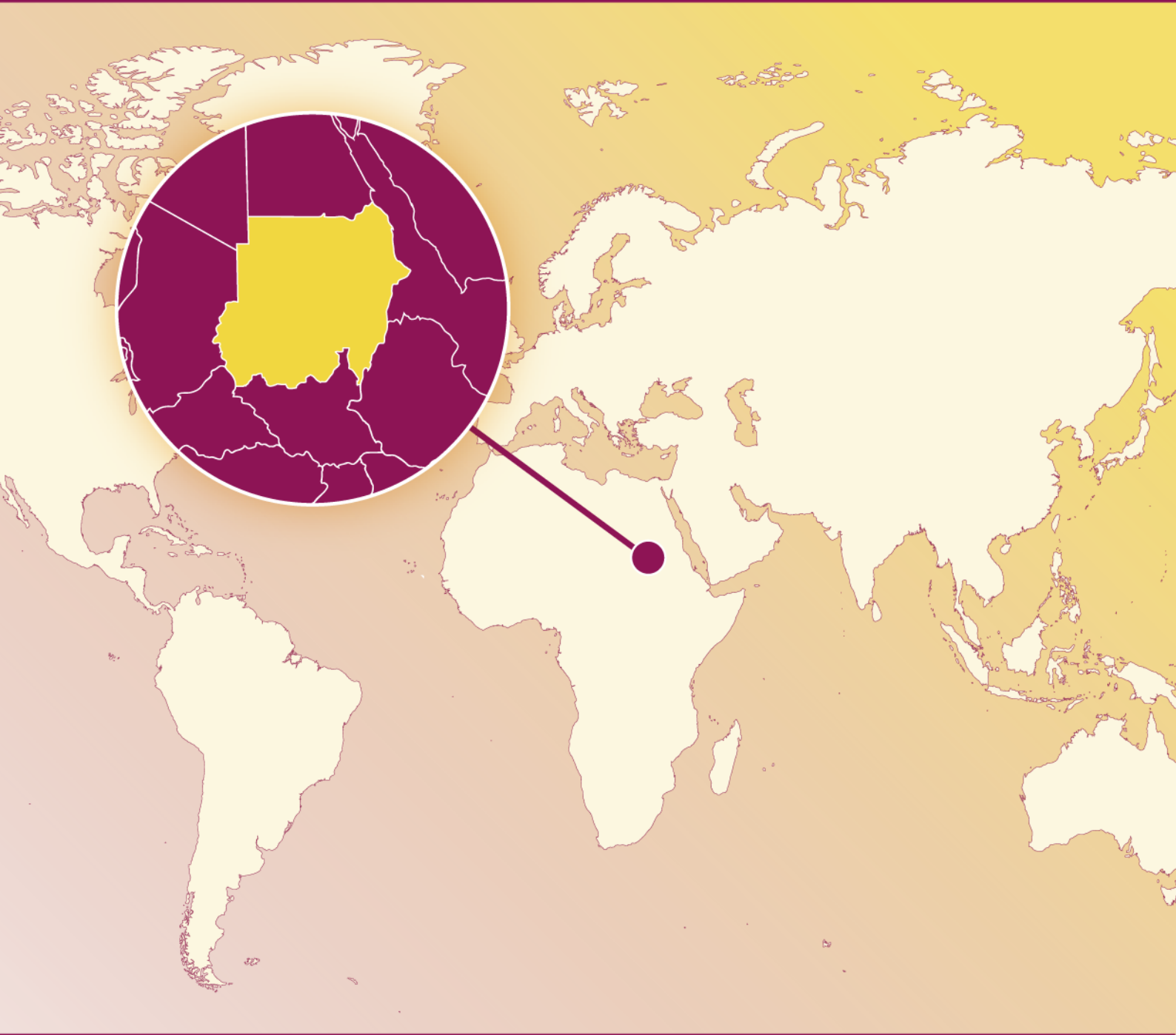


SUDAN

Violence Against Health Care in Conflict

2022



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

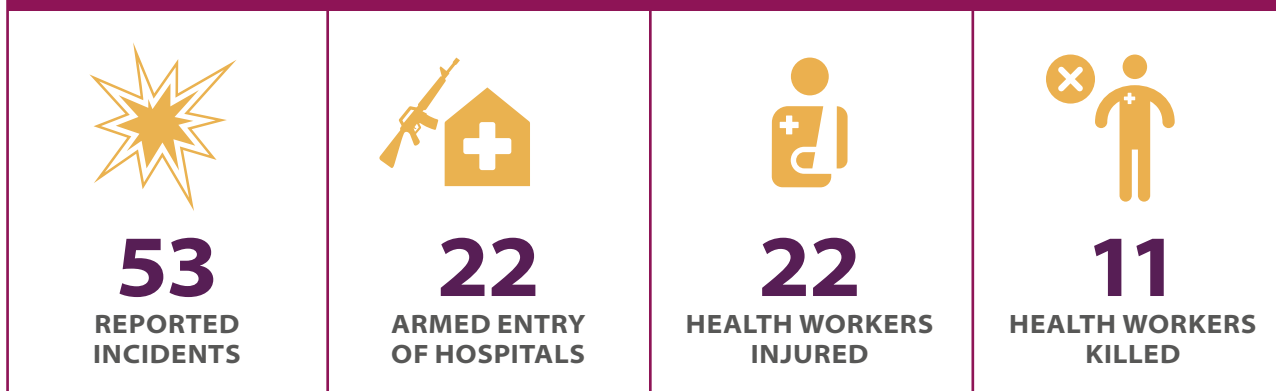
If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink that reads "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care Sudan Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 53 incidents of violence against or obstruction of health care in Sudan in 2022, a similar number to 52 in 2021. In these incidents, 11 health workers were killed and 22 others injured, and hospitals were raided or forcibly entered at least 22 times, impacting health care providers' ability to maintain safe staffing levels and patient care. Thirty-four incidents were related to the ongoing political protests following the October 2021 military coup. The remaining 19 occurred in the context of the long-standing armed conflicts in Darfur and South Kordofan states. This factsheet is based on the dataset [2022 SHCC Health Care Sudan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Health workers and facilities continued to be affected by political violence in 2022 following the military coup in October 2021, with incidents of political violence increasing by 69% compared to 2021.¹ Intercommunal conflict continued to affect health workers in the Kordofan and Darfur regions. In [South Kordofan](#) state, tribal conflict resulted in the displacement of an estimated 40,000 people, including 6,000 families, while armed groups' attacks on traders and trucks increased. Humanitarian access also [declined](#) in areas under the control of the Sudan People's Liberation Movement-North (SPLM-N) following the military coup in October 2021 and subsequent reports of [military movements](#) in readiness for any aggression. The SPLM-N was especially suspicious of individuals entering areas under its control from government-held territory, with three male vaccination workers and two females who had been authorized to enter the area by the transitional government being kidnapped by SPLM-N members in March.²

