**Submission to the Special Rapporteur on the negative impact of the unilateral coercive measures on the enjoyment of human rights**

OHCHR Sudan

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| *This submission has been prepared by OHCHR Sudan with a view to contribute to the proposed study of the Special Rapporteur on the negative impact of the unilateral coercive measures on the enjoyment of human rights. The information and analysis contained in this submission is based on secondary data and information available. However, OHCHR Sudan tried its best to reach out to the individual experts and organisations to verify and crosscheck information in the course of developing this submission.* |

1. **Context**

Sudan is one of the few countries subjected to a long-running regime of sanctions. In 1993, the United States of America included Sudan in the list of state sponsors of terrorism (SST). In 1997, the US imposed unilateral sanctions, including imposing a comprehensive trade embargo, freezing the government assets and tightening restrictions on financial institutions dealing with Sudan. The sanctions prohibited any transactions using US currency or products, and stopped any business which operated in the US from trading with Sudan. This ban covered everything from airplanes to vital health equipment.

On 29 March 2009, the United Nations Security Council passed the resolution 1591 in response to the conflict in Darfur and imposed armed embargo and travel ban and assets freeze on several individuals. Following the UN Security Council resolution, Canada, the EU and the UK also imposed sanctions on Sudan, particularly against the individuals impeding peace process and posing threat to the stability in Darfur and the region.

Comprehensive and far-reaching as it is, the sanctions harmed, and continued to harm, Sudan dearly. The sanctions forced many governments and business entities stopped doing business with Sudan, even for goods that were exempted under the sanctions like food and medicine, as they did not take risk being scrutinized by the American Treasury, or face the danger of financial transactional blockage or even confiscation. This, according to the World Bank, created what has been referred to as “reputational sanctions” meaning that business with Sudan was attached to bad fame and should be avoided even if it is allowed under the sanctions regime.[[1]](#footnote-1)

In January 2017, the US began lifting economic and trade sanctions on Sudan, citing the cooperation from the latter in fighting terrorism, reducing conflict, and denying safe haven to South Sudanese rebels, as well as improving humanitarian access to people in need. In October 2017, the US permanently lifted all 1997 economic sanctions except the designation of SST.

Sanctions and its general impact, including in economy and development

One of the obvious impacts of 20-year long US sanctions was on Sudan’s economy which witnessed a deep recession leading to structural trade and fiscal deficits, mass poverty, high inflation, high levels of inequality and limited public expenditures on basic services. There was significant decrease in GDP, halving from US$ 66.4 billion in 2011 to US$ 33.6 billion by 2019. The 2011 secession of South Sudan further affected the economy of Sudan as it lost 75% of its oil production fields, the main source of revenue. Even after the removal of the US economic sanctions, there is no potent sign of Sudan’s economic recovery. Instead, it remains fragile as Sudan continues to be in the US list of a state sponsors terrorism which, among others, has limited its access to debt relief and international financial aid. These constraints have had adverse impact on the economic stability, trade, banking and business climate, private sector economic activity and employment and poverty reduction.[[2]](#footnote-2)

Sanctions in particular deterred foreign direct investment which severely hampered the growth and employment opportunities in Sudan. With Sudan cut off from the international banking system, importers were unable to obtain trade financing or transfer payments. It negatively affected the growth as exports and imports drastically declined. The lower imports of foodstuffs, intermediate goods, and raw materials resulted into lower domestic consumption and production. Shortage of foreign exchange contributed to depreciation of the exchange rate in the parallel market, thereby fuelling inflation and undermining macroeconomic stability.[[3]](#footnote-3) These adverse developments affected the poor and the most vulnerable segments of population and increased poverty rates in Sudan.

