Statement on the Widespread of Cholera Epidemic in Sudan

Geneva, Monday, 06 July 2017

In follow-up of its statement of 12 June 2017 on the outbreak of cholera epidemic in Sudan, the Darfur Relief and Documentation Centre (DRDC) once again rings the alarm bell about the growing health risks facing thousands of vulnerable communities in many parts of Sudan. The ongoing cholera epidemic dates back to August 2016, when hundreds of cases of infections with cholera bacterium “Vibrio Cholerae” were confirmed in the Blue Nile and Sennar States. Numerous sources including the US Embassy in Khartoum confirmed the outbreak of cholera epidemic in Sudan. According to the government records more than 18,000 cases of “acute watery diarrhoea” – which is the symptom of cholera – were confirmed in 16 out of Sudan’s 18 States, including the White Nile, Blue Nile, Khartoum, Sennar, North, South and West Kordofan, River Nile, Northern State, Gedarif, Kassala, Red Sea, Gezira and East, West, South and North Darfur States. Independent medical sources in Sudan estimate that at least 25,000 people have been infected with cholera bacterium while about 1,000 could have died since the outbreak of the cholera epidemic. In its Press Release of 28 June 2017, the United Nations International Children's Emergency Fund (UNICEF) eluded to the spread of cholera in Sudan by stating that children continue to bear the brunt of multiple emergencies in Sudan adding that: “Over the last few months, Sudan has faced multiple emergencies with the rapid spread of suspected cases of acute watery diarrhea across 12 of its 18 states, ...., and high rates of malnutrition, especially in the Jebel Marra Area of Central Darfur.” By referring to the symptoms of the disease without naming it, UNICEF fell into the trap of denial set by the Government of Sudan (GoS) in its attempts to conceal the true nature of the widely spread cholera epidemic in the country.

DRDC is especially concerned that the cholera epidemic in Sudan has reached many parts of the conflict-ridden Darfur region. Confirmed cholera cases were reported in East, West, South and North Darfur States, especially among the vulnerable communities that live in settlements for internally displaced persons (IDPs). In East Darfur, which is one of the most affected regions, scores of patients died due to cholera outbreak in Kreo camp near Al-Daien, the State capital. Many among these victims are members of the South Sudanese community. The high number of victims provoked the local authorities in East Darfur to cordon off residents of Kreo camp since Sunday 2 July 2017. East Darfur authorities went further to curtail movement of all South Sudanese nationals in the area and prevent them from entering major towns or using public transport. In North Darfur State cholera cases were reported in Shangl Tobaye area among the residents of Nifasha and Kabkabiya IDP camps. In South Darfur State numerous cases were reported in the densely congested Kalma IDP camp and in Morni in West Darfur State. As from 18 June 2017 to date the number of people infected with cholera bacterium and those lost their lives multiplied in Darfur. Unlike other parts of Sudan, Darfur is host to large numbers of vulnerable IDP communities estimated at over 3 million people that live in abject poverty in densely populated settlements without access to optimal levels of medical service and sanitation or to clean food and potable water. The rainy season started in Darfur and it represents an aggravating factor in the absence of proper sewage systems and other health structures.
It is a matter of great concern that GoS continues to prevent health workers and laboratories to officially release the test results of the victims of the cholera pandemic in the country thus concealing the nature of the disease. It also continues to refuse to declare the outbreak of cholera epidemic in the country and to invite the international community to intervene and support the local efforts in combating the disease. Indifference of GoS to the spread of cholera pandemic and the safety of its citizens has been translated into its decision to open primary and secondary schools following the public holidays despite the serious health risks among school children that such a decision entails. GoS ignored the protests of many teachers, parents and activists against its decision to open public schools while cholera outbreak is yet to be controlled. GoS also continued its policy of harassment and intimidation of groups and individual activists that participate in cholera awareness raising campaigns.

On Monday, 03 July 2017, the security forces arrested Abdalla Abdelbari and Munawar M. Nasir in Abu Zabad (West Kordofan State) while they were taking part in a cholera awareness session.

DRDC deplores the inability of the World Health Organization (WHO) – despite the presence of plausible evidence – to investigate, declare and inform the international community about the outbreak of cholera epidemic in Sudan and to invite competent bodies to intervene and support the local efforts to curb the disease. Reference by WHO and UNICEF to the cholera epidemic in Sudan as “acute watery diarrhoea” instead of its scientific name renders WHO and UNICEF complicit with GoS’s ethically and morally unacceptable position to conceal the nature of the disease thus preventing thousands of potential victims within its geographic boundaries from receiving the necessary cure and protection. To avoid the occurrence of such a situation in the future, DRDC recommends that WHO consider seeking legal opinion from competent bodies about the responsibility of its Member States, notably Sudan, to conceal the outbreak of deadly epidemics such as cholera in the country.

DRDC once again calls on GoS to:

1. Declare in no ambiguous terms the existence of cholera pandemic in the country without regard to any political or economic incentives or any considerations other than saving the lives of millions of rightf ul citizens and preventing further spread of this deadly disease.
2. Invite WHO, UNICEF and other international agencies and relief organisations to develop emergency plans for timely intervention to curb the ongoing cholera epidemic in the country taking into consideration the special needs of regions of the country that witness concentration of vulnerable groups in densely populated makeshift settlements with extremely poor health service and sanitation such as Darfur, where habitats and environmental and health infrastructures are being destroyed systematically.
3. Allow international agencies and relief organisations free and unhindered access to the affected regions and to provide the necessary medical service directly to the victims.
4. Provide the necessary funding to and declare a general mobilization for awareness building on prevention and control strategies to arrest the spread of cholera pandemic using different means such as the national public and private media outlets particularly through radio transmission, schools, advocacy groups and places of worship etc.
5. Support the local volunteer groups and independent professional associations such as Sudan’s Central Doctors Committee and the Independent Doctors Union and remove all administrative obstacles that hinder the ability of such groups to access the victims and provide them with medical assistance and to launch public awareness and prevention campaigns as well as disease control strategies, including in the field of epidemiological surveillance and reporting to concerned national and international partners.