



A Decade of Destruction:

Attacks on health care in Syria



UNION OF MEDICAL
RELIEF AND CARE
ORGANIZATIONS

This report is dedicated to the hundreds of Syrian health workers who have lost their lives in the ten years of conflict in Syria. We honor them and their commitment to saving the lives of others even at the cost of their own.

“For our people at least, for the situation to become safe, we want the hospitals to be safe.”

—Basel, hospital administration worker, Idlib

ACKNOWLEDGEMENTS

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The names of all people quoted in this report have been changed to protect their identity, unless they otherwise consented.

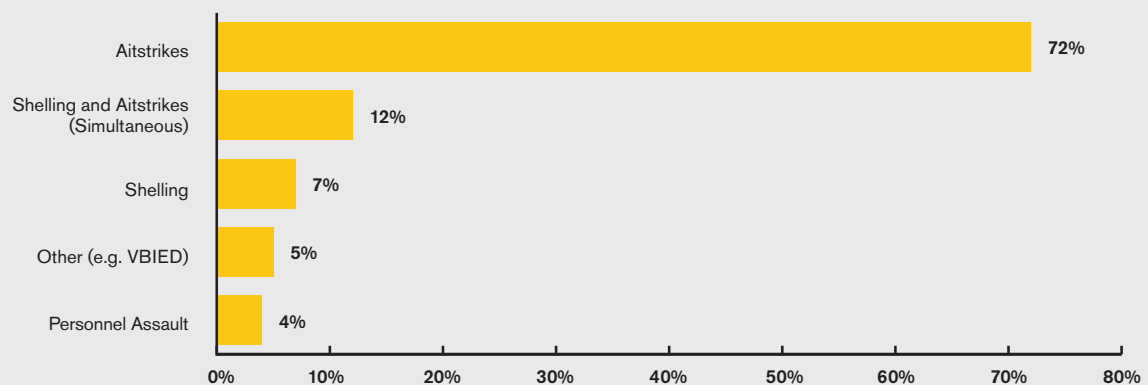
Surgeons at work at the Idlib Surgical Hospital in northwest Syria. The IRC supports Idlib Surgical Hospital in northwest Syria through our partner organization SEMA. PHOTO: Khaled Idlibe/IRC



RESPONSES FROM IRC'S ASSESSMENT OF 237 CIVILIANS AND 74 HEALTH CARE WORKERS IN NORTHWEST SYRIA

- 59% of civilians surveyed in northwest Syria have been directly impacted during the course of the conflict by an attack on a health care facility, service or worker (hereafter referred to as health care).
- 33% reported directly witnessing or experiencing an attack.
- 24% reported being unable to receive medical treatment due to an attack on a health facility.
- 24% were forced to flee their homes as a result of an attack.
- 17% had a family member who was injured or killed in an attack.
- 12% had been injured themselves
- 67% reported that their well-being was negatively impacted due to attacks and
- 49% said they are afraid to access medical care for fear of an attack.
- 56% said they would be afraid to live near health facilities because they are targets.

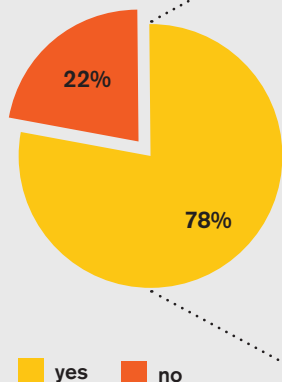
Type of Attack on Health Facilities Witnessed by Health Worker Respondents



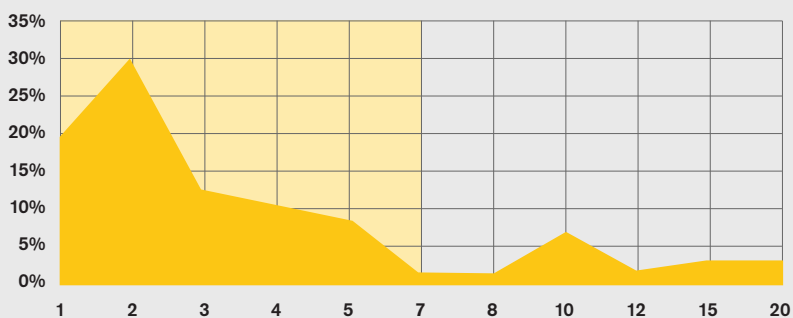
RESPONSES FROM IRC'S ASSESSMENT OF 237 CIVILIANS AND 74 HEALTH CARE WORKERS IN NORTHWEST SYRIA

78% of surveyed health workers have witnessed at least one attack on a health facility. On average, health workers cited four attacks; some reported witnessing up to 20 attacks. 68% said they had been inside a facility as it was being attacked. 81% said they had a coworker or patient who was injured or killed due to an attack.

Health Workers: Have You Ever Witnessed An Attack on a Health Facility?



How Many Attacks Have You Witnessed?



EXECUTIVE SUMMARY

Since the onset of the Syria conflict in March 2011, civilians have borne the brunt of violence by state and non-state actors and withstood untold suffering. One measure of the war's brutality, and the impunity fostering it, are the regular and often repeated assaults on health care provision. Health facilities are protected from attack under international law and should be safe havens. Yet in Syria, they have become one of the places people fear most. Attacks even persisted in 2020 despite the emergence of a new threat to civilians—the coronavirus pandemic.

The bombardment of hospitals, killing and intimidation of medical personnel, besiegement of civilian populations and obstruction of access to communities in need has sapped the health care system of capacity and expertise. Only 64% of hospitals and 52% of primary health care centers across Syria are functioning; 70% of the health workforce has fled the country, according to the World Health Organization (WHO).¹

The remaining Syrian medical practitioners continue to risk their own lives in the midst of horrific violence, despite a dearth of equipment and medication.

“ Between one bomb and the next, it would feel like our life was flashing before our eyes, not just for me, but for the children who hadn't yet seen anything in this world. ”

- Ghaith, IRC clinic nurse, describing an attack while administering vaccines to infants.

A new assessment conducted by the IRC and its Syrian partner organizations in December 2020 draws upon the lived experiences of 237 Syrians and 74 health workers in 12 sub-districts of the Aleppo and Idlib governorates to shed light on the attacks' toll on civilians: the lives lost, the trauma for survivors, and the desperate measures taken by health practitioners to provide care against all odds.

The IRC documented 24 incidents affecting its own programs (both direct and with partners) in the northwest since September 2018. The IRC found that 59% of Syrians surveyed were directly affected by attacks on the health system; 78% of health care personnel surveyed witnessed at least one attack, with some respondents citing 20 incidents, the average being four.

¹ U.N. Office for the Coordination of Humanitarian Affairs, "Syria anniversary press release," 6 March 6, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/USG%20Lowcock%20Syria%20Anniversary%20PR_%2006032020.pdf

EXECUTIVE SUMMARY

The international approach to Syria requires a reset that puts Syrian civilians at the heart of policy. The new year brings new members to the U.N. Security Council and renewed commitments from permanent members U.K. and France to protect international humanitarian law (IHL) and humanitarian access. A new U.S. administration connecting with European resolve could bolster greater global cooperation. After 10 years of unrelenting conflict and impunity, Syrian civilians deserve to have their protection and rights become the focus of the global agenda, and finally to obtain accountability for the countless violations they have suffered.

