

Sudan's tuberculosis response needs global support amid conflict

As Sudan enters its third year of war, tuberculosis continues to pose a serious threat to public health amid systemic health-care collapse.¹ In 2024 alone, the Federal Ministry of Health in Sudan officially reported 14 310 new tuberculosis cases, reflecting the persistence of the disease despite widespread insecurity and disruption of services.² Actual case numbers could be even higher, given the under-reporting in conflict and inaccessible areas. Currently, tuberculosis services are operational in 148 diagnostic and treatment centres across areas not directly affected by violence. Additionally, eight centres for drug-resistant tuberculosis and 32 molecular testing laboratories remain functional, largely due to the resilience of national health workers and support from local and international partners, and ongoing efforts are underway to finalise the establishment of two zonal laboratories.² These numbers, although encouraging, represent only a partial picture of the true disease burden, as vast regions remain inaccessible and under-reported.

The humanitarian crisis has exacerbated risk factors for tuberculosis transmission, including overcrowding, malnutrition, and displacement, with more than 8.6 million people internally displaced since the conflict began.³ Moreover, the collapse of routine health services has resulted in over 70% of hospitals being non-functional, and 701 000 children missing basic vaccinations in 2023 alone.^{4,5} Drug-resistant tuberculosis remains a major concern, with previous studies showing 22.8% of tuberculosis cases in Sudan being multidrug resistant and nearly 47.0% resistant to at least one anti-tuberculosis drug.⁶ According to data from the Sudanese

Federal Ministry of Health's National Tuberculosis Program (before 2023), 22.3% of newly diagnosed tuberculosis cases were classified as multidrug resistant (unpublished). Among patients previously treated for tuberculosis, 30.0% were found to have multidrug-resistant tuberculosis (unpublished). No updated figures have been released since then. Without robust surveillance and sustained treatment access, these numbers might be even higher now.

Despite these challenges, collaborative efforts are underway. The Global Fund to Fight AIDS, Tuberculosis and Malaria and the UN Development Programme, in coordination with Sudan's health authorities, resumed medical supply deliveries to Darfur and other conflict-affected regions in late 2024, including medicines for approximately 13 000 patients with tuberculosis.⁷ Furthermore, the Sudanese Federal Ministry of Health is actively rehabilitating tuberculosis centres and expanding diagnostic capacity across several states.² Nevertheless, tuberculosis remains a neglected crisis in the broader humanitarian response. There is an urgent need for targeted funding, mobile diagnostics, treatment continuity in displacement settings, and integration of tuberculosis services into emergency health operations. The long-term risks of an uncontrolled tuberculosis epidemic—particularly multidrug-resistant tuberculosis—are far reaching and demand immediate global health attention.

We declare no competing interests.

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Human reproduction in crisis: causes unknown

Fertility rates have plummeted, making human reproduction below replacement level across all industrialised regions (Organization for Economic Cooperation and Development fertility trends are illustrated in appendix p 2).¹

In line with the tradition of demographic research, the decline in fertility rates has been assumed to reflect a cultural transition due to social and economic changes of modern times.² However, this theory has not provided concrete evidence linking specific socioeconomic factors to the decline in fertility rates. Other hypotheses suggesting that lower fecundity (the biological ability to reproduce) could contribute to lower fertility rates have typically been overlooked in demographic research.^{2,3}



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