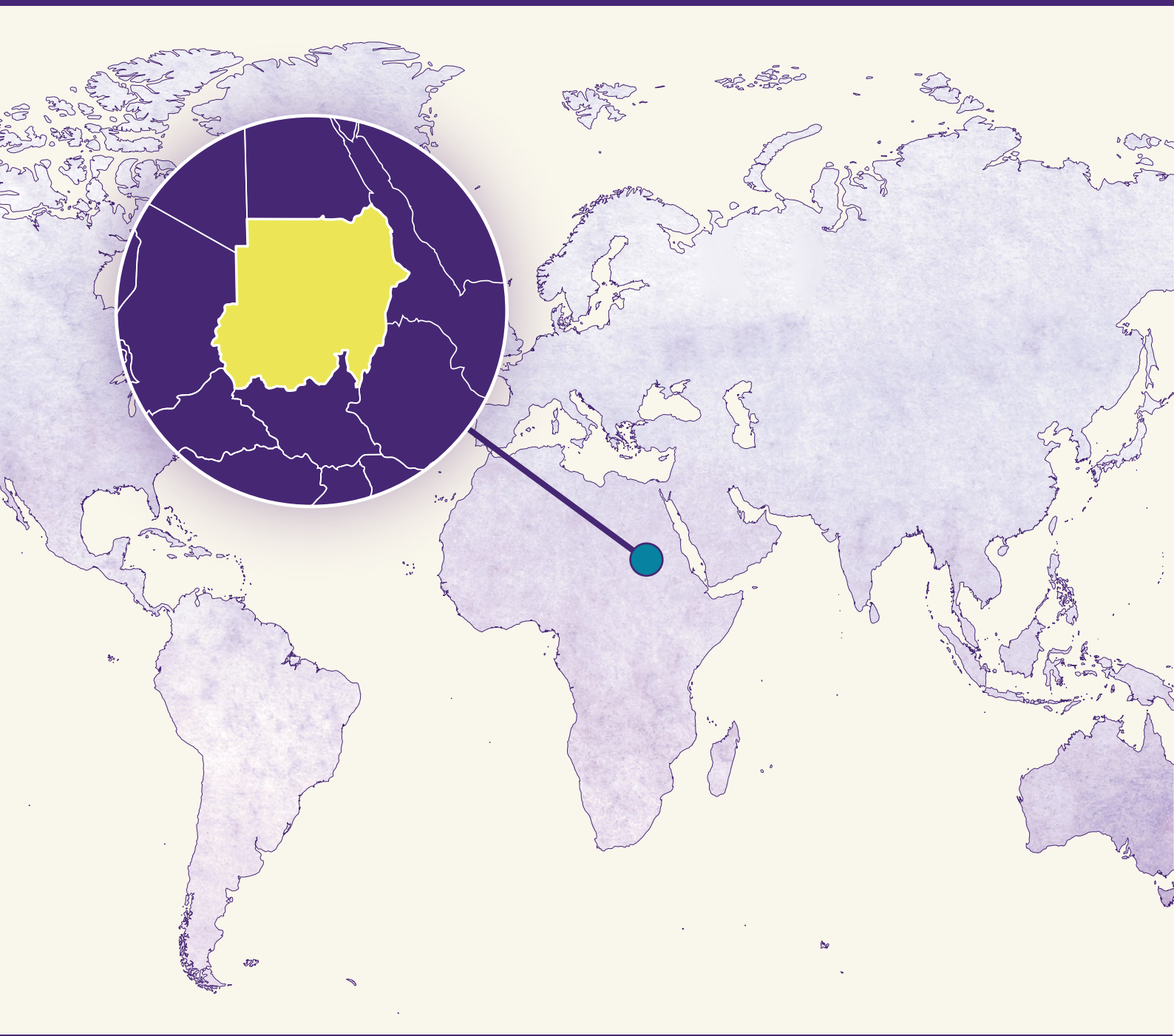


SUDAN

Violence Against Health Care in Conflict 2025



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 REPORTED INCIDENTS	 INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	 HEALTH WORKERS KILLED	 HEALTH WORKERS ARRESTED
2025			
134	40	54	47
2024			
274	77	66	23
2023			
280	68	56	45

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 134 incidents of violence against or obstruction of health care in Sudan in 2025, compared to 274 in 2024 and 280 in 2023.¹ Among incidents reported in 2025, health facilities were damaged or destroyed 40 times, while 54 health workers were killed and 47 arrested.

