

CAIMUN 2018

CANADA INTERNATIONAL MODEL UNITED NATIONS



WHO

Backgrounder

Topic B: Improving Healthcare in the
Syrian Republic

Introduction

The Refugee Crisis in Syria has severely deteriorated the living conditions and accessibility of healthcare services over the past six years. Within Syria, this fight for democracy and freedom against the Bashar Al-Assad Regime has led to a violent civil war and the formation of the largest refugee crisis since World War II. Under such circumstances, the people of the Syrian Arab Republic are struggling. Over five million have fled to neighbouring countries and six million have been internally displaced. Crowded living conditions surrounded by battered shelters are served by undersupplied and undermanned clinics. More than half of the public hospitals and health centres in Syria are no longer functioning, while any health facilities remaining lack basic necessities: clean water, electricity, and medical supplies. The combination of this lack of resources and the grief that war victims face only further complicates health. Non-communicable diseases (NCDs) are particularly prominent in Syrians. In a survey based on different Syrian refugee households in Jordan, at least one resident in half the households suffered from a NCD.¹ To make situations worse, almost two-thirds of healthcare workers have left the country.² While in 2009, there had been 30,000 doctors in Syria, between 2011 and 2015, 50% of these doctors fled.³

In the midst of civil war, multiple medical facilities and health workers appear to have been targeted by the Syrian and Russian government forces. Such acts have come to be known as the “weaponization” of healthcare in Syria. As a method of military strategy, governmental forces target health facilities in order to restrict the rebels’ accessibility to medical assistance. There have been multiple incidents of deadly airstrikes on hospitals, as well as the shooting of patients in ambulances. These are only some of the many examples that illustrate the injustice of international humanitarian laws being violated due to war conflict. The capital of Damascus is where some of the only remaining functioning hospitals can be found. In more remote areas, the WHO and its partners have not been able to access communities due to the violence of the civil war. Kidney failure and cancers, conditions that could be easily treated with medicine and health professionals, have now become death sentences for some. With the WHO’s absence in these hard to reach areas, local NGOs hold a paramount importance to maintaining healthcare in Syria. Typically, in countries with poor sanitation, early exposure leads to increased immunity to many diseases. However, in Syria, these natural defences have not yet been built up in their population as, until recently, they had been protected by a fully developed health system. As this pressing crisis reaches its lowest, year by year, thousands of innocent lives are being lost. More and more people are becoming victims of a failing health system, which can no longer provide. The ramifications of such a war have led to the downfall of the political, economic, and social systems in Syria. It could be several years, or even possibly decades, before the Syrian Crisis is to end, and it may take even longer for the country to rebuild itself. The WHO must find an efficient, sustainable way to improve healthcare services, specifically through easier accessibility and medicines for disease.

1 borgenproject.org/common-diseases-in-syria/

2 www.who.int/mediacentre/news/releases/2017/syria-six-years/en/

3 “Syria ‘the Most Dangerous Place on Earth for Healthcare Providers’ – Study.” The Guardian, 15 Mar. 2017.

Timeline

July 10th 2000 - Bashar al-Assad becomes President of Syria

One month following the death of President Hafez Assad, his son, Bashar al-Assad is elected unopposed as the president of Syria for a seven-year term. Though at first promising changes to Syria from his father's iron-rule regime towards a modern state, al-Assad has instead followed in the footsteps of his father. The ramifications of al-Assad's actions have led to demands for reform and the launch of a deadly civil war.

January 26th 2011 - Start of the Anti-Regime Protests

Following successful regime change in Tunisia, Egypt and Libya, protests began in Syria. People were demanding political reforms, a reinstatement of civil rights and an end to the state of emergency, which had been in place since 1963. Outraged by government inaction, the protests spread.

March 2011 - Start of the Nationwide Uprising

During the month of March, Bashar al-Assad's forces began to open fire on unarmed protesters. Instead of discouraging the protests, the crackdowns and actions by Bashar al-Assad's forces provoked even more violence. This is the uprising that eventually led to the Syrian Civil War.

