



Health and war in Sudan

Fresh atrocities are feared in Sudan as health and humanitarian crisis worsens amid global neglect. *Sharmila Devi reports.*

More people might have died during the takeover of the Sudanese city of El Fasher in North Darfur state by a paramilitary group last October than during the entire Gaza war, and similar crimes have been perpetrated multiple times across the country since the Sudan war started in April, 2023. Accounts of massacres, summary executions, and sexual violence in El Fasher received a flurry of attention but have faded from the headlines as human rights researchers continue to try to calculate a death toll estimated in the tens of thousands.

The war's front lines have moved to besieged cities in the Kordofan region, raising fears of a fresh wave of atrocities, says Volker Türk, UN High Commissioner for Human Rights. "It is truly shocking to see history repeating itself in Kordofan so soon after the horrific events in El Fasher", he said after a visit to Sudan in late January.

Aid and rights groups regularly describe Sudan as the largest humanitarian emergency in the world, but the country continues to suffer neglect in terms of global will to end the conflict and the funding of aid. "Sudan remains severely underfunded and we can't hire more staff or meet the massive healthcare needs", Mathieu Kinde, Sudan Head of Mission for the Alliance for International Medical Action, told *The Lancet*. "But at our mobile clinics in Tawila (70 km from El Fasher), we have many doctors, midwives, and nurses from El Fasher who have stayed to support and help our medical teams."

The numbers are staggering: an estimated 33.7 million people, or about two-thirds of the population, are expected to need humanitarian assistance this year, and 21 million face acute food insecurity. Around 13.6 million people are displaced from

their homes, making Sudan the largest displacement crisis in the world. More than 20 million people now require health assistance, but more than a third of health facilities are non-functional, says WHO. There is no accurate overall death toll, but estimates range between 150 000 and 400 000. More than 12 million people—women, girls, boys, and men—are at risk of rape and sexual assault because of displacement and insecurity, says UNICEF.

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access to basic services, people face a devastating situation", Shible Sahbani, WHO Representative in Sudan, said on Jan 9, 2026. "As the relentless conflict renders some areas inaccessible, particularly in the Darfur and Kordofan regions, the population's health needs continue to increase."

The conflict started after a power struggle between the paramilitary Rapid Support Forces (RSF) and the Sudanese Armed Forces (SAF), which the UN recognises as Sudan's government. Since 2023, the war has expanded and is fought on three levels, Kholood Khair, Director of the Confluence Advisory consultancy, told *The Lancet*. At the hyperlocal level, a host of local groups and militias vie for control over land and resources, including gold, livestock, and gum arabic, and they sometimes support either the RSF or the SAF at the national

level. The RSF is also supported by mercenaries from countries including Colombia, whereas the SAF has the loyalty of some Islamist groups. At the regional level, the conflict has become a proxy war, with Saudi Arabia, Qatar, Türkiye, and Egypt supporting the SAF, whereas the United Arab Emirates, Israel, and others are behind the RSF. The USA, meanwhile, has failed to exert concerted pressure to end the conflict, said Khair. "We are seeing fighting escalate during this dry season, which runs from October to June, and epidemics such as malaria and dengue are compounded during the rainy season", she said.

Humanitarian obstacles

The humanitarian response faces numerous obstacles from the SAF and RSF to reach those in need. These range from bureaucratic hurdles to expulsions of aid workers, visa refusals, and looting of aid supplies. It is common for Sudan's General Intelligence Service to insist that one of its ranks attend humanitarian meetings.

