

# SUDAN

## Violence Against Health Care in Conflict 2023



# Letter from the Chair



The year 2023 was a grim one for violence inflicted on health care. In 2022, the Safeguarding Health in Conflict Coalition identified the highest number of incidents since we began reporting. Yet in 2023 the number was 25% greater, exceeding 2,500.

The intensity of conflicts characterized by pervasive attacks on health care in recent years declined somewhat in 2023, including in Syria, Yemen, and the Tigray region of Ethiopia. As a result, it might also have been expected that the global trend of violence against health care would turn downward. Instead, from the first days of two new and catastrophic wars, one in Sudan and the other between Israel and Hamas, health care came under ferocious assault. In both conflicts warring parties killed health workers, attacked facilities, and destroyed health care systems. Meanwhile, attacks on health care in Myanmar and Ukraine continued at a relentless pace, in each case exceeding 1,000 since the start of the conflicts in 2021 and 2022, respectively. In many chronic conflicts, fighting forces continued to kidnap and kill health workers and loot health facilities.

At the same time, new and disturbing trends emerged. In Burkina Faso, Ethiopia, Gaza, Lebanon, Myanmar, Sudan, Syria, Ukraine, and Yemen combatants employed drones to attack health clinics, hospitals, and ambulances. In many conflicts, combatants violently entered hospitals or occupied them as sites from which to conduct military operations, leading to injuries to and the deaths of patients and staff. In many conflicts, the conduct of combatants revealed open contempt for their duty to protect civilians and health care under international humanitarian law (IHL). Israel, while purporting to abide by IHL, promoted a view of its obligations that, if accepted, would undermine the fundamental protections that IHL puts in place for civilians and health care in war.

The one consistent feature of the attacks was continued impunity for these crimes. For more than a decade, despite their repeated commitments, governments have failed to follow through on these commitments and reform their military practices, cease arms transfers to perpetrators, and bring those responsible for crimes to justice.

We need a new approach, starting with stronger leadership from UN agencies and governments willing to join with civil society and the health care community to take far more assertive action to end the scourge of violence against health care. Among other steps, they can press prosecutors domestically and internationally to bring cases of war crimes and crimes against humanity committed against health care, to develop political support for special tribunals to circumvent UN Security Council members' vetoes of referrals to the International Criminal Court, and restrict the sale of arms to forces that commit crimes.

There are some sources of hope. After years of lassitude, the World Health Organization has spoken forcefully against vicious assaults on health facilities and health workers. Civil society groups are exerting pressure to stop arms transfers to perpetrators of violence, while some militaries have launched initiatives to reduce civilian casualties in war. Leaders must build on these initiatives. Ending the suffering of millions of people depends on their doing so.

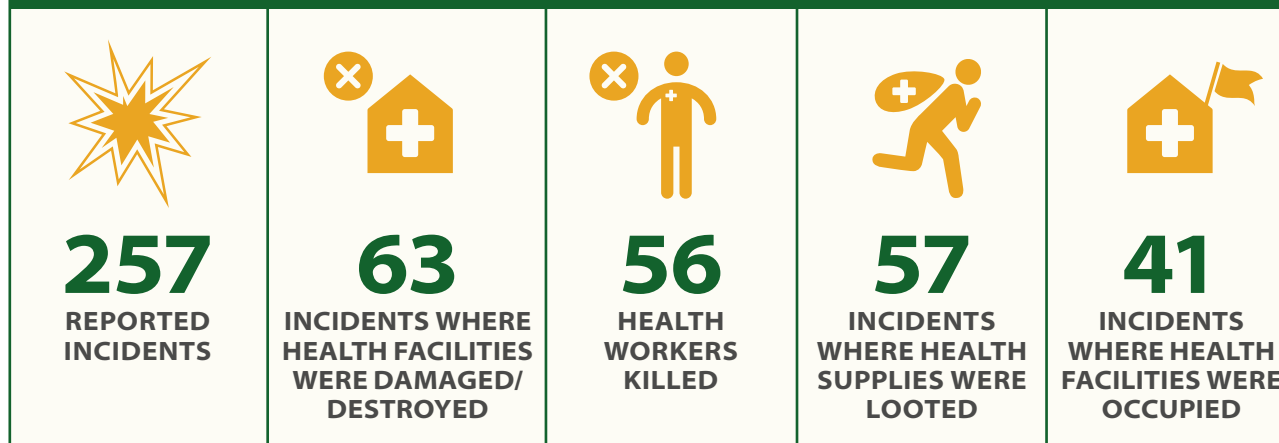
A handwritten signature in black ink, appearing to read "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein  
*Chair, Safeguarding Health in Conflict Coalition*