The 2014 poverty survey indicated rural and urban poverty at 54.1 and 39.9 percent respectively.[[4]](#footnote-4) Today, there is a substantial increase in urban poverty, following a doubling of the price of subsidized bread and a tripling of the exchange rate applied to imports in January 2018.[[5]](#footnote-5) Throughout Sudan, 58 per cent of households cannot afford a basic daily food basket. Over 2.7 million children suffer from acute malnutrition.[[6]](#footnote-6) The poor families in particular had to adapt to the rising poverty by increasingly selling their meagre assets and reducing their food intake, draining their human and physical capital. Rising destitution is reflected in the number of people needing humanitarian assistance - increasing from 5.2 million in 2015 to 9.3 million in 2020, or by 75 percent. 6.2 million people suffer from extreme poverty, evidenced by severe acute food insecurity[[7]](#footnote-7), more than double the number in April 2017. Low output and high production cost keep prices high, even during the harvest season, while 3.2 million women and children are malnourished. The economic crisis not only increased food and non-food prices sharply but further impacted health services, economic and agricultural activities across Sudan.

As Sudan was battling to bring its ailing economy in the recovery path with the transitional government in power, replacing 30-year’s reign of former dictator Omar Al Bashir, the COVID-19 pandemic arose as an imminent humanitarian threat to Sudan. It all heighted the risks to already significant needs and vulnerabilities of Sudan, further compromising its chances to achieve the sustainable development goals (SDGs). Besides deepening economy crisis, it further adds to the challenges of addressing gaps in basic service provision, navigating political transition and forging sustainable peace and stability. Health services are overstretched and risk collapse. Water and sanitation coverage is poor, and over three million children remain out of school[[8]](#footnote-8). The social protection system has limited coverage, irregular transfers, and underdeveloped monitoring and implementation systems.

Impact of sanction in the enjoyment of human rights

While the above mentioned sanctions were in place for ‘‘behavioural change’’ and meant to respect and promote the international law, these sanctions have had trade and banking barriers that caused a massive negative impacts in the enjoyment of human rights and fundamental freedoms by majority of Sudanese. In particular, the sanctions disproportionately affected the most vulnerable groups, such as women, children, persons with disabilities, and those who with severe medical conditions.

In particular, sanctions deprived most Sudanese in obtaining life-saving drugs and equipment in the times of emergencies, which led to the spread of malaria, bilharzia and leishmaniosis that led to the loss of many lives in Sudan. Due to the US sanctions, Sudan was not been able to access the system of international interbank transfers (SWIFT), which thus was impossible to pay for “authorized” life-saving medical and equipment imports.[[9]](#footnote-9)

The right to adequate food has been significantly hampered with approximately 6.2 million people in need of food assistance. Staple food prices continue to increase across the country, with annual inflation rate hitting 81.64% in March and rising to 98.81 percent in April 2020.[[10]](#footnote-10) Rising destitution is reflected in the number of people needing humanitarian assistance - increasing from 5.2 million in 2015 to 9.3 million in 2020, or by 75 percent. 6.2 million people suffer from extreme poverty, evidenced by severe acute food insecurity[[11]](#footnote-11), more than double the number in April 2017. Low output and high production cost keep prices high, even during the harvest season, while 3.2 million women and children are malnourished.

1. **Specific human rights affected by unilateral sanctions in Sudan during the pandemic**

Economic sanctions almost always have a dramatic impact on the rights recognized in the International Covenant on Economic, Social and Cultural Rights. The sanctions often cause significant disruption in the distribution of food, pharmaceuticals and sanitation supplies, jeopardize the quality of food and the availability of clean drinking water, severely interfere with the functioning of basic health and education systems, and undermine the right to work. Sudan was not exception to this. In Sudan, unilateral sanctions led to reinforcement of the power of oppressive élites, the emergence, almost invariably, of a black market and the generation of huge windfall profits for the privileged élites at the cost of the suffering of the population at large.

The right to health

After the outbreak of COVID-19 pandemic, the right to highest attainable standard of physical and mental health, provided for by article 12 of the International Covenant on Economic, Social and Cultural Rights to which Sudan is party, is increasingly at stake. Well before COVID-19’s appearance, Sudan’s health sector has been starved of resources with 1.9 medical doctors per 10,000 inhabitants and high levels of out of pocket health costs.[[12]](#footnote-12) Over 30 percent of existing health facilities are non-functioning mainly due to lack of human resources, medical equipment, financial resources, and weak managerial capacities, particularly at sub-national levels. Only 33 percent of health facilities offer the complete basic healthcare package. According to the Global Universal Health Coverage Monitoring Report 2019, Sudan’s Universal Health Coverage Index was 44 percent[[13]](#footnote-13). In sum, Sudan’s health system has suffered from decades of neglect and under-investment exacerbated also by the US economic sanctions.

