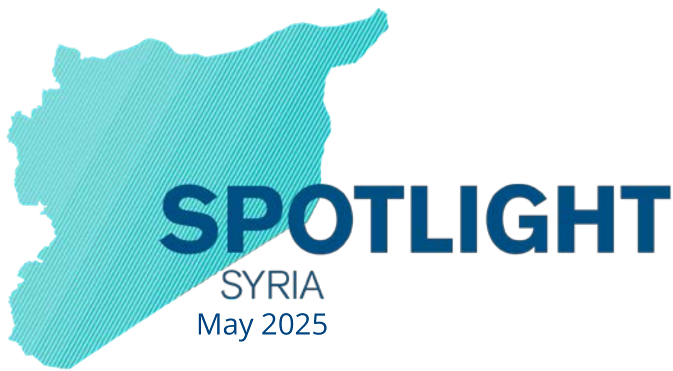

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Stabilizing Health to Anchor Syria’s Reconstruction

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Abstract

This paper explores the central role of healthcare system reform in Syria’s post-conflict recovery, arguing that rebuilding health services is not only a humanitarian imperative but also a political and strategic priority. Drawing on field assessments, policy analyses, and the WHO’s health systems strengthening framework, the study analyzes the evolution of Syria’s healthcare sector from pre-war progress to its wartime collapse. It examines how fourteen years of armed conflict, compounded by institutional neglect, workforce depletion, governance fragmentation, and sanctions-related barriers, have left the country’s health infrastructure in crisis. The emergence of a new transitional government in March 2025 presents a rare opportunity to launch systemic reforms aimed at decentralization, capacity building, and equitable service delivery. It proposes a structured approach to health system recovery, built around six core pillars: effective governance, sustainable financing, human capital, service provision, medical supply chains, and integrated information systems. It highlights the early new government initiatives, including diaspora engagement and primary care revitalization, while outlining persistent challenges such as fiscal constraints, insecurity, and weak data systems. The paper contends that restoring health services can anchor broader goals of political legitimacy, social cohesion, and refugee reintegration—making health sector reform a cornerstone of Syria’s transition from fragility toward stability and peace.

Introduction

After more than a decade of conflict, Syria’s healthcare system remains deeply fractured. As of 2025, only 57% of hospitals and 37% of primary healthcare centers are fully operational[1]. Fourteen years of armed conflict have devastated Syria’s healthcare system, resulting in mass displacement, infrastructure collapse, the erosion of essential services, and more than 70% of the country’s healthcare workforce has been displaced or killed. The emergence of a new government in March 2025 marks a pivotal moment—offering a unique opportunity to initiate systemic health sector reform and support national stabilization. This paper examines the course of Syria’s health system from pre-war achievements to post-conflict collapse, analyzing the compounded effects of infrastructure destruction, workforce depletion, fragmented governance, and sanctions-related barriers. It also highlights how prolonged neglect under the Assad regime contributed to inequities and institutional decay, particularly in rural and marginalized communities. The paper outlines the critical role of the new government in rebuilding health services and explores early policy signals, including an emphasis on

[1] OCHA. 2024. Humanitarian Needs Overview: Syrian Arab Republic. United Nations Office for the Coordination of Humanitarian Affairs.

decentralization, diaspora engagement, and restoring primary care. Drawing on the WHO's health systems strengthening framework, it proposes a phased recovery strategy focused on six pillars: governance, financing, human resources, service delivery, essential medicines and technologies, and health information systems. While the possible lifting of U.S. sanctions may ease logistical and financial constraints, health system recovery will ultimately depend on political will, sustained international support, and robust mechanisms for accountability. Rebuilding Syria's health sector is not only a humanitarian necessity—it is foundational to restoring public trust, facilitating refugee return, and securing long-term peace.

By end of 2024, the Syrian conflict had entered its fourteenth year, resulting in one of the most protracted and severe humanitarian crises in modern history. More than half of the population has been displaced, and at least 13.4 million people need health assistance[2]. With over 70% of healthcare workers either killed or forced to flee the country, access to basic health services is extremely limited[3]. The destruction of physical infrastructure, combined with a fragmented political landscape and weak governance capacity, has left the healthcare system in a state of collapse. The recent political transition, which brought an end to the Assad regime, offers a critical window to initiate reform and rebuild essential services. Yet, any progress will depend on targeted support from international actors, particularly in the areas of financing, human capital, and governance reform.

