

Destruction, Obstruction, and Inaction

The Makings of a Health Crisis in Northern Syria

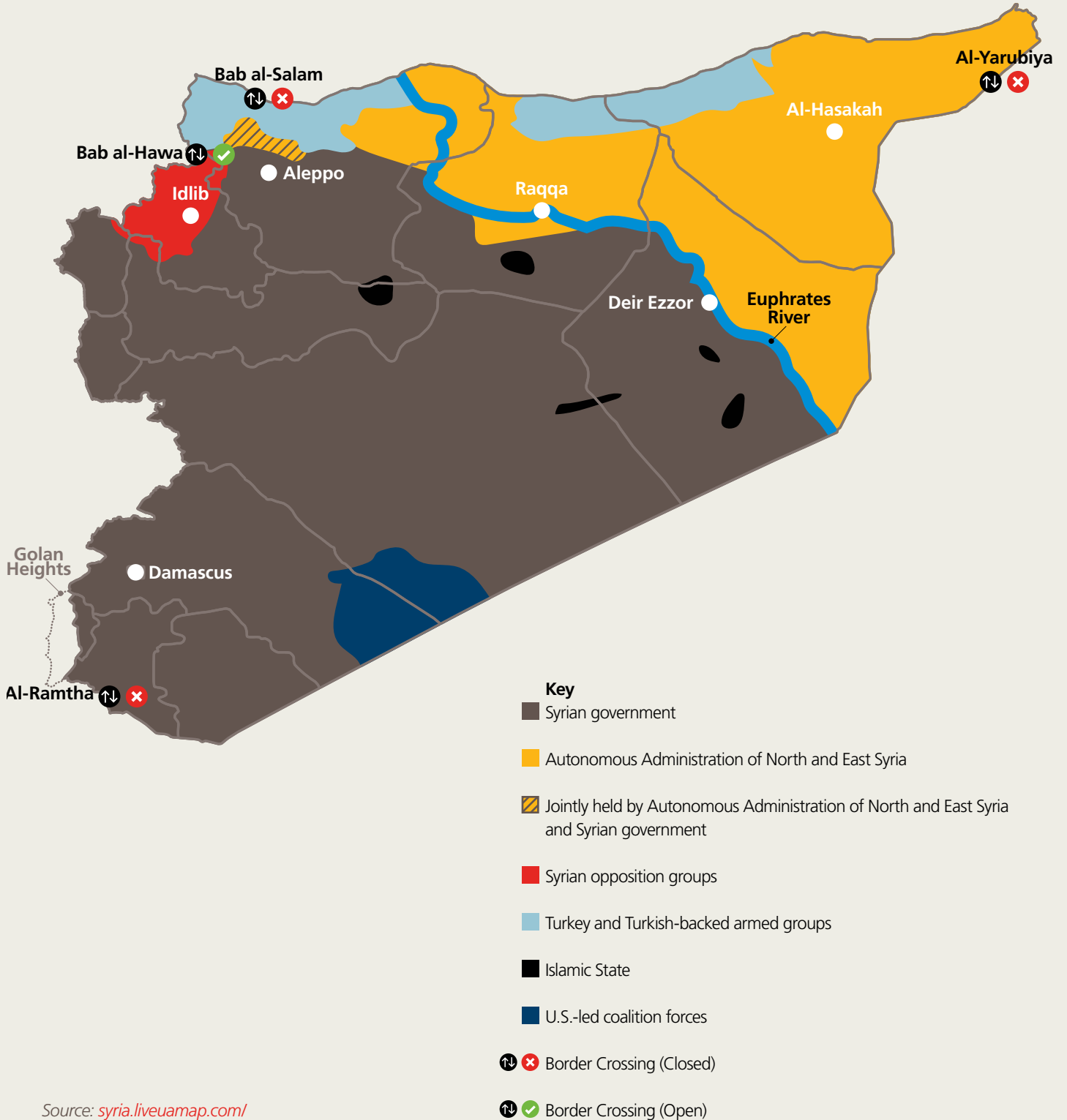
Executive Summary

December 2021



Territorial Map of Syria

Border Crossings and Approximate Areas of Control as of December 2021



Source: syria.liveuamap.com/

Executive Summary



Protests in Idlib during the United Nations Security Council July 2021 vote to reauthorize the international border crossings created to provide relief for the millions of Syrians reliant on foreign humanitarian aid.