[↓ Executive Summary](#) | [Full Report](#) | [Recommendations](#) | [Methodology](#) | [Data](#)



## REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2023 SDN SHCC Health Care Data

## OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 257 incidents of violence against or obstruction of health care in Sudan in 2023, compared to 54 in 2022. In these incidents, 56 health workers were killed; vital medicines were looted; and health facilities were damaged, destroyed, and occupied. This factsheet is based on the dataset [2023 SDN SHCC Health Care Data](#), which is available for download on the [Humanitarian Data Exchange \(HDX\)](#).

## THE CONTEXT

In mid-April 2023, [fighting broke out](#) between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF), a paramilitary group that had been slated for integration into the government. The violence [quickly spread across](#) the country and was especially fierce in Khartoum and the states of Darfur and Kordofan, where a range of armed actors were active as well as the RSF and SAF. Throughout the conflict, civilians faced grave protection threats. These include the [reported](#) massacre by the RSF of at least 1,000 civilians in El Geneina, West Darfur, in June 2023.

The conflict also created what has been [described](#) as the “world’s largest internal displacement crisis” with more than [ten million people being displaced](#) by January 2024, including nine million internally within Sudan. This has contributed to severe food insecurity, with [700,000 children](#) expected to suffer from malnutrition in the country in 2024, exacerbating the pressures on health workers and facilities treating such conditions. Aid agency and health responses have been complicated by recurrent [internet and communications blackouts](#).

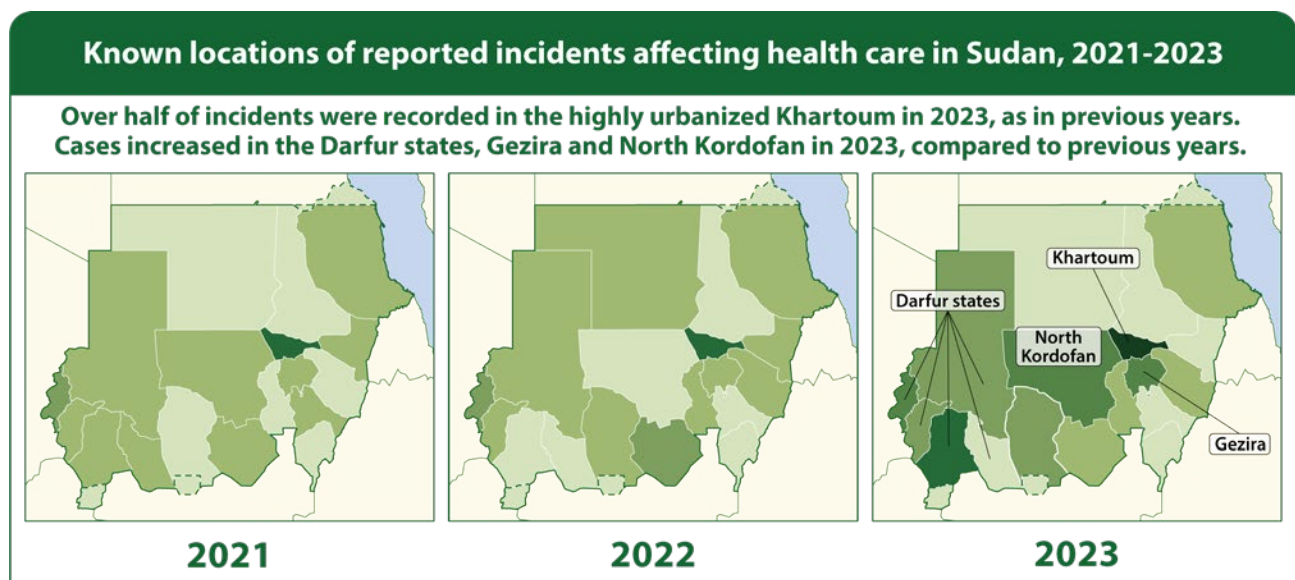
## VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care dramatically increased in Sudan in 2023. All except two incidents occurred on or after 15 April, with at least 27 incidents taking place on the day fighting first broke out in Khartoum state. Hospitals, clinics, and medical warehouses were bombed, shelled, and taken over, and repurposed as military bases. In addition to patients, health workers, including an