Pre-Conflict Healthcare Landscape

Before the onset of civil war in 2011, Syria's healthcare system demonstrated considerable progress. Life expectancy had risen to over 73 years, up from 56 in 1970, and infant mortality had declined to 17.9 per 1,000 live births. The maternal mortality rate stood at 52 per 100,000 live births[4]. These improvements reflected substantial investments in public health, particularly in maternal and child health services. The government provided free primary care and immunizations, contributing to high vaccination coverage across much of the country. Despite these achievements, systemic weaknesses persisted. Rural and remote areas were underserved, with most specialized facilities and trained professionals concentrated in major urban centers such as Damascus and Aleppo. Out-of-pocket spending accounted for over 60% of total health expenditures, indicating a lack of financial protection and inequitable access to services. The burden of non-communicable diseases (NCDs) had also begun to rise sharply, accounting for over 75% of total mortality by 2009[5].

Post-Conflict Health System Breakdown

Infrastructure Destruction

The war has led to the systematic destruction of Syria's health infrastructure. An estimated 50% of hospitals and health facilities had been partially or fully destroyed, often as a result of deliberate targeting[6]. Medical warehouses, ambulances, and laboratories had similarly been attacked or rendered non-functional. This has severely constrained the delivery of essential services such as trauma care, maternal health, and infectious disease control. In many areas,

2 World Health Organization (WHO). Health Emergency Response Plan: Whole of Syria, 2023–2025. Geneva: WHO, 2023. https://www.who.int/publications/m/item/syria-health-response-2023

3 Kherallah, Mazen, et al. 2012. "Health Care in Syria Before and During the Crisis." Avicenna Journal of Medicine 2 (3): 51–53.

4 World Bank. "Syria: Health Indicators." *World Development Indicators*. Washington, DC: World Bank, 2011. https://data.worldbank.org/country/syrian-arab-republic

5 Devi, Sharmila. 2021. "Health in Syria: A Decade of Conflict." The Lancet 397 (10274): 1241–1242.

6 Physicians for Human Rights. 2015. Anatomy of a Crisis: A Map of Attacks on Health Care in Syria.

patients must travel for hours to access the nearest functional facility, only to find that basic supplies or staff are unavailable.

Health Workforce Collapse

The Syrian health workforce has undergone a massive exodus. It is estimated that over 15,000 physicians have left the country since 2011[7]. Some regions, including Deir ez-Zor and Idlib, have fewer than one physician per 10,000 residents[8]. This shortage is compounded by the loss of educators and medical trainers, undermining the capacity to train new healthcare workers domestically. The result is a vicious cycle of brain drain and deteriorating service quality, particularly in primary and emergency care.

Fragmented Governance

The previous Syrian government exhibited systematic neglect of the healthcare sector, prioritizing regime security and sustaining a war economy over meeting the population's basic health needs. This neglect was exacerbated during the civil war as Syria fragmented into zones controlled by various militias and quasi-state actors, each establishing their own health governance arrangements. In areas such as northwest Syria—now under a new administrative coordination—the health system evolved into a "hybrid" model, largely dependent on NGOs and international donors, with limited institutional oversight and inconsistent service provision. As scholars have noted, "the health sector was left to adapt on its own, creating a governance vacuum exploited by militarized actors"[9]. In territories previously held by the Assad regime, public health infrastructure deteriorated severely, and governance consistently failed to address systemic inequalities—particularly for women, the elderly, and rural communities[10]. Simultaneously, militias such as the National Defence Forces supplanted official state roles without investing in civilian health services, reinforcing a fragmented and inequitable landscape. These trends reveal that Syria's health system collapse was not solely a byproduct of conflict, but the result of deliberate neglect and the erosion of accountable governance structures.

Economic Sanctions and Import Barriers

The Syrian economy has contracted dramatically in recent years, with the healthcare sector among the hardest hit. Although medical supplies, pharmaceuticals, and humanitarian goods have never been formally included in the European Union's sanctions list—and are technically exempt under U.S. sanctions regimes—their delivery has still been severely hampered by complex regulatory environments and overcompliance by commercial actors. In practice, humanitarian exemptions are inconsistently applied and frequently delayed. NGOs operating in Syria have reported clearance times of six to nine months for critical shipments, including vaccines, diagnostic equipment, and medications like insulin and chemotherapy drugs. These delays have disrupted vaccine cold chains and contributed to chronic shortages of essential treatments. While the legal framework does allow for humanitarian assistance, financial

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[7] WHO. 2016. HeRAMS Syria: Health Resources & Services Availability Monitoring System. World Health Organization.