March 2011 - The First Documented Execution of a Doctor by Pro-Government Forces

The first execution of a doctor by pro-government forces took place in March, 2011.⁴ Following this month, Syrian forces begin to arrest doctors, patients, and paramedics wherever protests take place. These acts prove to show how healthcare workers were already being targeted prior to the current conflict.

2011 - Countries call for President Bashar al-Assad's resignation

In August, the US imposed new economic sanctions on Syria, freezing Syrian government assets in the US, barring Americans from making new investments in the country, and prohibiting any US transactions relating to Syrian petroleum products. Similarly, during the month of September, to limit the resources of the Syrian Government, the EU declared the ban of the import of Syrian Oil, while imposing additional sanctions as well. The Arab League suspended Syria's membership, effective on November 16, 2011.

July 2012 - Syrian Government Passes Law Against Medical Care

On July 2012, the Syrian Government passed a new law to criminalise the provision of medical care to anyone injured by pro-government forces in protest marches against the government.

October 2013 - Syria records its First Case of Polio since 1999

As a consequence of a broken healthcare system, polio returns to Syria. Before the civil war broke out in Syria in 2011, the WHO estimated that 83 percent of Syrian children were fully vaccinated against polio.⁵ Currently in 2018, around half the children in Syria are not immunized against this disease.

September 3rd 2015 - Three Year Old Boy washes up Against Turkish Shore

"The body of a three year old Syrian boy, Aylan, washes up dead on the shores of Turkey", this had been the headline of multiple news agencies in September 2015. Aylan's family had a rejected asylum application and were attempting to flee to Canada. The boat the family boarded held double its capacity, and thus, the boat capsized. This event demonstrates the suffering and

⁴ Ibid

⁵ "First Polio Cases Since 1999 Suspected In Syria." NPR. NPR, 21 Oct. 2013.

desperation of the Syrian Refugees, and helps bring light to the Syrian Refugee Crisis. The image of the young boy invoked a substantial emotional response for the public, bringing in record donations to charitable organizations around the world.

April 27th 2016 - Airstrike by Syrian-Russian coalition hit al-Quds Hospital

Human Rights Watch documented several attacks on homes, medical facilities, markets, and schools that appeared to be targeted. On April 27, 2016 a major airstrike by the Syrian-Russian coalition hit al-Quds Hospital and surrounding areas, killing 58 civilians and patients.⁶

September 19th 2016 - Airplanes strike a UN Humanitarian Aid Convoy

On September 19, 2016, airplanes strike a UN Humanitarian Aid Convoy and a Syrian Red Crescent warehouse in Urum al-Kubra in Aleppo, killing 20 civilians and one staff member. According to a Syrian Red Crescent statement, aid was to be distributed to 78,000 people. The UN said that the convoy had received proper permits from the Syrian government to cross from government-controlled Aleppo to parts of opposition-held western Aleppo.

April 6th 2017 - The US launches a military strike on a Syrian Government Airbase

The United States launches a military strike on a Syrian government airbase in response to Syria's chemical weapon attack on their civilians. On President Donald Trump's orders, US warships launch 59 Tomahawk cruise missiles at the airbase which was home to the warplanes that carried out the chemical attacks.⁷

February 24th 2018 - UNSC approves Ceasefire Resolution

The UN Security Council unanimously approves a 30-day ceasefire resolution in Syria, though it is unclear when the ceasefire is meant to start, or how it will be enforced.

Historical Analysis

Prior to the Syrian Civil War, Syria's health system was looked highly upon by many of its surrounding countries. Average life expectancy for citizens had been at 75 years of age and Syria had one of the highest polio vaccination rates in the middle east. However, the Syrian Refugee Crisis has brought significant negative consequences, such as the severe deterioration of living conditions and access to healthcare services. The life expectancy in Syria had dropped to 55 years of age as of 2015.⁸ To exacerbate this issue, cases of polio are now evident in certain areas of Syria despite having been eradicated from the country in 1999. The return of this infectious virus proves to show the ramifications of the collapse of Syria's once-vaunted public health system.

