

# Health care services in northwest Syria and Earthquake response

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## Background on healthcare services in Northwest Syria before the earthquake in February 2023

Syria has one of the largest humanitarian crises worldwide due to the uprising in 2011 and the escalation into armed conflict by the summer of 2012 when the Syrian government violently suppressed the uprising. In 2023, approximately 15.3 million people are in need of humanitarian support<sup>1</sup>, and 6.8 million people were internally displaced, the highest figure due to armed conflict across the world in 2022<sup>2</sup>. Northwest Syria (Idlib and Aleppo governorates) remains the only part of Syria in the hands of non-state actors, with around 5 million people, 2.7 million are IDPs, and 1.6 million reside in 1,302 IDP sites<sup>3-5</sup>. The health system in northwest Syria is heavily disrupted due to systematic attacks on healthcare facilities, a shortage of resources, and a loss of expertise. When the regime forces began withdrawing from some areas of Syria in 2012, they also withdrew all their services, including health care<sup>6</sup>. As a result, field medical teams were suddenly forced to shift from treating injured protesters to providing complete health services to the community, relying on international donations from UN agencies and international and Syrian humanitarian organizations within an emergency response program. While efforts have been made to support health directorates, health organizations seeking to develop the health sector face numerous challenges and are forced to play a government role with opposition governments failing due to weak management or lack of resources. Donors and UN agencies, particularly the World Health Organization, remain determined to keep the health system in areas outside government control, relying on primary, secondary, and emergency health care without taking care of specialized health services. Efforts to provide advanced services, such as cancer treatments, heart surgeries, and many more, have not

obtained regular funding, keeping more than four million people dependent on Turkey to provide advanced treatments and a complex referral system across the border for all complicated cases.

## Earthquake Crisis, Health Response, and Challenges

The earthquake that struck northwest Syria on Feb 6, 2023, was 7.8 magnitude with a devastating impact that left hundreds of thousands of people in urgent need of medical assistance. The challenges in responding to the massive injuries and increasing health needs during the earthquake in northwest Syria were enormous. The region was already grappling with a protracted humanitarian crisis and conflict, which had resulted in a weakened health system, limited access to healthcare services, and a shortage of medical supplies and equipment. The earthquake compounded the situation, causing widespread devastation and destruction. Many hospitals and clinics had already been destroyed or were overwhelmed with patients, making it difficult to provide timely medical care to those who needed it most. An estimated 53 health facilities have been fully or partly damaged, overwhelming the already fragile health system and severely straining the already fragile healthcare infrastructure. The health facilities were ill-equipped to handle the sudden surge in demand for medical services, and the healthcare personnel was overstretched and exhausted. The lack of proper medical equipment, essential supplies, and medications like antibiotics, intravenous fluids, and surgical instruments exacerbated the situation, hindering the delivery of adequate healthcare services to the affected population.

Another significant challenge was disrupting the supply chain for medicines and medical supplies, which

depended mainly on Turkey. The earthquake damaged roads and transportation infrastructure, making transporting essential supplies and equipment to the affected areas challenging. This led to a shortage of critical medical supplies, which compromised the ability of healthcare workers to provide adequate care to patients. Moreover, the earthquake caused significant psychological distress and trauma, resulting in a surge in mental health needs. The closure of the borders between Syria and Turkey significantly impacted the response to the health needs of earthquake victims in Northwest Syria. At the same time, Turkey's neighboring areas were heavily impacted by the earthquake, and the authorities were pressured to provide services for their people. With the border closed it became complicated to refer patients to Turkey, where they could receive the specialized care, they needed. This created a bottleneck in the system, with patients unable to receive the necessary care inside and outside the area. Additionally, the border closure meant that vital medical supplies and equipment could not be transported into the affected areas, exacerbating an already dire situation.

The delay in providing support from humanitarian organizations, including UN agencies, during the first week after the earthquake in northwest Syria significantly contributed to the difficulties faced in responding to the massive injuries and increasing health needs. According to Idleb health directorate, until Feb 13, "the amount of aid entered by UN agencies and other donors across the border covered between 5–10% of the needs of hospitals responding to the disaster"<sup>7</sup>, and as of Feb 23, 2023, only 19% of the estimated required fund by Health Cluster in Gaziantep for a 3-month response after the earthquake had been secured<sup>8</sup>. Moreover, the lack of coordination and communication among the various humanitarian organizations involved in the response also contributed to delays in providing support.

