

2025 ACUTE NEEDS ANALYSIS

Global Key Findings | January 2026

SUMMARY

In 2025, IMPACT Initiatives piloted the Acute Needs Analysis (ANA) in 19 crises. **In 8 of these, the analysis identified locations at risk of excess mortality (RoEM):** where critical vulnerabilities and breakdowns in essential services converge in ways that suggest largescale loss of life is likely occurring, or imminent without rapid mitigation.

In the **Gaza Strip, Sudan, South Sudan,** and the **Central African Republic (CAR)**, findings point to particularly widespread system strain and service collapse, likely resulting preventable deaths across large parts of the country. Moreover, in contexts such as the **Democratic Republic of Congo (DRC)**, risk of excess mortality classifications were less geographically widespread yet some of these areas contain large populations, suggesting that substantial numbers of people may still face life-threatening conditions (Map 1).

These findings emphasize that risk of largescale loss of life can emerge both in high-profile emergencies marked by recent large-scale shocks, such as Sudan and Gaza, **as well as more protracted contexts** like CAR

and South Sudan, where cumulative shocks, insecurity, and service erosion continue to place lives at risk, often with less public attention.

Where evidence did not indicate an immediate risk of loss of life, **Acute Needs** — defined here as severe gaps in access to life-sustaining services such as healthcare and safe drinking water — **were widespread across nearly all analysed crises.** When these gaps accumulate or overwhelm coping capacities, they heighten vulnerability to future shocks and increase the risk of preventable deaths.

Importantly, while the ANA identified some areas and groups most at risk, **evidence gaps constrained full analysis,** in some cases even preventing conclusions for large parts of the country (Map 1). As a result many **vulnerable populations remain at risk of being left behind.**

This brief provides a high-level overview; coverage and confidence vary by crisis based on the availability of credible and timely evidence. More information, including more detailed crisis analyses, can be found on the [ANA webpage](#).

