

Forum: World Health Assembly (WHA)

Issue: Eliminating the healthcare crisis in Sudan

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Introduction

Sudan is experiencing a major healthcare problem, worsened by ongoing conflicts in the area, particularly the Sudanese civil war that started in April 2023. The conflict in the area has led to multiple civilians fleeing the country, seeking refuge in neighboring countries. This has caused the spread of diseases across neighboring countries, raising concerns over the possibility of a more widespread crisis spanning over the continent of Africa.

According to The World Health Organization (WHO), two-thirds of hospitals in areas affected by the conflict don't operate while the violent conflict in Sudan has left 11 million people with the need of urgent healthcare. (World Health Organization).

Numerous attacks on healthcare facilities unquestionably worsened the situation, leading to hospitals being shut down and medical supplies being destroyed. Other than healthcare facilities, healthcare workers have also been under danger as their lives are under threat, and the transport of medical supplies have been affected. Disruptions on Sudan's disease surveillance systems have also caused outbreaks of diseases in the country and factors such as natural disasters, limited access to clean water, shortages of food and crowdedness have increased the spread of diseases.

Definition of Key Terms

Epidemic: The widespread occurrence of a disease at a certain time in a particular region. (Merriam-Webster)

Pandemic: The widespread occurrence of a disease at a certain time in multiple regions. (Merriam-Webster)

Internally Displaced Persons (IDPs): IDPs are people that are forced to leave their homes but still remain within the borders of their own country. (WHO)

Refugee: Refugees are people who flee from their own country to another due to reasons such as war, safety and more. (UNHCR)

General Overview

After years of continuous coups in the country, in 1989, former Sudanese military officer Omar Al-Bashir overthrew Sadia Al-Mahdi and appointed himself as the head of state. During his time, he tried to make sure that he wouldn't be overthrown by keeping himself surrounded with protectory and kept them in check. He kept a strong relationship with the country's official military, the Sudanese Armed Forces (SAF) as the military had a strong influence and power and he did not wish to be overthrown like his predecessors. At the time, there was a civil war that took place in Southern Sudan and Bashir trusted the SAF with shutting down protests, sending them to the south and during this process lots of human rights abuses were recorded.

Meanwhile in the West, in Darfur, rebel groups started to rise in response to years of neglect and underrepresentation in the government, so in 2003, when the Sudanese Armed Forces were busy in the south rebel groups started attacking troops in Al-Fashir, a city in Darfur. Bashir decided to collaborate with local Arab militias in the area, also known as the Janjaweed. The Janjaweed supported Sudanese Armed Forces in the area and the conflict took an even more violent turn as reports of human rights violations started to increase. During this time, Bashir developed closer relationships with Janjaweed, and after a while he became most trusting of one of the leaders named Mohamed Hamdan Dagalo, also known as Hemeti.

In 2011, the civil war that took place in the South ended with South Sudan declaring its independence. This resulted in an economic crisis for Sudan as most of the oil-rich areas were in the south, which was now out of Sudanese territory. This economic crisis had slowly started to decline his power, so in 2013 he decided to give Hameti and Janjaweed official status as a paramilitary force and named them the Rapid Support Forces (RSF). The main purpose of RSF was to protect Bashir, as in 2017 Bashir passed a law where he placed Hemeti under his command.

For the RSF not to betray him, Omar Al-Bashir gave Hemeti financial autonomy and gave him access to gold mines in Darfur. Meanwhile he also continued supporting the Sudanese Armed Forces as well.

It is important to note that around two thirds of the government's budget was spent on the security sector while Sudanese people were struggling to afford basic necessities. This sparked protests to break out but Bashir was determined to stay in office.

The SAF and RSF backed Bashir as they cracked down on the protestors yet the protests still continued and showed no signs of stopping. Because of this, SAF and RSF decided to remove Bashir from power and worked together in secret, removing Bashir from office on April 11th 2019, a move that shocked both Bashir and protestors.

The day after Bashir's removal, Abdel Fattah al-Burhan, the commander in chief of SAF took charge of the SAF and with Hemeti, the person in charge of the RSF, together, they took control of

Sudan.

Even though protestors were happy that Bashir was removed from power they did not trust those who had made this happen. Pro-democracy protests started to occur in Khartoum and things took a violent turn as SAF and RSF forces took brutal actions to stop protests.

