**United Nations Human Rights Procedures**

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

**Submission by the Coalition of Sudanese Doctors Abroad for SR UCM-Study on the impact of unilateral sanctions on human rights during the state of emergency in the context of COVID-19 pandemic**

**Subject:**

**Impact of Unilateral Sanctions Imposed by the United States of America on the Health Situation and COVID-19 Pandemic Preparedness and Response in Sudan**

**31 May 2020**

***Questionnaire:***

1. Do sanctions introduced by individual states or regional organizations without or beyond authorization of the UN Security Council targeting states and/ or non-state actors have an impact on enjoyment of human rights by the citizens of targeted states in the situation of natural and man-made emergency, including COVID-19 pandemic? Please, elaborate in details.

* Unilateral sanctions have been imposed by the United states of America against the Republic of Sudan as a result of its categorization as a state that sponsors terrorism since 1997. Accordingly, throughout the last 23 years Sudan has not been able to access multilateral or unilateral development funds, denied Direct Foreign Investment and adequate access to global markets, and has been facing immense difficulties in the transfer of funds through banking systems at both individual and corporate levels. These multiple restrictions have deepened the crisis of the Sudanese economy, and significantly reduced the capacity of the Sudanese state to provide necessary services in areas of health and education, or social protection. This situation has by and large impacted negatively on the enjoyment of human rights by the majority of the population.

2. What specific aspects of human rights are affected by unilateral sanctions in targeted States during the pandemic? Can you give examples of particular rights most affected by unilateral sanctions and in what way? What steps were taken by the sanctioning States on one hand and in the targeted States on the other hand to address those human rights violations and remedy the situation?

* Access to healthcare and Health for All, which is a human right as per the World Health Organization, and the international covenant on Economic, social & cultural Rights. In its turn lack of access to health care is increasingly leading to violation of other fundamental rights, such as right to life and physical integrity of individuals (currently mortality rate is rising in Sudan at an alarming levels).
* Digital rights: denial of access to information that significantly reduces access by the majority of Sudanese people to useful COVID-19 resources. Examples include inability of doctors to participate in Zoom webinars for education and training; inability to implement telemedicine services which could have saved lives under COVID-19 lock down.

* Sanctions are causing serious challenges to a core component of emergency response, namely mass procurement of drugs and medical supplies owing to the inability of the government of Sudan to raise the necessary funds for that purpose and in a timely manner. Although the Sudan Federal Ministry of Health opened an official bank account to receive contributions from Sudanese at home and abroad, it turned out that financial remittances by Sudanese expatriate communities cannot go through due to the US sanctions. Despite claims by the United States of having lifted the economic sanctions on Sudan, Sudan remains on the list of states sponsoring terrorism. For this reason, all bank transfers continue to be blocked. Both Sudanese government and the diaspora communities have spent precious time uncovering this ambiguity and trying to find ways to tackle the blockage – but in vain. Sudanese Doctors abroad launched an appeal to Canada and the TROIKA and carried out a massive diplomatic campaign. We have gained support from some states, but the solutions remains in the hands of the US Administration.

3. Do sanctions have an impact on non-targeted third States and their citizens in the course of emergency, including the pandemic? Can you provide examples of this impact?

Yes. Sudan is home to millions of refugees from neighbouring countries. Inability of the government of Sudan to provide timely healthcare is not limited to its citizens but extends to impact refugees. The potential risks on refugees in camps and informal settlements is dire, due to pre-existing unfavourable situations such as crowding, low levels of hygiene, limited food and water supply.

4. Do unilateral sanctions have an impact on the ability of states to react to emergency situations and to protect human rights especially of the most vulnerable categories of population? If yes, what areas/ spheres / types of activity/ vital infrastructure appeared to be the most affected in the course of COVID-19 pandemic? What groups of population are affected the most?

Yes indeed.