The sanctions became increasingly complex and difficult to navigate over the years, making it tough to import equipment, even basic items like sutures. For example, in November 2015, a heart surgeon named Ahmed Elsayed was on duty in Al-Shaab Hospital in Khartoum where a 14-year-old boy arrived from the Darfur region. He had suffered massive internal bleeding from his aorta, the main artery from the heart, and needed an emergency surgery to implant aortic graft. But Al-Shaab hospital only used to order the grafts on a case-by-case basis because they had to import the grafts to Sudan through a complex informal market involving third-party shippers. Also, the hospital often had to cover the cost, around US$ 2,500 because few patients could afford it. Mr. Elsayed immediately placed an emergency order, but it took weeks to arrive the supplies through its circuitous route to Sudan. The boy died a week before it arrived.[[14]](#footnote-14)

The COVID-19, as stated by the UN High Commissioner for Human Rights, is just a tipping point and Sudan’s health system is simply not equipped to handle the outbreak.[[15]](#footnote-15) Today, Sudan’s hospitals and health centers have largely remained without repair and maintenance. The functional capacity of the health care system has degraded due to lack of medical supplies and equipment, shortages of water and power supply and the collapse of the telecommunications system. Scanners for breast cancer and other equipment are not easily available.

Availability and affordability of essential medicines, including for non-communicable diseases, is another area of concern affected by devaluation of the local currency. Medicine availability is only 49 percent in the national health insurance fund, and 59 percent in the private sector. More than 200 types of medicine are completely unavailable in Sudan[[16]](#footnote-16). Furthermore, there are shortages of isolation and intensive care units, infection control material, medicines and medical supplies, and adequately trained staff to address disease outbreaks including COVID-19. There is high staff turnover and brain drain at different levels. This is mainly due to low wages and salaries, poor working and living conditions mainly in rural and remote areas, lack of security in conflict-affected areas and low chances for career development.

The containment measures like lockdown have negatively impacted women’s right to reproductive health and access to care for pregnancy, childbirth and postpartum needs as the services of the clinics have got disrupted due to COVID-19, and funding diverted from regular operations.

The right to adequate standard of living, including the right to adequate food and shelter

COVID-19 pandemic has negatively affected in food availability and accessibility, thus increasing the threat of food insecurity. The containment measures have already disrupted the food supply chain and limited food availability particularly in remote areas. The situation might be worse, especially if the long summer planting season is affected due to lack of inputs and low supply of labour force given the restrictions in movements. Food insecure populations, including IDPs, refugees, migrants, returnees, host communities, and women and children have limited coping mechanisms to buffer the impact. Food safety is also an issue due to outdated legislation and limited capacity for carrying out the required inspections of food processing and storage facilities.

COVID19 further reduced the Government’s ability to mobilize taxes and maintain the already meagre expenditures on basic services[[17]](#footnote-17). The budget for basic services is low and mostly covers salaries that have not kept pace with inflation, pushing most teachers and health personnel into poverty. Out of pocket health expenditures exceed 69 percent for the average Sudanese,[[18]](#footnote-18)leaving majority of population to compromise with other rights including the right to food and adequate shelter. COVID19 further reduced the Government’s ability to mobilize taxes and maintain the already meagre expenditures on basic services.[[19]](#footnote-19)

The right to education

School closures have adversely impacted children and youth and interrupted learning and human interaction, essential to social and behavioural development. According to OCHA, 8,375,193 learners have been affected due to closure of educational institutions. Many children have lost meals provided at school and a zone of safety with a knock-on effect on family income, which adds to women and girls’ unpaid work. Sustained disruption of education can increase dropouts, especially among girls, child labour and marriage.

