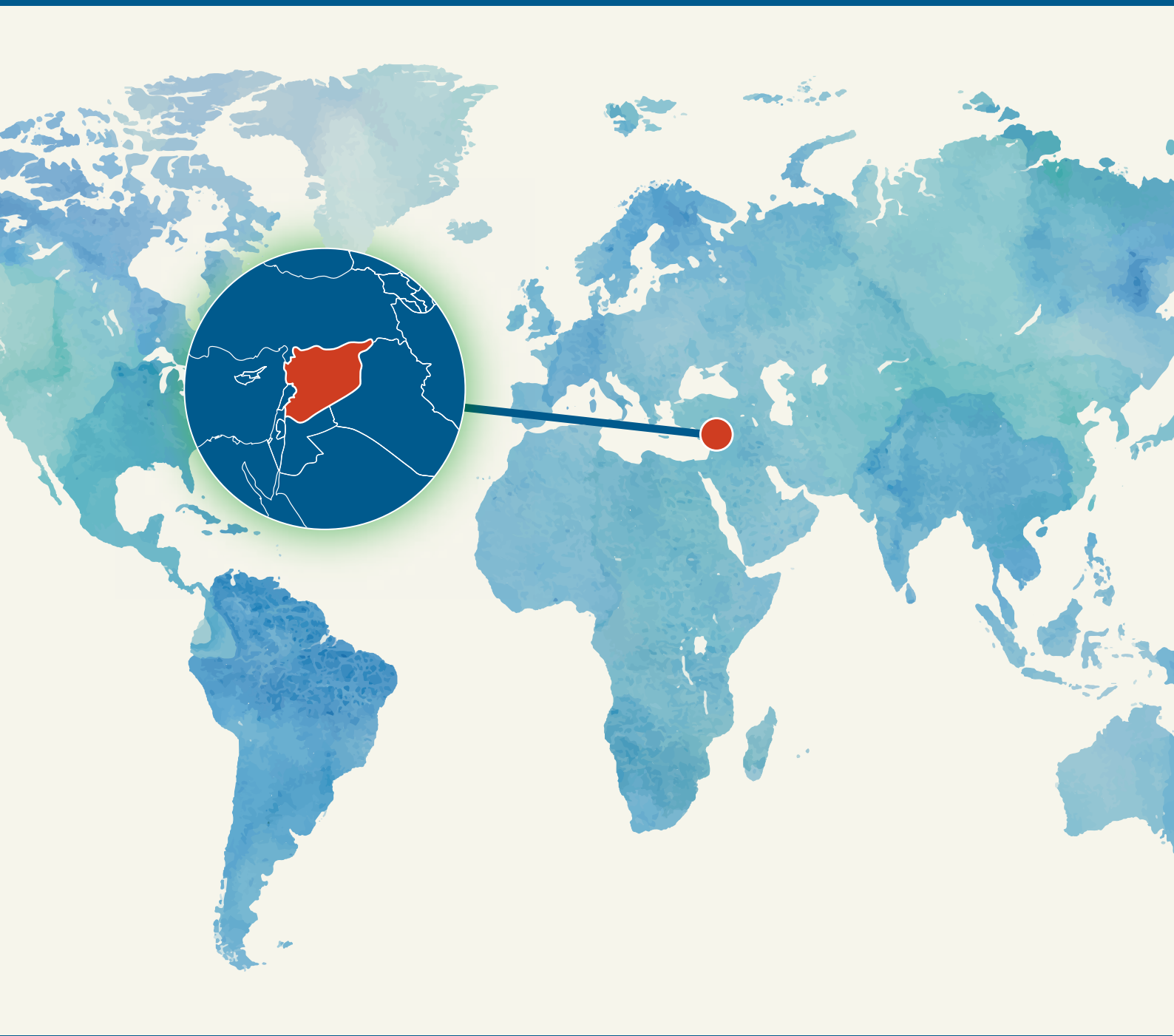


SYRIA

Violence Against Health Care in Conflict 2021



Letter from the Chair



During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. Three-quarters of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, 30 health facilities were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.

