



**Q10476. Researched and compiled by the Refugee Documentation Centre of Ireland on 27 July 2009**

**Problems regarding lack of access to medical care in Sudan**

The July 2009 *Freedom House Freedom in the World* report for Sudan under the heading 'Political Rights and Civil Liberties', states:

"Conditions for nongovernmental organizations have deteriorated considerably in recent years due to government hostility toward groups that criticize its policies in Darfur as well as violence that threatens humanitarian activities in both Darfur and the south. In June 2008, authorities expelled the head of the Dutch branch of Doctors Without Borders (MSF) from Darfur. UN reports indicated that as of late November, 11 humanitarian workers in Darfur had been killed, 189 had been kidnapped, and over 250 vehicles had been hijacked. Hijackings of World Food Programme convoys in Darfur and the south have hindered aid deliveries, and insecurity in Northern Darfur state forced MSF to temporarily cease operations there in August, eliminating medical services for tens of thousands of people." (Freedom House (16 July 2009) – *Freedom in the World 2009 – Sudan*)

A June 2009 *IRIN News* report states:

"YAMBIO, 17 June 2009 (PlusNews) - Healthcare workers in Yambio, capital of Sudan's Western Equatoria State, have warned that the number of HIV-positive people receiving treatment has risen, and they cannot keep up with the demand for medication.

About 700 HIV-positive people are being treated by a local faith-based group, the Christian Brothers. "The issue of HIV in Yambio is getting bigger and bigger every day; we even find difficulty to provide services due the big numbers of people who are infected with HIV and AIDS," said Brother Daniel Pius.

The centre they run receives funding, powdered milk and non-food items for mothers and children from the UN Children's Fund (UNICEF), but still struggles to cope with demand. Staff say the number of HIV-positive people coming for medicines has doubled in the past two years.

"One reason there is an increase is because more people are going to be tested, so more people are finding out that they are HIV-positive," Pius said. "But the cases are also getting bigger because men are not protecting themselves." (IRIN News (17 June 2009) – *Sudan: Health workers report rise in HIV*)

A May 2009 *IRIN News* report states:

“NAIROBI, 4 May 2009 (IRIN) – The expulsion of 13 international NGOs (INGOs) operating in the western Sudan region of Darfur has left gaps in health coverage, according to the UN World Health Organization (WHO) as 12 of them provided health and nutrition services to about 1.1 million people.

Through mobile clinics, hospitals and primary healthcare (PHC) facilities, the organisations had been providing essential services ranging from referrals for complicated and life-threatening cases to surveillance of epidemics, states the WHO March-April health bulletin.

In North Darfur, reproductive healthcare services have been interrupted after the closure of a PHC facility; the activities of other health facilities, serving at least 200,000 people, have also been curtailed.

In West Darfur, only 63 of 145 medical staff are providing services at 18 health facilities.

In South Darfur, one rural hospital in Muhajariya and some other health facilities are closed. Five of six therapeutic feeding centres are also shut.” (IRIN News (04 May 2009) - *Sudan: NGO expulsions leave significant healthcare gaps in Darfur*)

A March 2009 *Human Rights Watch* article states:

“(New York) - The Sudanese government's announcement that it will expel 10 international aid agencies places the lives of more than 1 million people in Darfur at risk, Human Rights Watch said today. Sudan has an obligation under international humanitarian law to ensure that relief aid reaches people in need in conflict situations.

The Sudanese government announced the expulsions shortly after the International Criminal Court (ICC) issued an arrest warrant for President Omar al-Bashir for war crimes and crimes against humanity in Darfur. Human Rights Watch called on the government to reinstate immediately the agencies' licenses to operate and to facilitate all humanitarian agencies providing assistance in Sudan.

"President al-Bashir's response to being charged with crimes in Darfur is nothing less than retaliation against the millions of people there," said Georgette Gagnon, Africa director at Human Rights Watch. "The Sudanese government should reverse this decision immediately, or civilians in Darfur will again suffer the consequences of Khartoum's abusive policies."

The 10 agencies, which include Oxfam, Médecins sans Frontières, Save the Children, CARE and the International Rescue Committee, are between them estimated to be providing 50 to 70 percent of the total humanitarian assistance in Darfur, including food, water, and medical care. Many also have programs elsewhere in Sudan that are affected. Their departure could have catastrophic consequences for more than a million people.” (Human Rights Watch (05 March 2009) - *Sudan: Expelling Aid Agencies Harms Victims*)

A November 2008 *IRIN News* report states:

“JUBA, 20 November 2008 (PlusNews) - For over a year, the South Sudan AIDS Commission (SSAC) has been setting up offices in the ten states that make up Southern Sudan, but a combination of funding delays and a population largely uninformed about HIV is keeping the fight against the pandemic from moving forward.

