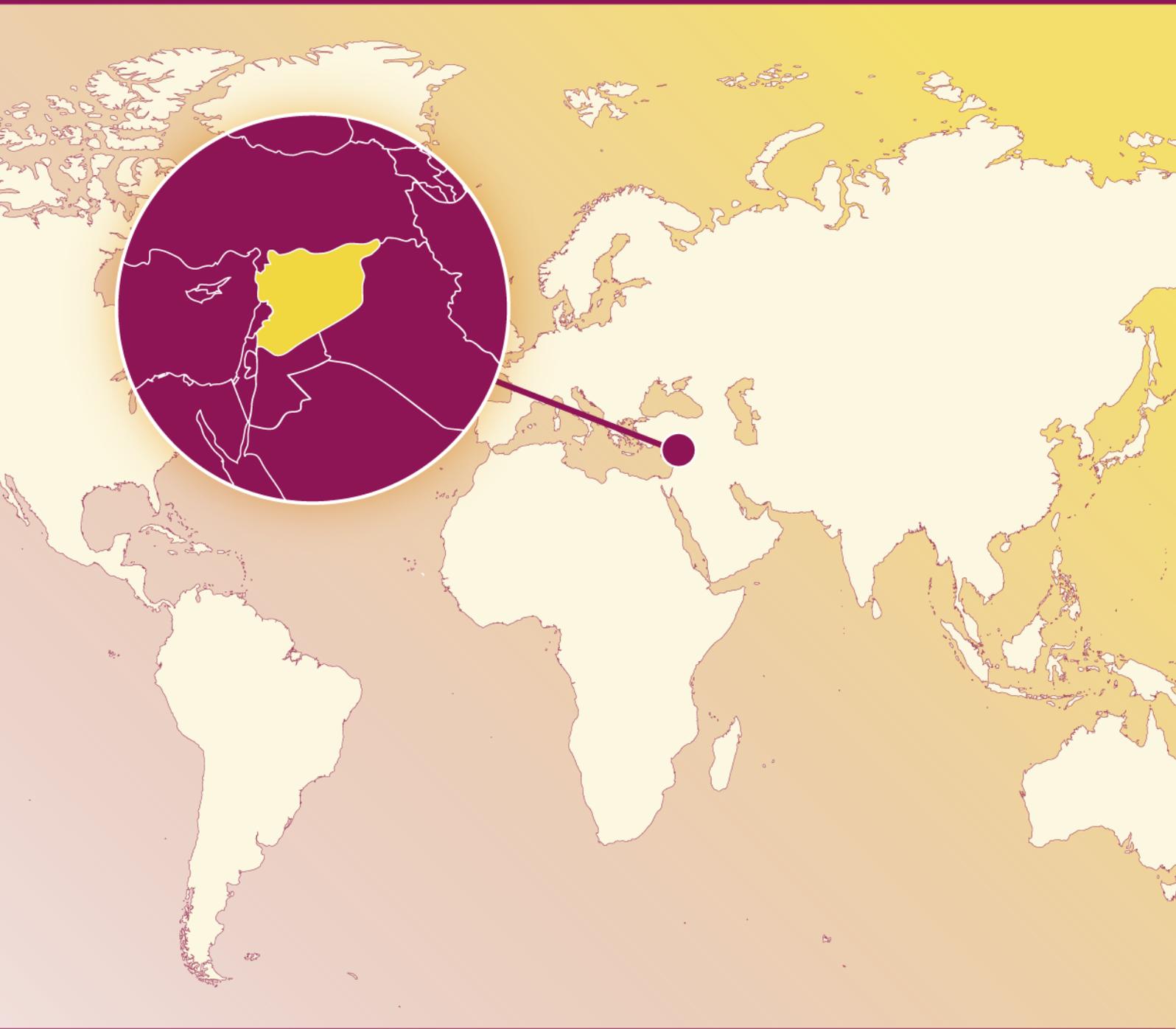


SYRIA

Violence Against Health Care in Conflict

2022



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink that reads "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care Syria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 42 incidents of violence against or obstruction of health care in Syria in 2022, a decrease from 82 in 2021. In these incidents, at least 19 health workers were arrested and 10 others killed, impacting health care providers' ability to maintain safe staffing levels. Health facilities were damaged at least 11 times, impacting the population's access to health care. This factsheet is based on the dataset [2022 SHCC Health Care Syria Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

