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Sudan at Breaking Point: Priorities for Action in a Collapsing Health System

As the health system in Sudan faces unprecedented strain amid ongoing conflict and widespread displacement, urgent action is needed to address mounting public health threats. This issue of the EMPHNET Emergency Bulletin offers a focused overview of the situation in El Fasher and other affected regions in Sudan, shedding light on the escalating humanitarian crisis, growing public health risks, and the urgent need for coordinated, sustained response efforts to protect communities and support essential services.

The Tragedy of El-Fasher: A City Choking Under Fire

By Dr. Mohannad Al Nsour, EMPHNET Executive Director

El-Fasher, the capital of North Darfur, is living through yet another chapter of Sudan's endless war, one written in blood and grief, where life itself struggles to breathe beneath the smoke of fire and siege.

The city, once a vibrant hub of trade and humanity, has turned into an open graveyard. After the Rapid Support Forces seized control, neighborhoods have been reduced to rubble, hospitals and displacement camps have become silent tombs, and the streets echo with the cries of mothers searching for their children beneath the ruins.

United Nations and human rights reports confirm the occurrence of massacres against civilians and horrific violations in hospitals, homes, and displacement camps, amid the near-total collapse of a fragile health system already crippled by siege, hunger, and shortages. Access to healthcare has become nearly impossible; no medicine, no power, no water. Birth and death now take place in the same room, without light, without care, and without hope.

At the heart of this inferno stands the Saudi Maternity Hospital, a witness to the unfolding tragedy. On October 29, 2025, the World Health Organization (WHO) condemned chilling reports of the killing of more than 460 patients and their companions, along with the abduction of six health workers the day before. Doctors and nurses lost their lives trying to save others. The WHO affirmed that attacks on healthcare facilities are flagrant violations of international humanitarian law, declaring that turning hospitals into targets is the death of mercy itself.

Meanwhile, the UN Office for the Coordination of Humanitarian Affairs (OCHA) has warned of continued systematic killings and raids against

civilians in El-Fasher, calling for an immediate ceasefire and the establishment of safe corridors for the wounded and displaced.

According to the International Organization for Migration (IOM), more than 33,000 people fled the city within just two days, from October 27 to 28, toward Mellit and Tawila, escaping under heavy bombardment. Yet the exodus only deepened the tragedy, straining the already exhausted health services in nearby towns.

In El-Fasher, death no longer comes only by bullets. It now emerges from every direction; from fuel shortages that halt ambulances, from power cuts that silence ventilators, and from a dwindling medical workforce forced to flee or disappear. Maternity, emergency, and intensive care units operate at their bare minimum, unable to refer critical cases as roads grow unsafe and communication collapses.

Reports also warn of disrupted vaccine cold chains and alarming rates of child malnutrition in displacement areas, signaling the onset of a total health collapse.

Today, El-Fasher is suffocating under fire, yet its cries reach the world. The voices of doctors who stayed behind, of mothers who lost their children, and of volunteers who race against death to save others, all rise as a collective plea to conscience.

In conclusion, what is happening in El-Fasher is not another passing episode in a long war, it is a moral outcry to humanity itself: Stop the killing. Open safe passages. Send medicine and food before war extinguishes the last pulse of life in a city that once stood for dignity, and now stands as a symbol of endurance against the silence of the world.



Photo@UNICEF

Current Humanitarian and Health Challenges in Sudan: Spotlight on El Fasher

Dr. Salim Mohamed Nour, a Public Health Physician Specialist and Independent Expert in Epidemic Response and Health Systems Strengthening

A Deepening Crisis Lacks Global Attention

Sudan is facing an unprecedented humanitarian emergency nearly three years into the conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF). More than 30 million people, including 16 million children, now require urgent assistance, and over 12.8 million have been displaced, making it the world’s largest displacement crisis, yet forgotten. Among the hardest-hit areas is El Fasher, the capital of North Darfur, where escalating violence and military siege-like conditions by RSF have driven widespread hunger, disease, and a total collapse of health services. Famine is confirmed in parts of North Darfur and multiple other areas are at high risk.

