







Syrian Arab Republic

Date: 23 July 2025

## Public Health Situation Analysis (PHSA)

*This is the second PHSA published on the Syrian Arab Republic by WHO*

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS) <sup>1</sup>	INFORM (2025) <sup>2</sup>
 Conflict	Trauma, Injuries and Rehabilitation	L3	<b>High (level 5):</b> Centre, Coast Area, East, and North Area.	<b>INFORM Risk:</b> 7.7/ 10 (Very High)
 Food security	Cholera and Acute Watery Diarrhoea (AWD)			
 Displacement	Malnutrition		<b>Substantial (level 4):</b> North-east, North-west, Capital, and South Area.	<b>Global Ranking:</b> 10 out of 191 countries
 Epidemics	Acute Respiratory Tract Infections (ARTI), including influenza			
 Nutrition	Non-communicable Diseases (NCD)			
 Drought	Mental Health Conditions			
	Maternal and Neo-natal Health Risks			

### SUMMARY OF CRISIS AND KEY FINDINGS

Syrians are enduring one of the world's most complex emergencies, a combination of protracted hostilities, repeated displacement of civilians, economic recession, disease outbreaks, and devastating earthquake.<sup>3</sup>

In recent years, Syria was comprised of a patchwork of areas under the control of various non-stage actor groups (NSAG). As of June 2025, this territorial fragmentation had greatly reduced, with only North East (NE) Syria under an autonomous administration and a section of the Syrian- Türkiye border under Turkish control.

Following the political transition in December 2024, the dynamics of the Syrian conflict have altered significantly, with a decrease in large-scale fighting.<sup>4</sup> However, some areas, have since experienced a sharp increase in crime, violent incidents, and armed clashes, leading to significant civilian casualties, disruptions in agriculture and business activities, restricted humanitarian access in some areas, and a sense of lawlessness among the population.<sup>5</sup>

Following a reported dispute between local factions and Bedouin tribes, violence in As-Sweida has escalated. Despite a July 19 ceasefire, clashes continue, with control contested between Druze groups, Bedouin tribes and government forces. As of July 20, more than 90 000 people have been displaced. The health system is collapsing. All hospitals and health centers are either non-functional or severely degraded.<sup>6</sup>

In March 2025, an eruption of violence in coastal areas resulted in hundreds of civilian deaths (between 800 and 1600 according to independent monitors), and the displacement of thousands of people.<sup>7</sup> In June 2025, there was an attack at Mar Elias Church in the Damascus suburb of Dweila, which claimed the lives of at least 25 worshippers and injured more than 60 others.<sup>8</sup>

The humanitarian situation in Syria remains extremely critical. After more than 13 years of civil war, around 90% of the population lives in poverty and is largely dependent on humanitarian aid. Half of the country's

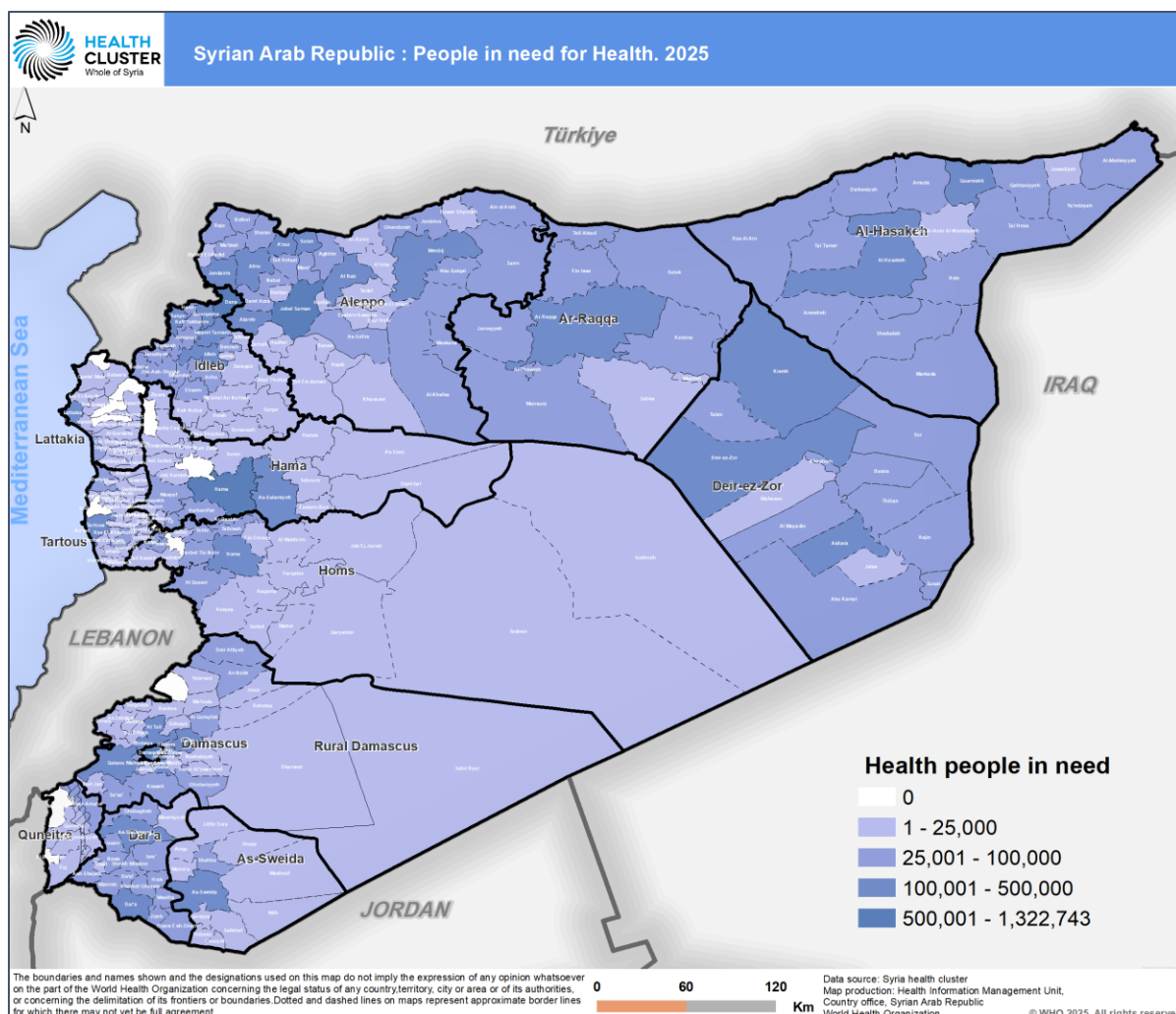
infrastructure, including hospitals, schools and water supply systems, has been severely damaged or destroyed.<sup>9</sup>

Around 15.8 million people (almost 65% of the population) are in dire need of life-saving essential primary and secondary health assistance in 2025, an increase of 936,050 (6%) from 2024. Overall, 264 out of 270 sub-districts are classified as being under severe or extreme conditions according to the health sector severity scale.<sup>10</sup>

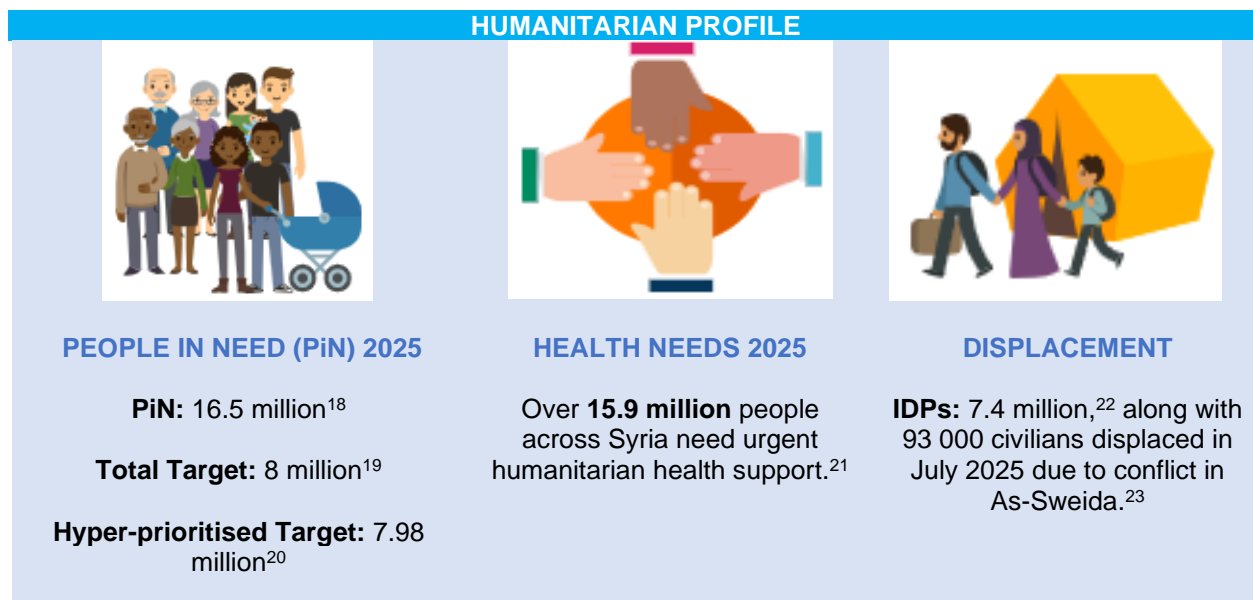
There is increased risk of emerging and re-emerging infectious diseases and outbreaks including AWD/ cholera and other water-borne diseases, as well as respiratory diseases, due to disrupted access to safe water, sanitation, poor shelter and overcrowding, as well as damaged water and sanitation infrastructure, congested displacement sites, and environmental pressures.<sup>11</sup> UXOs and landmines remain a critical hazard in return areas, causing high civilian casualties, especially among children and farmers, and restricting mobile health outreach and trauma care.<sup>12</sup>

