



11 YEARS OF VIOLENCE AGAINST HEALTH CARE IN SYRIA

Since the start of the conflict, the health system in Syria has seen unprecedented levels of violence against its facilities, staff, and patients. This violence continues to have a devastating impact on the lives of millions of Syrians. Households recently interviewed by the IRC in the northeast and northwest of the country highlight the difficulties they face when trying to access a health system damaged by 11 years of violence, an economic crisis, and the COVID-19 pandemic.



Damage caused by an airstrike to Kiwan Charitable Hospital, supported by IRC's partner organization, SEMA in northwest Syria. Credit: frontlineinfocus

DELIBERATE ATTACKS

Out of more than 1,380 reported attacks, Physicians for Human Rights (PHR) has documented and verified **601 attacks¹ since the start of the conflict**, on at least 350 health facilities. At its peak, in 2017, an attack was recorded **every 36 hours**. IRC programming has not been spared: since September 2018, 25 incidents of violence have affected IRC health programs, as well as those of its partners, in the northwest of the country. In 2019 for instance, a direct attack on an IRC the supported health facility pictured above, caused major structural damages making it impossible to continue to provide health services.

¹ An "attack" is defined by PHR as a violent assault upon a facility resulting in any destruction, damage, or loss of the facility's function, equipment, or medical supplies. As such, these statistics do not include attacks on other components of health service provision, such as medical transport or attacks on patients or medical staff outside of such facilities. For more information on the documentation and impact of incidents against health care worldwide visit the resource center of the Safeguarding Health in Coalition <https://www.safeguardinghealth.org/resources>

PHR also documented the killing of over 942 medical staff since the start of the conflict, as well as systematic detention and torture of health workers². No other country has faced such high levels of attacks against its health personal. According to reports consolidated on a global level, **Syria has accounted for 25% of all recorded killings of health workers in conflict areas in the past 5 years**³. However, due to the difficulty in corroborating such incidents⁴, the available numbers only partly reflect the scale of the problem.

This deliberate targeting of health workers and facilities in Syria has occurred in **violation of international humanitarian law**, which requires that special measures be taken to protect medical facilities, transport, personal and patients.

IMPACT ON THE HEALTH SYSTEM

Although direct attacks have reduced since the implementation of a ceasefire in March 2020, the prolonged deliberate targeting of health care has left the health system on its knees. With many areas in Syria now without sufficient functional facilities, essential supplies, or qualified personnel. **As of September 2021, out of the almost 1,800 available public health centers, 45% were not fully functioning**⁵. The Health Cluster reports that only a small number of actors are involved in the repair of damaged health facilities⁶.

The lack of healthcare personnel is a chronic challenge. In the governorates hardest hit by violence against health care, the number of midwives, nurses and doctors falls far below emergency standards. **It is estimated that over 50% of physicians have left northeast Syria**⁷. In Aleppo, only 13 health staff are available per 10,000 Syrians, catastrophically below the emergency standard of at least 22 staff⁸.

The COVID-19 pandemic has only added to the pressures faced by an already overburdened and overstretched health system. Across Syria, vaccine uptake remains very low, with less than 7% of the population fully vaccinated⁹, and with markedly lower rates in northeast Syria¹⁰.



In 2018 Al Rahma Hospital in northwest Syria was destroyed by an airstrike, leaving it out of service. Credit: frontlineinfocus

² Physicians for Human Rights. How the Syrian Government Targets Health Workers for Arrest, Detention, and Torture. December 2019. <https://phr.org/our-work/resources/my-only-crime-was-that-i-was-a-doctor/>

³ Insecurity Insight "Attacked and Threatened: Health Care at Risk" <https://map.insecurityinsight.org/health> (accessed on 8 March 2022)

⁴ PHR's methodology relies primarily on open sources, which means it is often difficult to verify smaller-scale incidents which tend to receive less media coverage. It is also difficult to verify incidents that occur in more dangerous or restricted areas.

⁵ Health Cluster. WHO Snapshot on WoS Health Resources and Services Availability Monitoring System (HeRAMS) 2021 Q3: Jul-Sep <https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5>

⁶ Health Cluster. Health Sector Bulletin. February 2022, <https://healthcluster.who.int/publications/m/item/syria-health-sector-bulletin-february-2022>

⁷ WHO Syria Flash Appeal for Northeast Syria, 27 January 2022 <https://reliefweb.int/report/syrian-arab-republic/who-syria-flash-appeal-northeast-syria-27-january-2022>

⁸ Health Cluster, WHO Snapshot on WoS Health Resources and Services Availability Monitoring System (HeRAMS) 2021 Q3: Jul-Sep <https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5>

⁹ Health Sector Syria, Health Sector Bulletin, February 2022 <https://reliefweb.int/report/syrian-arab-republic/health-sector-syria-health-sector-bulletin-february-2022>

¹⁰ Health Cluster Turkey, COVID-19 Response Tracking Dashboard NW Syria <https://bit.ly/3ChrngN>

IMPACT ON PEOPLE

The impact of the conflict on Syria's health system has left an estimated 12.2M people in need of humanitarian support to access even basic health services. More than 70% of the total population in the country¹¹. Almost half of those in need of health support are in northeastern (NES) and northwest Syria (NWS), and mostly reliant on cross-border health assistance.