Historically, this crisis is rooted in two decades of war and neglect. Since 2003, Darfur has endured repeated displacement, destruction of infrastructure, and chronic underinvestment, leaving communities extremely vulnerable. Today’s conflict has intensified existing fragility, overwhelming what remained of essential services in El Fasher, a city that previously served as a humanitarian hub for the region. Currently, Displacement around El Fasher continues to surge, with families sheltering in rural locations or overcrowded camps such as Zamzam, home to nearly a million displaced people. Existing services cannot cope. By mid-2023, 60% of health facilities nationwide were already non-functional, and destruction, looting, and mass staff flight have pushed the system toward total collapse across Darfur.

The Saudi Maternity Hospital, El Fasher’s last partially functioning facility for example, has faced repeated attacks, including a

massacre of patients and the abduction of health personnel. Such violence has left the city with almost no access to lifesaving care, while health workers continue to face grave risks and critical shortages persist across medicines, vaccines, fuel, and clean water.

Public health threats are rapidly escalating nationwide, with outbreaks of cholera, malaria, dengue, and measles resurging and likely to reoccur. The collapse of water and sanitation systems, alongside the interruption of routine immunization services, has severely undermined federal response capacity and left humanitarian actors overstretched and critically underfunded, enabling these epidemics to spread widely. Additionally, severe acute malnutrition is widespread, affecting millions of children and pregnant women, with famine-like conditions evident in displacement camps. El Fasher’s is still under siege with more than 120 thousand people trapped under horrific conditions of hunger, disease, and lack of medical care and driving a sharp rise in risk of gender-based violence and murder.

Access Challenges and Cross-Border Health Concerns

Humanitarian access to El Fasher is severely constrained by ongoing conflict, insecurity, and destroyed infrastructure, with its distance from the only functional airport and seaport in Port Sudan further obstructing logistics. Attempts to use alternative routes through neighbouring countries are frequently undermined by poor road capacity and security risks, with convoys regularly blocked or delayed at armed checkpoints, leaving critical relief supplies stranded for weeks. Even when aid reaches Darfur, logistical bottlenecks persist, as the

main roads into El Fasher are unfit for heavy cargo and often completely shut down by fighting, effectively placing the city under blockade. As a result, essential food, clean water, medical supplies, and epidemic control measures cannot reach hundreds of thousands of civilians. This continued denial of assistance is worsening disease outbreaks and malnutrition, leading to preventable illness and death among already exhausted communities.

As conditions in Darfur worsen, large-scale cross-border displacement is placing growing pressure on regional public health systems. Since 2023, more than 4.25 million Sudanese have fled into neighboring countries or returned to insecure home areas, with most originating from Darfur and Khartoum. Countries such as Chad, Egypt, and South Sudan, already facing strained resources, are now hosting a rapidly expanding refugee population requiring food, shelter, and emergency healthcare. Overcrowded camps with limited water and sanitation services create environments where communicable diseases can spread rapidly if not jointly monitored and controlled. Outbreaks of cholera, measles, and malaria in Sudan are already spilling toward border regions, while disruption of routine immunization programs has triggered the re-emergence of polio and diphtheria. Without coordinated cross-border surveillance and response, the crisis in Sudan risks escalating into a wider regional health emergency.

Unfortunately, Sudan’s crisis has remained largely overlooked, not only within high-level international political and donor agendas, whether formal or informal, but also across eminent technical platforms, where usually such emergencies warrant attention. Moreover, the country’s severe humanitarian needs have often

been overshadowed and masked by competing political narratives, limiting an accurate and proportionate understanding of the crisis and its rapidly escalating scale.

