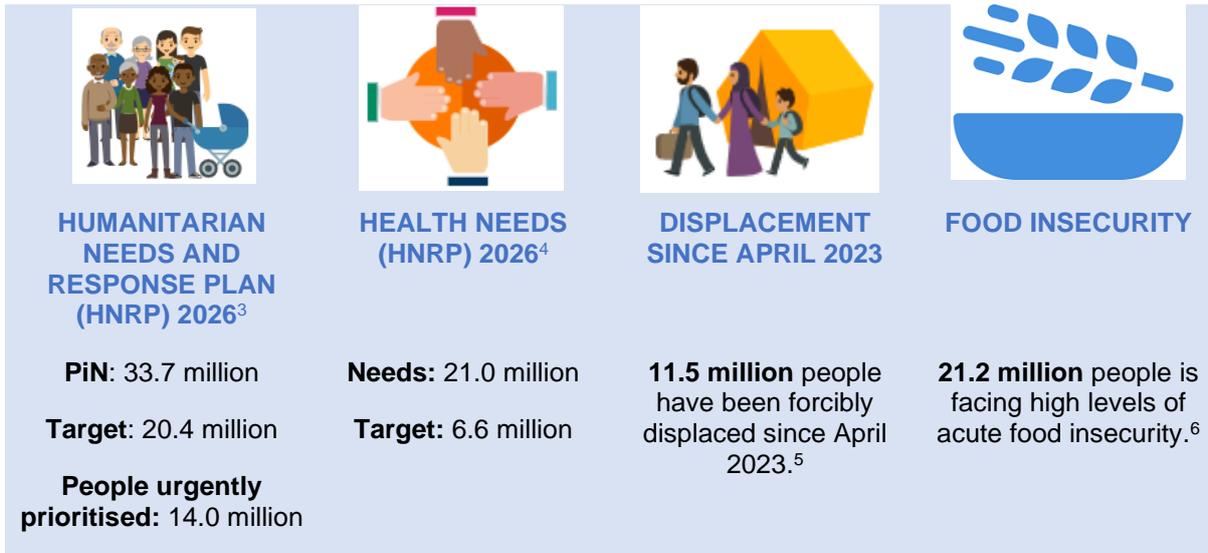
An estimated 11.5 million people have been forcibly displaced, including 7.2 million newly displaced internally and over 4.2 million refugees, asylum seekers, and returnees who have crossed Sudan's borders into neighbouring countries. In Khartoum and areas in the east in which relative stability is emerging, millions of people are returning to badly damaged cities and towns littered with explosive remnants of war, and in which basic services have been decimated.

Hunger and acute food insecurity have spread during the ongoing lean season. More than 21.2 million people are experiencing acute food insecurity. Disruptions to food supply chains and agricultural production, as well as delays and administrative challenges in delivering aid, have resulted in widespread hunger and malnutrition, with some areas, including El Fasher (North Darfur) and Kadugli (South Kordofan), facing conditions of Integrated Phase Classification Phase 5 (IPC Phase 5), the highest level. The latest nutrition survey in Um Baru (North Darfur) recorded a Global Acute Malnutrition rate of 53%, of which 35% were classified as Severe Acute Malnutrition. Coupled with high rates of malnutrition, an overstretched health system and low immunization coverage, this increases the risk of disease outbreaks and their catastrophic impacts.

Over 40 000 injuries have been reported amid the ongoing conflict. Civilians continue to be killed, injured and displaced in ongoing attacks in the Darfur and Kordofan regions. Sexual violence remains pervasive. Insecurity Insight has identified 671 attacks on Sudan's health care system since fighting started in April 2023. Between 15 April 2023 and 9 December 2025, at least 173 health workers have been killed, and 83 have been arrested. Through WHO's Surveillance System for Attacks on Health Care (SSA), 201 attacks with 1858 deaths and 490 injuries have been formally validated between 15 April 2023 and 31 December 2025, and more than 1600 deaths have been recorded in 2025. Many health facilities have been destroyed, looted, or are functioning with severe shortages of staff, medicines, vaccines, equipment, and supplies.

Multiple disease outbreaks are occurring simultaneously, including cholera, dengue, malaria, measles, hepatitis E, and diphtheria. WHO and its partners have revamped efforts to strengthen surveillance, rapid response capacity, and vaccination campaigns. However, resources remain stretched, both in terms of human capacity and funding. Sudan faces a disrupted health system, and insecurity, displacement, and limited access to health products, with challenges in basic infrastructure, continue to pose enormous challenges to delivering health care across the country. The siege of El Fasher for over 18 months with severe restrictions on movement, access to food, water, and medical care in El Fasher have resulted in civilians, including large numbers of children, experiencing repeated bombardment and deteriorating living conditions, which were compounded by the heavy rainfall and other climatic events, severely disrupting communication and connectivity. Following the capture of the city, massive displacements to nearby areas have led to pressures for the suboptimal resources to areas of displacement. El Fasher has since remained greatly cut off from humanitarian interventions- with conditions expected to have worsened with dire need for humanitarian access.

## HUMANITARIAN PROFILE



### *Humanitarian Response in 2025*

Sudan has a longstanding humanitarian presence, with over two decades of engagement among humanitarian actors. The escalation of the conflict from 15 April 2023 has created a new operational environment, leading to adjustments in the modes and methods of aid delivery. The humanitarian response in Sudan is characterized by a very broad community of humanitarian actors, including UN agencies, international and local non-governmental organizations.<sup>7</sup>

In 2025, partners initially aimed to assist 20.9 million of the 30.4 million people in need. This represented an increase of more than 40% over the number of people targeted in 2024. Through the hyper-prioritization made after severe funding cuts to the humanitarian sector from early 2025, the target has been reduced to 19.0 million.<sup>8</sup>

Despite challenges posed by conflict and insecurity, bureaucratic and severe resourcing gaps, humanitarian organizations continue to scale up support where possible. Local organizations and community networks remain at the forefront of the response across Sudan, while facing serious and mounting threats to their safety.

The Sudan Humanitarian Fund (SHF) remains a key channel of support for local and international non-governmental organizations (NGOs), with US\$ 125 million in allocations so far in 2025. Support to grassroots partners is a central priority for the Fund, and innovative modalities for reaching mutual aid groups with flexible small-scale grants continue to be refined and built upon.<sup>9</sup>

### *2026 Humanitarian Needs Response Plan and Health Needs*

Sudan faces an unprecedented humanitarian crisis, with 33.7 million people—over half of the population—requiring assistance in 2026. The 2026 Humanitarian Needs Response Plan (HNRP) aims to support 20.4 million of the most vulnerable individuals and seeks US\$ 2.9 billion, with 14.0 million urgently prioritized and US\$ 2.1 billion required. A total of 6.6 million people is targeted to be reached for humanitarian health assistance through Health Cluster partners, requiring US\$ 325 million.

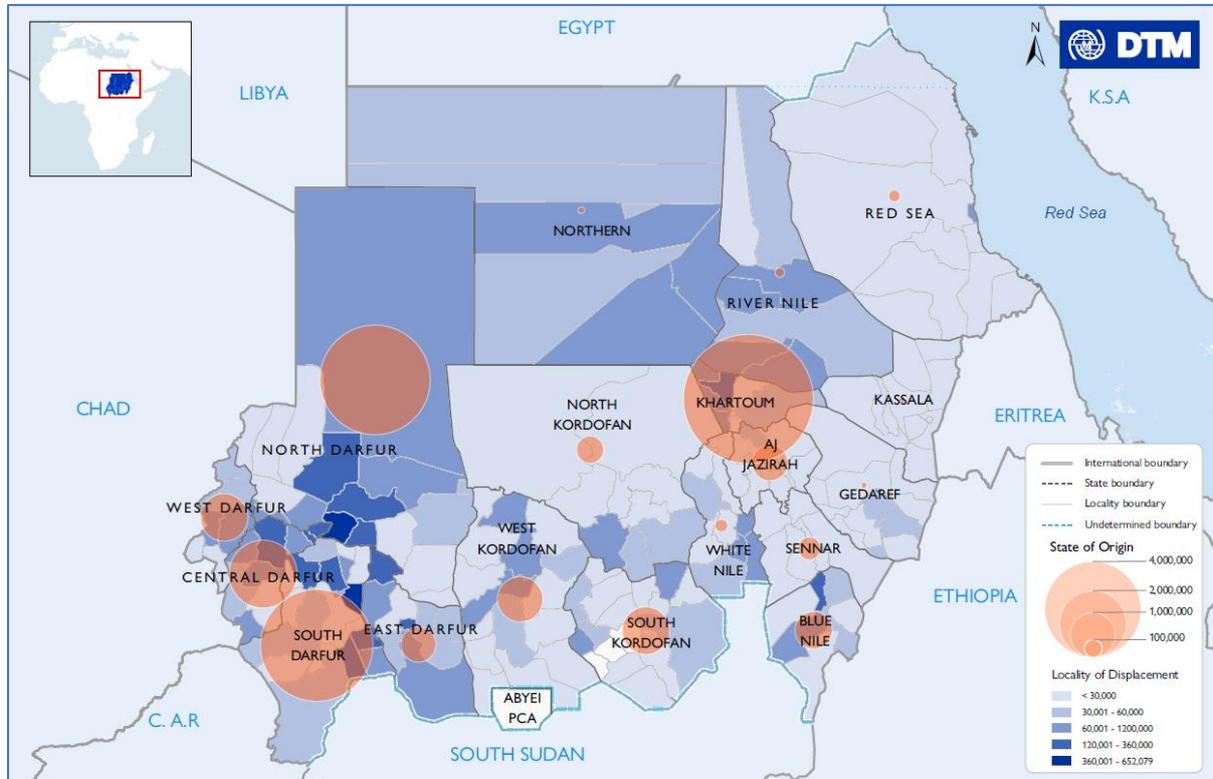
### *Displacement*

The Sudan conflict is one of the largest protection crises facing the world today. There are 11.5 million forcibly displaced due to the outbreak of conflict in Sudan since April 2023, including 7.2 million internally and 4.2 million in neighbouring countries.<sup>10</sup>

