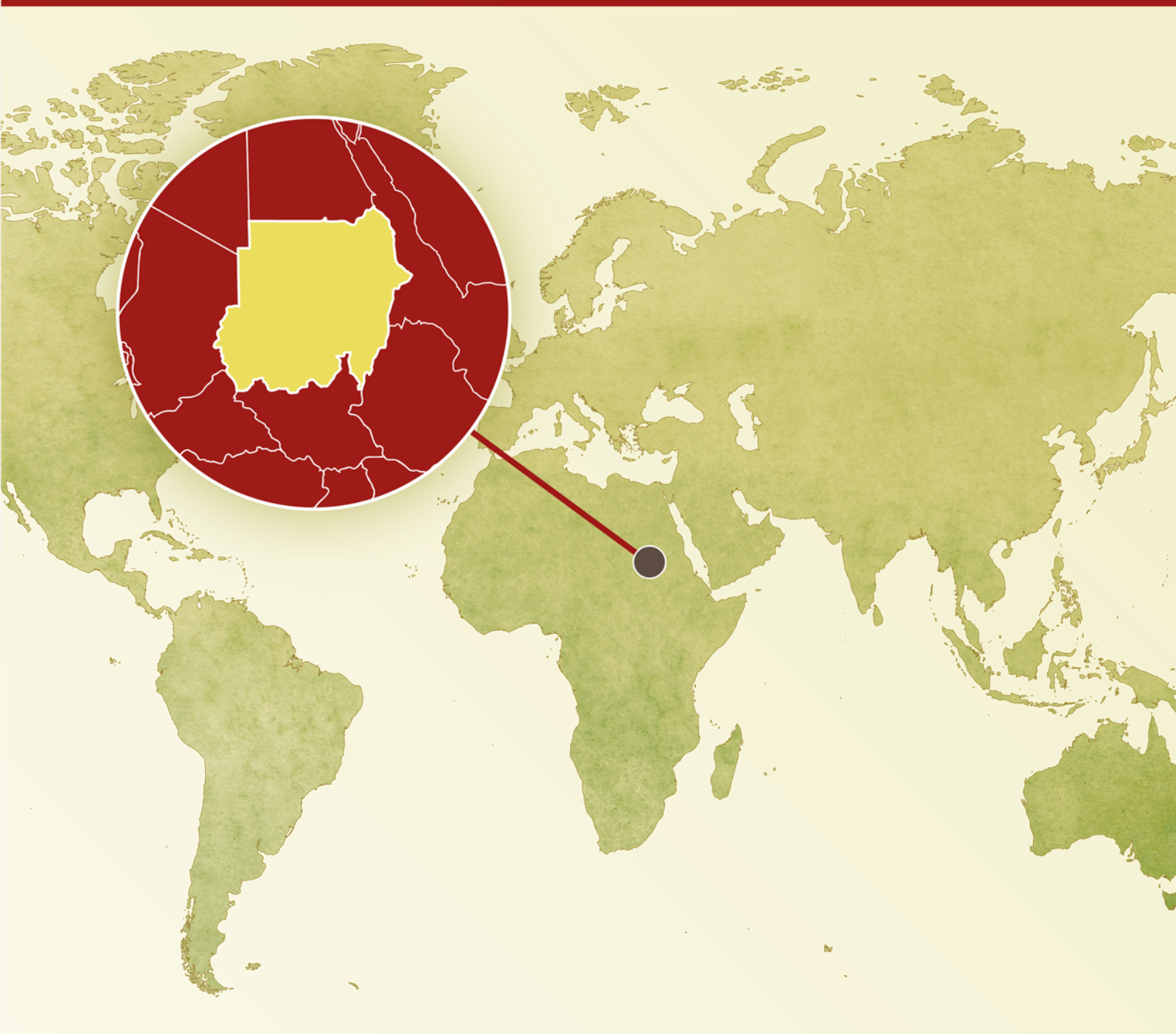


SUDAN

Violence Against Health Care in Conflict 2024



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



Assaults on health care in conflicts around the world reached new levels of horror in 2024, exceeding 3,600 incidents, 15% more than in 2023. They consisted of air, missile, and drone strikes; shelling; tank fire; shootings; arson; the looting and takeover of health facilities; and the arrest and detention of health workers. As the descriptions in this report show, each incident brings terror, trauma, and - in too many cases - injury, untreated illness, destruction and death.

