After eleven years of conflict, there is an alarming prevalence of war-related and other injuries and disabilities. Persons with injuries and disabilities require physical rehabilitation services that offer a continuum of care: starting in the immediate aftermath of an injury or surgery, and continuing to full social and economic integration into society. Moreover, the mental health consequences of war-related violence and trauma-related psychological processes require funding for an urgent expansion of services as part of a long-term strategy for mental health and psychosocial support (MHPSS) within the Syrian crisis response.

Health care was already an underfunded sector in the Syria humanitarian response before the outbreak of COVID-19. Only a third of the required health funding was received in 2021. A review of funding for non-COVID specific health activities in Syria and neighbouring countries is urgently needed to ensure adequate provision of services, including those necessary to contain the effects of COVID-19. This includes scaling up the provision of equipment and consumables, capacity building and training, increased inclusion of vulnerable groups and support for running costs and rehabilitation of health facilities.

Urgent Concerns

Health Care and Health Needs

- Inside Syria, the destruction of hospitals and health care facilities and a lack of medical personnel has deprived millions of people of access to basic health care; nearly half of health facilities are not fully functional.
- Non-communicable diseases – cardiovascular diseases, injuries, cancer and diabetes, amongst others – and epidemic-prone diseases are the most common causes of morbidity in Syria. 45 per cent of all deaths in Syria are estimated to be related to non-communicable diseases (NCDs) – a 40 per cent increase when compared with 2011 rates.
- Gaps in non-emergency care can lead to long-term disabilities, such as when untreated diabetes results in an amputation or when complications at birth lead to cerebral palsy.
- Even before the emergence of COVID-19, many parts of the country struggled to deal with outbreaks of tuberculosis and H1N1. As of December 2021, there have been nearly 200,000 COVID-19 cases and 6,666 recorded deaths. However, this is considered to be the tip of the iceberg. Syria’s fractured health care system is barely functional and is unable to respond to COVID-19 and, as of December 2021, only 2.9% of Syria’s population has been vaccinated.
- Due to the capacity of explosive weapons to cause mass casualties, hospitals can be overwhelmed by the sudden influx of severely injured patients. This, in combination with insufficient blood supplies, forces hospital staff to focus all their attention on saving lives by performing surgeries outside of their specialisation and by applying aggressive methods, such as amputation, to injuries that could have been treated more conservatively in peacetime.
- A recent UN study found that nearly a third (30%) of Syrians aged 12 and up have disabilities - double the global average of 15%. Further over a third (37%) of Internally Displaced Persons (IDPs) aged 12 and up and 40% of heads of households, have disabilities.
- In 2021 the funding appeal for the health sector (excluding COVID-19) only met just over a third of required funds - a similar level to 2020 - and down from 40.5% and 38.7% in 2018 and 2019.

Vulnerable Populations

In general:
- Vulnerabilities associated with gender, age, and disability, have increased due to the crisis: children under five, adolescent girls and women of reproductive age, persons with disabilities and people at high risk of complications from chronic diseases, particularly the elderly, remain the most vulnerable population groups.

5. Ibid.
in need of health services.

- Over 600,000 children under the age of five are chronically malnourished, increasing the risk of preventable morbidity and mortality. Maternal malnutrition remains a concern and in some areas of Idleb this rate could be as high as 40%. One in three pregnant and lactating women is anaemic, leading to poor intrauterine growth, high-risk pregnancies, and childbirth complications.9
- Pregnant women and newborns who have no access to life-saving obstetric care or essential reproductive health care, and patients with untreated chronic diseases are at risk of death or permanent impairment.
- Children who are not vaccinated face high risks of contracting infectious diseases.

COVID-19:

- People living in displacement are especially vulnerable. They often live in cramped conditions and do not have sufficient access to water, soap and other hygiene materials, making it impossible to abide by WHO-advvised preventive measures.
- Persons with disabilities are at increased risk due to the need for close contact with personal assistants and caregivers, increased risk of infection and complications due to underlying health conditions and socio-economic inequalities, including poor access to health care.10 These risks are compounded by numerous barriers to emergency preparedness due to displacement and drastic changes in living conditions, such as inaccessibility of contingency planning, lack of access to public health and protection messaging, risks of increased stigma on the basis of disability; inaccessibility of sanitation infrastructure; discriminatory health workforce and systems, lack of protection and social support mechanisms.

