WORLD HEALTH ORGANIZATION | SUDAN

Sudan Health Spotlight

August 2026

World Health Organization
Sudan

Health situation in figures

HOSPITALS SUPPORTED **10** across states	PHC FACILITIES SUPPORTED **25** supported PHC facilities	SAM ADMISSIONS **18 171** children admitted for inpatient treatment, January–July 2026
EMERGENCY SUPPLIES DELIVERED **10.32 MT** 7 states	IMPLEMENTING AND SUPPORTED PARTNERS **28**	SUPPORTED MOBILE CLINICS **16**
ATTACKS AGAINST HEALTH CARE **26** in 2026	MAJOR OUTBREAKS AND REPORTED EMERGING INFECTIOUS DISEASES **10**	SUPPORTED CONSULTATIONS **102 544** in hospitals and PHCs

Monthly highlights

- WHO continued to support the delivery of life-saving health services during this reporting period, including secondary and primary health care (PHC), referrals, immunisation, nutrition services, health education and capacity-building activities. More than 102 544 consultations were supported through WHO-supported hospitals and PHC facilities.
- It also distributed 10.32 MT medical supplies to health facilities to prevent stockouts and maintain uninterrupted access to life-saving services.
- WHO's 2026 emergency appeal remains critically underfunded, with 19.3% of the required US$ 97.7 million received, constraining the scale-up of life-saving health interventions in conflict-, displacement-, outbreak-affected and hard-to-reach areas.
- WHO strengthened laboratory capacities for timely outbreak confirmation for priority states, including deployment of a Mobile Public Health Laboratory to Blue Nile state to support detection and confirmation of dengue, hepatitis E and other epidemic-prone diseases.
- The cholera outbreak continued to affect multiple localities, despite intensified prevention and control measures by health authorities and partners. WHO supported oral cholera vaccine (OCV) campaigns in high-risk states, and over 675 351 people aged 1 year and older have received the cholera vaccine.

SITUATION OVERVIEW

Security and access

- Insecurity, movement restrictions, rainy-season conditions, fuel shortages and bureaucratic impediments continued to affect the delivery of health services, referral pathways and movement of medical supplies, particularly in Darfur and Kordofan.
- Ongoing conflict in North and West Kordofan further increased health needs, pressure on health services and displacement-related demands.

Displacement

- Population movements continued to reshape health needs across affected areas, requiring prioritisation of displaced and hard-to-reach populations, mobile service delivery and referral pathways.

- Thousands of families displaced by insecurity in North and West Kordofan sought safety and access to services in El Obeid, increasing pressure on already strained infrastructure and health services.
- By the end of July 2026, an estimated 8.6 million internally displaced persons and 4.9 million returnees were recorded across Sudan. Approximately half of both populations were children under 18 years old, underscoring continued needs for essential health, nutrition and protection services. Return movements continued to increase, particularly to Khartoum and Al Jazirah states, creating growing demand for the restoration and expansion of health services, disease surveillance and referral systems in areas of return. (Source: IOM DTM Sudan Displacement and Return Snapshot, Update 8).

Humanitarian developments

- Funding reductions continued to affect health service delivery, with 153 facilities or services suspended and a further 182 operating at reduced capacity across 13 states.
- These disruptions increase risks to frontline staffing, availability of essential medicines and supplies, and continuity of care for vulnerable populations.
- The Health Cluster estimated that US$ 42 million is required over the next 12 months to maintain priority health services and mitigate the impact of funding-related service disruptions.

Public health threats

- Multiple outbreaks remained active across Sudan, including cholera, malaria, measles, diphtheria, dengue fever and circulating vaccine-derived poliovirus type 2 (cVDPV2), requiring continued surveillance, preparedness and response activities.
- Anticipated El Niño-related climate shocks could worsen food insecurity and malnutrition and increase risks of cholera and other waterborne diseases, as well as malaria, Rift Valley fever and yellow fever.
- WHO continues to work closely with health authorities and partners to strengthen preparedness and readiness measures, enhance disease surveillance and early warning systems, and support timely interventions to mitigate the potential health consequences of El Niño for vulnerable populations.

Seasonal risk snapshot: floods

- Ongoing rainy-season conditions continue to increase the risk of cholera, dengue fever, malaria, hepatitis E and other epidemic-prone diseases.
- Flood impacts have been reported in Aj Jazirah, Sennar, White Nile, Blue Nile, Gedaref, South Kordofan and West Kordofan states, affecting health facilities and increasing public health risks linked to unsafe water, sanitation disruptions and population displacement.