By far the largest number of attacks on health care – more than 1,300 – took place in Gaza and the West Bank, far more than we have ever reported in one conflict in one year, including more than double the number of health workers killed. Gaza properly drew global attention for the ferocity and relentlessness of assaults on health care. But we must also reckon with the more than 2,300 attacks in other conflicts, including the hundreds in each of Ukraine, Lebanon, Myanmar and Sudan. The cumulative number of attacks over the course of wars that began in the past three years include more than 1,500 in Myanmar since the military coup in 2021; close to 2,000 in Ukraine since the Russian invasion of Ukraine in 2022, and more than 500 since the outbreak of war in Sudan in 2023.

This onslaught of violence has been accompanied by attempts by perpetrators to limit legal protections for health care and civilians in war, driven, as the International Committee of the Red Cross (ICRC) puts it, by a desire to have more “leeway to kill and detain.” Israel has sought to dilute legal requirements of precaution and proportionality during conflict. The new U.S. secretary of defense has called for “a law of war for winners.” Simultaneously, campaigns to delegitimize the International Criminal Court (ICC) are underway. The newly inaugurated U.S. president Donald Trump imposed sanctions on ICC staff and even their families for having charged Israelis with war crimes. In 2023, Russia’s Duma passed legislation criminalizing cooperation with the ICC or any foreign court or ad hoc tribunal that seeks to hold Russians to account. Hungary announced its plan to withdraw from the ICC, falsely alleging political bias.

These terrible developments threaten to make a mockery of the 10th anniversary of Security Council Resolution 2286 in 2026 and the 50th anniversary of the Additional Protocols of the Geneva Conventions (the law protecting health workers and civilians during armed conflict) in 2027. If this resolution and law are to be more than words, the current approach to protection, amounting to mere admonitions, must be replaced by centering accountability, accompanied by the political will to drive it.

That is the approach long taken by the Coalition, and recently taken by a report *In the Line of Fire*, issued in November 2024 by the World Health Organization and the World Innovation Summit for Health. It called for a new alliance of member states, UN agencies, and NGOs. It recognized that the renewal of long-ignored commitments could not possibly suffice. Instead, UN agencies, international organizations, NGOs, and civil society organizations must rally together to take tough action, including outreach to the International Criminal Court, to impose consequences on the perpetrators of violence. Actions must include states cutting off arms transfers to perpetrators of attacks and employing the power of universal jurisdiction to prosecute. If the laws of humanity are to be upheld and the carnage is to end, governments and all concerned citizens everywhere must find the political courage and will to act.

A handwritten signature in black ink, appearing to read 'Len Rubenstein'.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 REPORTED INCIDENTS	 INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	 HEALTH WORKERS KILLED	 INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED
2024			
244	79	66	42
2023			
271	68	55	60

↓ Source: 2023-2024 SDN SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 244 incidents of violence against or obstruction of health care in Sudan in 2024, compared to 271 in 2023. In these incidents, health facilities were damaged 79 times, medical supplies were looted and 66 health workers were killed.

-  Conflict-related and displacement factors have increased demand for health care provision, including to treat wounds sustained from violence, and the spread of conflict-related diseases such as cholera.
-  Attacks on health care increased during RSF military offensives in North Darfur between April and August and in Gezira in late October and November.
-  Some health workers were forced to conduct surgery under dim light in shipping containers buried underground to reduce the likelihood of being violently attacked.

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. See [Methodology](#) for further information.

