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Health and humanitarian response after the earthquakes in northern Syria: challenges and recommendations

On 6th February 2023, an earthquake measuring 7.8 on the Richter scale devastated southern Turkey and northern Syria. Significant aftershocks and subsequent earthquakes also continue to contribute to the devastation experienced by civilians in this region¹. The official death toll is over 53,000 (as of 4th March 2023) across both countries, and has been estimated to have affected 8.8 million people in Syria². In Syria, the most affected area by the earthquake is **northwest Syria** with 7,259 deaths³ and 12,000 injuries⁴ (estimates range from 8,700-14,000) in Idlib and Aleppo governorates though these figures are set to rise.

This region includes the non-government controlled territory in **northwest Syria**, an area which currently encompasses Idlib governorate and parts of Aleppo governorate where around 4.5 million reside⁵. More than 65% of the population are internally displaced people (IDPs), and most IDPs are women and children in an extremely vulnerable humanitarian position even before the earthquake⁶ with nearly 4.1 million in this area dependent on humanitarian aid to meet basic needs. Highly vulnerable groups include those who were already internally displaced throughout northwest Syria, as well as women, children, people with disabilities^{7 8}, and the elderly, which comprise the majority of the population. In this area, 1.4 million lived in tented settlements and already faced freezing temperatures over the harsh winter even prior to this disaster. At the time of the earthquakes, access to this area was essentially limited to cross-border aid via Bab al Hawa border crossing (and subject to UNSC resolutions every six months⁹) with negligible cross-line (from areas under government control) aid¹⁰.

According to the UN, more than 10,000 buildings, including at least 55 health facilities, have been completely or partially destroyed in northwest Syria, with at least 4 hospitals evacuated including 2 maternity hospitals¹¹. This has placed an additional burden on existing health facilities which provide critical services to civilians across northwest Syria. Infrastructure needs such as water, fuel, and electricity were already scarce ahead of the impacts of the earthquake. As a result, the risk of communicable diseases outbreaks (including vaccine preventable diseases) is high with a likely surge in cases of cholera, an outbreak of which is ongoing since September 2022¹². As of 28th February 2023, more than 50,000 suspected cholera cases have been declared in the ongoing outbreak in northwest Syria¹³. Other parts of Syria including those under government control (accounting for two thirds of the country) and northeast Syria have also felt shocks with some degree of destruction.

In this document, we highlight key, early challenges to the humanitarian response in northwest Syria, how these have contributed to preventable rising mortality and morbidity together with recommendations in light of the earthquakes.

¹https://donate.redcross.org.uk/appeal/turkey-syria-earthquake-appeal?c_code=170459&c_name=adg=&c_creative=&c_source=bing&c_medium=&msclkid=e269aec1127c11865912cac29e9993e9&utm_source=bing&utm_medium=cpc&utm_campaign=Turkey-Syria%20appeal%20%7C%20Donate%20%7C%20Generic%20%7C%20Exact&utm_term=turkey%20earthquake&utm_content=Topline

²<https://www.unocha.org/story/nearly-9-million-people-syria-affected-t%C3%BCrkiye-earthquake-un-launches-400-million-funding#:~:text=In%20Syria%2C%208.8%20million%20people%20have%20been%20affected%2C,access%20constraints%20and%20winter%20conditions%20are%20compounding%20challenges>

³<https://reliefweb.int/report/syrian-arab-republic/syriaturkey-earthquakes-situation-report-7-march-8-2023>

⁴<https://www.aljazeera.com/news/2023/3/6/syrias-quake-victims-suffer-debilitating-crush-syndrome>

⁵<https://reports.unocha.org/en/country/syria/>

⁶<https://pubmed.ncbi.nlm.nih.gov/35942086/>

⁷<https://r4hss.org/2023/03/02/the-forgotten-individuals-in-health-in-conflict-settings-the-disabled-in-northwest-syria/>

⁸<https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-023-00501-4>

⁹<https://news.un.org/en/story/2023/01/1132282>

¹⁰<https://www.washingtoninstitute.org/policy-analysis/recasting-syrias-cross-border-aid-debate>

¹¹<https://reliefweb.int/report/syrian-arab-republic/earthquakes-north-west-syria-flash-update-no-14-28-february-2023>

¹²<https://reliefweb.int/report/syrian-arab-republic/earthquakes-north-west-syria-flash-update-no-14-28-february-2023>

¹³<https://reliefweb.int/report/syrian-arab-republic/earthquakes-north-west-syria-flash-update-no-14-28-february-2023>



