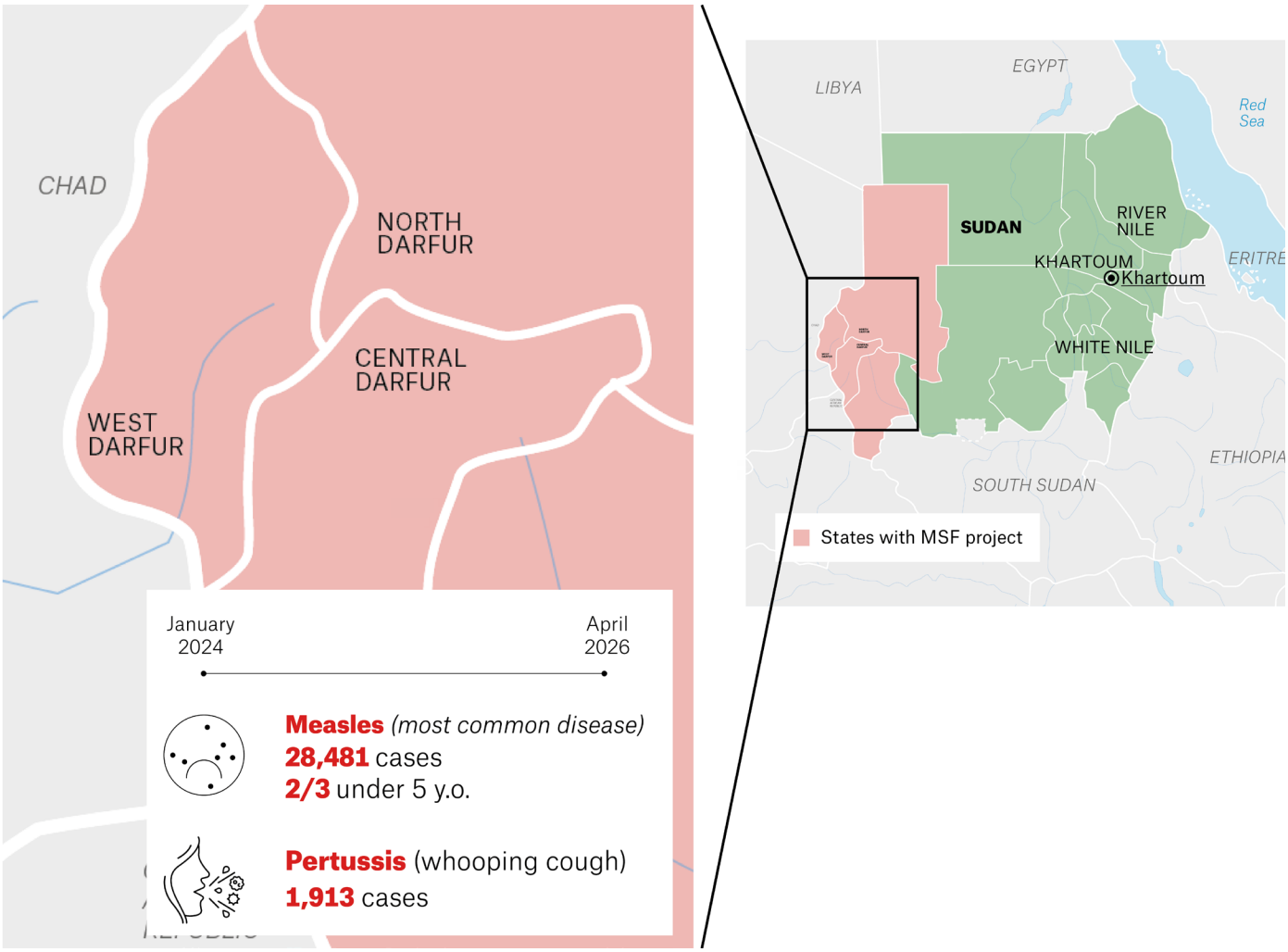
VACCINE PREVENTABLE DISEASE OUTBREAK IN DARFUR Findings from MSF-Supported Health Facilities (January 2024- April 2026)

Since April 2023, Sudan has faced one of the world's most severe humanitarian crises. The ongoing conflict has significantly disrupted the health system and access to services, with profound consequences for routine immunisation services in Darfur. Damage to health infrastructure, displacement of health workers, disrupted vaccine supply chains, insecurity, population displacement and restricted humanitarian access have weakened the systems required to deliver and monitor routine vaccination.

This report examines MSF's operational experience responding to vaccine-preventable disease outbreaks in West, Central, North and South Darfur between January 2024 and April 2026. It draws on epidemiological data from MSF-supported facilities, outbreak investigations, field observations, discussions with Ministry of Health officials and interviews with patients and caregivers. The findings are not intended to represent the overall epidemiological situation in Sudan.