Beginning in the year 2011 with the spread of the Arab Spring, the Syrian Civil War has continued on for seven years now. The Arab Spring was a series of democratic uprisings by outraged Syrian civilians due to the government's refusal to step down from power. The first protests occurred on January 26, 2011, with President Bashar al-Assad's lack of action to provide political reforms, a reinstatement of civil rights, and an end to the state of emergency. Protests continued to grow until March of 2011, when Bashar al-Assad's government forces began to crackdown on the unarmed protesters. These crackdowns led to the beginning of a nationwide uprising. The Al-Assad family believed that using chemical weapons and plotting deadly attacks on their own civilians would instill fear; instead, these actions provoked even more protests. The

6 www.hrw.org/world-report/2018/country-chapters/syria

7 "Syrian Civil War Fast Facts." CNN, Cable News Network, 19 Mar. 2018.

8 "Syria's War: 80% in Poverty, Life Expectancy Cut by 20 Years, \$200bn Lost." The Guardian. Guardian News and Media, 12 Mar. 2015.

four main factions of fighting groups throughout the country include Kurdish forces, ISIS, other oppositions and the Assad regime.

At the beginning of March in 2011, the forces of President Bashar al-Assad detained and tortured children who had graffitied anti-regime slogans on a wall in the city of Dara'a. Tens of thousands of protesters took to the streets. In response, on March 22nd Assad's forces stormed into the city hospital, forcibly removing medical staff, and positioning snipers on the roof. For the next two years, the snipers remained stationed on the roof, firing at people with live ammunition. Eventually, the healthcare system became a "weapon of persecution" as governmental forces would target protesters who dared to seek treatment. Wounded demonstrators were taken from hospital wards to intelligence branches, where they were interrogated and often tortured or killed.⁹

Before the current conflict, healthcare workers and hospitals were already being targeted by governmental forces. This kind of targeting is a serious war crime under international law, yet this crime still often occurs in Syria. The first execution of a doctor by pro-government forces took place in March, 2011. Following this event, Syrian forces began to arrest doctors, patients, and paramedics wherever protests took place. The Physicians for Human Rights (PHR) is an organization that documents the attacks on medical care in war zones. According to this organization, around 700 Syrian doctors, nurses, and medical aides have died in more than 360 attacks on medical facilities. The Syrian government and its ally, Russia, are responsible for 90% of these attacks. Just in the first year of the uprising, PHR documented 56 cases of medical workers being targeted by government snipers. Workers were tortured to death in detention facilities, shot and set on fire while driving ambulances, and murdered by security agents at in their clinics or at home. Several were also even killed while treating patients. According to PHR, 95 percent of the medical personnel who were in Aleppo before the war have either fled, been detained, or killed.

In July 2012, the regime enacted a new terrorism law, making it an offense to fail to report anti-government activity. In a way, this law criminalized providing medical aid to protestors of the Anti-Regime. Despite the onslaught, doctors and international NGOs forged an elaborate network of underground hospitals throughout Syria. By the end of 2012, Syrian government forces had attacked medical outposts at least 89 times. Near Damascus, they raided and burned to the ground a clinic and three hospitals. In 2014, when airstrikes began to increase in frequency, the wounds of those who survived were often far more serious than before. In Homs, they shelled a field hospital twenty times in two days. In Aleppo, military aircraft fired rockets at a children's hospital, causing it to shut down. These are just a few examples of the many airstrikes targeted against these facilities.¹⁰ Since air strikes cannot target individual doctors, they have instead frequently been directed against facilities filled with patients and staff. Thus, each attack from airstrikes have led to additional casualties. This compromised not only trauma care for the wounded but also the treatment of chronic and infectious diseases. The targeting of health facilities has made it difficult for doctors to provide the much needed healthcare services in Syria.

9 Francis, Ellen. "The War on Syria's Doctors." *Foreign Policy*. Foreign Policy, 12 Aug. 2016.

10 "Syria's War on Doctors." *The New Yorker*, The New Yorker, 19 June 2017, www.newyorker.com

Current Situation

“Healthcare [in Syria] has become militarized to the extent that many in need elect not to seek medical assistance in hospitals for fear of arrest, detention, torture, or death.” - UN, 13 September 2013

