

Health Care, Mental Health and a Comprehensive Approach to Physical Rehabilitation

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.⁽¹⁾ 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**.⁽²⁾
- 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.⁽³⁾

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.⁽⁴⁾ 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.⁽⁵⁾
- 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.⁽⁶⁾
- 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.⁽⁷⁾
- 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.⁽⁸⁾

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**

1. UN OCHA Financial Tracking Service, HRP 2021', <https://fts.unocha.org/appeals/1044/summary>.

2. WHO, 'HeRAMS Bi-Annual Report - Public Hospitals in the Syrian Arab Republic', January - June 2020, <https://applications.emro.who.int/docs/syr/EMRLIBSYR257E-eng.pdf?ua=1>.

3. WHO, 'Emergency Appeal March 2021', <https://reliefweb.int/sites/reliefweb.int/files/resources/2021-whole-of-syria-appeal.pdf>.

4. Security Council Report, 'Syria: Briefing and Consultations on Humanitarian and Political Developments', <https://www.securitycouncilreport.org/whatsinblue/2021/12/syria-briefing-and-consultations-on-humanitarian-and-political-developments.php>.

5. Ibid.

6. Humanity & Inclusion, 2019, 'The Waiting List - Addressing the immediate and long-term needs of victims of explosive weapons in Syria'.

7. Humanitarian Needs Assessment Programme (HNAP), 'Syria Disability Prevalence and Impact - Summer 2021 Report Series', and 'Disability and Displacement in Syria 2021 IDP Report Series' 2021.

8. UN OCHA Financial Tracking Service, HRP 2021, 2020, 2019, 2018, <https://fts.unocha.org/appeals/1044/summary>.

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 Idlib 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-advised 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.

9. UN OCHA, '2020 Humanitarian Response Plan Syrian Arab Republic', <https://reliefweb.int/sites/reliefweb.int/files/resources/Syrian%20Arab%20Republic%20-%20Humanitarian%20Response%20Plan%20%28December%202020%29.pdf>.

10. World Economic Forum, 'Coronavirus: A pandemic in the age of inequality', 2020

11. UN OCHA, 'Humanitarian Needs Overview Syrian Arab Republic', March 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/syria_2021_humanitarian_needs_overview.pdf.

12. WHO, 'Syria: WHO-supported mobile teams deliver mental health care in Syria', 14 October 2020, <https://www.who.int/news-room/feature-stories/detail/syria-who-supported-mobile-teams-deliver-mental-health-care-in-syria>.

13. WHO, '2 psychiatrists for more than 3 million people', 13 September 2019, <https://www.who.int/news-room/feature-stories/detail/2-psychiatrists-for-almost-4-million-people>.

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.



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