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3.7. Health care

As of December 2024, only 57 % of the hospitals and 37 % of its primary healthcare facilities in Syria were fully functional, while the rest are either partially or completely out of service.666 In areas like Damascus and Aleppo hospitals remained largely non-operational.667 In Damascus, 34 % of health centres (29 out of 86) were affected by underfunding, with an impact on approximately 712 000 individuals.

Several providers, as reported by Refugees International, indicated that mobile health clinics—previously among the few sources of medical care in rural towns and areas where returnees were beginning to rebuild - were no longer sustainable.668

The WHO indicated that 15.8 million people - more than 65 % of the total population – were in need of humanitarian health assistance. Mental Health and Psychosocial Support (MHPSS) needs were reported to be particularly high in the coastal areas, where stress-related conditions were on the rise.669 IOM indicated that in Damascus, 7 % of key respondents did not have access to primary health facilities, 69 % did not have access to specialised health facilities and 19 % did not have access to emergency health facilities.670

Challenges for the health system included geographic disparities in workforce distribution, underfunding, misallocation of resources, deteriorated healthcare infrastructure and medical equipment, the migration of health professionals and the collapse of supply chains and lack of a unified health information system.671 In Damascus, human resources distribution was limited by the centralised control of the Ministry of Health, restricting local health directorates' ability to manage staff effectively. Additional challenges included outdated training curricula, poor infrastructures and a lack of coordination between private and public health services. Charitable healthcare institutions, such as the Mouwasat Charitable Hospital in Damascus, transitioned to private operations. Coordination mechanisms, such as health clusters and technical working groups, have been reported as highly ineffective in Damascus and Homs.672

Doctors working in areas like Damascus and Aleppo reportedly received monthly salaries as low as USD 30. According to a former official cited by Refugee International, these salaries were sustained through government funding sourced from narcotics revenues.673 A Syrian Arab Red Crescent (SARC) study found that 66 % of communities reported a lack of medical care for severe illnesses such as cancer and kidney failure, while 61 % indicated the unavailability of treatment services for chronic diseases. Additionally, 57 % reported a shortage of medications for emergency conditions such as pain and infections, and maternal and child health services were found to be lacking in 48 % of cases. The report also noted the disruption of 50 % of health facilities, rendering many non-functional and the spread of infectious diseases due to poor

sanitation and overcrowding in displacement camps.674 IOM identified the lack of specialised health care as a consistent challenge across governorates, including in areas where basic services had been restored. This gap significantly limited the capacity to address chronic illnesses, injuries, and disabilities, particularly among vulnerable groups such as children, older person returnees, and persons with disabilities.675

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  Health Cluster and WHO, Health sector Bulletin, March 2025, url, pp. 2, 5, 6

- 667

  Refugee International, Beyond the Fall: Rebuilding Syria After Assad, 2 May 2025, url

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  Refugee International, Beyond the Fall: Rebuilding Syria After Assad, 2 May 2025, url

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  IOM, Syrian Arab Republic — Communities of Return Index — Round 1 (15 March - 05 April 2025), url, p. 9

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  LUGARIT, SAMS, Syria’s Health Sector. Challenges And Intervention Priorities, 3 April 2025, url, pp. 7-13, 18, 19

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  Health Cluster and WHO, Health sector Bulletin, March 2025, url, p. 9

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  IOM, Syrian Arab Republic — Communities of Return Index — Round 1 (15 March - 05 April 2025), 13 May 2025, url, p. 8

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