This caught the attention of countries such as the United States of America, Saudi Arabia, United Arab Emirates, United Kingdom, Ethiopia and the African Union. These countries pressured Sudan to accept a deal where representatives of both the military and protests would be part of a transitional council. In this arrangement, the military would have control over the country for 21 months and the civilians for 18 months, meaning that the military would eventually have to lend civilians the power for them to run the country.

In the council, Burhan was assigned as the chair and Hemeti the vice chair. At the start of this new arrangement, the council acted in accordance with the agreement and shortly after, a new Prime Minister called Abdallah Hamdak was introduced. But in January 2022, following multiple interventions of Burhan and Hemeti, including a staged coup that occurred in October 2021, Hamdok resigned from his duties.

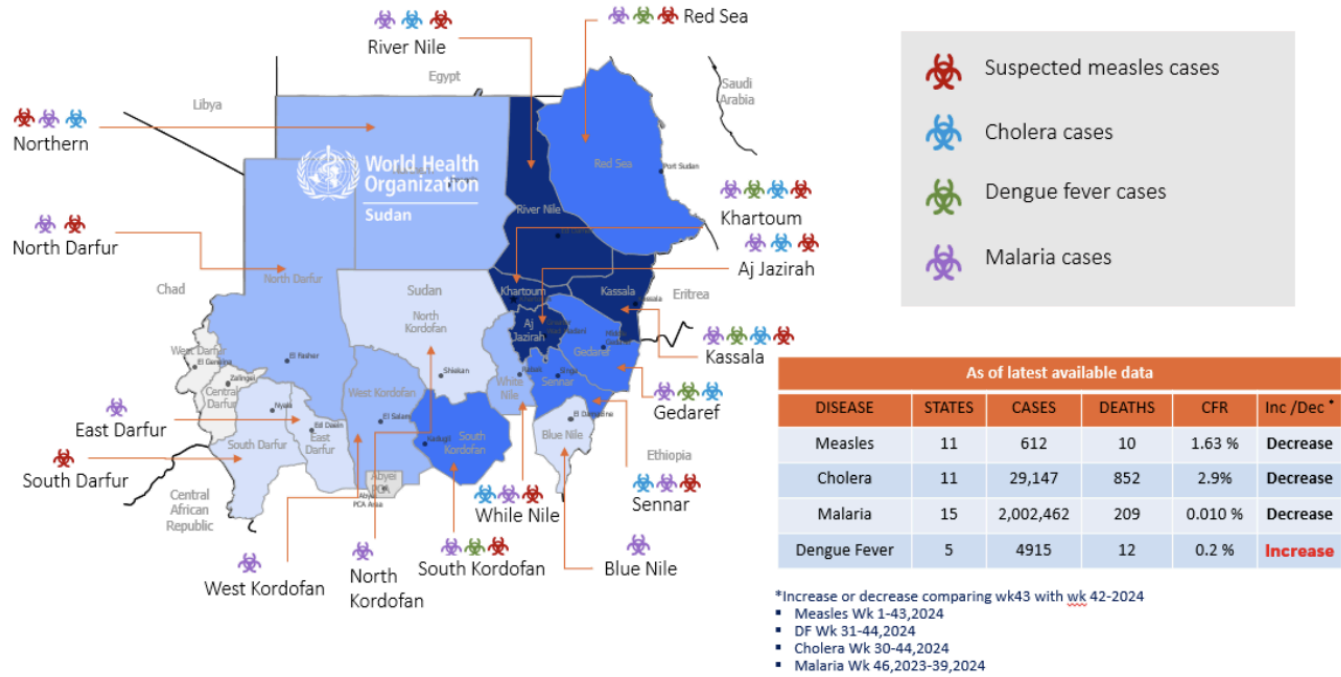
This led to Burhan being the de facto leader of Sudan, with Hemeti once again being his number two. Hemeti, frustrated with being second to Burhan, used his wealth from Darfur's gold mines to build powerful relationships.

After another year of protests, the United States of America, Saudi Arabia, United Arab Emirates and the United Kingdom called for a deal to be signed that would promise a new, civilian-led transitional government by April 2023. According to the deal, the RSF would have to become a part of Burhan's army. Hemeti wasn't so pleased about this part of the deal because it meant that he would lose his power. Burhan wanted this to happen in 2 years while Hemeti wanted it to happen in 10 years, leading to a disagreement.