The earthquakes in northwest Syria are another stressor on an already stretched humanitarian response

- Northwest Syria has seen among the worst of the violence during more than a decade of armed conflict. Attacks by the Syrian government and its Russian allies have led to widespread destruction of more than 70% of health facilities and damage to other essential infrastructure e.g. WASH, electricity¹⁴. As such, the health system which was already overwhelmed has minimal resilience or slack to deal with new challenges such as the earthquake.
- The emergence of the humanitarian response in this area after **the early withdrawal of the Syrian Ministry of Health** after the uprisings in March 2011 and subsequent descent into conflict has been uncoordinated, underfunded and insufficient to meet the high and increasing needs of the population, even pre-earthquakes¹⁵. Early in the conflict, this was predominantly trauma and emergency care however care needs have become increasingly complicated with an increase in higher burden including for chronic injuries (including risks of antimicrobial resistance [AMR]), communicable diseases (the area witnessed outbreaks of polio, measles, and cholera), mental health and psychosocial support (MHPSS), non-communicable diseases (NCDs), sexual and reproductive health¹⁶ (SRH) and paediatric care.¹⁷ The earthquakes and related injuries will bring a return to the need for emergency and trauma care with a subsequent increase in other care needs including physical rehabilitation and psychosocial needs.
- As Syria is still considered **an emergency response**, despite the duration of the conflict and needs to support chronic care for patients as well as other services, the prioritisation of emergency or lower cost interventions rather than other more expensive, specialist or complex to deliver, though also needed services. This has left gaps which pre-earthquakes meant that an average of 30 patients per days crossed to Turkey for treatment¹⁸. Since the earthquakes, this has been very restricted.
- The protracted nature of the conflict and increasing restrictions to travel from northwest Syria to Turkey for specialist care (especially during COVID-19,) has meant that the local health system has had to evolve **to include specialist and tertiary care** including oncology¹⁹, interventional cardiology and dialysis. Most of these are funded by local humanitarian organisations²⁰ who often need to crowd-fund for such interventions which donors consider to be not cost effective or not urgent compared to other needs. Unfortunately, this is to the detriment of the population and is something seen starkly now when even greater restrictions have been placed on the entry of Syrians to south eastern Turkey for treatment, given how overwhelmed health facilities in that region are now. This is even more pertinent given that an estimated 30,000 Syrian refugees have returned from Turkey to Syria given the adverse conditions²¹. Given the extent of crush injuries post-earthquakes, there remains a high need for more dialysis units, especially as some dialysis centres were either permanently or temporarily suspended post-earthquakes²².
- **The UN coordination mechanism (UN OCHA)** for northwest Syria was based on the Health Cluster in Gaziantep, Turkey (the epicentre of the earthquake). As such, it was not spared with extensive damage to the city and the relocation of many staff based there²³. Given that it was directly affected and in turn this contributed to a **paralysis of the coordination mechanism for some days** after the earthquakes, to the detriment of those under the rubble and those (almost solely local Syrian organisations²⁴), trying to

¹⁴<https://www.semanticscholar.org/paper/Health-System-Fragmentation-and-the-Syrian-Conflict-Abbara-Marzouk/2145378632290fe53de5ef9f3ed549c2ab145f88>

¹⁵<https://academic.oup.com/book/39821/chapter-abstract/339945569?redirectedFrom=fulltext>

¹⁶<https://pubmed.ncbi.nlm.nih.gov/36041781/>

¹⁷ Cantor, D., Swartz, J., Roberts, B., Abbara, A., Ager, A., Bhutta, Z. A., ... & Smith, J. (2021). Understanding the health needs of internally displaced persons: a scoping review. *Journal of migration and health*, 4, 100071.

¹⁸<https://reliefweb.int/report/syrian-arab-republic/earthquakes-north-west-syria-flash-update-no-14-28-february-2023>

¹⁹<https://www.aljazeera.com/features/2023/3/2/cancer-patients-in-idlib>

²⁰<https://www.sams-usa.net/2020/10/23/36682/>

²¹<https://www.al-monitor.com/originals/2023/02/syrian-exodus-some-30000-refugees-return-home-after-turkeys-earthquake>

²²<https://www.syriahealthnetwork.org/urgent-health-needs-in-northwestern-syria/>

²³<https://www.syriahealthnetwork.org/urgent-health-needs-in-northwestern-syria/>

²⁴<https://syriadirect.org/the-real-response-earthquake-highlights-role-of-syrian-led-relief-organizations-amid-un-paralysis/>



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respond. **This emphasises the importance of localisation²⁵** of the humanitarian response and the importance of empowering local health coordination, decision making, and governance systems.