More than half of Syria’s pre-war population of 22 million has been uprooted since the civil war broke out. Refugee camps from neighbouring countries such as Lebanon, Turkey, Iraq, Egypt, and Jordan are at the brim in capacity, having altogether taken in over 6 million refugees. In fact, 96% of fleeing refugees are located in these surrounding countries. In Lebanon, an astonishing 1 out of every 4 people is a Syrian refugee. Host countries are crowded to the point at which they are having much difficulty in keeping up with not only the basic needs of the refugees, but those of their citizens as well. With such devastating losses in its population, the economy of Syria has been left shattered. 90% of the pharmaceutical industry, which had previously pumped out drugs for domestic use and export to 50 countries globally, is no longer functioning.¹¹

Those wishing to overthrow President Bashar al-Assad and democratize Syria have been fighting against his forces for years. Ever since the start of the civil war, refugees have been fleeing from Syria to nations all over the world. More than 240 thousand Syrians have been killed, with 12 thousand of them being children.¹² According to UN Statistics, the entire world has about 14.4 million refugees. Of this number, the Syrian Refugee Crisis makes up 30% of this number; 3.88 million refugees. 51% of refugees are under 18 years of age, which is the highest figure for child refugees in more than a decade.¹³ 7.6 million are internally displaced by violence and 12.2 million people are currently in need of humanitarian assistance.¹⁴ Only 42% of the population live in areas with health workers, 31% live in areas where health workers are insufficient and 27% live in areas where health workers are completely absent.¹⁵

The Syrian government is now dependent on medical supplies from its allies – Russia, Iran and, to a lesser extent, Cuba and Honduras, as well as UN-coordinated aid coming in through Damascus and one border crossing with Iraq. Yet, the Syrian health ministry routinely prevents U.N. convoys from delivering medicines and surgical supplies to besieged areas. In such places, food and medical supplies are scarce and the suffering of many families is largely unseen. Having to drink from polluted wells and wash in the sewage, resorting to expired medication, to eating leaves and rotten rice; the lack of basic sanitation is unbelievably horrifying. For children, the dangers go beyond death and injury; boys as young as twelve have been recruited to support the fighting, some in actual combat, others to work as informers, guards, or arms smugglers. Two-thirds of Syrians surveyed in the most insecure governorates believe that child recruitment has accelerated.¹⁶

Syrian health care workers have found ways to survive, adapt, and treat those wounded in horrific

11 Cooper, Charlie. “Syria in Crisis: Country’s Healthcare System Is ‘Going Backwards in Time, at a Rate of a Decade a Month’.” The Independent, Independent Digital News and Media, 25 Dec. 2013.

12 Berlinski, Laire. “Why We Should Accept Syrian Refugees - Ricochet.” Ricochet. N.p., 24 Nov. 2015.

13 www.unhcr.org/globaltrends2016/

14 reliefweb.int/report/world/global-humanitarian-overview-2015

15 Coutts, Adam. et al. “Health Workers and the Weaponisation of Health Care in Syria: a Preliminary Inquiry for The Lancet–American University of Beirut Commission on Syria.” The Lancet, 2018

16 “Under Siege The Devastating Impact on Children of Three Years of Conflict in Syria.” UNICEF, Mar. 2014.

fighting, as well as to deliver babies and treat ordinary illnesses. In Syrian NGOs, medical staff will come from a particular political background. For example, rather than professional medical staff, there will be revolutionaries in opposition areas and loyalists in government controlled areas. Therefore, this leads to many qualified staff are excluded from the workforce. Attacks on hospitals and health facilities increased to an estimated 199 in 2016, from just over 90 in 2012. Due to these attacks, doctors are forced to move and operate underground; yet these areas are still not safe. An underground hospital in eastern Aleppo was attacked 19 times in three years before eventually being destroyed in October 2016. From dodging arrest and torture to missiles and snipers, medical personnel in Syria have managed to build a health care system out of the one their government destroyed. One example of their efforts include having installed cameras so that doctors from abroad can monitor patients by Skype and direct the technicians to administer proper treatment. Additionally, in besieged areas, hospitals are just scraping by - they are running on fuel from animal waste.

