

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Responding to the Humanitarian Crisis in Sudan
AUTHORS	Goldhagen, Jeffrey Elkrail, Safa Affan , Ashraf

VERSION 1 - REVIEW

REVIEWER NAME	Dr. Karen Zwi
REVIEWER AFFILIATION	University of New South Wales - Randwick Campus School of Women's and Children's Health High Street Randwick New South Wales 2052 Australia
REVIEWER CONFLICT OF INTEREST	No
DATE REVIEW RETURNED	15-Jul-2024

GENERAL COMMENTS	<p>This is an excellent Viewpoint worthy of publication. Congratulations to the authors who have highlighted the plight of a sorely neglected population of children. I have made some very minor comments in the text of the manuscript for the authors to consider.</p> <p>They include:</p> <ul style="list-style-type: none">-placing advocacy and listening to the children's voices right at the top of the list of recommended roles- more active language ie instead of "There is a need for pediatricians" rather use "Pediatricians should..."-fewer dashes (not required!) <p>Thank you for the opportunity to review. Please accept for publication</p>
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VERSION 1 – AUTHOR RESPONSE

Title: Responding to the Humanitarian Crisis in Sudan

Article Type: Viewpoint

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Acknowledgement: The authors pay tribute to the millions of Sudanese children and adults who have continued to endure the inhumanity to which they have been subjected over the years. We would also like to acknowledge the individuals and humanitarian organizations that have responded to the suffering and needs of the millions of Sudanese impacted by the armed conflicts raging in their country.

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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 five-years of age are classified as severely malnourished and more than 200,000 children and young mothers are facing death from starvation. Seven-thousand 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 labor and coerced military recruitment. Discontinuation of immunization efforts have 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 \$2.7 billion are needed to provide life-saving aid and protection to 15-million Sudanese.⁴ Only \$323 million has been contributed, with the US donating 40% of the total thus far.

However, disregard of 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 children⁵ 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 pediatricians and pediatric organizations to respond? No profession bears witness to the impact of armed conflict and other humanitarian disasters on children more so than pediatrics, thus no profession has a greater responsibility and capacity to respond.

The reality, however, is that the global body of Pediatric organizations and societies has yet to establish a cogent and sustainable strategy to do so. There are multiple roles pediatricians and pediatric organizations could play independently and in collaboration with humanitarian-response organizations. Apart from individual pediatricians providing clinical support and expertise on the frontline 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 post-conflict strategies that recognize 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 pre-crisis health status of children to inform crisis

responses. Engage in longitudinal studies to identify the ongoing medical, behavioral and social health needs of children post-crisis.

- *Program Design and Implementation:* Develop and oversee health systems and programs tailored to children, including vaccination campaigns, nutrition programs, and physical and mental health trauma care. Ensure programs and systems are culturally relevant and responsive, and geographically accessible. Provide access to technical, financial and human resources to sustain programs. Mobilize medical, mental health, public health and other human, technical and supply resources independently and in collaboration with national and international organizations.
- *Coordination:* Work with humanitarian actors to ensure comprehensive care for children. Engage subspecialty organizations, public health institutions and resources and other child health professionals and professional organizations to ensure crisis responses are comprehensive and coordinated.
- *Monitoring and Evaluation:* Ensure pediatric programs are effective and strategies are adjusted as needed. Use networks of pediatricians and other child health professionals to contribute to epidemiological assessments and monitoring, in particular, during crises when access to areas is limited. Develop monitoring and evaluation strategies pre-crisis.
- *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 organizations to help support planning and implementation of humanitarian responses. Coordinate and help lead national and international advocacy initiatives independently and in collaboration with other organizations. Engage children and youth.
- *Training:* Prepare pediatricians and other child health professionals to respond to humanitarian disasters. Provide training to healthcare workers in pediatric care. Develop specialty pediatric training programs in Humanitarian Disaster Management.
- *Research:* Engage pediatricians in research networks and the generation of new knowledge focused on all aspects of the impact of humanitarian disasters on children. Engage academic pediatric institutions in the development of Pediatric 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, pediatricians, pediatric and child health professional organizations, and other stakeholders in the health and wellbeing of children bear an obligation focus and prioritize 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 emphasize that the needs and rights of children in Africa have been neglected for far too long.

Pediatricians and pediatric and other child health organizations should 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 learned must be applied to a commitment by pediatric organizations to engage and provide leadership in global responses to the needs and rights of children confronting human-induced and natural humanitarian disasters. Geo-politics and globalization establish us all as shareholders in global humanitarian crises. As pediatricians, we must be fully engaged stakeholders in implementing solutions.

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