The following actions are critical to strengthen accountability for violations of international law and enhance access to health care inside Syria:

- The U.N. Security Council and donor governments should elevate humanitarian diplomacy and center Syria strategies and policies around the protection and expansion of humanitarian access in order to ensure aid delivery is needs-based, independent, and depoliticized by all parties to the conflict.
- International donors should increase support to the health sector of the Syria Humanitarian Response Plan and plan specific investments in programs that repair, restore and fortify damaged or destroyed health facilities and the health system, in addition to other civilian infrastructure impacted by such attacks.
- Donor governments should work with the U.N. and NGOs to review and strengthen monitoring of and reporting on attacks on healthcare, including harmonized methodologies and 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 U.N. Secretary-General should broaden the Board of Inquiry's focus beyond the initial seven incidents to 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.



Dr. Taher, a surgeon, examines a patient at Idlib Surgical Hospital which is supported by the IRC. Prior to working here Dr. Taher worked at another hospital in which he was present three times when it was targeted. PHOTO: Khaled Idlbe/IRC

INTRODUCTION

The delivery of health care is vital to the survival and long-term well-being of the Syrian population. The demand for such assistance has grown to an estimated 12 million people.⁸ Health-related needs are heavily driven and aggravated by insufficient access to care, compounded by a decade-long assault on health care by all parties to the conflict. Over the course of the conflict, Syrian nurses, doctors and paramedics have been attacked, detained and disappeared. Hospitals and clinics have been targeted with airstrikes, shelling and bunker-busting bombs. Patients have been caught in crossfire.

Physicians for Human Rights (PHR) has documented 595 attacks on at least 350 health facilities over 10 years.⁹ Failing to stop attacks on medical workers and infrastructure has and will continue to disrupt the delivery of care, resulting in devastating health outcomes for Syrian civilians. Attacks on health have directly impacted on the ability of Syrian civilians to access health care: 49% of those surveyed by the IRC report that they fear accessing health care due to attacks, and health workers surveyed rated attacks on health one of the top challenges to providing health care, second only to lack of availability of medications.

The deliberate targeting of health workers and facilities in Syria has occurred in violation of international humanitarian law (IHL) which

“ *Death is better than living next to a health facility.* ”

- Noor from Maaret Tamsrin.

prohibits parties to the conflict from targeting non-combatants and requires that special measures be taken to prevent harm to civilians and civilian objects. In addition, medical personnel and facilities are awarded even greater protection. Such protection is a foundational principle of the Geneva Conventions, which require that all parties protect and ensure the functionality of medical facilities, transport and personnel; that all parties protect and ensure unbiased treatment for wounded civilians and combatants; and that medical personnel provide impartial care to both civilians and wounded combatants, in accordance with medical ethics.¹⁰ These protections are reinforced in SCR 2286 of 2016, which condemns attacks on health care and demands that member states uphold the protection of health care delivery in armed conflict.

The brutal conduct of 10 years of war in Syria has exposed the tremendous shortcomings of the international community in the protection of health care workers and facilities—and by extension, civilians—during conflict. This failure has set a dangerous precedent in Syria that has ramifications for conflicts across the globe.

⁸ U.N. Office for the Coordination of Humanitarian Affairs, “Syrian Arab Republic Humanitarian Needs and Response at a Glance,” June 2020.

⁹ Physicians for Human Rights, “Illegal Attacks on Health Care in Syria,” last updated February 2020. <https://syriamap.phr.org/#/en/findings>

¹⁰ International Committee of the Red Cross (ICRC), “Respecting and Protecting Health Care in Armed Conflicts and in Situations Not Covered by International Humanitarian Law,” March 2012. <https://www.icrc.org/en/download/file/1056/health-care-law-factsheet-icrc-eng.pdf>

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Attacks on health care: a war strategy with terrible consequences

The regularity of threats to and attacks on health care facilities and providers in Syria reveals a pattern of “deliberate and systematic targeting of hospitals” which demands accountability.¹¹ Today, attacks on health care are a chilling indicator of an imminent intensification of violence in the northwest: a deliberate “strategy of war”¹² to pave the way for ground forces to advance and displace civilians.¹³ Major periods of displacement coincide with attacks on health facilities documented by the IRC and its partners, with nearly two-thirds (60%) of the displaced surveyed by the IRC arriving in their current locations during an uptick in conflict in Idlib between September 2019 and March 2020. Eight in 10 indicated having fled home at least six times during the conflict. One respondent reported having been forced to flee 25 times.

According to the U.N. Commission of Inquiry, “Much of this situation is a result of pro-Government forces systematically targeting medical facilities.”¹⁴ The roots of this cynical pattern of attacks lie in the early days of the

“ There is always the fear that the facility you are in will be targeted. There is a joke that says the armed opposition groups don't build their bases near hospitals because they know that hospitals will be targeted. ”

- Dr. Nabeel, Syria Relief and Development

conflict when “government forces began a concerted targeting campaign on field hospitals” and when non-state armed groups plundered clinics without “precautions to avoid civilian casualties.”¹⁵ The same pattern emerged in military offensives to retake Aleppo, Homs and southern Syria that left towns near the frontlines in ruins and largely depopulated. In October 2016, for example, airstrikes destroyed the SAMS-supported al Sakhour Hospital (known as M10 for security reasons) in besieged eastern Aleppo, killing seven civilians and workers. The hospital had been bombed at least 22 times.¹⁶

¹¹ U.N. Independent International Commission of Inquiry on the Syrian Arab Republic, “Parties to the conflict must act immediately and collectively to bring meaningful respite to civilians in northwest Syria,” Feb. 4, 2020. <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=25520&LangID=E>

¹² Physicians for Human Rights, “Destroying Hospitals to Win the War,” May 2019.

¹³ Amnesty International, “Syrian and Russian forces targeting hospitals as a strategy of war,” March 2016.

¹⁴ U.N. Independent International Commission of Inquiry on the Syrian Arab Republic, “As global pandemic reaches Syria, fighting must stop and urgent steps taken to prevent an even greater tragedy,” March 28, 2020. <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=25755&LangID=E>

¹⁵ Human Rights Council twenty-fourth session, “Human rights situations that require the Council's attention: Assault on medical care in Syria,” Sept. 13, 2013. <https://www.refworld.org/pdfid/523c24704.pdf>

¹⁶ <https://www.sams-usa.net/2017/03/17/meet-abu-rajab/> Physicians for Human Rights, “Illegal Attacks on Health Care in Syria,” last updated February 2020. <https://syriamap.phr.org/#/en/findings>

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In Ghouta, airstrikes pummeled IRC-supported Khan El-Sheikh hospital twice in 2016, killing two patients and two guards. In November 2016, all three remaining IRC-supported medical centers and hospitals in East Aleppo were hit within days, leaving the population without a single functional health facility. The same year, attacks against IRC-supported health facilities occurred in Aleppo, Quneitra, Dara'a and Idlib, killing and maiming dozens of health workers.

Despite their special protection under international law, health facilities have been forced to fortify themselves. Health workers report that facilities are physically reinforced or moved underground whenever possible. As Dr. Hassan of Syrian NGO SEMA indicated, "We apply primitive protective measures like using

sandbags, platforms and cement blocks to protect against the first shock or direct hit. This is externally. Internally, from inside the hospital, we depended on early warning mechanisms." Some local organizations have strengthened safety processes and training, while others have designed mobile medical units or mini-hospitals. Across the north, local health directorates established coordination mechanisms to dispatch early warnings and first responders.

Seven practitioners reported facilities had been set up in unconventional places such as caves, private homes and underground cellars, desperate workarounds to avoid targeted attacks. These measures, and the brave Syrian women and men behind them, have sought to keep health facilities functioning at all costs.