Politics and restricted access

- Since 2014, due to the blockade of aid by the Syrian government to non-government areas, there have been UN Security Council Resolutions to **allow cross-border aid²⁶**. For northwest Syria, the two border crossings were initially Bab Al Hawa and Bab Al Salama; however, the latter was closed after Russian vetoes at the UNSC vote in July 2020²⁷. The resolution which keeps Bab Al Hawa open is currently subject to 6-month renewal, the last of which was in January 2023²⁸. In the days after the earthquake, the entry of aid through Bab Al-Hawa was minimal though human rights and legal organisations highlighted that even without permissions, health and humanitarian aid - including essential search and rescue equipment - should enter northwest Syria through this border²⁹. It was not until the 13th February 2023 that two further border crossings were opened and are currently only planned to be kept open for a period of three months as an emergency measure³⁰.
- The Syrian government has frequently requested from the international community that cross-border aid should cease in preference to **cross-line aid** with the insistence that aid should only flow through Damascus which Syrian government affiliated and approved organisations would distribute³¹. However, as seen in northeast Syria after the closure of Yaroubieh border closing in January 2020, the only border crossing to that area, the flow of aid from Damascus to areas under the control of other groups in Syria is politicised, restricted or delayed leaving populations without required resources^{32,33}. This was seen particularly starkly during COVID-19 and the ongoing cholera outbreak.
- Another unexplored cross-line access is the one **between the non-governmental controlled areas in northwest Syria and the other areas in Northeast Syria**. Considering the high tension between Turkey and the Self Administration of Northeast Syria, this cross-line is also restricted. On the third day following the earthquake, there were some attempts to deliver aid from the Self Administration to the affected areas in northwest Syria. However, since the crossing point is controlled by the Turkey-backed Syrian Interim Government, it proved difficult to obtain the necessary permissions for the aid to cross promptly.³⁴ Nevertheless, aid provided by the local people, which did not bear a political character, was welcomed, especially the tribe's convoy.^{35,36}
- UN, WHO and other organisations working with the Syrian government to provide aid to areas under Syrian government control have faced serious accusations of corruption with a Syrian Legal Development Program report noting that millions of UN funding has reached companies described at 'high' or 'very high' risk including those who are war profiteers, those under sanctions or those with close links to the Syrian government³⁷. **As such, calls by the Syrian government for aid for northwest Syria to go through them must be met with scepticism**. Related to this, humanitarian organisations registered to work in Damascus in areas under government control are closely affiliated to the government. These include for example the Syria Trust for Development which was founded by and is

²⁵ <https://reliefweb.int/report/syrian-arab-republic/enabling-localized-aid-response-syria-assessment-syrian-led>

²⁶ <https://www.amnesty.org/en/latest/news/2022/07/un-syria-russian-veto-of-cross-border-mechanism-a-blow-to-human-rights/>

²⁷ https://www.syriahealthnetwork.org/wps/wcm/connect/uploads/2022/11/UNSC_PublicHealthImpact_Brief-July-2022-3.pdf

²⁸ <https://reliefweb.int/report/syrian-arab-republic/security-council-renews-cross-border-aid-operations-syrias-north-west-six-months-adopting-resolution-2642-2022-compromise-amid-divisions>

²⁹ <https://www.hrw.org/news/2023/02/15/northwest-syria-aid-delays-deadly-quake-survivors>

³⁰ <https://www.theguardian.com/world/2023/feb/13/syrias-assad-agrees-to-open-two-more-entry-points-for-aid-to-earthquake-victims>

³¹ <https://www.theguardian.com/world/2023/feb/07/syria-earthquake-aftermath-aid-politics>

³² <https://www.hrw.org/report/2019/06/28/rigging-system/government-policies-co-opt-aid-and-reconstruction-funding-syria>

³³ <https://newlinesinstitute.org/human-security/a-crisis-of-conscience-aid-diversion-in-syria-and-the-impact-on-the-international-aid-system/>

³⁴ [الإدارة الذاتية: في كارتة الزلزال سلكتنا طريق الإنسانية بعيداً عن التجاذبات السياسية \(npasyria.com\)](https://reliefweb.int/report/syrian-arab-republic/security-council-renews-cross-border-aid-operations-syrias-north-west-six-months-adopting-resolution-2642-2022-compromise-amid-divisions)