THE CONTEXT

The current armed conflict in Sudan broke out in mid-April 2023 between the Sudan Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF), which was previously operated by the Sudanese government, and continued relentlessly in 2024. Other conflict parties included Darfur Arab militias allied to the RSF; the Joint Force of Armed Struggle Movements (JFASM), which declared war on the RSF in April

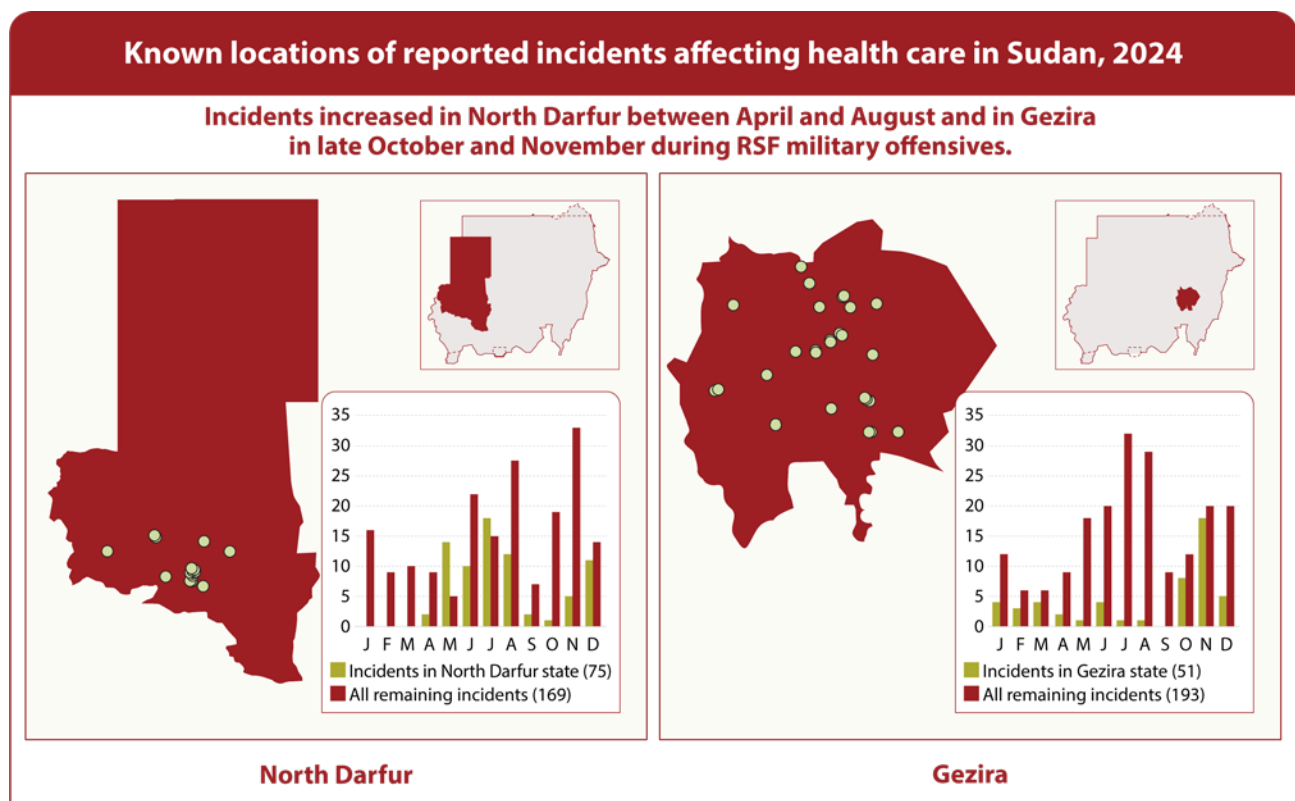


2024; and the Sudan People’s Liberation Movement/Army-North (SPLM/A-North) Al Hilu faction in South Kordofan state. Armed violence and clashes were especially intense in Khartoum and Gezira states and in the wider Darfur and Kordofan regions.¹