Kiwan Charitable Hospital is a hospital which provided free health services and was supported by the IRC's partner organization, SEMA in north-west Syria. The hospital was subjected to several attacks throughout the conflict and it continued functioning. However in 2019 it was hit by an airstrike that left the hospital so damaged that it was impossible for it to continue functioning. PHOTO: frontlineinfocus



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Martyr Hassan al-Araj Cave Hospital, run by the Syrian NGO UOSSM, was built 50 meters into the earth to protect it from attacks. Despite its subterranean location and participation in the humanitarian notification system, it was subjected to dozens of strikes between 2015 and 2018. The hospital was originally called the Cave Hospital, but was renamed to honor its director, Dr. Hassan al-Araj, who was killed on the hospital doorstep during an attack. He had been advocating in Geneva for protection of this facility and others prior to his death.

Toward the end of 2019, fighting in the northwest escalated further as the Syrian government clashed with non-state armed groups over strategic territory south of the M4 and east of the M5 highways. Throughout this offensive, hospitals were bombed out of service and camps for displaced persons were also struck. Zain, a nurse in Idlib city, was busy treating patients at an ear clinic when sirens rang: “We encouraged people to go home to reduce casualties... 200 meters from me there was a missile. Everyone went down to the basement shelters. When the doors and windows got broken, there was a pediatrician lying on the floor [as a result of the explosion].”

The military offensive in late 2019 into 2020 saw some of the worst displacement and attacks on health care of the entire conflict. Between December 2019 and March 2020, nearly a million civilians were forced to flee their homes—a rate of nearly 11,000 per day. Between April 2019 and February 2020, PHR verified 40 attacks on medical facilities in northern Hama, Idlib and western Aleppo.¹⁷ 2020 brought a fivefold decrease in the total number of attacks compared to 2018 as a fragile ceasefire, brokered in March 2020, largely held and many areas retaken by government forces no longer withstood active hostilities. Nonetheless, any uptick in the relative number of attacks on health care in the northwest foreshadows a new escalation in violence.¹⁸

The IRC’s data underscores just how severe the impact of these attacks on health care have been for Syrian civilians. A majority of civilians surveyed in northwest Syria (59%) report being directly impacted by attacks on health facilities since the war’s onset, 33% have witnessed or experienced an attack, and 25% said a close relative had.

¹⁷ Physicians for Human Rights, “Illegal Attacks on Health Care in Syria,” last updated February 2020. <https://syriamap.phr.org/#/en/findings>

¹⁸ World Health Organization, “In 4 years, 494 attacks on health killed 470 patients and health staff in Syria,” March 2020. <http://www.emro.who.int/syr/syria-news/in-4-years-494-attacks-on-health-killed-470-patients-and-health-staff-in-syria.html#:~:text=The%20total%20death%20toll%20in,2016%20with%20241%20confirmed%20deaths> United Nations, “2019 Humanitarian Needs Overview (HNO): Syrian Arab Republic,” March 2019. <https://hno-syria.org/>.

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Furthermore, 17% of those surveyed by the IRC reported that a family member had been injured or killed during an attack on health and 12% reported that they had been injured themselves. As Sara, a mother from Aleppo, told the IRC: “About four years ago we were under siege in the city of Aleppo and all hospitals and medical centers were bombed at the time—Omar bin Abdul Aziz Hospital, Jerusalem and Zahra maternity hospitals. I had a child in the incubator at Omar bin Abdul Aziz Hospital and both he and my mother died when she was going to see him and check on his condition. We weren’t even able to receive their bodies.”



*Eman hospital in Northwest Syria was targeted by airstrikes in 2019, completely destroying the building and leaving it out of service.
PHOTO: frontlineinfocus*

“ **Three years ago, my sister died in the bombing of the hospital in Millis. She was on her way to the hospital to receive treatment and was struck by a bomb and died.** ”

- Heba from Armanaz, Idlib.

These attacks also take an enormous toll on doctors and other health care workers, who reported that while aerial bombardment was overwhelmingly the most common form of attack they had witnessed (41 reported witnessing airstrikes), they also reported other threats, such as shelling, (11, sometimes accompanied by airstrikes on health facilities), as well as asymmetric attacks, manned assault and snipers (5). The IRC’s partners faced looting and robbery, intimidation by armed groups and threat of arrest. “Once, a vehicle-borne improvised explosive device [VBIED] exploded in the entrance of the emergency room in a hospital I was working in,” recalled Dr. Hassan, a vascular surgeon at the SEMA-run Idlib Surgical Hospital.

This strategy of targeting health care has left a health system that is woefully inadequate to respond to the 12 million in need of health services in the country let alone in the midst of the worst pandemic in a hundred years.

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

“ A barrel bomb was dropped close to the hospital from the side of the operation room while we were performing a surgery. The windows and glassware were broken and our equipment was destroyed. The patient under surgery was injured. We had to leave her and go underground to the basement until things calmed down. We completed the surgery very quickly to save her life. ”

**- Dr. Hassan, SEMA vascular surgeon,
Idlib Surgical Hospital**

A health system left crippled and crumbling

“ There have been big challenges, shortages in medical staff, medical facilities, services, medicines, in addition to displacements and shelling that targeted medical facilities in a systematic manner. ”

**- Dr. Kamel, general surgeon,
Idlib Central Hospital**

The compound effects of years of systematic attacks on health infrastructure has decimated services available to individuals and communities and left Syria's health system struggling to meet the rising needs of 12 million people in need of health assistance. Attacks on health was noted as one of the biggest challenges in providing health care by health workers surveyed by the IRC, second only to a persistent lack of medicines.

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Individuals who require continuous access to treatment and medication suffer especially hard. An estimated 41% of Syria's adult population requires treatment for one or more non-communicable diseases (NCDs), but routine care is impossible for many.¹⁹ Today, 45% of all deaths are linked to NCDs, a 40% rise when compared with 2011 levels. According to the U.N., this increased morbidity rate is related to the "cumulative damage of health and Water and Sanitation (WASH) infrastructure in parts of the country, the lack of qualified personnel, shortages of essential medicines and import restrictions for key supplies and equipment."²⁰

Pregnant women and children also struggle to reach essential care. Dima, a mother from Armanaz, Idlib, told the IRC, "I was giving birth when the hospital I was in was bombed."

Each intensification in violence yields a surge in conflict-related injuries, placing added strain on intensive care units and trauma specialists, while simultaneously obstructing access to care with attacks on first responders and ambulances. The barbaric use of "double tap" strikes, where first responders are hit with a second strike, has become a common feature of the air campaign in Syria.²¹ Within the first two years of the war, nearly 55%²²

“ There are hundreds of patients with chronic conditions—heart disease, diabetes, asthma, high blood pressure, cancer—who need periodic visits to the health centers. After these attacks, many centers were forced to close or to move to a safer area, which affected patients negatively. They had to cross long distances and many patients stopped taking their medications because of their financial conditions and their inability to buy medicines readily. Pregnant women receive no care during pregnancy, such as monitoring the fetus and essential vitamins. This increased the number of children who are born with deformities. ”

- Ghaith, nurse, IRC Health Clinic

of ambulances had been damaged or destroyed. "When under shelling, a hospital can receive about 100 injured individuals and all of them need surgery. Doctors are forced to do surgeries in lounges, hallways, rooms," explained Zaid, a health worker at Idlib Surgical Hospital. IRC found that 24% of civilians surveyed were unable to receive treatment due to an attack on health care.

¹⁹ United Nations, "2020 Humanitarian Needs Overview (HNO): Syrian Arab Republic," June 2020.