A handwritten signature in black ink, appearing to read 'Len Rubenstein'.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

 [Methodology | Full Report](#)



In March 2021 a surgical hospital in Syria's Aleppo governorate was struck by Syrian or Russian artillery shelling. Six patients, including a ten-year-old boy, were killed and 15 other people were injured, including five medical staff. The hospital sustained major damage, particularly to its orthopedic and emergency clinics, forcing it to suspend its operations. The hospital's coordinates had previously been shared with OCHA and the country's warring parties as part of a UN-led deconfliction mechanism to identify it as a humanitarian facility.¹

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

					
57	45	16	14	13	13
REPORTED INCIDENTS	HEALTH WORKERS INJURED	HEALTH WORKERS ARRESTED	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS KILLED	HEALTH FACILITIES DAMAGED

↓ Source: 2021 SHCC Syria Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 57 incidents of violence against or obstruction of health care in Syria in 2021, compared to 121 incidents in 2020.² In these incidents 45 health workers were injured, 13 were killed, 16 were arrested, and 12 health facilities were damaged.

This factsheet is based on the dataset [2021 SHCC Syria Health Data](#), which is available for download on the Humanitarian Data Exchange (HDX).³

THE CONTEXT

The civil war in Syria entered its 11th year in 2021, having started on March 15, 2011. Throughout 2021 parts of the country were controlled by various actors.

A nominal ceasefire in March 2020 contributed to an overall reduction in violence; however, periodic clashes continued along the marked front lines in Idlib, as did intermittent but intense shelling in the north-east.



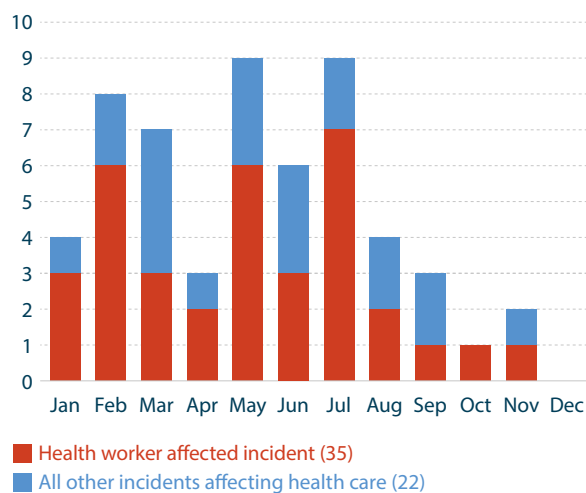
A series of clashes also took place in July and September 2021 in and around Daara city. Israel carried out air strikes against Iranian-backed militia in and around the Damascus governorate. Islamic State (IS) attacks also declined to an average of 31 per month in 2021, compared to 41 on average per month in 2020.⁴ Aleppo also saw a decrease in violent episodes, with a sample set of data from the Syrian Observatory of Human Rights (SOHR) over the year noting that 565 incidents occurred overall compared to 2020, which saw a sample of 654 incidents. This was a 14% drop overall, although June saw a spike in attacks mainly due to an increase in clashes between Turkish troops and Syrian Kurdish forces (known as the Syrian Democratic Forces, or SDF). Deir ez-Zor also saw a similar decrease in attacks, with a 23% drop in incidents compared to 2020 (sample data from the SOHR). There was a spike in attacks at the beginning of February, mainly due to assassination attempts carried out by unknown gunmen likely linked to either IS or pro-government units.

Overall, in 2021 Syria remained marked by violations of international humanitarian law and widespread civilian harm. Additionally, more than a decade of attacks on health care had left the country's health system on its knees and struggling to cope.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Reported incidents affecting health care in Syria in 2021, by month

Reported violence against health care also declined towards the end of 2021



Incidents of threats and violence against health care were documented in 12 of Syria's 14 governorates, with Aleppo and Deir ez-Zor governorates reporting the most incidents. However, in 2021 reported incidents of violence against and obstruction of health care decreased by almost half compared to 2020. In particular, reported violence against health care declined towards the end of 2021.



Health workers

Over a third of all reported incidents resulted in health workers being killed or injured. In total, 45 health workers were injured and 13 killed in 2021 during attacks on health facilities or pharmacies. In three separate incidents in Aleppo and Hama governorates five health workers were killed and 19 injured after explosives hit their hospital. Additionally, three volunteer health workers were injured and one killed in two

separate double-tap strikes after they were hit by targeted strikes while providing treatment to victims of previous attacks in Idlib and Aleppo governorates. June was a particularly deadly month, with 15 health workers injured and five killed by firearms, shelling, and missile strikes in three separate incidents in Aleppo, Daraa, and Hama governorates.

IS fighters shot and killed a health worker inside a pharmacy in Deir ez-Zor governorate in March.⁵ SDF members physically assaulted a hospital director in his home in Deir ez-Zor in May. His brother was also arrested.⁶

Health workers were also injured in attacks on health facilities in Deir ez-Zor and Raqqah carried out by the SDF and members of **unidentified non-state armed groups**.



