Protecting health in conflict in Sudan: a call for health worker solidarity

Attacks on healthcare facilities and staff have exacerbated the suffering caused by the conflict in Sudan. The global health community must respond with solidarity and support, write Khidir Dalouk and Rohini J Haar

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The ongoing conflict in Sudan has inflicted immense suffering, compounded by devastating attacks on healthcare infrastructure and professionals.1 Several ceasefires have been drawn up in the past few weeks, but none has lasted long, and nothing has protected health workers from being targeted.

The violence against healthcare workers has taken many forms. There have been indiscriminate and targeted missile and artillery attacks against hospitals since the conflict renewed in April.2 Facilities have been occupied, and soldiers have demanded priority treatment. Deliveries of supplies have been intercepted, and humanitarian aid has been redirected to the military, resulting in critical shortages of equipment and drugs. Numerous health workers have been violently attacked, with at least 21 deaths according to the latest statement released by the Preliminary Committee of the Sudan Medical Association.3 Health workers have been criticised and arrested, presumably for fulfilling their obligations to provide care to all people neutrally and advocating for peace. Last month, Alaa Eldin Awad Mohamed Nogoud, a prominent surgeon and pro-democracy activist in Sudan, was arrested by militants at his home in the North Al-Hittana neighbourhood in Omdurman and released 10 days later with no charges.4

Such acts violate international humanitarian law and perpetuate a cycle of fear and intimidation, endangering the lives of health workers and discouraging them from delivering care. This is not unique to Sudan. A report by the Safeguarding Health in Conflict Coalition documented nearly 2000 attacks on health workers globally in 2022 alone.5 In Sudan, attacks on health are not a recent phenomenon; investigations by Physicians for Human Rights from 20196 and 20207 attest to the consistency of attacks on health in Sudan since the revolution began in late 2018.

As a result, access to healthcare has become increasingly limited, exacerbating the suffering of 45 million people. Over 65% of hospitals in Khartoum are now shuttered or destroyed.8 The violence is endangering lives and severely limiting the delivery of essential healthcare services to communities that now have heightened needs for care. There are more sick wounded people, both soldiers and civilians, because of the fighting. More than 1800 people have reportedly been killed with many more likely injured since the start of the conflict.9 Lack of access to medical care has prevented early management of injuries and exacerbated chronic illnesses. This has resulted in greater numbers of sicker patients in congested hospitals in para-conflict zones.

Health workers are the backbone of any healthcare system, especially during times of crisis. Their commitment, resilience, and expertise are essential for providing care and supporting communities. Health workers face tremendous obstacles in Sudan. They are being physically attacked, denounced as partisan by both warring parties, and are burnt out from constant work providing care with limited resources in the few remaining functional hospitals.

It often feels that little is being done diplomatically. Politics have prevented the UN from advancing consistent aid channels or accountability mechanisms.10 But in Sudan and around the world health workers in the diaspora have been quietly working on behalf of their counterparts. The Sudan American Physicians Association (US) and Sudan Doctors for Human Rights (UK), among others, have sent supplies, are running hospitals in Wad-Madani, and are funding the operations of hospitals in Khartoum, Hafla, and Darfur.11 They have also organised training on documenting violence including violence against women, implemented telemedicine care covering various specialties, and have been advocating for more protection and humanitarian aid and access through many channels.12 11

Expressions of global solidarity are critically important to health workers on the ground. Even without conflict, health workers face a wide range of obstacles to providing quality care: workload, staff shortages, stress, financial issues, bureaucracy, and occupational hazards. War and conflict inevitably add further challenges to that list.

As health workers, we can rally around our colleagues in Sudan through our professional networks, specialties, and other organisations. We can raise awareness of the laws of war and protections for civilians and health workers, who must be allowed to work without interference or violence. We can provide technical assistance and collaborate on research and knowledge exchange. This includes working to advance healthcare in challenging contexts, including health delivery in conflict zones, as an integral part of global health programmes. We can support students and faculty when medical education is disrupted indefinitely with access to accredited curriculums to prevent them losing educational opportunities. We can also speak out. Using our voices and platforms to share information about the challenges in Sudan by sharing personal

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stories, engaging with colleagues, and educating the next generation of health professionals that these issues matter.

Expressing solidarity with our colleagues in Sudan is crucial for fostering a sense of unity in the global healthcare community. By raising awareness and supporting them, we can contribute to improving the safety, wellbeing, and resilience of our colleagues facing extraordinary challenges in conflict zones. The protection of health workers in the Sudan conflict is a moral imperative and a critical step towards mitigating the suffering of the millions of people affected.

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