2022 was the 12th year of the Syrian conflict, which has been marked by continuous and systematic attacks on and obstruction of health care. During 2022, conflict parties, including the Syrian Democratic Forces (SDF), Syrian regime forces, and Turkish Armed Forces (TAF), as well as non-state armed groups, including the Islamic State (IS), Hay'at Tahrir al-Sham (HTS), and the Kurdistan Workers' Party (PKK), attacked or obstructed health care in north-east and north-west Syria. Armed violence by unidentified armed groups in Daraa in south-west Syria also impacted health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

The number of Syria's governorates affected by violence against or obstruction of health care halved from 12 in 2021 to six in 2022. Half of the incidents were reported in Syria's eastern Al-Hasakah and Deir ez-Zor governorates. Other incidents took place in Aleppo, Daraa, Homs, and Tartus. Five incidents took place inside IDP camps in Al-Hasakah and Daraa, with three at al-Hol camp. Most incidents affected health care providers working for the national health structure, while eight were recorded as directly affecting NGOs, two the UN, three the Kurdish Red Crescent, and one the ICRC. In 2022, fewer health workers were reported to have been injured and fewer incidents in which medical supplies were looted were recorded, compared to 2021.



Health worker arrests or detentions were most frequent in Deir ez-Zor, while staff killings and kidnappings were generally attributed to unidentified gunmen in Daraa. Reports of explosive weapons use damaging health facilities were common in Aleppo.

The SDF, Syrian regime forces, and the TAF were frequently named as perpetrators of incidents. Incidents attributed to the TAF increased from one incident in 2021 to seven in 2022. All seven involved explosive weapons use in Aleppo and Al-Hasakah. There were no reports of incidents attributed to Russian forces in 2022, compared to five in 2021. The IS was named in the fatal shooting of an LNGO paramedic at al-Hol camp and of an INGO doctor in Deir ez-Zor, and the gunshot injury to another staff member in Deir ez-Zor.¹ In Aleppo, SDF forces reportedly shelled a hospital, injuring a patient, and HTS fighters detained an ambulance driver for posting a critical comment on social media.² Suspected PKK fighters attacked and damaged a WHO health building in Al-Hasakah.³ The perpetrators of incidents that occurred in Daraa were not identified.

At least 13 incidents in 2022 recorded explosive weapons use, a similar number to 2021. All involved damage to health facilities, except two in which a doctor was killed in a car bomb blast in Daraa and a health worker was killed in a double-tap air strike, allegedly by Turkish forces, while on his way to assist people injured in a bombing in Al-Hasakah.⁴ Air-launched explosive weapons use impacting health care increased from one Russian and/or Syrian forces air strike in Hama in 2021 to five TAF air and drone strikes in 2022, three of which took place in Al-Hasakah and two in Aleppo governorates. Double-tap Turkish air strikes on two villages in Al-Hasakah on November 20 destroyed a COVID-19 center and killed the health worker responding to victims of a previous bombing in Al-Hasakah.

HEALTH WORKERS ARRESTED, KILLED, KIDNAPPED, OR INJURED

At least 19 health workers, including ambulance drivers, doctors, pharmacists, and vaccinators, were arrested or detained in 2022, a decrease from 27 in 2021. Along with the ambulance driver in Aleppo, 14 staff members were arrested by Syrian regime forces in Deir ez-Zor and Tartus governorates, and four by the SDF in Deir ez-Zor. The circumstances of most arrests are unclear. The exceptions are the ambulance driver arrested by HTS for posting a critical comment on social media, who is still in captivity, and 12 staff members, including six COVID-19 vaccinators, who were arrested at a hospital by Syrian General Intelligence Directorate personnel in Tartus on corruption allegations and who were later released. On at least one occasion, Syrian regime soldiers detained a male patient in a hospital in Homs.⁵

At least 10 health workers were killed in 2022, similar to 12 in 2021. Five staff members were killed in Daraa, including the doctor killed in the car bomb blast referred to above and four in drive-by shootings and road ambushes. Three health workers, including an INGO doctor, a male nurse anesthetist, and an LNGO surgeon, were shot dead by gunmen in Deir ez-Zor.⁶ One health worker was killed in Al-Hasakah in the double tap Turkish air strike referred to earlier and another by the IS at al-Hol camp.⁷ Violence against health workers impacts health care providers' ability to maintain safe staffing levels and affects staff well-being.