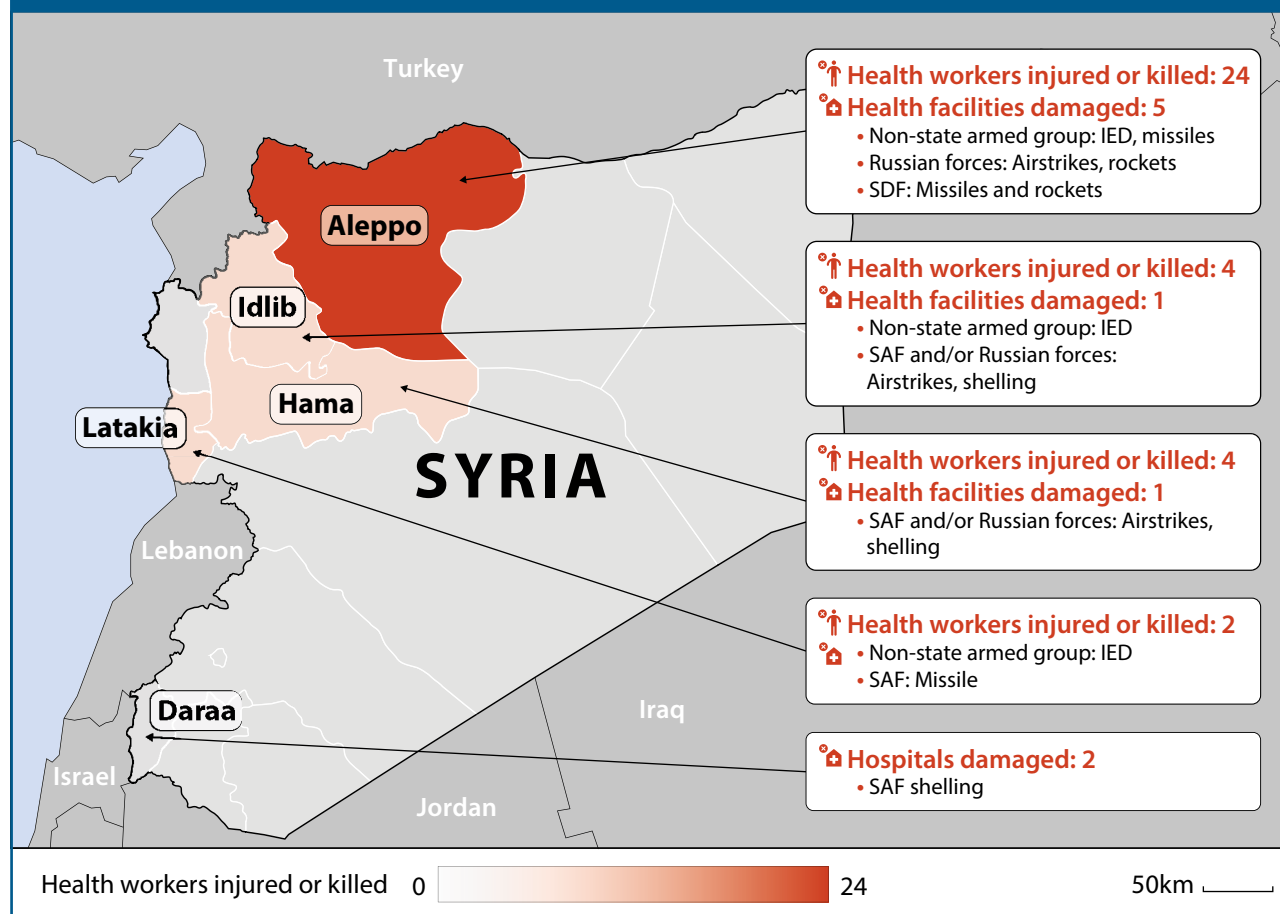
In Aleppo, Daraa, Idlib, Hama, and Latakia governorates hospitals, medical centers, and a local volunteer center were hit by explosive weapons with wide-area effects. In three of these incidents health facilities were forced to close and suspend their operations because of the extensive damage caused by the explosives.

Sixteen health workers were arrested in Aleppo, Al-Hasakah, Raqqah, Daraa, Deir ez-Zor, and Idlib governorates. Health workers were detained and arrested in their homes, during road travel in ambulances and private vehicles, and inside health facilities by both **state and non-state forces**.