The actual number of incidents and the severity of the problem are likely greater, because attacks on health care may not have been reported in some locations and conflict-related service closures may not have been reflected in the data, while cuts to United States Agency for International Aid (USAID) funding further reduced the presence of health care providers and the operation of health facilities as well as reporting capacities.

Methodology and sources

Information on incidents of violence against health care in Sudan is compiled from open sources, private sources, information projects, and aid agency data-sharing mechanisms. Data is continuously updated and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's [global map](#) on attacks on health care. See [Methodology](#) for further information.



THE CONTEXT

In 2025, non-international armed conflict persisted in Sudan, and civilians continued to face grave protection threats, with violence driven by multiple actors including the Rapid Support Forces (RSF), the Sudan Armed Forces (SAF), Darfur communal militias allied with the RSF, the Joint Forces of Armed Struggle Movements (JFASM), the Sudan Liberation Movement (SLM), and the Sudan People's Liberation Movement/Army-North (SPLM/A-North). The conflict has increasingly been influenced by international actors reportedly supplying financing and weapons to armed groups.

During 2025, the SAF seized control of Omdurman, Khartoum, and most of Bahri, and broke the RSF's two-year siege of El Obeid, North Kordofan, amid continued intense fighting across North and South Kordofan that drove displacement and led to attacks on civilians and infrastructure. El Fasher in North Darfur experienced intense and sustained violence throughout 2025, largely driven by RSF offensives and clashes with SAF and allied forces. Violence intensified in late October, when the RSF launched a major offensive, capturing the city after months of siege. Hundreds of civilians were reportedly killed and there was widespread damage to civilian infrastructure, while survivors faced shelling, restricted movement, and severe shortages of essential services.

Thousands of Sudanese women and girls were subjected to conflict-related sexual violence in 2025, with Médecins Sans Frontières (MSF) documenting over 3,300 survivors seeking treatment and UN agencies reporting hundreds of additional cases, including many children.

High levels of displacement were recorded in 2025, affecting an estimated 13.6 million people and driven by intense armed violence and clashes, particularly in Khartoum, North Darfur, and North Kordofan states. Large-scale displacement left millions without access to essential food, health care, and protection services, creating one of the most severe humanitarian access crises in recent years. Armed violence also occurred in displacement camps, notably in Abu Souk and Zamzam camps in El Fasher during and after the RSF offensive in the area.

Humanitarian aid delivery became nearly impossible in 2025 as both the SAF and RSF established rival governments – the SAF in Port Sudan (Red Sea state) and the RSF in Nyala (South Darfur state) – fragmenting authority. Checkpoints, blockades, and bureaucratic restrictions imposed by both parties delayed or entirely blocked aid deliveries, while widespread damage to roads, bridges, and other infrastructure hindered transport.

Flooding compounded humanitarian access challenges in 2025, making key routes impassable and halting humanitarian movements. Floods in Gedaref, Gezira, and West Kordofan states destroyed homes and cut off villages, preventing aid organizations from reaching displaced families. In mid-2025, famine was declared in ten areas across Sudan, with 17 other areas at risk, while hunger reached catastrophic levels, leaving roughly 25 million people – over half the population – dependent on humanitarian assistance.

The humanitarian response in Sudan in 2025 was severely impacted by aid cuts and the USAID funding freeze. The January pause on funding, coupled with canceled contracts, disrupted programs, forced staff reductions, and curtailed essential services at a time of escalating need. The humanitarian response relied heavily on US funding – which accounted for nearly half of all humanitarian funding in 2024 – and Sudan faced deepening gaps in food security, health care, and protection services, which were further compounded by cuts from other donors. As of December 31, 2025, only about 39 % of the total financial requirements for the Sudan humanitarian response had been funded, leaving an estimated 61 % funding gap.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, incidents of violence against or obstruction of health care more than quadrupled in North, South, and West Kordofan states and persisted in the Darfur region – all areas where fighting between conflict parties was intense. Reported cases decreased in Gezira state in 2025 after the SAF recaptured the state capital, Wad Madani, and surrounding areas in January, pushing RSF forces out.