More broadly, as of 30 September 2025, there were an estimated 9.5 million internally displaced persons (IDPs) recorded across 10 929 locations, in 185 localities, across all 18 states in Sudan. The top states of origin were Khartoum (29%), South Darfur (21%), and North Darfur (21%). The highest proportion of IDPs were hosted in South Darfur (19%), North Darfur (18%), and Central Darfur (10%) states. Over half (51%) of IDPs were reportedly children under the age of 18-years-old.<sup>11</sup>

The number of IDPs decreased by an estimated 17% compared to the highest-ever recorded population of IDPs in Sudan, as reported in January 2025. The decrease in IDPs is primarily due to increased return movements to Sennar, Aj Jazirah, and Khartoum states.<sup>12</sup>

Displacement is ongoing in El Fasher. On-going clashes in and around the town triggered displacement to Tawila, Melit, and Kutum localities. The number of IDPs in Tawila has more than doubled in recent months, from some 238 000 IDPs in March 2025 to some 576 000 IDPs in September 2025.<sup>13</sup>



**Figure 1. Reported IDPs in Sudan by State of Origin and Displacement (IOM, September 2025)<sup>14</sup>**

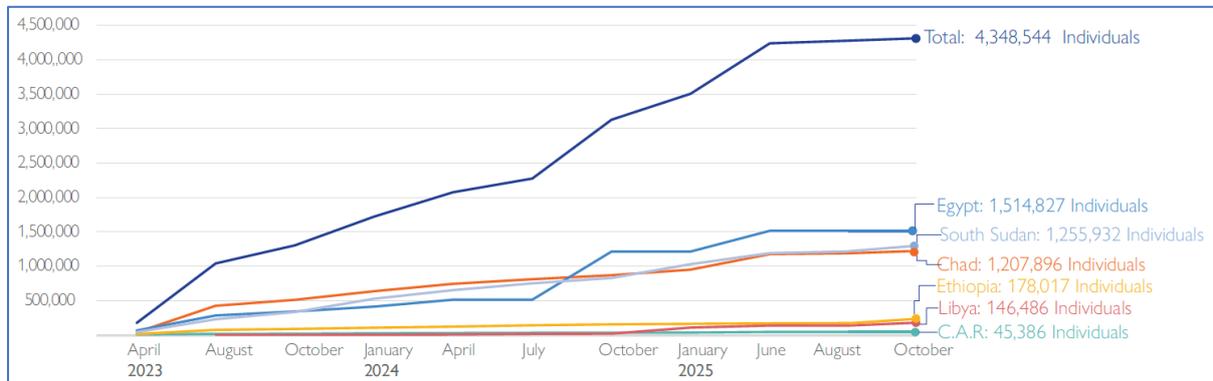
More recently, more than 1.4 million people were displaced when the military forces took over the town in El Fasher and surrounding areas. The ripple effect of this displacement is straining an already fragile region, stretching host communities, overwhelming available services and challenging the limits of humanitarian operations as needs continue to grow.<sup>15</sup> Over one month since the escalation of violence on 26 October 2025, over 106 000 people have fled El Fasher city and surrounding villages, after being trapped for weeks with almost no access to food, water, or medicines. Reports of killings, abductions, gender-based violence (GBV), maiming, and family separation persist. Humanitarian personnel have also been detained or killed. The largest numbers of displaced have settled in Tawila locality, where informal sites are rapidly expanding, overstressing already limited services.<sup>16</sup>

In addition, between January 2024 and October 2025, DTM recorded 437 795 individuals who crossed back into Sudan from neighbouring countries. The majority of individuals who crossed back into Sudan were recorded returning from Egypt (92%), while smaller proportions returned from Chad (8%) and Ethiopia (<1%). Approximately 40% crossed back to Sudan due to improved security at their place of origin. Others crossed back due to business (25%), livelihood opportunities in Sudan (19%), or economic hardship and depletion of resources (18%). Public transport was reportedly the most commonly used means of transportation for individuals returning to Sudan (92%), followed by travelling on foot or by cart (6%), private vehicles (2%), and large commercial vehicles (<1%).

An estimated 69% of individuals crossing into Sudan intended to return to their places of origin. Others reportedly planned to move elsewhere within Sudan (26%) or move outside Sudan (5%), citing Chad (46%), Egypt (15%), and the Central African Republic (12%) as final destinations.<sup>17</sup>

## Regional Displacement

Since the escalation of the conflict on 15 April 2023, an estimated more than 4.3 million people crossed borders into neighbouring countries. The majority reportedly crossed into Egypt (35%), South Sudan (29%), and Chad (28%).



**Figure 2. Mixed Cross-Border Movements from Sudan to Neighbouring Countries (IOM, September 2025)<sup>18</sup>**

- **Chad:** Approximately 1.2 million Sudanese refugees and Chadian returnees have arrived from Sudan. Nearly 820 000 are new since 15 April 2023. The refugees are spread across four provinces in Eastern Chad, namely Ennedi East, Ouaddaï, Sila and Wadi Fira. The situation has recently been aggravated by the cholera outbreak within the Dougui refugee camp in Ouaddaï province, where 120 cases were reported including four deaths.<sup>19</sup>
- **Egypt:** Egypt has received over 1.5 million people fleeing the Sudan Conflict, making it the largest host country (hosting 35% of the total refugees from Sudan). Among the displaced are many women, particularly pregnant women, children, older persons, and individuals with disabilities or mental health conditions. The refugee population also includes separated and unaccompanied minors. Despite the massive inflow, many refugees have reported positive relationships and peaceful coexistence with the host population.
- **Ethiopia:** Ethiopia has received 177 124 people fleeing the Sudan Conflict since April 2023, through the Metema (West Gondar) and Kumruk (Benishangul Gumuz) border points. Of the total arrivals, 59% have been Sudanese refugees, 14% have been refugees of other nationalities, and 27% have been Ethiopian returnees. The continuous arrivals have overwhelmed local capacity and infrastructure.
- **Libya:** Libya has received an estimated 142 809 people fleeing the Sudan conflict. Many of those displaced have faced acute humanitarian needs, particularly health care, food, and protection, with women, children and individuals with specific vulnerabilities most affected.
- **South Sudan:** South Sudan has received over 1.2 million migrants, including both Sudanese refugees and South Sudanese returnees. The influx has primarily affected border regions such as Upper Nile and Unity states, as well as the Abyei Area. It has placed immense pressure on an already fragile infrastructure and overstretched basic services.
- **Uganda:** Uganda has received approximately 86 910 Sudanese refugees, who have settled at the Kiryandongo Refugee Settlement. Most of the new arrivals have been women, children, and the elderly.

## Food Insecurity

Disruptions to food supply chains and agricultural production, as well as delays and administrative challenges in delivering aid, have resulted in widespread hunger and malnutrition. The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) has confirmed that IPC Phase 5 is occurring in parts of Sudan: as of September 2025, El Fasher town (North Darfur) and Kadugli town (South Kordofan) are classified in IPC Phase 5 with reasonable evidence, which is expected to persist through January 2026.<sup>20</sup>

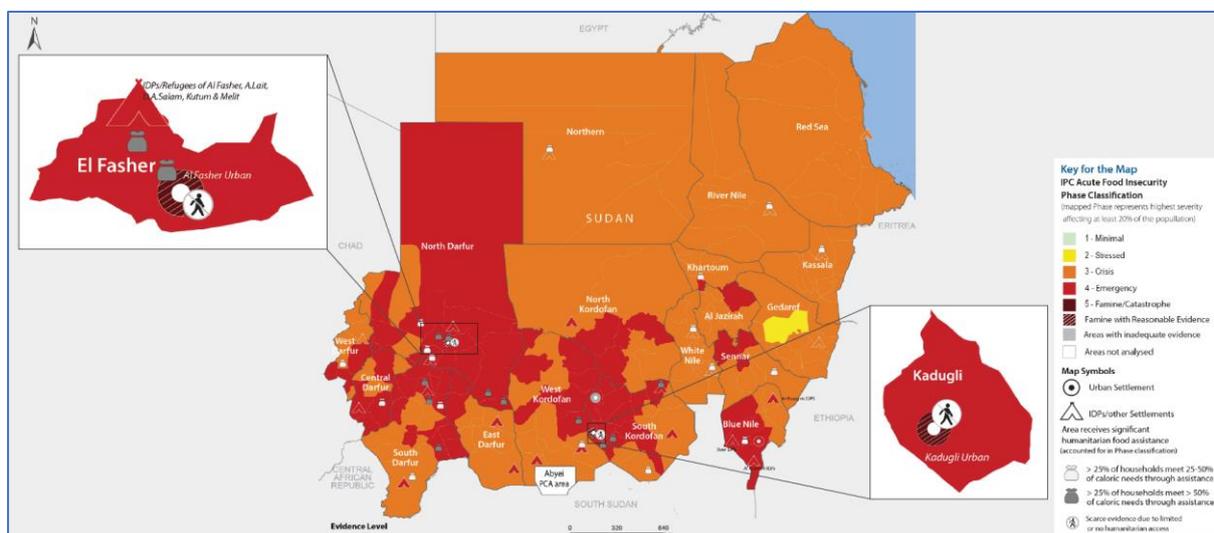
Over 60% of localities surveyed between January and July 2025 reported Global Acute Malnutrition (GAM) rates above 15%. Four localities in Greater Darfur recorded prevalence around or above 30%. Newly displaced populations from El Fasher, particularly children, are arriving in neighbouring areas such as Tawila in severely malnourished conditions. In September 2025 alone, more than 56 000

admissions for Severe Acute Malnutrition (SAM) were reported, underscoring the strain on overstretched nutrition services.<sup>21</sup>