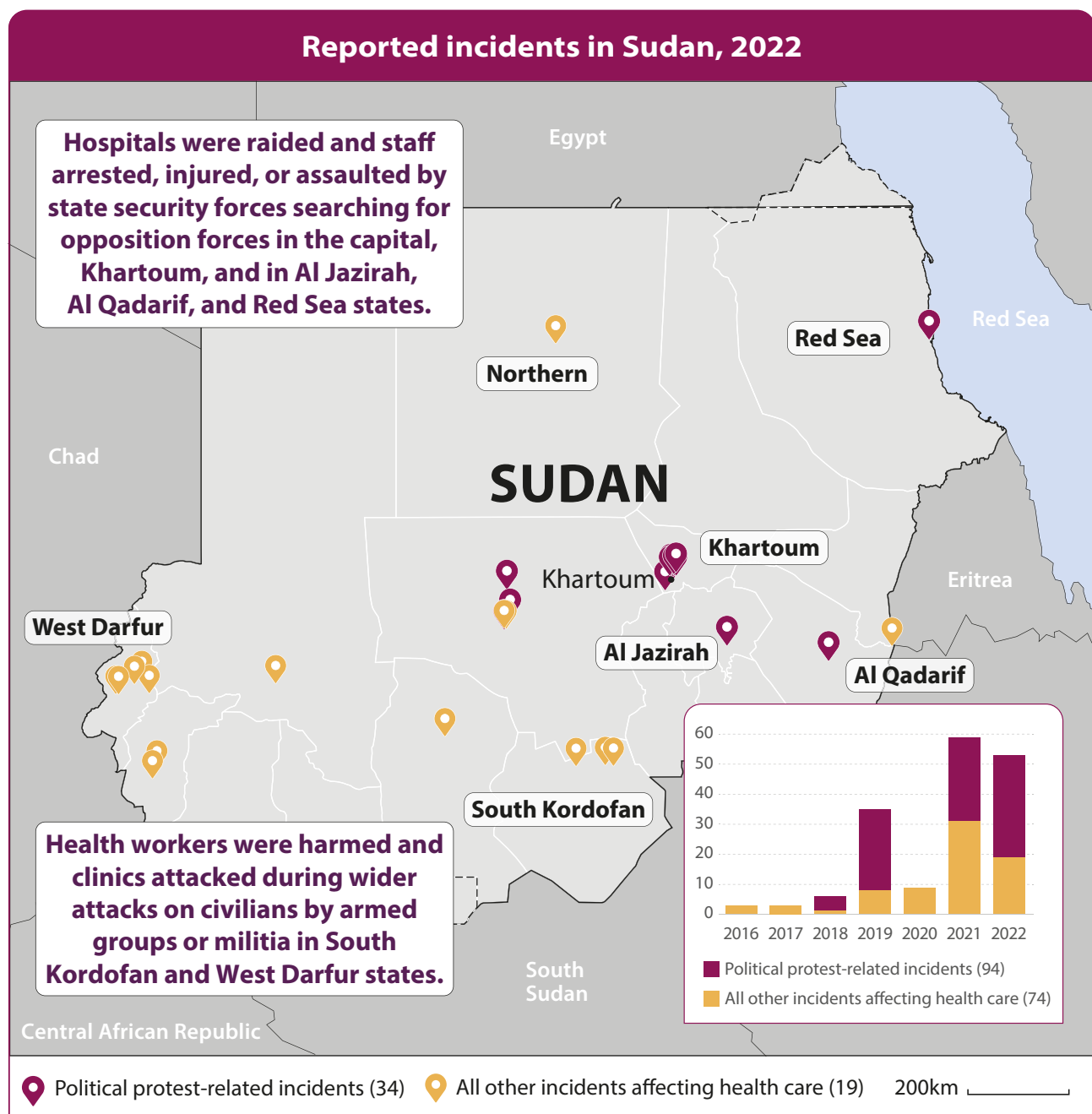
Starting in April, in [West Darfur](#) state hundreds of civilians were killed, their homes burned, and thousands more displaced in attacks by armed Arab tribesmen. The violence was especially high in Kre town and Kulbus district. In one case of intercommunal violence in late April and early May in and around Kreinik town, health care staff were forced to flee for safety and health care providers reduced services after the killings of health workers and the damaging and looting of health facilities during the violence.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Most incidents affected local health care providers, with two reported as directly affecting INGOs. Approximately three-quarters of the incidents resulted from security forces' violence against political protests, as was the case in [2021](#). Health workers were assaulted and threatened during hospital raids by state security forces searching for opposition members in which teargas was often used. Politically related incidents were also recorded in Al Jazirah, Al Qadarif, and Red Sea states, but less often.

Health workers were harmed and health clinics attacked by named or unnamed non-state armed groups or militia in South Kordofan and Central and West Darfur states during protracted tribal conflict. In most cases, these perpetrators were armed with firearms. A hospital was burned down during an attack on civilians by Arab tribesmen in response to the killing of two Arab nomads in West Darfur in April.³





Political-protest-related violence

In 2022, state security forces stormed hospitals and a blood bank at least 14 times in Khartoum and once in Al Qadarif state. Most of these raids took place in the first three months of the year. Hundreds of health workers protested in late March in Khartoum in a rally organized by the Sudanese Doctors Syndicate against the repeated violence. Incidents continued in April, including security forces' storming a Khartoum hospital and preventing anti-coup protesters from accessing treatment by firing rubber bullets and sound bombs at protesters close to the facility. Often, staff were assaulted, injured, and threatened during raids. State security forces frequently fired teargas, sound bombs, and rubber bullets inside hospitals during raids. In one case in January, a hospital caught fire after police stormed the building and fired teargas inside it. Security forces also beat hospital staff and seized their possessions.

At least 12 health staff members were arrested in four incidents for providing care to injured protesters or on allegations of having links to opposition groups. On one occasion, a doctor was detained and two lawyers were arrested in a hospital raid in Al Qadarif on allegations of their having links to opposition groups. Arrests of health care staff took place inside hospitals and during road travel to and from work.

Conflict-related violence

Violence affecting health care during intercommunal violence in and around Kreinek town in West Darfur, April 24-May 2, 2022

April 24

Two health workers and a civilian were killed in an attack on an INGO-supported teaching hospital by Arab tribesmen, who fired shots inside the building. Staff were evacuated and the pharmacy was looted.

April 24

Two INGO health workers and a civilian were killed by unidentified perpetrators who fired shots inside a hospital and looted medicine.

April 24

A hospital was burned down by Arab tribesmen in response to the killing of two Arab nomads.

May 02

Four LINGO volunteers and a medical assistant were killed at a nutrition center by Arab tribesmen amid a wider attack on the area.





