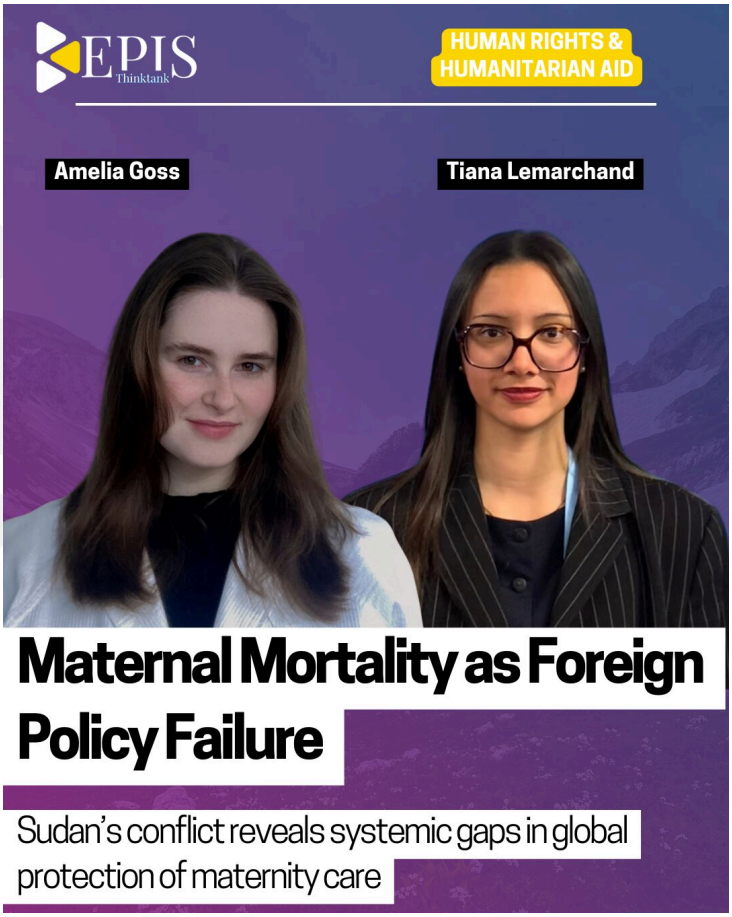
Maternal Mortality as Foreign Policy Failure

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Protecting Mothers in War: Sudan's Maternity Crisis as an Example of the Limits of International Foreign Policy

Introduction

The international community has long been aware that armed conflict dramatically increases the risk of maternal death. A 2026 report by the World Health Organization found that 55 percent of all maternal deaths over the past two decades occurred in countries experiencing conflict, despite women of reproductive age in those contexts accounting for only 10 percent

of the global population. Women living in conflict zones are therefore disproportionately exposed to preventable death during pregnancy and childbirth. And so, given that the majority of maternal deaths are medically preventable with access to skilled care, emergency obstetric services, and functioning health systems, their concentration in conflict-affected states signals not inevitability but systemic failure. The erosion of maternity care in these settings constitutes a direct violation of women's rights to life, health, family, and protection under international humanitarian law.

This report will examine the ongoing maternity crisis in Sudan as a case study of how the collapse of healthcare infrastructure during armed conflict transforms preventable maternal mortality into a human rights crisis. It argues that Sudan demonstrates not only the gendered impact of war, but also the shortcomings of international humanitarian and foreign policy frameworks that have failed to treat maternal health as a strategic global priority. By analysing the situation in Sudan, the role of international actors, and the gaps in existing protections, this report highlights the urgent need to reposition maternal healthcare at the centre of foreign policy and humanitarian response.

The Situation in Sudan

On October 9th 2025, one of the deadliest assaults on a medical facility in recent history occurred. In the ongoing conflict between the SAF (Sudanese Armed Forces) and the RSF (Rapid Support Forces) militia, a systematic campaign of killing has been conducted in El Fasher. This deliberate act of extermination was perpetrated on El Fasher Maternity Hospital, the capital of North Darfur in Sudan. As the only maternity facility still partially functional in El Fasher, this makes the obstetric centre a strategic point of target and an extremely unsafe place for local populations. On that day, more than 460 patients lost their lives (UN News, 2025), and this attack further endangered the well-being of thousands of pregnant women and newborns. Severely condemned by international organizations, the UNFPA (United Nations Population Fund) called for an immediate end to hostilities and an increased protection of civilians and health facilities (UNFPA, 2025). Taking due account of its internal dynamics, Sudan ranks as the country with the largest displaced population in the world, with more than 6.7 million people who fled their homes (OCHA 2023), and with children representing about half of the total number of civilians displaced. Adding on the heavy destruction of civilian infrastructures and mass displacement, the UN High Commissioner for Human Rights reported that "at least 118 people had been subjected to sexual violence, including rape, gang rape and attempted rape, among them 19 children." Such catastrophic conditions of living tremendously threaten women's integrity and safety, by increasing the risk of abduction and exposing them to treatment in inhuman conditions. "In all Darfur States, perpetrators targeted internally displaced women and girls"

(OHCHR, 2024), which makes them highly vulnerable to pregnancies as a direct result of rape. These multifaceted issues have dramatically deepened existing vulnerabilities and exacerbated discrimination against women.