At the peak of the lean season in September 2025, 21.2 million people (45% of the population) faced high levels of acute food insecurity (IPC Phase 3 or above), including 6.3 million people (13%) in IPC Phase 4 (Emergency) and 375 000 people (1%) in IPC Phase 5 (Catastrophe). Greater Darfur and Greater Kordofan experienced further deterioration compared to the previous survey.<sup>22</sup>

The projections covering the period of October 2025–January 2026 and February–May 2026 suggest a smaller reduction of the number of people in IPC Phase 3 or above; however, gains will remain limited in North Darfur and the Western Nuba Mountains due to insecurity.<sup>23</sup> Displaced populations and returnees are unlikely to benefit meaningfully from the harvest. In addition, as food stocks deplete and conflict intensifies, acute food insecurity is projected to worsen slightly. Also, it is worth noting that several high-concern areas, home to approximately 841 000 people, could not be classified due to volatility, including El Fasher (Abu Shouk and Al Salam camps), Kadugli, Dilling, As Sunut, Al Lagowa, and Habila. If included the share of people in IPC Phase 3 or above would rise significantly.

Most states in Greater Darfur and Greater Kordofan have experienced a further deterioration in food security due to active conflict and restricted access. In September, a staggering 3.6 million people in these regions faced Emergency (IPC Phase 4) levels of acute food insecurity and nearly 370 000 faced Catastrophe (IPC Phase 5) conditions—accounting for 98 percent of the total population in this phase nationwide.<sup>24</sup>



**Figure 3. Acute Food Insecurity in Sudan, September 2025 (IPC, September 2025)<sup>25</sup>**

Since 26 October 2025, the change in control of El Fasher has led to widespread human suffering and further displacement towards Tawila and the surrounding areas. Twenty areas across North, South, and East Darfur, as well as West and South Kordofan, are expected to receive displaced populations, heightening the risk of severe hunger.

More broadly, Sudan represents one of the region’s gravest hunger emergencies. Incomplete data prevent the calculation of a 2025 Global Hunger Index score, but available indicators point to a *serious* or even worse situation—including the world’s third-highest child wasting rate.

### Humanitarian Access

Humanitarian actors maintain an operational presence across Darfur, Kordofan, the Central Region, Blue Nile, Khartoum and other states, including in IDP camps and non-government-controlled areas where access remains uneven. Deliveries are made primarily by road convoys and joint UN convoys, using cross-border and crossline routes (including corridors from South Sudan and the Dabbah crossing to Tawila) and by leveraging UN procurement and supply pipelines paired with NGO frontline implementation. However, achieving equitable operational reach continues to be a challenge.

Humanitarian access further deteriorated across Darfur and Kordofan. In August 2025, amid a cholera outbreak, Médecins Sans Frontières (MSF) was forced to reduce its teams and suspend all of its activities at Zalingei Hospital in Central Darfur state, following a violent armed assault inside the facility.<sup>26</sup>

In addition, in Khartoum, strikes on electricity and water infrastructure on 9 September 2025 caused prolonged outages, disrupting health services amid ongoing cholera, dengue, and malaria outbreaks. Bureaucratic and administrative impediments further constrained humanitarian operations. In Gedaref, White Nile and Aj Jazirah, clearance impediments caused delays in humanitarian operations. Additional hurdles have included stringent registration and reporting requirements for humanitarian actors in Jabal Marrah, delayed mission clearances to Tina, and new movement restrictions in West Darfur.

Flooding added another layer of access challenges. Heavy rains rendered key routes such as the Nyala–East Darfur Road and several local roads in southern and western South Darfur impassable, halting humanitarian movements. In Gedaref and Aj Jazirah, floods destroyed hundreds of homes and cut off access to villages in Ar Rahad, Al Fao, and Um Algura, preventing partners from reaching displaced families. Similar conditions in West Kordofan further restricted overland access.

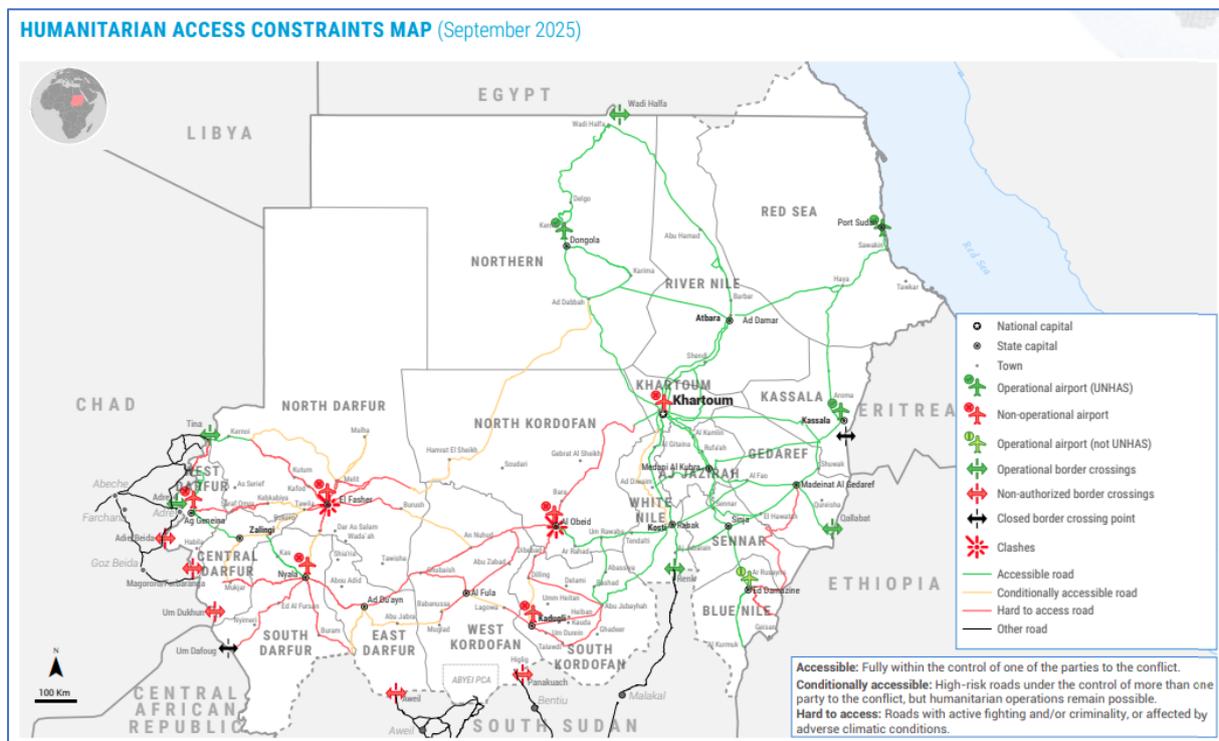


Figure 4. Humanitarian Access Constraints Map (OCHA, September 2025)<sup>27</sup>

### Attacks Against Humanitarians

Attacks on aid workers and widespread looting of food supplies have further complicated relief efforts, leading to significant operational suspensions and increased reliance on local organisations for assistance. In total, at least 120 humanitarian workers have been killed since the current conflict began in April 2023, nearly all of them Sudanese.<sup>28</sup>

On 20 September 2025, the UN compound in El Fasher was attacked, resulting in the loss of vehicles, supplies, and equipment.<sup>29</sup> In El Fasher, North Darfur, the UNICEF main building within its compound came under repeated attack, with shelling, killing at least seven people sheltering there and injuring others. Although UNICEF has not had access to the compound since March 2024, it remains protected under UN privileges and immunities. During one incident, armed individual reportedly entered the compound and seized communications equipment and several UNICEF vehicles.

Aid workers face ongoing risks, including abductions, detentions, and intimidation. Specifically, an NGO staff member was briefly abducted by unknown armed individuals in Central Darfur, while another was detained in Kosti, and a third was briefly arrested in El Fasher.<sup>30</sup>

## HEALTH STATUS AND THREATS

**Population mortality:** The latest key mortality indicators are listed below. There have been no updates since the last PHSA.

MORTALITY INDICATORS	SUDAN	YEAR	SOURCE
Life expectancy at birth	66.3 years	2023	United Nations <sup>31</sup>
Crude mortality	6.4	2023	World Bank <sup>32</sup>
Infant mortality rate (deaths < 1 year per 1000 births)	39.1	2023	UNICEF <sup>33</sup>
Child mortality rate (deaths < 5 years per 1000 births)	50.1	2023	UNICEF <sup>34</sup>

**Vaccination coverage:** Since the outbreak of conflict in April 2023, Sudan’s health infrastructure and immunization programs have faced severe disruption. As a result, vast numbers of children remain unvaccinated, leaving them vulnerable to vaccine-preventable illnesses such as measles and polio. The crisis has been further compounded by the mass displacement of populations, which has intensified the risk of disease transmission. In July 2025, the new WHO/UNICEF estimates of national immunization coverage have been published, and key figures are summarized below.

