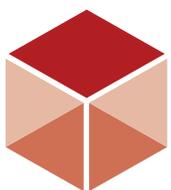




1,000 days of war:
The role of the diaspora in supporting
Sudan's health system resilience
Key findings and policy recommendations

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Background

Since the outbreak of armed conflict in Sudan in April 2023, the health system has experienced widespread destruction and disruption [1]. An estimated 70% of health facilities are non-functional, alongside mass displacement of health workers and the destruction of critical national health infrastructure [2]. These impacts, combined with the displacement of approximately 11 million people, recurrent cholera and dengue outbreaks, seasonal flooding, and deepening poverty, have placed unprecedented strain on both the health system and communities, contributing to what is now the world's largest humanitarian crisis.

Amidst this context, Sudanese diaspora communities have emerged as key actors, supporting families, community grassroot groups and the health system. Despite their growing prominence, diaspora contributions to the resilience of Sudan's health system resilience, both historically and in the current crisis, remain under-examined.

This policy brief draws on a case study conducted in Sudan as part of the ReBUILD for Resilience multi-country research study. It provides the first analysis of Sudanese diaspora contributions to the resilience of Sudan's health system, diaspora engagement pathways and factors that affect it. This evidence is critical to inform Sudan's policymakers, diaspora, and other stakeholders to better engage, coordinate, and channel diaspora contributions to strengthen the resilience of Sudan's health system.

Key policy messages

Transition from ad hoc engagement to facilitative governance mechanisms

Develop flexible, facilitative governance mechanisms using a **whole-of-government** approach to coordinate and align diaspora contributions without constraining autonomy. Sudan's Federal Ministry of Health (FMOH) might:

- Sensitise the government to develop a whole-of-government policy / directive to support diaspora engagement, including a flexible arrangement on enabling the financial, human, and social capital of the diaspora.
- Introduce a national diaspora engagement program with appropriate policies, structure, and mechanisms for coordination and implementation.
- Establish a high touch platform to strengthen diaspora role and ensure effective, timely strategic decisions.

Strengthen data and information on diaspora

The FMOH should lead on developing a robust, updated diaspora information system, including needs and opportunities. Diaspora groups might provide information on members' numbers, capacities and other potential.

Adopt a differentiated approach to diaspora engagement, in light of the political climate

Tailor engagement strategies based on diaspora characteristics and the political economy, avoiding one-size-fits-all approaches. The FMOH might:

- Revise and update the health worker migration policy to reflect diaspora realities and characteristics.
- Instigate legal reform, allowing flexible agreements with diaspora and destination countries.
- Regulatory and licensing councils should ensure policies and criteria are flexible enough to promote diaspora engagement, e.g. flexible and temporary licensing arrangements, fast tracking of foreign team licensing.
- Tailor engagement approaches to the political and institutional realities in Sudan. The political climate is a key driver of diaspora inter-group fragmentation and influencer of diaspora engagement channels.

Ensure sustainability through facilitative governance and integration

Develop **clear, flexible frameworks** to define priorities, guide engagement, and align contributions; promote **early and inclusive engagement** between diaspora, government, and local actors; integrate contributions into existing systems. The FMOH should:

- Integrate diaspora potential within the national health strategy, national health workforce policy and strategy, and associated guidance.
- Lead policy on virtual healthcare to allow sustainable diaspora contribution.
- Lobby the Sudanese government and labour and legal sectors to allow feasible arrangements for diaspora offices and structures to ensure work continuity.
- Work with the Ministry of Higher Education and universities to develop a flexible policy on online and virtual education to allow sustainable diaspora contribution.

Findings

Diaspora engagement with Sudan's health system occurs within an evolving institutional landscape.

Despite the development of several policies and roadmaps highlighting the importance of diaspora (including the Sudan Migration Management Policy and the Roadmap for Diaspora Engagement), there is no comprehensive diaspora engagement policy or framework at the government level. A nascent

diaspora engagement unit exists within the Federal Ministry of Health; however, in practice, engagement continues to rely predominantly on informal, trust-based networks that may become gradually formalised over time.

Diaspora contributions to Sudan's health system span financial, human and social capital and support the health system and communities in multiple ways (Table 1).

Diaspora engagement supported the Sudanese health system across multiple dimensions of resilience: anticipating shocks, absorbing impacts, adapting to crisis, and enabling elements of longer-term transformation. Prior to the escalation of conflict, diaspora actors strengthened **preparedness** through organisational pre-positioning, scenario planning, and enhanced outbreak surveillance capacities, including support to early warning and response systems. During the acute phase of the crisis, they played a critical role in supporting the health system to **absorb** shocks and sustain essential services by supporting health facilities, mobilising supplies, training frontline workers, and financing community-based responses addressing broader determinants of health.

As the crisis evolved, diaspora contributions supported **adaptation** through reconfiguring service delivery models, including mobile clinics and cross-border services, expansion of services to include mental and psychosocial support, digital health innovations such as telemedicine, and strengthened coordination and governance mechanisms. In some cases, these contributions supported **emergent system transformation**, including the rehabilitation of health infrastructure, digitalisation of workforce regulation, community-led recovery initiatives, diaspora-led knowledge exchange, and advocacy shaping post-conflict health system reform.

