WHO Executive Director Peter Salama

Remarks at Security Council Briefing January 26th 2017

Mr President, distinguished representatives of the Security Council, thank-you for the opportunity today to brief you on the impact of six years of war on the health of the Syrian people. The war in Syria has taken a devastating toll on the people of Syria and also on the health workers, hospitals and clinics intended to serve them.

The war has obviously had a direct impact on the civilian population with more than half a million people killed and 1.5 million injured; indeed until recently we estimate that around 30,000 people were sustaining war-related injuries every month.

In addition, however, in many parts of the country, it has virtually gutted a once strong health system. More than half of the country’s public hospitals and primary health care centres have either closed or are only partially functioning. Almost two thirds of health workers have fled the country. Tragically, in 2016 there were reports of more than 100 attacks on hospitals and clinics across the country.

Not surprisingly the inability or unwillingness of the warring parties to safeguard basic health care has resulted in acute shortages and barriers to access including for life-saving services such as trauma care for the injured, medical treatment of common chronic diseases and basic disease
prevention programmes such as vaccination programmes for children. It is estimated that one in two children are now missing out on their childhood immunizations and that one in 4 children are at risk of developing mental health disorders with their associated long term impacts. More than 300,000 pregnant women are not able to get the urgent care they need. Indeed the indirect toll on civilian lives may eventually far outweigh the direct toll due to bombs and bullets.

WHO and its UN and many NGO partners in the health sector have been challenged to find new and innovative ways to deliver services in this context whether through mobile health clinics, or through cross-line and cross-border programmes. In 2016, WHO and partners such as UNICEF and SARC were able to vaccinate more than 2.5 million children against polio, measles and other diseases, deliver more than 10 million treatments and train more than 16,000 health workers as well as assisting in medical evacuations of the critically sick and injured. The credit for these results rests with the remaining Syrian health workers who continue to deliver health care for their people.

Unfortunately in 2017, the cease-fire has not yet translated into sustained improvements in access in the majority of hard to reach and besieged areas. As noted by the ERC, we are particularly concerned by the situation in Deir-ez-Zour where people are struggling to survive in the besieged enclaves. For example, the Al Asad National hospital has temporarily been
out of service due to clashes in the area necessitating the air evacuation of wounded. WHO and its partners such as SARC stand ready to deliver medical supplies sufficient to cover the populations needs for 3 months should there be the logistic system in place to deliver them. We also recognize the urgent unmet health care needs in and around Aleppo following the intense hostilities there and resulting population displacement. WHO and its partners stand ready to scale-up our existing primary health care and other programmes there. We are aware of the reports of medical supplies found in warehouses when the Government of Syria regained control of eastern Aleppo. We look forward to receiving further details on quantities and types of supplies.

Finally we have 4 major requests of the Council today aimed at saving lives and underscoring the sanctity of health workers:

1) To ensure that all parties to the conflict permit the evacuation of critically ill and wounded patients and their families from all hard to reach and besieged areas of Syria.

2) To ensure that medical teams are granted sustained and unconditional access to all parts of Syria in order to assess needs, monitor programmes and distribution of supplies, and train staff as well as providing direct medical care.
3) To ensure that essential health supplies including trauma and surgical supplies— which have been systematically removed from UN and SARC convoys—are consistently allowed into HTR and besieged areas.

4) Finally, the pernicious attacks on health care workers and clinics must end and the perpetrators must be held accountable. These attacks undermine the very foundations of peace and security. Equally unacceptable is any use of health care facilities for military purposes. We should join together to condemn these egregious violations of international humanitarian law and find a practical mechanism to stop them once and for all.

Ultimately, the Syrian health care system will need to be rebuilt with serious investment and support of the entire international community— we will save that discussion for a more hopeful time. I thank you.