Due to the fall of health infrastructure, sanitation in Syria is not in good condition. Cases of diarrhea and hepatitis-A have almost doubled since the beginning of the year. As well, the recent re-emergence of polio after a 14 year absence proves to show the lack of medical attention in Syria. In response to the outbreak of polio, the WHO had launched a vaccination campaign to immunize 2.4 million children aged less than 5 years. Other common diseases that are now particularly prominent in Syria include non-communicable diseases (NCDs). Several of the common NCDs include anemia, diabetes and hypertension. One study found that 48.4 percent of children under the age of five living in the Zaatari Syrian refugee camp suffered from anemia, as did 44.8 percent of women aged 15 to 49.¹⁷ The key to treating these common diseases is in maintaining a healthy diet and taking preventive medications. However, both of these strategies are difficult to come by for Syrians. About 60 percent of Syrians needing insulin to treat their diabetes are in danger due to a shortfall of the hormone. Together, this all demonstrates the harsh collapse of Syria's health system.

UN/International Involvement

The Role of the World Health Organization

Throughout history, there have been numerous measures that the World Health Organization and other bodies associated with the UN have taken to monitor and maintain proper health. Founded on April 7, 1948, the World Health Organization (WHO) has played a key role in promoting and protecting health worldwide. With the current situation in Syria, the World Health Organization has been trying its best to provide assistance to many of the citizens affected by war. In the midst of such crises, WHO has played a significant role in the provision of vaccinations, training of doctors, and delivery of aid.

Fifteen locations in Syria are classified as besieged, thus making it difficult for WHO to deliver aid to these areas. In these areas under siege, many people suffer either from a shortage of food or a lack of medical care. Any food that is available, such as olives or bread, provide little nutrition. Citizens are malnourished and are losing weight quickly. Although the WHO is not able to enter into certain areas, they are still able to provide help in other ways. Using the besieged east Aleppo as an example, the WHO provided assistance by training doctors and medical staff through

¹⁷ borgenproject.org/common-diseases-in-syria/

video conferencing. The Syrian medical staff would then carry out the tasks to care for and treat patients.

In parts of Syria that the WHO is able to reach, aid and assistance is provided. Aside from the violent casualties of the war, the WHO also aimed to treat many of those patients suffering from NCDs. For instance, in response to the return of polio to Syria on October 2013, an immunization campaign had been launched by UNICEF and WHO. This campaign has come to be known as the largest campaign in the region's history. As a result, within the next four months, 2.7 million Syrian children had been immunized through four campaign rounds inside Syria, alongside 23 million others in the region.

Lastly, WHO has made significant steps in creating negotiations and fighting for the basic human rights to health. In December 2016, there was a successful negotiation to evacuate sick and injured patients in critical condition from east Aleppo.¹⁸ Almost 200 patients were safely transferred to hospitals in western rural Aleppo, Idlib and Turkey before all evacuations were aborted this morning, leaving many more in need of medical care stranded.

Other United Nations Bodies and NGOS

Alongside the work of the WHO, the United Nations High Commissioner for Refugees (UNHCR) has played a major role in protecting the displaced Syrian refugees as well as helping them recover and thrive. The UNHCR had provided families with essential winter supplies to help them survive the cold winter weather. Meanwhile, the United Nations Security Council (UNSC) has also provided significant work in Syria. The UNSC has been fighting to eliminate the use of chemical weapons in the Syrian War. In areas that are besieged, it is also the role of the UNSC to demand for humanitarian access. Just recently on February 25, 2018, The UNSC had unanimously approved a resolution demanding a 30-day ceasefire in Syria to allow aid deliveries and medical evacuations. Lastly, the UN World Food Program (WFP) is responsible for the distribution of most emergency food in Syria. Together with NGOs, WHO, alongside these other UN bodies, are all fighting to help this cause. NGOS that work in opposition controlled areas have to deal with various civil and military powers with different ideologies and agendas. As such, negotiation skills are extremely important in this context.

Potential Solutions

Sanitation

Syria has seen a collapse in their water sanitation networks. More than a third of water treatment plants have been destroyed and many citizens have resorted to drinking unsafe water. By the end of 2012, the amount of safe water consumed by families across Syria fell 40 percent from pre-crisis levels, thereby becoming an important contributing factor to the spread of disease. Currently, only a third of the country's sewage is now being treated, compared to the 70 per cent prior to the conflict. Syrians need the rehabilitation of their bathrooms and washing facilities and for the installation of a water tank and water filters.