WHO LEADERSHIP, COORDINATION AND PARTNERSHIPS

Government coordination

Government-led national and subnational health coordination mechanisms continue to take place to support cholera, flood and multi-hazard preparedness and response. Joint planning and readiness activities with health authorities and partners supported the continuity of essential health services in affected states.

Health Sector / Cluster

Health Cluster coordination continued at national and subnational levels, supported by partner mapping, readiness analysis and service-gap monitoring. The latest operational baseline covered 50 partners supporting approximately 1 701 health facilities across Sudan, including 1 502 primary health care facilities, 106 mobile clinics and 93 hospitals.

Emergency operations

WHO engaged through emergency coordination mechanisms, technical working groups and operational preparedness platforms. Flood response planning, service continuity measures and support for facilities affected by funding reductions remained priorities during August. Analysis identified 335 facilities and services affected across 13 states, informing prioritisation and resource allocation.

Preparedness partnerships

WHO worked with the Federal Ministry of Health (FMoH), state health authorities and technical partners to strengthen health system resilience and preparedness. Support included development of the Sudan Digital Health Strategic Plan 2026–2030 and collaboration on local health system resilience and recovery initiatives.

EPIDEMIOLOGY AND OUTBREAK RESPONSE

Major disease outbreaks and reported emerging infectious diseases

DISEASE/ EVENT	CUMULATIVE CASES	CUMULATIVE DEATHS	CFR	PERIOD	SCOPE
Cholera	2,730	246	9.0%	Week 1-34, 2026 (as of 31 Aug. 2026)	6 states; principal transmission in West and North Kordofan; Kassala emerging as a new area of concern.
Dengue Fever	85,782	180	0.2%	Weeks 31,2024 – 34, 2026 (as of 28 Aug. 2026)	15 states; Blue Nile accounted for ~91% of August cases, with continued transmission in Khartoum, Aj Jazirah and Sennar.
Suspected Meningitis	299	25	8.3%	Weeks 51, 2025 – 34, 2026 (as of 28 Aug. 2026)	7 states; Aj Jazirah and Khartoum account for 88% of reported cases. Localized suspected cases were also reported through EWARS Mobile in Darfur.
Hepatitis E	7,769	88	1.1%	Weeks 1, 2025 – 34, 2026 (as of 28 Aug. 2026)	10 states; highest burden reported from Aj Jazirah and Blue Nile. In Darfur, suspected HEV/AJS cases were concentrated mainly in South Darfur.
Malaria	1,784,149	55	0.003%	Weeks 1–32, 2026 (as of 14 Aug. 2026)	13 states; highest burden reported in Darfur, particularly Ag Geneina and Foro Baranga (West Darfur) and Tawila (North Darfur).
MPOX	10	-	-	Weeks 28 (as of 28 Aug 2026)	Central Darfur; 10 suspected cases reported from Wasat Jabal Marrah locality in 2026.
cVDPV2	1	-	-	Weeks 1-18, 2026 (as of 8 May 2026)	Environmental surveillance detections reported in East Darfur, Red Sea and West Darfur; detections genetically linked to strains reported from Chad and Ethiopia.
Measles	6,856	58	0.8%	Weeks 1-34, 2026 (as of 28 Aug. 2026)	12 states; substantial burden reported in Darfur, particularly Nyala Janoub (South Darfur), Tawila (North Darfur), Beliel (South Darfur) and Ag Geneina (West Darfur); continued transmission affecting displaced and hard-to-reach populations.
Suspected Diphtheria	42	1	2.4%	Weeks 1-32, 2026 (as of 14 Aug. 2026)	5 states; cases continue to be reported in areas with gaps in routine immunization coverage and access to health services.
Suspected Pertussis	869	0	0%	Weeks 1-32, 2026 (as of 14 Aug. 2026)	7 states; transmission reported across multiple states, requiring continued surveillance and case investigation.
Heatstroke	338	17	5.0%	Weeks 13-34, 2026 (as of 28 Aug. 2026)	2 states; Northern State (including Argeen PoE returnees) and Red Sea state, which accounted for 16 of 17 reported deaths. Adults aged ≥45 years represented 50.2% of cases.