SUDAN VACCINATION DATA in 2024 (WUENIC) <sup>35</sup>	
Diphtheria, Tetanus, and Pertussis (DTP)-containing vaccine, 1st dose	48%
DTP-containing vaccine, 3rd dose	39%
Hib, 3 <sup>rd</sup> dose	39%
HepB, 3 <sup>rd</sup> dose	39%
Measles-containing vaccine, 1st dose	46%
Measles-containing vaccine, 2nd dose	36%
Pneumococcal conjugate vaccine, 3rd dose	40%
Polio, 3rd dose	40%
Rotavirus, last dose	37%

**COVID-19 Vaccination:** There have been no updates since the last PHSA. A total of 29% of the population had received a vaccine by March 2023. This accounted for 12.6 million people.<sup>36</sup> COVID-19 vaccination was integrated into routine immunization. Up through May 2024, unpublished reports from the national Expanded Programme on Immunization (EPI) program indicate that vaccination has reached an additional 7.7 million people.

**Disease Surveillance and Outbreaks:** In Sudan, paper-based indicator-based surveillance (IBS) and the event-based surveillance (EBS) system monitor 11 diseases through daily reporting and 15 diseases through weekly reporting.<sup>37</sup> The IBS network comprises more than 2200 reporting sites nationwide, while EBS relies on community-based surveillance across over 5000 villages. Furthermore, the electronic Sudan Early Warning Alert and Response System (EWARS) has been established, covering 26 diseases and supported by 29 active partners across 268 sites in 58 localities, spanning nine states and Abyei. In addition, WHO’s EWARS Mobile has been deployed in around 500 sites with the support of nearly 20 partners in all five Darfur states, enabling surveillance of 13 disease conditions from over 400 facilities.<sup>38</sup>

Disease outbreaks are occurring in the face of disruptions of basic public health services, including vaccination, disease surveillance, public health laboratories, and rapid response teams.<sup>39</sup> Resources and local capacities to detect and respond to the multiple outbreaks ongoing in Sudan are overstretched. The country is simultaneously experiencing outbreaks of multiple diseases, including cholera, dengue, malaria, measles, diphtheria, hepatitis E.<sup>40</sup> WHO and partners are actively engaged in reporting through EWARS, yet urgent improvements are needed to ensure accurate outbreak tracking and timely response.

SUDAN: KEY HEALTH RISKS IN THE COMING THREE – FOUR MONTHS		
Public health risk	Level of risk	Rationale
Malnutrition		Sudan is facing a severe nutrition crisis, with conditions worsening due to ongoing conflict, displacement, and limited access to essential services. Even

		<p>before the current conflict, the country had a GAM rate of 13.6% among children under five, and recent surveys show that 60% of localities now exceed WHO's "very high" threshold of 15%, with some areas in Darfur nearing 30%. Over 770 000 children suffer from SAM, including 116 000 with life-threatening complications, while maternal and adolescent malnutrition is widespread, affecting 38% of pregnant and lactating women and 60% of girls aged 15–19. Although targeted interventions have improved GAM rates in some areas, such as Al Lait and Tawila's host communities, internally displaced populations remain highly vulnerable. These findings underscore the intergenerational impact of malnutrition, threatening child survival, maternal health, and long-term development outcomes.</p>
<b>Trauma and injury</b>		<p>Sudan's civilians face catastrophic consequences from ongoing conflict, with mass displacement, indiscriminate bombardment, destruction of infrastructure, and ethnically targeted violence, leaving over 40 000 injured and essential services disrupted. A September 2025 drone strike on a community kitchen and the October siege of Al Fasher trapped 700 000 civilians, mostly women and children, without food or medicine. Beyond the conflict, climatic shocks compound suffering, as seen in Darfur's Tarasin village landslide.</p>
<b>Cholera and acute watery diarrhoea (AWD)</b>		<p>The cholera outbreak declared on 12 August 2024 has spread to all 18 states and 151 localities, with 123 611 suspected cases and 3565 deaths (CFR 2.9%) reported as of 30 November 2025. Upsurge of case reporting observed between mid-May to mid-June and in August 2025, though a continuous national decline is observed with over 80% drop in cases in each of October and November 2025. Darfur states have started to report since late May 2025 and has spread to all five Darfur states and 40 localities. Darfur and Kordofan remain areas of concern due to ongoing transmission and access challenges, with localized high attack rates. Reactive oral cholera vaccine (OCV) campaigns have been implemented across multiple states, reaching millions, but security constraints continue to hinder surveillance and response efforts.</p>
<b>Dengue</b>		<p>Sudan is facing recurrent dengue epidemics, with the virus spreading widely and reaching Khartoum for the first time in 2023. Between January and November 2025, 46 124 suspected cases and 129 deaths (CFR 0.3%) were reported across 13 states, with Khartoum accounting for almost two-thirds of cases, and high transmission also noted in Aj Jazirah, White Nile, and eastern states. Conflict-driven displacement, poor drainage, and unsafe water storage have created extensive mosquito breeding sites, while vector surveillance confirms high infestation levels.</p>
<b>Malaria</b>		<p>Malaria remains Sudan's largest infectious disease burden, with over 2.1 million cases reported in 2025 across 13 states. The entire population is at risk due to the country's location in an endemic region and prolonged rainy seasons that vary by region, sustaining transmission for months. Malaria continues to rank among the top ten causes of illness, outpatient visits, and hospital admissions, underscoring its persistent impact on Sudan's fragile health system.</p>
<b>Measles</b>		<p>As of 31 October 2025 (Epi Week 43 in Sudan), Sudan has reported 3326 measles cases with nine deaths (CFR 0.27%), with a surge in suspected cases between weeks 10 and 16 and additional reports from Darfur via EWARS Mobile; catch-up vaccination campaigns in hard-to-reach areas remain critical to curb transmission.</p>
<b>Non-communicable diseases (NCDs)</b>		<p>Non-communicable diseases (NCDs) are an escalating health crisis in Sudan before the escalation of the conflict, and the ongoing conflict further weakening prevention and care through destroyed infrastructure, medicine shortages, and limited access, leaving patients, especially those with cardiovascular conditions or cancer, increasingly vulnerable and underscoring the urgent need to strengthen NCD services and ensure continuity of care.</p>
<b>Mental health conditions</b>		<p>Sudan's prolonged conflicts have created a severe mental health crisis, with depression, anxiety, and post-traumatic stress disorder affecting over 50% of displaced populations and more than one in five people in conflict zones, while limited resources, including limited number of mental health professionals</p>

		nationwide, leave most communities reliant on traditional healers and underscore the urgent need for expanded, culturally appropriate care.
<b>Protection (including gender-based violence)</b>		Protection risks in Sudan are widespread, with heightened threats in conflict-affected areas such as Aj Jazirah, Blue Nile, Darfur, Khartoum, and Kordofan. Vulnerable groups, including women, girls, older persons, and people with disabilities, face severe risks. Humanitarian workers and health personnel are also being attacked. Gender-based violence is systemic, with reports of rape, gang rape, sexual slavery, and forced marriage, often with ethnic dimensions, and survivors have limited access to medical and psychological care. Children face grave violations, and landmine contamination, confirmed in August 2025, adds further danger, complicating humanitarian access and increasing civilian casualties.
<b>Acute enteric diseases, including typhoid and rotavirus</b>		Acute enteric infections, including typhoid and rotavirus, remain a major health threat in Sudan, with over 188 000 diarrhoeal cases reported across 15 states since late 2023, driven by poor hygiene, unsafe water, and declining vaccine coverage amid conflict.
<b>Acute respiratory tract infections (ARTI)</b>		Crowded conditions due to displacement may have worsened viral ARTI transmission, including SARS-CoV-2 and influenza, while limited access to oxygen and lifesaving care persists, though recent updates are scarce. On the bacterial side, Sudan reported 118 suspected pertussis cases and one death across seven states between December 2023 and January 2025, with low vaccination coverage, especially among children under five, heightening risks of severe disease from pertussis, Hib, and pneumococcus (see also diphtheria, below).
<b>Chronic infectious diseases (TB/HIV)</b>		For all chronic infectious diseases, interruption of treatment is likely given the ongoing conflict. Appropriate treatment is exacerbated by a current lack of diagnostic capacity.
<b>Diphtheria</b>		From January to 29 November 2025 (Epi Week 4 in Sudan), 199 probable diphtheria cases with 21 deaths have been reported, with River Nile, Khartoum, and Sennar states most impacted. The vaccination coverage remains below herd immunity thresholds, especially in hard-to-reach areas, with limited access to health facilities, scarce antibiotics, and global shortages of diphtheria antitoxin further increasing the risk of severe disease and complicating outbreak control efforts.
<b>Hepatitis B</b>		Sudan is classified as a country with a high hepatitis B burden (prevalence $\geq$ 8%). Gender-based and sexual violence may increase the risk, coupled with higher severity in the absence of access to healthcare for persons with infection.
<b>Hepatitis E</b>		As of 14 November 2025 (Epi Week 45 in Sudan), cumulative cases reached 3144 with 43 deaths (CFR: 1.3%). Aj Jazirah State was the most affected, reporting 1978 cases and 37 deaths. As of week 45, 94.8% of the deaths were reported from Aj Jazirah State, and pregnant women accounted for 82% of the total deaths. There is a risk of an increase in cases given the issues in access to water, sanitation and hygiene (WASH), with a particularly high risk of infection for those in camp settings, and for severe disease in pregnant women.
<b>Maternal and neonatal health</b>		As of August 2025, El Fasher's only functioning maternity hospital faces critical medicine shortages and risks closure, leaving women and girls without access to safe delivery, and emergency obstetric care.
<b>Meningococcal disease</b>		Systematic testing remains difficult, with suboptimal vaccination coverage, overcrowding, poor shelter conditions, and widespread malnutrition heightening the risk of invasive disease, with limited availability of antibiotics.
<b>Poliovirus type 2 (cVDPV2)</b>		In 2025, two cases of circulating vaccine-derived polio type 2 (cVDPV2) have been confirmed from West Darfur, requiring vigilant surveillance. In April 2025, one environmental isolate of cVDPV2 was confirmed in the same state. On 16 December, Additional cases have been confirmed in Kassala and North Kordofan state and have officially been declared an outbreak, with a response plan to control the outbreak.