In 2007, the SSAC announced a new road map to contain the epidemic. The region was also due to receive grants worth US\$28.5 million from the Global Fund to fight AIDS, Tuberculosis and Malaria, but Bellario Ahoy Ngong, chairperson of the SSAC, said recently that the bulk of the money had not yet been transferred.

Southern Sudan's strategic framework for fighting HIV is expected to cost around \$656.12 million over a period of five years, of which \$124.16 million has been secured, leaving a funding gap of about 80 percent.

However, according to the UNAIDS country progress report only \$4.1 million had been spent as of February 2008, and funding delays were largely due to the inability of implementing agencies to absorb and manage the money, as well as persistent security concerns in some states.

"Until now I don't have an office; I am mobile," Paul Juoch, director of the AIDS commission in Unity State, told IRIN/PlusNews. He has worked in a room that also served the drugs store in the state's ministry of Health since he started the job in 2007." (IRIN News (20 November 2008) *Sudan: "Funding woes continue to plague HIV fight"*)

A March 2007 *Sudan Tribune* news article states:

“March 10, 2007 — The illness of my aunt and the circumstances surrounding her medical treatment and her subsequent death at the Doctors' Hospital in Khartoum in January, 2007 have motivated me to write this article to highlight the failure of the health care system in Sudan.

One of the problems that I observed is the lack of interest from the part of the health provider, in particular the medical doctor, to learn about the health history of the patient. In Sudan, Unlike in Egypt or other neighboring countries where patient's health history is usually required and taking into consideration to determine the kind of treatment for the admitted patient, medical doctors, particularly many specialists in Sudan usually don't inquire about the medical history of the patient. For example, specialists often tend to ignore the importance of consulting the patient's family doctor or the person who is familiar with the patient's health conditions. Specialists instead always rely on the information provided to them either by the patient or those who are caring for her/him.

There is also no proper and thorough diagnosis of disease due to lack of or poor laboratory facilities in the country. In such a situation, medical doctors sometimes depend on their personal judgments to determine the patient's

illness and possible prescription drug. Consequently, because of unclear diagnosis of the patient's medical condition, some doctors tend to prescribe medication which is either ineffective or harmful for the patient. For instance, during the course of my aunt's treatment, a doctor prescribed mistakenly heart medication to her knowing that she was not suffering from any heart illness. When he confronted by one of my relatives who happened to be a pharmacist with his mistake, the doctor got offended and refused to continue her medical treatment. We finally had to beg him to resume her medical treatment due to the difficulty of securing another doctor during the holidays. Such situations usually put the patient at risk. Sadly, many innocent men, women, and children have lost their lives due to medical maltreatment.

It is very common for medical doctors knowingly to prescribe medications which are not available in Sudan. When this occurs, the patient and his relatives are compelled to secure the medication from neighboring countries, notably Egypt and Saudi Arabia because of their proximity to Sudan. However, if the patient has no relatives or someone known to him/her in Egypt or Saudi Arabia to get the medication, he/she will continue to suffer and may well die in the process. Moreover, when the prescribed drugs are available in Khartoum, they are very expensive and can only be acquired by those who can afford." (Sudan Tribune (11 March 2007) – *The failing health system in Sudan*)

A March 2006 *World Health Organization* news article states:

"30 MARCH 2006 | GENEVA -- The World Health Organization (WHO) today warned of adverse consequences for the health of millions of people throughout Sudan unless funds for humanitarian interventions are secured immediately.

The current lack of funding coupled with growing security concerns in areas such as Darfur will reduce access to safe water and healthcare services resulting in a possible significant rise in cases of malaria, meningitis, diarrhoeal diseases, acute respiratory infections and measles.

As part of the United Nations Work Plan for Sudan, WHO has developed 20 health projects for the enhancement of health of the population of Sudan. These projects focus on the improvement of information and coordination management, access to hospital care, referral systems and primary strategic health care, communicable disease control, surveillance and outbreak response and environmental health.

"WHO and partners need sustained financial support in order to continue to reduce suffering and save lives in Sudan. A significant increase in disease incidence and in preventable deaths is expected unless the shortfall of US\$ 24 million in funds for health are provided immediately," says Dr Ala Din Alwan, Representative of Director-General for Health Action in Crises." (World Health Organization (30 March 2006) – *Health deteriorating in Sudan: Funds needed to save lives*)

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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