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Human rights situations that require the Council's attention

Joint written statement* submitted by Physicians for Human Rights, Syrian American Medical Society Foundation, non-governmental organizations in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[6 February 2023]

* Issued as received, in the language of submission only.



The Health Sector Crisis in the Syrian Arab Republic

Physicians for Human Rights (PHR) is an international human rights organization that works at the intersection of medicine, science, and law. For more than 35 years, PHR has used medical and scientific expertise to document and redress severe human rights violations around the world.

PHR submits the following information related to the 21 March review of the Syrian Arab Republic by the UN Human Rights Council. PHR is deeply concerned over the persistent humanitarian and human rights crisis in the Syrian Arab Republic and urges the Council's strong support for meaningful justice and accountability for attacks on health care personnel and facilities and the violation of Syrians' right to health since the start of the conflict 12 years ago.

PHR also welcomes the opportunity on 21 March for the UN Human Rights Council to be informed of the Commission of Inquiry's review of the situation in the Syrian Arab Republic. This is part of the Council's critically important work to continue raising awareness about the vast and needless human suffering in the Syrian Arab Republic.

Attacks on Health Care

For more than a decade, the Syrian government has systematically attacked health care workers and criminalized their role in the provision of nondiscriminatory care, while using the health care system to brutalize and oppress the civilian population. Since 2017, PHR has documented 144 attacks on health care facilities throughout the Syrian Arab Republic. Despite the decline in violent conflict in recent years, the impact of attacks on health has resulted in the limited availability, accessibility, and quality of health care services. To date, research on humanitarian aid provision has shown a lack of even the most rudimentary medical care in some geographic areas due to hostility and security concerns. Indeed, according to PHR's December 2021 research, *Destruction, Obstruction, and Inaction: The Makings of a Health Crisis in the northern part of the Syrian Arab Republic*, attacks on the health care infrastructure have had a devastating effect on health and health care delivery across the northern part of the Syrian Arab Republic. The impact has been especially acute concerning vulnerable populations such as women and girls, internally displaced people (IDPs), and people with disabilities.

In addition to years of the Syrian government using attacks on health care and besiegement as a tactic of war, the failure of the UN Security Council to find a sustainable strategy to maintain open humanitarian crossings to the northern part of the Syrian Arab Republic, which is detrimental to the lives and wellbeing of millions of Syrians, is dangerous and concerning.

Access to Sexual and Reproductive Health Services

In February 2023, PHR, in partnership with the International Rescue Committee, Syria Relief and Development, and Syrian American Medical Society, published a report that documents barriers to the access of sexual and reproductive health services for women and girls in the northwest of the Syrian Arab Republic. Access to post-abortion care, sexually transmitted infections management, and cancer screening and treatment have been severely diminished due to years of physical attacks on health care facilities and medical professionals in the Syrian Arab Republic.

Frontlines and regions that are constantly targeted with violence lack enough coverage for basic services, as mentioned above. Populations affected by the conflict in the northwest of the Syrian Arab Republic reported opting for alternative approaches to reduce the need to seek health care in medical facilities when these facilities were being constantly targeted. These alternative arrangements include postponing essential sexual and reproductive health (SRH) visits and forgoing medication. Rates of cesarean sections increased from 12.7 % in 2000 to a peak of 33.2% in March 2020 after the military campaign on the northwest of the Syrian Arab Republic.

A health care provider who worked in health facilities that experienced attacks explained that vaginal delivery, while deemed as optimal in terms of standard medical care, can require many hours, whereas a cesarean section takes only a few minutes and requires only six to seven hours for recovery. He explained that while not ideal, cesareans provide an element of certainty in a context in which patients feel “as if they were going to a front line when visiting a hospital, given how frequent attacks on health care were.” He added that he and his colleagues would avoid keeping the mother overnight if the recovery rooms were not underground, to avoid exposing her to bombings.

While access to health care overall in the northwest of the Syrian Arab Republic is in jeopardy, reporting by PHR and partners illustrates the price paid by women and girls, specifically, in accessing SRH services. These issues are further compounded by the ongoing debate at the UN Security Council concerning cross-border humanitarian aid access at Bab al-Hawa, the only remaining border crossing available for bringing in humanitarian aid to more than four million people living in the Syrian Arab Republic’s northwest region. The upcoming vote in July 2023 over this exact issue will further determine the accessibility women and girls have to such crucial resources.

International Rescue Committee Syria Relief and Development, NGO(s) without consultative status, also share the views expressed in this statement.