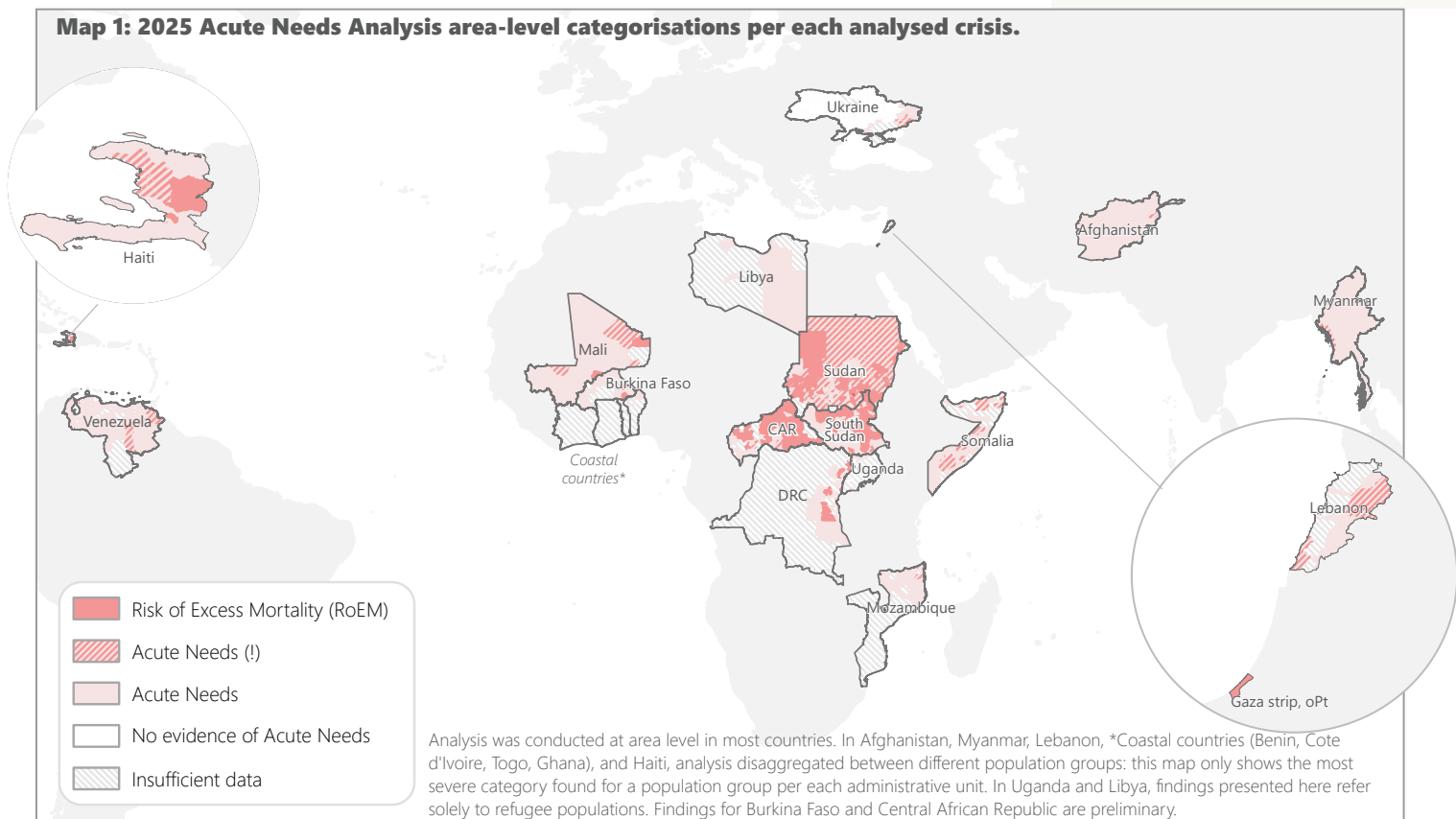
ABOUT

The 2025 Acute Needs Analysis (ANA) is a pilot seeking to support needs-based aid prioritisation by **identifying populations facing the most acute, potentially life-threatening needs.** The ANA looks at intersectoral drivers of mortality to understand whether an area or group could be facing emergency levels of mortality.* Findings reflect conditions during the **May-August 2025** analysis timeframe in most crises.

The analysis considers the impact of violence and insecurity on (access to) critical services. However, due to the complexity of anticipating conflict dynamics, **it does not include risk of trauma deaths,** nor does it provide a full picture of all needs or community priorities. Ongoing development and lessons learnt from this 2025 pilot will inform the 2026 ANA cycle.

More information on page 2.

Map 1: 2025 Acute Needs Analysis area-level categorisations per each analysed crisis.



Analysis was conducted at area level in most countries. In Afghanistan, Myanmar, Lebanon, *Coastal countries (Benin, Cote d'Ivoire, Togo, Ghana), and Haiti, analysis disaggregated between different population groups: this map only shows the most severe category found for a population group per each administrative unit. In Uganda and Libya, findings presented here refer solely to refugee populations. Findings for Burkina Faso and Central African Republic are preliminary.

* **Emergency mortality** thresholds follow WHO, Sphere, and UNHCR standards. A crisis is considered an emergency when mortality exceeds normal/baseline levels or when the crude mortality rate reaches $\geq 1/10,000/\text{day}$ (or $\geq 2/10,000/\text{day}$ for children under five), indicating the need for immediate action. ** **Acute Needs(!)** category: all available evidence suggests potential concern for RoEM, but specific data gaps prevent final confirmation.

BACKGROUND

In a context of large funding reductions, **evidence-based prioritisation is more critical than ever to ensure assistance reaches the people who need it most.**

However, the information systems supporting such decisions have also been weakened by funding cuts, with less data on needs and severity and substantial gaps in coverage, **the risk of analytical failure is high.**

Robust, up-to-date estimates of excess mortality are rarely available at scale.

The ANA therefore assesses the likelihood of large-scale loss of life based on the convergence of direct mortality drivers. This focus reflects a core objective: to avert preventable loss of life. It should be noted that

this is only one aspect of the broader objective of alleviating suffering and upholding people's dignity in crises.

The ANA uses a standardised analytical framework to consolidate a wide range of available evidence and generate findings that are **broadly comparable within and across crises.** The framework was developed to be **interoperable with, and complementary to, existing (global) analyses processes,** while maintaining a specific focus on public-health-related mortality drivers.