anesthetist, dentist, pharmacist, and ophthalmology consultant, were killed, injured, kidnapped, and arrested. Drugs, medical supplies, and equipment were looted and repeatedly blocked from entering the country. Humanitarian actors were denied visas or faced delays in obtaining them.

Cases were widely dispersed across 12 of the country's states, with over half being recorded in the highly urbanized Khartoum. High numbers of incidents were also reported in the Darfur states and North Kordofan compared to previous years, with new cases in Gezira and West Kordofan states being reported from August onwards. Two incidents affected INGOs in Port Sudan, where many humanitarian agencies relocated due to the relative security compared with in Khartoum. Two-thirds of incidents took place at health facilities, with at least 25 facilities reporting multiple incidents of threats and violence. Many of Sudan's most well-equipped hospitals are located in central Khartoum, where the most intense fighting between the SAF and RSF took place, requiring doctors to shield themselves and their patients from gunfire and bombardment.



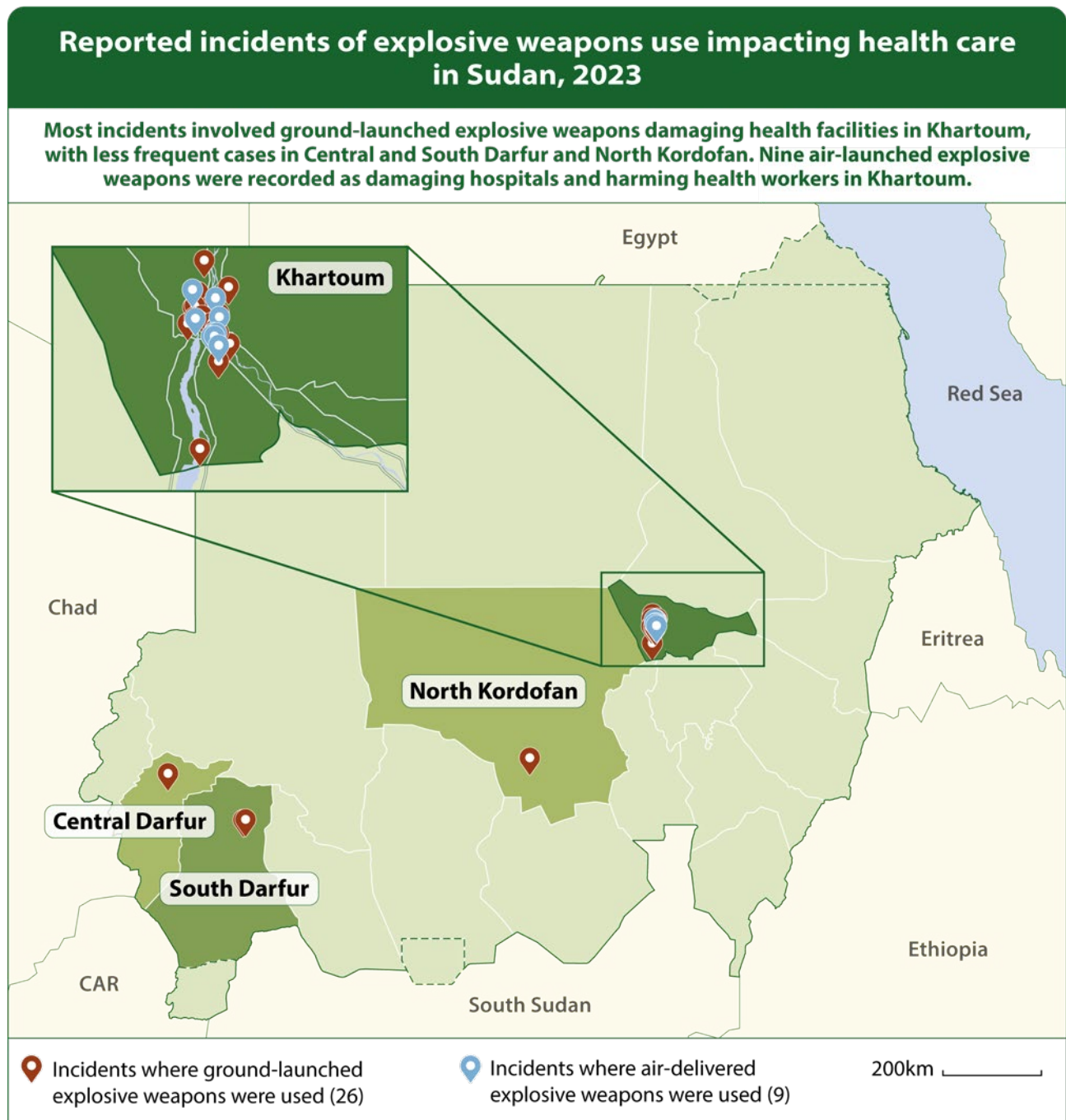
As in previous years, most incidents affected health care providers working in national health structures. NGOs, the Sudanese Red Crescent Society, and UN agencies were directly affected in 26 incidents.