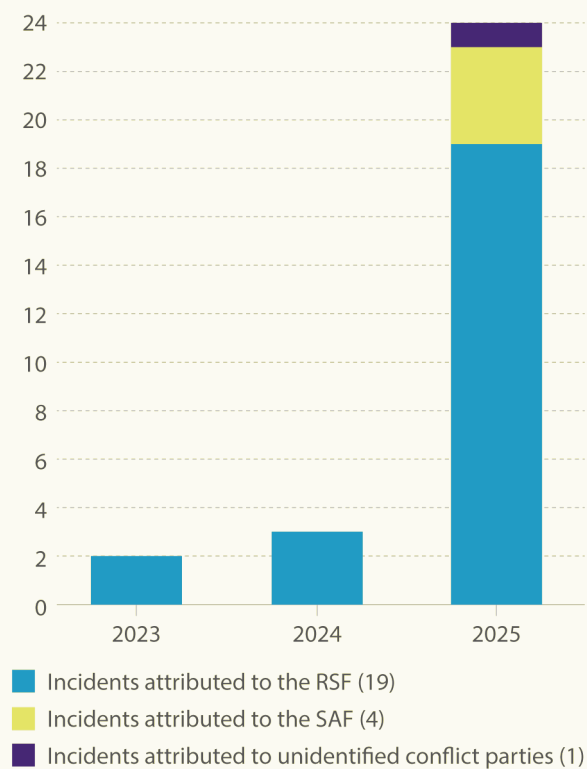
Drone strikes impacting health care surged in 2025, increasing from three incidents in 2024 to 24 in 2025. Over 75% of armed drone strikes that impacted health care were linked to the RSF, with high incident numbers reported in North Darfur and North Kordofan states. Several other incidents were recorded of air strikes and shelling near or in the vicinity of hospitals, killing and injuring civilians in the area, and often forcing health care providers to suspend medical services. In turn, this impeded patients' access to health care. Explosive weapons were most often used indiscriminately, with their wide-area effects causing widespread deaths, injuries or damage in populated areas.

Over three-quarters of the reported incidents affected local health care providers working for national health care structures, with the rest affecting international NGOs (INGOs), local NGOs, private health care providers, Red Cross societies and UN agencies.

More than 80% of reported incidents were attributed to the RSF. Other named conflict parties linked to attacks on health care in 2025 included Darfur communal militia, JFASM, SAF, SLM, and SPLM/A-North fighters. In some incidents, the responsible conflict party remained unidentified.

Reported use of drones armed with explosives impacting health care in Sudan, by conflict party, 2023-2025

Drone strikes impacting health care surged in 2025, increasing from three incidents in 2024 to 24 in 2025.



Source: Insecurity Insight for the SHCC.

Incidents attributed to the RSF

In 2025, at least 92 incidents of violence against or obstruction of health care were linked to the RSF.² Health workers and patients were killed, injured, and arrested, while hospitals, clinics, and medical warehouses were attacked, bombed, shelled, and taken over.

In total, the RSF reportedly killed 43 health workers in 25 separate incidents in 2025. Half of the reported health worker killings were recorded in El Fasher city, mostly in attacks on hospitals, including an incident in April where 11 INGO staff members were killed while operating one of the last functioning health centers in the besieged Zamzam IDP camp.³ Two female staff members who were shot and injured in the attack reported that RSF fighters entered the facility's safety bunker



and shot the nine staff members in their heads and chests. Both women died of their injuries two days later. Official statements by the affected INGO suggested that the clinic, along with other camp structures and services, including a market, may have been deliberately targeted to prevent access to health care for internally displaced people. In other killings, doctors, medical academics, nurses, pharmacists, and other health care staff were shot and killed in their homes or during wider attacks on civilians.

The RSF reportedly arrested at least 40 health care workers in 22 incidents in 2025. Staff were frequently arrested after being accused of supporting opposing conflict parties, and in some cases were beaten, threatened or sexually abused while being detained. Health workers were arrested during hospital raids, at their homes, while traveling to remote areas to provide medical care and during wider arrest campaigns targeting civilians. In total, 12 of the 40 health workers arrested in 2025 were reportedly later freed. Three detained doctors were reportedly killed while being held by the RSF in Nyala and El Fasher.⁴ In September, an INGO staff member working for health-related programs in Darfur was detained and interrogated by the RSF on accusations of espionage.⁵ In the following month he was later found deceased, in circumstances reported as a suspected suicide, highlighting the profound psychological toll that threats, arrests, and intimidation have on staff working in conflict zones.⁶ The fates of the remaining arrested health workers were not recorded.