Photo: Rami Alsayed/NurPhoto via Getty Images

Destruction of the health sector is a signature of the conflict which continues to unfold in Syria. It has occurred in the context of one of the most severe humanitarian crises in the world. Physicians for Human Rights (PHR) and others have documented deliberate attacks on health care facilities and personnel during the past 10 years of this crisis, but less attention has been paid to the impact of these long years of conflict, human rights violations, and collapse of health systems on health and health care delivery.

As of November 2021, northern Syria has been divided into three main areas: one controlled by the Autonomous Administration of North and East Syria in northeast Syria, another controlled by opposition groups in northwest Syria, and the third, the Turkish-controlled areas. For this report, PHR conducted and analyzed 20 interviews with health care workers and experts knowledgeable about the health sectors working in these three areas. The PHR research team coded and systematically reviewed transcripts of the interviews to identify critical themes impacting the provision of health care in each area.

In this report, PHR describes how the Syrian government's attacks on health infrastructure in northern Syria and its attempts to impede the delivery of humanitarian aid have driven the creation of a patchwork of health systems that has produced deep disparities in access to care, effectively denying people's right to health. Understanding this complex issue is vital ahead of the United Nations Security Council's upcoming meeting in January 2022 to consider whether to reauthorize the last remaining border crossing in northern Syria for UN humanitarian aid, Bab al-Hawa, which provides aid to 3.4 million people alone in northwest Syria, three million of whom are considered in acute need of lifesaving assistance.

The Syrian government's failure to deliver cross-line aid to needy areas from within the country spurred the Security Council's 2014 resolution authorizing cross-border aid from other countries through four points in the north and south. Currently, the Bab al-Hawa border crossing in northwest Syria is the only entry point open to serve the humanitarian needs of people across northern Syria. In northeast Syria, the al-Yarubiya crossing was closed in January 2020 after Syria's longtime ally, Russia, and China vetoed renewal of cross-border operations. This has caused the near collapse of the public health care system. If the Security Council fails to reauthorize the Bab al-Hawa crossing, the Syrian government would gain full control over most humanitarian aid going to the north, a potentially disastrous outcome for the 6.4 million people living in areas outside the Syrian government's control in northern Syria.

The right to health of millions of Syrians is being violated by a lack of availability, accessibility, acceptability, and quality of health care.

Syria's population needs a functioning health care system more than ever before. Instead, the health system is straining from a decade of deterioration. Disparities that existed between government- and non-government-held areas prior to the conflict have become entrenched. Nine in 10 Syrians live below the poverty line. Areas outside of government control, which host many internally displaced Syrians, have fewer resources and significant public health problems. For example, in northeast Syria, where health resources are reportedly most scarce, 55 percent of households are reported to have at least one disabled member. Health choices are increasingly driven by scarcity and conflict, with women reportedly choosing cesarean sections to minimize time spent in the hospitals, which are known to be targets of attacks. By one estimate, the percentage of cesarean sections has more than doubled since the start of the conflict in 2011.

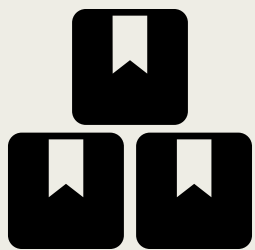
This report provides a snapshot of the state of the health care systems delivery in northern Syria from August to October 2021, the period in which PHR conducted interviews. It demonstrates that the right to health of millions of Syrians is being violated by a lack of availability, accessibility, acceptability, and quality of health care – all of which are mandated by international instruments to which Syria is a party. Furthermore, the lack of coordination among the international aid community, non-governmental organizations, and local actors overseeing health systems has greatly impacted population health, as has structural discrimination. Specifically, women and girls face a lack of gynecological and reproductive medical care because health care administrators do not prioritize these services, and people with physical disabilities face difficulty accessing repurposed buildings, let alone specialized care.