While the Sudanese Government has lost control of swathes of the country to the RSF and its allied

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For Volker Türk's statement see <https://www.ohchr.org/en/press-briefing-notes/2026/01/sudan-warn-about-intensification-kordofan>

For WHO's statement on the conflict in Sudan see <https://www.who.int/news/item/09-01-2026-sudan-1000-days-of-war-deepen-the-world-s-worst-health-and-humanitarian-crisis>



A child is vaccinated against diphtheria at the Al-Afad camp for displaced people in Al-Dabba, northern Sudan

For more on **famine in Sudan** see <https://www.ipcinfo.org/ipcinfo-website/countries-in-focus-archive/issue-143/en/>

For more on **diminishing food stocks in Sudan** see <https://www.wfp.org/news/families-sudan-pushed-brink-amidst-brutal-conflict-and-famine-wfp-resources-dry>

For more on **attacks on health care** see <https://www.emro.who.int/sdn/sudan-news/who-warns-of-dangerous-escalation-of-attacks-on-health-care-in-sudan-2.html>

For the **UN report on El-Fasher** see <https://www.ohchr.org/en/documents/thematic-reports/ahrc6177-sudan-hallmarks-genocide-el-fasher-report-independent>

warring parties, there has been an effective collapse of the health system. The Federal Ministry of Health under the SAF has focused on emergency health services in cooperation with WHO and other agencies, but there are large gaps amid a shortage of funds and infrastructure damage. Access to large parts of the country is impeded by conflict while the warring parties, including government forces, often exert tight control over their territory to the detriment of health services.

Aid agencies are forced to navigate carefully, and they often cannot speak up, for example, to highlight famine, because the SAF in particular has claimed that such reports are exaggerated. The SAF has repeatedly threatened to cut off aid access as it seeks to assert sovereignty over the territory it controls, say aid workers.

In early February, 2026, the Integrated Food Security Phase Classification (IPC), used by the UN and others to monitor global hunger, said acute malnutrition had reached famine levels in two areas of the Darfur region in Um Baru and Kerno. Famine or IPC 5 was confirmed in El Fasher and Kadugli in South Kordofan state in November, 2025. The IPC's Famine Review Committee said conditions in Dilling, another town in South Kordofan, are likely to be similar to Kadugli but restricted humanitarian access and ongoing hostilities meant it could not collate data. The Famine Review Committee projects a risk of famine in 20 additional areas across Greater Darfur and Greater Kordofan, including rural localities and displacement camps. The UN says hunger is likely to worsen this month as food stocks run out and fighting continues. This is happening as outbreaks of cholera, malaria, and measles continue to rise in areas where health, water, and sanitation systems have collapsed, it says.

Aid agencies "are operating at the edge of what is possible", Miji Park, Sudan Country Director for Mercy Corps, told *The Lancet*. "Needs are

rising faster than assistance can reach people, yet they continue delivering lifesaving support, even while fearing for their own safety."

Aid cuts by high-income countries and the scrapping last year of the US Agency for International Development (USAID) have added to the burden. The UN's World Food Programme said on Jan 15 that it needed US\$700 million in emergency funding, having already reduced rations to the minimum for survival, and it risks running out of food stocks by the end of March.

Last year, only 36% of the \$4.2 billion requested for the UN's Sudan humanitarian fund was raised—this year, the UN is asking for \$3.9 billion.

Attacks on health

Delivering health has become increasingly dangerous. WHO has verified 201 attacks on health care in Sudan between April, 2023, and December, 2025, resulting in 1858 deaths and 490 injuries. Last October, the Saudi Maternity Hospital, which was the only partially functioning hospital in El Fasher, was shelled and attacked, killing more than 460 patients and their companions, and six health workers were abducted. The attack and killings were filmed by RSF fighters and posted to social media, but the RSF denied it was responsible.

Security concerns mean that aid agencies still have no free access to El Fasher, which was taken by the RSF from the SAF on Oct 26, 2025, after an 18-month siege, during which little aid was allowed in. Since then, aid workers have heard testimony of massacres and sexual violence from people who fled. To survive, some people ate animal skins left hanging for months in a slaughterhouse.

The Yale Humanitarian Research Lab (HRL), part of the Yale School of Public Health, New York, NY, USA, analyses satellite imagery and other sources to assess the health and humanitarian impact of crises such as that in Sudan. It said that the RSF collected bodies and

dug mass graves after taking control of the city. Up to 150 000 residents of El Fasher remain unaccounted for, and up to 100 000 might have been killed since the city's fall, says the HRL.

