

SYRIA

Violence Against Health Care in Conflict

2024



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



Assaults on health care in conflicts around the world reached new levels of horror in 2024, exceeding 3,600 incidents, 15% more than in 2023. They consisted of air, missile, and drone strikes; shelling; tank fire; shootings; arson; the looting and takeover of health facilities; and the arrest and detention of health workers. As the descriptions in this report show, each incident brings terror, trauma, and - in too many cases - injury, untreated illness, destruction and death.

By far the largest number of attacks on health care – more than 1,300 – took place in Gaza and the West Bank, far more than we have ever reported in one conflict in one year, including more than double the number of health workers killed. Gaza properly drew global attention for the ferocity and relentlessness of assaults on health care. But we must also reckon with the more than 2,300 attacks in other conflicts, including the hundreds in each of Ukraine, Lebanon, Myanmar and Sudan. The cumulative number of attacks over the course of wars that began in the past three years include more than 1,500 in Myanmar since the military coup in 2021; close to 2,000 in Ukraine since the Russian invasion of Ukraine in 2022, and more than 500 since the outbreak of war in Sudan in 2023.

This onslaught of violence has been accompanied by attempts by perpetrators to limit legal protections for health care and civilians in war, driven, as the International Committee of the Red Cross (ICRC) puts it, by a desire to have more “leeway to kill and detain.” Israel has sought to dilute legal requirements of precaution and proportionality during conflict. The new U.S. secretary of defense has called for “a law of war for winners.” Simultaneously, campaigns to delegitimize the International Criminal Court (ICC) are underway. The newly inaugurated U.S. president Donald Trump imposed sanctions on ICC staff and even their families for having charged Israelis with war crimes. In 2023, Russia’s Duma passed legislation criminalizing cooperation with the ICC or any foreign court or ad hoc tribunal that seeks to hold Russians to account. Hungary announced its plan to withdraw from the ICC, falsely alleging political bias.

These terrible developments threaten to make a mockery of the 10th anniversary of Security Council Resolution 2286 in 2026 and the 50th anniversary of the Additional Protocols of the Geneva Conventions (the law protecting health workers and civilians during armed conflict) in 2027. If this resolution and law are to be more than words, the current approach to protection, amounting to mere admonitions, must be replaced by centering accountability, accompanied by the political will to drive it.

That is the approach long taken by the Coalition, and recently taken by a report *In the Line of Fire*, issued in November 2024 by the World Health Organization and the World Innovation Summit for Health. It called for a new alliance of member states, UN agencies, and NGOs. It recognized that the renewal of long-ignored commitments could not possibly suffice. Instead, UN agencies, international organizations, NGOs, and civil society organizations must rally together to take tough action, including outreach to the International Criminal Court, to impose consequences on the perpetrators of violence. Actions must include states cutting off arms transfers to perpetrators of attacks and employing the power of universal jurisdiction to prosecute. If the laws of humanity are to be upheld and the carnage is to end, governments and all concerned citizens everywhere must find the political courage and will to act.




A handwritten signature in black ink, appearing to read "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS


 REPORTED INCIDENTS	 INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	 HEALTH WORKERS KILLED
2024		
62	25	17
2023		
61	23	9
2022		
45	13	11


↓ Source: 2022-2024 SYR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 62 incidents of violence against or obstruction of health care in Syria in 2024, compared to 61 in 2023 and 45 in 2022. In these incidents, health facilities were damaged 25 times, and 17 health workers were killed.

 More than 14 years of conflict has devastated the country's health care system and displaced millions of people.

 Russia's and the Assad regime's final attacks on Syria's health care system before the regime's fall damaged 14 facilities and killed six health workers over four days in Aleppo and Idlib.

 Attacks on health care were associated with increased displacement, with people often seeking shelter in overcrowded camps or informal settlements that lack adequate water supplies and sanitation facilities.

Information on incidents of violence against health care in Syria is compiled from open sources, information projects, private sources and aid agency data-sharing mechanisms. See [Methodology](#) for further information.