Therefore, regional cooperation is essential to prevent Sudan’s health crisis from escalating into a wider regional emergency. Some cross-border initiatives have begun, but they remain limited and underfunded, and stronger coordination is needed so refugees can access essential services wherever they seek safety. This requires shared disease surveillance systems, harmonized vaccination efforts, and clear referral pathways for patients needing specialized care across borders. Formal agreements between Sudan and neighboring states would enable timely treatment for critical conditions such as war injuries and high-risk pregnancies, supported by joint early-warning systems and synchronized outbreak responses to maintain health security across the region. Expanding and institutionalizing these mechanisms would help relieve the burden on overstretched host countries, improve access to equitable care for displaced populations, support better integration within host communities, and reduce health inequities across borders, ultimately reinforcing stability beyond Sudan’s borders.

Charting the Way Forward Through the HDP-Nexus

Although some assistance has recently managed to reach El Fasher, access remains extremely limited, inconsistent, and far from sufficient to meet the vast dynamic needs on the ground. Accordingly, it has become increasingly clear that humanitarian action alone cannot adequately address the scale and complexity of

Sudan’s protracted crisis. A purely relief-driven response, while critical for saving lives, does not offer a sustainable path forward.

Hence, Sudan now requires a strategic shift toward an approach that links immediate lifesaving interventions with efficient efforts to rebuild essential systems and support long-term stability in all states. This is where the Humanitarian-Development-Peace (HDP) nexus becomes indispensable. By design, the nexus calls for parallel and mutually reinforcing actions: addressing urgent health and humanitarian needs, restoring critical services such as the health system, and investing in social cohesion and peacebuilding. Thus, in the context of Darfur and particularly El Fasher, this means that emergency aid must go hand-in-hand with rebuilding health infrastructure, restoring functionality of hospitals and clinics, strengthening essential public health capacities, and supporting community structures that can promote stability. Nonetheless, bringing together humanitarian response, early recovery, and peace-oriented initiatives, the HDP nexus provides a realistic and operational framework that enhances both efficiency and impact, ensuring that relief delivered today contributes to resilience and recovery tomorrow.

The WHO Regional Office for the Eastern Mediterranean Region (WHO EMRO) has emphasized the importance of “early engagement, localization, and a dual focus on life-saving interventions and long-term system strengthening” when operationalizing the HDP nexus in health crises. Practical realization of this might include beginning to rehabilitate key health facilities and supply chains in relatively secure areas, investing in community health workers drawn from local populations, and supporting the Sudanese health