This was compounded by the fact that national and international NGO staff were impacted by the earthquake.

Despite all these obstacles, the heroic medical staff on the ground made incredible efforts, particularly within the 48 hours after the earthquake, to manage the massive number of injuries using the available resources. Their acquired experience within the past 11 years in dealing with the massive casualties resulting from barrel bombs and targeting the civilian communities from the Syrian regime and its alliance familiarized them with similar scenarios. In coordination with Syrian Organizations, the health directorates led the response by updating the

ongoing program, using the available resources, and prioritizing the urgent response to those affected by the earthquake. Hospitals were classified based on the available services, and the referral system was updated to transport the people to the closest facilities. Mobile health units were activated to provide urgent services to impacted communities and populations in temporal shelters.

Field hospitals were established to be alternatives for damaged health facilities. The challenges faced during this crisis highlight the need for stronger and more resilient healthcare systems in disaster-prone regions, as well as the importance of coordinated efforts between local and international aid organizations to provide timely and effective assistance to those in need.

### Lesson learned Practical Points to Support the health system in Northwest Syria

It is vital to remember that the healthcare system in northwest Syria was already under severe strain before the earthquake, and the disaster only exacerbated the existing challenges. Therefore, a sustained and long-term commitment from donors, international and national organizations is necessary to ensure that the healthcare needs of the Syrian population are met through the availability of a robust health system.

Here are some practical points to consider to overcome the challenges in responding to the health needs in the aftermath of the earthquake in northwest Syria:

#### Short-term:

- Increase the capacity of local health facilities to manage the surge in patients by providing essential medical supplies and equipment.
- Deploy additional medical personnel to the affected areas to support the existing health workers in providing care to the injured.
- Collaborate with local community-based organizations and volunteers to launch a community outreach campaign to inform people about available healthcare services and promote healthy practices, such as handwashing and safe water use, particularly within communities of a high risk of developing cholera and communicable disease.
- Support the health directorates to establish a mechanism for tracking the needs of the affected populations and ensuring that resources are allocated to areas with the highest needs.
- Prioritize the distribution of essential medicines and supplies to health facilities in the affected areas such as antibiotics, painkillers, and wound dressings.

### Medium-term:

- Improve healthcare infrastructure in northwest Syria, including the construction and renovation of hospitals and health centers, and the provision of required medical equipment and supplies.
- Increase the healthcare workforce through training and recruiting more healthcare professionals, including doctors, nurses, and other medical staff.
- Strengthen the capacity of local health systems to respond to disasters by training health workers in emergency response and disaster management.
- Strengthening the existing health information system to support effective decision-making and health planning, including disease surveillance, outbreak response, and emergency preparedness.
- Prioritize and increase the capacity of preventative care, such as immunization programs, maternal and child health services, and chronic disease management.
- Establish a coordination mechanism between humanitarian organizations and local health authorities to ensure a more effective response to future disasters.

### Long-term:

- Advocate for sustainable long-term funding in healthcare infrastructure and resources to strengthen the resilience of health systems.
- Promote research on the health impacts of disasters and the best practices for responding to them.
- Advocate for policies prioritizing disaster preparedness and response, including investments in early warning systems, contingency planning, and emergency supplies.
- Strengthen health governance, including regulation, policy development, and health system coordination, to ensure effective and efficient health service delivery.
- Strengthen the capacity of local communities by focusing on primary healthcare, including disease prevention, health promotion, and community-based care.
- Increase investment in health financing to improve access to quality healthcare services for all, including the most vulnerable populations.
- Develop partnerships between local and international organizations to leverage resources and expertise in responding to disasters and building resilient health systems.

### How could Doctors in the UK help in the previous recommendation to support people inside Syria?

International medical communities worldwide and particularly in the UK can play a critical role in the previous recommendation and supporting healthcare efforts inside Syria and helping to alleviate the challenges faced by medical professionals through the following activities:

- Volunteering with humanitarian organizations that are working inside Syria to provide healthcare services.
- Donating medical supplies and equipment: to organizations working inside Syria. This can include items such as surgical instruments, medications, and other essential medical equipment.
- Providing telemedicine support to medical professionals working inside Syria. This can include consultations on difficult cases, advice on treatment plans, and guidance on the use of medical equipment.
- British doctors can also help by advocating for increased support for medical professionals working inside Syria and fundraising for organizations that provide healthcare services.

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