While Sudan has managed to close the gender gap in primary education, with the national gross enrolment rate for boys only 2.5 percentage points higher than the rate for girls, more than one quarter of children under 13 are out of school. There is also high levels of regional disparities with the gross enrolment rate varying between a low of just over 50 percent for the Red Sea state to close to 90 percent for North Kordofan. While primary education is free, limited public funding forces schools to charge students fees to obtain the required supplies.[[20]](#footnote-20) The COVID-19 pandemic is highly likely to affect the school enrolment and increase the school drop-out rate.

In Sudan, at the time of preparing this submission, no transactions can take place over the Internet because one cannot use a credit card. One cannot order a book, a computer or buy music. Transferring money to Sudan from the US is also close to impossible, including in times of crisis, like the massive flooding in August 2013 when some in the diaspora tried sending money to give family back home assistance. The US sanctions have blocked a number of products in Sudan, including vital technology tools. The sanctions have also had an impact on the international recognition of Sudanese certifications. As a result, researchers and students were forced to either work uncertified, or travel outside of the country to receive the certification.

The right to work and employment

Physical distancing measures to contain spread of COVID-19 pandemic have severely hit the service sector, which absorbs over a million workers, mostly in low-income and casual jobs. The sector is dominated by small and medium size businesses, most of whom lack access to financing. Consequently, there is a high risk many businesses may fail if the disruption of normal business operation continues leading many low-income service sector workers risk destitution from loss of their daily wage/income, which risks triggering negative coping mechanisms, including increased drug use, gender-based violence, child labour and petty crime. The closures also impact those involved in daily trade and casual labour, including domestic workers. The informal hospitality sector, notably women tea sellers, has been impacted through the general reduction of economic activity, notably reduced flow of construction and transport workers as customers.[[21]](#footnote-21)

A COVID-19 outbreak has posed a serious threat to women's work, income, and business activity, and increased threats to their health. Informal and low wage occupations, where most women work, are highly prone to disruption during public health emergencies, and will be particularly affected. Women in the agriculture sector – dependent on unpaid female family labour, who also engage in unpaid care work – have faced increasing work burdens due to trade disruptions and disease impact.

Social protection and security

Social protection and safety nets as systems for helping the poor and vulnerable have existed in Sudan as traditional and religious practices. Zakat is well-known for distributing wealth and helping the poor in Sudan. A semi-autonomous agency under the Ministry for Labour and Social Development, Zakat has an extensive institutional infrastructures that reaches all the way down to the village level. Regulated under the Zakat law, Zakat contributions are compulsory; that is, Sudanese earning over 10,000 SDG (approximately US$ 180) annually are obliged to pay 2.5 per cent of their income to the Zakat fund. Revenue in kind and in cash is collected from all over the country. Beneficiaries are usually identified by local Zakat Fund branches using data of poverty census undertaken by Zakat Fund in collaboration with Central Bureau of Statistics. Although Zakat fund was reportedly misused by former regime in the past, it can be mobilised as a part of COVID-19 response plan.

Currently, a number of social protection mechanisms exist, operated by the government and international partners covering about a million people. 9.3 million people are in need of humanitarian assistance of which 6.1 million are targeted by the Humanitarian Response Plan 2020.[[22]](#footnote-22) However, the coverage of existing programmes is limited and there are many overlaps between them. Hence there is a need to expand social protection and building on existing efforts while working towards a comprehensive social protection policy so as to address chronic and acute vulnerabilities. There is a need for improved targeting, a unified beneficiary registry, efficient payment system and more transparent governance mechanisms. The COVID-19 pandemic has ever increased the role of the government for expansive social protection policies and programmes.

Also desirable is a comprehensive and periodic assessment on the effectiveness of the existing social security schemes and safety nets that paves a way to lay the foundations for an equitable social protection system, including ensuring minimum social protection floor covering informal sector workers, particularly women and youths. However, given the huge cost of these measures and expected fall in public revenue, the effective implementation of these and any other social security measures for the cash-stripped transitional government of Sudan will depend on generous support from its international development partners, including the Friends of Sudan.