Table 1: Contributions of Sudanese diaspora to Sudan's health system and communities (over)

Type of capital	Contribution	Description	Example from study
Financial capital	Remittances (personal & collective)	Financial transfers to households and communities supporting access to care and basic needs	Remittances reached an estimated US\$3 billion in 2020, supporting household consumption and access to healthcare
	Philanthropic donations	Fundraising through diaspora networks, charities, and faith-based giving, e.g. Zakaat	Diaspora rapidly mobilised funds within days of cholera outbreaks to procure essential supplies such as isotonic solution for frontline response; or for support of community kitchens and mutual aid groups
	Investments in healthcare	Larger-scale financial contributions to infrastructure and service delivery	Diaspora financed multi-million-dollar rehabilitation of hospitals in Khartoum, including maternity and paediatric facilities
	In-kind donations (medical supplies)	Provision of equipment, medicines, and essential inputs	During COVID-19, diaspora supported provision of PPE, oxygen systems, and medical equipment to hospitals at the scale of thousands to millions of US dollars
Human capital	Service delivery (missions, telemedicine)	Direct clinical care through short-term missions or remote support	Several in-person medical missions and telemedicine initiatives, such as the Sudan Virtual Clinic, enabled continued routine health services and specialised care
	Training and capacity building (health workforce)	Upskilling frontline workers in emergency and routine care	Diaspora delivered rapid virtual training within weeks of the war, reaching thousands of health workers via digital platforms
	Technical guidance to government	Advisory roles in policy, planning, and emergency response	Diaspora experts contributed to national taskforces (e.g. dengue response) and supported strategy development within FMOH
	Supporting community response	Building capacity of local actors for emergency and community response	Diaspora funded and supported community-based medical response teams, and mutual aid groups delivering WASH, food, and local response activities
	Support to medical education institutions and career progression	Sustaining training pipelines and academic systems	Diaspora supported ~3,000 trainees through accredited medical education and simulation-based training during conflict, in addition to supporting regulatory councils' work to process practitioner applications
Social capital	Networks for resource mobilisation	Leveraging transnational networks to mobilise funds, expertise, and partnerships	Diaspora used global professional and charitable networks to access new funding streams and mobilise rapid response resources
	Advocacy	Influencing policy, raising awareness, and addressing structural issues	Diaspora engaged in advocacy on human rights violations, including contributing evidence to international accountability processes

Diaspora engagement with Sudan’s health system operates through multi-actor, multi-level, and predominantly network-based channels, combining informal relationships with more formal institutional arrangements.

Diaspora actors engage simultaneously with government institutions (including the Federal and State Ministries of Health), health facilities, professional associations, community-based

organisations, mutual aid groups, private sector actors, and international agencies, often using trusted personal and professional networks as entry points.

