The Tahrir Institute for Middle East Policy

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SYRIA'S WOMEN:
POLICIES & PERSPECTIVES

ACCESS TO HEALTHCARE August 16, 2017

Summary

- Since the start of conflict in 2011, 57 percent of Syria's public hospitals have been damaged, and 37 percent are no longer functioning. The Syrian government and its allies have perpetrated 90 percent of attacks on hospitals.
- Women's healthcare is sidelined by urgent trauma care, yet prolonged emergencies create issues with family planning, mental health, and children's health that have lasting impacts on communities.
- International law prohibits targeting of hospitals and health facilities, and new Sustainable Development Goals set targets for improving women's healthcare, but international action and assistance to Syria have not met these objectives.

Overall Situation

Primarily because of the systematic destruction of health facilities and murder of healthcare providers by the Syrian government, less than 25 percent of women in Syria have access to reproductive services. As a result, women's healthcare—particularly safe pregnancy and delivery—has suffered greatly: the rate of cesarean sections has almost tripled, accounting for 70% of births in private hospitals, as World Health Organization (WHO) representative Elizabeth Hoff reported, despite high risks for both mother and child that are heightened by the reduced access to continuing care.Preventative care, such as mammograms and pap smears, is all but nonexistent, and women with chronic conditions lack access to medicine and care. Additionally, sexual violence has reached crisis levels, but access to mental health services is minimal, with only one functioning mental hospital in the country and intense stigma surrounding sexual assault and its discussion.

The WHO requested $163 million for its 2017 Humanitarian Response Plan in Syria, allocating more than $60 million to strengthening secondary and obstetric care, but delivering this aid is difficult. In 2014, the United Nations Security Council unanimously adopted Resolution 2139 demanding safe delivery of humanitarian assistance and respect of medical neutrality, but the Syrian regime has continued its use of targeted (mortars, missiles, arson) and indiscriminate (barrel and cluster bombs) artillery, expressly condemned in the resolution.

Background

Prior to the outbreak of violence in 2011, healthcare in Syria had been steadily improving for four decades. Life expectancy increased from 56 years in 1970 to 73.1 years in 2009, while maternal mortality dropped from 482 out of every 100,000 live births to 52 in the same period. This put the country on track to meet Millennium Development Goals of reducing maternal mortality rates by three-quarters by 2015, despite difficulty with the second target of achieving universal access to reproductive healthcare. But, since 2011, the regime of President Bashar al-Assad has routinely targeted health facilities and personnel: in 2012, the Syrian government passed an anti-terrorism law criminalizing medical aid to the opposition, thus justifying the bombing of hospitals and the arrest and execution of doctors. Between 2011 and June 2017, there were 478 attacks on 325 health facilities, killing at least 826 medical personnel. Over 90 percent of these attacks were perpetrated by the Syrian government or its allies, with seven percent carried out by rebel forces and three percent unknown).

Women living in areas occupied by opposition forces or in actively besieged zones have almost no access to healthcare at all, and those who do manage to make it to hospitals are at high risk of bombing and shelling. The lack of formal healthcare services has led to an upsurge in the number of clandestine gynecological clinics, but these are often run by "inexperienced and uncertified midwives," putting women and newborn children at risk. Even within hospitals, the number of qualified healthcare providers is extremely limited, with assessments estimating that only 0.3 percent of health staff were qualified emergency doctors.

The Islamic State, in a propaganda video from 2015, boasted of an "advanced" healthcare system: clean, modern, and fully staffed. However, in reality, the Islamic State areas face a personnel shortage as doctors flee or die. Strict gender separation and dress codes on women pose problems during birth or any other neonatal complications—issues compounded by policies such as a ban on the importation of Iranian medical products.

Refugees have better access to healthcare than those within Syria, but challenges remain. Rape and sexual harassment are major issues in camps, and over half of all Syrian refugees are in need of psychological services, but only five percent currently receive them. In Lebanon, 41 percent of young refugee women reported thoughts of suicide and over half of all refugee children are estimated to suffer from post-traumatic stress disorder, or PTSD. Women often have to use the same bathroom and shower facilities as men and report being watched while they use the toilet. This leaves women vulnerable to assault, and leads some women to avoid using the bathroom, causing discomfort and frequent urinary tract infections.Births by girls younger than 18 are rising as contraceptive use falls, though the vast majority of births are in health facilities; reportedly 96.9 percent of refugee women in Jordan gave birth in health facilities in the first quarter of 2014.

Policy Implications and Challenges

U.N. Security Council attempts to address the targeting of medical facilities and personnel have had little success, and 2015 was deemed the deadliest year yet for healthcare in Syria. New development goals—known as the Sustainable Development Goals—renewed global commitments to women's health to be met by 2030, but the goals came without structural changes. U.S. allocation for humanitarian assistance to Syria for 2017 dropped $62 million from 2016 and the defunding of reproductive health programs greatly reduces any possibility that additional assistance may be provided for women's health in Syria in the near future.

In weaponizing access to healthcare, the Syrian government's primary purpose is to contribute to siege conditions by denying both civilian and combat populations essential medical services. The widespread targeting and destruction of medical facilities is not only a flagrant abuse of international law, but also has profound immediate and long-term negative consequences on the civilian population. Reduced access to healthcare, particularly for women, reverberates for years through disrupted family planning and children's health. Additionally, attacks on healthcare facilities and providers contribute to the mass exodus from Syria and the resultant destabilization of the entire region. Healthcare must be protected and prioritized, and the international community's material contributions to healthcare and implementation of accountability mechanisms for those who target health facilities must match their rhetoric against actions that threaten further damage.

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