1. **Impact of the sanctions on the ability of states to react to emergency situations and affected population groups**

Following the first confirmed case of COVID-19 on 13 March, the Government of Sudan declared a public health emergency on 16 March to contain the spread of novel coronavirus and closed its borders, airports and land crossings. As of 10 June 2020, the positive coronavirus cases reached 6,427 with 389 deaths even with limited testing capacity. COVID-19 is reported in all of Sudan’s 18 States.

The preventing measures were followed by launch of a rapid response programme to support the poor in Khartoum’s peripheries for the period of three weeks lockdown. The Government also increased salaries of public sector employees by fivefold with a view to support public servants and their dependents living on fixed income. The Government also put emergency unemployment benefit scheme in place to support workers laid off as a result of COVID-19 preventive measures, for up to three months.

The Ministry of Industry and Trade has banned export of sorghum starting 15 April until further notice, to increase domestic food stock in light of COVID-19’s spread.

The Ministry of Finance has signed an agreement with WFP to provide 200,000 tons of wheat to the Government with payment received in local currency. This assists the Government in increasing the local availability of wheat (and thus bread) at this critical juncture.[[23]](#footnote-23)

The transitional government has limited fiscal space, given its low tax collection and high cost of subsidies, which cannot be eased in the immediate future. The banking sector is already under stress with limited room for providing additional credit to businesses. The country also faces a binding foreign exchange constraint, making it difficult to import much-needed commodities and provide the population with necessities, in the face of COVID-19 induced loss of income and production. The implementation of these much needed expansionary programmes and policies thus are dependent on generous support from the international community.

On 8 April 2020, Sudan’s Prime Minister Abdalla Hamdok sent a letter to the UN Secretary-General stating that COVID-19 pandemic has posed profound challenges to his country’s health system, economy, and society as a whole, and sought financial support to tackle the pandemic.

Women, children and older people have been particularly impacted by the shortage of medicines as these groups tend to have the highest healthcare needs. Pregnant women and people with chronic diseases are at heightened risk due to social distancing and other restrictive measures. Access to pre-natal care and emergency obstetric services remains challenging as the whole health system has been stretched.

Poor households, particularly in Kassala, North Darfur, North Kordofan and Red Sea that significantly depend on agriculture are severely impacted by the economic crisis now further exacerbated by COVID-19 pandemic due to limited access to markets, reduced purchasing power, and limited livelihood alternatives.

People living in and around urban slums- home to more than half the urban population, or some 9 million people are under imminent threat of COVID-19 pandemic[[24]](#footnote-24). Lack of water and sanitation facilities, including toilets, in the slums impacts women and girls disproportionately. Fetching water is a female task and can become more daunting with lockdown measures that might lead to increased gender-based violence by male law enforcement agents.[[25]](#footnote-25)

Sudan also has millions of internally displaced persons (IDPs), refugees and migrants living in congested camps. Over the past six months, tribal clashes erupted in Darfur, South Kordofan, Blue Nile and Eastern Sudan claiming lives of over 180 people and displacing hundreds and thousands. Women and children are particularly vulnerable on account of their low social status and patriarchy. For example, fresh reports say around 69,000 people have been internally displaced in Blue Nile, 70 per cent among them are women. Most of the rural poor are also vulnerable due to non-existent water and sanitation facilities and long distances to health facilities.

Most of the rural poor are also vulnerable due to non-existent water and sanitation facilities and long distances to health facilities. Undocumented refugees are vulnerable as they are not covered by UN protection schemes and are at risk to have less access to food and other basic services.

Containment measures, such as physical distancing and self-isolation imposed burdens on persons with disabilities, one of the most vulnerable segments of population. Since most of them rely on the support of others to eat, dress and bathe, the restrictions on movement impeded existing family and social support networks. The 2008 National Sudan Census estimated prevalence of disability at 4.8 percent, but given the increasing incidents of poverty, malnutrition and conflict, the population of persons with disabilities might be even higher.

Girls especially in rural areas are at hightened risk of early marriage. According to Girls not Brides, approximately one in three girls in Sudan are married before the age of 18.