<b>Chemical hazards</b>		There have been unverified reports of the suspected deliberate use of chemical weapons in 2024.
<b>Mpox</b>		Although suspected mpox cases have been reported from Darfur, there remains a challenge in diagnosis. The transmission of mpox continues in Africa; however, there have been no confirmed cases in Sudan in 2025.
<b>Viral Haemorrhagic Fevers (e.g., Ebola, Marburg)</b>		No cases of viral haemorrhagic fevers (e.g., Ebola, Marburg) have been reported in Sudan in recent years. However, Sudan has been strengthening preparedness efforts following the Ebola disease by the Sudan virus in Uganda and the Marburg virus disease in Ethiopia.
<b>Yellow fever</b>		Sudan is within the yellow fever endemic zone and has experienced multiple major outbreaks. Cases in neighbouring Chad and South Sudan highlight persistent regional risk for future epidemics.
<b>Technological and environmental hazards</b>		In April 2023, the WHO assessed the risk of large-scale outbreaks from Sudan's National Public Health Laboratory and determined that pathogens stored there were already circulating in the community.
<p><b>Red: Very high risk.</b> Could result in high levels of excess mortality/morbidity in the upcoming months.</p> <p><b>Orange: High risk.</b> Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p><b>Yellow: Moderate risk.</b> Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p><b>Green: Low risk.</b> Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

**Malnutrition:** Sudan continues to face a critical nutrition emergency. Even prior to the current conflict, the country had a global acute malnutrition (GAM) rate of 13.6% among children under five, placing it among the highest globally.<sup>41</sup> The escalation of conflict, displacement, and reduced access to essential services has further worsened the situation. More than 770 000 children are suffering from severe acute malnutrition (SAM), with over 116 000 experiencing life-threatening complications. Data from 40 SMART surveys conducted between January and August 2025 show that 60% of surveyed localities reported GAM rates above 15%, the World Health Organization's "very high" threshold. The situation is most severe in Darfur, where over 80% of surveyed localities exceed this level, and several areas are approaching or surpassing 30%.<sup>42</sup>

Although some localities have shown improvements compared to 2024, like Al Lait locality (North Darfur) recorded the decline of GAM rates from 31% to 19.6%, and Tawila's host community recorded a reduction from 29.4% to 15.7%, highlighting the potential impact of targeted interventions, the nutrition situation among IDPs in Tawila remains concerning, with GAM rates still high at 22%. The most recent survey in Um Baru, North Darfur, on 19-23 December 2025, reported a GAM rate of 53%, of which 18% were identified with SAM, and 35% with Moderate Acute Malnutrition (MAM).<sup>43</sup> These findings underscore the uneven progress across regions and the continued vulnerability of displaced populations, who face limited access to food, healthcare, and protection.<sup>44</sup>

Screenings conducted by MedGlobal further illustrate the scale of the crisis. One in five children under five is acutely malnourished, with the highest prevalence among those under 18 months (27.5%). Maternal malnutrition is widespread, affecting 38% of pregnant and lactating women, increasing risks of premature and low birthweight infants. Adolescent girls are disproportionately affected, with 60% of those aged 15–19 experiencing wasting. These figures highlight the intergenerational consequences of malnutrition, with serious implications for child survival, maternal health, and long-term development outcomes.<sup>45</sup>

**Trauma and injury:** Civilians in Sudan continue to bear the brunt of the ongoing armed conflict. Widespread violence has resulted in mass displacement, indiscriminate bombardment of residential areas, destruction of civilian infrastructure, deliberate attacks on healthcare facilities, and ethnically motivated killings.<sup>46</sup> More than 40 000 injuries have been reported, with shelling in September 2025 increasingly targeting densely populated neighbourhoods and displacement sites.<sup>47</sup> Civilians face grave protection risks, including sexual violence, forced recruitment, and arbitrary detention, while safe passage remains unavailable. Those attempting to flee encounter violence, harassment, and looting along insecure routes. Access to essential services such as health care, food, and water is severely disrupted, leaving communities without basic life-saving support.<sup>48</sup>

Reports from MSF in July 2025 highlight systematic patterns of violence in El Fasher and Zamzam since April 2024, including looting, mass killings, sexual violence, abductions, and starvation.<sup>49</sup> In September 2025, a drone strike on a community kitchen in El Fasher killed and injured displaced

civilians, forcing closure of the kitchen.<sup>50</sup> By October 2025, approximately 700 000 civilians, mostly women and children, were trapped in Al Fasher under siege, cut off from food and medicine, and exposed to daily bombardment and sexual violence.<sup>51</sup> At least 125 civilian deaths were recorded, with the true toll likely higher, including through summary executions.<sup>52</sup> Between 5 and 11 October, a series of attacks killed more than 100 people, including strikes on a mosque, the last operational hospital, and displacement shelters.<sup>53</sup> Beyond conflict, climatic shocks also pose severe risks, as seen in Darfur's Tarasin village where a landslide following heavy rainfall claimed over 1000 lives.<sup>54</sup>

**Cholera and acute watery diarrhoea (AWD):** The current cholera outbreak was officially declared on 12 August 2024. As of 30 November 2025, transmission has been documented across all 18 states and 151 of 188 localities, underscoring both the extensive geographical spread and the persistence of the epidemic. Between 22 July 2024 and 30 November 2025, a total of 123 611 suspected cases and 3565 associated deaths have been reported, corresponding to a case fatality ratio (CFR) of 2.9%. Around 13% of suspected cases occurred in children under five years of age, while 5% were among individuals aged over 70 years. Approximately 16% of all cases were reported among internally displaced persons (IDPs) or refugees. Mortality was evenly distributed between males and females. There has been a surge of case reporting observed between mid-May to mid-June and in August 2025, though a continuous national decline has been observed in October and November 2025.

- **Darfur:** The first reported case for the current outbreak was on 29 May 2025 in South Darfur. Since then, all five states have been affected including 40 localities. As of 30 November 2025, the Darfur region accounted for 15% of the national reported cases with a CFR 3.2%, slightly higher than the national figure. Since September 2025, Darfur region continues to show a declining trend in cholera cases; however, the situation remains of concern due to ongoing conflict. In October 2025, a total of 905 cases and 28 deaths were reported, with the most affected localities being Um Dukhun and Zalingei in Central Darfur. Transmission persists in Al Fashir, where 93 suspected cases and five deaths were reported in October, compared to 174 cases and 27 deaths in September. In Tawila (North Darfur), a notable decline was observed, with 68 cases and no deaths reported in October. The low attack rate (six per 10 000) reflects the impact of intensified response operations.
- **Kordofan:** The Kordofan region remains an area of concern due to ongoing transmission and conflict-related access restrictions. As of 30 November 2025, Kordofan region accounted for 13% of the national reported cases with a CFR 5.9%, double the national figure. Babanusa (West Kordofan), the locality where the first cholera case was reported in October, has become inaccessible, with no further reporting due to security challenges and military operations. The highest incidence was recorded in Talawadi (South Kordofan), with an attack rate of 135 per 10 000, compared to 0.65 per 10 000 across all affected states. Um Rawaba and Sheikan (North Kordofan) continue to report relatively high case and death counts, indicating sustained localized transmission. Security constraints continue to affect surveillance, resulting in delayed, incomplete, and retrospective reporting of cases.

In 2025, reactive OCV campaigns have been conducted targeting 12 states; Aj Jazirah, Blue Nile, Central Darfur, East Darfur, Khartoum, North Darfur, North Kordofan, Sennar, South Darfur, West Darfur, West Kordofan, and White Nile, covering 31 localities and reaching over 13 million people, bringing the total of over 20 million people since the start of the current outbreak in July 2024.

**Dengue:** Sudan continues to experience recurrent dengue epidemics, with the virus reaching Khartoum for the first time in 2023, underscoring its wide geographic spread and the growing population at risk. Seasonal flooding, poor drainage, unsafe water storage, and abandoned infrastructure—further exacerbated by conflict and mass displacement—have created extensive breeding habitats for *Aedes aegypti* and *Aedes albopictus*, sustaining high transmission potential. Between January and November 2025, a total of 46 124 suspected dengue cases and 129 deaths (CFR 0.3%) were reported across 71 localities in 13 states. Khartoum accounts for almost two-thirds of cumulative reported cases, with an attack rate of 49 per 100,000, particularly concentrated in Karrari locality (15 062 cases). High circulation is also reported in Aj Jazirah and White Nile, with increasing transmission in Kassala, Gedaref, North Kordofan, River Nile and Blue Nile. Sporadic cases have been detected in North Darfur, and South Kordofan. Laboratory testing of 15 267 samples showed 85% positivity, confirming widespread transmission. The highest CFR was observed among persons aged  $\geq 60$  years (1.2%).

Vector surveillance in Khartoum indicates high mosquito breeding indices, requiring sustained integrated vector management support. In response, over 1.8 million households have been targeted with vector control interventions, supported by 7800 volunteers and field inspectors. Community engagement has been intensified through household visits, local broadcasts, and trained leaders to

promote dengue prevention and encourage early health care-seeking. These efforts aim to reduce transmission and mitigate the impact of dengue on Sudan's fragile health system, which remains under significant strain due to conflict, displacement, and limited access to essential services.

**Malaria:** Malaria remains the largest burden with over 2.1 million cases reported in 2025 from 13 states. In Epi Week 44 in Sudan, 2025. The entire population in the country is at risk of malaria, and the country shares international borders with five malaria-endemic countries. The rainy season varies from about three months (July - September) in the north, to six months (June - November) in South Kordofan, Blue Nile, and South Darfur states, resulting in various periods of malaria endemicity. Malaria has remained stagnant on the list of the top ten causes of illness, outpatient department attendance, and hospital admission.

