



Syria Regional Crisis Health Access Monitor

MARCH 2017

SYRIA

Attacks on Medical Units

Deliberate attacks against medical units¹, personnel, and patients in Syria reached an unprecedented level in 2016. Breaches of International Humanitarian Law have become commonplace, and impunity the norm.

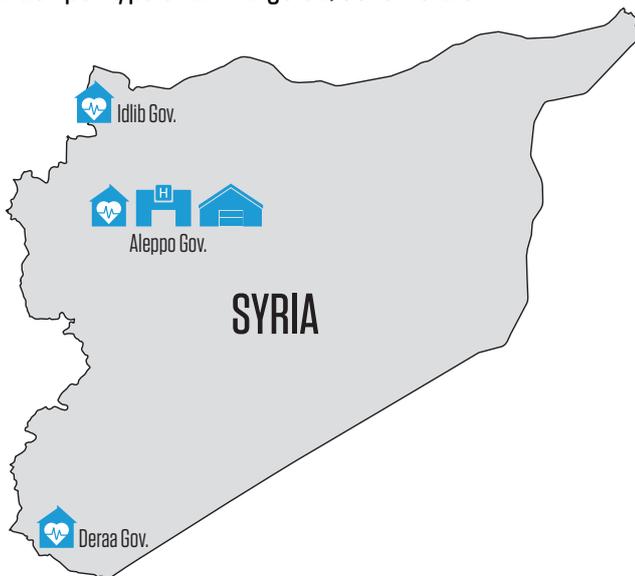
The impunity for serious violation of IHL committed during the conflict in Syria has created a fertile ground for further violations and abuses on a wider and evermore devastating scale.

In 2016, WHO and partners recorded confirmed reports of **338 attacks on healthcare facilities**.

Attacks against MdM-supported medical units in 2016

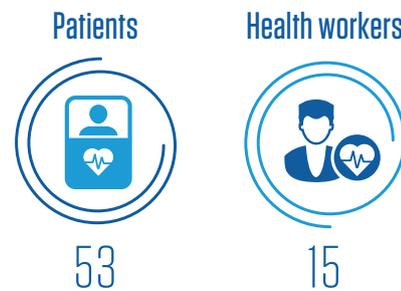
Six medical units supported by Médecins du Monde were attacked in 2016. The targeting of hospitals and health centres do not only risk the lives of health workers and their patients, but also disrupt the provision of critically needed services.

Attack per type of unit targeted/Governorate



| | Primary Healthcare Centre | Hospital | Warehouse ² |
|-------------|---------------------------|----------|------------------------|
| Idlib Gov. | - | 1 | - |
| Aleppo Gov. | 1 | 2 | 1 |
| Deraa Gov. | - | 1 | - |

Casualties – Civilians killed in attacks against MdM-supported medical units in 2016



Recommendations

To UNSC members:

- UNSC members should establish an international fact-finding mission or commission of enquiry to investigate on serious violations of international law relating to the protection of medical care in armed conflict³ and refer the situation to justice, to the International Criminal Court or an ad hoc tribunal.
- UNSC members should ensure the full implementation of the UNSCR 2286⁴.

To States involved in peace talks:

- States involved in peace talks should ensure there is credible and transparent accountability for violations of International Humanitarian Law and International Human Rights Law committed in the Syrian Arab Republic since March 2011. This is the only way to achieve reconciliation and sustainable peace in Syria.

¹ The term "medical units" refers to establishments and other units, whether military or civilian, organized for medical purposes, be they fixed or mobile, permanent or temporary. The term includes, for example, hospitals and other similar units, blood transfusion centres, preventive medicine centres and institutes, medical depots and the medical and pharmaceutical stores of such units (ICRC, Customary International Humanitarian Law: Volume 1: Rules, rule 28)

² A warehouse where drugs were stocked was attacked three times in less than one week, seriously affecting the delivery of medicines to health centres

³ Letter dated 18 August 2016 from the Secretary-General addressed to the President of the Security Council, pursuant to the UNSCR 2286

⁴ UNSCR 2286, <http://www.un.org/press/en/2016/sc12347.doc.htm>

Growing needs, Critical Shortages

Health needs are growing across Syria, with an estimated **12.8M Syrians in need of medical assistance⁵ in 2017**. Last year, an estimated 11.5M were in need of medical assistance.

