DRAFT
PLEASE DO NOT SHARE BEYOND GROUP PARTICIPANTS
15th November 2021

Background brief: The health of IDPs in Syria: intersecting vulnerabilities and prioritising needs

In this workshop, our aim is to bring together experts on IDP health in Syria with the aim of highlighting key health concerns among IDPs and influences on their ability to access healthcare to understand where research gaps exist. We will also discuss how health systems in Syria have been responding to the changing and challenging health needs of IDPs and what this means to the structure and dynamics of these health systems in relation to intended outcomes, system resilience and responsiveness. We will explore the different modalities used by humanitarian actors to address the health needs of IDPs in northern Syria and discuss strengths, areas of improvements and lessons to be learnt from these modalities.

Background:

More than a decade of conflict has displaced at least half of Syria's pre-war population of 22 million people; 6.7 million are displaced within Syria's borders (many more than once) and around 70% are now displaced for more than 5 years. 6.6 million are refugees, of whom 5.6 million are in countries neighbouring Syria. Women and children make up two thirds of those displaced[1]. The scale of displacement places Syria as the country with the highest number of internally displaced people (IDPs), followed by the Democratic Republic of the Congo (5.26 million IDPs as of December 2020 with 2.2 million new displacements in 2020,) and Ethiopia (2 million IDPs of which 1.69 million were new displacements in 2020.) In Syria, there are at least four areas of differing geopolitical control with increasingly limited communication among them; this has been exacerbated by recent political changes and the COVID-19 pandemic. As such, among IDPs in Syria, there is much heterogeneity among IDPs with some displaced within their own area and others displaced to different areas. This has implications for health given the different health systems functioning within these areas and the social and political influences that affect health depending on the region of origin and destination.

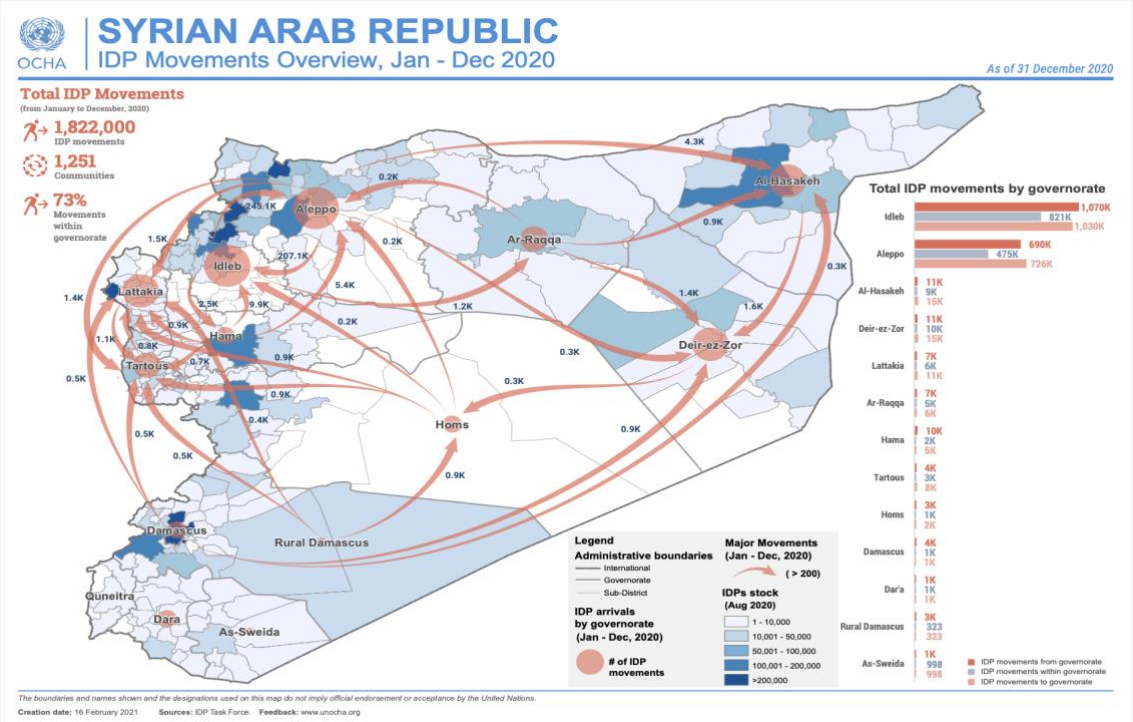
We face several difficulties when exploring the health needs of IDPs in Syria. As with other countries, IDPs may not be differentiated from local populations when health or other humanitarian needs are reported, which can make identifying their particular needs or vulnerabilities challenging. As such, the health of IDPs and relevant health system responses to IDPs in Syria remains under-explored. However, IDPs may face additional vulnerabilities over and above those experienced by other vulnerable populations in Syria related to the reasons for forced displacement, ongoing violence and insecurity, inadequate living conditions, poor WASH (Water Sanitation and Hygiene[2]) as well as other risks including risks of communicable diseases outbreaks and SGBV (Sexual and Gender Based Violence.) This does not detract from the vulnerabilities faced by the majority of the Syrian population of whom up to 80% live below the poverty line and around 12.4 million people are food insecure (an increase from 7.9 million in 2020.[3]) IDPs may face particularly challenges accessing healthcare due to distances of travel, insecurity or, in the case of those relocated from areas outside of, to areas inside of government control, discrimination in the provision of services.