In 2025, hospitals, including children's, field, women's, and teaching hospitals, as well as health centers and laboratories, were damaged or destroyed in 28 RSF attacks using drone strikes, shelling, missiles, or gunfire. Two health facilities were damaged more than once. Al-Daman Hospital – also known as Al-Abyad International Hospital – in El Obeid was hit and damaged by RSF drone strikes in May and October. The Saudi Obstetrics and Gynecology Hospital in El Fasher was reported hit and damaged by RSF shelling and drone strikes on six occasions. Following one incident at the hospital in January, doctors were forced to perform cesarean sections using mobile phone torchlights as explosions continued near the facility.⁷ In October, the hospital was impacted by violence four times during a prolonged siege of the city. On October 3 and 7, the hospital was hit by artillery shelling. The October 7 shelling of the maternity ward killed at least 13 people, including children, and injured at least 16 others, including a female doctor and a nurse.⁸ The hospital and its equipment were severely damaged by the strike. On October 26, RSF ground forces attacked the hospital, killing a nurse, injuring three health workers and forcibly abducting the minister of health.⁹ Two days later, RSF ground forces again raided the facility, during which a massacre occurred, with more than 460 patients and a nurse being killed.¹⁰ Six health workers, including four doctors, a nurse and pharmacist, were forcibly abducted.



SOCIAL MEDIA REACTIONS TO THE SAUDI OBSTETRICS AND GYNECOLOGY HOSPITAL ATTACKS IN OCTOBER 2025

Social media can play a powerful role in documenting hospital attacks, but it can also undermine the protection of health facilities through interpretation of events, highlighting how a changing information environment provides opportunities for better documentation as well as being a risk to re-interpretation of conflict events.

Analysis by [Insecurity Insight](#) of the four Saudi Obstetrics and Gynecology Hospital attacks showed that factual reports about hospital bombings were frequently followed by harmful reinterpretation



of facts. In the discussions and comments on social media that followed the announcements of incidents of hospital bombings some users suggested that hospitals are instrumentalized in the conflict, referring to them as 'dual use goods'. Arguing with reference to the law that they had lost their protected status due to their location in contested areas or alleged but rarely proven use by conflict parties'. Repeated suggestions and reframing contribute to normalizing attacks on health care based on assumptions that question the protected status of health care with reference to unevicenced allegations of military use. Repeated discussion and allegations of hospital use for military objectives shift general perceptions from shock and horror of hospital attacks to discussions of how hospitals may abuse their privileged position even when there is no concrete evidence that this was the case.

Disillusionment with international actors was also a common narrative, with some posts criticizing humanitarian organizations and global institutions for perceived inaction, sometimes spilling into hostile language thus contributing to undermining the international system created to protect health care in conflict. These narratives, that regularly follow on social media platforms in the wake of actual hospital attacks, can shape public perception, and erode respect for international humanitarian law, undermining efforts to safeguard health care in conflict based on the principles that health care remains under special protection.

The RSF reportedly destroyed at least two health facilities in 2025. In March, an INGO field hospital inside Zamzam IDP camp was looted and destroyed by the RSF, who reportedly published videos from inside the hospital claiming it housed combatants from the SAF-allied JFASM and had treated the group's wounded.¹¹ The RSF seized the camp on April 12 and caused the mass displacement of residents. In April, RSF shelling destroyed laboratories of the Dream International Academy for Health Science in El Obeid town, North Kordofan state.¹²

Throughout 2025, RSF forces seized and repurposed medical facilities for military use on at least seven occasions, harming and displacing patients and disrupting essential health care. In Khartoum, amid a cholera outbreak in April, health facilities were converted into military hospitals, denying local residents access to care.¹³ Between July and November, the RSF also took over health facilities in North and West Kordofan states to treat its wounded, forcibly removing patients. In one incident, Nahud Teaching Hospital was closed and repurposed after RSF forces killed 12 people who refused to leave, burying their bodies in the hospital grounds.¹⁴ RSF members reportedly occupied Bara Hospital in North Kordofan, killing children and raping pregnant women and women in labor.¹⁵