This report also details the challenges northern Syrian health systems face in their response to the COVID-19 pandemic. Northern Syria is now experiencing another major wave of the disease. In September 2021, the number of coronavirus cases in the northwest increased 170 percent, intensive care units were filled, and designated COVID-19 health facilities reached 100 percent capacity. Major issues include the diversion of resources away from non-COVID-19 health services, limited prevention and treatment supplies, and unstable funding for longitudinal pandemic management. Additional behavioral factors include lack of public adherence to health guidelines due to misinformation, financial barriers, and apathy towards the threat of COVID-19 among Syrian civilians. Women and girls in particular face barriers to accessing COVID-19 care that effectively deprive them of care.

PHR calls on donors, humanitarian actors, and all parties to the conflict involved in providing humanitarian aid to northern Syria to uphold the right to health as provided for in the Convention on Economic, Social and Cultural Rights, as well as the right to humanitarian assistance provided in the Geneva Conventions. PHR also recommends increased collaboration between donors and the humanitarian agencies they fund with local health ministries, health directorates, and health commissions across northern Syria to increase accountability for aid distribution and emphasize the importance of providing aid that is acceptable to and considers the needs of local communities. Donors and local actors alike must address structural discrimination against vulnerable populations.

Right to Health

The right to health of millions of Syrians is being violated by a lack of availability, accessibility, acceptability, and quality of health care.



Availability

Functioning public health and health care facilities, goods, services, and programs are present in sufficient quantity.



Accessibility

Health facilities, goods, and services are accessible to everyone. Accessibility has four overlapping dimensions: non-discrimination, physical accessibility, affordability, and information accessibility.



Acceptability

All health facilities, goods, and services must be respectful of medical ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements.



Quality

Health facilities, goods, and services must be scientifically and medically appropriate and of good quality.

Source: World Health Organization

Recommendations



A man in a hospital damaged by Syrian government forces in al-Atareb, Aleppo governorate.

Photo: Muhammed Said/Anadolu Agency/Getty Images

In September 2021, the number of coronavirus cases in the northwest increased 170 percent, intensive care units were filled, and designated COVID-19 health facilities reached 100 percent capacity.

Considering the profound and ongoing health disparities among civilians in northern Syria – including in northwest Syria, northeast Syria, and Turkish-controlled areas – and the threat of the multiple waves of COVID-19 to internally-displaced populations throughout Syria and the health systems trying to support them, there are concrete steps the Syrian government, international community, humanitarian organizations, and donors can take to support access to health care in Syria and improve the country’s COVID-19 and broader humanitarian health response equitably for all residents, without discrimination. The international aid community, including donor governments and NGOs, must engage in a human rights-based approach to monitoring and assistance (aid distribution) in Syria.

PHR calls on the concerned parties to take the following actions:

To Donors, Humanitarian Actors, and all Parties to the Conflict:

- Continue to fund and support local health systems, including local NGOs, coordinating bodies, and health care facilities that hire health care providers;
- Provide more financial support, including technical support, for sustainable health sector coordination and to avoid inequitable distribution of health services;
- Provide more support for infrastructure improvements to buildings that are not accessible to those living with physical disabilities;
- Support health facilities and health workers in addressing misinformation and desensitization to foster trust in the health sector and strengthen its capacity to address the growing COVID-19 emergency;
- Make promoting the right to health the goal of all programming in northern Syria; and
- Promote leadership of local authorities in health decision-making to increase community buy-in, reinforce local health authorities’ legitimacy, and gain trust in their communities.