Communities consistently rank health as one of their main needs¹². Illustratively, more than **65% of households interviewed by IRC in northeastern Syria (NES) since the start of 2021 reported that they faced difficulties accessing health care**. Respondents indicate they are not able to pay for medicine, health services or transport. Even if they can afford it, something increasingly difficult in the current economic crisis, lifesaving services and medicine are often not available. Almost half of the households interviewed by IRC in NES in 2021 identified **medicine shortages** as one of the main problems they faced when trying to access health care. IRC country experts highlight the relationship between the shortages of lifesaving medicine and cross-border assistance: with only one border crossing currently open for the United Nations Humanitarian Cross-border operation in the northwest of the country, aid operations are unable to gear up to fill the critical gaps in the medical supply chain.

One of the longer-term consequences of assaults on healthcare facilities is that it instills fear and discourages communities from seeking

health services¹³. **Almost half of clients and patients interviewed by IRC in 2020 in Aleppo and Idlib said they were afraid to access medical care for fear of an attack¹⁴**. In one out of five households interviewed by IRC in NES, members decided not to seek treatment when needed. Those with a disability are specifically impacted, and more likely to be unable to access the care they need¹⁵.

Even though attacks are no longer as commonly reported, the health system remains a primary target. In the last six months, health facilities and equipment¹⁶, as well as doctors¹⁷, have been frequently harassed and attacked by all parties to the conflict. For example, in January 2022 an attack in Al-Hol camp left one healthcare worker killed and another one severely injured¹⁸. Any escalation of the violence in the future will most likely include the continued targeting of health infrastructure, and with it, a further deepening of the health crisis.



The primary health care center in Idlib, Syria run by Syrian American Medical Society (SAMS) with IRC support. Credit: SAMS

¹¹ OCHA Humanitarian Needs Overview 2022, <https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022>

¹² For instance, in December 2021, 59% of communities interviewed as part of the Humanitarian Situation Overview in Syria (NorthEast Syria) prioritized access to health care as one of their main needs.

¹³ OCHA Humanitarian Needs Overview 2022, <https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022>

¹⁴ Syria, A Decade of Destruction, March 2021 <https://www.rescue.org/report/decade-destruction-attacks-health-care-syria-0>

¹⁵ Syria Multi Sector Needs Assessment 2021

¹⁶ Safeguarding Health in Conflict Health Care at Risk Map, accessed on 3rd of March 2022 <https://map.insecurityinsight.org/health>

¹⁷ WHO, Northeast Syria Flash Appeal 2022, <https://reliefweb.int/report/syrian-arab-republic/who-syria-flash-appeal-northeast-syria-27-january-2022>

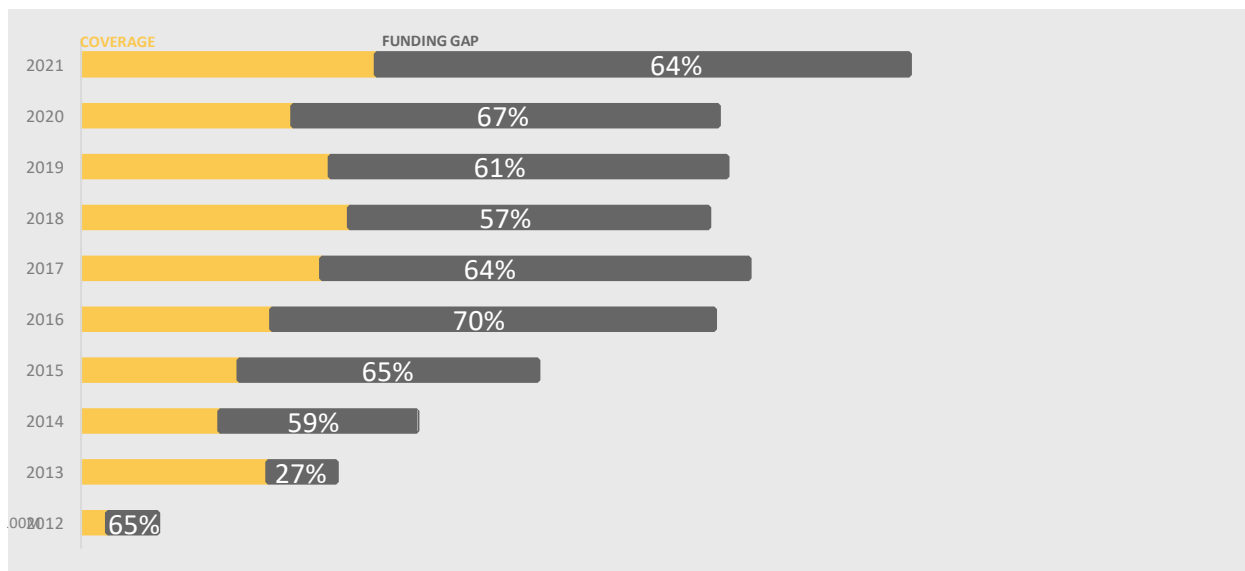
¹⁸ WHO, Northeast Syria Flash Appeal 2022, <https://reliefweb.int/report/syrian-arab-republic/who-syria-flash-appeal-northeast-syria-27-january-2022>

RESPONSE

Health activities in Syria have been chronically underfunded. In 2021 for instance, health actors received only 36% of the funding required.