²⁰ United Nations, "2020 Humanitarian Needs Overview (HNO): Syrian Arab Republic," June 2020.

²¹ <https://www.economist.com/middle-east-and-africa/2016/09/03/the-ultimate-barbarity>

²² U.N. Office for the Coordination of Humanitarian Affairs, "Syria: Humanitarian Needs Overview," April 2013.

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Even as needs rise, destruction, looting and relocation have led to a loss or deterioration of medical equipment: 45 of 65 administrative districts, home to 90% of the Syrian population, fall below emergency standards for hospital beds.²³ Irregular and insufficient provision of electricity undercuts treatment capacity and effective cold-chain reliant medication and vaccine distribution. Only two-thirds of health facilities in northwest Syria (396 of 577) are currently operational.²⁴ Repairs to health facilities in Aleppo, Hama and Idlib are projected to cost between US\$255 million and US\$312 million.²⁵ In the IRC's surveys, one in four health practitioners (14) reported that they witnessed attacks that left facilities beyond restoration.

The health work force has suffered as well. The U.N. estimates that 70% of the medical workforce has fled the country,

leaving one Syrian doctor for every 10,000 civilians—²⁶ far below the pre-war level (1:661), not to mention U.S. (1:368) and U.K. (1:229) levels.²⁷ Many parts of Syria lack the qualified staff and specialized providers that any population requires, let alone one experiencing large-scale conflict and displacement and now a pandemic.²⁸ 45% of respondent health workers in the northwest noted an absence of specialists and 28% lamented the scarcity of trained physicians, nurses and health staff. When combined, these working conditions are untenable. More than one in six health workers reported working at least 80 hours a week and physicians often rotate through several facilities or serve multiple functions to fill gaps.²⁹ Dr. Kamel, a SAMS general surgeon, estimates he typically works between 60 and 84 hours uninterrupted.

²³ United Nations, "2019 Humanitarian Response Plan (HRP): Syrian Arab Republic," March 2019.

<https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2019-humanitarian-response-plan-january-december-0>

²⁴ World Health Organization and Turkey Hub Health Cluster, "Health Resources Availability Monitoring System (HeRAMS)," September 2020.

²⁵ World Bank Group, "Syria Damage Assessment of selected Selected cities: Aleppo, Hama, Idlib," March 2017. <http://documents1.worldbank.org/curated/en/530541512657033401/pdf/121943-WP-P161647-PUBLIC-Syria-Damage-Assessment.pdf>

²⁶ World Health Organization, "In 4 years, 494 attacks on health killed 470 patients and health staff in Syria," March 2020.

<http://www.emro.who.int/syr/syria-news/in-4-years-494-attacks-on-health-killed-470-patients-and-health-staff-in-syria.html>

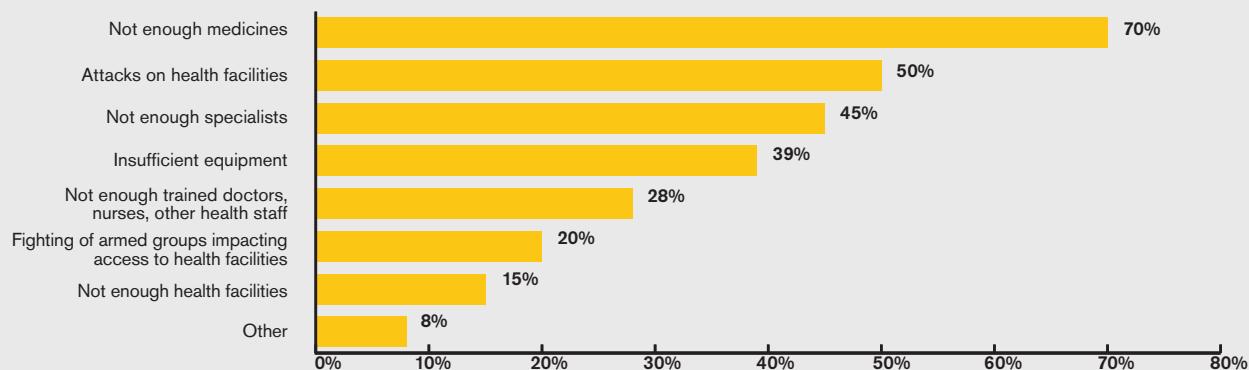
²⁷ The Syrian Centre for Policy Research (SCPR) for the United Nations Relief and Works Agency (UNRWA) and the United Nations Development Program (UNDP), "War on Development: socioeconomic monitoring report of Syria: second quarterly report (April – June 2013)," October 2013. https://www.unrwa.org/sites/default/files/md_syr-rprt_q2fnl_251013.pdf

²⁸ United Nations, "2020 Humanitarian Needs Overview (HNO): Syrian Arab Republic," June 2020.

²⁹ Syria Independent Monitoring Consortium, "Protecting Healthcare in Syria," August 2018. <https://www.gov.uk/research-for-development-outputs/protecting-healthcare-in-syria>

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Biggest Challenges in Providing Healthcare in Northwest Syria According to Health Workers Surveyed



A country that once domestically produced 90% of required medicines³⁰ now faces catastrophic shortages. A persistent lack of medication remains the primary and most pressing concern, according to seven in ten health practitioners surveyed by the IRC. “We have children here who suffered from malnutrition during the years of war,” said Dr. Sameh, who practices at Al Hol camp in northeast Syria. “We try to fulfill their needs, but the high influx of patients at the center is causing a shortage of medicines.” A physician in another area expressed fears of exhausting the center’s critical supply of bandages and sterilized gauze.

Many supplies and medicines reached Syria through U.N.-monitored border crossings with neighboring Jordan (Ramtha crossing), Iraq (Yarubiyah crossing) and Turkey (Bab al-Salam and Bab al-Hawa crossings). Cross-border aid has provided a lifeline for millions of Syrians since these points were authorized

for use by the U.N. in 2014 under Security Council Resolution 2165, the only humanitarian resolution passed by the council during the Syrian war. The Security Council’s non-renewal of the resolution for the Yarubiyah and Bab al-Salam border crossings in 2020 cut off these vital lifelines, significantly reducing the flow of medicines for humanitarian operations in the northeast (leaving NGOs scrambling to fill the gap)³¹ and reducing access to the northwest.

Faced with such constraints, health care workers in Syria have been forced to make difficult decisions daily. Notes Dr. Sameh, an IRC staff member at a clinic in Al Hol Camp, “We don’t stop looking for ways. Even if I could not find anything, maybe I would even use the patient’s own clothes to stop the bleeding, use whatever tool, so that I save his life. Emergency doctors don’t run out of ways to tackle these issues.”

³⁰ U.N. Office for the Coordination of Humanitarian Affairs, “Syria: Humanitarian Needs Overview,” April 2013.

³¹ U.N. Security Council Meetings Coverage, “Avoiding Midnight Deadline, Security Council Extends Authorization of Cross-Border Aid Delivery to Syria, Adopting Resolution 2504 (2020) by Recorded Vote,” Jan. 10, 2020. <https://www.un.org/press/en/2020/sc14074.doc.htm>

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Covid-19 in Syria: a double emergency

The world's strongest health systems were quickly overwhelmed by Covid-19. In Syria, efforts to combat the coronavirus pandemic have been severely hamstrung by the destruction of health care facilities and restrictions on cross-border access. As Covid-19 cases climbed to an alarming 41,406 in January 2021—³² a more than five-fold increase in three months—insufficient testing capacity belies the true scale of the virus' spread and limits capacity for prevention and response.³³ Only three testing laboratories are operational in northwest Syria, and just 162 ventilators and 234 ICU beds across 12 hospitals must provide for a population of four million residents.³⁴ With many clinics rendered out of service by attacks, Dr. Sayed of SAMS explained that some towns "don't have a health center at all," placing added "pressure on health centers and ICUs" elsewhere.

