



WHOLE-OF-SYRIA HEALTH CLUSTER BRIEFING

Recommended Commitments for the Brussels Conference 'Supporting the future of Syria and the region'

-MARCH 2017-

As the Syria crisis has entered its seventh year, health needs across the country have never been so acute. The lack of availability and access to health care services inside Syria has led to unnecessary suffering and many preventable deaths.

The 5th of April Brussels conference is an opportunity for states to ensure Syria population can continue accessing medical care, and to reiterate the obligation to protect healthcare and ensure there is accountability for violations of International Humanitarian Law. These health sector recommendations should be considered in conjunction with the general recommended commitments, including facilitating unhindered access to humanitarian workers, etc.

The **Whole-of-Syria Health Cluster**, which supports 185 organisations providing medical assistance to the population inside Syria, **calls on the states participating in the Brussels Conference to take substantive commitments that would improve the delivery of medical assistance inside Syria and the medical condition of the populations affected by the crisis.**

Rebuild the medical workforce

More than half of Syria's medical staff have fled the country. At least 786 medical personnel were killed between March 2011 and October 2016 (Physicians for Human Rights).

Shortage of female medical staff curtails women's access to health care. Scarcity of skilled birth attendants and obstetricians has left approximately 45,000 pregnant women at risk of complications and death in northern Syria. **There is a lack of qualified medical staff.** Large numbers of health sciences students and junior physicians interrupted their training and are

now providing healthcare. **Certain areas of specialised care are particularly understaffed**, notably sexual and reproductive, and mental health care.

With the ongoing crisis, **the education system for medical staff is severely disrupted**. The non-renewal of the medical workforce will invariably have long-lasting negative consequences on the national health system.

Training for medical personnel is direly needed. Frequent border closures and bureaucratic delays and limitations impede Syria medical staff from attending trainings in neighbouring countries and INGOs field technical staff from joining face-to-face training sessions inside Syria. National health authorities, and humanitarian health actors including UN agencies and local and international NGOs are key actors in rebuilding and strengthening the capacities of the public health system.

Recommended Commitments

- Donors should commit to rebuild the Syrian medical education system across the country notably by supporting national authorities in the reconstruction and reopening of training facilities, support Syrian medical organisations in the provision of training, and develop educational opportunities for new healthcare workers.
- Neighbouring countries should commit to ease, scale-up and permit cross-border movement for Syrian medical and paramedical staff and for INGOs medical staff, in order to strengthen technical capacities and engage in training to respond to new and changing needs of populations (e.g. outbreaks of vaccine-preventable diseases, rehabilitation and post-operative care, nutrition-related health issues, mental health).

Ensure the continuity of healthcare provision

Critical health needs are growing across Syria, with an estimated 12.8M Syrians in need of humanitarian medical assistance, an increase of 1.3M compared to 2016. The protracted nature of the conflict and the cumulative effect of years of repeated displacement, poor diet and hygiene, lack of education, and lack of access to vaccines has led to an increased susceptibility to public health threats and emergencies.

There is an increased risk of epidemic outbreaks of water and foodborne diseases, as well as of vaccine-preventable diseases. The latter is of high concern, routine immunisation has been completely interrupted in some of the contested areas and the overall vaccination coverage rate is progressively declining (currently estimated to be below 50%). Consequently, various outbreaks of vaccine-preventable diseases (including polio, measles and mumps) occurred.

The healthcare system in Syria has been severely disrupted 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 2016. Critical shortages in medical staff, equipment, and supplies impede the delivery of the needed medical assistance.

The crisis has driven abundant investment in trauma services, and this has often come at the expense of consistent **investment in primary and community health care**. Without basic primary care, many more people will require more expensive and scarcer secondary care.

Funding for healthcare has been inadequate over the past years. So far, only 5.6% of the health component of the HRP 2017 has been funded; only 29% of the health component of the HRP 2016 was funded.

Recommended Commitments

- Donors should commit to fully fund the health component of the HRP 2017 and address health needs inside Syria.
- Donors should support community-level health care approaches to build resiliency, including investments that foster the overall wellbeing of communities.

Ensure violence against health is addressed

Deliberate attacks against medical units, personnel, and patients in Syria reached an unprecedented level in 2016, with **136 verified attacks on healthcare facilities**. The targeting of hospitals and health centres endanger the lives of health workers and their patients and disrupts the provision of critically needed services.

Because of attacks against medical units, non-medical equipment, including computers, generators, fuel, and construction materials are critically needed.

Recommended Commitments

- UN member states should commit to ensuring respect of the international legal norms that safeguard health care facilities and workers and patients, including international humanitarian law, human rights law, the Humanitarian Charter, humanitarian principles, medical ethics and duty of care.