



23 April 2023 – More than 420 deaths and 3700 injuries have been reported by the Federal Ministry of Health since the escalation of violence erupted in Sudan on 15 April – but paramedics, frontline nurses and doctors are often unable to access injured civilians, because of insecurity and attacks on ambulances and health facilities. The Federal Ministry of Health also reported 20 hospitals as no longer functional and 12 others at risk due to lack of medical supplies and health care workers.

WHO has already distributed life-saving emergency supplies and fuel to major hospitals, but more widespread distributions are constrained by the volatile security situation. We are on standby for the first opportunity to assist without compromising the safety of our staff in an increasingly hazardous environment to humanitarian workers.

Prior to the escalation, WHO's Regional Trauma Initiative had been working with the WHO Country Office in Sudan to establish a cadre of leading health care professionals trained and equipped on mass casualty management. Efforts were kicked off last year, when a team of trauma specialists from WHO's Regional Office were deployed to Sudan to work in multiple states across the country, including Khartoum, Blue Nile and Al Ganeina.

Over 30 frontline doctors were trained on mass casualty principles and equipped to become national instructors; they further cascaded the training to over 150 frontline health workers in 2022 and 60 more in 2023, with mentorship and continued guidance from the Regional Trauma Initiative. The Regional Trauma Initiative, the WHO Country Office and the Federal Ministry of Health worked together to help establish multiple mass casualty management teams led by Sudanese doctors and nurses who can be mobilized in times of a mass incident, such as the one unfolding in Sudan.

The national mass casualty management teams have been activated in response to the current escalation of violence in Sudan. These teams support hospitals in responding to the influx of casualties and work closely with the Ministry of Health and WHO to ensure medication and supplies are provided to hospitals on the frontline of the crisis. During the recent escalation, over 15 hospitals activated their mass casualty management plans and activated WHO standards in responding to the emergency.

The WHO Country Office in Sudan had also prepositioned essential supplies in warehouses ready for release in the first hours of a mass casualty incident. With the outbreak of fighting, the prepositioned supplies of trauma and essential surgical kits were mobilized for hospitals on the frontline, providing essential medicine, equipment and disposables for life-saving interventions, such as haemorrhage control, airway management, and emergency surgery.

However, WHO is currently unable to deploy further trauma and essential surgical kits to Sudan as the airports remain nonfunctional and the roads unsafe. Meanwhile, the WHO Country Office is utilizing partners to collate resources and distribute the minimum quantity of trauma supplies available in country.

Prior to the outbreak of violence, WHO had also planned to deploy trauma specialists to the country to support the Federal Ministry of Health strengthen the trauma care pathway. Central to the Regional Trauma Initiative is the understanding that it is vital to build sustainable trauma care capacity in humanitarian settings through investment in and enhancement of national structures and the local health workforce. This should take into consideration the necessity of managing a patient from the point of injury by investing in pre-hospital care services, through surgical services, and rehabilitation. The goal is to reduce avoidable death and disability.

WHO was also exploring ways of integrating trauma care into primary health care centres by establishing Trauma Stabilization Points (TSPs). The central function of a TSP is to resuscitate, stabilize and refer severely injured patients to a higher receiving facility. These would have functioned similarly to advanced first aid posts embedded in primary health care centres to deliver immediate life- and limb-saving care to rural or remote communities.

There is an immediate need to upscale the trauma care pathway in Sudan. Hospitals need urgent support with deployable health care staff, including doctors and nurses trained in trauma care, along with trauma supplies, including external fixators and other surgical equipment. Ambulances and paramedics need to be equipped with lifesaving supplies, so that injured patients can be reached in time for immediate emergency care.

The hospitals also require basic operational supplies, such as fuel, water and electricity.

However, none of the above can take place without the sanctity of respected health care and safe access for health care workers. If attacks against health care persist, it is patients who will bear the brunt. Without health care, the number of deaths directly resulting from the violence, or indirectly caused by health issues, such as communicable, maternal, neonatal, nutritional, and noncommunication diseases, will increase rapidly.

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