Massive displacement compounds the challenges of the Covid-19 response. IRC

partners in the northern Idlib countryside report a worrying discrepancy between the rate of transmission and the ability to physically distance in overcrowded facilities and camps where 1.6 million Syrians live in IDP sites in the northwest.³⁵

In addition to the constant fear of airstrikes and shelling, health care workers now fear contagion as well. As one nurse in Idlib city told the IRC, "We took a lot of precautions to try to keep the disease away, from screening and triage measures to information campaigns and emergency hotlines. Despite all the precautions taken, the disease has spread." Health care practitioners themselves face heightened risk of exposure and transmission, often due to a lack of personal protective equipment (PPE). In northwest Syria, medical professionals, community health workers and other staff represent 13% of total cases.³⁶

³² U.N. Office for the Coordination of Humanitarian Affairs (OCHA), "Syrian Arab Republic COVID-10 Response Update No. 14," Jan. 12, 2021.

³³ U.N. Office for the Coordination of Humanitarian Affairs (OCHA), "Syrian Arab Republic COVID-10 Response Update No. 11," Oct. 7, 2020.

³⁴ U.N. Office for the Coordination of Humanitarian Affairs (OCHA), "Syrian Arab Republic Recent Developments in Northwest Syria Situation Report No. 24," Jan. 26, 2021.

³⁵ Ibid.

³⁶ Ibid.

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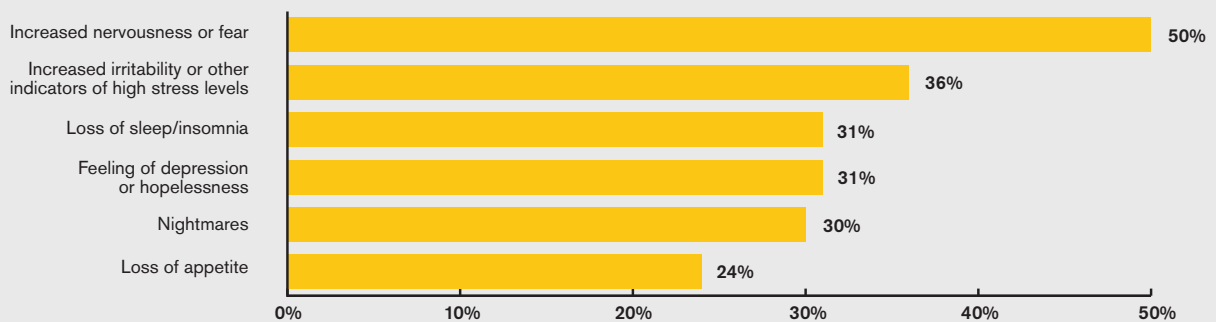
Too afraid to access health care

The IRC’s assessment demonstrates the extent that damage to the health care system has affected the mental health and psychological status of patients and their families. Two-thirds of survey respondents indicated that their well-being has been negatively impacted by attacks on health facilities. “When people see doctors leaving the area,” explained Dr. Hassan of SEMA, “when people see that they don’t have a medical point or a hospital, or that the medical staff is no longer able to perform and is leaving the centers, [it affects the morale and spirit of the community].”

“*My house was bombed while I was pregnant. I suffered from severe bleeding and lost my first child. I was unable to go to the clinic because I was afraid of the bombing.*”

- Layla from Atareb, Aleppo

Impact on Well-being of Civilians Surveyed as Result of Attack(s) on Health Facility



FINDINGS

Half of Syrians surveyed reported feeling increased nervousness or fear as a result of attacks on health care. Over a third (36%) of those surveyed also felt greater irritability or other signs of stress. Nearly a third experienced loss of sleep or insomnia (31%), feelings of depression and hopelessness (31%), and nightmares (30%). One respondent emphasized the lifelong impact of living in proximity to a community hospital: “We were bombed and my whole family suffers from extreme fear when they hear the noise of shelling. My children have mental illness due to fear.” In addition, a majority (56%) feared living near a health facility, with those having been displaced twice as likely to express this sentiment.



Dr. Taher examines a patient at a hospital supported by the IRC in northwest Syria. PHOTO: Khaled Idlibe/IRC

“ I need permanent follow-up because of my health condition, but I am afraid to go to the health facility because of my fear of shelling. ”

- Hanin* from Salqin, Idlib

All of this deters Syrians from seeking preventive care and regular services as well as emergency assistance. Because health facilities were deemed unsafe, nearly half (49%) say they are afraid to seek medical attention. The fear is especially acute among women, 59% of whom voiced apprehension impacting on themselves and their children. Manzur, a psychosocial support worker with UOSSM, told the IRC, “Children have been exposed to moderate to severe psychological trauma that caused bedwetting and nightmares for them, and the ones who witnessed the shelling won’t visit the center again to receive their treatment.”

There is concern that such fear could result in a greater reliance on substandard alternatives to specialist care, such as self-medication, use of improvised homemade treatments, and acceptance of low-quality black-market supplies. Ruba, who lives in Armanaz, Idlib, told the IRC, “The clinic and hospital in our area were bombed several times and so they had to close. We had to resort to going to pharmacies and midwives, as our children had a lot of medical conditions.”

FINDINGS

Medical staff as first responders and targets

In late 2019, Idlib once again faced the continuous bombardment of health facilities. Saleh, a senior nurse at an Idlib city hospital, recalls how staff raced to save the injured in nearby attacks even as their own hospital became a target: “Several hospitals went out of commission because of intensive bombing—among them were Kafr Nabl Hospital, Haas Hospital, Al Ma’arras Hospital and Saraqeb Hospital. The city of Idlib was under enormous pressure... [It] could no longer absorb the volumes of those injured and impacted.”

Idlib Central Hospital, where Saleh worked in 2019, was nearly at capacity when it began receiving casualties. Saleh explains: “We started to put approximately two patients in one bed so that we could absorb the vicious attack that happened at the time.” It was all hands on deck as staff worked extra shifts to triage patients and provide urgent care.

Idlib Central Hospital was affected by hostilities when surrounding areas were bombed on several occasions. “The area was bombed approximately four to five times, and the attacks were nearly focused on us [the hospital]. But, by the grace of God, we resumed work and we renovated the hospital. The hospital remained in operation and never, never went out of commission; it continued to provide services, despite the bombing and the damages.” At one point, “damage occurred in the main section and debris covered the area completely until we could no longer see ourselves.

“The aircraft returned again and bombed intensively, targeting the generators. There was one generator that went out of service, so they ran the second generator, and the power continued to run at the hospital. This all happened in a very short period of time. The aircraft left and returned again and bombed the operations building as if the shelling was centered on our hospital that day.

“The work of the medical staff under shelling and aerial bombardment cannot be overstated. You have two options: either leave the patient behind or treat them while the planes are above you... So, most people chose to treat the patient and remained treating them and continued to provide medical services to patients.

“What we have been through has wholly affected our psyches. When you see your brother or your friend or son with their hand cut off or their leg cut off... this is a situation no mind would accept. But with the resilience of the medical staff and the resilience of those managing the work, with God’s support, the hospital remained in operation, providing these extraordinary services.”