* Years of sanction coupled with mismanagement and lack of adequate attention to health care (under the former regime), have led to near collapse of the health system and made it extremely ill-equipped to face the CoVID-19 pandemic.
* Health professionals have become extremely vulnerable to infection by COVID-19. They are falling sick and we are witnessing growing numbers of deaths among health staff, more than what is being observed in other African countries with similar circumstances. Health workers are isolated en masse after exposure to infected patients. The number of doctors in Sudan is already limited. So, we are losing our precious medical personnel because of lack of PPE. Remaining doctors have become increasingly reluctant to work on the frontline and this has weakened pandemic response in Sudan and led to a patchy and hesitant pattern of response. As such, it is becoming painfully clear that we will not be able to attain the robust response we planned for in the face of this pandemic.
* The problem of inadequate health system is impacting both COVID and non-COVID patients. Sudan is a country with high rates of chronic noncommunicable diseases (NCDs), over 80% Out of Pocket expenditure on health, and only 55% active Primary Health Care structures. WHO 2018 statistical report shows an increasing impact of NCDs in Sudan. All resources have been directed to managing COVID patients. Communities are seeing significantly observable numbers of deaths from NCDs[[1]](#footnote-1)[[2]](#footnote-2).
* The sanctions are also creating a situation where there are severe shortages in supplies of medicines and curbs on drug treatment for people living with chronic illnesses. The medicines and supplies for these patients are considered lifesaving, life-long necessities. Importation of drugs and pharmaceutical ingredients for local manufacturing is severely restricted. Under COVID-19, the situation is exploding as the government moves towards a more equitable approach to health by implementing a Health for All policy and reduce the market prices of drugs. This is creating endless roadblocks in the relationship between the Government of Sudan and local pharmaceutical companies. The Ministry of Health continues to navigate the rough waters between its peoples’ right to health on one side, and the demands of the drug companies on the other side. If it was not for the sanctions in the first place, this would not have been the case.

5. What types of sanctions have the most negative impact over the enjoyment of human rights in the course of COVID-19 pandemic? Please provide detailed information about obstacles, which were caused by the sanctions, in the implementation of the national health care system’s preparedness and response plan to combat COVID-19 pandemic.

* Lack of oxygen supplies and ventilators in most hospitals especially in rural areas due to sanctions on technology and foreign investment.
* Economic sanctions blocking money transfers. Diaspora communities have gathered lots of funds but have up to now been unable to field them into Sudan. Sudanese diaspora in Europe, North America, Australia and New Zealand continue to face deadlocks when attempting to open bank accounts to receive donations for Sudan. Sudan-COVID-19 fundraising campaigns are rejected by (Go Fund Me) because of the same reasons.

* Exclusion of Sudan from countries eligible for global funding opportunities for the same reason.

* Sanctions on buying medical equipment.
* Sanctions prohibiting international companies from selling and shipping to Sudan.
* The above has compounded the existing poverty and negatively affected the level of compliance with social distancing and lock down measures. Daily wage workers and informal sector traders such as women tea and food vendors, construction workers, single females heading the households can simply not abide by movement restrictions. either for their family to starve or they continue their daily work and provide for the family despite the daunting health risks.

* Digital sanctions with their impact on access to information as outlined above.

6. Are humanitarian exemptions sufficient, effective and efficient to protect the life of people and to guarantee human rights especially of the most vulnerable groups in the course of natural and man-made disasters including COVID-19 pandemic?

* No. in the case of Sudan, humanitarian assistance is confined to conflict areas in the West and South of the country. This is not enough to cater and protect the lives of millions of vulnerable groups [the urban and rural poor, IDPs, migrant communities, etc] who suffer from poverty, social exclusion, and lack of adequate access to essential services.

* To add insult to injury, the United States has most recently voted against Sudan receiving World Bank and International Monetary Fund COVID-19 economic bundle funds on the “procedural” grounds of Sudan’s classification as a sponsor of terrorism.
* The limited supply made available to Sudan by the WHO and other UN and international NGO partners has been mostly too little, too patchy and arriving too late. Hence, its impact can hardly be seen, making it insufficient, ineffective and inefficient.
* Bearing in mind that Sudanese people are still emerging, through their historical uprising, with high hopes for democracy and the enjoyment of basic human rights after toppling down a tyrannical regime that committed multiple atrocities against its own people for three decades, the sanctions and their negative impact are immensely demoralizing the society and shaking its trust in its very promising new government.