All of this tension turned into a violent conflict on April 15th, 2023, causing lots of civilian casualties, injuries, and human rights abuses. Infrastructure, including healthcare facilities and hospitals were directly targeted by both groups. Clinics, medical supply warehouses and many more were either destroyed or damaged leading to an immense shortage of medical supplies in the country. According to the World Health Organization's Eastern Mediterranean Regional Office (WHO EMRO), Sudan had an estimate of 6,500 primary healthcare facilities and 300 public hospitals before the crisis. But with escalated fighting and increased attacks on healthcare facilities, medical supplies and healthcare workers, the country's already fragile healthcare system collapsed. Reports indicate that more than 70% of hospitals and health facilities in conflict-affected regions, such as Al Jazirah, Kordofan, Darfur, and Khartoum, are now non-operational. Meanwhile, about 45% of health facilities in other regions are barely functioning, significantly reducing access to medical care for millions of people. With all of this, it is evident that Sudan is currently facing one of the worst humanitarian

disasters in recent history.

In addition to infrastructural collapses and the decline of medical personnel, Sudan has faced multiple outbreaks of diseases such as cholera. With no access to proper vaccination programs or healthcare services, many have lost their lives. As can be seen from the image below, there are multiple outbreaks in Sudan as of 31 October 2024.



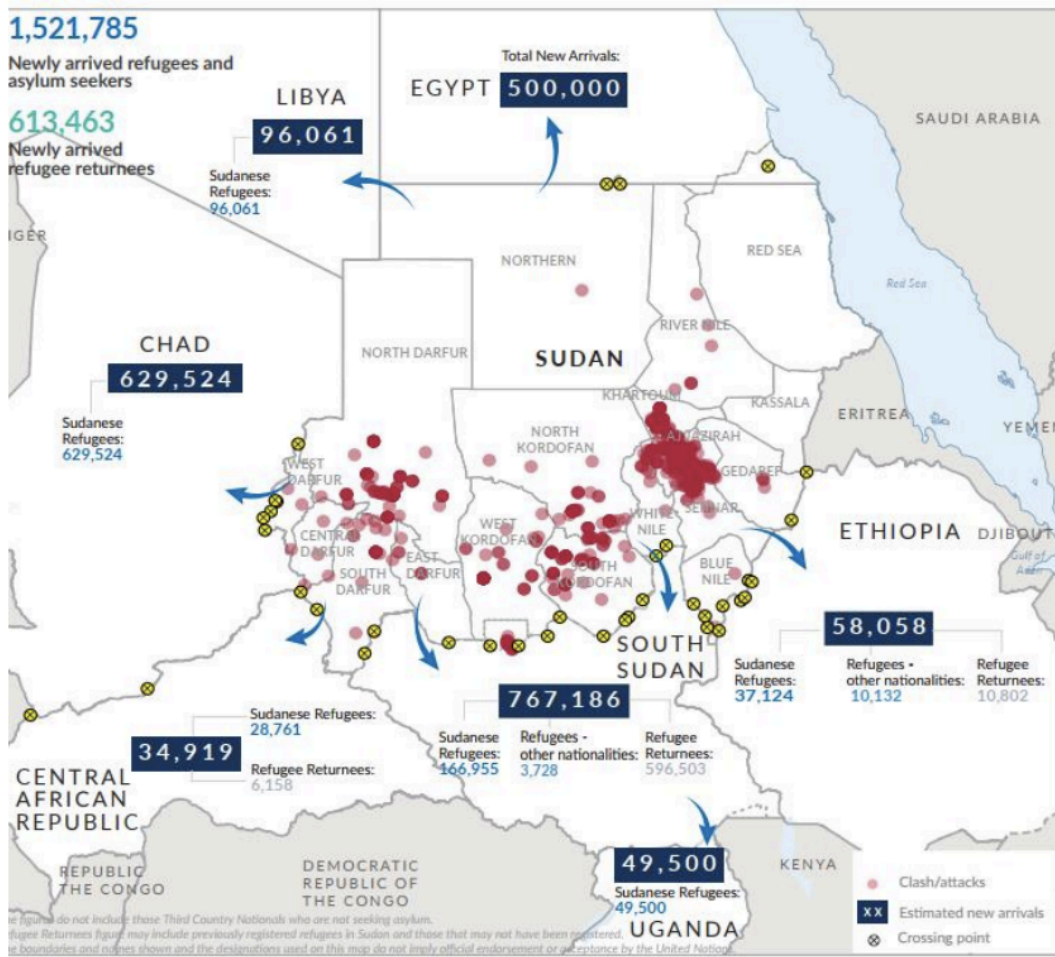
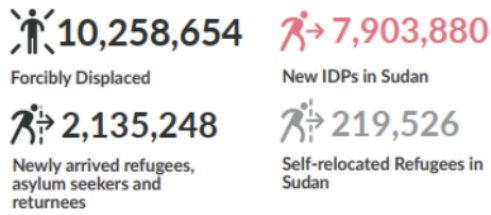
Epidemiological map for Sudan, October 2024. [Note: periods referenced in the text may not correspond to periods shown in epidemic curves.]