Health worker kidnappings increased from one in 2021 to five in separate incidents in 2022. Most kidnappings took place when armed men abducted staff traveling in Daraa, while one Kurdish Red Crescent worker was reportedly abducted by armed individuals from al-Hol camp in Al-Hasakah.⁸ A ransom demand was made for the release of a male health worker, but it is unclear if one was paid. The fate of the remaining four was not recorded.



Health workers attacked at Al-Hol camp in Al-Hasakah governorate

Al-Hol camp close to the Syria-Iraq border has a population of almost 55,000, mainly displaced people from the self-proclaimed IS caliphate declared in parts of Syria and Iraq in 2014 (which had largely collapsed by December 2017); it is mainly controlled by the SDF. IS members are active in the camp and use it for indoctrination and recruitment purposes. Violence is a regular occurrence, with over 30 attacks on IDPs and refugees living inside the camp in 2022. According to an MSF report, health care provision in the camp is not able to adequately deal with severe injuries such as gunshot wounds. Security and sanitary conditions in the camp are very poor, and MSF described it as an ‘unsanitary open-air prison.’ Additionally, there is limited access to health care and inconsistent access to medication. Health workers also face obstacles to their ability to refer patients requiring medical treatment beyond what is available in the camp to external medical facilities, particularly if they are not emergencies. The violence has impacted health workers, with at least three NGO staff being attacked while working in the camp in 2022:



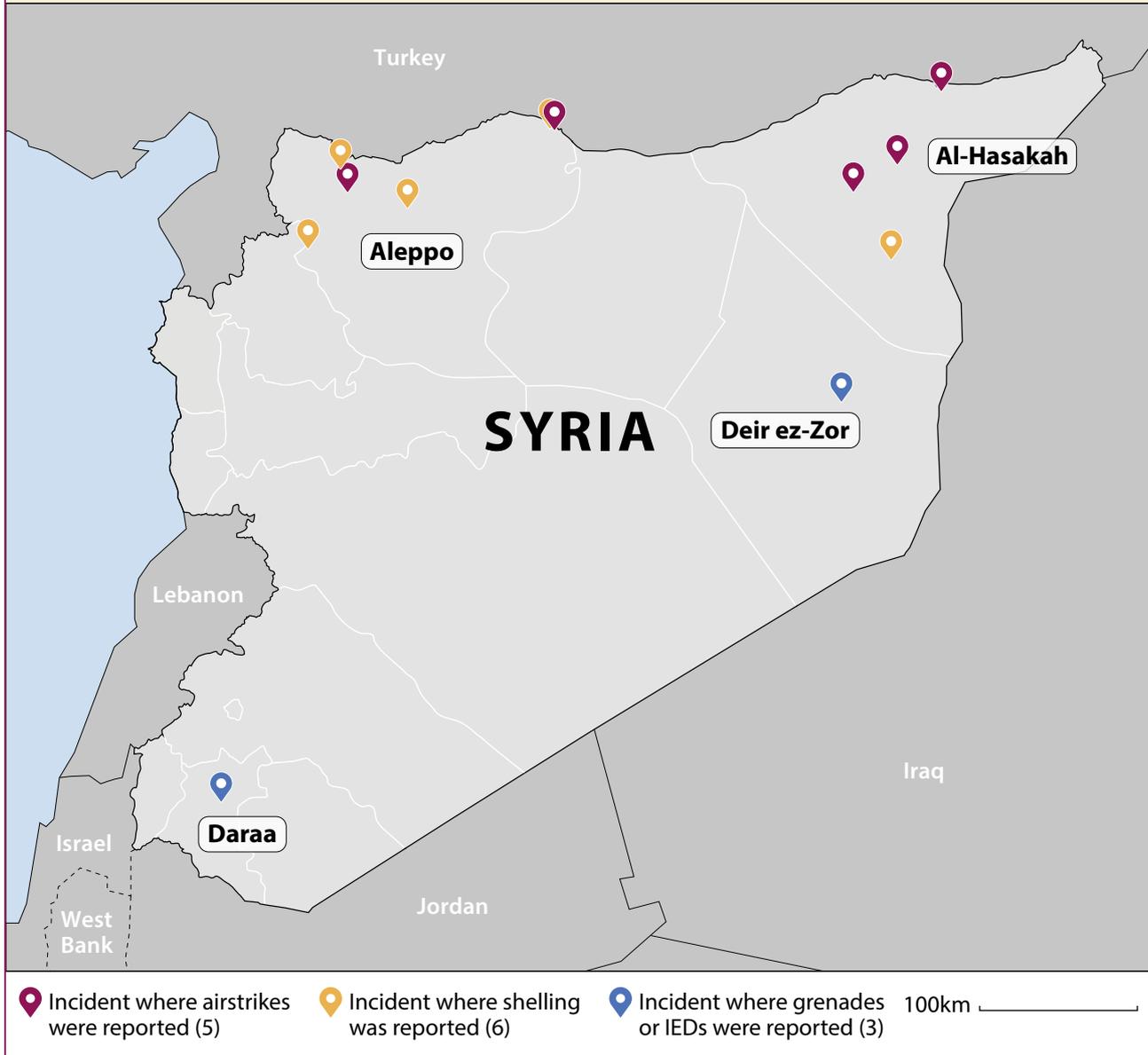
HEALTH FACILITIES DAMAGED

Health facilities, including clinics, hospitals, COVID-19 centers, and a pharmacy, were damaged by explosive weapons on at least 11 occasions in 2022, similar to 15 in 2021. Three health facilities that were damaged were supported by an NGO. Most incidents took place in Aleppo, with others occurring in Al-Hasakah, Daraa, and Deir ez-Zor. The TAF used drones on two occasions to carry out attacks using air-launched explosives, damaging a clinic in Aleppo and an INGO COVID-19 center.⁹ In addition to the Turkish double-tap air strike that destroyed a COVID-19 center, TAF air strikes damaged a hospital under construction in Aleppo in August.¹⁰ Shelling and rockets damaged clinics and hospitals on five occasions in Aleppo and once in Al-Hasakah, grenades of unidentified origin damaged a UN-supported clinic in an IDP camp in Daraa, and a pharmacy was damaged by SDF forces.¹¹ Direct damage to health facilities puts the safety of health workers and patients at risk and the damage to equipment makes the provision of vital care more difficult.



Explosive weapons use impacting health care in Syria, 2022

Health facilities in Syria's northeastern governorates were damaged in air and drone strikes and in shelling. Grenades damaged a UN-supported clinic inside an IDP camp in Daraa and a pharmacy in Deir ez-Zor, and a doctor was killed in a car bomb blast in Daraa.



“When health facilities were targeted, we saw pregnant women [only] during labor, instead of four or six times throughout their pregnancy. Some presented with ill-managed anemia. When we asked them why they didn’t come for medical care earlier, they said, “Who would dare visit the hospital when it’s being targeted? We would be crazy to stay in the hospital”.

Female health worker in Idlib



IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

During the 12 years of conflict in Syria, health care facilities have been deliberately and systematically attacked, and 43% of primary health care facilities are either only partially functioning or not functioning at all.



KEY SURVEY FINDINGS

A joint study by the International Rescue Committee, Physicians for Human Rights, the Syrian American Medical Society, and Syria Relief & Development analyzed the impact of violence against health care on women in northwest Syria trying to access sexual and reproductive health (SRH) services, including maternal health services and abortions, and found the following:

- Fear or experience of bombings, kidnapping, or exploitation all undermine women's ability or willingness to go to clinics, leaving them without care or reliant on informal health care provision.
- The provision of SRH services is limited because health facilities have been built in or relocated to areas far from the front lines. This means that women, including pregnant women, must travel long distances to seek medical care, putting themselves and their unborn and newborn babies at risk, and resulting in horrifying reports of child deaths because of delays in care provision.
- A high number of pregnant women undergo cesarean sections instead of natural births, partly to reduce the time spent in a health care facility.
- In areas where SRH services are largely unavailable, respondents reported negative coping practices, including harmful home medication and postponing essential SRH visits.
- When SRH services are not available or practically inaccessible, there are far-reaching and often undocumented negative consequences for women's health, including for their psychosocial well-being.
- According to the study, the most marginalized women, including those residing in camps, those with a disability, those with limited income, and those married at a young age, are most impacted by the paucity of SRH care.



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 30855; 33372; 36497.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 31770; 34680.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 35642.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 33480; 36043.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 36502.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 31167; 33372; 32223.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 36043; 30855.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 33293.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 33006; 34481.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 36342.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 31918; 36056.

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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