Saleh now works with SEMA at Idlib Surgical Hospital. He is one of dozens of health care practitioners at SEMA, with whom the IRC partners to save lives each day. SEMA supports Idlib’s Surgical Hospital, which serves an area of 1.2 million with major and minor surgeries, medical tests, x-ray scanning, labor and delivery care, and a blood bank. It provided assistance to 145,000 patients in 2020.

FINDINGS

The high cost of care: the impact of attacks on Syrian medical personnel

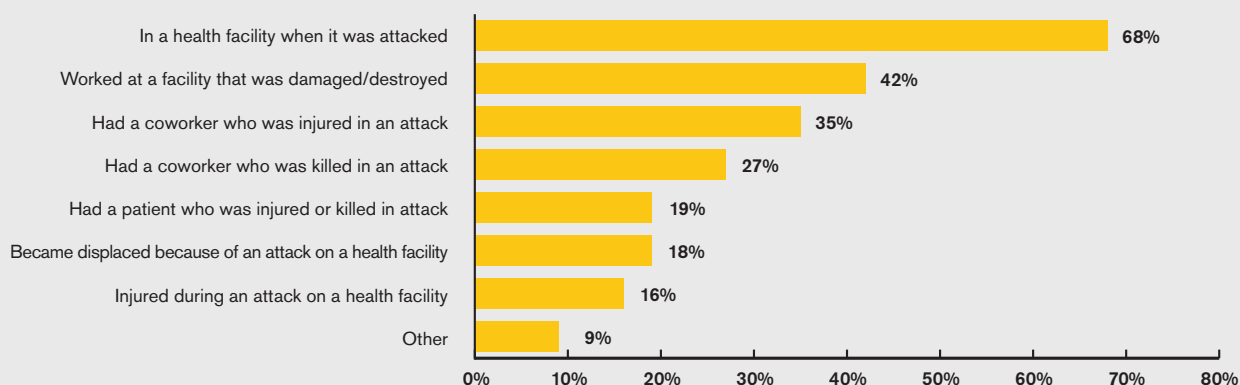
For Syrian health practitioners, attacks have become a haunting feature of their professional lives. A staggering eight out of ten surveyed by the IRC have witnessed attacks on health care, with four being the average number witnessed while some have experienced as many as 20. Physicians for Human Rights estimates that some 923 medical personnel were killed in Syria between the start of the conflict in March 2011 and March 2020.³⁷ Among health care workers surveyed for this report, almost half (43%) know colleagues who were injured or killed in attacks. Syria was the deadliest place to be an aid worker in 2019.³⁸ In one incident, on Aug. 14, 2019, six strikes from a fighter jet destroyed a well-marked SAMS ambulance

“ I know that I survived once, but I don't know if I will survive again. I don't know. ”

- Dr. Hassan, SEMA

on its way to a patient in Ma'aret Humeih, a small town in southern Idlib: explosions killed 29-year-old paramedic Hussni Mishnen, 34-year-old driver Fadi Alomar and a rescue worker who came to their aid.³⁹ Multiple strikes are common: the Hama Ambulance Network was attacked three times in different locations as several IRC-supported health programs in Kafr Nobol were targeted over a four-month period.⁴⁰

Experience of Attacks on Health Workers as reported by Health Workers



³⁷ Physicians for Human Rights, "Illegal Attacks on Health Care in Syria," last updated February 2020. <https://syriamap.phr.org/#/en/findings>

³⁸ Aid Worker Security Database, "Aid Worker Security Report Figures at a Glance," July 2020. <https://aidworkersecurity.org/incidents>

³⁹ David Miliband at the World Economic Forum, "Welcome to the age of impunity," Jan. 24, 2020. <https://www.rescue.org/press-release/welcome-age-impunity-david-milibands-world-economic-forum-speech>

⁴⁰ Syrian American Medical Society, "Two SAMS paramedics killed in airstrikes in northwest Syria," Aug. 14, 2019. <https://reliefweb.int/report-syrian-arab-republic/two-sams-paramedics-killed-airstrikes-northwest-syria> Office of the United Nations High Commissioner for Human Rights (OHCHR) Human Rights Council, "Independent International Commission of Inquiry on the Syrian Arab Republic: Mandate." <https://www.ohchr.org/EN/HRBodies/HRC/IICISyria/Pages/ColMandate.aspx>

FINDINGS

The climate of fear and trauma takes a toll: 62 health professionals (84% of those surveyed) reported that attacks on health care affected them directly, or their team or their patients; two thirds of these professionals were inside a facility during an attack; 55 health workers (74%) indicated that attacks on health have negatively impacted their well-being. Nurses and physicians report feeling increased nervousness and fear, with 31 (42% of respondents) suffering loss of sleep or insomnia, 21 citing nightmares.

Without support, health workers' heightened exposure to the psychological trauma associated with attacks on health care and the high risk of personal injury could have longer-term consequences on their mental and physical health. Zain, a women's ward nurse explained: "A lot of times, when we would receive injured patients—amputees, this one lost his sight, that one lost his son, corpses—it affected me a lot. When we hear anyone passing, such as in a motorcycle, or in any vehicle, we think: now the shelling will start, now we will lose someone, now we will get buried underground."



A nurse at Idlib Surgical Hospital helps ten-year-old Heba who suffers from fibrosis in her bones onto a wheeled stretcher. PHOTO: Khaled Idlbe/IRC

health workers so that they can do their jobs safely and ensure that they are provided with the psychological, as well as material, support they need. Most importantly, targeting health care as a tactic of war must stop, and perpetrators must be held accountable for the many violations that have occurred in the Syrian conflict.

A DECADE OF IMPUNITY

Over the years, the widespread disregard for international humanitarian law in the Syria conflict has been painstakingly documented by civil society, human rights groups and international bodies. For example, in 2011 the Human Rights Council established the Independent International Commission of Inquiry on the Syrian Arab Republic to investigate alleged violations of international human rights law and, “where possible, to identify those responsible.”⁴¹ In 2016, the U.N. General Assembly created the International, Impartial and Independent Mechanism (IIIM) to gather evidence of abuses for future prosecutions. While the IIIM continues its work, it has suffered from a lack of financial support that would allow it to robustly exercise its mandate.⁴²

The U.N. also established the Humanitarian Notification System in Support of Access and Protection in Syria to strengthen adherence to IHL in relation to humanitarian access and civilian protection. The system, also referred to as “deconfliction,” is managed by the U.N. Office for the Coordination of Humanitarian

“ **Before we had hope that the situation would improve. Now everyone’s main concern is getting out of this situation safely. And most of the doctors I know think like that, because the situation, honestly, is hopeless.** ”

- Dr. Sayed, general surgeon, Idlib

Affairs (OCHA), which informs parties to armed conflict of the location of civilian objects that fulfill a humanitarian function, to the location of civilian infrastructure, and to movements of humanitarian staff and consignments, including health facilities. The identification of these sites and movements was meant to afford an extra level of security against attacks.⁴³ However, belligerents have abused the system to make easy targets out of hospitals and health workers⁴⁴ and in June 2020 Russia informed the U.N. that it would no longer participate in the notification system.

⁴¹ Office of the United Nations High Commissioner for Human Rights (OHCHR) Human Rights Council, “Independent International Commission of Inquiry on the Syrian Arab Republic: Mandate.” <https://www.ohchr.org/EN/HRBodies/HRC/IICISyria/Pages/ColMandate.aspx>.