**Measles:** As of 21 November 2025 (Epi Week 46 in Sudan), the cumulative number of measles cases has reached 5811 with nine deaths (CFR: 0.2%). The number of suspected measles cases surged from week 10 to week 16, followed by decline. The highest reported cases have been from North and West Darfur, each reporting over 1000 cases. Between January 2024 and September 2025, Sudan successfully implemented a measles-rubella vaccination campaign in 11 states, vaccinating over 10 million people.

**Non-communicable diseases (NCDs):** Non-communicable diseases (NCDs) represent a growing health burden in Sudan, with NCD-related mortality rising from 32% in 2015 to 54% in 2022. The escalation of the conflict has compounded existing challenges, such as shortages of trained health personnel, limited resources, and the absence of robust surveillance systems. The ongoing war and destruction of health infrastructure have further weakened the country's capacity to prevent and manage NCDs, leaving populations increasingly vulnerable. Cardiovascular disease prevalence, estimated at 2.5% in 2011, has likely increased, with hypertensive heart disease, rheumatic heart disease, ischaemic heart disease, and cardiomyopathy accounting for more than 80% of cases. Patients face heightened risks due to interruptions in medicine supply and reduced access to care, particularly those with uncontrolled hypertension and at risk of stroke. Oncology patients are also at risk, especially those under immunosuppressive therapy, given increased susceptibility to infections. With health facilities under-resourced and understaffed, and economic hardship limiting access, many patients present at advanced stages of disease, often with co-morbidities. Referral options remain scarce, underscoring the urgent need to strengthen NCD services and ensure continuity of care.

**Mental health conditions:** Sudan's protracted civil conflicts have contributed to a significant burden of mental health conditions, particularly among children, women, and internally displaced persons. Depression, anxiety, and post-traumatic stress disorder are common, with prevalence reaching 12% among high-school students in Khartoum and over 50% among displaced populations. Children are especially vulnerable, facing risks such as abduction, sexual violence, child marriage, and forced recruitment into armed groups, which expose them to trauma and long-term psychological distress. The lack of adequate child protection services, including psychosocial support, education, health care, and legal aid, further exacerbates the impact of conflict on their well-being.

Mental health services in Sudan remain severely under-resourced. In 2020, only 899 mental health professionals were available across all sectors, with stark inequities between urban and rural areas, where two-thirds of the population reside. While major psychotic disorders are reported to be relatively rare, data on suicide and substance use are lacking, and overall, more than one in five people living in conflict zones are estimated to suffer from a mental health condition. Communities often rely on traditional and religious healers, who are accessible and embedded within cultural belief systems, to meet immediate needs. However, the limited availability of formal mental health services underscores the urgent need to strengthen capacity, expand coverage, and integrate culturally appropriate approaches to care.

**Acute enteric diseases, including typhoid and rotavirus:** Acute enteric infections remain a major contributor to illness and death in Sudan. Typhoid fever continues to pose a significant public health challenge, especially in areas where health systems are weak, hygiene practices are poor, and communities rely on unsafe water sources. Inadequate handwashing after latrine use further increases transmission. Between late December 2023 and mid-January 2025, more than 188 000 diarrhoea cases were reported across 15 states, underscoring the scale of the problem. Rotavirus is a key driver of severe diarrhoeal disease in young children, with the highest risk of mortality seen in those under two years of age. Although Sudan's immunization programme includes the monovalent rotavirus vaccine at six, 10 and 14 weeks of age, coverage has declined since the onset of conflict.

### **Acute respiratory tract infection (ARTI):**

- **Viral:** Among the viral ARTI, SARS-CoV-2 and influenza transmission are likely to have been exacerbated by crowded conditions due to displacement. A lack of access to oxygen and other lifesaving healthcare remains. However, there is a limited update since the escalation of the conflict.
- **Bacterial:** There have been reports of suspected pertussis outbreaks in Darfur from May to August 2024. According to the EPI schedule in Sudan, pentavalent (DTwP-HiB-HepB) vaccine and pneumococcal conjugate vaccine (PCV) are administered at six, 10 and 14 weeks. However, due to the conflict, the vaccination coverage remains low in most of the country, and likely very low in most birth cohorts aged five and below. *Haemophilus influenzae* type b (Hib), pneumococcus, and pertussis are major causes of morbidity and mortality, particularly among children. The risk of disease and severity of pertussis is highest among young infants, and immunity from vaccination remains suboptimal.

**Chronic infectious diseases (TB/HIV):** The humanitarian crisis is worsening daily with reports of rising HIV, an often-overlooked consequence of war. UNAIDS recently revealed that HIV cases in the country have surged to 48 000, the highest record in Sudan.<sup>55</sup> Conflict-affected regions, such as Darfur and Khartoum where health infrastructure has been decimated, have seen an increased risk of HIV transmission due to disrupted prevention and treatment programmes.<sup>56</sup> Sexual violence has been widely reported as a weapon of war, further fuelling HIV transmission. Studies on warzones confirm that rape and sexual violence significantly increase HIV incidence, particularly in conflict settings where medical care and post-exposure prophylaxis are unavailable. Sudan's conflict mirrors past crises where war-related sexual violence led to spikes in HIV cases.

The war has also hindered Sudan's ability to sustain HIV treatment programmes. Only 34% of health-care facilities providing HIV services are functional. Antiretroviral therapy distribution has been severely disrupted, putting thousands of patients at risk of treatment failure and increased transmission as well as the development of antiviral resistance. The collapse of maternal health services has left pregnant women living with HIV without proper care, thus increasing the risk of mother-to-child transmission.<sup>57</sup>

**Diphtheria:** From January to 29 November 2025 (Epi Week 47 in Sudan), there have been 199 probable diphtheria cases with 21 deaths in Sudan. River Nile is most affected with 65 cases, followed by Khartoum (46 cases), and Sennar (23 cases). Those aged five to 14 years old are most affected. Among the affected, 52% (103 cases) have completed three rounds of vaccination, while 3% (6 cases) have never been vaccinated. According to the EPI schedule in Sudan, pentavalent (DTwP-HiB-HepB) vaccine is administered at six, 10 and 14 weeks. However, there remains a low vaccination coverage, particularly in hard-to-reach areas; the coverage is below the herd immunity threshold. Coupled with limited access to health facilities and treatment options (particularly availability of antibiotics), and given limited global stocks of diphtheria antitoxin (DAT), outbreaks could result in potential higher severity and complexity in ensuring control.

**Hepatitis B:** Based on WHO data from 2016, Sudan is categorized as a country with a high burden of hepatitis B, with prevalence estimated at 8% or greater. The risk of transmission can be heightened in situations involving gender-based or sexual violence, while the absence of timely access to healthcare services increases the likelihood of severe outcomes, including acute hepatitis.

**Hepatitis E:** As of 14 November 2025 (Epi Week 45 in Sudan), cumulative cases have reached 3144 with 43 deaths (CFR: 1.3%). Aj Jazirah state has been the most affected, reporting 1978 cases and 37 deaths. Within Aj Jazirah, Umm Al-Qura locality has been particularly impacted, with 1247 cases and 16 deaths. As of week 45, 94.8% of the deaths have been reported from Aj Jazirah State, and pregnant women have accounted for 82% of the total deaths. The highest proportion of cases have occurred among young adults aged 15–29 years, accounting for 24.1% of females and 15.4% of males. There is a risk of further increase in cases given the issues in access to WASH. There is a particularly high risk of infection for those in camp settings, and for severe disease in pregnant women, for whom mortality is typically high.

**Maternal and neonatal health:** As of August 2025, the maternity hospital in El Fasher, the only one still functioning in the city, is critically short of medicines and at risk of closure. Across conflict-affected states, over 80% of health facilities are non-functional, leaving women and girls without access to safe deliveries, emergency obstetric care, or protection services. The rainy season has further compounded risks.<sup>58</sup> A summary of maternal and newborn care health indicators is displayed below (data are the most recently available, from various years):

MATERNAL AND NEWBORN HEALTH INDICATORS <sup>59</sup>	Sudan	Year	Source
Postnatal care for mothers – percentage of women (aged 15-49 years) who received postnatal care within two days of giving birth (Female)	27%	2022	UNICEF
Antenatal care 4+ visits – percentage of women (aged 15-49 years) attended at least four times during pregnancy by any provider (Female)	51%	2022	UNICEF
Skilled birth attendant – percentage of deliveries attended by skilled health personnel (Female)	78%	2022	UNICEF
C-section rate – percentage of deliveries by caesarean section	9%	2022	UNICEF

Infant and young child feeding (IYCF) practices directly affect the health, development and nutritional status of children less than two years of age and, ultimately, impact child survival. A summary of breastfeeding related indicators is displayed below (data are the most recently available):

NUTRITION INDICATORS <sup>60</sup>	Sudan	Year	Source
Early initiation of breastfeeding	69%	2022	UNICEF
Exclusive breastfeeding (0-5 months)	55%	2022	UNICEF

**Meningococcal disease:** Reports of suspected meningitis are reported in the EWARS Mobile surveillance system in the Darfurs; there have been 198 cases from all five states reported to date in 2025, with the majority reported from North Darfur (102 cases) and West Darfur (67 cases), although this geographic breakdown probably reflects differences in surveillance sensitivity rather than incidence. Systematic testing is challenging, and some have been recorded as “viral meningitis” but may be meningococcus. Vaccination is suboptimal, and overcrowding and poor shelters increase the risk of carriage of invasive meningococcal disease. The risk of severe disease is further compounded by malnutrition. The availability of antibiotics for bacterial meningitis remains limited.