The healthcare system in Syria has been severely damaged by the conflict and the situation keeps on deteriorating. Only **46% of the public health centres and 44% of the public hospitals were fully functional** as of end of December 2016⁶. Critical shortages in medical/nursing and para-medical staff, equipment, and supplies impede the delivery of the needed medical assistance.

More than half of healthcare workers (HCWs) have left Syria. With the ongoing conflict, the initial training / education system for new HCWs is severely disrupted, which invariably has long-lasting consequences on the national health system.

Recommendations

To Donors:

- Donors should ensure adequate funding to address health needs inside Syria including preventative services in communicable and non-communicable disease.
- Additional funding to increase and cover the salaries of the health facility staff is required in order to maintain accessible and adequate health services provision. In addition, donors should increase direct funding to Syrian medical organisations, particularly with a view to enable them to provide training for new HCWs and set up training centres and education programs in Syria.

NEIGHBOURING COUNTRIES

The sheer number of refugees places a huge strain on hosting countries national healthcare system, which are overburdened with the increase demand for medical services.

While hosting countries have included, to varying extents, refugees into their national healthcare system, refugees continue to face **numerous barriers that prevent them from accessing healthcare**.

Financial Barriers

Financial cost is the top reason for not seeking care in neighbouring countries. While already coping with the lack of livelihood opportunities and stretched financial resources, refugees in Jordan and Lebanon have to **cover part of their healthcare expenses**. In Turkey, non-registered refugees (between 10-20% of our patients, depending on the location) have to cover the entirety of the primary health care fees. Cost of transportation and medication also constrain refugees from seeking care.



⁵ Syrian Arab Republic Humanitarian Needs Overview 2017

⁶ WHO HeRAMS Reports

In Focus: Lebanon

In 2016, despite partial subsidisation and relatively low primary healthcare fees, an estimated **16% of Syria households** reported having at least one household member who required primary health care and could not get it, financial issues being the top reason for **not accessing care**⁷.

A Syrian household spends an average **12% of their monthly income on health expenditure**⁸.

Recommendations

To Donors:

- The current level of healthcare cost subsidisation in Lebanon and Jordan is insufficient; donors must make additional funding available to ensure full coverage of the costs for refugees and those made highly vulnerable from the Syrian conflict. Donors should continue supporting services for Syrians who cannot afford the cost of healthcare.

Legal Barriers

Legal barriers also impede on refugees' access to healthcare. **Legal status - or lack of - often interferes with refugees' right to health.**

In Lebanon, refugees without valid legal residency (about 80% of the Syrian households in Lebanon reported at least one member without legal residency permits⁹) are at risk of arrest when crossing checkpoints, this discourages them from accessing care. In Jordan, according to UNHCR, about 140,000 refugees in urban setting do not hold an updated residency card¹⁰. Without updated card, refugees cannot access subsidised public health services. In Turkey, movement of Syria nationals is controlled. Refugees under the Temporary Protection Regulation who do not comply with the obligation to stay in a determined province or centre are subject to restricted access to subsidised healthcare services.

Recommendations

To Government of Lebanon, Jordan, and Turkey:

- Governments of Lebanon, Jordan, and Turkey must ensure that refugees are able to access health services irrespective of their location, registration, or residency status. Access to healthcare should not be impeded by any restrictive administrative status.
- We recall the Governments of Lebanon, Jordan, and Turkey that, as party to the International Covenant on Economic, Social and Cultural Rights, they recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health¹¹.



⁷ Vulnerability Assessment of Syrian Refugees in Lebanon, 2016, p.32

⁸ Ibid., p.47

⁹ Vulnerability Assessment of Syrian Refugees in Lebanon, 2016, p.1

¹⁰ Jordan INGO Forum, Syrian Refugees in Jordan: Shrinking access to services under a limited legal status, December 2016

¹¹ Article 12 of the International Covenant on Economic, Social and Cultural Rights