At least 20 incidents occurred in the context of long-standing intercommunal conflict in 2022, a similar number to reported incidents in 2021. Nine of the 11 reported health worker deaths in 2022 occurred during two weeks of intercommunal violence in and around Kreinik town in West Darfur between Arab Rzeigat and African Masalit communities in late April and early May in which almost 200 civilians were killed. On April 24, four health staff were shot and killed inside a hospital in two separate incidents by unidentified attackers. The hospital pharmacy was looted in both incidents. On the same day, Arab tribesmen burned down a hospital. Several days later, at the start of May, four LNGO volunteers and a medical assistant were killed in an attack on a nutrition center in a wider attack on the area. Humanitarian facilities, including water sources and guesthouses housing INGO staff, were also looted.

In South Kordofan state in March, SPLM-N-affiliated gunmen kidnapped three male and two female vaccinators while they were administering measles vaccines to children. The women were released immediately, and the men escaped in January, 2023. Also in South Kordofan, armed men raped two female nurses inside clinics in separate incidents in June.

In Central Darfur state in November, rebels fired shots at a vehicle carrying medicine. In Red Sea state in September, emergency room doctors were assaulted by armed men in military uniforms while working in a hospital.



ATTACKS ON MEASLE VACCINATION CAMPAIGNS IN SUDAN IN 2022

The Federal Ministry of Health reported that by October 21, 2022, a total of 2,708 suspected measles cases had been recorded, as outbreaks continued in Gedaref, Kassala, and North Kordofan states.. In the previous year, 82% of all Sudanese children aged below one year had received their first vaccine dose against measles and 64% of those aged 18-24 months had received a second dose. Vaccination campaigns continued in 2022, with one initiative reported in April in East Darfur targeting 30,000 children, including South Sudanese refugees aged between six months and 15 years. While no incidents of violence against vaccination campaigns were reported in the areas most affected by the measles outbreak, in March in South Kordofan SPLM-N-affiliated gunmen kidnapped three male and two female vaccinators while they were administering measles vaccines to children. The two women, who were sisters, were subsequently released, while the three men escaped in early January 2023.

According to reports, the Sudanese transitional government had authorized the public health workers' vaccination activities in a context where the SPLM-N had expressed suspicion about humanitarian workers crossing from government-held areas into SPLM-N-controlled territory. This highlights the importance for an acceptance-based approach to vaccination campaigns and the challenge of ensuring acceptance from all parties when working with multiple partners in conflict-affected areas during a disease outbreak that requires a rapid vaccination response. Complex negotiations between opposing factions can delay important health interventions that may cost lives. Yet frontline health workers pay high personal prices for failure to obtain consent from all conflict parities and health programs can be adversely impacted, with consequences for both health workers and the wider population.

For more information on attacks on vaccination campaigns in Sudan, explore the 'Attacked and Threatened' global map by selecting 'vaccinations' and zooming in on Sudan. The map is continually updated with new and backdated reports. Access the data on HDX.



THE IMPACT OF ATTACKS ON HEALTH CARE

The Sudanese Health Ministry restricted or stopped deliveries of medical supplies to doctors and hospitals following the October 2021 coup. Foreign governments' withholding of humanitarian aid to Sudan due to the coup may also have contributed to shortages. Some health care providers resorted to buying drugs and equipment from the black market or asking patients to purchase key materials and bring them with them for medical consultations or operations, and reserving hospital supplies for emergencies. However, anesthetics purchased illegally tend to be much weaker, which mean that doctors often have to administer triple doses.

“We ask our patients to buy gloves and syringes before their operation.

We try to save the ones we have for emergency procedures.

A doctor in Khartoum

Armed-conflict-related violence creates health care access barriers to those most in need. Dr Prince Matthew, an MSF project coordinator, reported that ‘Kreinik Hospital is the only specialized health care facility for about 480,000 people. After the [April 24] attack, key services were disrupted, and the hospital was overwhelmed by the number of patients seeking health care. There were few doctors or nurses to provide treatment.’

Incidents such as these also have further impacts beyond the immediate violence. Many hospital staff fled the Kreinik town area, fearing for their safety following the attack referred to above. The proportion of these workers who have since returned or been replaced to serve patients remains uncertain. In addition, fewer international humanitarian organizations now operate in West Darfur state, due to concerns related to the prevailing violence and insecurity.

1 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed: March 3, 2023).

2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Sudan Data. Incident number 32031.

3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Sudan Data. Incident number 32526.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

Safeguarding Health in Conflict Coalition
615 N. Wolfe Street, E7143, Baltimore, MD 21205
SHCC administrator, safeguardinghcc@gmail.com