Due to instability in the region as well as a lack of access to medical and humanitarian aid, those in Sudan flee to neighboring countries such as South Sudan, Chad, Egypt, Central African Republic, Libya and Ethiopia.

Ever since the conflict, more than 10 million people have been forced to flee their homes. Inside Sudan 7.9 million people are now internally displaced, in addition to the 3 million displaced before the conflict erupted. (UNHRC,2024)

Those that have had fled to Sudan previously due to instability and political reasons from countries such as South Sudan, Eritrea and many more in the past have also fled to neighboring countries alongside Sudanese citizens, accounting for a number of 2.1 million by the end of June 2024. (UNHRC,2024).

Refugee Situations in CAR, Chad, Ethiopia, and South Sudan



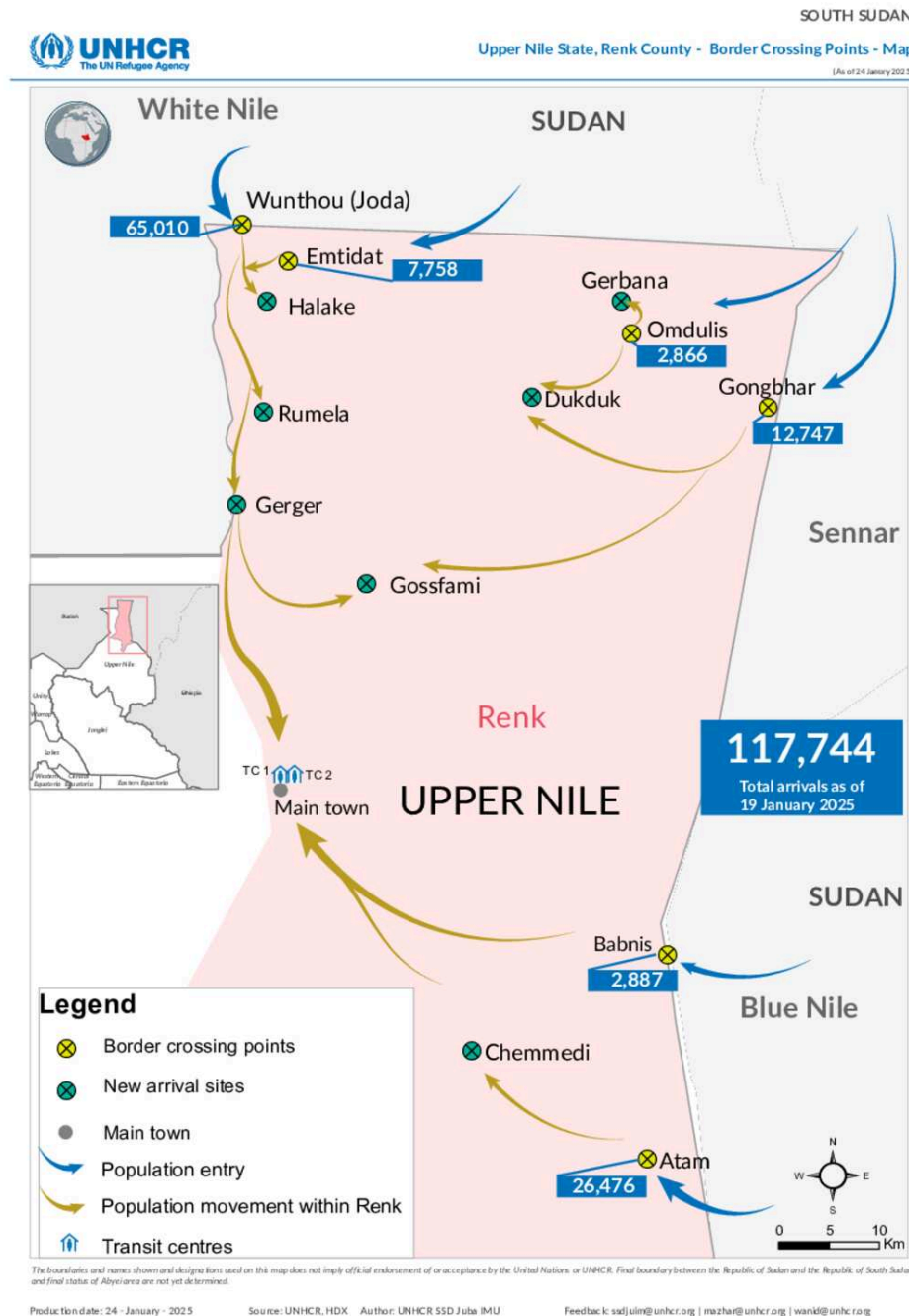
Published 05 August 2024

Source: UNHCR, August 2024

These movements across borders, seen from the image above, introduce new potential threats that the international community must address. Due to the large scale of refugees in the region and heavy border movements, there is a significant risk of an epidemic spreading across the continent of Africa. Overcrowded refugee camps across countries such as South Sudan, Egypt and Chad with limited access to sanitation and healthcare create an environment where the rapid transmission of diseases is possible. Additionally the risk of contaminated individuals moving across borders causes the spread of diseases across borders.

It is important to note that countries to which Sudanese refugees are fleeing can barely provide adequate, and in many cases, even less than the necessary healthcare services.

One example of such an outbreak across borders is the cholera outbreak. The cholera outbreak, escalating quickly in South Sudan was initially seen in Renk, a town located in Upper Nile State. The Upper Nile State is important as it serves as the primary entry point for refugees and returnees coming from Sudan. (Al Jazeera)



With all of these problems, the healthcare crisis in Sudan, as well as its neighboring countries gets worse every day. The international community must find tangible solutions to this problem through collaboration.

Major Parties Involved and Their Views

Sudan

Sudan has been experiencing a healthcare crisis, which has worsened ever since April 2023. Extensive fighting in the region have left millions of people injured and in need of healthcare yet attacks on healthcare facilities have made it nearly impossible for civilians to reach healthcare necessities.

South Sudan

South Sudan is a neighboring country to Sudan and the countries have a rather strained and complicated relationship due to multiple reasons such as historical tensions and disputes over oil-rich areas. Because of the conflicts in Sudan, over one million people have fled the country and sought refuge in South Sudan, leading to the spread of diseases such as cholera and measles across borders. South Sudan, a country that is already poverty-stricken, has difficulties due to its limited resources, yet it places those who have fled into houses designed specifically for displaced people nevertheless.