In Daraa governorate four health workers were arrested in two separate incidents by members of the **Syrian Armed Forces** (SAF) and **Syrian police** in July and June.⁷ Security patrols of the **Hay'at Tahrir al-Sham** (HTS) Islamist militant group arrested a doctor in July and an INGO administrative health worker in May after storming their health facilities in Idlib governorate.⁸ These incidents occurred during an HTS crackdown on civil society members in areas under its control. The SDF were also implicated in arresting and detaining nine health workers in Raqqah, Al-Hasakah, Aleppo, and Deir ez-Zor governorates after storming their homes.

In November in Raqqah governorate members of the **Armed Forces of Turkey** stormed a doctor's clinic and kidnapped three female patients who were in the waiting area.⁹

Explosive weapons use affecting health care in Syria in 2021, by governorate and perpetrator





Looting

Unidentified **non-state armed groups** looted medical supplies and medical equipment from seven pharmacies and health facilities. Armed men allegedly affiliated with a non-state armed group stole medical supplies from health facilities in Raqqah, Daraa, and Homs governorates and two pharmacies in Deir ez-Zor and Rif Dimashq governorates. The **SDF** were also implicated in the looting of medical supplies from a pharmacy in Al-Hasakah governorate in May.¹⁰



Health transport

In Aleppo governorate an ambulance was destroyed when a guided missile fired by **SDF** forces hit a local volunteer health team who were responding to a previous strike. A health worker was also injured in the attack.¹¹ In another strike in Aleppo governorate an ambulance and two service cars were damaged when an SDF rocket hit a health facility in July.¹² A local ambulance and two INGO ambulances were also damaged after being shot at by unidentified armed actors during road travel in Quneitra and Al-Hasakah governorates.

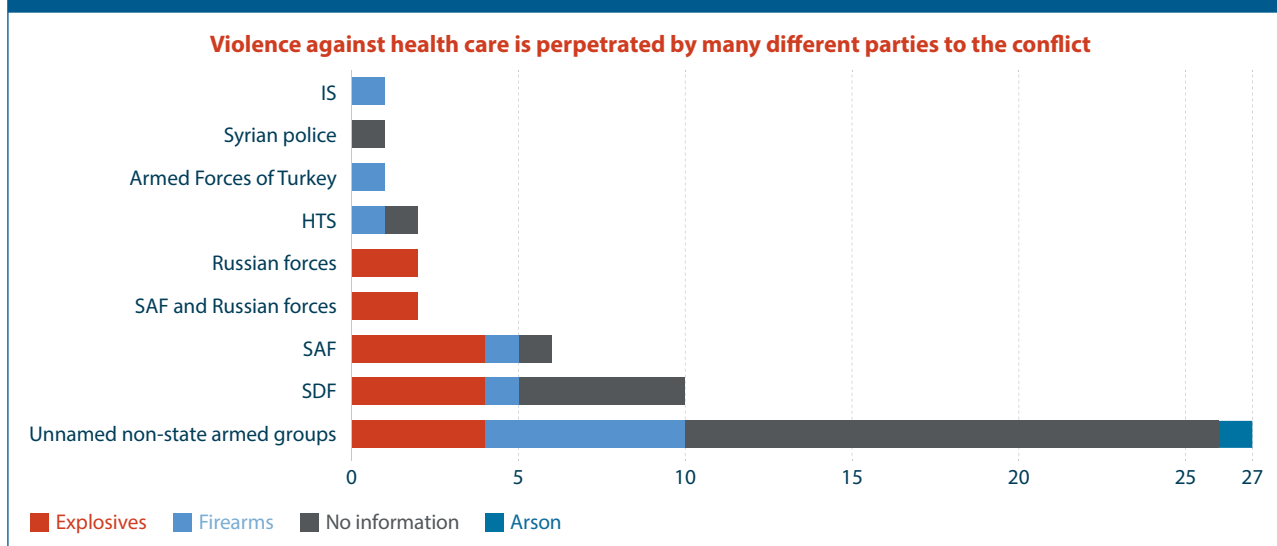
PERPETRATORS



Many different parties to the Syrian conflict perpetrated violence against health care in 2021.

