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

**Health care** was already an **underfunded** sector in the Syrian response before the outbreak of **COVID-19**. 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 that are 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, where necessary and feasible, support for running costs and **rehabilitation** of **health facilities**.

After nine years of crisis, 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.

# Urgent Concerns

## Health Care and Health Needs

- Inside Syria, the **destruction of hospitals and health care** facilities has deprived millions of people of access to basic health care**; 46% of health facilities are not fully functional.**[1]

- In 2018, **41%** of the population **required treatment for non-communicable diseases.**[2] **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, for example, **tuberculosis** and **H1N1.** As of April 2020 **tens of cases of COVID-19** were officially registered, while there are several reports [3] about people with severe symptoms that were not tested and are not included in the official numbers. Syria's **fractured health care system** is barely functional and could completely **collapse** if there is a COVID-19 outbreak.

- 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 e.g. **insufficient blood supplies**, forces hospital staff to focus all their attention on saving lives by performing **surgeries outside of their specialization** and by applying **aggressive methods**, such as amputation, to injuries that could have been treated more conservatively in peacetime.[4]

- A study conducted by the Humanitarian Needs Assessment Programme for Syria shows that **27% of Syrians live with a disability**, almost **double the global average** of 15%, and that **mobility** is the most prevalent functional difficulty. **Internally displaced persons (IDPs)**, who are also more likely to live in **high risk living situations**, are **more likely to live with a disability** (29%) than residents (26%) and returnees (27%), as are people **above 40 years of age** (56% live with a disability).[5]

- In 2019 the **funding appeal** of the health sector was only covered for **38,7%**[6] while, as of May, without counting funds that were allocated to preventing and mitigating the effects of COVID-19, **only 18% of the required funding** for health care in Syria 2020 has been covered.[7]

## Vulnerable Populations

In general:

- **Vulnerabilities associated with gender, age, and disability,** have been heightened by the crisis. Child labour, for instance, is on the rise, with roughly **42% of male** and **18% of female youth** below the legal working age currently **participating in the workforce**.[8]

1. Humanitarian Needs Overview [HNO], 2019, Syrian Arab Republic. Available online at: https://hno-syria.org/, last accessed 7 November 2019
2. Humanitarian Needs Overview [HNO], 2019, Syrian Arab Republic. Available online at: https://hno-syria.org/, last accessed 7 November 2019
3. The London School of Economics and Political Science, 'COVID-19 pandemic: Syria's response and healthcare capacity', 25 March 2020, available online at: http://eprints.lse.ac.uk/103841/, last accessed 16 April 2020
4. Humanity & Inclusion, 2019, 'The Waiting List - Addressing the immediate and long-term needs of victims of explosive weapons in Syria'. Available online at: https://blog.hi.org/wp-content/uploads/2019/09/THE-WAITING-LIST_Final-WEB-SMALLER.pdf, last accessed 26 May 2020
5. Humanitarian Needs Assessment Program (HNAP), 2019, 'Disability: Prevalence and Impact. Syrian Arab Republic.' Available online at: http://www.globalprotectioncluster.org/wp-content/uploads/Disability_Prevalence-and-Impact_FINAL-2.pdf, last accessed 7 November 2019
6. UN OCHA Financial Tracking Service, HRP 2019. Available online at: https://fts.unocha.org/appeals/663/summary, last accessed 26 May 2020.
7. UN OCHA Financial Tracking Service, HRP 2019. Available online at: https://fts.unocha.org/appeals/663/summary, last accessed 26 May 2020.
8. Syria Resilience Consortium, 2019, 'Hidden, Overlooked and at Risk: the Role of Gender, Age and Disability in Syria'.

- Children under five, adolescent girls and women of reproductive age, persons living with disabilities and people at high risk of complications from chronic diseases, particularly the elderly, remain the **most vulnerable population groups** in need of health services.

- **Pregnant women and neonates** 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**, 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.[9] 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 basis of disability; inaccessibility of sanitation infrastructure; discriminatory health workforce and systems, lack of protection and social support mechanisms.

## Mental Health

- According to the 2018 Syrian Arab Republic Humanitarian Response Plan (HRP), **one in five** Syrians is at risk of developing **moderate mental health issues**, and **one in 30** is at risk of developing **severe or acute mental health problems**.[10] In 2019, the HRP estimated that just under **1 in 7 Syrians is in need of mental health** consultations.[11]

- A December 2018 PRD-WG and REACH study on access to health care in Northern Syria found that, on average, **20% of IDPs, 14% of returnees and 13% of residents** reported high daily feelings of anxiety or depression,[12] while, in 2017, the International Medical Corps (IMC) found that **more than 50% of the Syrian population suffered from severe emotional disorders**. **Depression** and **anxiety** were the most common, followed by **epilepsy** (17%) and psychotic disorders (11%).[13]

- The available data suggests a high need for mental health support, but **comprehensive qualitative and quantitative assessments** of psychosocial and mental health needs, coping strategies, and the prevalence of mental health diseases are missing.

- Before 2011, Syria had **just 70 psychiatrists** for a population of 22 million, and mental-health services were only available in two cities. After nine years of conflict, and rampant displacement, there is an even bigger lack of **specialized psychological, psychiatric and psychotropic services**.

- Non-specialised local staff working in psychosocial support need **capacity building** through validated curricula and special tools for online training.

- There is a need to go beyond the Psychological First Aid emergency approach by **adapting MHPSS interventions to protracted crisis** and other specificities of the Syrian context.

- There are not enough resources available to offer **specialized treatment to children affected by exposure to violence, loss, grief and other traumatizing experiences** and to strengthen parenting and caregiving skills in this regard.

## 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** that 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.

- The **deficit in trauma and non-emergency care** for war-wounded, including amputees, results in **a growing number of long-term disabilities**.

- 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

9. World Economic Forum, 'Coronavirus: A pandemic in the age of inequality', 2020.
10. Humanitarian Response Plan Syrian Arab Republic [HRP] Syrian Arab Republic, 2018. Available online at: https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/syrian-arab-republic-2018-humanitarian-response-plan-january, last accessed 7 November 2019.
11. Humanitarian Response Plan Syrian Arab Republic [HRP] Syrian Arab Republic, 2019. Available online at: https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/syrian-arab-republic-2019-humanitarian-response-plan-january, last accessed 7 November 2019.
12. PRD-WG and REACH, 2018, 'Disability and Access to Health Care in Syria: Western Aleppo, Idleb and Ar-Raqqa'.
13. International Medical Corps, 2017, 'Syria crisis - Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis'.

continue their work due to changing areas of control, 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 organizations** engaged in **providing health services**, including mental health care, rehabilitation, and prosthetics and orthotics services.

**To donors and UN agencies:**

- **Prioritise funding for the health sector** as improved access to and continuity of health care is a priority in Syria;

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

- Review **sanctions and counter-terrorism measures** to ensure that they are not impeding the delivery of humanitarian aid, in particular those affecting financial transfers to Syria and those affecting 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** that were exposed to war-related violence, loss, grief and other trauma-related psychological processes, and on strengthening parenting and caregiving skills in that regard;

- Provide **multi-year project funding to prevent gaps or breaks in services for persons with injuries and disabilities,** including funding to develop the technical capacity of non-specialised actors to 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 in order to meet population needs and facilitate bringing paraprofessionals into a more formalised structure to ensure patient safety;

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

- Add a **weighing 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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