

Health Care, Mental Health and a Comprehensive Approach to Physical Rehabilitation

Health care remains underfunded in the Syrian response, **review of funding for health activities** in Syria and neighbouring countries is urgently needed to ensure adequate provision of services through a.o. capacity building, training and more inclusion.

After eight years of crisis, there is an alarming prevalence of war-related and other injuries and disabilities. Persons with injuries and disabilities require **physical rehabilitation** services that offer a **continuum of care**: starting in the immediate aftermath of an injury or surgery, and continuing to full social and economic integration into society. Moreover, the **mental health** consequences of war-related violence and trauma-related psychological processes require funding for an urgent expansion of services as part of a **long term strategy for mental health and psychosocial support (MHPSS)** within the Syrian crisis response.

Urgent Concerns

Health care and health needs

- Inside Syria, the **destruction of hospitals and health care facilities has deprived millions of people of access to basic health care** (an estimated 42% of the population⁽¹⁾). Across the country access to health care is severely limited: less than half of health facilities are operational
- Access to health care in **refugee-hosting neighbouring countries** is also increasingly out of reach as national budgets and international aid are far from meeting the needs of both host and refugee communities.
- **Gaps in non-emergency care** can lead to **long-term disabilities**, such as when untreated diabetes results in an amputation or when complications at birth lead to cerebral palsy.
- **Vulnerabilities associated with gender, age, and disability**, have been heightened by the crisis, and conflict-affected populations struggle to gain access to humanitarian assistance and essential services **in an inclusive and equal manner**.
- Children under five, adolescent girls and women of reproductive age, persons with disabilities and people at high risk of complications from chronic diseases, particularly the elderly, remain the **most vulnerable population groups** in need of health services.
- **Pregnant women and neonates** who have no access to life-saving obstetric care or essential reproductive health care, and **patients with untreated chronic diseases** are at risk of death or permanent impairment.
- **Children who are not vaccinated** face high risks of contracting infectious diseases.

1. Humanitarian Needs Overview [HNO], 2018, Syrian Arab Republic, available online at: <https://hno-syria.org/> [Accessed 4/2/19]

Facts & Figures

Health and Health care

- The number of **people that require health assistance increased** from 11.3 to 12 million between March and July 2018⁽¹⁾.
- In 2018, **2.98 million people in need were living in hard-to-reach areas**, including 419,000 people in UN-declared besieged areas⁽²⁾.

Mental health

- An HI study conducted in 2016 among Syrians in Jordan found that **80% of people injured by explosive weapons expressed signs of high psychological distress**, 66% of them were unable to carry out essential daily activities because of their feelings of fear, anger, fatigue, disinterest and hopelessness, **65% were so upset that they tried to avoid places, people, conversations or activities that reminded them of the traumatic event**; 75% of children under 5 assessed felt so afraid that nothing could calm them down⁽³⁾.
- The International Medical Corps (IMC) states that **more than 50% of the Syrian population suffer from severe emotional disorders**. Depression and anxiety were the most common, followed by epilepsy (17%) and psychotic disorders (11%). Some actors observed that in Syria more women (60%) seek mental health services than men⁽⁴⁾.

Physical Rehabilitation

- Estimates are that **2.9 million people inside Syria are living with a permanent disability**, and many new conflict & non- conflict related trauma cases per month are leading to thousands of permanent disabilities that will require long-term physical rehabilitation care⁽⁵⁾, but reliable data on injuries and disabilities at the Whole of Syria level is still unavailable.
- A December 2018 PRD-WG and REACH study on access to health care in Northern Syria found that, on average, **30% of adults in Northern Syria have disabilities**, double the world average of 15% estimated by the WHO⁽⁶⁾.

1. Health Sector updated figures for the Mid-Year review, 2018

2. UN OCHA, August 2018, '2018 Humanitarian Response Plan Syrian Arab Republic', available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/2018_2018_hrp_syria.pdf [Accessed 5/2/19]

3. Handicap International (2016), Syria , A Mutilated Future.

4. International Medical Corps, 2017, Syria crisis - Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis.

5. Humanitarian Needs Overview [HNO], 2018, Syrian Arab Republic, available online at: <https://hno-syria.org/> [Accessed 4/2/19]