[8] World Health Organization (WHO). *Health Resources Availability Mapping System (HeRAMS): Syrian Arab Republic 2023 Report*. Geneva: WHO, 2023.
https://www.who.int/publications/m/item/herams-syrian-arab-republic-2023

[9] *Ekzayez, Khalil. 2023.* Health System Strengthening in Conflict Settings: A Case Study of a Hybrid Health System in Northwest Syria between 2013–2021. *CORE.* https://core.ac.uk/download/pdf/587002193.pdf

[10] Marzouk, M., Abbara, A., and Mkhallalati, H. 2021. Health System Fragmentation and the Syrian Conflict. ResearchGate. https://www.researchgate.net/publication/354788795_Health_System_Fragmentation_and_the_Syrian_Conflict.

institutions, shipping firms, and customs authorities often opt out of Syria-related transactions entirely to avoid regulatory risk. It should also be noted that a portion of the humanitarian support provided through the United Nations has included health sector assistance, such as the delivery of medical supplies and medicines, although the exact share of this aid relative to other sectors remains unclear. In May 2025, U.S. President Donald Trump reportedly announced from Saudi Arabia an intention to lift sanctions on Syria. If officially enacted, such a move could mark a significant policy shift with implications for humanitarian access, especially in the healthcare sector. However, details remain sparse and unconfirmed through official government releases at this time[11]. If U.S. sanctions on Syria are indeed lifted, the impact on the health sector could be significant, though not automatically transformative. While medical goods were never formally sanctioned, sanctions created financial and logistical barriers that hindered the import of essential supplies. Lifting them could ease these constraints—reducing delays, lowering transaction costs, and encouraging renewed engagement from donors, UN agencies, and private suppliers. However, persistent challenges remain: fragmented governance, institutional decay, and the risk of corruption may continue to obstruct equitable and effective healthcare delivery. Sanctions relief is a necessary, but not sufficient, condition for health system recovery.

Role and Challenges of the New Government

The new government, formed in March 2025, has declared health sector reform a national priority. Initial policy statements emphasize the restoration of essential services, investment in training, and equitable access to care. However, the government faces formidable challenges. First, it operates with a severely constrained fiscal capacity: as of 2022, health sector spending accounted for less than 2% of GDP—a figure that refers specifically to governmental expenditure and does not include out-of-pocket or private health spending. Given the ongoing economic crisis and post-conflict reconstruction burdens, it is plausible that this percentage has not increased significantly[12]. Second, national health information systems are outdated or non-functional, making it difficult to conduct needs assessments or allocate resources efficiently. Third, limited international recognition hampers cooperation with global health institutions such as WHO and UN agencies. Finally, pockets of insecurity continue to threaten health workers and obstruct aid delivery in areas like the northeast.

To address these challenges, the newly appointed Minister of Health, Dr. Musaab Nazzal al-Ali, has begun to outline a forward-looking strategy. His approach centers on reducing healthcare disparities between urban and rural areas through the expansion of decentralized, community-based primary healthcare. At the UOSSM Primary Healthcare Summit in Damascus, Dr. al-Ali emphasized the need to rebuild rural infrastructure, promote localized service delivery, and reintegrate returning medical professionals[13]. He has also initiated engagement with the Syrian medical diaspora to support training and professional development, while exploring partnerships with international humanitarian actors to co-design recovery initiatives.

The case of Aleppo illustrates the complexity of delivering equitable healthcare in the post-conflict period. Once home to some of Syria's most advanced hospitals, Aleppo now struggles with limited access to humanitarian aid due to logistical and bureaucratic barriers. Although

[11] Trump, Donald. 2025. Remarks Delivered in Riyadh on Syria Policy Shift. May 2025. Statement reportedly delivered during a visit to Saudi Arabia. [Source pending official release]

[12] World Bank. *Syria Economic Monitor: Navigating Beyond Fragility*, Fall 2022 Edition. Washington, DC: World Bank Group, 2022. https://www.worldbank.org/en/country/syria/publication/syria-economic-monitor

[13] Union of Medical Care and Relief Organizations (UOSSM). "UOSSM Hosts Landmark Primary Healthcare Summit in Damascus: A Vision for Syria's Health Future." *UOSSM*, April 6 2025. https://uossm.us/uossm-hosts-landmark-primary-healthcare-summit-in-damascus-a-vision-for-syrias-health-future

some international agencies have resumed operations in the city, aid delivery remains inconsistent, particularly in formerly besieged neighborhoods. Medical supplies often arrive late or in insufficient quantities, and health facilities operate far below capacity due to a lack of trained personnel. The challenges in Aleppo underscore the need for transparent, depoliticized aid mechanisms and better coordination between the central government and humanitarian agencies to ensure that aid reaches the most vulnerable populations, regardless of geographic or political considerations.