Mental Health

- 27% of households report signs of psychological distress in boys and girls, and are highest in children who experience displacement (31%) or have returned to areas of origin (30%).11
- In 2020, three-quarters of people with mental health conditions received no treatment at all, with COVID-19 further aggravating the situation.12
- While the available data demonstrates a high need for mental health support, more comprehensive qualitative and quantitative assessments of psychosocial and mental health needs, coping strategies, and the prevalence of mental health diseases are vital.
- After eleven years of conflict, attacks on health workers and centres, and a brain drain among health professionals, there is an even bigger lack of specialised psychological, psychiatric and psychotropic services. For example, in 2019, there were just two psychiatrists in northwest Syria for a population of around three million people.13
- Non-specialised local staff working in psychosocial support lack access to capacity building through validated curricula and special tools for online training.
- There are insufficient resources available to offer specialised treatment to children affected by exposure to violence, loss, grief and other traumatising experiences and to strengthen parenting and caregiving skills in this regard.
- A Psychological First Aid emergency approach alone cannot meet the needs of a protracted crisis and other specificities of the Syrian context.
- There is an increased demand for context sensitive, integrated, multi-level and multi-disciplinary community-based MHPSS interventions which can address basic needs and daily stressors, as well as past (potentially traumatic) experiences.

Physical Rehabilitation

- The protracted crisis and, to a much smaller degree, mitigation and prevention measures related to COVID-19 have eroded and overburdened an already inadequate health system which was unable to address injury and disability-related needs. Before the crisis prosthetics and orthotics (P&O) services for civilians were largely unavailable and the number of physical rehabilitation professionals was inadequate to meet the needs. The situation has worsened because many health providers have fled. For example, patients with complex injuries like polytrauma are often seen by medical specialists without having access to rehabilitation services and/or only see a physiotherapist, while physiotherapists are not trained to treat such cases.
- Although humanitarian actors have stepped in to respond, the health needs exceed their financial capacity and level of access to provide services to all vulnerable populations.
- In response to the lack of qualified rehabilitation professionals, some aid workers have acquired the technical skills that are essential to the delivery of physical rehabilitation services. If they are unable to continue their work due to changing areas of control and access constraints, this will result in a loss of human capital that will widen the gap in service delivery to the population.
- At country level, there is insufficient reliable data to assess the exact scope of the physical rehabilitation needs, conflict-related or not, and prepare for an adequate response.

Recommendations

To parties to the conflict:

- Encourage local authorities to rapidly register, and generally create an enabling environment for humanitarian organisations engaged in providing health services, including mental health care, rehabilitation, and prosthetics and orthotics services; as well as ensuring protection of health care workers.

To donors and UN agencies:

- Increase funding for the health sector and tackle funding gaps to ensure increased access to and continuity of health care in Syria is prioritised;

- Scale up funding for the COVID-19 response and show flexibility when it comes to program extensions and supporting essential staffing costs when organisations need to suspend non-essential activities;

- Ensure that persons with disabilities and other vulnerable groups, such as displaced persons, have access to COVID-19 related healthcare, including vaccination services;

- Ensure sanctions and counter-terrorism measures do not impede the delivery of humanitarian aid, in particular those affecting financial transfers to Syria and the supply of drugs and medical equipment;

- Prioritise the inclusion of mental health and psychosocial support in the humanitarian response in Syria and neighbouring countries;

- Provide funding for long-term projects that address the mental health consequences of war-related violence, loss, grief and other trauma-related psychological processes;

- Provide funding for programs that focus on the specific needs of children who were exposed to war-related violence, loss, grief and other trauma-related psychological processes, and on strengthening related parenting and caregiving skills;

- Provide multi-year project funding to prevent gaps or breaks in services for people injured and persons with disabilities, including funding to develop the technical capacity of non-specialised actors to and maintain standards of quality in relation to physical rehabilitation;

- Encourage links between all actors in charge of the health sector on one side, and international bodies, including INGOs, on the other side, to support the integration of physical rehabilitation as part of a key package of primary health care services;

- Encourage links between all actors in charge of the education sector and international bodies, including INGOs, that are specialised in rehabilitation to update curricula and training packages for physiotherapists, prosthetists and orthotists (P&O) in order to meet population needs and facilitate bringing para-professionals into a more formalised structure to ensure patient safety;

- Fund more data collection which covers all geographical areas of Syria and analyse barriers and solutions to accessing services, beyond only health care, for persons with injuries and disabilities;

- Add a weighting for disability inclusion when screening project proposals and set expectations for project proposals to demonstrate disability inclusive design, including participatory needs assessments, disability disaggregated data and indicators to measure specific inclusion-related achievements;

- Promote the integration of the needs of persons with disabilities to the response across all sectors, to avoid segregation or patchy access to services.