Health worker killings sharply increased in 2023, particularly in Khartoum. Damage to health facilities mainly occurred during fighting between the RSF and SAF in Khartoum, and often involved explosive weapons use. The looting of vital medicines and supplies was more rife in Darfur and often occurred during wider attacks on health facilities that were stormed by conflict parties. Hospital takeovers mostly involved the RSF and were common in Khartoum.



Around half of the cases of violence against or obstruction of health care were attributed to the RSF, whose forces were typically armed with guns. SAF forces were also named, but less often. State intelligence forces arrested health workers in Khartoum, while Arab nomads and militias looted health facilities, seized vehicles, and harmed health workers in West and South Darfur. In other attacks, the attackers remained unidentified.

## Explosive weapons use



At least 54 incidents impacting health care in Sudan in 2023 involved explosive weapons use, compared to one in 2022.<sup>1</sup> Most involved ground-launched mortar shelling, missiles, and rockets damaging health facilities, including children’s departments and maternity wards, teaching hospitals, pharmacies, and



warehouses in Khartoum. The INGO-supported Al Nao Hospital in Omdurman was twice hit by RSF shelling, resulting in some patients avoiding seeking medical treatment due to trauma and fear of the hospital being shelled again. Explosive weapons also damaged hospitals and harmed health workers in Nyala city (South Darfur), Zalingei town (Central Darfur), and El Obeid city (North Kordofan). All were areas of fierce fighting between the RSF and SAF that left thousands of civilians killed or displaced, and unable to receive humanitarian aid due to the fighting.

Nine cases were recorded of air-launched explosive weapons impacting health care in Khartoum. Seven involved SAF military aircraft dropping explosive weapons in residential areas that damaged hospitals and medical centers, including Al Baraha Hospital, Al Roumi Medical Centre, and Ibrahim Malik Teaching Hospital.<sup>2</sup> Most of these incidents occurred between April and May, with one recorded in August. Drones armed with explosives were used in two attacks on health care in Sudan, the first such cases since the SHCC began monitoring attacks on health care in 2016. Both incidents were attributed to the RSF and damaged hospitals at or near SAF military infrastructure.<sup>3</sup> While the source of the drones used in these two cases is unclear, the United Arab Emirates (UAE) and other regional actors, including Eritrea and Libya, are possibilities. The UAE is the RSF's main ally and reportedly also supplied the Ethiopian military and Yemeni Joint Forces with drones.