⁴² Report of the International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Persons Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011, published August 2020. <https://undocs.org/en/A/75/311>

⁴³ U.N. Office for the Coordination of Humanitarian Affairs (OCHA), “Standard operating procedures for humanitarian actors on the notification process in Syria,” April 2020. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarian_notification_-_syria_-_sop.pdf

⁴⁴ Kelly Razzouk, (#POC20): “As U.N.’s First Protection of Civilians Resolution Turns 20, International Humanitarian Law Is More Than Ever Under Threat,” September 2019. UNSG Statement establishing the Board of Inquiry: <https://www.un.org/sg/en/content/sg/statement/2019-09-13/statement-attributable-the-spokesperson-for-the-secretary-general-un-board-of-inquiry-northwest-syria> David Miliband at the World Economic Forum, “Welcome to the age of impunity,” Jan. 24, 2020. <https://www.rescue.org/press-release/welcome-age-impunity-david-milibands-world-economic-forum-speech>

A DECADE OF IMPUNITY

In response to a series of attacks on deconflicted facilities the U.N. Secretary-General eventually opened a limited inquiry into seven attacks in northwest Syria in September 2019 with the establishment of a Board of Inquiry.⁴⁵ Health organizations and the wider humanitarian community's hopes of expanding the inquiry were dashed when the board's focus was limited to incidents involving sites which were both U.N.-supported and registered with the humanitarian notification system. In declining to make its full findings public or conclusively attribute responsibility for the attacks, a key opportunity for accountability was lost. In response to pressure to deliver on the board recommendations, a new Independent Senior Advisory Panel on humanitarian deconfliction in Syria has been created to deliver on one element needed to protect health facilities in Syria. However, the weaknesses of deconfliction and the continued attacks on health facilities and other civilian infrastructure is not due to a technical problem, but rather an inability to hold parties to the conflict accountable, requiring diplomatic solutions.

Unless accompanied by U.N. Security Council enforcement and comprehensive investigation of all abuses, any progress by the body is likely to stall.

To date, the international community has proven unable to hold responsible parties accountable for abuses committed during the conflict. Russia and China continue to flex their power at the U.N. Security Council, while states that were previously champions of human rights and civilian protection have retreated from this role, further undermining diplomatic efforts.

This paralysis foreshadows a grim "Age of Impunity,"⁴⁶ allowing the unabated and unchecked suffering of millions of Syrians on an industrial scale. If left unaddressed, attacks on health care in Syria risk setting a precedent for militaries, militias and mercenaries everywhere, corroding the very foundations of international law.

⁴⁵ UNSG Statement establishing the Board of Inquiry: <https://www.un.org/sg/en/content/sg/statement/2019-09-13/statement-attributable-the-spokesperson-for-the-secretary-general-un-board-of-inquiry-northwest-syria> David Miliband at the World Economic Forum, "Welcome to the age of impunity," Jan. 24, 2020. <https://www.rescue.org/press-release/welcome-age-impunity-david-milibands-world-economic-forum-speech>

⁴⁶ David Miliband at the World Economic Forum, "Welcome to the age of impunity," Jan. 24, 2020. <https://www.rescue.org/press-release/welcome-age-impunity-david-milibands-world-economic-forum-speech>

RECOMMENDATIONS

As Syria marks ten years of war, the international community should reaffirm the importance of adherence to international humanitarian law and redouble diplomatic efforts. The complete and continuous devastation of the healthcare system nationwide, the shrinking space for humanitarian response, and the failure to secure a long-term political solution to the conflict means that women, children and men across the country will face the effects of attacks on healthcare for years to come. Protecting and expanding access to health and humanitarian services should be prioritized to

ensure that Syrians achieve the right to health and well-being. Justice and accountability for violations of international law are crucial to redressing the wrongs compounded over a decade of war in Syria and signaling that such abuses will not be tolerated elsewhere in the world. It is vital that the international community use the opportunity of upcoming milestones, particularly the European Union's fifth Brussels Conference on "Supporting the future of Syria and the region" as a watershed moment for setting a new course of action on the crisis in Syria that puts humanitarian considerations and civilian protection at the center.

Surgeons at work at Idlib Surgical Hospital, a hospital supported by the IRC and run by SEMA in northwest Syria. PHOTO: Khaled Idlibe/IRC





A nurse at work in the Idlib Surgical Hospital, a hospital supported by the IRC and run by SEMA. PHOTO: Khaled Idlibe/IRC

RECOMMENDATIONS

1. Increased humanitarian access

To ensure a principled approach to aid delivery in Syria, humanitarian access to all populations in need remains vital. With 40% of the Syrian population residing in non-government controlled areas and some 3 million in need of aid in the northwest alone, there is no alternative to the cross-border mechanism to reach these populations at this time. Beyond general healthcare for the population, the Covid-19 pandemic has demonstrated how crucial cross-border access remains, since an effective and equitable Covid-19 vaccination campaign is needed for all Syrians. To ensure access remains a priority:

- The U.N. Security Council and donor governments should elevate humanitarian diplomacy and center Syria strategies and policies around the protection and expansion of humanitarian access in order to ensure aid delivery is needs-based, independent, and depoliticized by all parties to the conflict.
- The U.N. Security Council should preserve and expand humanitarian access through cross-line and cross-border modalities, in order to reach all populations in need across Syria. This includes:
 - A renewal of UNSCR 2533 in July 2021 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 to ensure aid reaches populations in need in both the northwest and northeast by the most direct routes.
- The U.N. Security Council should work with key stakeholders, including donors, the Government of Syria, and U.N. agencies to ensure barriers to implementation are removed for humanitarian actors and improve capacities to monitor and report on cross-line and cross border access gaps and constraints.

RECOMMENDATIONS

2. Provision of healthcare

Drawing on lessons in previous phases of the conflict, enhancing the reach of the health response and its ability to mitigate the impact of attacks will save lives. The pressure to get more health centers back online has only grown with the Covid-19 pandemic. In addition to meeting growing needs in the northwest, those of the northeast must be addressed given its exclusion from the global response and loss of funding from the UN and the Syria Cross-border Humanitarian Fund (SCHF). To ensure healthcare provision remains a priority:

- The U.N. and international donors should develop plans in collaboration with COVAX for financing an effective Coronavirus vaccine campaign that will reach all those in need across Syria and fill immediate gaps in supplies and medications facing the pandemic response.
- International donors should continue and expand their support to partners to develop risk reduction strategies, early warning systems, safety trainings, and duty of care funds for staff protection.
- International donors and humanitarian and development partners should build specific considerations for victims of attacks on healthcare including the integration of mental health and psychosocial support (MHPSS) into ongoing relief programs as well as strengthening of referral pathways for those victims of attacks. Coordination should be improved across health actors to manage and ensure services continuity due to attacks.
- As part of the upcoming EU Brussels V Syria pledging conference:
 - International donors should increase support to the Health sector of the Syria Humanitarian Response Plan (HRP) through increased, flexible, multi-year funding that covers population needs in both the short and long-term.
 - International donors should plan specific investments in programs that repair, restore and fortify damaged or destroyed health facilities, in addition to other civilian infrastructure impacted by such attacks.
 - The EU should work with the U.N. and international donors on establishing funding processes for humanitarian NGOs in northeast Syria who lost eligibility for U.N. bilateral and pooled funding with the loss of Yarubiyah border crossing.

RECOMMENDATIONS

3. Monitoring and reporting

Bolstering oversight of attacks on healthcare will strengthen accountability.

- Donor governments should work with the U.N. and NGOs to review and strengthen monitoring of and reporting on attacks on healthcare, including harmonized methodologies and 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.
- Senior international donor representatives and UN leadership should conduct regular visits to health facilities inside Syria, including in the northwest, to monitor and respond to attacks and their wide-ranging impacts on communities. Donors should also ensure they allocate funding specifically dedicated to documenting and reporting the scale and impact of those attacks.
- 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.

