

## Military attacks on health workers in Sudan

Sudan's fragile transitional government was rocked by a military coup on Oct 25, 2021. Led by lieutenant general Abdel Fattah al-Burhan, the military have brutally quashed peaceful protesters of the coup, killing many in the months since. Sudan faces deep uncertainty as millions of people march for civilian rule while the military coup leaders cling to power.

As physicians, we are appalled by the military's use of violence against hospitals, health workers, and patients since October's coup. Their actions are pushing Sudan towards a deepening health crisis, which is compounded by COVID-19 and refugees fleeing conflict in Ethiopia. Many physicians have been arrested. Tear gas has been used to clear hospitals of patients injured during protests,<sup>1</sup> and according to WHO's surveillance system for attacks on health care, peaceful protesters have been injured by live ammunition have been arrested at the bedside.

The killing of health workers and attacks on hospitals in Sudan is not new. Violent attacks by the military against hospitals were a feature of crackdowns during the initial protests that eventually overthrew the three decade military dictatorship of Omar al-Bashir in 2019.<sup>2</sup> The Janjaweed, now integrated into the Sudanese military, perpetrated the genocide in Darfur that started in 2003, which included the killing of humanitarian aid workers.<sup>3</sup>

Beyond the direct attacks on health workers and patients, the actions of the military have stalled the hard-earned progress made between Sudan and international partners in the past 2 years. Sudan was imminently due to receive US\$700 million in support from the USA; and aid that was promised for the health sector has now been paused.<sup>4</sup>

Despite the deep political challenges, the international community has a crucial role to play in protecting Sudan's health workers and infrastructure. First, the international community must unequivocally condemn the attacks on hospitals, health workers, patients, and peaceful civilian protesters. Second, perpetrators of attacks must be held accountable, and any future political agreements must address the crimes perpetrated by the military. Finally, resources must be channelled urgently to support our crumbling health system. The international community should stand in solidarity with the Sudanese people and their legitimate demands and aspirations, honouring the sacrifices that they continue to make. The international community should put all the pressure possible on the regional and international players whose interference risks derailing the democratic transition.

Now entering its fourth year, the peaceful, democratic movement presents us with countless examples of courage and resilience. The grass roots democratic organisations that have emerged during the revolution have become cemented within the fabric of Sudanese civil society, furthering the causes of freedom, peace, and justice. Despite war-like conditions, health workers across Sudan continue to put their lives at risk to care for their patients. We must not normalise the gross violations by the military.

We declare no competing interests.

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## The children of Afghanistan need urgent mental health support

Conflict and war are a part of daily life for Afghan children.<sup>1</sup> A 2018 cross-sectional survey of children in Afghanistan revealed that 71% of children had experienced physical violence in the past year, and home was the most likely location of violence.<sup>2</sup> There have been decades of economic and security disruptions in the country, and the mental health of Afghan children is in jeopardy as a result.<sup>1</sup> The most recent military escalations in the country have further aggravated this psychosocial crisis, and the children of Afghanistan are experiencing acute food insecurity, malnutrition, displacement, loss of family members, and poverty as they face an uncertain future.

Children are highly vulnerable to being traumatised by the ongoing violence and are affected by short-term and long-term psychological sequelae.<sup>3</sup> The constant exposure to combat, directly and indirectly, means many children will have known people who died or were injured. The cycle of trauma rolls on with children themselves turning into perpetrators of violence. In a study of school children, 111 (32%) of 350 male students and 74 (18%) of 420 female students disclosed having perpetrated more than one instance of cruelty in the preceding month.<sup>4</sup> The type and number of events that resulted in



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trauma are key factors that influence how mental health issues develop in children.<sup>5</sup>

Studies on psychotherapeutic interventions in Afghan children and adolescents are rare, and the evidence they have produced is low quality. There is an urgent need for culturally appropriate innovative interventions and an investment in preventing further trauma.<sup>1</sup> Multilayered psychosocial care, with multisectoral collaboration, is required. We propose to provide psychological first aid through a toll-free hot line, training non-medical professionals to deliver simple, cost-effective psychological interventions, providing online counselling through data-free connections, and telepsychiatry services for first-contact health workers to obtain expert opinion. A committee comprising local and overseas mental health experts with experience in conflict settings could guide the early child and adolescent mental health response. Mental health promotion using printed, electronic, and social media platforms is needed and could be adapted from the material used in neighbouring countries. Long-term planning should be done by validating psychometric instruments, conducting feasibility studies of psychotherapeutic interventions, and obtaining funds to keep mental health services running.

The emergence of the COVID-19 pandemic has worsened the already fragile health-care system with bed shortages, lack of oxygen, low vaccination rates, and poor diagnostic capacity preventing accurate estimation of the local spread.<sup>6</sup> In this context to prevent a mental health catastrophe in children, we call for collaborative support from global establishments. A multinational alliance between current rulers, neighbouring governments, and non-governmental organisations, is imperative to avoid vicious cycles of trauma and violence. There are understandable reasons that high-income countries and multilateral organisations are reluctant to work

with the new regime of Afghanistan—its legality is doubtful and hier-archical administrative structure controversial. However, the children of Afghanistan are deeply vulnerable in this conflict and need immediate support.

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## Midwives need a useable past to shape their future

Scaling up midwifery to reduce maternal and neonatal deaths has been identified as a global priority.<sup>1</sup> Yet, the latest State of the World's Midwifery report outlines

how midwifery work remains undervalued.<sup>2</sup> Conventionally, professions are granted autonomy and social recognition for the services they provide but midwifery often lacks such status, potentially impeding midwives' success.

The reasons why midwives are often undervalued are complicated because their scope of practice and regulation varies considerably worldwide.<sup>2</sup> Midwifery can be conflated with other professions, such as nursing, which challenges the creation of a distinctive professional identity and status. A poorly articulated professional identity might have a negative impact upon the recruitment and retention of midwives, as it is a determinant of job satisfaction and sustainability of practice.<sup>3</sup> Thus, for midwives to be fully valued and play a crucial role in reducing global maternal and neonatal deaths, their professional identity must be firmly instantiated.

A historical narrative that explains how and why midwifery became a profession is key to establishing professional identity, but much of what is available is rooted in mythic or fictional characters such as Agnodike or Sairey Gamp.<sup>4</sup> By comparison, nursing has a robust history with widely revered figures, such as Clara Barton and Florence Nightingale. The latter's bicentenary was recently celebrated by the International year of the Nurse and Midwife, an example of how nurses are drawn upon to represent midwives. Although such figures have complex historical legacies, crucially those complexities derive from real life, which serves to ground the identity of nursing rather than midwifery and potentially provides space for ethical reflection as well. Thus, a historical and reflective understanding of midwives' evolution might similarly serve to ground the contemporary identity of midwifery.

Some aspects of midwifery history are uncomfortable to reckon with (eg, midwives' role in moral guardianship).<sup>5</sup>