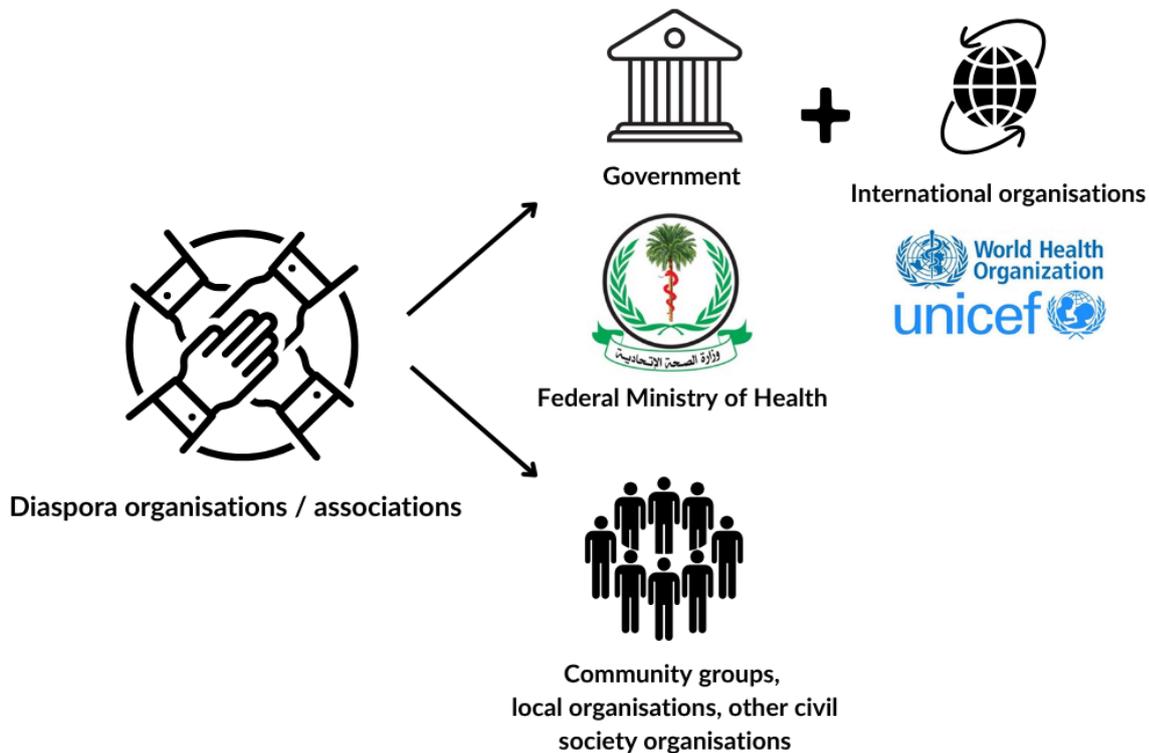
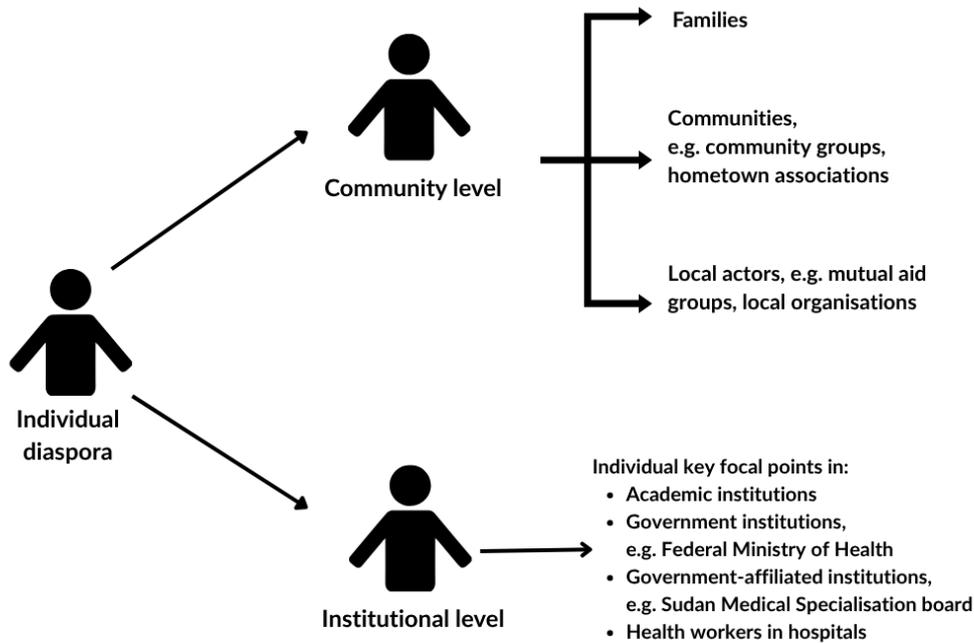


Figure 1: Diaspora engagement pathways with Sudan’s health system, communities and relevant actors

Their engagement is shaped by several factors:

Overlapping motivations: Strong moral obligation to “give back”, reinforced by professional identity, emotional ties to family and communities, a sense of responsibility to communities, solidarity “nafeer” and indebtedness linked to previous publicly funded education.

Impeding factors: Fragmentation within diaspora groups, political polarisation, bureaucratic and regulatory barriers, insecurity, and limited organisational capacity of diaspora groups.

Enabling factors: Flexible and diversified funding, strong transnational networks, localisation (i.e. supporting locally embedded partners, which is

a key enabler of effectiveness and legitimacy), digital technologies, and crisis-driven openings for engagement.

Influencing factors: Several factors, such as diaspora characteristics, the region of settlement of diaspora and the political climate in Sudan, shape the scale and form of contributions to health systems. For example, the study finds that diaspora based in the West, despite being smaller in size than Gulf-based diaspora, are able to mobilise more resources and contribute at scale to Sudan’s health system and communities.

Methodology snapshot

This brief draws from a multi-method qualitative case study conducted in Sudan as part of the ReBUILD for Resilience Consortium research project, *The role of the diaspora in supporting health system resilience in fragile and shock-prone settings*. The study comprised a review of 23 relevant documents and 13 semi-structured interviews

with senior government officials, individual diaspora, representatives of diaspora organisations, and academics or experts in the field. Data was analysed through thematic analysis and triangulated to strengthen reliability and credibility. The findings in this brief draw from the manuscript [3].

Summary

Overall, Sudanese diaspora make extensive contributions to the resilience of Sudan’s health system. However, the extent to which diaspora contributions translate into meaningful and sustained impact on national health system

priorities is strongly influenced by facilitative governance arrangements, particularly the ability to coordinate, align, and integrate diaspora efforts while preserving diaspora autonomy, transparency and building trust.

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This brief is one of a series on diaspora produced by ReBUILD for Resilience. Find others and further information on this study - the role of the diaspora in supporting health system resilience in fragile and shock-prone settings – on the ReBUILD website.

<https://www.rebuildconsortium.com/projects/diaspora-health-system-resilience/>

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