

Syria: A New Dawn but Medical Challenges Remain

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On 8th December 2024, quite unexpectedly, the Assad Regime imploded.

While the vast majority of Syrians, both inside Syria and abroad, are immensely relieved and jubilantly elated by the fall of the Assad tyrannical regime, there certainly are serious concerns and immense challenges facing the Country and its people.

Needless to say, the country as a whole is facing monumental challenges – political, economic and infrastructure issues being the most prominent.

Over the past year or so, humanitarian work inside Syria was facing considerable challenges, especially with the emphasis and interest shifting towards the horrific events taking place in Gaza and the West Bank, and later in Lebanon. Most international NGOs, as well as governmental humanitarian organisations, have shifted their focus towards delivering aid to Gaza and West Bank, given the severity of the humanitarian crisis there. Most organisations ended up freezing, if not totally cancelling, their Syria programmes to allow them to divert funds, staffing and resources to deliver urgently needed aid to Gaza and West Bank.

The recent overwhelming developments in Syria have made the overall humanitarian situation there even more complex, and the needs on the ground today are truly dire. And while these pressures apply to all aspects of humanitarian work, health care is particularly pressured.

Ever since the start of the Syrian uprising and the health care crisis that followed, humanitarian aid organisations delivering health care were very heavily – and very efficiently – involved in providing a good standard of

health care, with minimum or no cost for patients at the point of delivery of care. That reality applied to North West Syria, the region that humanitarian organisations had fairly good access to. Now that the Assad Regime has collapsed, access to the whole of Syria is open to humanitarian organisations, and the needs on the ground, as well as the expectation of the population, are rising exponentially.

Health care in what used to be “Regime-controlled” regions has always been immensely stretched and has always been under significant pressures due to dilapidated infrastructure and insufficient resources, human and other. With the exception of certain international humanitarian bodies like ICRC and WHO, humanitarian organisations had little or no access to those areas – until the recent upheaval. Now, humanitarian organisations are faced with the challenges of having to thinly spread their rather limited resources over the newly accessible, much wider and less resourced areas of the whole of Syria.

Medical education and specialist training in former “Regime-controlled” areas have, for years, been grossly inadequate and poorly managed. The mass exodus of experienced doctors and health care professionals had a major impact on medical training and education. In addition to this, the increasing pressures on health care meant that health care professionals had to shift focus towards the provision of basic services, rather than working towards raising training standards and sharing expertise and knowledge, and the impact of this is hard to overstate. Therefore, a key component for the necessary development of health care in Syria must involve significant improvement to the existing health care training programmes for most, if not all, specialities.

It is worth noting that a number of innovative, highly acclaimed and internationally recognised training programmes were being delivered to health care professionals in North West Syria. Highly respected medical and academic entities, like the Royal College of Emergency Medicine and the American University in Beirut, were developing, coordinating and delivering top quality training programmes for doctors in North West Syria. These programmes had to be suspended since the fall of the Assad Regime, as the bodies delivering them did not have the resources and plans that would allow them to deliver those training programmes across the whole of Syria, now that the whole country returned to being a single body. With the appropriate resources, such highly respected academic organisations can deliver outstanding training to health care professionals across different medical and academic specialities, throughout the Country. Importantly, this will encourage already well-trained and experienced health care professionals to return to Syria to be part of a globally recognised and respected training and professional systems.

Finally, it is crucial to acknowledge and recognise the importance of the advocacy activities that health care professionals have been heavily involved in for over a decade, especially in areas outside the control of the former Assad Regime. It is equally crucial to acknowledge that the fall of the Assad Regime meant that these advocacy activities now need to expand into formerly “Regime-controlled” areas, to ensure that health care professionals, and communities they care for, across the whole of Syria, maintain their right for freedom of thought and freedom of expression.

Health care and humanitarian activities in the “new” Syria will be fundamental for the stability and growth of our wounded homeland. The future of Syria will rely substantially on immediate and sustained help from the international community, especially when it comes to delivery of high quality health care, education and academic development of health care professionals, as well as advocacy.