Response to Syria’s health crisis—poor and uncoordinated

The health and humanitarian response to the crisis in Syria is being severely hampered by a lack of coordination and insufficient funding, say public health doctors Adam Coutts and Fouad M Fouad.

The Syrian conflict is now a humanitarian and public health catastrophe for the country and the region. UN High Commissioner for Refugees (UNHCR) António Guterres described the current situation as the greatest humanitarian disaster of the past two decades, requiring the largest-ever humanitarian appeal. The UN has called for US$5·2 billion for a regional response plan that includes support to neighbouring Lebanon and Jordan. The G8’s Lough Erne Declaration pledge of $1·5 billion goes someway to securing these funds. However, pledges are still outstanding from the $1·5 billion requested in January, 2013, and the wider international community and their populations are displaying signs of compassion fatigue despite rising needs. The inability to mobilise the substantial funds to fulfil the new appeal threatens the effectiveness of the humanitarian response.

Across Syria, 7 million people are in urgent need of humanitarian assistance and more than 5·1 million are internally displaced. Civilian casualties are estimated by the UN to be more than 90 000 with more than 500 000 injured and reports by non-governmental organisations (NGOs) working within Syria say the mortality figure may actually be around 130 000.

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Escalating hostilities over the past 2 months have led to a dramatic rise in refugee numbers. The latest UN figures state that at least 8000 people per day (250 000 per month) are leaving Syria. The total number registered with the UN has reached 1·6 million, while more than 650 000 unregistered refugees are residing in neighbouring countries. By the end of the year the number of refugees is expected to reach 3·5 million. Within Lebanon, NGOs unofficially say that by October there will be 1·5 million refugees in the country—equivalent to a third of the population of Lebanon. In view of recent announcements by the USA and European Union to provide lethal assistance to the opposition and the looming battle for Aleppo, it is likely that these figures will be reached much sooner than the end of 2013.

Within Syria, the health and humanitarian situation has deteriorated rapidly over the past 2 months. More than 70% of the medical community have fled and most health-care facilities are either damaged or destroyed in opposition areas. Make-shift field hospitals provide essential basic services but lack the necessary equipment and medical supplies to effectively treat the injured and disabled. The recent Joint Rapid Assessment of Northern Syria found that the overall humanitarian situation has substantially deteriorated in the north. The assessment found that more than 12·9 million people lack access to basic services of food, water, and shelter. The severity and extent of health needs has substantially increased with health and access to health services rated by local populations as the most important and severe problem.

According to WHO, Médecins Sans Frontières (MSF), and field work by the authors, there have been exponential increases in communicable disease outbreaks of measles, typhoid, leishmaniasis, acute diarrhoea, and hepatitis. The combination of rising summer temperatures and poor or absent sanitation poses severe risks for epidemic outbreaks in coming months. Treatment and services for chronic conditions such as type 2 diabetes, cardiovascular disease, hypertension, chronic obstructive pulmonary disease, and cancer are virtually non-existent in opposition districts. Government-controlled governorates fare little better although they do possess greater access to health-care facilities and medications, and numerous vaccinations campaigns have taken place. WHO and the US Centers for
Disease Control and Prevention (CDC) have established an Early Warning and Disease Surveillance System within government-controlled areas. This system is currently being replicated across the north and in opposition governorates, led by the Assistance Coordination Unit of the National Coalition with technical assistance from the CDC.

Although assistance has increased, it remains insufficient to meet the exponentially growing needs. From our own research, we estimate that more than 250 local NGOs and associations are working within Syria. This is in addition to the international NGOs such as MSF, Médecins du Monde, and the Qatari Red Crescent among others who are operating several field hospitals, mobile clinics, and vaccinations programmes. The local NGOs’ response capacity is a mosaic of associations ranging from American and European Syrian expatriate groups, to wealthy Arab individuals, to Islamic charity organisations from Kuwait, Turkey, and Qatar. They provide services ranging from storage facilities, water supplies to clinics, medical equipment, and food baskets. However, divisions in response coordination are clearly apparent with many identical projects being duplicated by international and local NGOs. This primarily stems from the lack of trust between both forms of organisation and, in particular, local NGOs are concerned about involvement with UN agencies that work under the guise of the Syrian Government.

Meanwhile, within Lebanon and Jordan, which have received the largest numbers of refugees, the pressure on domestic health systems is immense. In Lebanon, primary and secondary health-care services are available to Syrians but they face large out-of-pocket payments, which are beyond the means of many refugees. UNHCR will only cover a proportion of expenses (75%) for secondary care and provide no coverage for catastrophic illnesses requiring chemotherapy, dialysis, or blood transfusions. These costs have to be met by the individuals themselves or local NGOs.

In Jordan, refugees can freely access health-care services within camps but the hundreds of thousands who live in urban centres face similar fees to those of Jordanians in public hospitals. The strains on the Jordanian health system are apparent with numerous reports of Jordanians being turned away from hospitals because of bed shortages. According to WHO and the Jordanian Ministry of Health the number of Syrians in public hospitals has increased dramatically by almost 250% over the past 5 months, while those requiring surgical operations outside the refugee camps increased almost 600%.

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Public health professionals need to act now to raise further awareness in donor nations of the humanitarian situation and how to maintain it within policy and media agendas. The international community must now seriously view the ever worsening humanitarian and health situation as a threat to regional security and their own national interests. A focus on chemical weapons and red lines being crossed has shifted attention away from the bigger killers and more threatening issues of one of the largest refugee populations in history, which will create massive demographic changes and collapse of regional systems.

For immediate and pragmatic options, serious efforts are required to effectively coordinate the response capacity of the hundreds of small groups, associations, and NGOs working within neighbouring countries and within Syria. The Assistance Coordination Unit of the National Coalition is beginning to do this but they need far greater support from UN agencies and international NGOs. The Syrian Government must allow UN agencies and NGOs to operate across borders and to provide direct large-scale assistance to those in opposition-controlled areas.

Further capacity and trust building exercises need to be done between local Syrian groups, Islamic associations, international NGOs, and the UN. A coordinated response will prevent the duplication of activities, enhance the cost-effectiveness of donor money, and above all target response interventions where they are most needed.

The response over coming months needs to merge elements of development and humanitarian policies. More long-term thinking and cost-effective interventions are required. If not addressed now, the refugee situation in Jordan and Lebanon will become so severe that the humanitarian response will become financially unsustainable. Presently, Al-Zaatari camp alone costs $0.5 million a day to maintain and is set to exponentially grow. Far more needs to be done to deliver large-scale interventions to address mental health and physical injuries among refugees, particularly the thousands of displaced children. Syria’s future generations are destined to be traumatised for years to come if the humanitarian response remains underfunded and uncoordinated.

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