Eleven health workers were killed by explosive weapons use in 2023. All but one incident took place in Khartoum.<sup>4</sup> Six staff members were killed inside their homes, including two Egyptian doctors (an anesthetist and her dentist sister), who were killed when their home in central Khartoum was hit by shelling during fighting between the RSF and SAF.<sup>5</sup> Snipers on rooftops and ongoing shelling made it difficult to transport their bodies to the cemetery, and they were buried in their garden under medical supervision. A video of the burials went viral on social media in Sudan, sparking outrage and demands that the combatants should stop turning residential areas into battlegrounds.<sup>6</sup>

Several other incidents were recorded of air strikes and shelling near or in the vicinity of hospitals, killing and injuring civilians in the area, and often forcing health care providers to suspend medical services, which in turn impeded patients' access to health care. When explosive weapons are used in populated areas, they often have wide-area effects and cause death and destruction beyond the intended target, resulting in reverberating adverse effects on the health sector. This was particularly true of Sudan in 2023.

## Damage to Health Facilities

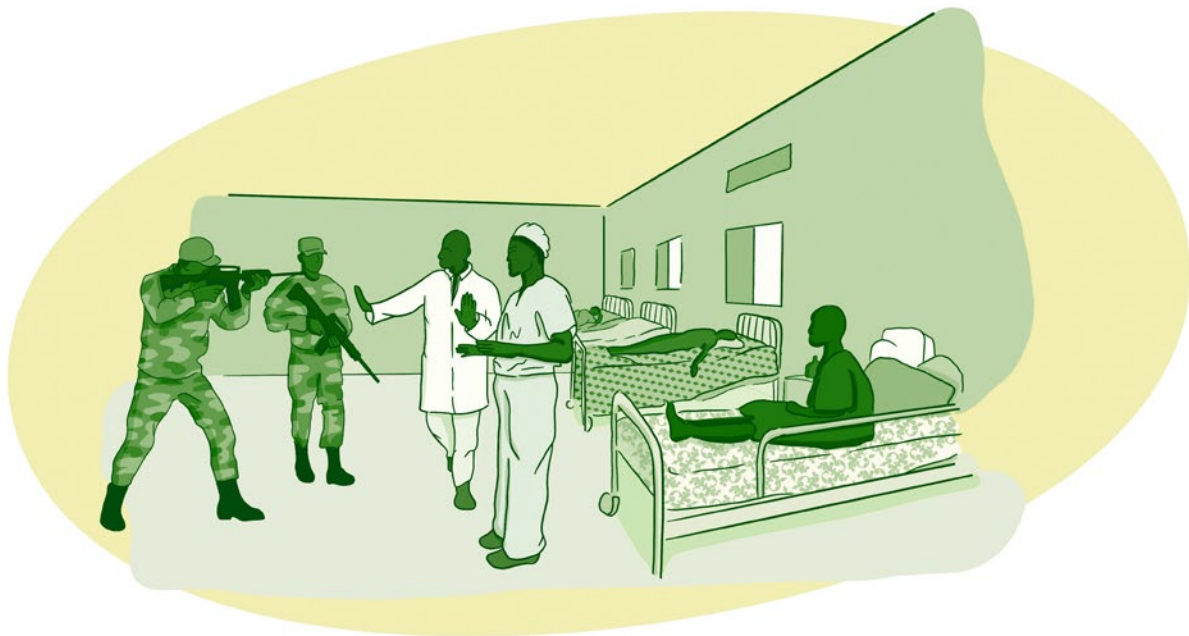
Health facilities were damaged or destroyed on at least 63 occasions in 2023, the majority of which occurred in Khartoum, with the remaining incidents spread across the Darfur states and one incident in North Kordofan. Most damage was caused by explosive weapons, with health centers, pharmacies, and an immunization center set on fire on seven occasions during wider attacks on civilians and following the looting of health supplies in Khartoum and Central, West, and South Darfur. In most arson attacks, staff were not harmed. The exception was the previously mentioned six staff members who were killed in Khartoum.

## Health supplies looted

In 2023, vital medicine and equipment were looted on at least 57 occasions from health centers, medical warehouses, pharmacies, and an immunization center by the RSF, SAF, militia, National Intelligence and Security Service agents, and unidentified attackers. These incidents were most frequent in the Darfur states.



