Responding to the humanitarian crisis in Sudan

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While the world focused on the conflicts in Ukraine and Gaza, Sudan descended into among the worst humanitarian disasters in recent history. Nearly 9 million people, half of them children, have been forced to flee the carnage caused by the power struggle between the Rapid Support Forces (Janjaweed militia), supported by several Arab countries, and Sudanese Armed Forces. Many have fled rural areas to safer cities in Sudan, nearly 2 million have crossed borders into South Sudan, Chad and Egypt.[1]

At least half of Sudan's population, 25 million people, are facing catastrophic levels of hunger—48% are children. Almost 3.7 million children are acutely malnourished, 730 000 children below 5 years of age are classified as severely malnourished and more than 200 000 children and young mothers are facing death from starvation. 7000 new mothers are expected to die from starvation.[1–4]

The indirect effects of the war have had an equally compelling impact on children. Three million women and girls are at risk of rape, forced marriage, sexual exploitation and trafficking. Thousands of schools have been destroyed or are being used as shelters for internally displaced people—depriving millions of children of an education, with little hope for resumption.[3] Prolonged interruption of children's education has implications—increasing their risk for sexual abuse, early marriage and pregnancy, child labour and coerced military recruitment. Discontinuation of immunisation efforts has placed nearly 2 million children at risk for vaccine-preventable diseases.

The war and its impact on civilians, in particular children, has not happened behind a cloak of secrecy, rather, it has generally been ignored. According to the Sudan Humanitarian Needs and Responsive Plan, an estimated US$2.7 billion is needed to provide life-saving aid and protection to 15 million Sudanese.[4] Only US$323 million has been contributed, with the USA donating 40% of the total thus far.

However, disregard for humanitarian disasters in Africa is the norm, not exception. The first and second wars in the Democratic Republic of the Congo (DRC, 1996–2003) coincided with the conflict in the Balkan region. While the world focused on the war in Europe, immense human suffering unfolded in the DRC, with estimates of more than 5 million deaths, primarily from disease and starvation. Mass displacement, sexual violence and recruitment of child soldiers were widespread.

Subsequent violence in the DRC has continued, resulting in hundreds of thousands of child deaths. This ongoing humanitarian disaster coincided with the beginning of the Iraq war (2003–2011) and continuing conflicts in Afghanistan, Syria and Yemen that have captured the world's attention. Meanwhile, conflicts in Ethiopia, Libya, Mozambique, Sudan, Central African Republic, the Sahel region and Cameroon continue, resulting in humanitarian crises with ongoing grave violations against children[5] and violations of their rights to life and optimal survival and development.

There are multiple root causes of the ongoing conflicts and historical explanations for the global failure to respond to Africa's humanitarian disasters, including global geopolitical and economic interests, crisis fatigue, conflict complexities and colonial legacies and racism. Irrespective of the causes, the cruel fact remains that millions of children have died needlessly and continue to suffer throughout Sudan, Africa and globally as a result of armed conflicts.

An essential question remains unasked and unresolved—what are the roles and responsibilities of paediatricians and paediatric organisations to respond? No profession bears witness to the impact of armed conflict and other humanitarian disasters on children more so than paediatrics, thus no profession has a greater responsibility and capacity to respond.

The reality, however, is that the global body of paediatric organisations and societies has yet to establish a cogent and sustainable strategy to do so. There are multiple roles paediatricians and paediatric organisations could play independently and in collaboration with humanitarian-response organisations. Apart from individual paediatricians providing clinical support and expertise on the front line in armed conflicts, we suggest these additional clearly defined roles:

- Voice: Give voice to the victims of international humanitarian law violations. Ensure children and youth have a voice in the development of postconflict strategies that recognise the responsibilities they bear if they are parentless, and the wisdom and experience they have acquired.
- Needs assessments: Evaluate and report on the specific health needs of children in crisis-affected areas. Provide information on the precrisis health status of children to inform crisis responses. Engage in longitudinal studies to identify the ongoing medical, behavioural and social health needs of children post-crisis.
- Programme design and implementation: Develop and oversee health systems and programmes tailored to children, including vaccination campaigns, nutrition programmes, and physical and mental health trauma care. Ensure programmes and systems are culturally relevant and responsive, and geographically accessible. Provide access to technical, financial and human resources to sustain programmes. Mobilise medical, mental health, public health and other human, technical and supply resources independently and in collaboration with national and international organisations.
- Coordination: Work with humanitarian actors to ensure comprehensive care for children. Engage subspecialty organisations, public health institutions and resources and other child health professionals and professional organisations to ensure crisis responses are comprehensive and coordinated.
- Monitoring and evaluation: Ensure paediatric programmes are effective and strategies are adjusted as needed. Use networks of paediatricians and other child

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health professionals to contribute to epidemiological assessments and monitoring, in particular, during crises when access to areas is limited. Develop monitoring and evaluation strategies precrisis.

- Advocacy: Advocate for children's health needs and rights. Engage governmental and non-governmental entities and provide them with expertise in policy development, resource distribution, systems development, etc. Engage philanthropic organisations to help support planning and implementation of humanitarian responses. Coordinate and help lead national and international advocacy initiatives independently and in collaboration with other organisations. Engage children and youth.
- Training: Prepare paediatricians and other child health professionals to respond to humanitarian disasters. Provide training to healthcare workers in paediatric care. Develop specialty paediatric training programmes in humanitarian disaster management.
- Research: Engage paediatricians in research networks and the generation of new knowledge focused on all aspects of the impact of humanitarian disasters on children. Engage academic paediatric institutions in the development of Paediatric humanitarian disaster management as an academic discipline. Disseminate knowledge through traditional and non-traditional conduits.

Half the world's children will soon reside in Africa. No continent's children are experiencing, nor are more vulnerable, to the impact of humanitarian disasters, including the direct and indirect effects of armed conflicts, climate change and natural disasters. Thus, paediatricians, paediatric and child health professional organisations, and other stakeholders in the health and well-being of children should focus and prioritise their efforts on the children of Africa. This does not discount the plight of children in Gaza, Ukraine, Myanmar and other conflict areas around the world. It is to emphasise that the needs and rights of children in Africa have been neglected for far too long.

Paediatricians and paediatric and other child health organisations bear an obligation to engage in a collective interdisciplinary response with humanitarian agencies responding to the crisis in Sudan, as well as those elsewhere in Africa and globally. Lessons learnt must be applied to a commitment by paediatric organisations to engage and provide leadership in global responses to the needs and rights of children confronting human-induced and natural humanitarian disasters. Geopolitics and globalisation establish us all as shareholders in global humanitarian crises. As paediatricians, we must be fully engaged stakeholders in implementing solutions.

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