³⁵ [قافلة العشائر تصل من مناطق قسد إلى مناطق الجيش الوطني لمساعدة متكوي الزلازل - Bing video](https://www.bing.com/videos/search?q=قافلة+العشائر+تصل+من+مناطق+قسد+إلى+مناطق+الجيش+الوطني+لمساعدة+متكوي+الزلازل&FORM=VBRQ)

³⁶ [حفاوة واسعة واستقبال كبير، قافلة مساعدات إنسانية مقدمة من أهالي دير الزور لإغاثة متكوي الشمال - Bing video](https://www.bing.com/videos/search?q=حفاوة+واسعة+واستقبال+كبير+قافلة+مساعدات+إنسانية+مقدمة+من+أهالي+دير+الزور+لإغاثة+متكوي+الشمال&FORM=VBRQ)

³⁷ https://slidp.ngo/wp-content/uploads/2022/12/SLDP_OPEN-UN-Procurement-in-Syria-En.pdf



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run by the Syrian president's wife Asma Al-Asaad³⁸, SARC (Syrian Arab Red Crescent)³⁹, the Al Bustan Association (run by Rami Makhoulf who is closely allied to the president), among others.

- Supporters of the Syrian government have used the earthquake as an opportunity to call for the lifting of **economic sanctions** imposed on the regime and its supporters by the EU and US. MEI's 2021⁴⁰ analysis examined the intent, positive and negative impacts and efficacy of the sanctions. Based on their analysis, they make a number of recommendations around how sanctions can be used more effectively using a 'stick and carrot' approach. This should minimise unintended misapplication of sanctions for humanitarian organisations, including those in areas under opposition control⁴¹. Based on prior crisis events in Syria, there is little evidence that lifting sanctions now will meaningfully improve the earthquake response. Even so, on 23rd February 2023, EU announced the adoption of an additional humanitarian amendment to further facilitate the delivery of humanitarian assistance for a period of six months; they did also stress that sanctions placed on the regime do not target Syria's health system and that humanitarian exceptions exist to support humanitarian assistance to any part of the country.⁴²

A further impact on health and humanitarian workers

- **Health and humanitarian workers** have faced huge challenges during the conflict with direct attacks and threats; criminalisation of their work⁴³; as direct or indirect casualties of attacks on healthcare; increased work pressures as colleagues have died or left; forced displacement; personal impacts of the conflict as they are part of communities directly affected; loss of livelihoods; impacts on their own mental and physical health⁴⁴. Early in the conflict, health workers were often required to respond to medical needs which were outside of their specialty or beyond their training; this was particularly so for conflict related injuries as Syria had seen a long period of peace prior to the conflict. During the conflict, due to insufficient resources to meet the high care needs of patients, they were often forced to make difficult ethical decisions around the provision of care and services leading to high pre-earthquake levels of burnout and stress^{45 46}.
- Such existing stressors have been exacerbated by the conflict as neither have they themselves or their families been spared the effects of the earthquakes with injuries, deaths, loss of homes, family members or livelihoods in both Turkey or Syria in areas directly affected by the earthquakes. However, they remain the backbone of any health or humanitarian response and must be supported.

Recommendations

Humanitarian access, coordination and funding

- **The three current border crossings to northwest Syria must remain open** and time constraints as well as other restrictions must be lifted; these include those for UNSC resolutions which have been repeatedly vetoed by allies of the Syrian government who sit on the UNSC council. Without this, the 4.5 million people who rely on them for aid will continue to suffer. The cross-border mechanism to northeast Syria via Al-Yaroubieh crossing point, and a UN hub in Erbil, Iraq should be reactivated to improve humanitarian response and preparedness for emergencies and natural disasters in these areas.

³⁸ <https://www.theguardian.com/world/2016/aug/29/how-assad-regime-controls-un-aid-intended-for-syrias-children>

³⁹ <https://syriaaccountability.org/inside-the-syrian-arab-red-crescent/>

⁴⁰ <https://www.mei.edu/publications/comprehensive-review-effectiveness-us-and-eu-sanctions-syria>

⁴¹ <https://www.mei.edu/publications/comprehensive-review-effectiveness-us-and-eu-sanctions-syria>

⁴² <https://www.consilium.europa.eu/en/press/press-releases/2023/02/23/earthquake-in-turkiye-and-syria-eu-amends-restrictive-measures-in-place-regarding-syria-to-facilitate-the-speedy-delivery-of-humanitarian-aid/>

⁴³ A law was passed by the Syrian government which criminalised the provision of medical care to those considered to be opposed to the Syrian government.