In most lootings, perpetrators were armed with guns. There were three cases of health facilities being looted then set on fire, including Zalingei Hospital and a Ministry of Health building during an assault on Zalingei town (Central Darfur) by RSF soldiers on June 27.<sup>7</sup> Lootings mainly occurred during wider attacks on civilians and an INGO-supported hospital in Kreinik locality (West Darfur) by unidentified perpetrators. Three volunteers were arrested at Ombada Hospital (Khartoum) by military intelligence forces, while health workers at Blue Nile Hospital (Omdurman) were beaten by suspected SAF forces.<sup>8</sup> There were several reports of looted medication being sold at markets.



## Health worker killings, kidnappings, arrests, and victims of sexual violence

At least 56 health workers were killed in 43 incidents, compared to 13 in six incidents in 2022. Nearly half of these incidents were recorded in Khartoum and mostly involved perpetrators shooting and killing health workers working inside hospitals, clinics, or their homes, with RSF forces most commonly identified as the perpetrators. In one incident, six health workers, including a laboratory specialist, four doctors, and a pharmacist, were shot and killed and patients beaten in an attack on the Shaheed Hospital in Khartoum in June by suspected RSF forces when one of the unit's commanders died after doctors tried to save his life.<sup>9</sup> The hospital laboratory was also burned down, and the hospital was forcibly evacuated, causing it to close. The RSF, however, denied the accusation.<sup>10</sup> In addition to the 11 staff killed by explosive weapons, Dr Bushra Ibnauf Sulieman – a Sudanese-American medic – was attacked and stabbed in front of his family outside his house in Khartoum by unidentified perpetrators and died days later in hospital.<sup>11</sup> The doctor was a founder and director of a doctors' humanitarian group, the Sudanese American Medical Association.

At least 28 health workers were kidnapped in six incidents in Khartoum, Gezira, South Darfur, and one unspecified location in 2023, compared to five staff taken in one incident in South Kordofan in 2022. Health workers were abducted from hospitals and their homes, often on their own or with another colleague. Twenty doctors from the Italian Hospital were kidnapped by the RSF and allied militias after they were accused of treating SAF soldiers.<sup>12</sup> Three of the 28 kidnapping victims were released after 24 hours. The fates of the remaining staff were not recorded.



At least 20 health workers were arrested in ten incidents in 2023, compared to 13 in five incidents in 2022. Staff were arrested on accusations of supporting opposing conflict parties or having participated in pro-democracy campaigns. Often staff were beaten or threatened, and in one case a staff member had their head shaved while they were detained.<sup>13</sup> A doctor arrested by the RSF and taken to a sports facility in Khartoum was later executed on suspicions of SAF affiliation.<sup>14</sup>

## Repurposing of health facilities

Health facilities were taken over and occupied on at least 41 occasions in 2023, often for several weeks. These incidents most frequently involved the RSF in Khartoum, with three attributed to the SAF. Ahmed Qasem Cardiac Surgery and Kidney Transplant Center (Khartoum), El Fasher Children's Specialist Hospital (North Darfur), and Kas Hospital (South Darfur) were among the facilities that were occupied. On six occasions, health facilities were repurposed for non-medical purposes, including as a military base or otherwise to plan military activities. Snipers were often positioned on hospital rooftops and armed personnel stationed inside health buildings. RSF members twice forcefully evicted patients from hospital wards, and the facility was repurposed for the use of wounded RSF personnel.<sup>15</sup>

On one occasion, the SAF requisitioned medical supplies and equipment allocated to the national health system from an aid warehouse and took the stolen goods to a military hospital in Khartoum.<sup>16</sup> The misuse of health facilities for non-medical purposes exposed patients and health care workers to a greater risk of violence. The repurposing of facilities for military medical care severely limited civilian access to health care. The seizure of health infrastructure, including medical equipment, which often occurs during (or immediately after) occupation, further disrupted the provision of health care.



## SOCIAL MEDIA MONITORING IN SUDAN IN 2023

Following the outbreak of conflict in April 2023, [Insecurity Insight's](#) social media monitoring program detected disinformation and attacks on the Sudanese Doctors' Syndicate, a professional organization of Sudanese doctors, for its neutral position in the armed conflict. Social media users, in particular supporters of the SAF, accused the syndicate of being partial towards the RSF and of collaborating with armed militia. Apart from disinformation, [Insecurity Insight](#) found instances of threats of violence towards the syndicate for its perceived support for the militia. These findings suggested that humanitarian principles, including the principles of neutrality and of providing impartial access to health care or aid, seemed to be perceived by some users as providing support for the opposing conflict party.

