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4.2.1. Healthcare and socio-economic conditions

COMMON ANALYSIS
Last update: June 2025

The analysis below is based on the following EUAA COI reports and query: Country Focus 2024, 1.1.5; Country Focus 2025, 3.1.3., 3.1.4., 3.1.6.; Security 2025, 1.3.1.; COI Update 2025, 3.. Country Guidance should not be referred to as a source of COI.

Sudan faces one of the worst humanitarian crises globally, with 30.4 million people, over half the total population, in need of assistance in 2025. Reports indicate that the state healthcare system is in ruins while the economic collapse and the disruption of water and food chains has led to an unprecedented number of people facing starvation and famine.

Several attacks on health facilities have occurred since the outbreak of the conflict, with many of these attacks being deliberately carried out by warring parties, notably the RSF. Beyond healthcare facilities, humanitarian and healthcare workers, medical supplies and ambulances have been targeted by both warring parties, aggravating the lack of access to basic health services and aid delivery for the population. Civilians, including women and girls, were increasingly denied healthcare, including maternal and post-GBV health services. For more information, please see 3.7. Humanitarian and healthcare workers.

Reportedly, the RSF and its allied militias have been involved in a consistent pattern of destroying vital resources essential for the survival of the civilian population and limiting their economic, social, and cultural rights. Schools continued to be targeted by armed groups. Barriers to access local markets have also been reported.

Finally, sources reported thousands of deaths due to starvation, lack of access to health services and humanitarian assistance caused by the blocking of roads or transit by the warring parties. Reports indicate that deprivation of humanitarian aid has been used by the warring parties as a weapon of war by both parties to the conflict (See also Presence, methods and tactics under 4.3.4. Indiscriminate violence). Both the RSF and the SAF (particularly through its military intelligence branch) and their respective allied militias prevented access of humanitarian aid to areas controlled by the opposing camp (e.g. the SAF not allowing people to buy goods in SAF-controlled areas to bring into RSF-controlled areas, or the RSF preventing the transit of

humanitarian aid through El Fasher alleging that it would benefit the SAF) (See also 3.8. Civilians from areas associated with the opposing warring party). The situation was particularly severe in North Darfur where Zamzam IDP camp was classified as experiencing famine while still facing limited access to humanitarian aid. Government officials rejected claims of famine in Zamzam and other camps, presumably owing to military concerns about the subsequent risks of supplying RSF-controlled areas.



Serious harm must take the form of conduct of an actor (Article 6 QD/QR). In themselves, the general unavailability of healthcare, humanitarian assistance, education or other socio-economic elements (e.g. difficulties in finding livelihood opportunities, housing) are not considered serious harm meeting the requirements of inhuman or degrading treatment under Article 15(b) QD/QR in relation to Article 6 QD/QR, unless there is intentional conduct of actor, such as the intentional deprivation of the applicant's access to humanitarian assistance or appropriate healthcare.

However, as information suggests, in the context of the ongoing war **in Sudan the healthcare, humanitarian and socio-economic conditions are in some cases, as the above-mentioned ones, the result of an intentional conduct of an actor, and therefore they may amount to torture, inhuman or degrading treatment or punishment under Article 15(b) QD/QR**.

It is to be noted also that, in some cases, the denial of healthcare and/or humanitarian aid and/or other socio-economic conditions, may be linked to belonging to a minority (see 3.1. Ethnic groups) or to (imputed) political opinion (see for example 3.3. Members of the Resistance committees (RCs) and Emergency Response Rooms (ERRs), 3.4. Members of political parties, unions and civil society organisations, 3.5. Community leaders, human rights activists and lawyers, 3.8. Civilians form areas associated with the opposing warring party), and those individuals would qualify for refugee status. If nexus to a reason for persecution is not substantiated, Article 15(b) QD/QR would apply.

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