World Health Organization

The World Health Organization (WHO) continuously calls for the protections of healthcare workers, facilities, and medical supplies and tries to ensure that all of those in Sudan are able to get unrestricted healthcare access. This organization helps with aid delivery and calls on authorities to help with the healthcare crisis. They have also collaborated with UNICEF and the World Bank, together signing an agreement of 82 million US dollars to help Sudan strengthen its healthcare system. (UNICEF)

USA

The United States of America helps Sudan by distributing aid from channels such as USAID. They have, for instance, funded the delivery of emergency healthcare supplies for Sudan. This delivery included 520 emergency kits containing medicines and consumables and was expected to serve 550,000 beneficiaries over three months. (WHO)

The Russian Federation

The Russian Federation, although recognizing the urgency of the situation at hand emphasizes national sovereignty and non-intervention in Sudanese affairs. The country is a firm supporter of the fact that decisions regarding border control, security and foreign intervention should be made solely by the Government of Sudan rather than any external forces. This can be seen as they have vetoed UNSC resolution SC/15901, with the speaker for the Russian Federation explaining

that the reasoning behind this veto was due to the Russian Federation being “opposed to the politicization of the dire humanitarian situation” (UN Press)

Egypt

Egypt is a neighboring country to Sudan and has seen a huge wave of refugees ever since the conflict in the region has gotten more violent. Egyptian authorities have concerns regarding the new wave of refugees spanning from risks of terrorist infiltration across borders and threats to economic development. Lately, Egypt has adopted stricter measures such as removing the 2004 Four Freedoms Agreement that guaranteed Sudanese people the rights to freedom of movement, residence, work, and ownership of property. During the first month of the war, Sudanese women and girls, men over 50 and boys under 16 were allowed entry without a visa, while others could obtain visas fairly easily. However in June 2023, Egypt unexpectedly declared that all Sudanese nationals would now need visas. (Gohar)

UN Involvement

Multiple UN bodies have given financial, humanitarian and medical support to Sudan to help combat the healthcare crisis. Additionally they have urged the international community to help as well and have called for the end of hostilities, as they result in the destruction of healthcare facilities.