Syria is also currently affected by a range of climate events. Although a drought has not yet been formally declared by the national authorities, concerns have been raised by FAO and international organizations that Syria may be facing its worst drought in decades.<sup>13</sup> Furthermore, as of 14 July 2025, fast-moving wildfires have erupted in the mountainous and heavily forested northern countryside of Latakia Governorate, escalating quickly into a large-scale emergency.<sup>14</sup> Approximately 100 km<sup>2</sup> (40 mi<sup>2</sup>) of woodland turned to ash, representing more than 3% of Syria's total forest cover, a devastating loss for all Syria.<sup>15</sup>

Broad sanctions, which remained in place despite the ouster of the government of Bashar al-Assad in December 2024, have greatly hindered reconstruction efforts and exacerbated the suffering of millions of Syrians.<sup>16</sup> Syria is currently experiencing a shift in status within the international community, with various nations normalizing diplomatic relations and key regional and international bodies re-engaging with the Syrian government. In May 2025, the US and EU lifted economic sanctions, offering a renewed opportunity to help Syrians rebuild their lives in safety and dignity, while creating an environment that supports responsible investment in basic services and livelihoods.<sup>17</sup>



**Figure 1- People in Need of Health Services (Health Cluster, 2025)**



### Humanitarian Response

**Syrian Arab Republic: Humanitarian Response Priorities 2025 (January to June):** The UN estimates that in 2025 around 16.5 million people across Syria need humanitarian assistance.<sup>24</sup> As of June 2025, the plan was just 16% funded.<sup>25</sup>

In June 2025, OCHA launched a hyper-prioritized Global Humanitarian Overview.<sup>26</sup> In the first months of the year, conflict and violence have worsened ongoing crises while at the same time, critical foreign aid spending has been disrupted. In Syria, the financial requirements were not revised, while a hyper-prioritised target for people to receive assistance was reported (7.98 million people).<sup>27</sup>

**The Syrian Humanitarian Fund 2025:** In June 2025, an allocation for USD\$60 million was jointly released by the Syria Cross-border Humanitarian Fund (SCHF) and Syria Humanitarian Fund (SHF). This represents a strategic, unified response to the acute and evolving humanitarian needs across Syria.<sup>28</sup> In 2024, due to the generous contributions from donors, the SHF allocated US\$29.9 million to reach nearly 785 000 people with integrated, lifesaving, and life-sustaining assistance.<sup>29</sup>

### As-Sweida Conflict and Humanitarian Access

On 13 July, fighting erupted between Druze militias and Bedouin tribes, after Druze fighters retaliated for the kidnapping of a local merchant by Bedouin tribesmen near al-Suwayda.<sup>30</sup> The violence escalated into sectarian reprisals. After Syrian government forces deployed to the area to restore order, further clashes broke out and field executions were reportedly carried out by regime-linked forces. Hundreds of people were killed in the initial four days of clashes.<sup>31</sup>

On the night of 18 July, a ceasefire mediated by the US was reached between Syria and Israel, following the intense infighting in As-Sweida as well as Israel's airstrikes targeted government sites in Damascus on 16 July. After the announcement of the ceasefire, the local actors engaged in the hostilities were instructed to leave the areas.<sup>32</sup> While the death toll estimates vary, it is reported that 1120 people had been killed since 13 July, including civilians.<sup>33</sup> The conflict also led to the forced displacement of 93000 civilians to more stable areas in the eastern countryside of Daraa Governorate and areas close to the Syrian-Jordanian border.<sup>34</sup>

As of 22 July 2025, despite efforts to secure a humanitarian response, the delivery of aid to affected areas within the province of Suwayda continues to face significant difficulties.<sup>35</sup> The Syrian Arab Red Crescent

teams have been subjected to several violations while carrying out their relief tasks, including shooting at an ambulance, burning down a relief warehouse, and attacks targeting volunteers, as well as abductions.<sup>36</sup> Despite these challenges, some convoys managed to enter and distribute a limited amount of aid, amid a lack of sufficient guarantees to ensure the continuity and safety of relief operations.<sup>37</sup>

### Conflict Across Syria

The security situation in Syria remains volatile and unpredictable.<sup>38</sup> Syria's political future remains uncertain due to challenges such as ethnic tensions and the integration of various militias. Reports of attacks on ethnic and religious minorities, particularly in the coastal region and the provinces of Homs and Hama, have increased.<sup>39</sup> In March 2025 an eruption of violence resulted in hundreds of civilian deaths (between 800 and 1 600 according to independent monitors), and the displacement of thousands. This violence impacted 60 000 civilians across 82 communities in Lattakia and Tartous, with 36 787 fleeing to Lebanon's North and Akkar governorates.<sup>40</sup>

The northeast has seen attacks by the Islamic State of Iraq and Levant (ISIL) against Syrian Democratic Forces (SDF) troops.<sup>41</sup> Furthermore, in June 2025 there was an attack at Mar Elias Church in the Damascus suburb of Dweila. This event claimed the lives of at least 25 worshippers and injured more than 60 others during a sacred time of prayer and community gathering.<sup>42</sup>

### Displacement

Syria has one of the largest numbers of internally displaced persons (IDPs) in the world (7.4 million IDPs). The UN and humanitarian partners also estimate that in 2025 over 16.5 million people in Syria need humanitarian assistance.<sup>43</sup>

The conflict in As-Sweida has led to the forced displacement of 93 000 civilians to more stable areas in the eastern countryside of Daraa Governorate and areas close to the Syrian-Jordanian border.<sup>44</sup> The displacement affecting As-Sweida, Dar'a, and Rural Damascus Governorates has severely strained the already limited resources of host communities. The increasing need for shelter exerted further constraints on host communities.<sup>45</sup> Field reports indicate a serious breakdown in basic services in Suwayda Governorate, resulting in a direct violation of residents' rights to food, water, and healthcare, and causing severe humanitarian consequences for civilians.<sup>46</sup>

More than six million Syrians fled the country due to the conflict and sought asylum in over 130 countries, with the majority living in neighbouring countries, such as Türkiye, Lebanon, and Jordan. By mid-2024, more than three million Syrian refugees resided in Türkiye, approximately 1.5 million resided in Lebanon, and more than three-quarters of a million resided in Jordan.<sup>47</sup> UNHCR estimates that 628 029 Syrians have crossed back to Syria via neighbouring countries since 8 December 2024, bringing the total of 988 869 Syrian individuals who have returned to the country since the beginning of 2024.<sup>48</sup> Returnee demographics have remained stable, with women and girls comprising 46%, children 41%, and men of military age around 22%. Most returnees depart from host communities in Amman and Irbid.<sup>49</sup>

### Food Insecurity

Already over 14.5 million people are food insecure in Syria and 5.4 million are at risk of hunger. In the absence of sufficient food aid and the dire economic situation, food insecurity is set to further deepen, potentially reaching unprecedented levels by October 2025 through to mid-2026.<sup>50</sup> Following 14 years of conflict, economic decline, climatic shocks and weakened state institutions, the Syrian Arab Republic is facing one of the world's largest food security crises. Nearly two in every five Syrians are acutely food insecure.<sup>51</sup>

Agriculture – the main source of livelihood for half the population – has been devastated by the destruction of critical infrastructure, widespread displacement and limited access to inputs and extension services.<sup>52</sup> Following thirteen years of conflict, water scarcity is prevalent in northeastern Syria (NES) due to climate

change, heavy water abstraction from its aquifers, limited water management and damaged infrastructures. With an economy heavily reliant on agriculture, this has also had negative effects on livelihoods in NES.<sup>53</sup>

In July 2025, in the Governorate of Suwayda, most bakeries and shops have also stopped working, forcing residents to rely on limited household supplies, with no other way to get food. There has been a documented severe shortage of food and drinking water, as well as incidents of looting and vandalism targeting major stores and markets, further exacerbating the food insecurity of the population.<sup>54</sup>

As of 14 July 2025, fast-moving wildfires have erupted in the mountainous and heavily forested northern countryside of Lattakia Governorate, escalating quickly into a large-scale emergency.<sup>55</sup> Approximately 70% of livelihoods in the assessed areas rely on agriculture; however, most agricultural systems are currently inoperable. In villages such as Khadra and Joret Maa, repeated wildfires have devastated farmland, leaving it nearly barren and unproductive. As a result, many households have resorted to foraging for wild plants to survive, an alarming indicator of severe food insecurity.<sup>56</sup>

### Vulnerable Groups

Of the 16.7 million people in need in Syria, 50% are female, 45% are children, 5% are older people and 17% have a disability.