Subsequent monitoring suggested that the criticism of the Sudanese Doctors' Syndicate's neutral position on social media extended to other humanitarian organizations. In the aftermath of an attack on a Médecins Sans Frontières (MSF) convoy in southern Khartoum, [social media users](#) reacted very negatively to the INGO's neutral description of those who perpetrated the attack as "armed men," because users presumed the armed men to be RSF members. Some users threatened the INGO with violence and others argued that the agency deserved the attack.

These cases indicated that the humanitarian principle of neutrality was not widely known among commentators who were active on social media.





## THE IMPACT OF ATTACKS ON HEALTH CARE

A combination of insecurity, shortages of medical supplies, limited cash to meet operational costs and salaries, and power outages all contributed to the stress experienced by Sudan's health care staff and facilities in 2023. A pediatric specialist at the Nyala Specialist Hospital in South Darfur commented in September that "The dialysis department [at the hospital] has faced repeated interruptions due to power outages, fuel shortages, lack of dialysis aids, and security concerns." Health workers were also among the many people who fled Sudan for their safety, which added to shortages of health workers to operate facilities. The inability of some health care providers to pay staff for multiple months due to cash shortages and subsequent health worker strikes similarly added to pressures on staffing levels. The psychological impacts of attacks affected staff and patients in profound ways, resulting in a reduced-skilled workforce and barriers to potential patients seeking health care, with wide-ranging consequences for individuals and public health.

For those health workers who remained at their posts, conditions were perilous both for them and their patients. Health workers described using the dim light of mobile phones during operations conducted in the dark following electricity blackouts. Fizzy drink bottles were also used to store blood drained from patients injured by gunshots due to shortages of medical equipment. Simultaneously, the number of individuals requiring treatment had risen due to injuries and trauma sustained during the conflict. In a single MSF-supported hospital in Omdurman, Khartoum, health workers treated over 2,100 trauma cases in August alone. These accounted for almost half of all emergency room consultations at the facility.

Volunteers – often operating through "resistance committees" – frequently supported health care provision. Activities undertaken by these volunteers included helping to repair damaged facilities, linking people injured by violence with health workers for treatment, and obtaining medical supplies. However, this sometimes came at great personal cost to the volunteers. In May, a student engineer died after suffering an electric shock while restoring power to a health center in Darfur. "Hospitals lacked staff and supplies to save him," according to a fellow volunteer.

*Health workers described using the dim light of mobile phones during operations conducted in the dark following electricity blackouts.*

Shortages of medication and medical equipment contributed to black market sales of these items. Social media monitoring by Internews suggested that this included medicines stolen from pharmacies in Sudan being traded at markets in Khartoum.<sup>17</sup> Often, medical items sold on the black market remained expensive, with single emergency blood bags reportedly costing SDG 14,000 (equivalent to over USD 20) in September. Access barriers to health care for women were especially acute. At least five incidents directly affected the provision of women's health care. Among these, maternity wards and hospitals were damaged by shelling and firearms, temporarily closed, and looted. Access to clinical care and psychosocial support for women or children who had suffered sexual violence was also hindered by the broader insecurity and communications blackouts. A female doctor was raped by RSF soldiers while on her way home in Al-Jazirah.<sup>18</sup> The woman did not report the incident to authorities for fear that her reputation and standing in society would be irreparably damaged.<sup>19</sup>

Restoring and improving Sudan's health system will require sustained long-term investment. In September 2023, financial losses to Sudan's health system due to the violence since April 2023 were estimated at USD 700 million.



- 1 In 11 incidents the type of explosive weapons used was not recorded.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 38643; 38607; 38644.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 40366; 39623.
- 4 The location of the incident was not recorded.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42237.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42237.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 39751; 39745.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 38545; 39451; 40361.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 39752.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 39752.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 38605.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42138.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 40700.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 40711.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 41304; 39756.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 39458.
- 17 Internews. Sudan Humanitarian Flash Update No. 5. October 4, 2023.
- 18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42208.
- 19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42208.

# 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](http://www.safeguardinghealth.org)

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