Rebuilding Health as a Pillar of Post-Conflict Stability in Syria

The prioritization of healthcare reform in Syria's post-Assad transition is not merely a humanitarian imperative—it is a political and strategic necessity. Effective health service delivery in post-conflict settings is often one of the most immediate and tangible signals that governance structures are functioning. In Syria, where the previous regime's prolonged neglect of the health sector fueled disenfranchisement and contributed to state fragility, restoring access to care can serve as a cornerstone of national stabilization and legitimacy.

The most recent April 2025 situation report from ReliefWeb, based on extensive consultations with over 300 medical professionals across Aleppo, Homs, Latakia, and Damascus, describes the Syrian health sector as "in crisis"[14]. Years of conflict and misgovernance have produced a system marked by hyper-centralization, political interference, mass health worker emigration, and collapsed supply chains. Services in rural and marginalized regions remain nearly non-existent. Meanwhile, outdated or nonfunctional health information systems prevent evidence-based planning, and widespread corruption undermines both equity and efficiency. Public health recovery is thus essential to meeting Syria's profound humanitarian needs. Recently, the new government, has already declared health sector reform a national priority. Its preliminary policy statements emphasize the restoration of essential services, capacity building, and equitable access to care. However, the government faces steep constraints - based on data from the WHO Global Health Expenditure Database (GHED)[15] and corroborating reports from the World Bank, Syria's government health spending in 2022 accounted for approximately 2.0% of GDP. This places Syria well below both the regional and global averages for public health expenditure, reinforcing the claim that the new government is likely working with a severely constrained health budget. Pockets of insecurity also continue to threaten health workers and restrict humanitarian access.

Despite these systemic failures, there is still an opportunity to transform Syria's health system into a force for national cohesion and social resilience. Restoring and expanding health service delivery could improve population well-being, rebuild state-society trust, and reduce incentives for communities to rely on informal or factional governance arrangements. Critically, it would also lay the groundwork for the safe and sustainable return of refugees. Without accessible healthcare—particularly in the peripheral areas where many returnees are likely to resettle—reintegration efforts will remain fragile and incomplete.

Rebuilding Syria's health system demands a strategic, phased approach that tackles urgent needs while addressing underlying structural deficiencies. Initial efforts should focus on restoring essential services by rehabilitating mid-sized facilities and stabilizing pharmaceutical and vaccine supply chains to rebuild basic care and public trust. Decentralizing authority to provincial health directorates, alongside structured coordination with civil society, NGOs, and

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[14] ReliefWeb. 2025. "Situation Report: Syria's Health Sector – Challenges and Intervention Priorities." April 3, 2025. https://reliefweb.int/report/syrian-arab-republic/situation-report-syrias-health-sector-challenges-and-intervention-priorities-03-april-2025

[15] *World Health Organization (WHO). 2024. Global Spending on Health: Emerging from the Pandemic. Geneva: WHO.* https://iris.who.int/handle/10665/379750

diaspora actors, can improve responsiveness. Rapid reintegration of displaced health professionals—via credentialing reforms, rural deployment incentives, and digital training—should be prioritized. A unified digital health information system is essential for planning, accountability, and surveillance. Long-term recovery will depend on regulating the private sector through public-private partnerships to ensure quality and affordability, while formally engaging the medical diaspora can help bridge expertise gaps and support system renewal.

Conclusion

Syria's healthcare sector stands at a crossroads. The war has left deep scars, but the emergence of a new political order presents a rare opportunity for systemic reform. For recovery to be successful, it must be holistic, inclusive, and data driven. The international community has a critical role to play, not only through financial support but also by promoting governance reforms and safeguarding humanitarian principles. A revitalized healthcare system is not merely a component of recovery—it is a prerequisite for national stability and peace.

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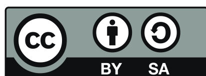

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