Genocidal intent was "the only reasonable inference" from the RSF's "systematic pattern of ethnically targeted killings, sexual violence, destruction, and public statements explicitly calling for the elimination of non-Arab communities", said the UN Independent Fact-Finding Mission for the Sudan in a report released on Feb 19. The mission warned that as the conflict expanded to other regions including Kordofan, urgent civilian protection is needed "now more than ever".

Human rights experts now believe that El Fasher is likely the worst war crime of the Sudanese war, during which multiple atrocities have been documented. "In Sudan, credible evidence of atrocity crimes and the widespread and systematic attacks on civilians is readily available and multiple warnings have highlighted the imminent threat of ethnically motivated killings and potential acts of genocide in Darfur", Juliette Pauwe, Director of Advocacy at the Global Centre for the Responsibility to Protect—which aims to mobilise people when people are at risk of mass atrocity crimes—told *The Lancet*. "The SAF has also been accused of using chemical weapons in their fight against the RSF. At the same time, the RSF has utilised the conflict to accelerate a systematic campaign of ethnic cleansing and large-scale attacks targeting non-Arab communities in Darfur and other regions, perpetrating possible acts of genocide."

In January, 2025, the outgoing administration of US President Joseph Biden formally declared that the RSF and allied militias had committed genocide after up to 15 000 people died in El Geneina in West Darfur state. US sanctions so far have targeted leaders of the RSF and the SAF, including its chief Abdel-Fattah Burhan, Sudanese

Islamists linked to the army, and some firms based in United Arab Emirates.

Humanitarian focus is now on the shifting front lines in the oil-rich Kordofan region after SAF announced on Feb 3 that it had broken an RSF siege of Kadugli. Days earlier, SAF said it broken the RSF siege of Dilling but the military situation could change again amid ongoing fighting. On Feb 11, the UN said that escalating aerial attacks were killing children and placing civilians under growing risk in the Kordofan region, where more than 115 000 people have been displaced since late October, 2025, according to the International Organisation for Migration. Reuters reported on Jan 22 that there were increased drone attacks near or against ambulances and clinics in and around El Obeid city, similar to attacks committed in El Fasher where the RSF alleged clinics were used to harbour enemy forces.

“Kordofan is the current epicentre of the war and we’re again seeing starvation being used as a weapon of war while people try to flee but we don’t see any sense of urgency internationally”, Mathilde Vu, Sudan Advocacy Manger for the Norwegian Refugee Council, told *The Lancet*. “The situation has got worse in Sudan since 2025 but the international community is not responding.”

War crimes and crimes against humanity were committed in El Fasher, particularly in late October, Nazhat Shameem Khan of the International Criminal Court told the UN Security Council in January. Khan said that the crimes included rape, arbitrary detention, executions, and the creation of mass graves, often filmed and celebrated by perpetrators. “This criminality is being repeated in town after town in Darfur”, she said. “It will continue until this conflict and the sense of impunity that fuels it are stopped.”

Volunteer networks

The effective collapse of the state has prompted the emergence of Sudanese mutual aid groups and volunteer

networks, in particular the Emergency Response Rooms (ERRs) network, which has twice been nominated for the Nobel Peace Prize.

It evolved from neighbourhood-based service committees and then resistance committees—during the revolution that overthrew President Omar al-Bashir in 2019—to become a network of about 26 000 volunteers who provide food and medical care across Sudan. The volunteers are impartial and non-political, but they are often viewed with suspicion by the warring parties. At least 145 volunteers have been killed and many others arrested or disappeared, so many work under the radar without informing their family or friends.