To the Syrian Arab Republic:

- Comply with minimum standards for coordination of humanitarian health system rehabilitation to avoid inequitable access to health care;
- Cease all attacks on health care and ensure the protection of health care workers guaranteed under international humanitarian law;
- Adopt transparent measures to prevent diversion of assistance and provide donors with accounts of aid distribution in areas under the control of the Syrian government, including COVID-19 access to training, testing, PPE, equipment, treatment, and vaccines;
- Ensure that COVID-19 vaccines are delivered equitably to all areas of control in Syria, particularly emphasizing that they reach the most vulnerable populations (i.e., health care workers, older people, and people who have underlying health conditions); and
- In areas like northeast Syria, where vaccine hesitancy is high due to public distrust of the Syrian government, administer the vaccine through neutral third-party actors to increase likelihood of vaccine acceptance.

continued on back page

For the full report, go to
phr.org/syria-health-disparities

Recommendations

continued

To the Autonomous Administration of North and East Syria, the Syrian Interim Government, the Salvation Government, and the Turkish Government:

- Ensure that public sector services are available for all populations, equitably distributed geographically, accessible, and at a level to meet community needs;
- Promote coordination within the health governance sector by engaging local actors, including NGOs, UN agencies, and donors;
- Empower community-led initiatives to increase the number of ground-up approaches to health care system development to reflect patient populations' needs and desires; and
- Prioritize accessibility and availability of health care for the physically disabled and for women.

To the Turkish Government:

- Ease regulations to allow more NGOs to operate across Turkish-controlled areas, as well as northwest Syria and northeast Syria;
- Allow for the flow of medical supplies, including with regard to COVID-19; and
- Uphold international human rights treaty obligations, including the right to life and the right to health in the territories under Turkish control.

To Donors:

- Endorse the humanitarian charter and the minimum standards for health system coordination;
- Invest in health services across northern Syria based on population needs and in areas with demonstrated disparities (i.e. based on the UN Humanitarian Needs Assessment Programme) and ensure they reflect the needs of women and the physically disabled in order to guarantee the right to health;
- Preserve and sustain COVID-19-related funding, as long as it is a public health emergency;
- Monitor aid delivery and distribution carefully to avoid diversion and neglect in northern Syria; and
- Scale up funding and resources for the most basic health services and humanitarian assistance in northeast Syria, including in Raqqa and Deir Ezzor.

To the UN Security Council and UN Member States:

- Reopen the Bab al-Salam and al-Yarubiya border crossings to meet the demonstrated need of the population, considering the failing health system and the COVID-19 pandemic;
- Authorize the renewal of cross-border resolution 2165 (in January 2022) to maintain the Bab al-Hawa border crossing in northwest Syria beyond one year;
- Ensure the equitable distribution of COVID-19 vaccines to all areas of control in Syria, particularly emphasizing that they reach the most vulnerable populations (i.e. health care workers, older people, and people with underlying health conditions);
- Place pressure on the Syrian government to ensure the delivery of aid and allocation of health services so that organizations such as the World Health Organization and other UN agencies, international NGOs, and local actors, can reach populations in a neutral, effective, and equitable manner;
- Call on the Syrian government and its allies, as well as non-state actors, to stop assaulting health care facilities in violation of international humanitarian law and human rights law; and
- Insist on accountability for previous and ongoing violations of civilians' right to health across Syria, particularly in areas retaken by the Syrian government.

To the World Health Organization:

- Enforce the Sphere Minimum Standards for coordination of humanitarian health system rehabilitation, including accountable and transparent processes for monitoring;
- Monitor coordination practices and report to donors;
- Track the rebuilding and rehabilitation of facilities to ensure they reflect the needs of women and the physically disabled in order to guarantee those groups' right to health;
- Demand protection of health care workers and facilities, including cessation of airstrikes;
- Deliver medication and supplies to northern Syria equitably and improve trust-building measures to reduce barriers to accessing services; and
- Release regular reports on COVID-19 to provide timely disease surveillance data for Syria.

Cover: A health worker at a COVID-19 isolation ward in Idlib in August 2021.

Photo: Muhammed Said/Anadolu Agency/Getty Images



Physicians for
Human Rights

For more than 35 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared in the Nobel Peace Prize for its work to end the scourge of landmines, uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.



Shared in the 1997
Nobel Peace Prize