THE CONTEXT

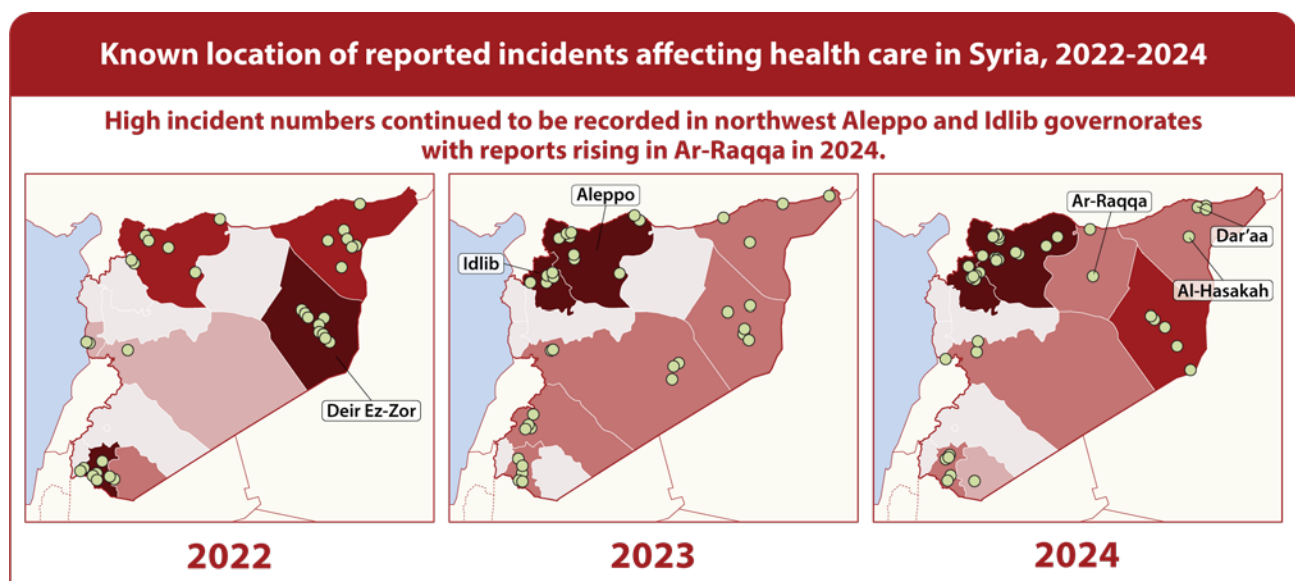
The protracted 14-year conflict in Syria has left at least 16.5 million people in need of humanitarian assistance. Almost all parties to the conflict have been implicated in attacks on health care, although the vast majority of incidents have been attributed to the former Syrian government of Bashar al-Assad and Russian forces, primarily in Idlib and northern Aleppo governorates, both of which were non-government-controlled areas.

Throughout 2024, military attacks by the Assad regime on civilian objects in non-government-controlled areas continued at a similar rate to 2023. However, in December, following a 12-day offensive carried out by a coalition of opposition armed groups, the Assad regime was overthrown, ending more than 50 years of Baath party rule in Syria. Assad fled the country and sought refuge in Russia. Following this, Israeli forces, which had been conducting air strikes on the country throughout 2024, intensified their attacks and extended their military occupation of parts of Syrian territory in violation of a 1974 agreement. Immediately after the collapse of the former regime, neighboring refugee-hosting countries, including Türkiye, Lebanon, and Iraq, deported Syrians back to Syria, and many European countries suspended the processing of Syrians' asylum claims.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

As in previous years, in 2024 the majority of incidents of violence against or obstruction of health care were recorded in Idlib and northwest Aleppo governorates, while incidents were also reported in Ar-Raqqa. Multiple conflict parties were named in recorded incidents, with nearly a third attributed to Syrian government and Russian forces acting either as joint forces or on their own.

Turkish forces and the anti-regime Syrian Democratic Forces (SDF) continued to be implicated in attacks on health care in Syria in 2024, mainly in Al-Hasakah governorate, but also in Aleppo. Israel Defense Forces (IDF) air strikes killed two health workers.¹ Ahrar al-Shariqira, the Iranian Revolutionary Guard Corps (IRGC), Iranian-backed militias, and Islamic State (IS) were also named as perpetrators in reports of incidents. In other attacks, the perpetrators were not identified.

