Sudan: current conflict, cancer care, and ripple effects on the region

The collapse of cancer services in Khartoum and many parts of Sudan since the eruption of the war in April, 2023, left thousands of Sudanese patients and those who come from neighbouring countries without care. Sudan, despite challenges, had achieved considerable strides in delivering cancer services, boasting one of the oldest cancer centres in Africa with most oncologists practising in Sudan having trained locally. Progress has been made in the decentralisation of cancer services with the establishment of several provincial cancer centres outside Khartoum.[1] Two centres, in Wad Medani and Merowe, provide radiotherapy although at a much more limited capacity than that of Khartoum. Other centres provide chemotherapy and a mostly partial array of cancer surgeries and diagnostics, such as those located in Shendi, El Obeid, El-Gadarif, Nyala, and El-Fasher. Decentralisation has enabled the sharing of services during the ongoing conflict, with patients being sent to provincial centres and attempts made to upscale these centres to meet the demand. Many internally displaced oncology professionals are engaged in providing services to help with the increasing pressure on the provincial centres. Sudanese oncologists have worked hard in the past few weeks to coordinate the delivery of services in the absence of central command from the Ministry of Health. Although provincial cancer centres have substantial capacity challenges, they have provided crucial options for cancer patients, especially those needing immediate care. The model attests to the importance of the decentralisation of services in low-income and middle-income countries and the importance of local training.

Sudan is also a major destination for cancer treatment for surrounding African countries. Sudan shares borders with seven countries, six of which have conflicts and fragile health systems. The disruption of cancer services in Sudan is a major blow to cancer services in the entire region.

Challenges cited by Sudanese oncologists include: a dwindling supply of cancer medicines and pain medications because of disruption to the supply chain; the difficulty of travel for cancer patients because of skyrocketing transportation costs and unsafe routes; a looming shortage of health-care workers because of security concerns, unpaid salaries, and leaving Sudan to flee conflict; and a substantial reduction in radiotherapy capacity given the collapse of services in Khartoum.

The current war in Sudan is intimately linked to the international, global power struggle, with competition for Red Sea ports, especially since the Ukraine war; competition for minerals and gold; and the destabilisation of whole regions in low-income and middle-income countries due to a climate change that these countries had little share in causing. The international community should respond swiftly to this crisis because it affects not only Sudan, but also neighbouring countries that are traditionally, for geopolitical reasons, excluded from attention. Sudanese patients with cancer should be afforded the same degree of mobilisation as seen in the programmes initiated for Ukrainian and Syrian patients with cancer.[2,3,4] Concerted efforts are needed.

We declare no competing interests.

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Published **Online** June 30, 2023 https://doi.org/10.1016/S0140-6736(23)01303-X

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