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**OUT OF THE SPOTLIGHT:
THE WAR IN SUDAN
ENTERS ITS FOURTH YEAR**



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

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Three years ago, on 15 April 2023, a war broke out in Sudan that has since escalated to what the United Nations now describes as the **world's largest and gravest humanitarian catastrophe**. Over nine million people remain internally displaced, and a further four million have fled across international borders, placing immense pressure on already fragile neighbouring countries, including the Central African Republic, Chad, Egypt, Ethiopia and South Sudan.¹ The collapse of basic services has been equally devastating. Around 80% of health facilities are no longer operational in the most conflict-affected regions, leaving around 65% of people without access to adequate healthcare.² The lack of clean water and deteriorating sanitation systems, combined with the near-total collapse of the health infrastructure, has created the conditions for cascading disease outbreaks across the population. These compounding crises are unfolding across a population already pushed to its limits – nearly 25 million people face acute hunger.³ **More than 33 million people are in need of humanitarian assistance.**⁴



“Originally established as a settlement for IDPs fleeing earlier conflicts in Sudan, the Mayo area has been one of the locations most heavily impacted by the current war; it is now a city within the city: an expanse of tents, shacks and improvised shelters that extend as far as the eye can see.”

Laura Ena, Paediatric coordinator
at EMERGENCY's Paediatric Centre in Mayo, Sudan

And yet Sudan, nearing total collapse on all fronts, remains **largely absent from the global agenda**. This third anniversary demands the political shift needed to alter this trajectory.

Humanitarian financing patterns, as documented over decades, tend to follow geopolitical interests, bilateral ties and strategic priorities more closely than assessed needs. Despite being the largest humanitarian appeal in the world, the Humanitarian Needs and Response Plan for Sudan was just 39.5% funded in 2025⁵ – a sharp drop from the 70.7% reached in 2024,⁶ and 2026 projections suggest little improvement with only 16.1% of the \$2.87 billion required has been met to date.⁷ This chronic underfunding is reinforced by a stark disconnect between the magnitude of the crisis and the level of institutional and media attention it receives, a gap that is most pronounced in the Global North. Sudan exists in a **limited and fragmented media space**, shaped by the denial of access to certain areas and increasingly dangerous reporting conditions, notably due to the widespread infrastructure destruction and network disruption, which severely constrain the production of reliable information.⁸

This relative invisibility is further compounded by a sustained use of online channels to spread disinformation while weaponising language.⁹ At the same time, the broader humanitarian financing architecture is under structural strain. Global humanitarian requirements have risen from \$1.7 billion in 1999¹⁰ to \$33 billion in 2026.¹¹ The year 2025 is already being described as the worst on record for humanitarian action, with no clear path to recovery. **In Sudan, we see most clearly the consequences of a system stretched too thin and steered by political considerations rather than need.**



“We are also seeing many more patients in serious condition, precisely because of the war, there has been no follow-up care, they have not been able to go to hospitals for treatment, and so the disease has progressed significantly.”

Elisabetta Maio, Clinical Perfusionist
at EMERGENCY's Salam Centre for Cardiac Surgery,
Khartoum, Sudan

For organisations continuing to operate within the country, the challenges extend well beyond inadequate funding. Sudan has become a stress test for the **humanitarian response architecture** itself, with its core assumptions being the most challenged. The **Cluster System** – *the humanitarian system's primary mechanism for organising and coordinating international emergency response* – presupposes negotiated access, a degree of operational stability and engagement with the local authorities. These conditions are often far from met in today's conflict settings; Sudan illustrates this starkly. **Restrictions on humanitarian access** have emerged as one of the most persistent and consequential obstacles to the response. The entry of aid and humanitarian personnel into the country has been restricted through bureaucratic delays, the denial of authorisations and a limited number of crossing points that constrain the volume and reach of what can get through. Once inside the country, the challenges do not ease. The fragmentation of territorial control among warring Parties creates layered and overlapping administrative barriers, compounded by checkpoints, clearance procedures and shifting lines of authority, that significantly slow the movement of staff, supplies and aid, stretching response times and straining operational capacity. EMERGENCY itself had to find alternative routes to transport both personnel and supplies to reach locations such as Khartoum and Nyala (South Darfur). Although these routes opened new possibilities, they also gave rise to new challenges.