Note: Figures are cumulative and use disease-specific reporting periods and cut-off dates. Weekly percentage change compares the latest available epidemiological week with the preceding week and should not be interpreted as a comparison between diseases. Source: Federal Ministry of Health surveillance data, as compiled by WHO Sudan.

Disease surveillance

- WHO continued strengthening outbreak detection and early warning capacities through the national Early Warning, Alert and Response System (EWARS), the EWARS Mobile platform operating in the Darfur states and community-based surveillance.
- WHO is supporting the integration of meteorological data into EWARS sites to strengthen the use of climate and weather information for early warning and preparedness.
- In North Darfur, WHO-supported training reached 25 health authorities and partner personnel on rapid response and 50 volunteers on community-based surveillance.
- During this reporting period, six Rapid Response Team missions were conducted and seven alerts were reported; six were investigated within 24 hours and one within 72 hours. Communication support was also provided to 50 frontline health workers to sustain surveillance reporting.

Laboratory

- WHO continues to strengthen laboratory capacities in Northern, River Nile, Red Sea, Khartoum, Kassala, Sennar, Blue Nile, North Kordofan, West Darfur and South Darfur states to improve the timely confirmation of potential disease outbreaks.
- WHO deployed a Mobile Public Health Laboratory to Blue Nile state to strengthen early detection and confirmation of suspected dengue, hepatitis E and other circulating pathogens.

- WHO Sudan and WHO Chad also coordinated testing of cholera samples from Darfur through the Abéché Public Health Laboratory while cholera confirmation capacity in Darfur is restored.

Case management

- WHO provided essential medicines, medical commodities and technical support to 21 cholera treatment centres and units across four affected states, with a combined capacity of 480 beds. Forty health professionals in Khartoum received in-person training on cholera case management, while 62 health workers in West Kordofan received virtual training.
- WHO supported the principal heatstroke treatment centre in Port Sudan and clinics at the Halfa and Argeen points of entry, contributing to the management of 278 heatstroke cases, screening of 59 693 travellers and provision of 3 515 clinical consultations.
- As part of Ebola virus disease preparedness efforts, WHO, in collaboration with the FMoH and Médecins Sans Frontières, supported a seven-day case management training for 85 frontline health workers, focusing on early detection, clinical management, infection prevention and control, and safe care practices, to strengthen preparedness and response capacities for high-risk infectious disease outbreaks.

Water, sanitation and hygiene (WASH)

- WHO continued to support WASH preparedness and response activities in Sennar, Kassala, Gedaref, White Nile and East Darfur states, with a focus on water quality monitoring and entomological surveillance. During the reporting period, 4 768 of 5 843 external water samples tested met the recommended standard for residual chlorine levels.
- WHO remained actively engaged with WASH Cluster partners to strengthen and scale up WASH interventions in cholera-affected areas, particularly in Kassala state. Limited water availability and inadequate chlorination coverage continued to pose significant challenges in parts of West Darfur state.
- WHO supported entomological surveillance activities in Sennar and Gedaref states and continued collecting surveillance data across several states to inform the prevention and control malaria- and dengue-transmitting vectors.
- WHO continued leading efforts to improve WASH services in health care facilities in North Kordofan, Northern, Khartoum, South Darfur, Sennar, Red Sea, Blue Nile and Kassala states, and reconvened a Technical Sub-Working Group meeting under the Health Cluster during the reporting period.

Vaccination campaigns and outbreak control actions

- WHO supported OCV campaign activities in West Kordofan, North Kordofan, South Darfur and North Darfur. A reactive OCV campaign was launched in An Nuhud, Wad Bandah and Al Fula localities in West Kordofan, targeting 675 351 people aged 1 year and above.
- Preparation also continued for additional reactive and preventive OCV campaigns in high-risk areas.

EMERGENCY PREPAREDNESS, READINESS AND RECOVERY

Preparedness

- WHO continued preparedness activities for cholera, seasonal flooding and other public health threats through surveillance support and health emergency readiness activities.
- Through the Health Cluster, partners advanced a joint 90-day health–WASH approach and coordinated preparedness efforts across surveillance, logistics, sexual and reproductive health (SRH), MHPSS, emergency medical team (EMT) and referral systems, and WASH in health care facilities. Follow-up on referral and Referral Information Management System activities, as well as Ebola preparedness initiatives, strengthened operational readiness and intersectoral coordination.