- **Women and Girls:** The multi-dimensional crisis facing Syrians, in which conflict-related, human rights, economic, social and natural factors co-exist, disproportionately affects women and girls and limits the enjoyment of their basic human rights.<sup>57</sup> The crisis disproportionately affected women and girls and other marginalised groups and reduced their resilience, leaving them vulnerable to GBV.<sup>58</sup> Almost every third family is headed by a woman, assuming the role of a caretaker and breadwinner, thus significantly contributing to the economy, society and family.<sup>59</sup> However, often widows and divorced women and girls are considered a burden for the family and are prevented from working, mainly by male family members, not to fuel rumours and social stigma against the family.<sup>60</sup>
- **Children:** Alarming statistics from UNICEF reveal that over 6.5 million children are in need, with the number of children needing help rising by more than 7% between 2021-2023.<sup>61</sup> Children in Syria continue to struggle with both physical and psychological injuries. If their trauma remains unaddressed and untreated, they will likely to be scarred for life.<sup>62</sup>
- **Older People:** Older people are a vulnerable group within Syria. A July 2024 survey found that approximately 3 out of 4 of older respondents believe that older people have partial to no access to basic services, transportation and health services. A perception was also reported that older people struggle to fully provide for their family's financial needs, partially influenced by unequal workplace opportunities for older individuals, including between gender. Approximately 2 out of 3 older people perceive older women as not receiving equal pay compared to older men in the same roles and workplaces.<sup>63</sup>
- **People with Disability (PwD):** An estimated 17% of the Syrian population lives with a disability.<sup>64</sup> A 2023 report from Northern Syria found that 52% of the population over two years of age had some kind of disability or difficulties in performing daily tasks.<sup>65</sup> This is over three times the global average and makes Syria one of the most difficult places in the world if you have a disability.<sup>66</sup>
- **Returnees:** Syrians returning from displacement are having to navigate safety, rebuilding of their livelihoods, and reintegrating into changed communities. Increasing returnee movements have exacerbated housing, land, and property issues and led to heightened tensions. Returnees are generally resuming life in areas with damaged infrastructure, limited services, and a lack of livelihood opportunities.

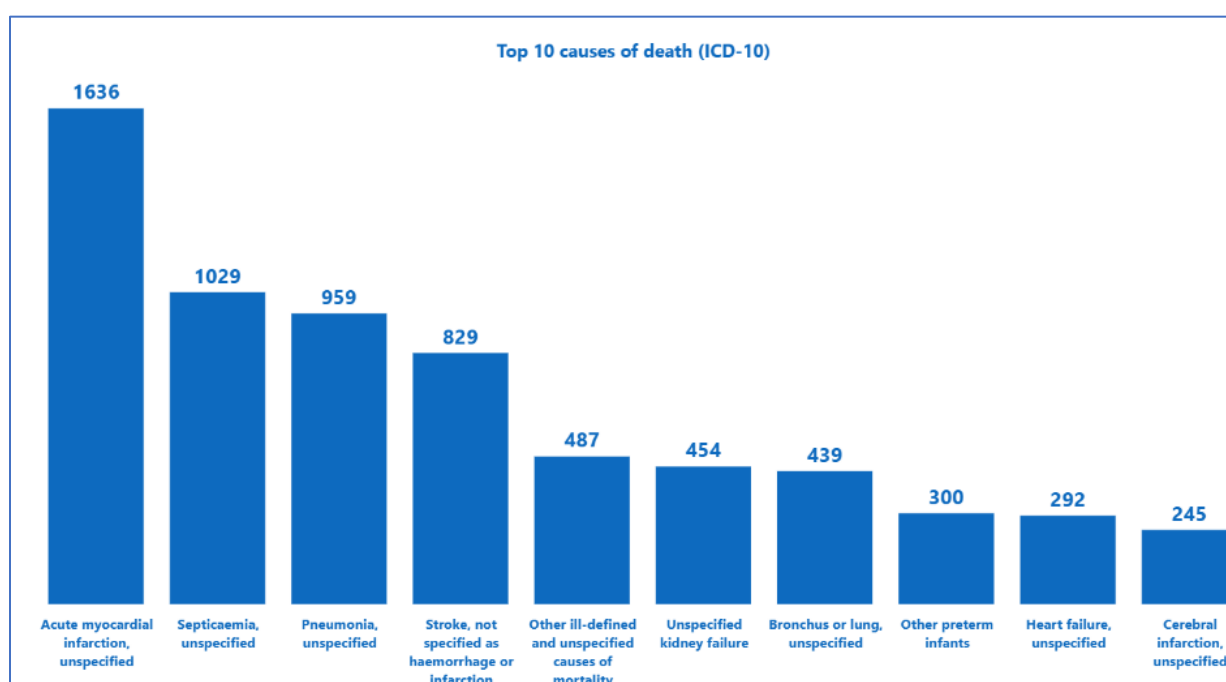


## HEALTH STATUS AND THREATS

**Population mortality:** In the Syrian Arab Republic, the current population is 237 million as of 2024 with a projected increase of 60% to 37.7 by 2050.<sup>67</sup> Life expectancy at birth (years) has improved by 1.35 years from 71.1 [70.7 - 71.6] years in 2000 to 72.4 [71.8 - 73.3] years in 2021.<sup>68</sup>

Mortality Indicators	Syria	Year	Source
Life expectancy at birth	72	2022	World Bank <sup>69</sup>
Infant mortality rate (deaths < 1 year per 1000 births)	18	2022	UNICEF <sup>70</sup>
Child mortality rate (deaths < 5 years per 1000 births)	21	2022	UNICEF <sup>71</sup>
Maternal mortality ratio (per 100 000 live births)	20	2023	World Bank <sup>72</sup>

In 2024, the most common causes of death are outlined below:



**Vaccination coverage:** In 2024, Syria implemented three rounds of big catch-up immunization campaigns. The first round conducted aligned with the polio campaign, administered 1 818 890 doses of OPV across the country. The second round was conducted with a subnational measles campaign, reaching 65.8% coverage in targeted high-risk areas in 60+ district. During the three rounds, 98 699 children received the first dose of DTP vaccine (DTP1) as part of the effort to reduce the number of zero doses under 5 years and achieved 86% screening accessible target population under 5 years.<sup>73</sup>

Vaccination Coverage Data <sup>74</sup>	Syria	Year
DTP-containing vaccine, 1st dose	81%	2024
DTP-containing vaccine, 3rd dose	73%	2024
Polio, 3 <sup>rd</sup> dose (Pol3)	75%	2024
Measles-containing vaccine, 1st dose (MCV1)	81%	2024

SYRIA: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
<b>Trauma, Injuries and Rehabilitation</b>		In 2025, Syria is still experiencing localized armed conflicts. With limited data on casualties, sources in 2023 reported that the conflict in Syria had killed more than 350.000 people. <sup>75</sup> Explosive ordnance (EO) contamination throughout the country. <sup>76</sup> High-risk groups include children, who may pick up unknown items; IDPs, who may not know the localized threats, and agricultural and re-construction workers, who may come across EO whilst working. <sup>77</sup> By the end of May 2025, more than 900 casualties were reported from unexploded ordnance, including nearly 400 deaths. <sup>78</sup>
<b>Cholera and Acute Watery Diarrhoea (AWD)</b>		As June, cholera confirmed cases have not been yet detected, however, AWD cases continued to be reported from different governorates like Aleppo, Deir Ez-Zor and Al-Hassaka (Al-Hol camp). It is worth noting that both Lebanon and Iraq had confirmed cholera outbreaks in their country at a time when Syria was experiencing heavy population movements across its borders. <sup>79</sup>
<b>Malnutrition</b>		Across the country, 9.1 million people are food insecure, while the Syrian economy has collapsed. Due to funding shortfalls, WFP was forced to cut assistance by nearly 80% in 2024, and now supports only 1.5 million people each month. <sup>80</sup> With reduced agricultural output, the drought in 2025 will likely lead to rising rates of food insecurity and higher food prices, which may increase the incidence of malnutrition.
<b>Acute Respiratory Tract Infections (ARTI), including influenza</b>		During 2024, there was an increase in influenza and severe ARTI cases, compared to the average of the previous three years.
<b>Non-communicable Diseases (NCD)</b>		Syria, for instance, witnessed a high mortality rate from NCDs, with 45% of all deaths attributed to these conditions in 2019, including cardiovascular diseases (44%), cancers (15%), chronic respiratory diseases (3%), diabetes (3%) and other NCDs (10%). <sup>81</sup>
<b>Mental Health Conditions</b>		More than a decade of war in Syria has exposed women, girls, men and boys to violence, trauma and multiple displacement along with extremely harsh living conditions. One in 10 people are living with a mild to moderate mental health condition in Syria, while one in 30 are likely to suffer from more severe conditions that can have a crippling impact on their daily lives. <sup>82</sup> Mental health needs have also surged, especially in conflict-affected areas like the coast and south. <sup>83</sup>
<b>Maternal and Neo-natal Health Risks</b>		The maternal mortality rate in Syria was estimated at 31 deaths per 100 000 livebirths in 2017. Before the civil war in Syria begun, the MMR was 52/100 000 livebirths in 2009, and during the peak of the war, in 2015, it was reported to be at 68/100 000 livebirths. <sup>84</sup> Limited access to antenatal and postnatal care is evident, as only 1327 (78%) of 1702 health facilities have functional basic emergency obstetric and new-born care services. <sup>85</sup>
<b>Skin Diseases, including Lice and Scabies</b>		With the widespread displacement in recent days, those living in overcrowded shelters are likely to be exposed to the risk of skin diseases. Scabies cases in some governorates, e.g., Al-Hassakeh, rose sharply in 2024 (over +300% increase in some weeks compared to a similar period in 2023). In 2025, the scabies situation in some governorates may be exacerbated by drought conditions. People living