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“These volunteers are very brave to help their own people and they work on both lines of the conflict. They could leave but they step in when the UN shifts to safe areas”, Saddam Idris, External Communications Representative for ERR North Darfur, told *The Lancet*. “The RSF is terrified of letting ERRs into El Fasher because of what we might find there and we depend on locals to facilitate negotiations with them. We hope to be allowed in soon”, he said. “The government of Sudan is not allowing volunteers to work or let in supplies to the rest of North Darfur and smugglers are raising the price of basic needs. The RSF controls many of the crops and animals so it’s very difficult.”

ERRs also provide health services during epidemics such as cholera, run safe spaces for survivors of sexual violence, help Sudanese people to find vehicles to flee from active conflict, and provide communal kitchens to feed displaced people, Coman Saeed, ERR South Kordofan Representative, told *The Lancet*. Saeed’s own family undertook a 4-month journey to escape from Dilling and reached central Sudan

in mid-January. “The internet is a big problem because electricity was cut off in the first days of the war. I would have to wait until my family could find a Starlink connection to contact me and I would send them cash via an app”, he said. “It is very difficult in South Kordofan right now, thousands of people are fleeing and so many people are suffering.”

ERRs are part of a Sudanese tradition of communal response to a crisis, known as Nafeer, which means a call to mobilise, Andrea Tracy, Executive Director of Proximity 2 Humanity, a non-profit that supports ERRs, told *The Lancet*. “In traditional aid, 50% of funds reaches the ground if you’re lucky given all the layers, but with a volunteer group it’s more like 95%”, said Tracy, a former USAID staffer. “ERRs have evolved significantly over the years, with humanitarian, sector-specific working groups, and tech-savvy innovations that enhance their coordination and prioritisation. Despite being a non-hierarchical, flat, and democratic movement, it’s profoundly effective.”

Health-care collapse

In some parts of Sudan, as much as 80% of health facilities are not functioning, and infrastructure including water and electricity has been destroyed as the country faces repeated outbreaks of malaria, cholera, measles, and dengue.

The conflict has meant that Sudan’s Federal Ministry of Health has been unable to prevent a plummeting in routine vaccination. Diphtheria, tetanus, and pertussis (DTP1) coverage dropped from 94% in 2022 to 48% in 2024, according to data published by WHO and UNICEF.

Aid agencies continue to support the Ministry of Health’s vaccination efforts. WHO has helped to vaccinate about 24 million people against cholera, which has declined with the onset of this dry season, but more than 1000 new cases were still reported between Oct 27 and Nov 22, 2025. Between Jan 1 and Nov 22, the cumulative total was more

For a report on the drone attacks in El Obeid see <https://www.reuters.com/business/media-telecom/drone-attacks-shock-city-central-sudan-war-inches-closer-2026-01-21/>

For more on the International Criminal Court’s briefing to the UN see <https://news.un.org/en/story/2026/01/1166790>

For more on war crimes and crimes against humanity in El Fasher see <https://www.amnesty.org.uk/press-releases/sudan-el-fasher-survivors-tell-deliberate-rsf-killings-and-sexual-violence-new>

For more on measles cases in Sudan see *Int J Infect Dis* 2025; 160: 108066

For more on infectious diseases in Sudan see *Lancet Microbe* 2025; 6: 10135

than 72 000 cases, compared with just over 35 000 cases for the same period in 2024.

Médecins Sans Frontières (MSF) warned in December that measles cases are also rising rapidly across Central, South, and West Darfur, in the absence of an urgent and effective vaccination campaign. Obstacles include disruption to import routes and bureaucratic hurdles, including delays linked to authorisations for cross-border shipments of vaccines and syringes required by Sudanese authorities, said MSF, which carried out four vaccination campaigns between November, 2024, and May, 2025.

Malaria has reached epidemic proportions and, even before the conflict, it accounted for more than 41% of cases in the WHO Eastern Mediterranean region. WHO, with other UN agencies, launched the first malaria vaccination campaign in Sudan in 2024.

Other infectious diseases, such as Rift Valley fever and chikungunya, have also been noted in Sudan, and outbreaks of infectious diseases endemic to Sudan are reported in surrounding countries with Sudanese refugees.