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“The only route for humanitarian aid to reach Nyala is via the border with Chad. From there, the goods begin a long and uncertain journey that can take months. To reach the hospital, they must cross areas of active combat, pass through checkpoints and transit through territories controlled by different factions. At each stage, new authorisations, new delays and new obstacles drastically slow down supplies.”

Ljubica Ledenski, EMERGENCY Hospital Director
in Nyala, Sudan

At times, control over the movement of aid and staff has been instrumentalised as a means of pressure, with Parties blocking, redirecting or conditioning aid and service delivery in ways reflecting military and political logic rather than civilian need. Attacks on humanitarian convoys and the systematic targeting of civilian infrastructure, point to a broader logic of total annihilation, in which the distinction between combatant and civilian has been deliberately erased and healthcare has been used to deny treatment to the perceived enemy wounded. At every turn, it is the civilians that humanitarian action was designed to protect who bear the heaviest cost of these constraints.¹²

The conflict in Sudan has evolved into a **proxy war** for external powers seeking to project influence. Foreign actors continue to supply weapons, funding, and political backing to both Parties, sustaining the conflict through complex transnational networks – and the fighting is showing no sign of de-escalation. The UN Panel of Experts’ April 2025 report documented a multi-node arms supply system operating in direct violation of the Darfur arms embargo identifying illicit transfers flowing primarily to the Rapid Support Forces (RSF) through cross-border networks, alongside Sudanese Armed Forces (SAF) violations through offensive air strikes, in breach of Resolution 1591 (2005).¹³ The consequences of the conflict also extend well beyond Sudan’s borders. Chad closed its border with Sudan in February 2026, following deadly clashes between warring Parties along the frontier.¹⁴ Ethiopia has been drawn most acutely into the conflict’s orbit, with reports of RSF recruitment networks and logistics operations in its territory,¹⁵ while Sudan’s government claimed in early March 2026 that drones were fired from Ethiopian territory against SAF targets.¹⁶ Armed groups have also been recorded crossing the Sudan–South Sudan border in both directions.¹⁷ The United Nations Security Council was warned in December 2025 that the transnational networks sustaining this war are already being positioned to fuel the next conflict in the region.

This externalisation of the conflict intersects with a **fragmented diplomatic landscape**. Three years into the conflict, mediation efforts have failed to deliver a durable ceasefire, protect civilians, or guarantee sustained humanitarian access. The African Union continues to assert its primary legitimacy to lead on Sudan, yet its Quintet – *the African Union, Intergovernmental Authority on Development (IGAD), League of Arab States, European Union and the United Nations* – has not produced the coherence or political leverage needed to drive a unified peace effort. The United States-led Quad – *the US, Egypt, Saudi Arabia, and the United Arab Emirates* – remains influential, but its authority has been eroded by shifting priorities, competing agendas, and internal tensions. The European Council adopted its first conclusions on the conflict on October 20, 2025 – over two years and half after the war began.¹⁸ Moreover, since the beginning of the conflict, the EU's efforts have been largely limited to individualised sanctions.¹⁹ The Jeddah Declaration,²⁰ brokered by Saudi Arabia and the US in May 2023, required the SAF and the RSF to protect civilians, uphold international humanitarian law and facilitate humanitarian aid access. These commitments did not translate into sustained action; violence continued, and access to besieged populations remained obstructed while insecurity dramatically escalated.