A lab technician analyzes a blood test at Idlib Surgical Hospital, a hospital in northwest Syria supported by the IRC through our partner organization SEMA. PHOTO: Khaled Idlibe/IRC



RECOMMENDATIONS

4. 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 convene at the ministerial level to review recent Commission of Inquiry (Col) and Syria Board of Inquiry (BoI) findings and receive a comprehensive briefing on the humanitarian and human rights situation in Syria on an annual basis, at minimum, as long as conflict persists.
- The U.N. Security Council should include explicit calls for the protection of health workers in forthcoming UN resolutions and official discussions, including those pertaining to Covid-19. This should be informed by regular meetings between UNSC members and Syrian NGOs to hear their firsthand accounts of the situation.
- The U.N. Secretary-General should ensure that accountability mechanisms established outside of the Security Council's purview (e.g., Col, IIIM, and the BoI) do not operate in silos, but rather relate to and build off one another in order to maximize impact. To this end, the U.N. Secretary-General should:
 - Broaden the BoI's focus beyond the initial seven incidents to 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.
 - Ensure the BoI takes into account the findings of the Col and IIIM to inform investigations, analysis, and findings and that its own activities contribute to efforts by the IIIM to collect and analyze evidence identifying specific perpetrators that could support future prosecutions.
 - Institutionalize the BoI's Independent Advisory Panel as a permanent body rather than its current time-bound mandate and expand its purview beyond a technical focus on deconfliction.
 - The Panel should provide recommendations to OCHA on how to improve deconfliction and hold perpetrators accountable.
 - The Panel should recommend a new U.N. Security Council resolution that mandates adherence to deconfliction arrangements in Syria for all parties to the conflict and the Panel should be empowered to speak out about attacks on healthcare and other civilian targets.

RECOMMENDATIONS

4. Accountability Continued

- The EU and other international actors should offer political backing and operational support to U.N.-led accountability initiatives and investigations and complementary actions to promote IHL.
 - The EU and its Member States should fully implement the mandate of the EU Special Representative for Human Rights to promote compliance with IHL or establish a dedicated EU Special Representative for IHL.
 - 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.

METHODOLOGY

The findings in this report are based on a mixed methods approach using a combination of qualitative and quantitative data gathered by the IRC and its Syrian partner organizations in December 2020. We spoke to Syrian health workers and members of the communities they serve across towns and villages in 12 sub-districts (in eight districts) of Aleppo and Idlib governorates where IRC supports health and social services. An additional three interviews with health workers in Hassakeh governorate in northeast Syria are included in the report to expand on another dimension of the IRC's area of operations without reflecting broader trends in this region. Both governorates combined were treated as a single population yielding a sample of 271. The sampling approach was limited by the pandemic, access to populations beyond the IRC's and participating partners' areas of operation, and the time allocated for data collection. Due to the further deterioration and spread of Covid-19 cases among health practitioners and patients during the data collection stage, the IRC prioritized immediate life-saving activities and suspended the data collection after surveying 237 participants in order to protect the health and safety of its staff, partners, and respondents.

We surveyed clients and patients who had sought health care in the IRC and partner's supported health facilities in 26 communities

across the 12 sub-districts in the Aleppo and Idlib governorates and with people who agreed to further interviews on the topic during the protection monitoring activities. Simple random sampling was applied to select patients exiting the facilities and participants in the protection monitoring surveys. Healthcare workers from a subset of facilities were asked to complete a questionnaire, resulting in the following sample:

- 237 individual questionnaires completed with clients (28% men and 72% women) who had sought health care or been affected by its provision in some manner;
- 74 individual questionnaires completed with health workers (physicians, nurses, community health workers, midwives, technicians and others), 22 in two sub-districts of Aleppo governorate and 52 in two sub-districts of Idlib governorate, with equal gender breakdown per governorate (27 workers had over 10 years of experience in the sector).

In addition in depth, semi-structured interviews were conducted with 13 health workers (including surgeons, nurses psychosocial support workers and others) from five Syrian health organizations affected by attacks to collect anecdotes and reflections from their personal experiences.



Ahmad, seven years old, is in Idlib Surgical Hospital undergoing a surgery. PHOTO: Khaled Idlibe/IRC*

METHODOLOGY

Informed consent was obtained before administering questionnaires and prior to conducting key informant interviews. Locations and participants for the assessment were selected based on availability: the IRC and its Syrian partner organizations' ability to operate in nongovernment-controlled parts of northwest Syria and the availability of the health workers to respond to questions – the latter has limited the inclusion of all supported facilities and therefore only a subset was included in this assessment. The IRC's approach to data collection was shaped by Covid-19 precautions, and took advantage of existing interactions with potential respondents to minimize physical contact with the broader population. Monitoring and protection teams embedded the questionnaire in systematic exit interviews at IRC-supported health facilities

and conducted outreach to additional populations during protection monitoring surveys conducted at their homes. The higher proportion of female respondents is attributed to the higher proportion of women seeking health services generally as well as participating in exit interviews after seeking reproductive health services. These factors may have introduced bias into the collected responses.

While populations across the country have been affected by attacks in varying ways, the conclusions outlined in this report are based on the direct experiences of health workers and recipients of health care in selected areas of northwest Syria. In addition, the IRC drew upon the tracking of attacks conducted by its partners and program teams for further analysis.

METHODOLOGY

The IRC relies upon the following definitions throughout the report:

- **Health care:** Prevention, diagnosis, treatment or control of diseases, injuries or disabilities, as well as measures ensuring the health of mothers and young children. The term also encompasses activities that ensure or provide support for the wounded and sick to access health care services, such as the administration of health care facilities⁴⁷ as well as outreach activities including community health interventions, mobile medical units and medevac and escort of injuries.
- **Health worker:** Any individual engaged in provision of health services (i.e., not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people.⁴⁸
- **Attack on health care:** Any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access and delivery of curative and/or preventive health services.⁴⁹ This applies to facilities, providers and programs involving health services.⁵⁰
- **IRC-supported program or facility:** Any physical site or activity pertaining to health service delivery in which the IRC has provided material and/or technical support e.g., funds, training, equipment).
- **Northwest Syria:** conflict-affected portions of Aleppo and Idlib governorates controlled by non state armed groups.

⁴⁷ International Committee of the Red Cross (ICRC), "Health Care in Danger: The responsibilities of health-care personnel working in armed conflicts and other emergencies," August 2012. <https://www.icrc.org/en/doc/assets/files/publications/icrc-002-4104.pdf>

⁴⁸ World Health Organization, (Regional Office for Europe), "A glossary of technical terms on the economics and finance of health services," 1998. http://www.euro.who.int/__data/assets/pdf_file/0014/102173/E69927.pdf

⁴⁹ World Health Organization, "Attacks on Health Care: Surveillance System for Attacks on Health Care (SSA) Methodology Version 1.0," December 2018. <https://www.who.int/emergencies/attacks-on-health-care/SSA-methodology-6February2018.pdf?ua=1#:~:text=WHO%20defines%20an%20attack%20as,and%20for%20preventive%20health%20services>.

⁵⁰ Physicians for Human Rights and others rely on differing parameters for what constitutes an attack.

The International Rescue Committee (IRC) helps people affected by humanitarian crises to survive, recover and rebuild their lives. We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls. Founded in 1933 at the call of Albert Einstein, we now work in over 40 crisis-affected countries as well as communities throughout Europe and the Americas.

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