1. **Sanctions and humanitarian exemptions and problems and challenges faced in delivery of humanitarian aid in the course COVID-19 pandemic**

Despite political change and significant decrease of fighting and clashes across Sudan with a comprehensive peace agreement between warring parties virtually on sight, humanitarian needs continue to rise in the country. The situation of people displaced due to decades of conflict remains unresolved. Some 1.87 million IDPs and 1.1 million refugees and asylum seekers continue to need humanitarian assistance and protection support, both in and out of camp camps and within host communities.[[26]](#footnote-26)

Pockets of armed conflict continue in Darfur, South Kordofan and Blue Nile and sporadic inter-communal clashes continue. Basic services are lacking, and natural disasters, like floods, affect people each year. But it is a deepening economic crisis, following years of stagnation and little investment due to sanctions and already-weak public services that is driving worsening food insecurity, deteriorating healthcare, and other needs across Sudan. The Humanitarian Needs Overview conducted by United Nations and its partners in Sudan estimates some 9.3 million people, 23 per cent of population, will need humanitarian assistance in 2020.

Sudan’s designation as a state sponsors terrorism continues that, among others, prevents Sudan from accessing concessional loans from World Bank and other international financial institutions. This has significantly weakened the capacity of the transitional government to tackle the COVID-19 pandemic. Sshortages of fuel and hard currency, according to WFP, continues to affect the humanitarian operation in Sudan. Access remains restricted especially in Abyei and conflict-affected areas of Darfur, South Kordofan and Blue Nile. Tribal clashes and protests are raising security concerns and intermittent electric and internet cuts also hinder effective response.

Although humanitarian aid and technical and humanitarian support flights have been allowed during lockdowns, the disruption to international flights has already affected the planned movements of some refugees and migrants.

A number of efforts and initiatives to advance humanitarian development and peacebuilding collaboration started in Sudan with the aim of reducing humanitarian need, while addressing risk and vulnerabilities. Under the leadership of the Resident Coordinator and Humanitarian Coordinator and donors the “**Sudan International Partners Forum**” (SIPF) has been created to foster collaboration. It includes United Nations entities, donors, NGOs and civil society. A SIPF secretariat is being created in the RC’s office to advance the work of the Forum.

1. **Steps taken by both the sanctioning States and the targeted State to alleviate possible human suffering in the course of pandemic**

The negotiation between the US and Sudan to remove the latter from SST is currently underway and officials in Khartoum believe that some progress has been made towards that direction. Meanwhile, in order to combat the COVID-19 pandemic, the US has announced US$ 8 million as a donation to Sudan.

1. **Measures that international community should take to enhance the ability of Sudan to resist pandemic**

Today Sudan stands at a critical juncture, with progress towards building the foundations of lasting peace, economic stabilisation, improved livelihoods and strengthened institutions as part of its transition fraught with challenges.

Urgent international assistance and direct budgetary support are required to sustain the momentum of the Transitional Government across priorities such as economic reform and the provision of social welfare and protection, arrears clearance and debt relief, delisting from the US State Sponsor of Terrorism status, and the implementation of future peace agreements. The upcoming Sudan Partnership Conference on 25 June, to be convened by Germany, Sudan, the UN and EU, offers a crucial opportunity for Sudan and its partners to commit funds and coordinate efforts, with immediate impact essential as the decline in basic living standards and the challenge of the COVID-19 outbreak add further complexity to the delicate transition period. In particular, the delisting of Sudan from SST can be crucial as it might allow Sudan to be connected with the international banking system allowing the Sudanese diaspora to support their families and communities in this critical juncture.

The expansion of social safety nets to support the most vulnerable and reforms to improve the business environment to engender strong, broad-based inclusive growth are critical. The international community should support and push for a coherent and viable reform plans that enjoy broad public support and can plausibly attract adequate donor financing.

On 28 April, United Nations High Commissioner for Human Rights Michelle Bachelet expressed serious concern about the crisis facing Sudan’s transition in the midst of COVID-19 and called on donors and international development partners to act fast; that is, to provide financial support to Sudan’s transitional government to tackle the pandemic. She also noted that a combination of the practical effects of ongoing unilateral sanctions, the failure of international institutions to provide debt-relief, and a deficit of international support has exacerbated the situation.

ENDS

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