Reported incidents affecting health care in Syria in 2021, by perpetrator

Violence against health care is perpetrated by many different parties to the conflict



IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



Health services

A quarter of all hospitals and one-third of all primary health care centers were not functioning in Syria in the reporting year. As of September 2021, out of the almost 1,800 available public health centers countrywide, 45% were not fully functioning.¹³ It is estimated that over 50% of doctors had left north-east Syria.¹⁴ In Aleppo only 13 health staff were available per 10,000 Syrians, far below the emergency standard of at least 22 staff.¹⁵



In Hama and Idlib governorates health centers were put out of service as a result of the damage caused by combined Syrian and Russian armed forces attacks. In June the emergency department and delivery room of a pediatric and maternity hospital in Aleppo governorate, the coordinates of which had been shared as part of the UN-led humanitarian deconfliction mechanism, were completely destroyed and the outpatient department sustained significant damage, putting the hospital out of service.¹⁶

An attack on Daraa National Hospital left the kidney dialysis department out of action, with serious consequences for people with kidney disease.¹⁷



Access to health care

The attacks on hospitals and medical staff continued to deprive patients of essential care, medications, and treatment.¹⁸ The attacks on health care created a climate of fear that made people reluctant to access health facilities. Almost half of clients and patients interviewed by the International Rescue Committee (IRC) in 2020 in Aleppo and Idlib governorates said they were afraid to access medical care for fear of an attack.¹⁹ Following the attack on the Al-Atareb Hospital in Aleppo governorate in March 2021 a 78% decrease in the number of reproductive and neonatal care consultations was reported, which reflected the hesitancy among local communities to visit the facility after the attack.²⁰ Surveyed communities consistently ranked health care as one of their main needs,²¹ but, as an example, more than 65% of households interviewed by the IRC in north-east Syria since the start of 2021 reported that they experienced difficulties accessing health care.²²

The mass displacement of people – either internally or abroad – resulted in a severe lack of health care staff, particularly in north-east Syria.²³ The impact of the conflict on the country's health system left an estimated 12.2 million people in need of humanitarian support to access even basic health services.²⁴ Vulnerable populations were at heightened risk of experiencing health problems due to infectious diseases or the worsening of chronic conditions such as diabetes and kidney disease.

The childhood vaccination program continued to be disrupted by upsurges in violence that impeded both the supply of vaccines and people's ability to access them. MSF warned that this would result in outbreaks of vaccine-preventable diseases such as measles and tuberculosis, particularly in north-east Syria, where the national vaccination program was not being implemented.²⁵

The systematic targeting of health care in Syria resulted in the fragmentation of the health system, which was unable to meet civilians' health needs. In northern Syria medical facilities were established in geographical clusters, resulting in an unequal distribution of health services, with some areas having multiple facilities while others had none due to the fear of targeting. Also, the lack of resources required to rehabilitate the country's health infrastructure resulted in the designing of medical programs that did not meet everyone's needs, leaving vulnerable populations such as women, girls, people with disabilities, and IDPs without adequate or equal access to health services.²⁶



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 27135.
- 2 <https://shcc.pub/2021SHCCSyria>.
- 3 Thirty-one incidents that had not been reported elsewhere were provided by the Conflict and Humanitarian Data Centre of the International NGO Safety Organisation (INSO). One additional incident that had not been reported elsewhere was reported by the WHO Surveillance System for Attacks on Health Care (SSA).
- 4 <https://reliefweb.int/report/syrian-arab-republic/explosive-violence-september-2021#:~:text=In%20Aleppo%2C%20civilian%20casualties%20decreased,%25%2C%20from%2042%20to%207>.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 3311.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28185.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 3325; 3324.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 30127; 3319.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 30127.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 3323.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28971.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28703.
- 13 <https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5>.
- 14 <https://reliefweb.int/report/syrian-arab-republic/who-syria-flash-appeal-northeast-syria-27-january-2022>.
- 15 <https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5>.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28415.
- 17 <http://www.emro.who.int/syria/news/who-supports-life-saving-and-essential-health-care-services-in-daraa-south-syria.html>.
- 18 <https://www.rescue.org/article/decade-destruction-attacks-health-care-syria>;
<https://reliefweb.int/report/world/attacks-health-care-bi-monthly-news-brief-20-october-02-november-2021>.
- 19 <https://www.rescue.org/report/decade-destruction-attacks-health-care-syria-0>.
- 20 <https://syriamap.phr.org/#/en/case-studies/9>.
- 21 <https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5>.
- 22 IRC NES Protection Monitoring 2021.
- 23 <https://www.who.int/emergencies/situations/syria-crisis>;
<https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022>.
- 24 <https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022>.
- 25 <https://reliefweb.int/report/syrian-arab-republic/syria-msf-vaccinates-children-areas-neglected-national-immunisation>.
- 26 <https://phr.org/our-work/resources/syria-health-disparities/>.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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