International accountability mechanisms' efforts to address what is unfolding in Sudan have also largely proven ineffective in ceasing hostilities, deterring international crimes or holding perpetrators accountable. The Security Council has passed seven resolutions since April 2023, of which three²¹ are anchored in a pre-existing sanction framework established in 2005,²² two concern the United Nations Integrated Transition Assistance Mission in Sudan (UNITAMS)²³ and only two others directly address the current conflict. These last two are revealing: they rely on generic “*all Parties*” language; are geographically bounded, addressing the situation in El Fasher (S/RES/2736 (2024)); or are time-limited in scope, calling for a Ramadan ceasefire (S/RES/2724 (2024)).²⁴ In addition, the Security Council has not taken any steps to expand the International Criminal Court' (ICC) jurisdiction beyond Darfur, leaving the rest of the country without any independent judicial mechanism to investigate and prosecute potential crimes. The Court's current jurisdiction over Sudan derives solely from Resolution 1593 (2005), which referred to Darfur situation,

and on the basis of which the ICC opened an investigation in July 2023 into crimes committed after April 2023 – an essential step that nonetheless arrived after two decades of non-enforcement. The reach of existing mechanisms was further tested in May 2025, when the International Court of Justice (ICJ) declared itself without competence to hear Sudan's case against the United Arab Emirates for its role in acts of genocide committed in Darfur by the RSF, a direct consequence of the UAE's reservation to Article IX of the Genocide Convention, which excludes compulsory ICJ jurisdiction.²⁵ Two independent investigative bodies have been active alongside the ICC and have produced substantial findings, yet neither holds prosecutorial powers, inherently limiting their role. The United Nations Independent International Fact-Finding Mission for Sudan, established by the Human Rights Council in October 2023 and renewed twice since, has documented widespread atrocities. In parallel, the African Union Joint Fact-Finding Mission, led by the African Commission on Human and Peoples' Rights, published its findings in July 2025 covering violations across multiple states. While the AU's involvement adds an important regional dimension, its capacity to compel compliance from either warring Party remains constrained by the same political dynamics that have stalled the broader international response.

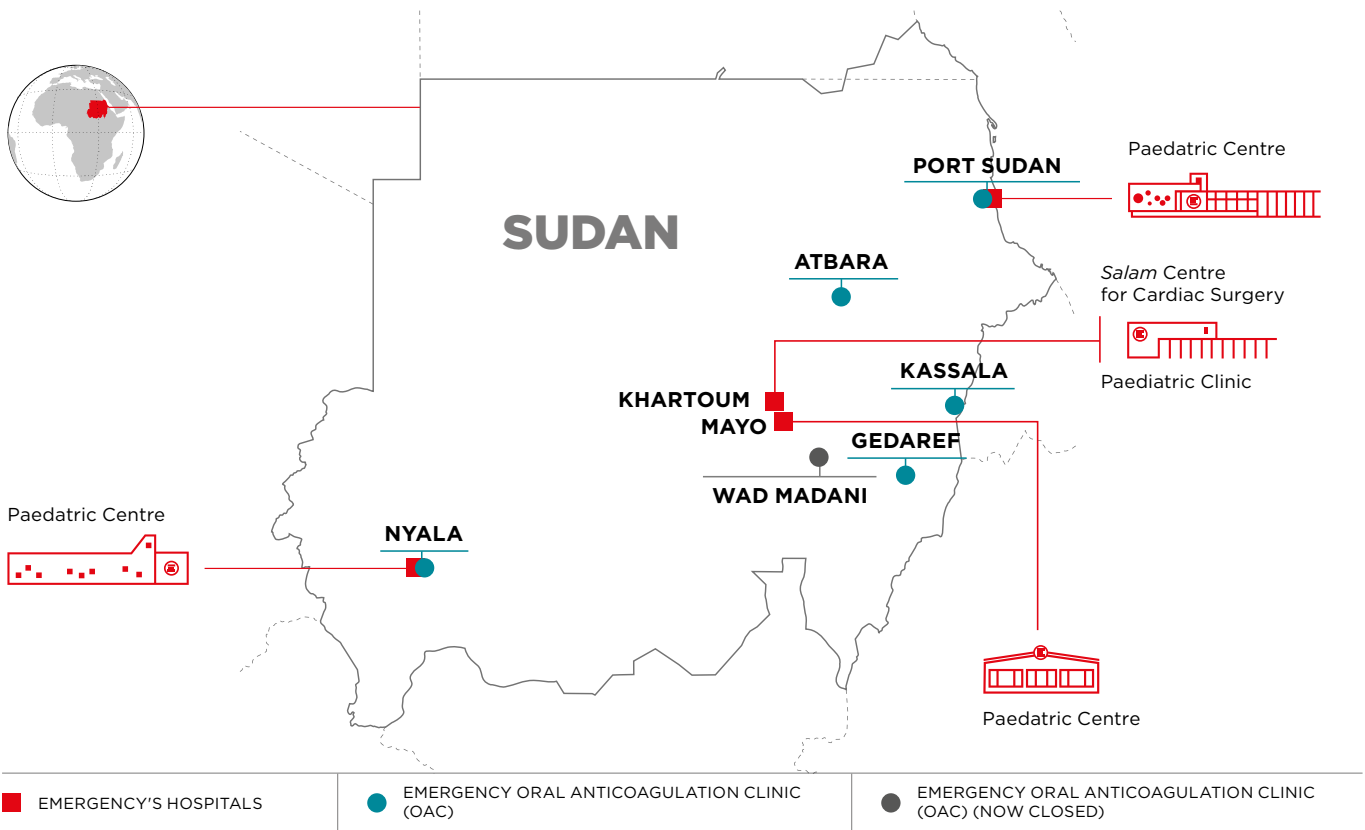
Conflict remains the primary driver of humanitarian needs globally, and wars are becoming more frequent, more protracted and increasingly entangled with climate-related pressures. Sudan sits at the intersection of these dynamics, while the system designed to respond is contracting, both in capacity and political will.