		in camps were found to be 7 times more likely to contract scabies than people living in the wider community. <sup>86</sup>
<b>Heat Related Illnesses</b>		The summer of 2024 saw a severe heat wave strike northwest Syria, with temperatures reaching 45 degrees Celsius. In 2025, residents of camps and returnees especially are enduring a brutal summer marked by suffocating heat amidst crumbling infrastructure.
<b>Poliovirus type 2 (cVDPV2)</b>		While Syria is a polio-free country, it is at very high risk of imported polio outbreaks. A 2017 outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) left 74 children paralyzed.
<b>Tuberculosis (TB) and Human immunodeficiency virus (HIV)</b>		According to WHO estimates, the TB incidence rate remained stable at 17 cases per 100 000 population between 2022 and 2024, following a slight decline from 18 per 100 000 in 2021. The rate of HIV in Syria is very low. <sup>87</sup>
<b>Leishmaniasis</b>		Leishmaniasis is endemic in Syria. In 2024, there was an increase in cases of visceral leishmaniasis in Daraa governorate.
<b>Technological and environmental hazards</b>		A total of 1514 Syrians have suffocated to death in chemical weapon attacks. <sup>88</sup> This includes 214 children and 262 women, with 12 000 injured in these attacks. <sup>89</sup>
<b>Crimean-Congo haemorrhagic fever virus (CCHFV)</b>		CCHFV is endemic in more than 50 countries across Africa, Asia, Europe, and the Middle East. <sup>90</sup> CCHF has a considerably high mortality rate at approximately 30%. <sup>91</sup> In Syria, CCHFV-specific IgG has been confirmed or detected in animals; however, there has been no evidence of viral infection in humans. <sup>92</sup>
<b>Measles</b>		Despite access challenges, considerable success has been achieved in halting the spread of measles in Syria. <sup>93</sup>
<b>Hepatitis A</b>		Since September 2022, a large spread of hepatitis A cases has been reported in Masyaf, which recorded mass infections with the disease. <sup>94</sup>
<b>Malaria</b>		Syria is free from malaria transmission and has 0.6% of reported cases of the malaria-free countries. The last local case was in 2004. <sup>95</sup>
<b>Mpox</b>		To date there are no cases confirmed in the region.
<p><b>Red:</b> <b>Very high risk.</b> Could result in high levels of excess mortality/morbidity in the upcoming month. <b>Orange:</b> <b>High risk.</b> Could result in considerable levels of excess mortality/morbidity in the upcoming months. <b>Yellow:</b> <b>Moderate risk.</b> Could make a minor contribution to excess mortality/morbidity in the upcoming months. <b>Green:</b> <b>Low risk.</b> Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

### Trauma, Injuries and Rehabilitation

Hundreds of people have been reported killed, including women, children and medical personnel.<sup>96</sup> Following intense infighting in As-Sweida its reported that 1120 people had been killed since 13 July, including civilians.<sup>97</sup>

More broadly, with limited data on casualties, sources in 2023 reported that the conflict in Syria killed more than 350 000 people.<sup>98</sup> More than 1.5 million people injured have been injured, with a staggering 30 000 people sustaining war-related injuries every month<sup>99</sup>

Moreover, the acute and chronic exposure to toxic remnants of war, e.g. in unexploded ordnance (UXO), propellants of rockets and missiles, and the chemical components of explosives, also pose concerning public health and environmental risks.<sup>100</sup> Past and present hostilities continue to result in widespread EO contamination throughout the country.<sup>101</sup> High-risk groups include children, who may pick up unknown items; IDPs, who may not know the localized threats, and agricultural and re-construction workers, who may come across EO whilst working.<sup>102</sup>

By the end of May 2025, more than 900 casualties were reported from unexploded ordnance, including nearly 400 deaths.<sup>103</sup> One-third of the casualties are children, highlighting the urgent need for protection and risk education.<sup>104</sup> According to MSF, between April and May 2025, 51 patients were admitted to the emergency room at Deir ez-Zor National Hospital, and half were children. In just five days between the end of May and the start of June, four children lost their lives in Al-Merei'ye, a heavily contaminated area near Deir ez-Zor, including two playing in the debris outside their homes.<sup>105</sup>

More broadly, an estimated 17% of the Syrian population lives with a disability.<sup>106</sup> A 2023 report from Northern Syria found that 52% of the population over two years of age had some kind of disability or difficulties in performing daily tasks.<sup>107</sup> This is over three times the global average and makes Syria one of the most difficult places in the world if you have a disability.<sup>108</sup> Despite these high rates of disability amongst the population, there is a severe shortage of essential and support services available for people living with disabilities.<sup>109</sup> Access to essential services and care, particularly for those with injuries, disabilities, and chronic illness is extremely difficult, compounded by damage to local infrastructure and restrictions on movement.<sup>110</sup>

More broadly, in 2021, one of the most common causes of death included road injury.<sup>111</sup> The war has inflicted extensive damage on Syria's physical infrastructure, which has been targeted in cities or in rural areas.<sup>112</sup>

### ***Cholera and Acute Watery Diarrhoea (AWD)***

As June, cholera confirmed cases have not been yet detected, however, AWD cases continued to be reported from different governorates like Aleppo, Deir Ez-Zor and Al-Hassaka (Al-Hol camp). The number of AWD cases reported by EWARS and EWARN was 256 cases (reported from 10 governorates). The highest number of cases detected was in Al-Hassakah governorate, Al-Hole camp (101 cases). Culture tests were conducted for 170 cases, all were negative for cholera.

Cholera was reported in August 2024 in Rural Damascus, later spreading to 10 governorates,. The total suspected cholera cases in 2024 were 1444 (EWARS) and 9388 (EWARN). There was no confirmed cholera cases by the EWARN in NW Syria. There were 7 deaths among confirmed cases.

In addition, Al-Hol Camp in Al-Hassaka governorate reported 254 suspected cholera cases and 1 death, highlighting the vulnerability of IDP settings for cholera outbreak. In January 2025, a response one-dose OCV campaign was implemented in Al-Hol camp, one of the most vulnerable and high-risk settings in Al-Hasakeh governorate. The campaign targeted 25 336 individuals and achieved a 98.3% coverage rate, with 24 919 people vaccinated.

It is worth noting that both Lebanon and Iraq had confirmed cholera outbreaks in their country at a time when Syria was experiencing heavy population movements across its borders.<sup>113</sup> Furthermore, airstrikes caused severe damage to vital infrastructure, leaving millions without power and clean water, worsening long-term conflict impacts.<sup>114</sup> This exacerbates the hygiene and sanitation situation in Syria, which has been linked to a significant increase in waterborne diseases.<sup>115</sup> The water supply to Aleppo city, South, and east rural Aleppo (around 3.5 million people) has dropped by more than 60% due to the damage to parts of the electricity line that feeds Al Khafseh water station (the primary water source in Aleppo).<sup>116</sup>

### ***Malnutrition***

Across the country, 9.1 million people are food insecure, while the Syrian economy has collapsed. Due to funding shortfalls, WFP was forced to cut assistance by nearly 80% in 2024, and now supports only 1.5 million people each month.<sup>117</sup> With reduced agricultural output, the drought in 2025 will likely lead to rising rates of food insecurity and higher food prices, which may increase the incidence of malnutrition.

In 2019, a UNICEF-led survey put child malnutrition at 1.7%. By 2023, almost one-third of Syria's 14 governorates reported child malnutrition rates exceeding the WHO's emergency threshold. In coastal areas, the rate surged to 14%, three times the global emergency threshold – highlighting the severity of a crisis that has deepened since the overthrow of the Government last December.<sup>118</sup>

Exclusive breastfeeding showed improvement from 28.5% in 2019 to 45.5% in 2023; however, only 6% of children 6-23 months of age are receiving a minimum acceptable diet, posing a huge risk for chronic and acute malnutrition.<sup>119</sup> Furthermore, only one in four children are consuming a minimum dietary diversity, with critical consumption of vegetables, fruits, eggs, and meat below 50%. Anaemia levels for children, adolescent remain elevated; one in four children and one in two adolescent girls are anaemic.<sup>120</sup>

### ***Acute Respiratory Tract Infections (ARTI), including influenza***

The typical influenza season in Syria starts in late September and ends in early April. Currently, through the disease surveillance/EWARS systems, the occurrence of respiratory Infections is being tracked, with weekly epidemiologic data gathered and analysed. During 2024, there has been an increase in ILI and SARI cases above the average of the last three years. Since September 2024, Syria has experienced a stockout of COVID-19 vaccines, with 31 680 Pfizer doses currently in the acquisition pipeline. As a temporary measure, 1680 Pfizer vials were used from the NW Syria in May 2025, primarily to vaccinate travellers to the Al Hajj pilgrimage. By June 2025, 3266 individuals had received vaccinations through this arrangement.