Despite the restrictions, IRC manages to provide essential health services to the Syrian population, including through support to 39 hospitals and mobile clinics in NES and NWS as of March 2022

In 2021, health activities only received 36% of the requested funds, leaving a 64% funding gap.



The limited humanitarian access to the population is an even greater barrier to the health response, and largely dependent on cross border operations. For example, in 2021, 1.3 million people received health assistance through the Bab-Al Hawa crossing¹⁹. Almost 60% of outpatient consultations provided as part of the health response countrywide rely on cross border movements²⁰.

The Security Council Resolution 2585 permitting an important part of this health response is up for review next July. When two border crossings were removed from this Resolution in January 2020²¹, the negative impact on people's daily lives was immediate: supply chains for life-saving health service inputs broke down and health care delivery turned more costly overnight. Not extending the use of the only remaining border crossing could represent the biggest 'attack on healthcare' for those in the north of the country.

¹⁹ Syrian Arab Republic, United Nations cross-border operations under UNSC Resolutions <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-united-nations-cross-border-operations-under-72>

²⁰ Health cluster, Snapshot of whole of Syria health sector response (4Ws), November 2021 <https://reliefweb.int/report/syrian-arab-republic/snapshot-whole-syria-health-sector-response-4ws-november-2021>

²¹ Al-Yarabiyah border crossing in NES, and Bab al-Salam crossing, in NWS were removed from the Security Council Resolution in January 2020.

RECOMMENDATIONS

1. Increase Humanitarian Access

To ensure a principled approach to aid delivery in Syria, humanitarian access to all populations in need remains vital. Member States should work with key stakeholders, including the Government of Syria, to ensure barriers to implementation are removed.

In particular, the U.N. Security Council should preserve and expand cross-border humanitarian access, in order to reach all populations in need across Syria. This includes:

- A renewal of UNSCR 2585 in July 2022 to maintain cross-border access into northwest Syria through Bab al-Hawa border crossing for a minimum of twelve months.
- An immediate reauthorization of Bab al-Salam and Yarubiyah border crossing points in line with UNGA resolution 74/169.
- Working with key stakeholders, including donors, the Government of Syria, and U.N. agencies to strengthen monitoring and reporting on cross-line and cross border access gaps and constraints.

2. Sufficiently Fund Health Care Provision

Protecting and expanding access to health and humanitarian services should be prioritized to ensure that Syrians achieve the right to health and well-being. It is critical that donors sufficiently support health activities within the forthcoming two-year Syrian Humanitarian Response Plan.

3. Reaffirm Importance of Adherence to IHL and Ensure Accountability

Multilateral diplomacy is necessary to send a strong signal that IHL is not discretionary and increase the costs of non-compliance.

The U.N. Security Council should:

- Receive comprehensive briefings on the humanitarian and human rights situation in Syria from the Commission of Inquiry (COI) on, at minimum, an annual basis for as long as conflict persists.
- Include explicit calls for the protection of health workers in all forthcoming UN resolutions and official discussions on Syria. These should be informed by regular meetings between UNSC members and Syrian NGOs to hear their firsthand accounts of the situation.

In relation to the UN's Board of Inquiry (BoI) into attacks in northwest Syria on facilities on the UN' deconfliction list and UN supported facilities, the U.N. Secretary-General should:

- Broaden the BoI's initial focus to include investigating and attributing responsibility for all attacks on civilian objects that fulfill a humanitarian function, civilian infrastructure and movements of humanitarian staff and consignments in Syria. As well as strengthen links to accountability mechanisms outside of the deconfliction mechanism such as the COI.
- Where there are violations involving deconflicted sites, the U.N. should establish capacity for effective and public fact-finding concerning such attacks.

Member States and others should explore and make use of existing laws to prosecute perpetrators of IHL violations and war crimes in Syria, including through criminal proceedings on the principle of universal jurisdiction.

The U.N. and member states should encourage non-state armed groups in Syria to sign Geneva Call's 2018 Deed of Commitment on Protecting Health Care in Armed Conflict.

4. Strengthen Monitoring and Reporting

Ensuring adequate monitoring and reporting of attacks on healthcare will help strengthen accountability efforts and potentially deter future attacks by parties who fear one day being held to account.

- Donor governments should work with the U.N. and NGOs to review and strengthen monitoring of, and reporting on, attacks on healthcare, including ensuring disaggregation of data by type and impact of attack for use by the U.N. Security Council in implementing resolution 2286 on attacks on health care.
- The Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator should report on any attacks on health in Syria during each monthly briefing at the Security Council.
- The Special Rapporteur on the right to physical and mental health should plan a visit to Syria to document the impact of attacks on healthcare on the quality of care and general welfare of the civilian population.



Funded by
European Union
Humanitarian Aid

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