While thresholds and minimum evidence requirements are standardised, key data sources vary by context. Information on the methodology and limitations can be found on page 5.

Life-threatening needs/RoEM

Imminent risk of reversible loss of life due to a breakdown of public health systems

Acute Needs

Critical gaps in areas that directly affect survival

Comprehensive overview of people's needs

Shocks and underlying vulnerabilities

The analysis focuses on identifying Acute Needs (severe gaps in direct mortality drivers) and Life-threatening needs (a combination of converging Acute Needs in such a way that emergency levels of mortality are likely occurring or imminent). When life-threatening needs are concluded at area-level, an area receives an RoEM categorisation.

WHERE ARE NEEDS MOST ACUTE? GLOBAL PATTERNS OF LIFE-THREATENING NEEDS

Risk of large-scale loss of life found in 8 crises

In more than half of crises with sufficient evidence available for the analysis, findings suggest that at least some pockets of the population are facing life-threatening needs due to a breakdown of critical services and insufficient mitigation capacity (see Map 1). In **Sudan, South Sudan, and the Central African Republic (CAR)**, the area-level analysis suggests the risk of largescale loss of life is widespread. In the **Gaza Strip**, this conclusion applies across the entire crisis. In these areas, findings suggest that emergency levels of mortality were likely occurring during the analysis timeframe (May-August 2025), or were imminent if acute gaps remained unmitigated.*

Life-threatening needs can arise from diverse pathways

Across the analysed contexts, the ANA findings highlighted that **very acute outcomes can emerge through markedly different contextual pathways.** In some crises, life-threatening conditions follow sudden, largescale shocks, including intense conflict, mass displacement, and rapid collapse of infrastructure. In others, they stem from the cumulative effects of repeated shocks and stressors over a longer

period of time, even in the absence of a recent catalytic event.

In **Sudan**, for instance, the analysis found life-threatening needs across most of the country. Acute gaps in food and water systems are widespread, while health service failure in most conflict-affected areas has severely constrained the ability to manage high levels of morbidity and acute malnutrition resulting from these gaps. Largescale displacement and trade disruptions have also intensified pressure on already limited services in hosting areas, amplifying vulnerabilities and contributing to risk of large-scale loss of life in some of those locations.

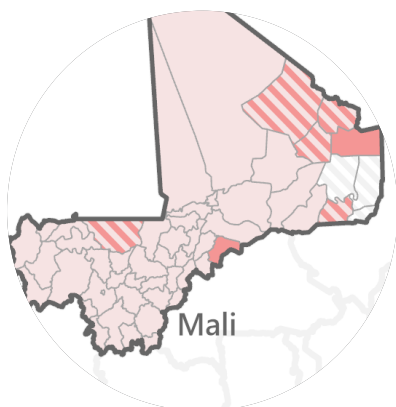
In contrast, in **CAR**, findings also suggest a wide geographic spread of areas facing risk of excess mortality, even if the overall number of affected people is likely lower than in larger crises such as Sudan or the DRC. In CAR, acute outcomes appear to stem from compounding water, sanitation, and health service gaps, alongside significant stress on the food system. Unlike some neighbouring countries that experienced more rapid deterioration due to escalating conflict in 2024 and 2025, the analysis highlights how the **prolonged effects of past civil war and mass displacement continue to drive risk of loss of life**, in a context marked by persistent insecurity and extreme poverty.

* Because the ANA is an area-level analysis, this finding does not provide the magnitude of people at risk.

Cross-system convergence can reveal under-recognised mortality risks

By analysing how needs interact, analysis highlights areas at risk of largescale loss of life that may be missed when looking only for extreme gaps in a single sector. In some locations, these patterns of compounding vulnerability and systemic failure only become visible when looking at convergence, identifying populations that may be missed when crises are understood primarily through a sectoral lens.

For instance in **Mali**, where low dietary diversity, coupled with reliance on unimproved water sources, poor sanitation and living conditions, and limited healthcare access collectively creates high underlying vulnerability. In some districts, such as refugee-hosting Koro and hard-to-reach districts in the country's east, the



analysis shows that conditions can quickly escalate into conditions associated with acute risk of loss of life when access to services gets interrupted, for instance due to trade disruptions and changing security dynamics.