### ***Mental Health Conditions***

Psychological needs caused by displacement and violence are rising.<sup>121</sup> The mental health and psychosocial support needs across Syria remained acute due to the prolonged conflict, socioeconomic collapse, long-term earthquake impact, and compounded humanitarian emergencies, including the Lebanon influx. Psychological effects of the conflict have raised demand for mental health services, which are already scarce and constrained by a shortage of mental health professionals and psychotropic drugs.<sup>122</sup>

After more than a decade of war in Syria has exposed women, girls, men and boys to violence, trauma and multiple displacement along with extremely harsh living conditions. One in 10 people are living with a mild to moderate mental health condition in Syria, while one in 30 are likely to suffer from more severe conditions that can have a crippling impact on their daily lives.<sup>123</sup> Mental health needs have also surged, especially in conflict-affected areas like the coast and south.<sup>124</sup>

Public health data has showed a 81% rise in depression and a 568% rise in ASD/PTSD consultations (2022 → 2023). While 2024 caseloads stayed at 62% and 70% above pre-earthquake baselines (68 041 depression; 15 856 ASD/PTSD). A 2024 ACU survey found that 62% of respondents in northern Syria perceive drug abuse as an increasing phenomenon; only 16% reported no drugs in their community. The survey also found that 77% of communities reported no addiction-treatment centre, while just 1% describe existing services as “effective.” Children, older adults, persons with disabilities, GBV survivors, substance users, and released detainees continue to face access barriers.

Meanwhile, an estimated 75% of already vulnerable persons living with mental health conditions receive no treatment at all. As a result, a protracted mental health emergency is unravelling with worrying symptoms particularly observed among displaced women, girls and boys.<sup>125</sup>

Specifically, in north-west Syria, over 1 million people, or 20% of the population, suffer from mental health conditions, including 230 000 who suffer from severe disorders. This is far higher than the global average (1 out of 8 people). Prolonged exposure to conflict has left individuals facing chronic stress, grief from the loss of loved ones, and the trauma of violence and displacement.<sup>126</sup> The groups most vulnerable to suicide risks in north-west Syria are unemployed individuals, displaced women, young adults between the ages of 18 to 38 - a significant portion being female, residents of crowded homes, and married women with children.<sup>127</sup>

In the face of these challenges, the mental health capacity in north-west Syria is severely overstretched, with only three psychiatric hospitals (Azaz, Sarmada and Al-Bab), 450 psychosocial workers, 78 trained doctors, 50 psychologists and two psychiatrists available to serve a population of over 5 million people. There are also no specialized child psychiatrists.<sup>128</sup> The situation has been further exacerbated by severe funding shortages in 2024, which led to a significant drop in humanitarian assistance including health services.<sup>129</sup>

Regarding injuries and trauma, the mental health consequences for children who have suffered a blast injury, lost family members to explosive weapons, or been repeatedly exposed to explosive weapons through living in a conflict zone are also profound, and resources to address these consequences are scarce.<sup>130</sup>

### ***Non-communicable Diseases (NCD)***

Considering the displacement caused by the recent escalation in conflict, those with NCDs are likely to be impacted. There are reports that most IDPs are carrying with them minimal belongings as they flee, with many likely leaving without their medication.<sup>131</sup> According to MoH statistics, more than 75% of Mortality among adults is due to non-communicable diseases. The risk of NCD-related complications escalates because of limited access to shelter and healthcare services, and disrupted drug provision, diagnosis and treatment.<sup>132</sup>

Oncology patients face limited access to diagnosis, treatment, and palliative care, with a lack of oncology specialists and essential medicines, including chemotherapeutic drugs.<sup>133</sup> Patients with end stage renal failure are struggling to access life-saving care due to shortages in dialysis sessions and supplies, recent damage to facilities and non-functioning dialysis machines.<sup>134</sup>

While there is limited data available on tobacco use in Syria, a study conducted in 2019 revealed an overall rate of daily cigarette smoking (6.4%) but a higher rate of daily narghile smoking (11.8%), with significantly higher rates for cigarette smoking and narghile smoking in males compared to females.<sup>135</sup> Findings from the 2024 Global School Health survey also indicate high prevalence of tobacco use (26%) among school children 13-17 years old.

### ***Maternal and Neonatal Health Risks***

The maternal mortality rate in Syria was estimated at 31 deaths per 100 000 live births in 2017. Before the civil war in Syria began, the MMR was 52/100 000 livebirths in 2009, and during the peak of the war, in 2015, it was reported to be at 68/100 000 livebirths.<sup>136</sup>

In 2024, it was reported that widespread instability and severe underfunding mean that more than one in three health facilities in Syria cannot operate at full capacity. The rest are often undersupplied, overwhelmed and in many cases unable to support patients facing dire health emergencies. In northwest Syria, this has led to a tragic number of pregnant women confronting obstetric emergencies and losing their lives, many while being transferred between hospitals lacking crucial supplies such as medicine and blood.<sup>137</sup> UNFPA data show that these challenges have left more than 2 million people with barely any access to critical support, and some 500,000 women and girls with only limited access to vital sexual and reproductive health services.<sup>138</sup>

The fertility rate in Syria was registered as 2.7% per woman in 2021, which is a reduction from 2010 (3.4%). Significant reproductive health needs remain in a country with limited health capacity for the provision of adequate services and a severely depleted health care workforce.<sup>139</sup> The eruption of violence since March in the coastal, central, and rural Damascus areas has further compounded the humanitarian situation and resulted in loss of life, disruptions to sexual and reproductive health (SRH) and gender-based violence (GBV) services, and driven new displacement, both internal and to Lebanon.<sup>140</sup>

The termination of US funding will result in a gradual withdrawal of UNFPA's support for 15 hospitals, 24 women and girls' safe spaces (WGSSs), 54 static health facilities, and 26 integrated mobile teams (IMTs). This withdrawal of support will affect services across the 14 governorates of Syria. Around 265 000 people will lose access to life-saving reproductive health services, including maternal health care and GBV response services.<sup>141</sup> Limited access to antenatal and postnatal care is evident, as only 1327 (78%) of 1702 health facilities have functional basic emergency obstetric and newborn care services.<sup>142</sup>

### ***Skin Diseases, including Lice and Scabies***

With the widespread displacement in recent days, those living in overcrowded shelters are likely to be exposed to the risk of skin diseases. Scabies cases in some governorates, e.g., Al-Hassakeh, rose sharply in 2024 (over +300% increase in some weeks compared to a similar period in 2023). In 2025, the scabies

situation in some governorates may be exacerbated by drought conditions. People living in camps were found to be 7 times more likely to contract scabies than people living in the wider community.<sup>143</sup> Children and elderly people living in resource-poor areas and people with compromised immune systems are at higher risk of infection.<sup>144</sup>

### **Heat Related Illnesses**

The summer of 2024 saw a severe heat wave strike northwest Syria, with temperatures reaching 45 degrees Celsius. In 2025, residents of camps and returnees especially are enduring a brutal summer marked by suffocating heat amidst crumbling infrastructure.

### **Meningitis**

The factors that can facilitate a rapid spread of meningitis are already present in Syria and will become even more exaggerated with the 2025 drought conditions. The occurrence of Meningococcal meningitis is closely monitored through the Syria EWARS (Early Warning, Alert and Response System) that is part of the MoH public health surveillance system. One case was confirmed in May 2025 in Idlib governorate. Public health surveillance and readiness have been stepped up.

### **Poliovirus Type 2 (cVDPV2)**

While Syria is a polio-free country, it is at very high risk of imported polio outbreaks. In the last decade, the country experienced two polio outbreaks, including an outbreak of wild poliovirus following an importation from Pakistan in 2013, that paralyzed 36 children. In addition, a 2017 outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) left 74 children paralyzed. In both cases, the country managed to contain the poliovirus and stopped the outbreak in less than a year using intensive polio vaccination campaigns and surveillance.<sup>145</sup>

### **Tuberculosis (TB) and Human Immunodeficiency Virus (HIV)**

According to WHO estimates, the TB incidence rate remained stable at 17 cases per 100 000 population between 2022 and 2024, following a slight decline from 18 per 100 000 in 2021. Data from the National Tuberculosis Programme (NTP) indicate consistent annual notification rates aligned with WHO estimates. Geographically, the largest numbers of TB cases continue to be reported from Damascus (448), Aleppo (882), and Rural Damascus (573), with prison populations and displaced communities representing high-transmission risk groups. Since 2022, mobile diagnostic clinics have been increasingly utilised. Despite service continuity, significant gaps remain in drug-resistant TB detection, preventive therapy scale-up, and integration between central NWS, NES areas.

The rate of HIV in Syria is very low.<sup>146</sup> In 2024, 470 people living with HIV (PLHIV) were receiving antiretroviral therapy (ART), with 8820 individuals accessing voluntary HIV testing services, reflecting increased testing coverage compared to pre-2020 levels. National surveillance reports an HIV notification rate of less than 1 per 100 000 population, unchanged over the past five years. Damascus and Aleppo remain the primary reporting governorates, in line with national trends. Nevertheless, critical service gaps persist, with barriers in reaching key populations such as men who have sex with men (MSM), female sex workers (FSW), and people who inject drugs (PWID).