Health systems strengthening and recovery

- WHO and FMoH entered August with an endorsed National Health Sector Recovery Strategic Plan 2026–2030, developed with WHO technical guidance to steer recovery and transformation of Sudan's health system and advance a more resilient, equitable and people-centred approach to health service delivery.
- WHO provided technical guidance for the development of the Sudan Digital Health Strategic Plan 2026–2030, aligned with the recovery plan, to strengthen health information systems, disease surveillance, emergency preparedness and response, and evidence-based decision-making. The plan also supports

digital initiatives on telemedicine services for mental health and sexual and reproductive health, among others, as well as the development of an online training platform for hospital care management.

- Continued to provide technical support to the national committee overseeing assessment and reform of the National Health Insurance Fund, aimed at restoring functionality, improving sustainability, expanding population coverage and strengthening financial risk protection.
- In partnership with the FMoH, Red Sea State Ministry of Health and Save the Children, WHO supported a capacity-building workshop on resilient local health systems, strengthening management capacities of 44 participants from Red Sea, Blue Nile and Central Darfur states to restore and enhance locality health management systems.
- Continued supporting rehabilitation, solarisation and climate contingency planning in 10 hospitals, following climate vulnerability assessments in 323 WHO- and UNICEF-supported health facilities and facility-specific assessments in the hospitals.

ESSENTIAL HEALTH SERVICES

Secondary and tertiary healthcare

- WHO in collaboration with FMoH and state health authorities, continued to strengthen secondary health care services as part of the referral pathways across Khartoum, Gedaref, Aj Jazirah, and White Nile states.
- WHO continued to support 10 hospitals across 10 states through seven implementing partners, providing operational support, oxygen, fuel, solarisation, medical supplies, equipment and WASH interventions to help maintain continuity of essential health services. More than 102 544 consultations were provided through the supported hospitals.
- Hospital readiness was strengthened through the delivery of 367 medical and clinical equipment items and training for 185 health workers on patient safety, infection prevention and control, equipment maintenance and supply chain management.
- WHO strengthened environmental and social safeguard implementation and quality of care across 10 supported hospitals, including improvements in health care waste management, infection prevention and control, occupational health and safety, and safeguarding practices.
- Monitoring, evaluation and quality assurance were strengthened through eight joint supervision visits to 10 supported hospitals and public health laboratories and continued third-party monitoring of WHO-supported activities.

Primary health care (PHC)

- WHO, in collaboration with FMoH, convened a national workshop to strengthen the delivery of integrated PHC services across 25 facilities in 13 states. The workshop established consensus on a minimum PHC benefits package and identified priorities for integrating NCD, MHPSS, and other essential health services into routine PHC delivery. This initiative also generated recommendations for strengthening referral pathways and ensuring the continuous availability of essential and lifesaving services, providing a framework to improve service quality, expand access to comprehensive care and support harmonised PHC interventions across supported facilities.

Nutrition

- WHO-supported nutrition interventions continued to provide lifesaving care for children with severe acute malnutrition (SAM) in the targeted states or facilities.
- As of July 2026, 18 171 children with SAM had been admitted for inpatient treatment in stabilization centres, achieving a recovery rate of 91%, well above the Sphere standard of 75%, reflecting strong treatment outcomes and quality of care. WHO supports 27 centres operationally across 12 states, while 163 centres remain functional nationwide with support from WHO, state authorities and partners.
- Capacity-building activities included training of trainers on nutrition in emergencies for 25 health workers from Northern, River Nile, Aj Jazirah, Blue Nile and North Kordofan states, strengthening state-level training capacity.
- To sustain treatment services, 139 SAM kit modules were delivered to six states, while 457 SAM kits remain available in WHO warehouses, sufficient to support treatment for approximately 29 800 children with SAM and medical complications.

Noncommunicable diseases (NCD)

- A total of 1 902 health facilities in eight states provided NCD services, delivering 775 608 consultations. Diabetes (359 711 consultations) and hypertension (235 568 consultations) accounted for the largest share of service utilisation, reflecting the ongoing need for chronic disease care despite the protracted humanitarian crisis. WHO supported capacity-building for front-line doctors, the development of strategies and policies, and District Health Information Software 2 (DHIS2) training.
- WHO supported training activities involving 30 health professionals from 12 states, including family physicians, medical officers, health care providers and state NCD coordinators. The training enhanced capacity for early detection, diagnosis, management and referral of NCD cases, and strengthened readiness for cascade training at state level.
- Preparations also continued for strengthening NCD coordination and surveillance systems, including work related to state-level coordination mechanisms and cancer registry activities aimed at improving evidence-based planning and service delivery.