Or in **South Sudan**, where findings across much of the country align with food security analyses. High food and nutrition stress are key drivers of risk of loss of life across the Ethiopian border and the northeastern belt. However, in parts of the southern and western belts, findings hint at life-threatening conditions mainly driven by severe gaps in water, health, and living condition systems, which may be underrepresented in food-focused analyses and therefore at risk of deprioritisation.

BEYOND IMMEDIATE LOSS OF LIFE: ACUTE NEEDS ARE WIDESPREAD

Acute Needs across nearly all crises

For the purpose of this analysis, Acute Needs are defined as severe gaps in access to critical, life-sustaining services and resources. While these gaps do not always imply imminent mortality risk, they do indicate conditions that can escalate into preventable loss of life when multiple systems are strained and can no longer effectively mitigate impacts.

In nearly all countries where the ANA was conducted in 2025, **Acute Needs classifications were widespread**. This means that, in most crises, the majority of areas with sufficient evidence were classified as experiencing an acute need in at least one sector. The widespread presence of Acute Needs suggests many contexts are already under conditions that may leave little margin for life-threatening conditions to emerge.

Early signals of escalation

In this context, limited resources and hyper-prioritisation **increase the risk that service reductions trigger cascading impacts on health and wellbeing**.

Several crises without immediate risk of largescale loss of life show early indications of deteriorating public health outcomes, suggesting that **system strain may already contribute to preventable deaths among vulnerable groups** and could evolve into more widespread risk of loss of life if conditions worsen.

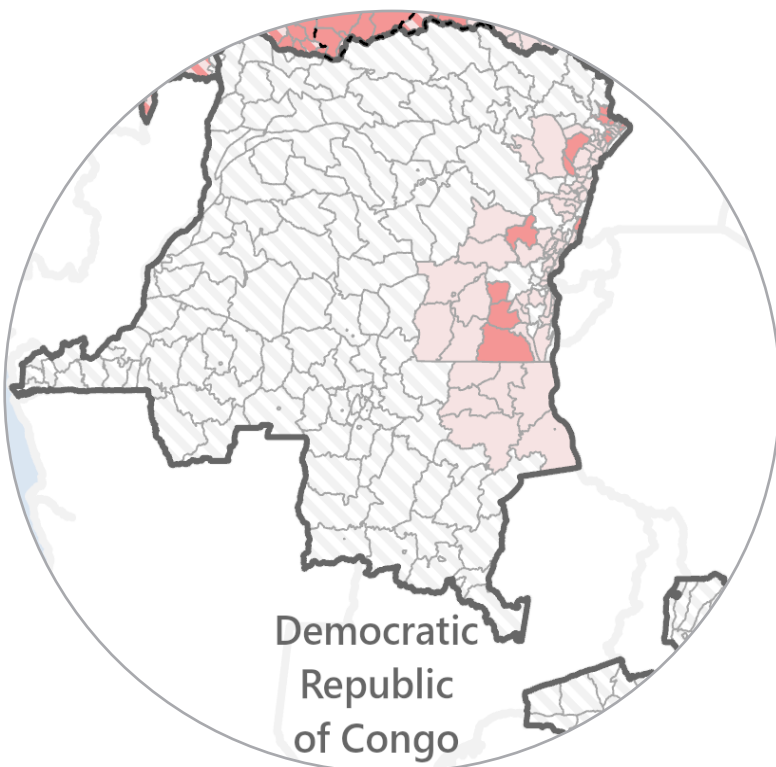
In **Uganda's** refugee settlements, for instance, compounding stress on critical services are reflected in increasing rates of acute malnutrition and disease, particularly in locations that experienced stark reductions in general food assistance in 2025.

In parts of **Afghanistan**, severe healthcare and nutrition gaps, which were exacerbated by slashed funding at the beginning of 2025, are contributing to heightened risk of preventable deaths among particularly vulnerable groups, including pregnant women, infants, and people living with chronic conditions. These are two examples – similar dynamics were found across several crises.