The COVID-19 pandemic has strained Syria's already overburdened health system and exposed weaknesses across the subnational health systems; however it has also demonstrated the importance of community engagement and the role of bottom-up local governance entities[4]. In May 2021, a brief produced by the Syria Public Health Network for Lancet Migration detailed key challenges and recommendations relating to IDPs during the ongoing COVID-19 pandemic. It can be found here. When discussing the health of IDPs, it is important to consider intersecting factors which influence health and differences within the IDP population as they are not a homogenous group. This may include for example poverty levels, employment opportunities, whether households are female led or whether IDPs are residing in tented settlements, unfinished buildings, or adequate accommodation. As such, in this workshop, we hope to engage with participants through a transdisciplinary approach taking into account such determinants of health.

[1] https://migrationhealth.org/wp-content/uploads/2021/05/lancet-migration-situational-brief-syria-01-en.pdf
[2] https://pubmed.ncbi.nlm.nih.gov/34010668/
[3] https://cccmcluster.org/operations/syria
[4] https://pubmed.ncbi.nlm.nih.gov/32436578/

Overview of IDPs in Syria

This figure gives an overview of IDP movements during 2020[5] and shows the distribution of IDPs as of August 2020.



During 2020, 1.82 million people were forcibly displaced from their homes (of which all but 25,000 were due to conflict and violence) and 467,000 were able to return to their homes[6]; this is among the highest number of annual displacements since the start of the conflict (see figure below.) 73% of movements occurred within governorates, with the highest forced displacement occurring in Idleb and Aleppo governorates. Between December 2019 and February 2020, an offensive by the Government of Syria in Idlib governorate in north west Syria forced 960,000 people from their homes; 81% were women and children and more than half had already been displaced at least once previously during the conflict[7]. As a result, more than half of the 4.17 million people in north west Syria are IDPs; 1.4 million still reside in tended settlements.

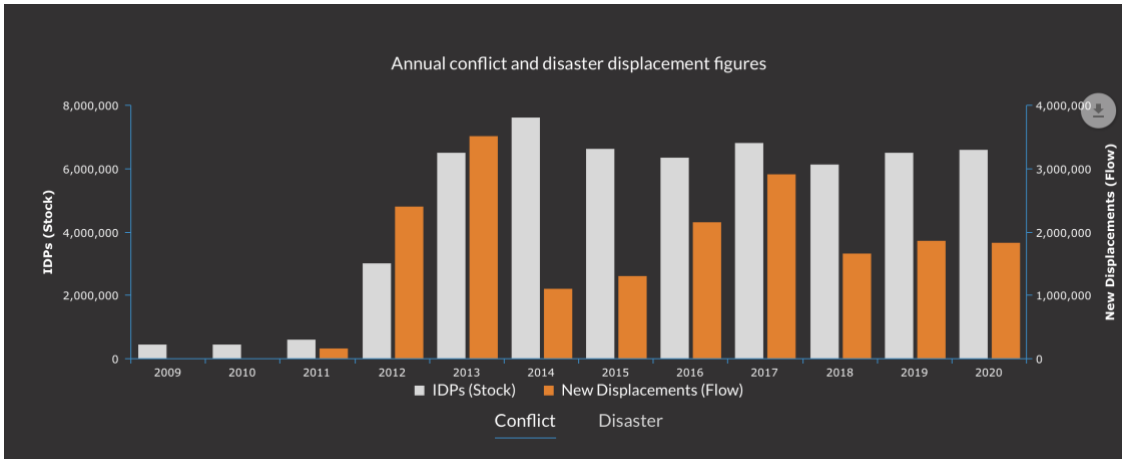


Figure: The number of new annual displacements due to conflict and disaster in Syria until December 2020 (https://www.internal-displacement.org/countries/syria)

