

## 5.2.1. Healthcare and socio-economic conditions

Following the fall of the Assad regime in December 2024, this document has been reviewed and updated. Please consult '[Interim Country Guidance: Syria \(2025\)](#)'

### COMMON ANALYSIS

Last update: February 2023

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Healthcare facilities have been destroyed or damaged in targeted attacks by actors in the conflict, therefore deliberately limiting access to healthcare in the respective areas [see for example [Security 2023](#), 1.5.4, p. 43; [Damascus 2020](#), 3.5, p. 28; [Security 2020](#), 1.6.1.2, p.34, 2.1.3, p. 60, 2.2.3.7, p. 85, etc.]. Sieges in Aleppo and Dar'a al-Balad restricted the supply of food, water and electricity as well as the entry of basic necessities such as flour, fuel, and medical aid [[Security 2022](#), 2.3.3, p. 93, 2.12.3, p. 210]. In such cases, the application of Article 15(b) QD may be considered where refugee status has not been found to apply.

It is important to note that serious harm must take the form of conduct of an actor ([Article 6 QD](#)). In themselves, the general unavailability of healthcare, education or other socio-economic elements (e.g. situation of IDPs, difficulties in finding livelihood opportunities, housing) are not considered serious harm meeting the requirements of inhuman or degrading treatment under Article 15(b) QD in relation to Article 6 QD, unless there is intentional conduct of an actor, such as the intentional deprivation of the applicant of appropriate healthcare.