**Poliovirus type 2 (cVDPV2):** In 2025, two cases of circulating vaccine-derived polio type 2 (cVDPV2) have been confirmed in West Darfur, requiring vigilant surveillance.<sup>61</sup> In April 2025, one environmental isolate of cVDPV2 was confirmed in West Darfur as well.<sup>62</sup> In 2024, one environmental isolate of cVDPV2 in White Nile and one case of cVDPV2 in Central Darfur was confirmed in January and October, respectively.

**Chemical hazards:** Unverified reports of the suspected use of chemical hazards were communicated in 2024.<sup>63</sup> No recent reports have been made.

**Mpox:** Although a small number of suspected mpox cases were reported in early 2025 in East and Central Darfur, there remains a challenge in diagnosis. The transmission of mpox remains in Africa; however, there has been no confirmed cases in Sudan in 2025.

**Viral Haemorrhagic Fevers (e.g., Ebola, Marburg):** No cases of Viral Haemorrhagic Fevers (e.g., Ebola, Marburg) have been reported in Sudan in recent years. However, Sudan has been strengthening preparedness efforts following the Ebola disease by the Sudan virus in Uganda and the Marburg virus disease in Ethiopia.

**Yellow fever:** Sudan is part of the yellow fever endemic zone and has experienced several major outbreaks, including those recorded in 1940, 1959, 2003, 2005, 2012, and 2013. A national risk assessment carried out in 2013 confirmed that yellow fever virus was circulating widely across the country. Laboratory-confirmed cases have also been reported in neighbouring countries such as Chad and South Sudan, underscoring the ongoing regional risk. Continued transmission remains a concern and highlights the need for strengthened vector control measures to reduce the threat of future epidemics.

**Technological and environmental hazards:** In April 2023, concerns were raised when one party to the conflict took control of Sudan’s National Public Health Laboratory and ordered staff to vacate the premises. WHO initially assessed the situation as highly dangerous due to the potential risk of pathogen release. However, a subsequent Rapid Risk Assessment concluded that the pathogens stored in the facility were already circulating in the community. As a result, the likelihood of large-scale outbreaks linked to accidental leakage from the laboratory was considered low.

## DETERMINANTS OF HEALTH

### *Essential Infrastructure, including WASH*

WASH services have long been delivered to IDPs in Sudan. However, the quality and sustainability of these services have declined in recent years due to the compounded effects of economic instability, damaged or outdated infrastructure, reduced revenue generation, inadequate budgetary support, insecurity due to conflict, and rising operational and maintenance expenses linked to higher fuel costs.<sup>64</sup> Humanitarian needs remain acute in North Darfur, with 74% of households reporting a healthcare need and only 35% able to access care amid deteriorating Water, Sanitation and Hygiene (WASH) conditions and limited market access.<sup>65</sup> Limited access to safe drinking water has compelled communities to depend on river water for daily needs such as bathing, laundry, and consumption, thereby increasing health risks.<sup>66</sup>

### *Socio-economic Challenges*

Prior to the escalation of the conflict, Sudan's economy was marred by rampant inflation and shortages of essential goods, leading to protests across the country. The conflict has worsened the economic crisis. The conflict has left families and communities without economic means. The destruction of infrastructure, including roads and factories, and agricultural land, has compounded the challenges facing the country's labour force. Businesses have shut down, supply chains are broken and millions of people have lost access to essential goods and services.<sup>67</sup> Poverty levels have thus worsened significantly, with the proportion of the population living on less than US\$ 2.15 per day more than doubling – from 33% in 2022 to 71% in 2024.

### *Protection Risks*

While protection violations are occurring nationwide, certain locations are associated with an increased likelihood of protection risks, specifically those experiencing active conflict or recent shifts in control, such as Aj Jazirah, Blue Nile, the Darfur states, Khartoum, and Kordofan region.<sup>68</sup> The scarcity of resources and limited international humanitarian aid has significantly increased the risks for vulnerable people in both host communities and amongst IDPs. Those particularly at risk include older persons, persons with disabilities, women, and girls.<sup>69</sup> Women and girls are at heightened risk of multiple protection threats, including conflict-related sexual violence, early and forced marriage, and intimate partner violence. They are also vulnerable to kidnapping and abduction and forced recruitment. Conflict-related sexual violence (CRSV) continues to be used as a tactic of community/familial humiliation or retribution, with women and girls systematically targeted based on their perceived ethnic, tribal, or political affiliations. A UN mission in September 2025 received an overwhelming volume of evidence of sexual violence, including rape, gang rape, forced nudity, abduction, sexual slavery and forced marriage. While predominantly directed at women and girls, some victims were men and boys.<sup>70</sup>

Sexual violence occurred throughout the conflict zones, including Khartoum North, El Fasher, Aj Jazirah, Khartoum, Kordofan, Kurni, Nyala, Omdurman and Zamzam. It took place in streets, public squares, homes, abandoned buildings and forested areas. Kidnapping was systematically carried out for sexual exploitation purposes.<sup>71</sup>

There are also reports of general targeting of individuals and communities along ethnic lines and political affiliations.<sup>72</sup> Ethnically motivated physical and sexual violence continues to pose a significant threat to civilians, although there are information gaps relating to which ethnic groups are specifically affected in 2025.<sup>73</sup> Armed groups have targeted humanitarian responders and health personnel, who face the risk of death, detention, or abduction.<sup>74</sup>

The highest percentage of the population with acute protection needs (severity 4+) is found among IDPs, amounting to 84%, compared to 71% of households in the host community. Among these IDPs, 26% are in very extreme situations (severity 4+), facing potential or immediate life-threatening conditions.<sup>75</sup>

Forced marriage is another form of gender-based violence. It was documented primarily in Khartoum and Aj Jazirah. Armed forces appear to have coerced families, often during home raids, into "marrying" off girls as young as 12. The coercion included killing or injuring family members, or threats of such violence.<sup>76</sup> Sexual violence often has an ethnic dimension. Information was also received about children born out of rape and that many such children have been abandoned or remain undocumented.<sup>77</sup>

The killing and maiming of children, and attacks on schools and hospitals are grave violations of children's rights. These strikes come amid a sharp deterioration in security across the Kordofan States

since early November, driving widespread displacement and deepening humanitarian needs. More than 41 000 people have fled escalating violence in North and South Kordofan over the past month.<sup>78</sup>

In August 2025, the presence of landmines was confirmed at multiple locations, including anti-personnel mines in Mogran, Khartoum and anti-vehicle mines in Omdurman and Bahri.<sup>79</sup> Until now, Khartoum state was considered heavily contaminated by unexploded ordnances but free of landmines. The presence of landmines signifies the more complex nature of contamination threats and requires the use of additional techniques and equipment to address them. As defensive tools, mines are typically placed in or around strategic locations such as bridges, main roads, military bases, and frontline positions. However, many contaminated areas remain uncharted until a full, comprehensive survey can be conducted.<sup>80</sup>

### ***Climate Impacts, including Floods and Landslides***

Sudan has faced heightened flood risks through the rainy season from October 2025. WHO has recorded four major floods (2013, 2019, 2022 and 2024) that have aggravated disease outbreaks, increased displacement and overstretched the already burdened health system.<sup>81</sup> Heavy rains and floods in August 2025 affected eight states (Blue Nile, Gedaref, Kassala, Red Sea, River Nile, South Darfur, Central Darfur, and North Darfur), impacting over 14 000 people and destroying more than 1600 houses. Tarsin, in Jabal Marra locality (South Darfur), was the most affected area. While the exact death toll of the large landslide that occurred there remains unclear, the scale of damage is significant.<sup>82</sup> The landslide struck in a remote, mountainous area that was extremely difficult to reach. Vehicle access to the site has been almost impossible due to steep terrain and heavy rains, forcing aid workers to cover part of the journey on foot and to transport people and supplies by donkey. Continued rainfall heightens the risk of cholera, malaria, and dengue, while severe funding gaps, particularly in emergency WASH (87% unfunded), threaten outbreak responses in urban centres such as Khartoum.<sup>83</sup> On 30 September 2025, heavy rainfall has affected several neighbourhoods of Khartoum, triggering floods that caused damage and displacement (1200 households were displaced and housing was destroyed).<sup>84</sup>

A severe heatwave, with temperatures reaching up to 47°C, impacted Port Sudan in August 2025, resulting in fatalities and injuries: according to media reports, 155 cases of heatstroke occurred and 24 people died.<sup>85</sup>

### ***Education***

The education situation in Sudan remains critical. An estimated 14 out of 17 million school-aged children are out of formal education, with access most constrained in Kordofan and Darfur states due to ongoing displacement, insecurity, and the continued use of schools as shelters. As of August 2025, 1849 schools remained occupied by IDPs, and roughly half of all 19 395 primary schools nationwide remain closed.<sup>86</sup> The closure of schools and universities for long periods because of the war has also led to serious psychological effects among students.<sup>87</sup>

### ***Agricultural Production***

The conflict has decimated agricultural land, food production, and storage facilities, reducing the availability of and access to food. The destruction of agrifood processing facilities, a large percentage of which were based in Khartoum, has created a major gap in food supply across the country.<sup>88</sup>

A survey of 492 farmers in East Darfur, South Darfur, and South Kordofan by CARE found that 89% reported declines in productivity and 56% could not safely harvest their crops due to violence and insecurity.<sup>89</sup> Fear of attacks, looting, and displacement has forced many to abandon their fields, leading to dramatic reductions in cultivated land. Before the conflict, about 21% of farmers worked on plots smaller than one feddan (≈1 acre); today, that figure has doubled to 41%.<sup>90</sup>

