

Statement of Doctors Without Borders/Médecins Sans Frontières (MSF)
Tom Lantos Human Rights Commission
“Conflict and Hunger in Sudan”

May 22, 2024

Avril Benoît, Executive Director of MSA USA:

Co-chair McGovern, Co-chair Smith, thank you for the opportunity to discuss the worsening humanitarian crisis in Sudan.

I represent Doctors Without Borders, known internationally as Médecins Sans Frontières (MSF), an international, independent humanitarian organization providing medical assistance to those affected by conflict, epidemics, disasters, or exclusion from health care.

We have been working in Sudan since 1979. We’ve responded to some of the worst crises that have plagued the country, including the Darfur crisis roughly 20 years ago.

Now, we have 1,300 staff members on the ground—most Sudanese, with some international—operating in nine states, including four of the five Darfur regions. Our medical teams on the ground are providing emergency medical treatment, carrying out trauma surgery and cesarean sections, and running mobile clinics for displaced people. We are also providing payments to Ministry of Health staff who have not been paid for the better part of a year.

We’re treating communicable and non-communicable diseases, providing maternal and pediatric health care, and responding to surging rates of malnutrition among children and pregnant and lactating women.

Since the armed conflict broke out in April of last year between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), what had been a collection of localized humanitarian crises has quickly evolved into an all-consuming humanitarian catastrophe.

For 13 months, people in Sudan have suffered through relentless violence, displacement, and hunger, all while their access to the medical and humanitarian assistance they so desperately require has been systematically strangled. Regrettably, all indicators point to the current crisis only growing broader and deeper, with famine looming and ethnic violence intensifying.

The violence the warring parties have unleashed on civilians in Sudan has been truly unrestrained. They have regularly trampled the legal and normative frameworks that shield civilians from the worst effects of armed conflict. RSF and SAF have engaged in both targeted and indiscriminate violence against civilians, including in densely populated areas.

Our teams have tended to thousands of conflict-related injuries. Since violence spiked in El Fasher on May 10, our colleagues at South Hospital have tended to over 700 wounded people, including many women and children. Nearly 12 percent of war-wounded patients received over the past 11 days have died from their wounds.

Between August 2023 and March 2024, the MSF-supported Al Nao Hospital in Omdurman treated over 6,000 patients for conflict-related trauma. In February, women and children made up 20 percent of war-wounded patients. The violence has led to a spike in mortality.

Across the border in eastern Chad, Doctors Without Borders carried out retrospective mortality surveys on refugees who had escaped the unspeakable violence brought upon them by RSF in Darfur in August and September of last year. Crude mortality rates were 20 times higher than before April 15, 2023. Eighty percent of recent deaths in those communities were the result of violence.

Sudan's already fragile health system is collapsing. Essential medical supplies are scarce. The armed groups have looted, militarized, and attacked health facilities and medical warehouses. The availability of health care workers is severely limited due to displacement, insecurity, and unpaid salaries. Over 70 percent of medical facilities in conflict-affected areas are no longer operational.

According to the World Health Organization (WHO), 65 percent of the population lacks access to health care. In many locations, obstetric care is unavailable, immunizations have ground to a halt, and infectious diseases—including cholera and measles—are on the rise.

The consequences are horrific and will undoubtedly be enduring. In parts of Sudan, malnutrition is alarmingly high. Our teams in North Darfur work in Zamzam, a camp for internally displaced people. We carried out two recent malnutrition assessments revealing catastrophic malnutrition rates.

In January, we found that almost a quarter of children screened were acutely malnourished, with 7 percent suffering from severe acute malnutrition. Among children aged six months to two years, 15 percent were severely malnourished.

In early March, a mass screening of 46,000 that we carried out in the same camp found that 30 percent of those screened had acute malnutrition, with 8 percent having severe acute malnutrition, a life-threatening condition requiring specialized therapeutic food to treat.

The drivers of food insecurity and malnutrition in Sudan are many: farmers cannot reach their lands for fear of being attacked; local markets are disrupted and looted; cash shortages are widespread; food prices are spiking; and access to primary health care is severely limited.

However, for over a year now, the humanitarian response across Sudan has been systematically obstructed. Government officials in Port Sudan routinely deny movement permits for transferring humanitarian supplies and staff across borders and front lines. This leaves many civilians without assistance.

Last week, Doctors Without Borders took the painful decision to suspend our support to one of the few functioning health facilities in Wad Madani, the Madani Teaching Hospital, due to our inability to resupply the hospital and to ensure the safety of our patients and staff.

Since October of last year, we have been unable to rotate humanitarian teams or re-supply health facilities we support in south Khartoum due to denied travel permits

From mid-October through December of last year, we had to suspend lifesaving activities at Bashair Teaching Hospital after military authorities blocked the transport of surgical materials into the area.

While the people of North Darfur grow hungrier and sicker, we have not been able to resupply our facilities there for over a month. One administrative obstruction after another.

These access issues persist despite continuous engagement with authorities and repeated assurances from political and military leaders. “Yes, yes, just wait,” they say.

Doctors Without Borders does not accept US government funding, but in Sudan, we work alongside many USAID partners. We welcomed the passage of supplemental funding—we need that scaled-up humanitarian response—but this response cannot be built without adequate US resourcing in Sudan.

However, the required response cannot be built on funding alone. We are facing deeply entrenched access restrictions, the persistence of which will keep the humanitarian response in its current anemic state.

Without a dramatic and immediate change on the access front, people in Sudan will slip further into hunger, disease, and destitution.