The analysis highlights a persistent and widening immunisation gap in Darfur. Between January 2024 and April 2026, MSF-supported facilities **reported 28,481 measles cases and 1,913 pertussis cases**, as well as suspected outbreaks of other vaccine-preventable diseases. Approximately **two-thirds of reported measles cases were children under five**, and outbreaks repeatedly occurred in the same localities, including Tawila, El Geneina, Rokero, Zalingei and Nyala. Measles transmission intensified substantially during 2025 and the first four months of 2026; in South Darfur alone, more than 10,600 suspected cases had been reported by the end of April 2026.



The recurrence of outbreaks despite repeated reactive vaccination campaigns indicates that emergency campaigns, while essential for controlling immediate transmission, cannot substitute for functioning routine immunisation services. Large numbers of unvaccinated or under-immunised children continued to present during outbreaks, particularly children under five. Recurrent transmission in the same locations suggests that immunity gaps are reopening after reactive interventions because routine services remain unable to consistently reach vulnerable populations.

MSF teams, Ministry of Health EPI officials and community members identified somewhat similar operational and access barriers which impede coverage and response. MSF and humanitarian actors also face specific restrictions, including the **importation of vaccines** (both for routine and outbreak response). Other key identified barriers include recurrent vaccine stock ruptures, fragile and disrupted supply routes, inadequate cold-chain capacity, shortages of trained vaccinators, weak supervision and monitoring, limited outreach, insecurity, population displacement, long distances to vaccination services and delays in outbreak detection and response, including due to laboratory capacity gaps. In several areas, routine immunisation services depend heavily on volunteers and humanitarian partners because permanent EPI structures and staffing have been disrupted.

> *"Every two months there is a rupture of vaccines," while "sometimes we face a complete shortage of specific vaccines."*
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> **- MSF teams in Forberanga**

The scale of operational constraints varies across Darfur but is particularly evident in the **health-system and cold-chain limitations**. For example, WHO's HeRAMS assessment found that in North Darfur, only 25 of 57 assessed facilities were functioning, while just 34 reported fully available cold-chain capacity. In South Darfur, only 42 facilities had fully available cold-chain capacity, with 96 reporting partial availability. MSF teams have reported prolonged vaccine shortages, including more than six months of measles vaccine shortages in South Darfur during 2025.

Community interviews indicate that the principal barriers to vaccination are generally related to **access and service availability** rather than widespread vaccine refusal. Caregivers described long distances, transport costs, interrupted outreach and repeated vaccine stock-outs. Some families travelled for hours or incurred significant transport costs to reach vaccination services, while others reported that vaccination services simply did not reach their communities. At the same time, interviews identified gaps in awareness of the importance of vaccination in some communities, indicating that improved access should be accompanied by sustained community engagement and health promotion.

> *"We live far away, vaccine didn't reach us there."*
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> **-Caregiver, in remote area**



PHOTO:
Measles Vaccination campaign in El Geneina.

EL GENEINA, DARFUR © CINDY GONZALEZ/MSF

Overall, there is a need to shift from an approach largely centred on reactive outbreak response toward **sustained, conflict-adapted routine immunisation**. This requires maintaining and improving emergency response capacity and efficacy, while strengthening the systems that prevent immunity gaps from developing. Priority should be given to repeatedly affected localities and to displaced, remote and insecure communities where conventional fixed-site services are insufficient.

This report recommends eight areas of action:

1. Adapting routine immunisation to conflict realities through mobile, outreach and catch-up services;
2. Providing flexible operational support and financing;
3. Strengthening vaccine supply and cold-chain capacity;
4. Investing in frontline immunisation personnel;
5. Systematically reaching unvaccinated and under-immunised children;
6. Strengthening immunisation monitoring;
7. Reducing delays in outbreak detection and response; and
8. Strengthening community engagement and access to vaccination. These measures require close coordination between health authorities, humanitarian organisations, UN agencies, donors, local implementing partners and communities.

"Since the war, they have never heard about vaccination."

-Caregiver, El Geneina

Measles and pertussis outbreaks in Darfur are a consequence of persistent immunity gaps and the disruption of routine immunisation by conflict and displacement. Reducing future outbreaks depends on the ability to sustain vaccination continuously between outbreaks, bring services closer to affected communities, maintain reliable vaccine and cold-chain systems, strengthen the immunisation workforce and improve monitoring and response mechanisms. Without adapting routine immunisation to the realities of the prolonged conflict and displacement across Sudan, the same communities are likely to remain vulnerable to recurrent vaccine-preventable disease outbreaks.