WHAT WE CANNOT SEE: ANALYTICAL BLINDSPOTS AND THE IMPORTANCE OF EVIDENCE AVAILABILITY

Evidence gaps create and exacerbate prioritisation blindspots

The 2025 ANA pilot highlights **major analytical challenges linked to insufficient or uneven evidence environments, which limits visibility on where needs are most acutely severe**. Importantly, these data gaps are not randomly distributed. Often, the same factors that drive acute needs – such as active conflict, remoteness, and access restrictions – also complicate data collection, **meaning that populations facing the highest risks are also sometimes those least captured in available evidence.**



In several crises, large parts of the country could not be analysed due to missing, outdated, or non-comparable data, particularly for public-health outcomes such as disease, malnutrition, and mortality (see Map 1). In the **DRC**, for instance, robust analysis was possible only in the East, where findings suggest acute needs and risk of largescale loss of life are commonplace. The absence of recent data elsewhere prevents a meaningful assessment of severity, despite signals that highly severe conditions may exist in other parts of the country.* **As a result, the ANA results are likely to underestimate the situation in a country of over 100 million people.**

Beyond unassessable areas, many crises lack granular data on direct mortality drivers (malnutrition and morbidity), preventing confident conclusions on mortality risk. In contexts such as **Venezuela, Myanmar**, or refugee-hosting areas in **Libya**, available information often supports only an Acute Needs classification, even when partial evidence suggests conditions may be worse.

In **CAR**, where mortality data were available for some provinces, results generally supported the ANA findings, with mortality rates surpassing the World Health Organisation (WHO) Emergency Threshold in six provinces. However, substantial data coverage maps remain, leaving several locations impossible to analyse through the ANA, including areas where there is no indication that conditions are significantly better than in neighbouring regions.

Overall, these **data constraints underscore the risk that some of the most vulnerable populations are overlooked.**

*See for instance the [2024 Multi-Sector Needs Assessment \(MSNA\)](#) for the DRC.

HOW TO INTERPRET THE FINDINGS

The 2025 Acute Needs Analysis (ANA) is a pilot exercise, developed in a rapidly evolving and uncertain context. It is not intended as a sectoral analysis. Rather, it provides a complementary perspective focused on life-threatening conditions linked to public-health system failures. Findings should therefore be read as an evidence-based indication of where such conditions are likely already occurring or are likely to be imminent, rather than a comprehensive assessment of overall humanitarian severity. While the framework integrates diverse data sources, evidence remains uneven across and within crises, meaning that the risk of loss of life may be underestimated where data are limited or absent.

Methodology in brief

In the absence of timely, crisis-wide mortality data in many contexts, the ANA assesses the **convergence of mortality drivers and vulnerabilities to identify populations who could be facing a risk of excess mortality** due to breakdowns in critical systems. The intersectoral framework spans food and water security, living conditions, and health and nutrition services, and considers how acute deprivations translate into health outcomes, including acute malnutrition and morbidity. The approach builds on long-standing work and draws heavily on existing global frameworks and standards.

The analysis is conducted in two phases. First, analysts compile relevant and timely evidence in a **quantitative tool** that checks indicators against thresholds in the framework. When multiple thresholds are met, areas receive preliminary flags indicating a degree of concern. Second, using a **structured qualitative approach**, analysts interpret and triangulate these results with contextual information and additional sources, validating or adjusting the preliminary flags. At the end of the process, each area is categorised as follows:

Excess Mortality: timely evidence confirms mortality rates exceed WHO emergency thresholds (>1 death/10,000 people/day; >2 for children under five, or 2x baseline mortality).

Risk of Excess Mortality (RoEM): very severe gaps in multiple mortality drivers are interacting in a way that suggests excess mortality is likely occurring within the analysis timeframe or is imminent.

Acute Needs (AN): evidence confirms very severe gaps in at least one mortality driver, but not to the extent that there is immediate concern for excess mortality.

No evidence of AN: there is no evidence of very severe gaps in mortality drivers.

In some cases, available evidence suggests potential concern for RoEM, but minimum evidence requirements are not met, often due to missing or outdated information on health outcomes (acute malnutrition and morbidity). These areas are categorised as **"Acute Needs (!)"** reflecting credible concern alongside key evidentiary limitations.