[5] https://reliefweb.int/sites/reliefweb.int/files/resources/syr_idp_movement_overview_jan_to_dec_2020_final.pdf
[6] https://www.nrc.no/news/2021/march/syria-another-decade-of-crisis-on-the-horizon-expected-to-displace-millions-more/
[7] https://reliefweb.int/report/syrian-arab-republic/recent-developments-northwest-syria-situation-report-no-10-12-march-2020

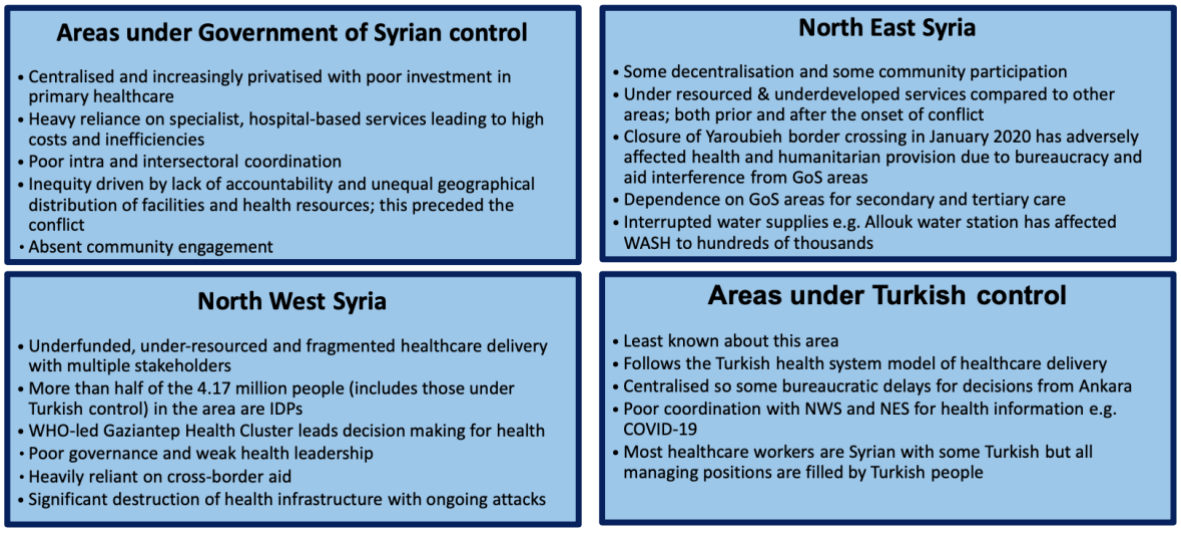
In north east Syria, around 780,950 IDPs are resident among an estimated population of 3.2 million. Al Hol is the largest camp in the area and hosts around 68,000 IDPs (mostly women and children) though it was initially established for around 10,000 people; as such conditions are uninhabitable with poor access to healthcare and services for the population. In addition, there are around 10,000 forcibly displaced people in the informal Rukban settlement which is in a demilitarized zone between Syria and the extreme north east of Jordan; people in this area have restricted access to health or humanitarian aid.

In areas under government control, responding to the health needs of IDPs is being done under a leadership of the Damascus Ministry of Health with contributions from NGOs operating in these arrears. The extent to which the functionality of the health system in Government controlled areas has been affected by the conflict is relatively less than what has been experienced in the other areas of control. This is mainly through a maintained health governance as part of the Damascus government. Additionally, the UN led humanitarian response does recognise the Damascus government as a lead for humanitarian interventions. On the other hand, issues related to accessibility, equity, and equality might affect the ability of this health system to meet the health needs of IDPs in these areas.

Subnational Health System Dynamics and Impacts on IDPs

Soon after the onset of the conflict, the withdrawal of the Ministry of Health from areas under opposition control, particularly in north west Syria as well as the geopolitical changes within Syria's borders, has led to the formation of different subnational health systems within Syria's borders[8]. These have evolved differently with different leadership and governance structures, differences in financing and different prioritisation in healthcare provision. In part, they have evolved as a result of external factors e.g. funding but also due to the evolving needs of the populations they serve. Broadly, these subnational health systems are in north west Syria (including areas under Turkish control in northern Syria,) north east Syria which are under the AANE (Autonomous Administration of North and East Syria) and the remaining two thirds of the country which is under the control of the Government of Syria[9]. Years of underfunding, the weaponization of healthcare with relentless and ongoing attacks on healthcare itself as well as healthcare workers[10], particularly in areas outside of government control as well as the changing and increasing health burden of those who remain in Syria, together with the COVID-19 pandemic have strained the subnational health systems across Syria. In addition, the failure to renew or the partial renewal of the UNSC resolution on cross-border aid has negatively affected the entry of health and humanitarian care to both north west and north east Syria[11]; this has been particularly devastating during the COVID-19 pandemic.