Yet **on the ground, the commitment has not wavered**. Despite a financing architecture too rigid for the pace and complexity of the crisis, local actors, civil society organisations, and both national and international Non-Governmental Organisations have worked relentlessly to support the Sudanese people. As frontline responders, they have maintained a sustained presence in the most affected areas, navigated instrumentalization risks, and bridged the information gap between communities and the international community to provide the ground-level operational evidence needed to understand the true magnitude of the crisis and push for a **more flexible, effective system response**.



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EMERGENCY NGO has maintained an **uninterrupted presence** in Sudan since 2004, and continues to do so throughout the current crisis. The humanitarian organisation is actively engaged in Sudan's health sector, **delivering free, high-quality services across the continuum of care** - from primary and secondary care in the Paediatric Clinic in Khartoum, the Port Sudan Paediatric Centre, the Nyala Paediatric Centre and the recently re-opened Mayo Paediatric Centre, through to advanced specialised care at the *Salam* Centre for Cardiac Surgery in Khartoum. Following the outbreak of conflict in 2023, which forced thousands to flee Khartoum - including chronic patients reliant on life-saving oral anticoagulant therapy - EMERGENCY expanded its catchment area and established new Satellite Clinics, ensuring continued care for patients who had previously undergone surgery at the *Salam* Centre. EMERGENCY's long-standing presence and operational resilience offer evidence-based insights into how essential, quality and life-saving care can be provided even in severely fragile settings facing systemic breakdowns. Rooted in continuity of care, high clinical standards, and sustained engagement with local communities and institutions, the approach speaks both to the urgency of Sudan's crisis and to the feasibility of maintaining life-saving interventions when and where they are needed most.



“Since the war broke out, we have provided 5,249 antenatal obstetric consultations and 678 postnatal consultations, both at-home and at our Centre, many of them to internally displaced women. During these visits, we share breastfeeding techniques, provide information on how to prevent avoidable diseases, and run a family planning awareness programme.”