Assisting Neighbouring Countries

18 www.who.int/mediacentre/news/statements/2016/aleppo-medical-evacuation/en/

In order to cope with the increased burden of refugees, neighbouring countries need the support of the international community to help strengthen and assist their health systems. Many neighbouring countries dealing with the fallout of the Syrian Crisis will not be able to hold under this strain for much longer. It is feared that without further funding, health services in urban and rural areas in Syria's neighbouring countries will be overburdened, affecting quality of care and increasing levels of mortality particularly among women, children, and refugees with chronic health conditions. Other countries around the world are encouraged to open their borders to Syrian refugees as well. Countries that are not willing to open their borders should try to contribute in the funding for improved healthcare. This extra commitment and funding from countries would help to alleviate tensions and foster stronger bonds between refugees and those hosting them.

Facilitating Peacekeeping

International peacekeeping forces, numbering in the thousands, should be sent to guarantee a ceasefire in Syria and reopen the contested cities and towns to resettle as many displaced refugees as possible. Investing in the creation of such a force will be far cheaper to do than the billions spent to destroy the country and the cost of settling refugees outside of the country. A ceasefire agreement between American backed rebels and Russian backed Syrian army would bring a big relief to Syrian civilians who have been facing heavy bombings since the start of the war. Once a ceasefire has been reached and maintained, improvements in healthcare and infrastructure can be made.

Arms Embargo and Disarmament

Aside from a ceasefire by all sides, the United States should support the UN in decision-making, international law and diplomacy instead of using military force. US military involvement will only make situations worse. This suggests an end to US military strikes and an end to all other military involvement, including arms shipments. The UN should call for and support a comprehensive international arms embargo. It should announce immediate plans to stop sending or enabling the provision of arms to rebel forces and to prevent US allies from doing so, while simultaneously renewing pressure on Russia and Iran to stop sending arms to the Syrian government. With regard to disarmament, we must oversee the transfer of Syrian chemical weapons to international control so they may be safely removed or destroyed. Countries should support this and further disarmament efforts by endorsing calls for the creation of a weapons of mass destruction-free zone throughout the Middle East. These acts will help to lessen the death toll and prevent airstrikes in Syria.

Funding for Non-Governmental Organizations

There is drastic need for increased funding in the health budget to ensure the continued provision of health services in Syria. Many of the NGOs in Syria play a major role in providing the necessary humanitarian aid in areas that WHO cannot reach. Syrian medical NGOs began their operations in the first year of the crisis by mainly depending on donations from individual Syrians themselves. From the second year of the crisis, these organizations began to establish relations with government-related agencies and international non-governmental organizations (INGOs). This has not changed much since and these organisations still rely very much on these two types of funding. Syrian medical NGOs also need to increase their knowledge on how to tackle challenges caused by international counter-terrorism legislation and measures. It is clear that medical assistance has a sensitive position, since medical services might be perceived as supporting one or another militia. Neglecting this issue might result in very critical conditions for

the organizations supplying medical assistance. While it does not seem that the Syrian Crisis will end soon, when it does, Syrian medical NGOs will play a major role in restoring the country's destroyed healthcare system. There will be millions of children in need of psychological support to heal the hidden wounds inflicted by the conflict. The international donor community needs to begin by marshaling more financial support. By directing awareness to this situation through news outlets and media platforms, more people will be eager to donate and provide funding to NGOs such as the UN Refugee Agency, Syrian NGO Alliance, and more. Please note that while NGOs are quite important, solutions may not solely rely on just NGO.

