

MSF Position Paper Round Table Sudan
Second Chamber Standing Commission Foreign Affairs
9 December 2025

1. Introduction: A Critical Moment for NL and EU Leadership

MSF has an operational presence in Sudan, including in Darfur. We are witnessing a moment of extreme deterioration in Sudan's war, with civilians in Darfur and the Kordofan regions exposed to escalating atrocities and starvation-level deprivation. The fall of El Fasher to the Rapid Support Forces (RSF), widespread ethnically targeted violence, deliberate starvation tactics, and systematic obstruction of humanitarian access mark one of the gravest crises in the world today. It is high time to exert coordinated political pressure, mobilise decisive humanitarian funding, and push the UN system to act commensurately with the scale of the crisis. Current diplomatic efforts have not curbed violence, and humanitarian action remains dramatically insufficient. Millions remain trapped without food, medical care, or safe passage.

Médecins Sans Frontières (MSF) urges the Dutch government to adopt a more assertive stance, including within the EU, that explicitly calls out the external actors enabling the warring parties, demands meaningful pressure on RSF and SAF leadership, and pushes for immediate humanitarian scale-up. Words of concern are no longer enough: the EU must match its diplomatic weight with actionable, public pressure.

2. The Humanitarian Emergency: Darfur and Greater Sudan

Across Darfur and the Kordofans, **civilians continue to bear the brunt of the conflict**. MSF teams document pervasive patterns of mass killings, widespread sexual violence, arbitrary detention, torture, and forced displacement. In El Fasher—after more than 500 days of siege—RSF forces entered a city where hundreds of thousands of civilians were still trapped. Survivors who escaped, testify to MSF about door-to-door executions, ethnically targeted killings, and the disappearance of men and boys.

Healthcare facilities, medical personnel, humanitarian compounds, and civilian infrastructure have been repeatedly targeted by multiple parties. These attacks violate international humanitarian law and have further crippled Sudan's ability to respond to disease outbreaks, trauma injuries, and malnutrition.

Sudan's health system has effectively collapsed in large parts of the country. Cholera, measles, and other preventable diseases are spreading amid failing water and sanitation systems. In many areas, patients must travel for days through frontlines or RSF-controlled checkpoints to access even basic care—if they can travel at all. Vaccination campaigns remain sporadic and dangerously underfunded. Access to sexual and reproductive health care is severely limited, leaving survivors of rape without life-saving medical and psychological support. Non-communicable diseases—diabetes, hypertension, cardiac conditions—are going untreated.

Famine has now been re-declared in parts of Darfur and South Kordofan. Community kitchens supported by MSF and local responders have closed due to lack of funding. Markets have collapsed, farmland remains inaccessible or unsafe, and food supply lines are severed. Across Sudan, **more than 40% of the population is in crisis or worse levels of acute food insecurity**; in some besieged areas, families survive on one meal every several days.

3. Humanitarian access: blocked, instrumentalised, or politicised

Both RSF and SAF maintain bureaucratic and security restrictions that prevent humanitarian organisations from accessing populations at risk:

- RSF continues to block access into Darfur, restrict movement between towns, confiscate or divert aid, and impose administrative hurdles (travel permits, interference in recruitment, obstruction of supply routes).



- SAF restricts cross-line movement, limits international staff mobility, and withholds visas and entry permits.
- Humanitarian access is often instrumentalised or conditioned on political concessions, preventing principled operations.

Despite almost three years of conflict, the humanitarian system has not scaled up in a manner proportional to the needs. The Humanitarian Response Plan faces a 74% funding gap for 2026—leaving millions without assistance. Sudanese emergency rooms, community groups, and local NGOs continue to operate under life-threatening conditions. They receive only a fraction of international funding, despite being the only actors able to reach certain areas. Flexible, rapid, and directly accessible financing remains critically insufficient.

3. Recommendations for the Dutch Government and the EU

To protect civilians and prevent an even deeper catastrophe, MSF urges the Netherlands and EU to:

A. Apply explicit, public political pressure on RSF and SAF leadership

- Publicly and unequivocally denounce targeted killings, sexual violence, attacks on healthcare, and obstruction of humanitarian access by all warring parties.
- Call for immediate safe passage for civilians fleeing besieged areas, and demand the withdrawal of fighters from densely populated areas, in line with UNSC Resolution 2736.
- Press for real-time civil-military coordination and formal guarantees that humanitarian workers and medical facilities will not be targeted.

B. Hold external backers accountable—including through restrictive measures

- Immediately use political leverage and pressure against actors aligned to warring parties (UAE, Russia, China, Turkey) to curb the flow of arms into Sudan; including the use of coercive diplomatic tools.
- Advocate the preparation and expansion of EU restrictive measures against individuals, entities, and supply chains facilitating the conflict.

C. Demand a massive and immediate humanitarian scale-up

- Call on all UN agencies—especially OCHA, WHO, UNICEF, WFP—to shift from a compliance posture to a protection-first emergency stance.
- Press the UN to rapidly deploy experienced leadership in areas outside of SAF control and strengthen regional coordination.
- Ensure that humanitarian access is pursued independently of political negotiations; access and protection cannot be contingent on ceasefire arrangements.

D. Increase and unblock humanitarian funding

- Advocate for a significant EU increase in flexible, multi-year funding, particularly for malnutrition treatment, epidemic response, trauma care, and SRH services.
- Ensure that Sudanese frontline responders—Emergency Response Rooms, community groups, and local NGOs—receive direct, rapid, and unbureaucratic funding.
- Oppose any conditioning of aid on political criteria; humanitarian funding must never be used as leverage.

E. Strengthen access negotiations and securing safe corridors

- Use EU diplomatic weight to pressure SAF to open all cross-line and cross-border access routes, including key airstrips.
- Urge RSF to allow unrestricted humanitarian access into all besieged areas in Darfur and the Kordofans.

MSF is an independent, neutral and impartial organization providing medical care in humanitarian emergencies.
Contact: erik.laan@amsterdam.msf.org.