### **Leishmaniasis**

Leishmaniasis is endemic in Syria. In 2024, there was an increase in cases of visceral leishmaniasis in Daraa governorate (southern region of Syria) with diverse new localities reporting cases. Between January and September 2024 there were 21 cases of visceral Leishmaniasis in Daraa (of which 20 cases of children under 7 years, including 2 deaths).

### **Measles**

Presently, there is an ongoing measles outbreak that began in January 2022 and spread to all 14 governorates of Syria. In 2024, the measles outbreak was still active with 137 cases reported mostly in Hama, Homs, and Deir Ez-zor governorates, while 11 governorates were still reporting scattered and intermittent cases. In 2025, the number of reported measles cases as of 30 June 2025 was 54 cases reported mostly in Aleppo, Idlib, and Hassakeh. During the crisis in Syria, disease transmission risks have



sharply risen due to hazards such as population displacements and disruption of primary health care services, including immunization. There have been 2 countrywide measles outbreaks in recent years, and data from last outbreak showed that 30.6% of cases had not been vaccinated and 10.2% have received only one dose. The last measles immunization campaign was conducted in 2024 and attained a 66%

### ***Technological and Environmental Hazards***

A total of 1514 Syrians have suffocated to death in chemical weapon attacks.<sup>147</sup> This includes 214 children and 262 women, with 12 000 injured in these attacks.<sup>148</sup> Chemical weapons wreak havoc on all those affected by them, but particularly on the most vulnerable group, such as children, women, and elderly people.<sup>149</sup> In addition to causing deaths, these attacks inflict serious injuries, disfigurement, and burns, not to mention chronic disease that can stay with the survivors for as long as they live. In addition, they leave profound, long-term psychological scars and traumas.<sup>150</sup>

### ***Crimean-Congo Haemorrhagic Fever Virus (CCHFV)***

CCHFV is endemic in more than 50 countries across Africa, Asia, Europe, and the Middle East.<sup>151</sup> CCHF has a considerably high mortality rate at approximately 30%.<sup>152</sup> In Syria, CCHFV-specific IgG has been confirmed or detected in animals; however, there has been no evidence of viral infection in humans.<sup>153</sup>

### ***Hepatitis A***

Since September 2022, a large spread of hepatitis A cases has been reported in Masyaf, which recorded mass infections with the disease.<sup>154</sup>

### ***Malaria***

Syria is free from malaria transmission and has 0.6% of reported cases of the malaria-free countries. The last local case was in 2004.<sup>155</sup>

### ***Mpox***

In August 2024, the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa was declared a public health emergency of international concern (PHEIC).<sup>156</sup> Mpox was added to the list of priority diseases under surveillance in Syria. So far, zero cases have been detected in Syria. However, the risk level is considered moderate for all countries in the region.



## DETERMINANTS OF HEALTH

### *Socio-economic Challenges*

Growth continues to be subdued in the Middle East and North Africa (MENA) because of uncertainties heightened by the conflict in the region, says the World Bank.<sup>157</sup> According to the Poverty, Prosperity and Planet Report 2024, extreme poverty in MENA is projected to rise through 2030, primarily driven by the highly uncertain growth outlooks for Syria which is among the riskiest countries in the world as it has a relative composite risk rating that is more than 80% higher than the frontier. The primary driver is high political risk.<sup>158</sup>

After the devastating February 2023 earthquake and more than a decade long conflict, daily workers in Aleppo, Syria, continue to face deepening hardship. Wages have declined and jobs have vanished—pushing essential goods out of reach and forcing families already living in poverty into even greater vulnerability. According to a survey, 88% of households in affected areas were struggling to meet basic living expenses even before the earthquake struck. Many workers were already earning below the absolute poverty line. In the aftermath of the disaster, the need for sustainable, decent employment became more urgent than ever.<sup>159</sup>

### *Protection Risks*

**Gender Based Violence (GBV):** Approximately 8.5 million people require GBV assistance in 2024, of whom 93% are women and girls, according to the GBV analysis.<sup>160</sup> Most women and girls in Syria experience compounded forms of violence and discrimination, while they face high barriers to accessing humanitarian assistance and specialised GBV services.<sup>161</sup> GBV is systematically normalised and accepted through patriarchal gender norms, traditions, and institutions that maintain gender inequality, increasing barriers for women and girls to disclose violence and seek support.<sup>162</sup>

Risks of GBV are multiplied for women and girls living with intersecting vulnerabilities such as age, marital status, disability, and displacement status - and especially for them - disclosing GBV and seeking support may represent a risk and a further reason to be isolated and stigmatised. Gender inequality exacerbated by years of conflict, poverty, displacements, restrictive social roles, and weak rule of law has undermined individuals', families', and communities' abilities to cope.<sup>163</sup> Families increasingly resort to dangerous coping mechanisms, and women and girls are increasingly exposed to sexual exploitation due to the increasing needs and the lack of safe job opportunities.<sup>164</sup>

As of June 2025, GBV incidents remain significantly underreported due to social stigma, fear of retaliation, and an indication of lack of trust in available services.<sup>165</sup> In As-Sweida, protection risks are rising, particularly for women and children, as services addressing violence against women and girls have been suspended.<sup>166</sup>

**Child Protection:** Children are paying a high price for the ongoing conflict in Syria with this latest escalation again highlighting the risks to their lives, their futures and their families.<sup>167</sup> In Syria services have already collapsed after 14 years of conflict and basic systems have limited capacity to respond to shocks.<sup>168</sup>

Despite a notable reduction in the number of verified grave violations against children, from 2483 in 2022 to 1574 in 2023, the harsh reality is that 6.4 million children are in urgent need of protection services. In the northeast, children and women face arbitrary arrest, extensive violence and forced relocation.<sup>169</sup> Across the country, insecurity and economic hardship continue to contribute to human rights violations, fear and psychological distress, leading to gender-based violence, child marriage and the risk of sexual exploitation and abuse.<sup>170</sup> A REACH assessment in July 2024 from communities in Greater Idleb and Northern Aleppo areas found the most reported protection risks (by % of assessed communities) were child labour (46%), theft (21%) and labour exploitation (15%).<sup>171</sup>

Regarding youth, most of the youth in northwest Syria face protection risks, with 53% reporting homelessness and 55% experiencing exploitation, while 44% face gender-based violence.<sup>172</sup> A total of 75% of youth lack access to protection services, highlighting a significant gap in availability and accessibility.<sup>173</sup> More broadly, coping mechanisms include child and forced marriage, child labour and school dropout. Adolescent girls remain at serious risk of child marriages and early pregnancies.<sup>174</sup> Even before the conflict in Syria, child marriage was common, with more than one in ten women aged 20 to 24 reporting they had married before age 18. But studies show the harmful practice has escalated among Syrian refugees in neighbouring countries as well as among those displaced in Syria.<sup>175</sup>

Forced marriages mainly affect divorced and widowed women and girls. Women and girls forced into second marriages are less likely to be able to leave violent relationships. They also suffer denial of basic rights such as custody of children and rights to inheritance.<sup>176</sup>

**Mine Risks:** Years of conflict, coupled with reduced possibilities to address explosive ordnance (EO) contamination, have put 15.4 million Syrians at immediate risk from injury and death. EO contamination adversely impacts different population groups in Syria. More than 80% of all victims are male, indicating an interconnection between the deteriorating economic situation, an increased need to pursue alternative livelihood possibilities, and incidents involving EO hazards. With the retreat of the Syrian army, scores of military installations and weapons storage sites with unused munitions have been abandoned and left unguarded, posing a threat to civilians and increasing the risk of injury and death. Children remain particularly vulnerable – especially in places where such installations are located in proximity to civilian infrastructure – as they are attracted to shiny and unusually-shaped objects. (Humanitarian Response Priorities Jan - Jun 2025)

Since the start of the war in Syria in 2011, it is estimated that more than 1 million explosive munitions have been used across the country, primarily in populated areas.<sup>177</sup> In any given context, generally, 10-30% of used munitions fail to detonate, leaving high levels of contamination with landmines, explosive ordnance (EO), and improvised explosive devices (IEDs) that continue to pose a threat of injury and death.<sup>178</sup> During the most intense period of fighting in Syria, between November 2018 and February 2020, at least 12 000 people were victims of explosive ordnance - over a third of whom were killed.<sup>179</sup>

According to the 2024 Humanitarian Needs Overview, more than 65% of the Syrian population (14.4 million) are at risk of Explosive Ordinance (EO) contamination; over 20% increase from 2023 (11.5 million).<sup>180</sup> In northwest Syria, only 13% of youth report the presence of Unexploded Ordnance (UXO) in their area, highlighting the need for increased support and safety measures.<sup>181</sup>

In Syria's cities, explosive hazard contamination impedes access to roads, critical infrastructure like schools, hospitals, bridges, and commercial properties, as well as largescale contamination in residential areas. Recovery efforts in urban centres remain particularly challenging as explosive hazards can lie in wait, hidden under the rubble of damaged or destroyed buildings.<sup>182</sup>

EO contamination impacts 146 sub-districts (54% of all sub-districts) across Syria, however, the full picture of EO contamination levels remains unknown, as no country-wide non-technical survey to identify and mark EO has ever been conducted.<sup>183</sup> Based on the annual number of incidents compared with the pace of clearance, it is estimated that the time for clearance would be measured in decades rather than years to be able to remove enough explosive remnants of war (ERW) to be able to declare Syria a “low impact” country.<sup>184</sup>

By the end of May 2025, more than 900 casualties were reported from unexploded ordnance, including nearly 400 deaths.<sup>185</sup> One-third of the casualties are children, highlighting the urgent need for protection and risk education.<sup>186</sup> In mid-July 2025, 14 people were injured and several homes damaged in an explosion of unexploded ordnance in the Nayrab area of Aleppo Governorate.