For example, in January 2025, the World Bank, collaborating with the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF), signed an agreement of 82 million US dollars to help Sudan strengthen its healthcare system. This project is known as the Sudan Health Assistance and Response in Emergencies (SHARE) project. (UNICEF).

Additionally WHO Director-General Dr Tedros Adhanom Ghebreyesus and Regional Director Dr Hanan Balkhy have visited Port-Sudan on a two day mission to draw attention to the healthcare crisis and humanitarian needs of the civilians. (WHO)

Relevant UN Documents

- **General Assembly Resolution on the Situation of Human Rights in the Sudan (28 February 2002, A/RES/56/175)**
- **World Health Organization Patient Safety Rights Charter (16 April 2024)**
- **Geneva Convention Relative to the Protection of Civilian Persons in Time of War on 12 August 1949**

Treaties and Events

International Humanitarian Law (IHL)

The International Humanitarian Law (IHL) is a set of rules to protect people who are not participants of conflict but rather civilians and to regulate the conduct of warfare. The International Humanitarian Law (IHL) states that healthcare facilities, people who are on their way to reach healthcare and medical staff shouldn't be attacked. (ICRC).

1949 Geneva Convention

The Geneva Convention, created after World War 2 focused on multiple issues such as the treatment of prisoners and the protection of civilians and victims. The Geneva Convention defends healthcare workers as well as the ill and wounded. The convention was created to help civilians and prohibit inhumane acts to be taken during times of conflict.

Possible Solutions

One thing crucial to solving this issue is regional stability. The decline of healthcare was mostly due to attacks on healthcare facilities and workers, and occurred as a result of ongoing hostilities between SAF and RSF forces in the area. If those hostilities were to stop via a ceasefire or other international efforts, it would help as no more new injuries due to active fighting would appear and there would be no more decline on the already scarce amount of operational healthcare facilities.

Targeted sanctions on groups that attack healthcare facilities might be a solution as well as the creation of demilitarization areas, healthcare facilities and routes where medical aid is transported. Agreements regarding these demilitarized areas can be made, with both sides agreeing to not have military presence in or near these demilitarized areas.

Safe corridors can be built for the safe transportation of injured or ill citizens as well as aid that is being transported. These safe corridors would ensure safety.

Moreover, reports can be taken by the United Nations on attacks on healthcare and measures can be taken accordingly. UN Peacekeepers can be present in the area to ensure stability and compliance to agreements that sides can make that ensure the protection of civilians and healthcare.

Additionally financial, medical and infrastructural aid as well as support regarding healthcare workers would help Sudan combat widespread diseases and could be done with the support of Member States or Non-Governmental Organizations (NGOs).

Additionally, solutions regarding the eradication of poverty and increased access to clean water and sanitation are important as they are crucial in combating outbreaks of diseases and preventing their spread.

Finally working towards enhancing Sudan's infrastructure, medical personnel and medical supplies are important. Member States can collaborate with organizations such as Doctors Without Borders to send voluntary healthcare workers to Sudan and help Sudan rebuild its healthcare system. The country's collapsed diseases surveillance system as well as areas in which medicine and vaccines can be stored need to be touched upon as well.

Notes from the Chair

One thing to consider is the potential threat of an epidemic arising due to increased border activities. As refugees from Sudan make their way to neighboring countries with the aim of escaping the conflict in their homelands or to access healthcare, this results in the possibility of diseases being carried out across borders.

Additionally, the way in which aid is delivered is an important question as the Russian Federation is a keen supporter of Sudan's sovereignty, noting that only decisions on healthcare and aid should be made by the Government of Sudan. Delegates must approach this matter with caution and try to find a balance between state sovereignty and the need for urgent healthcare and aid delivery as well as urgent interventions.

Here are some links that might be useful to get you started on the issue:

- <https://www.who.int/emergencies/situations/sudan-emergency>
- <https://www.emro.who.int/media/news/in-sudan-there-have-been-more-than-100-attacks-on-health-care-since-the-armed-conflict-began.html>
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