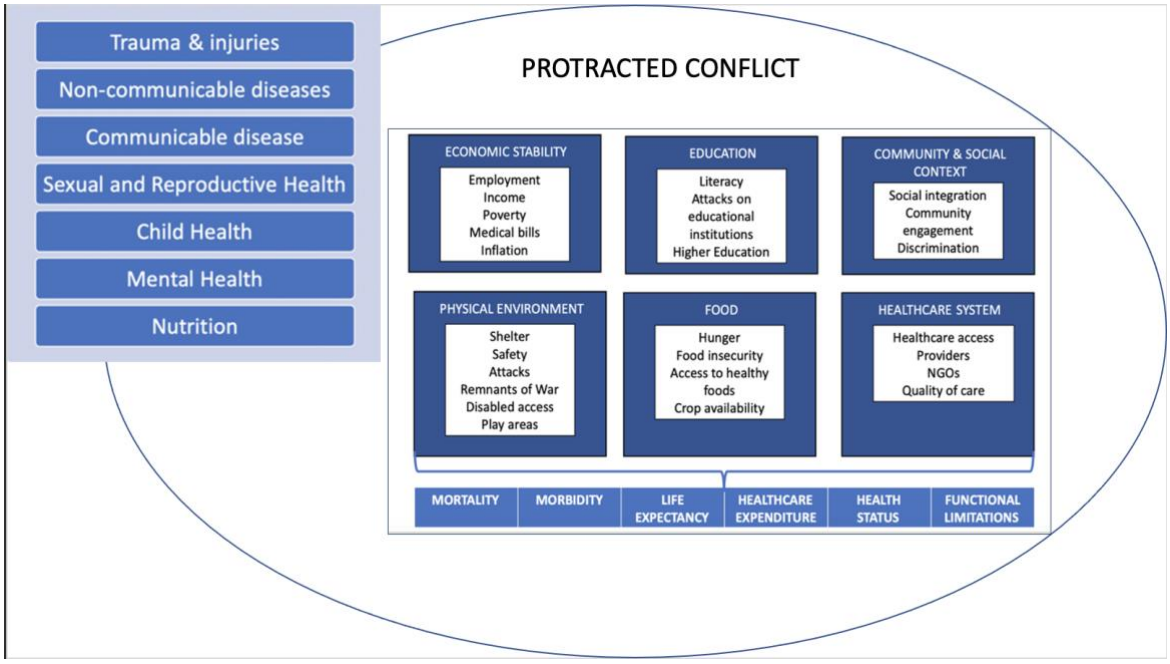
The figure below gives an overview of key differences in the subnational health system in Syria.



IDPs share some similar challenges around healthcare access compared to non-IDPs however they also face additional challenges with increased likelihood of poor shelter, food insecurity, poor access to employment, higher rates of poverty and potentially greater impacts on mental health related to displacement and loss. This is a broad generalisation given multiple factors, including social determinants of health which can have varied impacts on the health of both IDPs and non-IDPs.

[8] https://www.syriahealthnetwork.org/wps6/wp-content/uploads/2021/01/PolicyBrief-COVID19-Syria_29.4.2020_FINAL.pdf
[9] https://www.syriahealthnetwork.org/wps6/wp-content/uploads/2021/01/PolicyBrief-COVID19-Syria_29.4.2020_FINAL.pdf
[10] https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30741-9.pdf
[11] https://www.syriahealthnetwork.org/wps6/wp-content/uploads/2021/01/PolicyBrief-COVID19-Syria_29.4.2020_FINAL.pdf

For IDPs who share some similar but some additional healthcare needs compared to non-IDP populations, this has meant that healthcare has been inadequate to respond to their needs. The social determinants of health for both IDPs and non-IDPs in Syria have been adversely affected by the protracted conflict with subsequent impacts on major health burdens. The figure below highlights the key social determinants of health in the Syrian context alongside their impacts as well as the key health burdens. As discussed, differences among the groups are poorly differentiated in the academic and grey literature.



Conclusion:

There remain numerous unknowns with regards to the health of IDPs in Syria (as well as the non-IDP population.) This workshop provides an opportunity to explore some of the factors which influence the health of IDPs with a focus on northern Syria. These include challenges of the health response; health system resilience in light of changing dynamics; integration and collaboration with other sectors which influence the health of IDPs in Syria and innovation approaches to address IDP health needs.