Markets are also collapsing. Nearly two-thirds (65%) of farmers reported experiencing disruptions in accessing markets, while 17.5% had no access at all. Rising transport costs, driven by fuel shortages, insecurity, and damaged infrastructure, have worsened the situation, with 81% reporting unstable market prices and 58% citing prohibitive costs for seeds and fertilizer.<sup>91</sup>

**HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS**

**Key information on disruption of key health system components**

ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
<p><b>40% of health facilities are non-operational</b> (87% in Khartoum, and 85% in North Kordofan).</p>	<p>Major disruptions throughout, though geographical differences exist (e.g., only 16% undamaged in North Kordofan).</p>	<p><b>Nearly 30%</b> of health centers are fully or partially damaged.</p>	<p>More than <b>670 incidents</b> between April 2023 and December 2025.</p>

**In crisis health system status**

**Attacks on health care:** Attacks on, or in the vicinity of, medical infrastructure by both parties have caused the near-total collapse of the healthcare system across the Sudan. WHO and other organizations have documented several hundred attacks on healthcare infrastructure since the beginning of the conflict. Insecurity Insight identified 671 incidents of violence against or obstruction of access to health care in Sudan since fighting started in April 2023 and 9 December 2025. During these incidents, health facilities were reportedly damaged 173 times, 173 health workers were killed and 83 arrested.<sup>92</sup> Through the WHO’s Surveillance System for Attacks on Health Care, 201 attacks with 1858 deaths and 490 injuries have been recorded between 15 April 2023 and 31 December 2025. Among over 1850 deaths, 1620 deaths have been recorded in 2025.<sup>93</sup>

Large-scale and systematic attacks on medical facilities continue across Sudan, including Aj Jazirah, Khartoum and North Darfur, attacking hospitals, looting medical supplies and killing medical care professionals, leading to widespread closures, further deaths and the collapse of healthcare provision.<sup>94</sup>

Since May 2025, attacks on health care have increased in West Kordofan state, where conflict intensified as the RSF seized the strategic towns of El Nahud and Al Khuwayyi. In total, four incidents of violence against or obstruction of access to health care were reported in El Nahud city between 01 May and 14 July, during which two health centres were taken over by soldiers, with patients forcibly removed so medical staff could treat wounded soldiers. In addition, two doctors and a nurse were killed, and a doctor injured. Pharmacies were looted and Nahud Teaching Hospital, already the last functioning major health facility in the area, was stripped of medical supplies.

**Health infrastructure and functionality:** The country’s health system is facing severe strain due to insecurity, limited resources, and repeated attacks on healthcare facilities. Nearly 30% of health centres are fully or partially damaged as a result of conflict, looting, neglect, or other man-made disasters. According to the latest Health Resources and Services Availability Monitoring System (HeRAMS) report in October 2025, only 48% of facilities remain fully operational, while 37% are classified as non-functional.<sup>95</sup>

Health service delivery has been severely affected by insecurity and restricted access in conflict-affected areas such as El Fasher (North Darfur), Kadugli, Dilling (South Kordofan), and West Kordofan.<sup>96</sup> As of 30 June 2025, less than 25% of the health facilities remained operational in the worst-affected areas. Over half of the reported attacks occurred during the siege of El Fasher. By March 2025, over 200 health facilities in El Fasher were no longer operational.<sup>97</sup>

Shifting frontlines and sieges have prevented timely referrals and supply delivery, while health facility looting, damage and occupation have forced closures. Workforce gaps, driven by the migration of skilled staff, increased reliance on community health workers and task-shifting, impacting service quality. Long cross-border delivery times (up to 90 days from Douala via Chad to Darfur) have delayed cholera response and other commodities, while power outages and fuel shortages have disrupted cold chain capacity.<sup>98</sup>

Banking restrictions have blocked direct transfers to state health authorities, delayed incentives and vendor payments, and inflated operational costs. These combined factors have slowed outbreak response, reduced programme reach, and forced reliance on smaller community-based interventions rather than comprehensive facility-based services.<sup>99</sup>

**Access to healthcare:** The latest HeRAMS report in October 2025 indicates that 40% of health facilities are non-operational, while 5% are either partially functioning or inaccessible. The main barriers to access are insecurity (56%), physical obstacles (48%), and financial constraints (11%). Significant geographical disparities exist across states. In Khartoum, 719 of 824 (87%) health facilities were classified as non-operational, and 411 of 485 (85%) in North Kordofan.

**Medical supplies and medicine:** There are notable geographical differences between states. According to the latest HeRAMS report, equipment conditions in Khartoum appear relatively good, while North Kordofan shows far greater deterioration, with only 78 out of 485 units (16%) classified as undamaged. In Aj Jazirah, of 470 healthcare density units, 152 (32%) were reported as partially damaged and 132 (28%) as fully damaged.

**Healthcare workers:** Since the start of the conflict, at least over 150 health workers have reportedly been attacked, while others have been arrested. Healthcare facilities have been severely impacted, despite the best efforts of Sudanese doctors and nurses, who have continued working in extremely difficult conditions, caring for the wounded, and providing other essential healthcare services to the population. Health care workers go for months without payment, and there is an extreme lack of medical supplies and a shortage of cash to run operations.<sup>100</sup> GBV is also increasingly a risk for healthcare workers.<sup>101</sup>

## HUMANITARIAN HEALTH RESPONSE

### Health Cluster Partners' Presence:

As of December, 2025, 47 partners (Including four sections of MSF) actively report to the Health Cluster at the national level to support humanitarian and health emergency activities, supporting almost 1481 HFs as of December. Through the establishment of zonal (sub-national) Health Cluster hubs, further operational reach and impact have been achieved.

In Darfur, since the establishment of the Darfur sub-national Health Cluster in April 2024, coordination efforts have been strengthened, and 45 partners support 1,197 health facilities. Similarly, in the Kordofans, 21 partners at subnational level closely engage with the cluster to coordinate the humanitarian response. This has been particularly critical with the escalation of conflict in the Kordofans. Challenges in access, insecurity continue to force the withdraw of health partners from states under conflict, and huge humanitarian health needs over wide geographic areas, have accentuated the need to strengthen an Area Based Coordination (ABC) approach, locally led coordination at state and lower levels, linking to Sub-zonal, sub-national and national levels; and working better with local and national actors to increase reach and overall impact.

### Funding Status:

The 2025 HNRP required US\$ 4.2 billion to support nearly 20.9 million of the most vulnerable individuals with life-saving aid, protection, and access to basic services. As part of this, the Health Cluster required US\$ 262.3 million to reach 9.4 million people targeted for healthcare services, of a total of 20.3 million people in need.<sup>102</sup> Through the hyper-prioritization of humanitarian health efforts under the Global Humanitarian Overview 2025, the number of people urgently prioritized was calculated to 18.0 million, with US\$ 3.0 billion requested. Within this scheme, the number of people targeted in Health has reduced to 8.9 million, with US\$ 168 million requested.

As of September 2025, the Health Cluster was 33% funded. The funding freeze by the United States has considerable risks for humanitarian health response, diminishing the ability to provide life-saving services.

### Civil Society in Sudan:

For more than three decades, Sudanese civil society was repressed and kept in the shadows, arguably only beginning to re-emerge during the 2018–2019 revolution. During the revolution, neighbourhood resistance committees, many women-led, played a pivotal role and set the basis for many of the local

mutual aid groups that would emerge as frontline humanitarian actors during the war; but the long suppression engendered a fragile NGO sector with limited institutional capacity.<sup>103</sup>

While many Sudanese organizations quickly demonstrated their ability to meet urgent community needs, very few possessed the systems or resources necessary to comply with the highly complex requirements of international humanitarian financing. The escalation of the conflict from 2023 further eroded the position of Sudanese NGOs. Some experienced staff were forced to flee, offices were abandoned, and financial infrastructure collapsed. Re-building partnerships remain a challenge.<sup>104</sup>

INFORMATION GAPS AND RECOMMENDED INFORMATION SOURCES		
Area	Gap	Recommended tools / guidance for primary data collection
<b>Health status &amp; threats for affected population</b>	Surveillance data	<ul style="list-style-type: none"> <li>• EWARS Mobile surveillance system</li> <li>• Sudan EWARS national surveillance system</li> <li>• Vertical disease programmes</li> <li>• Analysis of laboratory surveillance data</li> <li>• Routine environmental monitoring</li> </ul>
	Mortality (disease-specific)	<ul style="list-style-type: none"> <li>• Mortality surveys</li> <li>• Facility-based surveillance</li> <li>• Prospective mortality surveillance</li> </ul>
	Child health - malnutrition data	<ul style="list-style-type: none"> <li>• Anthropometric surveys (e.g., SMART)</li> <li>• Desk-based nutritional risk assessment</li> </ul>
<b>Health resources &amp; services availability</b>	Information on Health services availability, disruption and functionality in several areas	<ul style="list-style-type: none"> <li>• HeRAMS (WHO)</li> </ul>
	Limited information on health workers availability	<ul style="list-style-type: none"> <li>• HeRAMS (WHO)</li> </ul>
	Limited information on attacks on healthcare	<ul style="list-style-type: none"> <li>• Surveillance System for Attacks on Health Care (SSA) (WHO)</li> <li>• Independent reports (e.g., Insecurity Insight)</li> </ul>
<b>Humanitarian health system performance</b>	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	<ul style="list-style-type: none"> <li>• Beneficiary satisfaction survey</li> <li>• Strengthen monitoring framework and reporting on activities (distribution, service delivery, surveillance, etc.)</li> </ul>
	Limited information on number of health partners in some regions	<ul style="list-style-type: none"> <li>• Health Cluster / OCHA / matrix 3/4/5Ws</li> </ul>

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