### ***Water, Sanitation and Hygiene (WASH)***

Damaged and disrupted by the several years of conflict, water, sanitation and hygiene services and facilities have impacted the safe and regular access of about 14.6 million people to safe water, among other WASH services, while 7.6 million people are estimated to be in acute need for WASH services.<sup>187</sup>

In north-east Syria, water scarcity remains a major challenge, with over 80% of water supply systems not functioning mainly due to damaged power systems. This caused 1.8 million people to lack access to safe water, including 610 000 residents and IDPs in Al Hasakeh, with Alouk water station not operational.<sup>188</sup>

Another major stressor on water infrastructure is conflict-related population displacement.<sup>189</sup> Consequently, residents of northern Syria face extreme difficulties in gaining access to clean and affordable water, especially IDPs, who often lack functioning showers and latrines and acquire water from water trucking services with few assurances about the safety of the often-untreated water, resulting in the spread of infectious diseases.<sup>190</sup> Vulnerable populations are increasingly exposed to the risk of infectious diseases and GBV incidents. Disruptions in existing IDP sites in the north-west and north-east have direct physical and mental well-being and protection consequences, notably on children, elderly, women and girls.<sup>191</sup>

### ***Drought***

Although a drought has not yet been formally declared by the national authorities, concerns have been raised by FAO and international organizations that Syria may be facing its worst drought in decades.<sup>192</sup> In June 2025, a Drought Alert was issued following severe winter rainfall deficits resulting in the failure of the 2024/2025 wheat production across Syria. The drought is already the worst on record since 1989. Projections indicate a wheat production deficit of 2.73 million metric tons this year – the equivalent of annual dietary needs for 16.25 million people.<sup>193</sup>

From November 2024 to April 2025, rainfall was 54% below average, with some areas facing deficits of up to 69%.<sup>194</sup> Nearly 75% of rainfed areas are under stress, particularly in key food-producing governorates such as Al-Hasakeh, Aleppo and Ar-Raqqa. Moreover, only 40% of planned farmland was cultivated – and much of it failed – resulting in a projected wheat deficit of 2.73 million tonnes, enough to feed 16 million people for one year.<sup>195</sup>

### ***Wild Fires***

Syria is currently experiencing its most severe drought in decades, and with fuel shortages and dried up water reservoirs, severely affecting fire-fighting capacities.<sup>196</sup> The majority of the fires have been reported in rugged mountainous and remote areas. High wind conditions have facilitated the rapid spread of the flames, with some fires crossing highways and roads.<sup>197</sup>

As of 14 July 2025, fast-moving wildfires have erupted in the mountainous and heavily forested northern countryside of Latakia Governorate, escalating quickly into a large-scale emergency.<sup>198</sup> Fuelled by extreme temperatures, strong seasonal winds, and low humidity, the fires have consumed vast expanses of pine forests, agricultural land, and village outskirts.<sup>199</sup> Approximately 100 km<sup>2</sup> (40 mi<sup>2</sup>) of woodland turned to ash, representing more than 3% of Syria's total forest cover, a devastating loss for all Syria.<sup>200</sup>

Fast spreading wildfires in Latakia, Syria, have affected 5000 individuals, displacing more than 1120 people, and burning almost 25 000 acres, including agricultural land and vital infrastructure.<sup>201</sup> Thousands of residents have been forced to flee high-risk areas, leading to significant population displacement and growing humanitarian needs, particularly in terms of shelter, water, essential services and access to livelihoods.<sup>202</sup>

### ***Conflict Related Environmental and Infrastructural Damage***

The Syrian conflict has had a large impact on industrial facilities such as fertiliser factories, oil refineries, cement and steel factories, electrical power plants, sugar factories, olive oil presses, and chemical and pharmaceutical plants.<sup>203</sup> The conflict has resulted in intense environmental damage through the forced shutdown of operations at industrial facilities; the breakdown of environmental protection standards, compliance, and enforcement; the inhibiting of industrial renewal; and the uncontrolled increase in mineral extraction.<sup>204</sup> The pollution and contamination of water and soil by oil and fuel leaks,

industrial wastewater, phosphogypsum residues, heavy metals, algae blooms from fertiliser waste discharge, and toxic remnants of war (TRW) impacts the entire length of the river as it flows northward, destroying aquatic life and making the river unusable for human consumption or agriculture.<sup>205</sup>

During the protracted conflict, a huge number of residential units have been partially damaged or fully destroyed, housing investment disrupted, quality of living space deteriorated, and land and property rights severely challenged.<sup>206</sup> According to a 2017 World Bank report, at least 316 649 housing units were exposed to impact among 10 cities, with 78,339 residential units fully destroyed and 238,311 units partially damaged. The most damaged was reported in Aleppo (64%) and Homs (16%).<sup>207</sup>

### Education

Education facilities in Syria are severely strained, impacting access to education and learning opportunities. The PiN for the education sector has thus increased by 8% from 7.2 million in 2024 to 7.8 million.<sup>208</sup> More than 1 000 schools are being used as shelters for internally displaced families. Conflict has damaged civilian infrastructure and humanitarian assets, and disrupted services.<sup>209</sup>

### Energy Crisis

Syria's ongoing energy crisis is severely affecting the health of its people in multiple interconnected ways. Frequent power outages and chronic fuel shortages have crippled the operation of hospitals and clinics, forcing many to rely on expensive and unreliable diesel generators. Syria has been under Washington-led sanctions for decades, but designations intensified during the war that started in 2011.<sup>210</sup> Even with some waivers for humanitarian programs, it was difficult to bring in resources and materials to fix Syria's critical infrastructure — especially electricity — further compounding the woes of the vast majority of Syrians, who live in poverty. Prices for electricity in recent years surged as the country under its former rulers struggled with currency inflation and rolling back on subsidies.<sup>211</sup>

## HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISRUPTIONS

Syria's health system has been severely impacted by 13 years of conflict, resulting in disrupted health services, limited functionality, and recurring disease outbreaks.<sup>212</sup> Along with the country's ongoing fuel crisis, numerous disease outbreaks, including cholera and measles, and a protracted, complex political and socioeconomic crisis, the Syria's already fragile health system is further overburdened and still grappling with the aftermath of the earthquake, which has severely limited its capacity.<sup>213</sup>

### Attacks Against Healthcare

Monitoring of violence against healthcare continued in 2025. The infographic below provides summary information on attacks on health care from January 2024 to mid-June 2025.



### **WASH Challenges**

The physical destruction and persistence of disrepair has created unique challenges of WASH gaps in health facilities across Syria. In 2025, MoH and various stakeholders have faced major hurdles as they seek to revive or sustain essential health services in hospitals and PHCs across the country. WASH-related gaps in health facilities such as inadequate access to safe drinking water, poor wastewater disposal, and insufficient healthcare waste management, have made it difficult for hospitals to comply with IPC guidelines and deliver safe services. Underfunding and critical shortages in human resources have compounded the problem, particularly in departments with higher risks of spread of hospital acquired infections such as maternity wards, ICUs, and surgical units.

### **Functionality**

Syria's complex humanitarian crisis, including emerging epidemics and outbreaks, massive displacement, worsening socio-economic condition, volatile and unstable situations across the country in some, has strained the country's already fragile health system, leaving millions in need of urgent health assistance. Access to and functionality of basic health services remain a significant challenge in the health sector due to damage and non-functionality of health facilities.<sup>214</sup>

Across north-west Syria, 172 health facilities are at risk of closure due to abrupt funding cuts – potentially leaving 4.24 million people without reliable access to trauma care, maternal and child health, and chronic disease treatment.<sup>215</sup> In northeast Syria, 23 facilities are already suspended, and another 68 are at risk of shutting down.<sup>216</sup> The Whole of Syria (WoS) Q4 2024 Health Resources and Services Availability Monitoring System analysis indicated that 54% of hospitals and 55–63% of primary health facilities are either partially functioning or not functional.<sup>217</sup>

While some externally supported services – particularly in northwest Syria – remain operational, they are heavily reliant on humanitarian financing and lack sustainability. The same is true in northeast Syria, where the autonomous administration has managed to maintain minimum services under fragile conditions. In the south and coastal regions, service gaps persist due to insecurity, limited infrastructure, and rising trauma needs.<sup>218</sup>

Decades of underinvestment and 14 years of conflict have led to the near collapse of Syria's primary health care system. Health infrastructure has been widely damaged – including hospitals targeted in airstrikes – and over 50–70% of the health workforce has left the country, putting immense pressure on those who remain.<sup>219</sup>

Following a reported dispute between local factions and Bedouin tribes, violence in As-Sweida has escalated. As of July 20, more than 90 000 people have been displaced. The health system is collapsing. All hospitals and health centers are either non-functional or severely degraded.<sup>220</sup> The National Hospital in Sweida is operating beyond capacity (operating at just 15%), with insufficient medical staff and supplies, and without access to water, electricity, and fuel for generators. An excess of patients occupies the hospital hallways, concurrently, the morgue is over capacity, with hundreds of deceased individuals, including women, children, and the elderly.<sup>221</sup> Decomposing bodies have also been documented inside the hospital, with no possibility of dealing with them due to the breakdown of refrigeration units and the lack of necessary transportation.<sup>222</sup>

The Salkhad Hospital is currently operating at minimum capacity, amid a real threat of ceasing to provide services, given the shortage of medical staff and supplies, which portends a total collapse of healthcare in the Governorate.<sup>223</sup>





### **Healthcare Workforce (HWF)**

Reports indicate that approximately 930 healthcare professionals have been killed during the war. However, the primary reason for workforce decline appears to be migration. Up to half of the country's healthcare workers are believed to have left, driven mainly by insecurity and economic hardship.