Incidents attributed to the SAF

At least 14 incidents of violence against or obstruction of health care were linked to the SAF in 2025. These included four instances between February and August in Nyala city in which SAF aircraft and drone strikes damaged health facilities.¹⁶ SAF armed drone strikes also damaged a hospital in North Darfur and were used close to another facility in North Kordofan, endangering patients' access to the facility.¹⁷ In other hospital attacks, the SAF occupied three hospitals in Khartoum in late March: the Ear, Nose and Throat Hospital; Khartoum Teaching Hospital; and Zaytouna Hospital.¹⁸



Between January and August 2025, the SAF reportedly arrested six health workers in four incidents, often accusing staff of links to opposing conflict parties. In one reported arrest, the SAF tortured and interrogated a doctor detained in Gezira on accusations of being an RSF fighter. The fates of all six arrested health workers were not recorded.

Incidents attributed to other conflict parties

At least six incidents of violence against or obstruction of health care were linked to SPLM/A-North fighters in South Kordofan in 2025. During February, its fighters abducted a group of Ministry of Health staff and shelled Kadugli city, killing 44 people and injuring 28 others, including health workers, women, and children.¹⁹ In four additional incidents in November and December, SPLM/A-North fighters operated jointly with the RSF.²⁰ Shelling by these forces struck Dilling Teaching Hospital, damaging the radiology department and killing six patients and their relatives, while injuring at least 12 others. In December, joint RSF-SPLM/A-North drone strikes hit two health care facilities. In one of these incidents, following the initial strike, first responders were targeted in a “double tap” drone strike while treating the wounded.

Three incidents of violence against or obstruction of health care were attributed to members of the JFASM in Khartoum, Red Sea and River Nile states in 2025. On two occasions, members of the group entered health facilities and opened fire; on a third, they threatened to bomb Bashair Hospital in Khartoum, forcing doctors to suspend work.²¹

The East Darfur communal militia looted a health center in El Neem refugee camp in March.²² The SLM, which is led by Abdel Wahid Nur, reportedly imposed taxes on and took a share of humanitarian assistance in Tawila town, North Darfur.²³



This chapter is based on 2023-2025 SDN SHCC Health Care Data. Download this data on the [Humanitarian Data Exchange \(HDX\)](#).

Insecurity Insight updates data continuously and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight’s [global map](#) on attacks on health care.

THE IMPACT OF ATTACKS ON HEALTH CARE

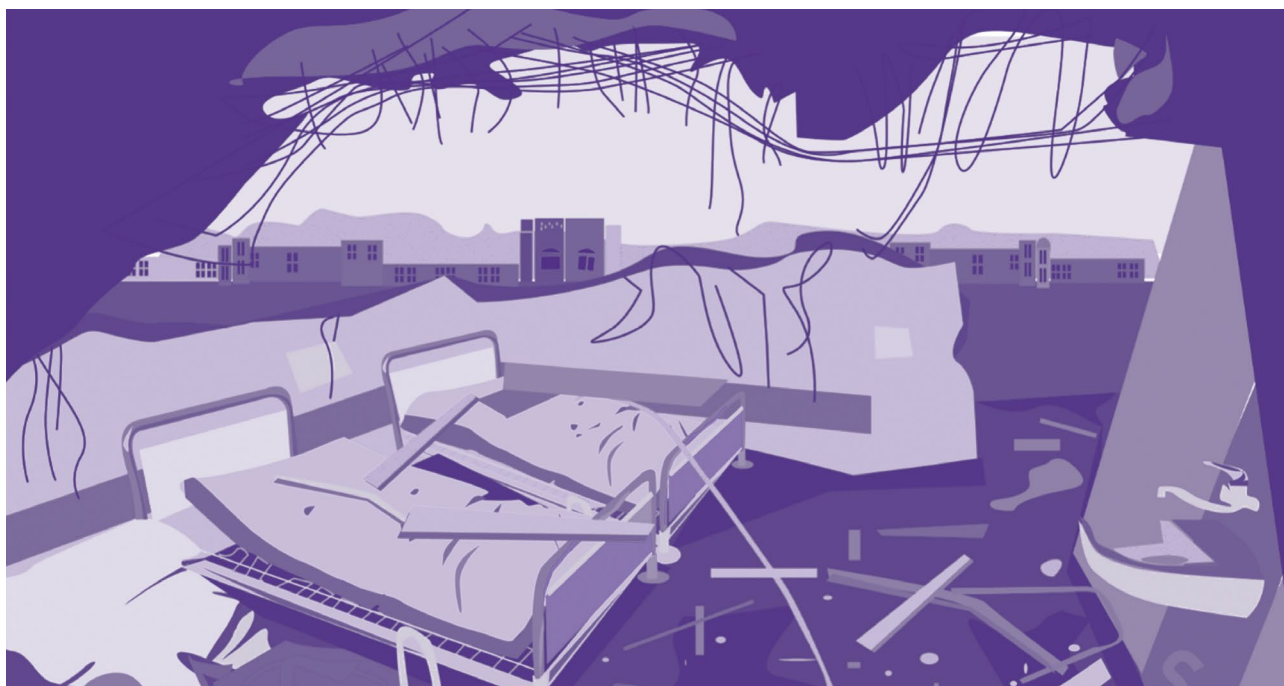
The conflict severely disrupted the availability of medical supplies in Sudan, contributing to critical shortages of medicines, vaccines and essential health care commodities. Repeated attacks on health care facilities, warehouses, and transport routes weakened supply chains, with the World Health Organization (WHO) reporting that more than two-thirds of major hospitals were out of service or at risk due to shortages of medical staff, supplies, safe water, and electricity, and that ongoing insecurity continued to impede deliveries of supplies. Domestic pharmaceutical manufacturing effectively halted, leading to the non-availability of certain drugs, as manufacturers had supplies confiscated, seized or damaged, and struggled to distribute medicines nationwide. Supply gaps remained large: the WHO and partners made large deliveries of medical supplies, but Sudan still faced an estimated shortfall of over 60 % of the required supplies, including critical kits for combating disease outbreaks, while transportation challenges and insecurity delayed the arrival of medicines and equipment.