Alia, midwife
at EMERGENCY's Paediatric Centre in Port Sudan

KEY DATA

(between April 2023 and December 2025)

Salam Centre for Cardiac Surgery,
KHARTOUM



Patients Triaged: 8,383
Hospital Admissions: 1,113
Surgical Operations: 558

Cardiological Exams: 8,255
INR Consultations: 37,407

Paediatric Clinic,
KHARTOUM



OPD Consultations: Over 20,000
Vaccinated Children: 5,000

Paediatric Centre,
PORT SUDAN



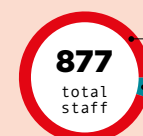
OPD Consultations: Over 43,000
Vaccinated Children: 10,000

Paediatric Centre,
NYALA



OPD Consultations: Over 20,000
Vaccinated Children: 19,000

EMERGENCY'S STAFF IN SUDAN AS OF DECEMBER 2025



95% OF THE STAFF
is **LOCAL**

5% OF THE STAFF
is **INTERNATIONAL**

RECOMMENDATIONS



“The daily evolution of the context makes any planning deeply uncertain. [...] The prolonged blockade risks having a direct impact on the continuity of care for thousands of people.”

Matteo D'Alonzo, EMERGENCY's Country Director in Sudan

The war in Sudan is not over. Three years into a conflict that has produced one of the world's worst humanitarian catastrophes, the Sudanese people continue to bear the highest cost; they have the inherent right to a sustainable and lasting safety, paving the way for resilient, peaceful and inclusive communities.

It is crucial that Sudan remains high on the international agenda. EMERGENCY calls upon the warring Parties and the international community to adopt the following recommendations:

1 It is urgent to enforce and uphold existing diplomatic peace efforts, including the Jeddah Declaration and the Security Council's resolutions, through proactive and renewed commitment. An **immediate ceasefire along with the protection of civilians and civilian infrastructure** are preconditions for a lasting and effective peace.

2 **Principled humanitarian access** of supplies and personnel must be guaranteed without delay through all available land, sea and air channels across the entirety of Sudan to alleviate the suffering of the Sudanese people, particularly in hard-to-reach areas or areas still facing active conflict, such as Darfur and Kordofan.

3 The humanitarian response resources and planning must **address return and active displacement** simultaneously. Restoration of essential services is urgently needed in return areas, particularly where civilian infrastructures faced systematic destruction in both rural and urban settings, and the capital city Khartoum. At the same time, ongoing conflict continues to generate new waves of displacement in other parts of the country, increasing humanitarian needs and placing increasing strain on host communities.

4

Humanitarian funding must properly account for **the needs of areas receiving the largest displacement flows**, addressing compounding pressures on host communities' services, available resources and social cohesion. For all those living in these areas, access to food, healthcare, clean water and shelter remains a pressing issue that demands both prompt intervention and sustainable solutions that do not leave hosting populations behind.

5

The needs, voices and active **participation of Sudan and the Sudanese people** must be placed at the centre of all processes aimed at achieving a peace agreement. Their meaningful inclusion, alongside adequate and targeted financing responsive to their needs, is the cornerstone of any effective and lasting reconstruction process.

6

The principle of **needs-based humanitarian financing** must be upheld and operationalised. This requires addressing both the direct consequences of the war – including mass displacement, conflict injuries and acute food insecurity – and its indirect toll – notably, the surge in chronic and non-communicable diseases resulting from health system collapse, and the devastation of social infrastructure, including health facilities and schools. The international donor community must work in close collaboration with frontline responders to develop more flexible, multi-year adaptive funding mechanisms. The capacity to channel resources swiftly and effectively will prove decisive in strengthening humanitarian response and mid to long-term development and peace efforts.



“The humanitarian situation is extremely fragile and makes it harder for children to access basic healthcare. We are seeing a high burden of preventable and treatable conditions such as severe pneumonia, diarrhoea and malnutrition, as well as chronic conditions that require ongoing support. Many children arrive late, often in critical condition, due to delays in seeking care, security issues or lack of transportation.”

Mayung, Paediatrician
at EMERGENCY's Paediatric Centre in Nyala, Sudan



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EMERGENCY is also present in Belgium, the United Kingdom, Switzerland and the United States, and has a network of volunteers in Berlin, Brussels, Heidelberg, Ticino and Vienna.



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