Those who remain, face hazardous working conditions including very low salaries, limited resources, and a healthcare system severely weakened by prolonged conflict which affects their motivation which in turn represents a substantial push factor for migration. These issues were more acute in Government-controlled areas as in opposition-controlled Northwest Syria salaries and working conditions were considerably better which most probably has had an impact on the retention of health workers during the conflict. In fact, the better conditions in the North may even have been a pull factor for professionals from other areas of the country. More broadly, more than a decade of war has led to destruction of medical education infrastructure, faculty shortages, and mass displacement of students and professionals.

In Northwest areas, based on HeRAMS<sup>1</sup> in the second quarter of 2023, there were 2621 doctors (1484 in Aleppo and 1137 in Idlib), 4945 nurses (2940 in Aleppo and 2005 in Idlib) and 874 midwives (559 in Aleppo and 315 in Idlib). The density of key health workers (e.g. doctors, nurses and midwives) per 10 000 population in NWS, was 16.7/000 (5.2 for doctors and 11.5 for nurses/midwives). By geographical location Aleppo has a density of 25.2/000 (7.5 for doctors and 17.7 for nurses/midwives) and Idlib 11.3/000 (3.7 for doctors and 7.6 for nurses/midwives). In the case of Idlib, this is below the Sphere recommended standard of 22.8/000 and overall these indicators were far below the minimum density necessary to achieve the SDGs or UHC. Shortages of health workers affect all cadres.

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
<p>People are hesitant to visit healthcare facilities because of prior airstrikes targeting these facilities and the <b>overall atmosphere of fear</b>.<sup>224</sup></p> 	<p>A <b>shortage of specialists continues</b>.<sup>225</sup></p> 	<p>Health infrastructure has been <b>widely damaged</b> – including hospitals targeted in airstrikes – and over <b>50– 70%</b> of the health workforce has left the country.</p> 	<p>There were <b>84 attacks</b> in 2024, and 14 attacks in Jan-June 2025</p> 

### Healthcare Cost and Access

Since January 2025, Syria's healthcare system continues to struggle under the heavy burden of soaring costs and limited access, further exacerbated by the country's dire economic conditions. With more than 90% of Syrians living below the poverty line, many families face catastrophic out-of-pocket expenses for essential medical services, forcing them to postpone or forgo treatment altogether.<sup>226</sup> Health facilities, particularly in rural and conflict-affected regions, remain damaged and under-resourced, with persistent shortages of qualified medical personnel due to ongoing displacement and insecurity.<sup>227</sup>

Transportation barriers and security concerns further restrict access, disproportionately impacting vulnerable populations such as women, children, and the elderly.<sup>228</sup> This combination of financial and physical obstacles leads to low vaccination rates, untreated chronic illnesses, and preventable deaths. The strained health system increasingly relies on costly emergency interventions rather than preventive care, hampering effective disease control and worsening public health outcomes.<sup>229</sup> Addressing these intertwined challenges requires urgent investment to reduce healthcare costs, rebuild infrastructure, and expand equitable access to essential health services across all Syrian regions.<sup>230</sup>



### *Supply (including pharmaceutical) chain disruption*

Staff shortages, resource constraints, and damaged infrastructure are further hindering the delivery of essential medical services.<sup>231</sup> There is disrupted supplies of medicines, medical supplies and equipment.<sup>232</sup> A shortage of specialists continues in trauma and emergency care, intensive care, orthopaedics, psychiatry, anaesthesia, oncology, and prosthetics.<sup>233</sup> The funding gap has had a significant impact on the health sector, causing shortages of essential medicines, medical supplies, and staff, forcing many health facilities to function at reduced capacity or close entirely.<sup>234</sup> Limited access to antenatal and postnatal care is evident, as only 1327 (78%) of 1702 health facilities have functional basic emergency obstetric and new-born care services.<sup>235</sup>

## HUMANITARIAN HEALTH RESPONSE

### *Health Sector Needs*

Around 15.8 million people (almost 65% of the population) are in dire need of life-saving essential primary and secondary health assistance in 2025, an increase of 936050 (6%) from 2024. Overall, 264 out of 270 sub-districts are classified as being under severe or extreme conditions according to the health sector severity scale.<sup>236</sup>

### *Health Sector Response*

The national level Health Sector Coordination Group is co-chaired by the Ministry of Health of Syrian Arab Republic and WHO while the sub-national Health Sector Coordination Groups are co-chaired by the respective Directorate of Health and WHO.

While the formal Health Cluster was not activated for Syria. However, WHO has been leading the groupings of organizations and stakeholders working to address specific needs within the health sector. By the end of June 2025, there were 120 operational health sector partners of which 76 were consistently reporting on their work.

Category of Health Sector Organization	Number of Operational Health Sector Partners in Syria	Number of Health Sector Partners Reporting on their Activities
National authority	1	1
UN agency	8	5
International NGO	26	18
National NGO	80	51
Others	5	1
<b>TOTAL</b>	<b>120</b>	<b>76</b>

As of June 2025, WHO and its health partners are delivering over 1.3 million treatment courses and more than 19000 emergency health kits to health facilities nationwide. Nineteen mobile medical teams are providing direct care – consultations, referrals and follow-up – in underserved areas including Aleppo, Ar-Raqqa, Hama, Deir-ez-Zor, Homs, Lattakia and rural Damascus. Mental health and psychosocial support services are also being expanded through key referral hospitals such as Azaz and Ibn Khaldun, targeting people affected by displacement and trauma.<sup>237</sup>

A survey carried out by the health sector in Syria in 2024/2025 reported the below outlined areas of engagement:

Area of engagement	Proportion of Health Sector Organizations
The organization manages static health points	75%
The organization operates mobile medical teams	64%
The organization manages health facilities	68%
The organization provides health supplies (medicines, equipment, etc.)	90%
The organization is involved in the reconstruction and rehabilitation of health facilities	55%
The organization is engaged in capacity-building activities	87%
The organization conducts community outreach activities	87%
The organization provides inputs to the 4Ws (a mapping of who is doing what, where and when)	76%

In line with its preparedness mandate, WHO is also reinforcing disease surveillance and public health preparedness at entry points. This includes upgrading infrastructure, supplying critical materials and training frontline health workers on health regulations and standards to enhance early detection and response to potential outbreaks.<sup>238</sup>

### *Impact of Chronic Underfunding*

Given that the healthcare system in Syria is already fragile and significantly dependent on external humanitarian assistance and donor support, a prolonged interruption of health activities and a funding shortfall could precipitate its collapse, resulting in severe repercussions for the health of the population. This will have major implications beyond sustaining lifesaving services but also have major security implications.

In northeast Syria, 23 facilities are already suspended, and another 68 are at risk of shutting down.<sup>239</sup> As of end of May, 172 health facility (HFs) are or will be out of fund including 11 General hospitals, 23 Specialized hospitals, 104 PHCs and 34 specialized care centres across NWS.<sup>240</sup> The current funding gap across NWS is estimated at 24.3 million USD for 6 months, or 49 million USD for 12 months.<sup>241</sup>

In Syria HCT coordinated response area, 34 health sector partners are severely impacted by funding cuts. 280, or 16% of total, health facilities with suspended and reduced capacity. The de-funding affected health facilities in all 14 governorates.<sup>242</sup>

As of December 2024, health cluster partners are facing significant funding gaps, impacting over 140 health facilities. This shortfall presents critical challenges in meeting the growing healthcare needs during this crisis. Additional support and resources are urgently required to sustain and enhance the health response.<sup>243</sup> The medical needs in the region far exceed the available medical services, with Syrian people bearing the greatest burden due to limited support and the closure of hospitals and health facilities.<sup>244</sup>

### **More Information On Health Sector in Syria**

- Health Sector Materials on Reliefweb: <https://response.reliefweb.int/syria/health>
- Health Sector Interactive dashboards: [Various interactive dashboards maintained by WHO Syria](#)

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
<b>Health status &amp; threats for affected population</b>	Surveillance data in conflict and remote areas	Early Warning Alert and Response (EWAR)
	Health needs information is limited	Health needs assessments
<b>Health resources &amp; services availability</b>	Information on Health services availability, disruption and functionality in several areas	HeRAMS (WHO) across all regions
	Limited information on health workers availability and capacity	HeRAMS (WHO) across all regions
	Attacks on health	SSA (WHO)
<b>Humanitarian health system performance</b>	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey
	Gaps in health service provision for IDPs in some areas	Support from IOM , INGOs, NGOs, and local health <u>authorities required</u>

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