Expanded Programme on Immunization (EPI) and polio

- WHO maintained strong vaccine-preventable disease surveillance and outbreak response capacities through support to acute flaccid paralysis (AFP) and environmental surveillance, technical field assessments and capacity-building activities. A WHO Regional Office for the Eastern Mediterranean technical mission supported the cVDPV2 outbreak response, including surveillance strengthening, improvements in specimen transportation and development of the 2026 immunization response plan.
- Supported implementation of diphtheria outbreak response vaccination activities, Sudan's Gavi 6.0 application process and the 2026 EPI mid-year review, helping to strengthen immunisation planning and preparedness for future campaigns.

Communicable diseases

- WHO continued to advocate for and support the malaria vaccine scale-up agenda through the Vaccine Prioritisation and Optimization process and provided technical inputs for Sudan’s Gavi application and vaccine-deployment prioritisation for 2027–2030.
- Support of finalisation of the insecticide-treated net tracking survey protocol, validation of Sudan’s data for the World Malaria Report, technical responses for the Global Fund Grant Cycle 8 process and updating of the therapeutic efficacy study protocol for implementation in the fourth quarter of 2026.
- For neglected tropical diseases, 42 of Sudan’s 51 visceral leishmaniasis treatment centres continued providing services with WHO-supported medicines and commodities. Integrated supervision was conducted at 12 visceral leishmaniasis, leprosy and mycetoma treatment centres in Kassala and Gedaref, including on-the-job training for medical assistants, nurses and statisticians. WHO also procured itraconazole for mycetoma treatment centres in Sennar, while a praziquantel shipment arrived to support mass drug administration for schistosomiasis elimination.

PROTECTION-RELATED HEALTH RISKS

Mental health and psychosocial support (MHPSS)

- WHO continued strengthening coordination and planning for MHPSS services through the national MHPSS Technical Working Group, which convened government institutions, United Nations agencies, nongovernmental organisations, donors and implementing partners to identify service gaps and strengthen coordination.
- In coordination with the Health Cluster, WHO supported the establishment of a national MHPSS Service Mapping Task Force to improve referral pathways, update service mapping and support evidence-based planning. Work continued on a national MHPSS situation analysis to inform future service expansion and strategic planning.

Prevention of and response to sexual exploitation, abuse and harassment (PRSEAH)

- WHO strengthened safeguarding and community engagement through awareness-raising and capacity-building activities.

- Community engagement sessions in River Nile state reached more than 60 community members, while PRSEAH training and awareness activities reached 227 WHO personnel and Health Cluster partners, strengthening awareness of safeguarding principles, reporting mechanisms and staff responsibilities.
- WHO continued supporting the PRSEAH Champions Network through regular risk assessment and mitigation activities.

Attacks on health care

- Two attacks on health care were recorded during August 2026. The first attack caused injuries, while the second resulted in the death of a vaccinator in Darfur.
- Twenty-six attacks on health care were reported in Sudan during the first eight months of 2026, resulting in 196 deaths and 327 injuries. This brings the total to 225 attacks since April 2023, resulting in 2 054 deaths and 817 injuries.
- Recent attacks on medical personnel further constrained availability of specialised health services. Attacks on health care have devastating consequences, disrupting access to life-saving services and endangering health workers, patients, health facilities and communities already affected by the ongoing conflict.

Gender-based violence (GBV)

- WHO strengthened the continuity of the health system's response to GBV through the expansion of its telemedicine support, including a hotline and a digital consultation channel, to enable remote delivery of essential first-line support.
- Through this approach, WHO facilitated the provision of psychosocial first aid, clinical consultations and timely referral to 387 GBV survivors, ensuring continued access to critical services in underserved and hard-to-reach areas across Sudan. These efforts were carried out in coordination with health partners and existing referral networks.

