

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

After ten 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. Funding levels continue to fall and **only a third** of the required funding was received in 2020.⁽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⁾
- In 2018, **41%** of the population **required treatment for non-communicable diseases**,⁽³⁾ which constitute **nearly half of deaths in Syria**.⁽⁴⁾ **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 February 2021, there have been over **40,000 recorded cases** of COVID-19 and **over 1700 deaths**. However, this is considered to be the tip of the iceberg with estimates that there are at **least 100,000 cases** in Government of Syria-controlled territory alone.⁽⁵⁾ Syria's fractured health care system is barely functional and is unable to respond to COVID-19.
- 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 **over a quarter of Syrians (nearly 4 million people)** have disabilities - 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 situations**, are **more likely to have disabilities** (29%) than residents (26%) and returnees (27%).⁽⁷⁾ Further over **half of people aged 40 and above** and a **third of heads of households** in Syria have disabilities.⁽⁸⁾
- In 2020 the **funding appeal** for the health sector (excluding COVID-19) only met **less than a third of required funds**, down from 40.5% and 38.7% in 2018 and 2019.⁽⁹⁾

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

1. UN OCHA Financial Tracking Service, HRP 2020 <https://fts.unocha.org/appeals/924/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. Humanitarian Needs Overview (HNO), 2019, Syrian Arab Republic, <https://hno-syria.org/>.

4. WHO, 'Syria Arab Republic: tackling noncommunicable diseases (NDCs) in emergencies through primary health care', 5 August 2019, <https://www.who.int/emergencies/crises/syr/news-features/tackling-ncds-in-emergencies-through-primary-health-care/en/>.

5. WHO, 'Syria Arab Republic: Coronavirus COVID-19 case' Dashboard; WHO, COVID-19 Response Tracking Dashboard northwest Syria, Dashboard; North East Syria COVID19 - Dashboard, Dashboard.

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

7 and 8. Humanitarian Needs Assessment Program (HNAP), 2019, 'Disability: Prevalence and Impact. Syrian Arab Republic.' http://www.globalprotectioncluster.org/wp-content/uploads/Disability_Prevalence-and-Impact_FINAL-2.pdf; Humanitarian Needs Assessment Programme (HNAP), 'Returnee Report Series 2020 Disability Prevalence and Impact'.

9. UN OCHA Financial Tracking Service, HRP 2020, 2019, 2018, <https://fts.unocha.org/appeals/924/summary>.

of complications from chronic diseases, particularly the elderly, remain the **most vulnerable population groups** in need of health services.

- **Half a million children** are chronically malnourished and an additional **137,000 children under five years of age** are suffering from **acute malnutrition**, increasing the risk of preventable morbidity and mortality. **Maternal malnutrition** rates have **increased five-fold** compared to 2019 and **one in three pregnant and lactating women is anaemic**, leading to poor intrauterine growth, high-risk pregnancies, and childbirth complications.⁽¹⁰⁾
- **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.⁽¹¹⁾ 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

- According to the 2019 Syria Arab Republic Humanitarian Response Plan (HRP), **one in seven Syrians is in need of mental health** support.⁽¹²⁾ **Three-quarters** of people with mental health conditions receive **no treatment at all**, and COVID-19 is further aggravating the situation.⁽¹³⁾
- **42%** of surveyed households report signs of psychosocial distress in children – **nightmares, lasting sadness and anxiety**, amongst others.⁽¹⁴⁾
- 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,⁽¹⁵⁾ 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%)**.⁽¹⁶⁾

- 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.
- Before 2011, Syria had **just 70 psychiatrists** for a population of 22 million, and mental health services were only available in two cities. After ten years of conflict, and rampant displacement, 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**.⁽¹⁷⁾
- 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

10. 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>.

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

12. 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>.

13. 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>.

14. 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>.

15. PRD-WG and REACH, 2018, 'Disability and Access to Health Care in Syria: Western Aleppo, Idlib and Ar-Raqqa'.

16. International Medical Corps, 2017, 'Syria crisis - Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis'.

17. 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>.

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 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 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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