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COHAFA 16  
RELEX 238  
DEVGEN 36  
COJUR 10  
COAFR 45  
INTER-REP 14

**NOTE**

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From: General Secretariat of the Council  
On: 18 February 2026  
To: Delegations

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Subject: Humanitarian access with focus on Sudan and the Democratic Republic of  
Congo  
- presentation by MSF

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Following the meeting of the Working Party on Humanitarian Aid and Food Aid (COHAFA) on  
18 February 2026, delegations will find in Annex the presentation delivered by MSF<sup>12</sup>

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<sup>1</sup> Médecins Sans Frontières International, identification number in the EU Transparency  
Register: 928308827208-10.

<sup>2</sup> This document contains a presentation by an external stakeholder and the views expressed  
therein are solely those of the third party it originates from. This document cannot be  
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# COHAFA briefing on Sudan

## Médecins Sans Frontières operations in Sudan, obstructions and calls

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February 2026  
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SITS - Internal

# MSF OPERATIONS IN SUDAN



- Today MSF runs or supports **20 hospitals** and **16 primary healthcare centres** across Sudan. With a budget of **150 million** euros, a workforce of over **1,500 staff**
- Our teams provide **surgical care**, wound management, **physiotherapy**, **maternal and paediatric services**, **malnutrition** treatment, primary healthcare, **vaccination campaigns**, and **mental health** support across eight states. But every one of these activities is carried out under escalating threat.



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# ATTACKS ON AID AND SYSTEMIC OBSTRUCTIONS



- **Every attack or obstruction against health workers, facilities, or humanitarian aid puts lives in danger** and cuts off communities from the care they depend on.
- **Since the start of the war, humanitarian access is obstructed**, medical workers and facilities are attacked, and vital supplies of food, water, shelter, and medicine are critically restricted.
- Yet violence is only one barrier. Increasingly, both RSF and SAF have imposed administrative and bureaucratic impediments
- **WHO has verified 198 attacks on healthcare, killing more than 1,700 health workers and patients, and injuring over 400.**
- **MSF documented 100 violent incidents targeting staff, facilities, vehicles, and supplies.**



# ATTACKS ON AID AND SYSTEMIC OBSTRUCTIONS



- Visas delayed for months
- Travel permits blocked or never approved.
- Shifting requirements that force us to renegotiate access repeatedly.
- Restrictions on cargo movements that delay essential medical supplies.
- Importation.



# A POLITICAL AND HUMANITARIAN FAILURE

Almost three years into this conflict, Sudan has become what many of our colleagues describe as a **humanitarian desert**. In vast parts of the country, no meaningful international response is present.

**Consider Khartoum:** a once thriving capital now reduced to ruins, yet with a glaring absence of humanitarian actors. Protection services remain almost nonexistent. National NGOs, whose courage cannot be overstated, are critically underfunded.

On 15 January, our team spent few hours in **El Fasher**. Inability to carry out a thorough and independent assessment

**In Tawila**, home to over 800,000 internally displaced people, the situation is catastrophic. Camps are overcrowded, and basic services are overwhelmed. In Daba Naira camp, in just one month (21 Dec 2025-26 Jan 2026), MSF identified 732 sexual violence survivors at community level demonstrating that sexual violence in Darfur is widespread, ongoing, and largely hidden.

As violence continues to spread, **the Kordofans**, in the south-central part of the country, has been since the start of the war one of the most vulnerable and less accessible regions and it remains one of the most volatile and active frontlines.



# ESCALATING VIOLENCE AND HEALTHCARE COLLAPSE IN SOUTH SUDAN

## Attacks on health care:

- 04 February: SSPDF bombarded MSF hospital in Lankien

MSF in 2025: 8 targeted attacks on its staff and facilities

- Closure of two hospitals in Greater Upper Nile
- Suspension of primary and secondary care activities in Jonglei, Upper Nile and Central Equatoria.
- Partial evacuation of staff from Lankien hospital
- Estimated 400.000 people deprived of access to HC

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# RENK COUNTY: 1 MILLION PEOPLE CROSSED THROUGH JODA/RENK FROM SUDAN





## MSF RESPONSE

- WATER TRUCKING
- SWAT
- BOREHOLE REHABILITATION
- PNG DISTRIBUTION + HP



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# MSF RESPONSE



CTU in Renk



Vaccination point



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# CALLS



- Despite Member States have committed to engage the warring parties, and their sponsors, toward an immediate ceasefire and a credible, inclusive mediation process, after almost 1000 days into the conflict, it is hard to see signs of improvements and progress.
  - Scale up humanitarian aid and oppose any conditioning of lifesaving aid on political criteria, countering the general confusion created by other donors which hinder lifesaving support.
  - Use every channel available to press the parties to immediately cease attacks on civilians and civilian infrastructure, and clearly denounce practices in this regard.
  - Urge all external actors to halt the provision of arms, financial resources, or other forms of support to the parties, fully respecting the UN arms embargo.
  - Strengthen access negotiations and secure safe corridors, reflecting on systemic administrative constraints.

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