⁴⁴ Footer, K. H., Clouse, E., Rayes, D., Sahloul, Z., & Rubenstein, L. S. (2018). Qualitative accounts from Syrian health professionals regarding violations of the right to health, including the use of chemical weapons, in opposition-held Syria. *BMI open*, 8(8), e021096.

⁴⁵ Singh, N. S., Redman, B., Broussard, G., DeCamp, M., Rayes, D., Ho, L. S., ... & Rubenstein, L. (2022). 'We will never give up': a qualitative study of ethical challenges Syrian health workers face in situations of extreme violence. *Disasters*, 46(2), 301-328.

⁴⁶ Funk, K. L., Rayes, D., Rubenstein, L. S., Diab, N. R., Singh, N. S., DeCamp, M., ... & Robinson, W. C. (2018). Ethical challenges among humanitarian organisations: insights from the response to the Syrian conflict. In *Humanitarian Action and Ethics* (pp. 133-45). London: Zed.



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- **The proposed UN presence in northwest Syria** is a step that should support more localization of the aid systems. This step should be taken forward in consultation and full transparency with Syrian humanitarian organisations on the legal basis, structure, and role of this presence, and should build on **a sustainable approach that doesn't wait for permissions** from any of the parties to the conflict, nor the complications of the UNSC vetoes. The UN should develop new mechanisms to work in no-state areas such as the non-government controlled areas in northwest Syria. This can be done through engagement with Syrian humanitarian organisations, quasi-governmental bodies that have a technical focus without political affiliation (such as the White Helmets and the Health Directorates), and grassroots organisations and community groups.
- **The international community must increase funding** to support the humanitarian response in northwest Syria. Such funding must be directed towards local humanitarian organisations which are already active in the area, have established networks and have community trust. Funding organisations which can only work in areas under government control e.g. SARC or similar or which are unfamiliar with the context will be to the further detriment of the population.
- **Embedded localisation of the response** through increased investment in local systems and capabilities is essential to ensure sustainability and ground-up responses,⁴⁷ particularly at this time of resource constraints. This includes local health governance bodies, health organisations and health education bodies working in northwest Syria. This can practically be done by engaging directly with Syrian NGOs and civil society actors in northwest Syria, in a way that increases the institutional capacities of local organisations and quasi-governmental bodies, such as the Civil Defence (White Helmets) and Health Directorates. **Additionally, reformation of the UN Health Cluster model with this aim is essential.**

Health response prioritisation

- **Planning for the immediate and longer health and humanitarian needs of the population is essential.** This includes emergency medical care, mental health and psychosocial support, tertiary or specialist services and access to essential medicines. The needs of the most vulnerable including **people with disabilities, children⁴⁸, women and the elderly** must be prioritised.
- **Supporting EWARN (Early Warning and Response Network) in the prevention, detection and response to communicable diseases** including vaccine-preventable diseases and cholera is essential given high risks of outbreaks or significant worsening of existing outbreaks. This includes supporting emergency and reactive immunisation campaigns which have stalled because of the earthquakes.

Health workforce

- **Tailored practical and MHPSS support for the health and humanitarian workforce** is essential given the impact of working in an already devastated health system which is now even more resource constrained. This may require innovations which can include tele-mental health interventions to reduce any associated stigma and given the limited number of trained professionals in the area.
- **Support for training and to meet skills gaps** e.g. complex surgeries, managing wounds is also essential. This requires permissions from Turkish authorities to allow the entry of expatriate Syrian staff to enter northwest Syria, with the required specialist equipment to meet the needs of patients and of staff.

Early recovery

- **Rebuilding of the damaged (both by armed conflict and the earthquakes) health and related infrastructure** e.g. WASH, electricity is essential to support the remaining health facilities and providers.
- **Early recovery projects which focus on the community led initiatives** which support the immediate, mid and long-term needs of the population are essential.

⁴⁷ [WHY does localization matter in health emergency response - World | ReliefWeb](https://www.reliefweb.org/why-localization-matter-in-health-emergency-response)

⁴⁸ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(23\)00060-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(23)00060-3/fulltext)



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About SPHN: The Syria Public Health Network was established in 2015 to provide a space where academics, humanitarian and international organisations, policy makers and Syrian public health professionals can discuss, analyse and generate policy proposals for the types of health interventions and research that can support the current and future health needs in Syria and Syrian refugee hosting countries. Visit www.syriahealthnetwork.org for more details or email info@syriahealthnetwork.org