When none of the minimum evidence requirements are met, areas are classified as **"Insufficient Evidence"**.

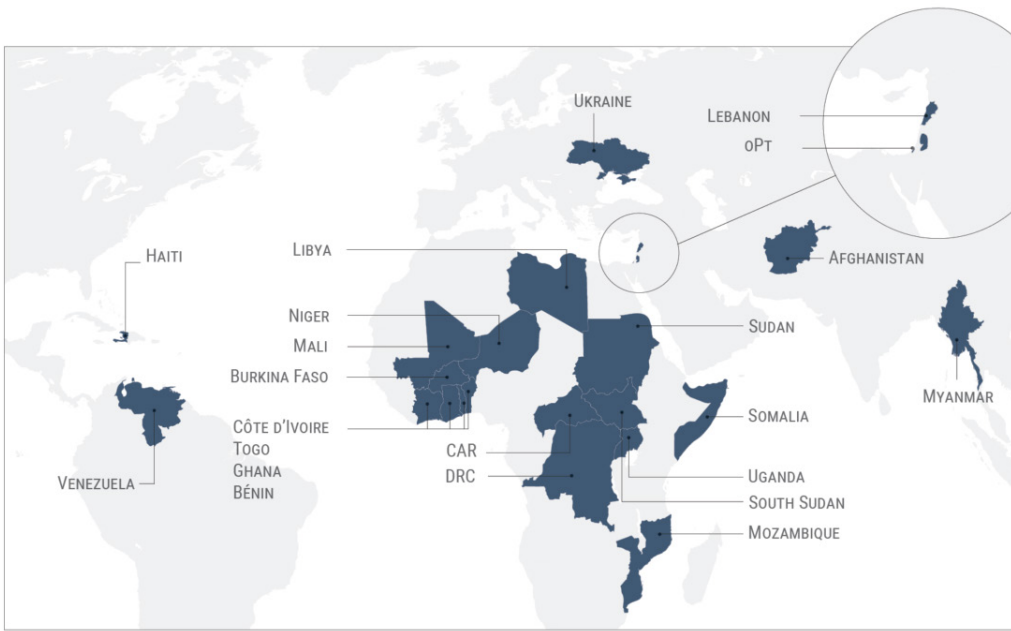
Scope and limitations of the 2025 pilot

Several important elements fall outside the scope of the 2025 ANA:

- **(Risk of) trauma deaths:** the ANA does not assess the risk of direct trauma mortality due to limitations in anticipating conflict dynamics, though it considers how insecurity affects access to and functioning of critical systems
- **Humanitarian needs beyond the acutely life-threatening:** the pilot focuses on direct drivers of mortality and does not capture the full breadth of intersectoral humanitarian needs; conceptual refinements are planned from 2026 onwards, including exploring how to reflect additional dimensions of need.
- **Community priorities:** affected communities' priorities and perspectives are not included; a separate analytical framework and information product are planned for 2026.
- **Magnitude estimates:** approaches to estimate the number of people facing life-threatening needs are being piloted, but require stronger data than is available in many contexts; as a result, crisis-wide magnitude estimates could not be produced in most countries.
- **Real-time monitoring and updates:** the ANA provides a snapshot of conditions during the analysis period and does not capture subsequent changes; work is underway to develop light monitoring and update mechanisms.

Lessons learnt from the 2025 pilot will inform methodological refinements for the 2026 ANA cycle.

 For more information, visit the [Acute Needs Analysis webpage](#).



The 2025 ANA was conducted in 19 crises.* In 11 of those, REACH also conducted a Multi-Sector Needs Assessment (MSNA), which often was among the primary sources of evidence used for the ANA in many countries. Other commonly used data sources include sectoral and (joint) intersectoral assessments, public health surveys, service and infrastructure mapping, situation reports, etc. Consult the country briefs for more information on evidence used in different crises.

* Due to data availability constraints, the ANA in Niger relies on data from the 2024 MSNA. Because of this difference in analysis timeframe and resulting limited comparability, the results for Niger are not included in this global analysis of the 2025 ANA.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).