Having ratified the Geneva Convention 1957, Sudan formally demonstrated its compliance with legal principles to ensure the protection of vulnerable civilians and, more specifically, women. It is States Parties' responsibility to take all appropriate measures to identify, investigate and report any breaches in international humanitarian law. The provision of humanitarian services of the most basic needs, such as medical aid, food supply and water resources, should be the priority. The international community has a collective responsibility to address such issues, and the failure to uphold the principle of non-discrimination against women and girls dramatically undermines the legitimacy and credibility of international organisations and legal bodies. The negligence of maternal-related issues significantly erodes trust in multilateral institutions and further deteriorates their authority. Although maternal deaths in situations of armed conflicts were proven to be preventable, inequalities of treatment persist. Expectant mothers shall be the object of particular protection and respect. Yet, over 726,500 pregnant women are being denied access to urgent care (UNFPA, 2025). The structural flaws of the international community and systemic under-prioritization of women's protection perpetuate discrimination and marginalization. Additionally, the Office of the International Criminal Court underlined the fact that impunity remained one of the main obstacles in the fight against sexual violence (ICC, 2013).

The constant destruction of civilian infrastructure and the erosion of women's reproductive health in Sudan constitute a direct violation of international human rights and humanitarian law. Article 18 of the Geneva Convention (1949) provides that civilian hospitals and maternity facilities "may in no circumstances be the object of attack" and "shall be respected and protected by the Parties to the conflict." This absolute prohibition requires Member States to reaffirm the non-military nature of these hospitals and command them to locate such institutions as far away as possible from military areas to avoid further destruction. Building on this fact, Article 12.1 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides that States Parties shall "recognize the right of everyone to the enjoyment of the highest attainable standard of physician and mental health." General Comment No. 14 (2000) paragraph 14 gives a further explanation of Art. 12.2 (a) and holds that such provision: "may be understood as requiring measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information."

Maternity Care in International Policy

This policy gap is particularly striking when contrasted with developments in international criminal law. Sexual and gender-based violence has been explicitly recognised as a crime under the Rome Statute of the International Criminal Court, establishing clear international condemnation of rape as a weapon of war. This is a weapon that has characterised the conflict in Sudan. And since pregnancy results from such violence, the responsibility of the international community cannot end with criminalisation alone. A coherent foreign policy response must also ensure sustained protection and medical support for survivors, including access to safe maternity care. The failure to integrate maternal healthcare into enforcement, protection, and humanitarian frameworks reveals a disconnect between legal recognition of gendered harm and the practical safeguarding of women's lives. Ultimately, the gap between lived realities on the ground and the priorities of international policymakers demonstrates that maternal health remains politically absent, with only some discourse in medical circles insufficiently embedded in foreign policy commitments.

Recommendations

Addressing the maternity crisis in Sudan requires a coordinated international effort that strengthens existing local infrastructure whilst reforming how maternal healthcare is delivered in humanitarian settings. The principal barriers are mass displacement, targeted violence, attacks on medical facilities, and the killing or injury of humanitarian staff, all of which make continuity of care extraordinarily difficult. Women are frequently forced to move, health infrastructure has been systematically damaged, and frontline providers are operating at immense personal risk. In such conditions, fragmented or externally imposed interventions are insufficient.

Greater international support must first be directed toward organisations already delivering care on the ground. The International Planned Parenthood Federation operates the Sexual and Reproductive Health in Crisis and Post-Crisis Situations (SPRINT) programme, which is an effective model for delivering reproductive healthcare in emergencies. However, it's mainly focused on the Indo-Pacific region largely due to the Australian government funding the programme. This illustrates how political funding patterns determine where maternal care receives sustained investment. In Sudan, the Sudan Family Planning Association collaborates with IPPF under increasingly dangerous conditions; by 2024, six of its facilities had been attacked. Healthcare workers are risking their lives to provide essential services, yet without predictable international funding and security guarantees, such efforts remain precarious. A reorientation of foreign aid to provide consistent financial, logistical, and protective support to these actors is therefore essential.

Beyond reinforcing existing providers, humanitarian policy must improve how maternity care is structured and sustained. While the UN's 2023 Humanitarian Response Plan for Sudan recognises reproductive health needs, maternity care was placed within broader aid categories rather than treated as a defining and predictable crisis of conflict. Given the well-documented relationship between war and maternal mortality, emergency preparedness frameworks should incorporate mandatory and fully funded implementation of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health, with greater emphasis on context-specific adaptation and long-term integration (Ahmed et al., 2024). This includes expanded international investment in midwifery training (Negash et al., 2025) and the integration of global standards with local healthcare realities (Rambaldini-Gooding, 2024). In Sudan, where maternity care is increasingly community-based rather than institutionally delivered because of the conflict, effective intervention depends not on imposing parallel systems but on equipping existing community providers with training, supplies, and sustained support.

Ultimately, closing the gap between international policy and experience on the ground requires institutionalised dialogue between local practitioners and global decision-makers. Maternal mortality in conflict zones is both foreseeable and preventable; therefore, foreign policy and humanitarian strategy must move beyond reactive emergency responses toward coordinated, gender-responsive frameworks that treat maternity care as a central pillar of civilian protection.

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