“FORGOTTEN” WARS

Wars driven largely by economic, energy and military interests are plaguing Africa and expanding at an alarming rate, yet the wider world and the media ignore them. As always, those hit hardest are the most fragile: civilians, mothers, children, the sick and disabled. CUAMM stays on even in the most volatile settings to ensure that these individuals can receive the health care and treatment they need.

TEXT BY / GIOVANNI PUTOTO / DOCTORS WITH AFRICA CUAMM

Many – far too many – yet broadly ignored by the rest of the world: these are sub-Saharan Africa’s “forgotten” wars.¹ After a period of relative peace, stability and democratic progress in the 2000s, we are now seeing a disturbing reversal of the earlier trend. In its latest yearbook, the Stockholm International Peace Research Institute (SIPRI)² reported that there were at least 18 states in sub-Saharan Africa with active armed conflicts in 2021. High-intensity conflicts were underway in 12 states (Burkina Faso, Cameroon, the Central African Republic – CAR, the Democratic Republic of Congo, Ethiopia, Mali, Mozambique, Niger, Nigeria, Somalia, South Sudan and Sudan) and low-intensity conflicts in 6 others (Benin, Burundi, Chad, Kenya, Madagascar and Uganda); there were also coups, including four successful ones (in Chad, Guinea, Mali and Sudan) and 3 failed ones (in CAR, Niger and Sudan). Africa also had the largest number of peacekeeping missions and close to half of the global total of refugees and displaced persons.³

These armed conflicts are unlike the wars of the past, many of which were based on political ideals like decolonization, national independence and the development of democratic paths and functioning public institutions. Now they are about looting and pillage, with battles for geopolitical supremacy, exploitation of natural resources, religious and tribal extremism, political violence, widespread corruption, state fragility, inadequate essential services, rising economic and social inequality and climate crises, and they are generating uncontrollable, and perhaps irreversible, spirals of violence.

Ever more frequently, this violence is being inflicted deliberately on health workers and infrastructure, causing the disruption of basic care and services. The conflicts are therefore causing not only considerable death, injuries and disabilities, but also the suffering brought over time by destitution, social deprivation, mental anguish and the abandonment of one’s home.⁴ Furthermore, and as usual, those paying the highest price in terms of health are civilians, particularly the most vulnerable among them: women, children, adolescents, the elderly, the disabled and the sick.⁵ It has been estimated that by 2030, up to two-thirds of the world’s extremely poor individuals will live in fragile and conflict-affected situations.⁶

The wars raging today in Africa tend to be driven by economic, energy, and military interests; they are virtually invisible in terms of global public opinion and media coverage, are not included on the agendas of international summits, and show up on social media in posts featuring misleading rhetoric, stereotypes and superficiality.

We at CUAMM will not turn our backs on such suffering. Our health workers have a professional duty and clear mission to “protect life and safeguard peace”, which means responding to those in need, treating wounds, and restoring both services and dignity to the people and communities affected by the violence of these “forgotten” conflicts. Through programs to foster safe motherhood, good mental health and epidemic monitoring systems, and to tackle malnutrition, gender-based violence and chronic diseases, this is what we seek to accomplish in CAR, South Sudan, Ethiopia’s Tigray Region and Cabo Delgado Province in northern Mozambique.

NOTES

¹ This article uses the words “war” and “armed conflict” interchangeably.
⁵ Women’s and Children’s Health in Conflict Settings, Lancet series, 2021.