Services for survivors of sexual violence were severely disrupted by the conflict, leaving many without timely access to essential medical care, psychosocial support or safe referral pathways. Following the RSF's capture of El Fasher, MSF treated over 140 survivors fleeing to Tawila town. Of these survivors, 94 % reported being attacked by armed men, often along purported escape routes, highlighting both the widespread risk of assault and the urgent gaps in available services, and underscoring the critical need for safe, accessible care for survivors amid ongoing insecurity.

The psychological toll on health workers was severe. Facing ongoing attacks, threats to personal safety, and the relentless stress of protracted conflict, many were forced to abandon clinical practice. As one doctor recounted in the UN Office for the Coordination of Humanitarian Affairs report Under Attack in El Fasher: A Doctor's Testimony from 'Hell', "psychologically we are all sick, but we try as much as we can to push through." Widespread displacement further reduced the availability of skilled staff, compounding the strain on the health care system.

Conflict also intensified food insecurity, contributing to high conflict-related mortality and severe health consequences, including increases in infectious diseases; widespread poor oral health; and chronic conditions such as heart disease, hypertension, depression, and anxiety. A doctor at the Saudi Hospital in El Fasher described the dire situation: "People cannot donate blood when they cannot find anything to eat. We started using mosquito nets and bed sheets as gauze. We use medicine that has expired for years, that pharmacists test before giving. Some days I see 20 patients; other days, after a missile or a drone hits, 200."





- 1 The SHCC's [2024 Annual Report](#) cited 244 incidents of violence against or obstruction of health care in Sudan in 2024 and 271 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
- 2 Four additional incidents involved RSF and SPLM/A-North fighters in South Kordofan (see section on "Incidents attributed to other conflict parties" for details).
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 95339.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 88779; 120330; 123572.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 126442.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 126441.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 88058.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 119443; 119439.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 120331.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 120332.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 96166.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 94295.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 97264.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 116602.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 121194.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 105377; 116878; 122370; 122380.
- 17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 111624; 122697.
- 18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 94296; 94297; 94298.
- 19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 122371; 88781.
- 20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 120836; 121197; 121220; 122538.
- 21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 113418; 119542; 119541.
- 22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 96297.
- 23 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 115150.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators. Suggested citation: Safeguarding Health in Conflict Coalition (SHCC) 2026. Care in the Crosshairs: Violence Against Health Care in Conflict, May 2026. <https://shcc.pub/SHCCAnnualReport2025>
<https://safeguarding-health.com>

Safeguarding Health in Conflict Coalition
615 N. Wolfe Street, E7143, Baltimore, MD 21205
SHCC administrator, safeguardinghcc@gmail.com