Humanitarian Aid and Vaccination

In areas under siege, humanitarian aid is unable to reach the affected people. In Zahra and Nubul near Aleppo, and in Darayya, Moadamiyet Elsham, Yarmouk and Eastern Ghouta on the outskirts of Damascus, communities have been under siege for many months, prevented from receiving basic necessities such as food and medical supplies. Therefore, the suffering of families in these areas is largely unseen. Many diseases remain a threat to an estimated 323,000 children under the age of five in areas under siege or that are hard-to-reach.¹⁹ Before October 2013, families used to be able to supplement basic food with meat, fruits, and vegetables. However, now these families have run out of money. Syrians have resorted to eating rotten rice and leaves. People in desperation have even resorted to eating expired medications. All kinds of supplies from warm clothes in the winter to water purification tablets are all necessary to help the Syrian families survive the violence of war. Normal vaccination programs cannot be undertaken as well. Over time, vaccine-preventable diseases have a costly impact, resulting in doctor's visits, hospitalizations, and premature deaths. Therefore, vaccinations play a key role in reducing the number of future health issues. Syria's children are now highly vulnerable to potentially fatal diseases such as measles - it is important that the children receive their proper vaccines. Syria and the WHO must come to an agreement in order for medical personnel to safely enter areas and provide the necessary vaccines to the citizens of Syria.

Bloc Positions

Western Liberal Democracies (United States, Canada, United Kingdom, Etc.)

These countries are willing to lend their expertise and participate in international efforts to improving healthcare in Syria. They also contribute financially and help in the funding of supplies and provision of aid. With stronger healthcare facilities and development, they can contribute to help train and mentor doctors within Syria. Often technologically advanced, these countries would continue to advocate and maintain the development of support networks and methods of communication around the world.

Syrian Refugee Host Countries (Lebanon, Jordan, Iraq, Turkey, Etc.)

These surrounding countries have made tremendous efforts to welcome the flood of refugees and provide them with shelter and services. However, these host countries are at a tipping point. Their schooling, healthcare, nutrition and stability are starting to crumble as the influx of refugees overwhelms them. Therefore, as the standard of living for their own populations begin to fall, this leads to rising tensions between their own populations and Syrian refugees. Both rents and the competition for low-paying jobs are increasing rapidly. For example, in some parts of Jordan, rent has increased by 300 percent.

European Countries (Germany, Sweden, France, Netherlands, Etc.)

¹⁹ "Under Siege The Devastating Impact on Children of Three Years of Conflict in Syria." UNICEF, Mar. 2014

For countries in this bloc the general consensus is to accept in refugees. The EU and its Member States have mobilised more than €10.4 billion since the start of the conflict. Apart from Germany, Sweden has also taken an open door approach to people fleeing the conflict, accepting more Syrians than any other European country. As the Syrian Crisis turns into a regional humanitarian crisis, more and more European countries are accepting Syrian refugees preselected by the United Nations.

Syria and Russia

These countries are unable to focus on Syria's healthcare system due the government's focus on the Syrian Civil War. They prioritize their political views over the health, safety, and security of the Syrian civilians. The violent conflicts occurring in Syria has led to the collapse of the healthcare system and destroyed infrastructure. Governmental forces aim to target medical facilities and health personnel making it extremely difficult for patients with both communicable and noncommunicable diseases to get the proper treatment needed. Due to a lack of access to these medical facilities, diseases that could have been prevented by physicians instead become death sentences. Currently, the majority of casualties are a result of the airstrikes and bombings. Countries in this bloc require more than just the support of other nations. It will take years to rebuild the healthcare system.

Discussion Questions

1. What steps need to be taken to improve access to basic necessities and medical facilities? How will individuals and governments have the financial means to acquire such resources?
2. Healthcare is a very broad term. Specifically, what needs the most attention to right now in Syria?
3. How can host countries aim to alleviate the tensions between those of their own populations and Syrian Refugees?
4. What role should the Syrian government play in providing proper healthcare?
5. What is your opinion on the Syrian government targeting medical facilities?

Further Resources

- WHO Syria Report: <http://apps.who.int/medicinedocs/documents/s17311e/s17311e.pdf>
- UNICEF Syria Crisis Situation Report: <https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Syria%20Crisis%20Situation%20Report%20-%20September%202017.pdf>
- Impact on Syrian Children: https://www.unicef.org/publications/files/Under_Siege_March_2014.pdf
- Country Case Study - Syria: <http://downloads.bbc.co.uk/mediaaction/pdf/syria.pdf>
- Roots of the Syrian Crisis: http://www.ipcs.org/pdf_file/issue/RootsoftheSyrianCrisis_VPHaran.pdf
- Syrian Crisis - Health Experts: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60515-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60515-3.pdf)

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