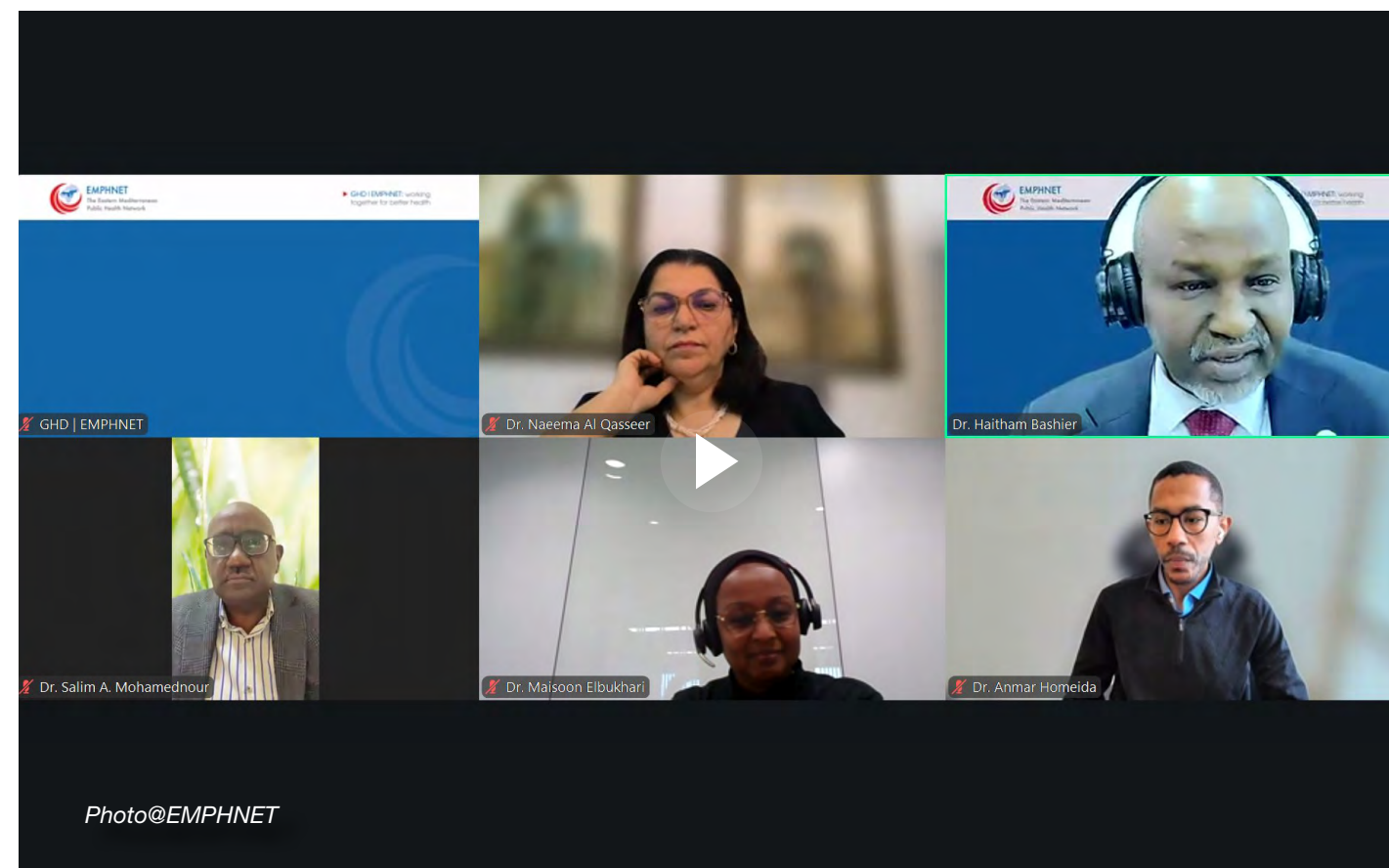
authorities, at federal and state levels, to lead and coordinate recovery plans even while the conflict is ongoing.

Applying the HDP nexus means using health as a bridge between urgent relief, long-term recovery, and peacebuilding. Frequently undervalued in highly fragmented settings such as El Fasher, the provision of impartial and equitable healthcare services constitutes a critical peace-supportive function. By reducing perceived inequalities, mitigating inter-community grievances, and reinforcing confidence in public institutions, health access can generate measurable contributions to social stability and peacebuilding outcomes. Measures such as impartial service delivery, community engagement in health governance, and protected health corridors during pauses in fighting can strengthen social cohesion while lives are saved. As security allows, rebuilding health services inclusively and training local health workers will be critical to restoring stability and reducing inequities.

However, these efforts cannot succeed without strong international and regional support for more sustainable and efficient approach. Increased financial flexibility, diplomatic pressure to ensure humanitarian access, and guaranteed protection of healthcare under international law are urgently required in more innovative approach. Eventually, regional organizations, including the African Union (AU), the Intergovernmental Authority on Development (IGAD), and public health networks such as EMPHNET have vital roles in facilitating access, supporting health workforce capacity, advocacy and coordinating assistance across borders. Strengthened regional cooperation will help prevent system overload in host countries and reinforce a unified response to disease threats.

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Key Insights from EMPHNET's Webinar on Sudan's Public Health Emergency



Sudan remains amid one of the gravest and most complex public health emergencies in recent history. More than two years, over 31 months, of conflict have devastated infrastructure, displaced millions, and eroded essential health services. To shed light on the evolving crisis and recent escalation of violence, and outline practical pathways for relief and recovery, EMPHNET hosted the 49th session of its WEBi Series, titled “Public Health Emergency and Humanitarian Needs in Sudan: From Survival to Recovery,” on November 25, 2025.

The webinar convened experts from Sudan, global humanitarian institutions, academia, and the diaspora to examine urgent health and humanitarian needs, assess the functionality of the health system under conflict, and discuss priorities for short- and long-term recovery.