7. Does the mechanism of getting licenses for purchase of medical equipment, its component parts and software, medicines, protective kits, food and other essential goods provide for the possibility to guarantee vital needs of the population? Has it been eased by the sanctioning States in the course of pandemic?

No. All of the information provided above explains with no doubt that the flow of food commodities, medicines, software and other related goods and services are throttled by the sanctions.

8. Have you faced any problems in delivery of humanitarian aid in the course of COVID-19 pandemic. If yes, please, specify.

Yes.

* Our frontline doctors are working bare, with very limited Personal Protective Equipment.
* The cost of oxygen cylinders has skyrocketed from $US 55 to $US 110 while we are trying to overcome the transportation hurdles from outside to inside Sudan.
* There are very limited options of freight to Sudan, due to the sanctions.

9. Please, indicate, what steps have been taken by the sanctioning States on one hand and in the targeted States on the other hand to alleviate possible human suffering caused by unilateral sanctions in the course of pandemic. What were the main obstacles created by sanctions to guarantee vital human needs and save lives in the course of pandemic?

* The United States insists on stating that Sudan is not sanctioned. However, this is a misleading statement because removing the sanctions and keeping the country on the list of states sponsoring terrorism does not help. The United States is monitoring international banks and implementing serious penalties on them if they carry out transactions with Sudan. This has resulted in most of these trusted institutions refraining from dealing with Sudan.
* Suffocating the formal banking channels has pushed the public to use the informal channels for transfer of remittances and contributions from Sudanese diaspora, with high financial costs and absolutely no security or guarantees, to say nothing about their negative impact on the economy and value of the Sudanese pound. As a group, we have a strong reservation against using the informal transfer market, as it aggravates the dire economic situation and significantly undermines the potential of remittances boasting public funds.

10. What measures of international community do you consider to be vital to urgently enhance the ability of targeted states to resist pandemic?

* We have appealed to Canada and the TROIKA for support and we continue to believe in the impact of international diplomacy in resolving this problem.
* We hope for a stronger role by the United Nations bodies in reversing the sanctions immediately, for humanitarian and human rights reasons.
* We have also been in direct and close contact with our government inside Sudan. The government is making serious efforts and taking strides to fight corruption, investigate and bring to justice all human rights’ violations committed by the previous government of Umar alBashir [1989-2019], and rehabilitate relations of Sudan with the international community. The new Sudan is committed to the welfare of its citizens and residents, and to living in peace with its neighbors and the world at large. Nonetheless, our suffering continues to linger due to the fact that the name of Sudan remains on the US list of terrorist states.
* We are currently under an exceptional global emergency situation that requires exceptional measures. We appeal to the international community to take measures against the unfair and highly costly unilateral sanctions and measures by the United States against the Sudan. We are paying the price in the form of precious lives lost every day. As doctors we have a grave concern that Sudan will lose a generation of older adults ridden with chronic noncommunicable diseases. Our children are doomed with a future of not seeing their grandparents lost to the pandemic. And worst of all, we do not have the most basic health technologies to account for the massive deaths in the community due to our primitive health information systems. Such health information systems cannot be upgraded because of the technological sanctions.

**Attachments:**

Sample diplomatic letters to the TROIKA and Canada

  

**Signatories:**

Sudan Doctors' Union (UK)

Sudanese Doctors Union (SDU) Canada

Sudanese Doctors Union of Ireland (SDUI)

Sudanese American Physicians Association (SAPA)

Sudanese Doctors' Association in Qatar (SUDAQ)

Sudanese Australasian Medical Professionals Association (SAMPA)

1. https://www.facebook.com/FMOH.SUDAN/ [↑](#footnote-ref-1)
2. http://ghdx.healthdata.org/organizations/federal-ministry-health-sudan [↑](#footnote-ref-2)