The conflict continued to have devastating humanitarian and human rights impacts. The RSF was accused of “mass killings” of civilians, sexual violence, and forcibly taking and burning civilian infrastructure. In July 2024, famine conditions were declared in North Darfur, with experts suggesting hundreds of thousands of people could perish. Severe communication blackouts and floods in August 2024 that destroyed an estimated “25,000 shelters and community infrastructures” further exacerbated the crisis. By October 2024, Sudan’s displacement crisis had affected 11 million people, making it the “world’s largest displacement crisis.” On January 7, 2025, the US Department of State issued a determination that the RSF and its allied militias were engaging in genocide in Sudan.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care remained high across 15 of Sudan’s 18 states in 2024, with sharp increases reported across Gezira, North Darfur and Sennar states from April to November. In North Darfur, reported incidents rose from ten in 2023 to over 70 in 2024, peaking between April and August during the RSF siege of El Fasher, the state capital, which saw health facilities damaged 37 times, mainly by RSF shelling, but also by SAF air strikes. In Sennar state, incidents increased between June and October as the RSF launched an offensive against the SAF, targeting towns like Sinja and Dinder. Six health workers were killed, health facilities were looted, and Sinja Teaching Hospital was turned into a military base.² In Gezira, incidents quadrupled during 2024, with high numbers between late October and November



Source: Safeguarding Health in Conflict Coalition



as the RSF attacked towns like Al-Hilaliya, looting health facilities, killing four health workers, and raping three others.

RSF fighters were implicated in about three-quarters of the cases of violence against or obstruction of health care in 2024, with the rest linked to SAF forces or unidentified attackers. These conflict parties damaged and occupied health facilities and killed, injured, and arrested health workers, while drugs, medical supplies, and equipment were looted. Over 70% of incidents affected health care providers working for national health care structures, with the rest affecting INGOs, local NGOs, private providers, Red Cross societies and UN agencies.

Health facilities damaged

Health facilities were damaged at least 79 times in 2024, compared to 68 in 2023. Over half of reported incidents involving damage to health facilities occurred during the RSF's siege of North Darfur's capital city, El Fasher. Some health facilities in the city were damaged multiple times, including the MSF-supported Saudi Obstetrics and Gynecology Hospital, which was reportedly hit and damaged on ten occasions by RSF shelling.³ The facility's maternity and surgical wards, pharmacy, and water and energy supply systems were all damaged in these attacks. RSF armed drones damaged three other hospitals, including Khartoum's Bashaer Teaching Hospital.⁴ At least two hospitals, including the Universal Hospital in Bahri city (one of the largest medical centers in Sudan, and in Africa as a whole), were set on fire by the RSF.⁵

SAF aircraft strikes damaged clinics and hospitals across Sudan, including children's health facilities, medical centers, and an immunizations center.

Children's health facilities were damaged at least eight times in 2024, including the Nyala Hospital for Women and Childbirth, which was hit by SAF air strikes on the city in July.⁶

Health workers killed

At least 66 health workers were killed in 58 incidents in 2024, a similar death toll as in 2023. Ambulance drivers, doctors, gynecologists, medical students, nurses, pharmacists, vaccinators, and other health care staff were shot and killed in their homes, during wider attacks on civilians, or in hospital bombings. Health worker killings were predominantly reported in Gezira, Khartoum, and North Darfur states, with the RSF forces most often identified as the perpetrators. In one incident, a doctor was shot and killed by RSF forces in his home in Khartoum city after they attempted to rape his daughters.⁷

Medical supplies looted

The looting of vital medical supplies from clinics, health centers, hospitals and pharmacies was reported on 40 occasions in 2024. Lootings were mostly attributed to RSF forces armed with guns, with two by unidentified attackers. Health centers were sometimes looted as part of broader assaults on towns and villages. For example, a health center serving over 50 villages in Gezira was destroyed during an RSF attack, and all medical equipment and medicine stocks at the facility were looted.⁸



This factsheet is based on 2023-2024 SDN SHCC Health Care Data. Download the data [here](#) or on the [Humanitarian Data Exchange \(HDX\)](#).