Opening Remarks

Moderated by **Dr. Haitham Bashier**, Director of EMPHNET's Public Health Emergency Management Center (PHEMC), the session opened with reflections on the scale of Sudan's crisis. Dr. Bashier stressed the importance of centering Sudanese voices in defining priorities for relief and system restoration.

Sudan's Health Situation

Dr. Muntasir Mohammed Osman, Director General of Health Emergencies and Epidemics Control at the Sudan Federal Ministry of Health and Director of the Sudan Field Epidemiology Training Program (FETP), delivered a detailed overview of the crisis and its impact on Sudan's health system.

He explained that since 15 April 2023, key infrastructure has been destroyed

or looted. The impact has been severe, with 122 facilities damaged, 70% of health workers displaced, and more than 12 million Internally Displaced People (IDPs) requiring urgent care.

He also outlined a 10-year strategic vision (2025–2035), structured into phases of response, reconstruction, and long-term development. His presentation outlined both the severity of the crisis and a clear framework for strengthening and rebuilding Sudan's health system.

Panel Discussion: Humanitarian Needs, Governance Barriers, and Recovery Pathways

Moderated by **Dr. Bashier**, the panel featured:

- **Anmar Homeida**, Executive Director of the Sudanese American Physicians Association

- **Maisoon Elbukhari**, Senior Health Expert, University of Geneva
- **Naeema Al-Qasseer**, Global Health and Sustainable Development Expert and a Former WHO/UN Official and Diplomat
- **Salim Mohamed Nour**, a Public Health Physician Specialist and independent expert in epidemic response and health systems strengthening

Humanitarian Perspective from the Field

Representing one of the most active organizations operating on the ground in Sudan, SAPA, **Dr. Homeida** highlighted the severe burden faced by communities: acute malnutrition, hunger, outbreaks, trauma, maternal health challenges, NCDs, and overcrowded IDP settings. He stressed that local communities are driving much of the response, as national systems have collapsed in many areas. Despite resource constraints, SAPA and local partners continue to sustain primary healthcare services and coordinate closely with humanitarian agencies and the Ministry of Health.

Governance, Community Leadership, and Recovery Priorities

Dr. Al-Qasseer emphasized that recovery depends on trust, peace, and strong community leadership. Drawing on lessons from Rwanda, Afghanistan, Iraq, and South Sudan, she highlighted the role of community health networks, women-led initiatives, performance-based approaches, and district-level engagement.

She identified fragmented authority, communication gaps, and limited local capacity as major governance barriers and called for more inclusive coordination, youth engagement, and a shift from donor-driven financing to nationally led recovery. Communities, she noted, remain “the eyes on the ground” and are essential to rebuilding trust and sustaining services. She concluded by underscoring that peace

is fundamental to enabling meaningful recovery and sustained development.

Strengthening Health System Resilience

Dr. Elbukhari reflected on the compounded effects of war on an already fragile health system, noting Sudan's low Universal Health Coverage (UHC) index of 44 (2017) before the conflict. She outlined both the direct impacts (attacks on healthcare, injuries) and indirect impacts (malnutrition, water system collapse, outbreaks, disrupted chronic care, mental health conditions, and environmental contamination). Her reflections drew on insights from her recently published paper, “Measuring What Matters: Key Indicators for Performance and Resilience in Fragile, Low-Income Contexts”, which examines how resilience can be measured and strengthened in settings exposed to recurrent shocks.

During the session, she outlined four capacities required for a resilient health system:

- A trusted center of command
- Preparedness for predictable shocks
- Strong coordination across health actors
- Governance and legitimacy, reinforced by public trust

Governance and Cross-Border Access

Dr. Nour stressed the importance of applying the Humanitarian–Development–Peace (HDPx) Nexus to translate recommendations into coordinated action. With millions displaced, inside and outside Sudan, he highlighted the need to:

- Expand community-based delivery models in IDP and border areas
- Implement urgent environmental health measures
- Strengthen cross-border referral pathways
- Reinforce mechanisms such as the Federal Migrants Health Desk
- Invest in health system recovery, surveillance, and workforce capacity

He also emphasized peace-building through health, calling for flexible financing, regional cooperation, and formalized cross-border agreements to protect equitable access for Sudanese refugees.