6. PRD-WG and REACH, 2018, Disability and Access to Health Care in Syria: Western Aleppo, Idlib and Ar-Raqqa

Physical Rehabilitation

- The **protracted crisis has further eroded and overburdened an already inadequate health system that was unable to address injury- and disability-related needs**: before the crisis prosthetics and orthotics (P&O) services for civilians were largely unavailable and the number of physical rehabilitation professionals was inadequate to meet the needs. The situation has worsened because **many health providers have fled**. For example, patients with complex injuries like polytrauma are often seen by medical specialists without having access to rehabilitation services and/or only see a physiotherapist, while physiotherapists are not trained to treat such cases.
- The **deficit in trauma and non-emergency care** for war-wounded, including amputees, result in a **growing number of long-term disabilities**;
- Although humanitarian actors have stepped in to respond, **the health needs exceed their financial capacity** to access and provide services to all vulnerable populations.
- In response to the lack of qualified rehabilitation professionals, **some aid workers have acquired the technical skills that are essential to the delivery of physical rehabilitation services**. If they are unable to continue their work due to changing areas of control, this will result in a loss of human capital that will widen the gap in service delivery to the population.
- At country level, there is **insufficient reliable data** to assess the exact scope of the physical rehabilitation needs, conflict-related or not, and prepare for an adequate response.

Recommendations

All stakeholders: donors, international actors (including UN agencies) and involved parties should:

- **Prioritise funding for the health sector** as improved access to and continuity of healthcare is a priority in Syria and neighbouring countries, especially since there is no Compact for supporting health systems and delivery in neighbouring host countries;
- Call for a **comprehensive revision of the Jordan and Lebanon Compacts** to develop synergies between health, education and livelihoods programs and therewith leverage the necessary support to health services and systems.

With regard to mental health needs, donors and international actors should:

- **Prioritise the inclusion of mental health and psychosocial support** in the humanitarian response in Syria and neighbouring countries;
- Provide **funding for long-term projects that address the mental health consequences of war-related violence**, loss, grief and other trauma-related psychological processes;
- Provide **funding for programs that focus on the specific needs of children** that were exposed to war-related violence, loss, grief and other trauma-related psychological processes, and on strengthening parenting and caregiving skills in that regard.

With regard to physical rehabilitation needs, donors and international actors should:

- Provide **multi-year project funding to prevent gaps or**

Mental Health

- A December 2018 PRD-WG and REACH study on access to health care in Northern Syria found that, on average, **20% of IDPs, 14% of returnees and 13% of residents** reported high daily feelings of anxiety or depression⁽¹⁾.
- The available data suggests a high need for mental health support, but **comprehensive qualitative and quantitative assessments** of psychosocial and mental health needs, coping strategies, and the prevalence of mental health diseases are missing.
- There is a lack of **specialized psychological, psychiatric and psychotropic services** in Syria and host countries.
- Non-specialised local staff working in psychosocial support need **capacity building** through validated curricula and special tools for online training.
- There is a need to go beyond the Psychological First Aid emergency approach by **adapting MHPSS interventions to protracted crisis** and other specificities of the Syrian context.
- There are not enough resources available to offer **specialized treatment to children affected by exposure to violence, loss, grief and other traumatizing experiences** and to strengthen parenting and caregiving skills in this regard.

1. PRD-WG and REACH, 2018, *Disability and Access to Health Care in Syria: Western Aleppo, Idleb and Ar-Raqqa*.

breaks in services for people injured and persons with disabilities, including funding to develop the technical capacity of non-specialised actors to and maintain standards of quality in relation to physical rehabilitation;

- Add a **weighing for disability inclusion when screening project proposals** and set expectations for project proposals to demonstrate disability inclusive design, including participatory needs assessments, disability disaggregated data and indicators to measure specific inclusion-related achievements;
- **Fund more data collection which covers all geographical areas of Syria** and analyses barriers and solutions to accessing services, beyond only healthcare, for persons with injuries and disabilities;
- **Promote the integration of the needs of persons with disabilities** to the response across all sectors, to avoid segregation or patchy access to services;
- **Encourage links between all actors in charge of the health sector** on one side, and international bodies, including INGOs, on the other side, to support the integration of physical rehabilitation as part of a key package of primary health care services;
- **Encourage links between all actors in charge of the education sector** and international bodies, including INGOs, that are specialised in rehabilitation to update curricula and training packages for physiotherapists in order to meet population needs and facilitate bringing paraprofessionals into a more formalised structure to ensure patient safety.