MEDICAL SUPPLY CHAIN AND LOGISTICS

- WHO sustained critical supply chain operations across Sudan in August, ensuring the continued procurement, receipt, storage and dispatch of essential health commodities through its operational hubs.
- A total of 13 shipments, valued at US$ 586 158 and weighing 50.95 MT, were received in warehouses in Port Sudan and Abéché.
- Through the Operations Support and Logistics (OSL) pipeline, WHO delivered 10.32 MT of emergency health supplies, valued at US$ 187 175, to seven states, supporting the continuity of essential health services and emergency response activities.
- Despite security and access challenges, hospitals and health facilities received medical equipment, Interagency Emergency Health, paediatric SAM and NCD kits to strengthen service delivery and readiness.
- Maintained supply chain visibility through its online dashboard and continued leading the Medical Supplies and Logistics Working Group, including development of a dedicated reporting dashboard to strengthen coordination and operational decision-making among partners.

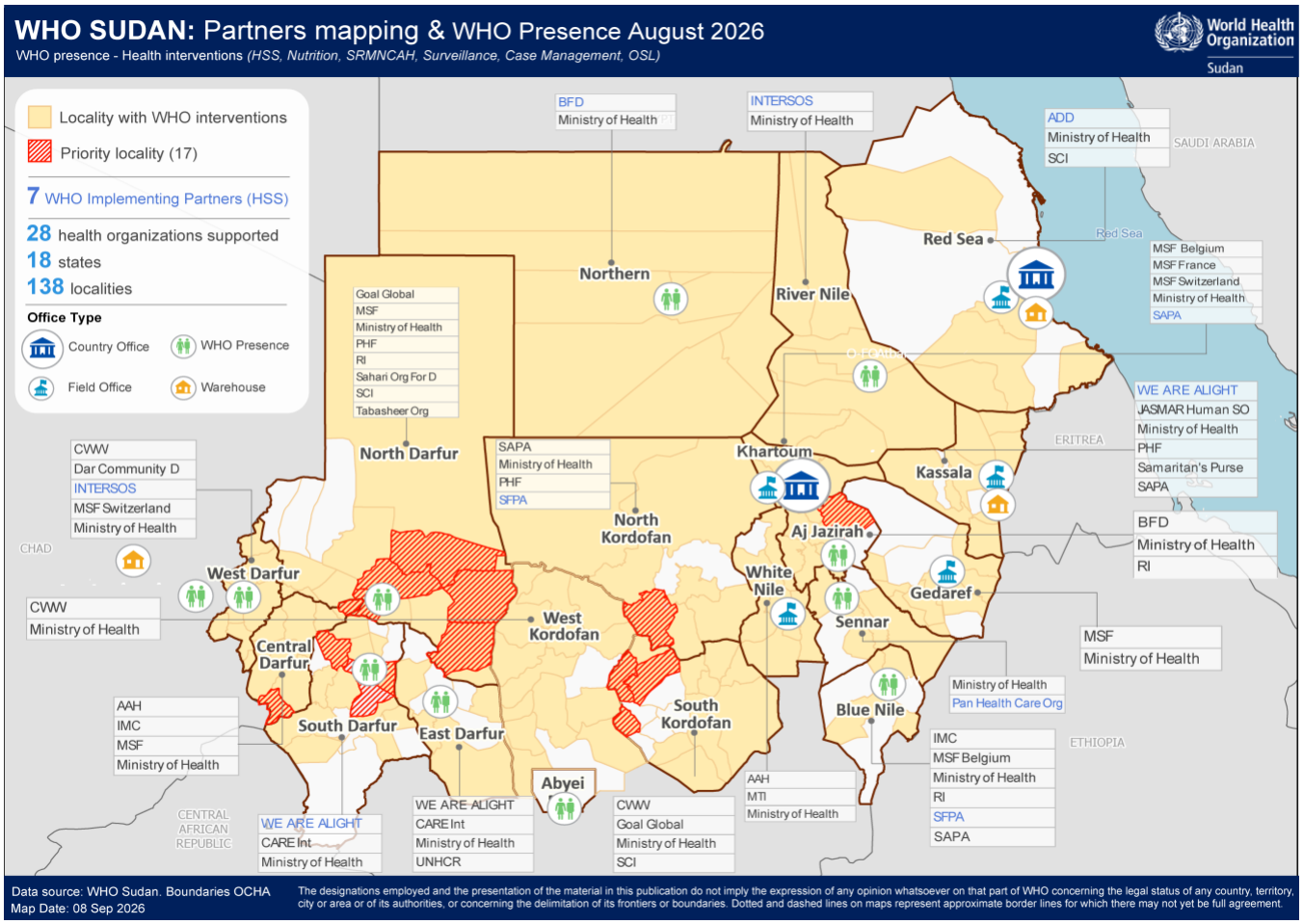
KEY CHALLENGES AND PRIORITIES

Key challenges

- Insecurity, movement restrictions and access constraints in parts of Darfur and Kordofan continue to hamper delivery of health services, outbreak response activities and movement of essential supplies.
- Funding reductions continue to threaten the continuity of essential health services in several areas, particularly in Darfur, where some health facilities remain at risk of service disruption or closure.
- Ongoing outbreaks and seasonal risks, including cholera, dengue fever, measles, diphtheria and cVDPV2, continue to place pressure on already overstretched health services.
- Shortages of essential medicines, laboratory commodities, nutrition supplies, and critical medical equipment continue to affect service delivery and preparedness capacities in several states.

Priorities for next month