"The collapse of health systems, critical water shortages, and the breakdown of basic services are compounding the crisis, fuelling deadly disease outbreaks and placing an estimated 3·4 million children under 5 at risk", Edouard Beigbeder, UNICEF Regional Director for the Middle East and North Africa, said in a statement on Jan 9.

Women are the main victims of sexual violence and abuse, and many are abducted to be held as slaves, whereas others are trafficked across Sudan's borders, Sulaima Ishaq al-Khalifa, a former rights activist and now social affairs minister in the SAF-backed government, told France 24 on Jan 24. "There is no age limit", she said. "A woman of 85 could be raped, a child of 1 year could be raped."

The Sudanese American Physicians Association (SAPA) recently sent a delegation to Sudan to assess the health

situation. In mid-January, its donations and technical assistance helped to reopen the Bahri Teaching Hospital in the capital, Khartoum, where around 40 of 120 hospitals have reopened.

The war started in Khartoum, but the SAF recaptured the city from the RSF last March. On Jan 11, the government announced its return to the city after nearly 3 years operating from its wartime capital of Port Sudan, but most aid agencies have yet to return.

"Most of Sudan's secondary and tertiary health services are in Khartoum, so the war caused huge disruption", Anmar Homeida, SAPA's strategic advisor, told *The Lancet*. "We are working to restore and rehabilitate functionality. NCDs [non-communicable diseases], for example, have been poorly managed and many problems can be fixed with simple primary health-care interventions." SAPA was formed in 2019, when many diaspora Sudanese wanted to help the country transition to what they hoped would be more democracy after the downfall of Bashir, he said. The group had to rapidly shift to providing whatever health care it could. "We try to respond with emergency care including food because without food security, you cannot solve health", Homeida said.

Regional impacts

The humanitarian response has also had to encompass neighbouring countries. According to the UN, as of December, 2025, of the more than 13 million people forcibly displaced since the conflict began, about 9·5 million are internally displaced across all of Sudan's 18 states, and more than 3 million have fled to countries including South Sudan, Chad, Egypt, Ethiopia, Libya, and the Central African Republic.

Many of these countries also face conflict and strained resources. In South Sudan, for example, the UN says that about 180 000 people have fled violence in Jonglei and Eastern Equatoria states since late December, and at least four health facilities have been looted,

leaving more than 100 000 people without access to essential services.

But South Sudan did not close its borders, and hosts around 1·3 million Sudanese refugees—despite 75% of South Sudanese people themselves needing humanitarian assistance and 7·5 million facing severe hunger, Shabnam Baloch, Oxfam's South Sudan Country Director, told *The Lancet*. More than 1000 Sudanese people were arriving daily in the South Sudanese town of Renk, near the border with Sudan, where around 35% of health facilities have closed because of a lack of funding, Baloch said, and people were resorting to negative coping mechanisms, such as open defecation. "People arriving here describe the most horrible experiences, especially women and children, of sexual violence and trauma and they are often afraid to share their names", she said. "When we started our operations in Renk in May, 2023 soon after the Sudan war started, we thought it would be a 6-month response. Now with funding so low, the area is on the brink of disaster without enough health care, water, and sanitation."

Peace efforts by the USA, United Arab Emirates, Saudi Arabia, and Egypt have failed to gain traction so far while Sudan remains suspended from the African Union, which held a summit in mid-February in Ethiopia at which there were calls to end the war but no concerted plan of action. There remains deep mistrust between the warring parties, with the SAF saying there can be no political or military role for the RSF.

International efforts to end the war in Sudan have "gone nowhere", Jehanne Henry of Columbia Law School, Columbia University, New York, NY, USA, told *The Lancet*. "The war is now a proxy war and Sudan has this in common with Yemen where Saudi Arabia and the UAE also play big roles", she said. "There is little ideology involved, simply power and greed."

Sharmila Devi