THE IMPACT OF ATTACKS ON HEALTH CARE

Even before the severe escalation of violence in April 2023, Sudan's health care system was fragile following decades of protracted conflict and political and economic instability. The persistence of attacks on health care in 2024 following the already horrific toll from conflict in 2023 continued to produce dire outcomes for health workers and people seeking care.

The majority of health workers attached to the country's Ministry of Health have fled due to the conflict. In 80% of cases, a lack of staff was cited as a reason for the partial functioning or fully non-functioning of 1,200 health service delivery units assessed in seven eastern Sudanese states and the Abyei administrative area as of December 2024.

At the same time, conflict-related factors have increased demand for health care provision. These include wounds sustained directly from violence and the spread of conflict-related diseases such as cholera. In the emergency room at one Khartoum hospital, over 9,000 patients – around a third of the total – treated between May 2023 and December 2024 had suffered blast and/or gunshot wounds.

For patients, the overall impact on health care access has been severe. In July 2024, the WHO stated that fewer than 25% of health facilities were functional in the Sudanese states most heavily affected by the conflict; while only 45% of health facilities were functional in other states. This situation has increased the pressure on the remaining facilities, because patients have had fewer options to turn to for treatment. Even if facilities were functional, patients struggled to access facilities due to insecurity in their surrounding areas, sometimes producing tragic outcomes. The director of a Sudanese government unit commenting in late 2024 described the fate of one sexual assault survivor: "She was bleeding, but the family couldn't get her to the health centres because of the security situation and the lack of safe roads. When they finally got her to the hospital, she had blacked out ... and then she passed away."

Even for those patients able to access health facilities, the quality of care is likely to have been limited by difficult operating environments and shortages of basic medical equipment and supplies. In El Fasher, some health workers were forced to conduct surgery under dim light in shipping containers buried underground to reduce the likelihood of being violently attacked. Meanwhile, one human rights activist reflecting on the situation in some Sudanese hospitals commented: "There are no gloves. An alternative is nylon bags, and wounds are stitched with clothing thread after boiling it in water and salt."

The collapse of much of Sudan's health care system has contributed to the breakdown of the country's social support systems and limited access to treatment for conditions such as malnutrition, amid large-scale food insecurity. This is likely to have fed into high levels of indirect conflict deaths. Experts assessed in December 2024 that Sudan's famine resulted from "not merely a lack of food but a profound breakdown of health, livelihoods, and social structures."



CONFLICT-INDUCED HUNGER IN SUDAN EXACERBATED BY ATTACKS ON HEALTH CARE

In July 2024, famine conditions were declared in parts of North Darfur. Insecurity Insight's in-depth report – [The Sudan Crisis: How Over a Year of Violence and Humanitarian Access Restrictions Have Produced Famine Conditions](#) – outlines how this situation was reached. In particular, among other phenomena it documents repeated patterns of violence in conflict-related incidents, such as the damaging or destruction of markets and food production factories, blockades disrupting food supply chains and humanitarian food aid deliveries, and restrictions on access to agricultural land due to insecurity. It also highlights how the dysfunctionality of much of the country's health care system has exacerbated the impacts of acute food insecurity in the country.

- 1 Armed Conflict Location & Event Data (ACLED) database attribution policy, <https://acleddata.com/privacy-policy/> (accessed March 26, 2025).
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident number 60689.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident numbers 88033; 87625; 68115; 67255; 60563; 47391; 67981; 70951.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident numbers 92442; 86175; 86862.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident numbers 85110; 43185.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident number 67288.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident number 86457.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident number 86461.

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.

<https://safeguarding-health.com>

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