Final Reflections and Closing Discussion

The discussion concluded with several key takeaways on how Sudan can respond to urgent needs while planning for long-term recovery, including:

- Decentralization is a critical strategy to maintain essential services across both stable and conflict-affected states.
- Community leadership is central to reaching hard-to-access populations and ensuring that response efforts reflect local priorities.
- The need for a coordinated national plan, strengthened accountability, and sustainable financing to support system resilience.
- The importance of equity and inclusive, people-centered approaches to rebuilding trust and restore essential services.
- Peace and trust as foundations for healthy recovery and sustained development.

In his closing remarks, **Dr. Mohannad Al Nsour**, EMPHNET's Executive Director, reaffirmed EMPHNET's commitment to Sudan through operational engagement, technical assistance, capacity building, and advocacy. He also underscored the need for stronger international responsibility and coordinated action to match the scale of Sudan's crisis.


The webinar drew more than 250 participants and generated a highly engaged discussion. The depth and relevance of questions reflected a community deeply invested in finding actionable solutions for Sudan's ongoing health emergency.


Watch the webinar [here](#).

In Numbers


Sudan is facing a critical humanitarian and public health situation, with El Fasher among the most affected areas. This section provides an overview of alarming statistics:

Sudan


 **30,400,000**
People in need of humanitarian assistance

 **15,256,000**
Children in need of humanitarian assistance


 **12 million**
people have been displaced


 **106,000**
people have fled El Fasher city and surrounding villages over the past month, following weeks of limited access to food, water, and medicines.

 **5.97 million**
people are facing high acute food insecurity levels, at IPC Phase 3 (Crisis) and above, between September and November, according to the latest IPC analysis

 **199**
children were found to have severe acute malnutrition among 715 screened in El Fasher in November, according to UNICEF, double the number recorded last year, alongside 215 cases of moderate acute malnutrition.

 **80%**
hospitals in conflict zones are non-functional

 **130**
cholera cases were reported from October 26 to December 2, 2025, including 56 in White Nile and 74 in North Kordofan.

 **390,200**
malaria cases were reported in October 2025, while 58 new measles cases were recorded, mainly in North Darfur and Khartoum.

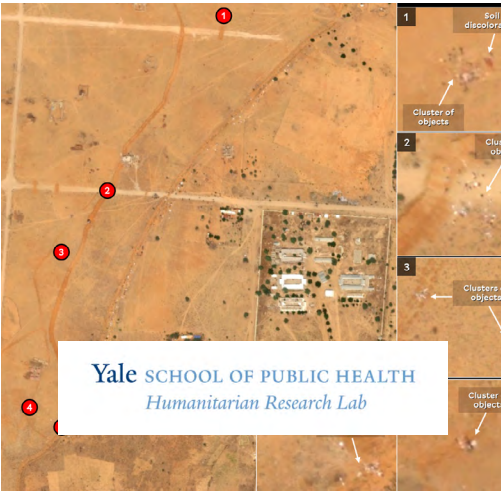
 **16,536**
dengue fever cases and 52 deaths were reported across 13 states in October 2025.



HRL Report Confirms Fall of El-Fasher Amid Evidence of Mass Atrocities

The Yale School of Public Health’s Humanitarian Research Lab (HRL) reports that El-Fasher, the capital of North Darfur, fell to the Rapid Support Forces (RSF) on October 27, 2025, with satellite imagery and open-source data providing evidence consistent with mass killings of civilians. HRL identified RSF vehicles conducting what appear to be house-to-house clearance operations in the Daraja Oula neighborhood, alongside multiple clusters of objects consistent with human bodies and fresh reddish ground discoloration not visible in earlier imagery.

[Read more](#)



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