- Continue to strengthen preparedness and response capacities for cholera and other disease outbreaks through surveillance, laboratory capacity, rapid response mechanisms and pre-positioning of critical supplies.
- Sustain continuity of essential health services in vulnerable and underserved areas, particularly locations affected by insecurity, displacement and funding shortfalls.
- Support implementation of priority vaccination activities, including oral cholera vaccination campaigns and preparations for upcoming National Immunization Days.
- Advance health system recovery and resilience initiatives, including digital health, health financing reform and strengthening of integrated primary health care services



Map: WHO Sudan operational presence validated 8 September 2026. KPI period: August 2026. Supply figures distinguish stock received from stock delivered.

WHO IN ACTION

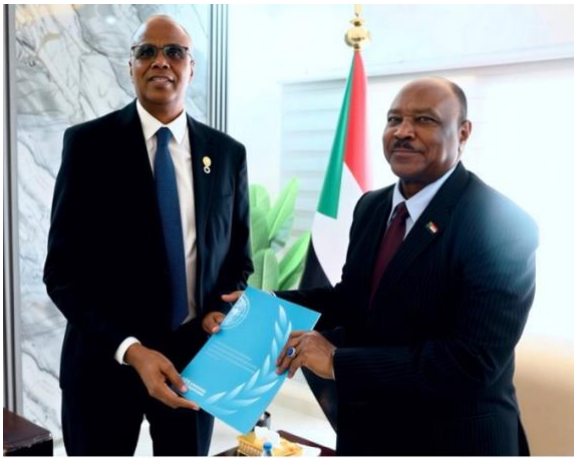


Photo 1: WHO Representative in Sudan, Dr Abdinasir Abubakar, presents his credentials to Sudan's Minister of Foreign Affairs, August 2026. Credit: WHO Sudan.

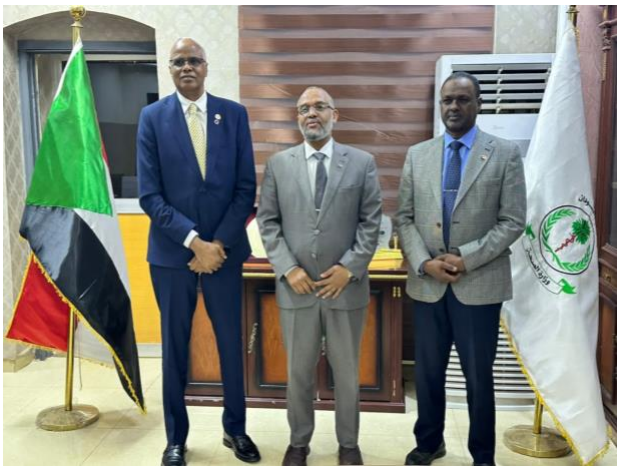


Photo 2: WHO Representative Dr Abdinasir Abubakar pays a courtesy visit to His Excellency Dr Haitham M. Ibrahim, Federal Minister of Health, August 2026. Credit: WHO Sudan.

Photo 3: Oral cholera vaccination campaign in West Kordofan, August 2026. Credit: WHO Sudan.

Photo 4: WHO Sudan Operations Support and Logistics teams receive a European Union Civil Protection and Humanitarian Aid Operations-chartered flight carrying 24.3 metric tonnes of medical supplies and informatics equipment, August 2026. Credit: WHO Sudan.

WHO Sudan gratefully acknowledges the generous support of its donors and partners, whose contributions continue to sustain life-saving health services, humanitarian health operations, and health system recovery and development efforts across Sudan. *Together, we advance Health for All.*

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