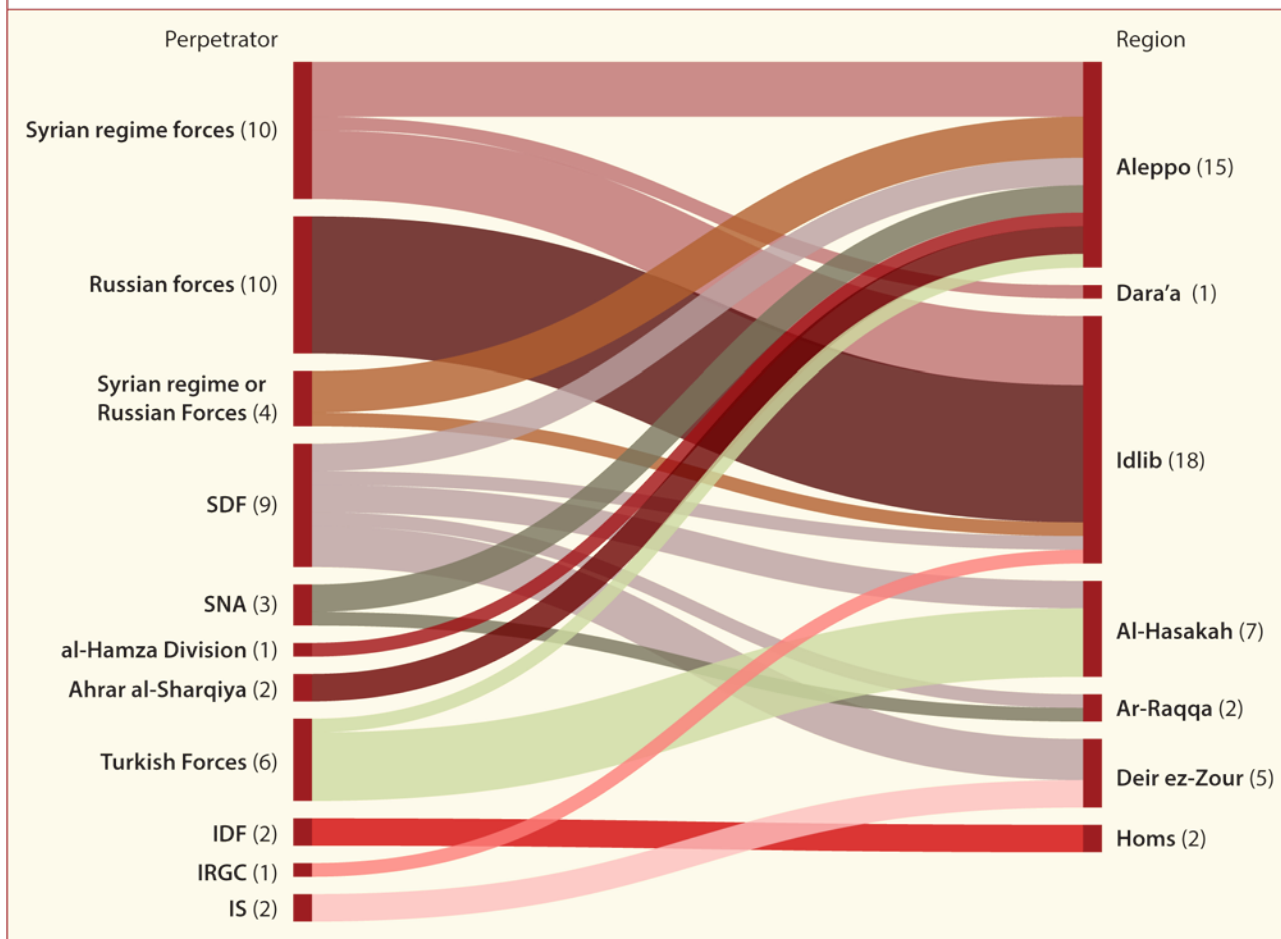


Source: Safeguarding Health in Conflict Coalition



Named perpetrators of reported incidents affecting health care in Syria, 2024

Multiple conflict parties were named in reported incidents, with nearly a third attributed to Syrian government and Russian forces acting either as joint forces or on their own in Aleppo and Idlib governorates. Violence by Turkish forces that impacted health care was mainly reported in Al-Hasakah governorate, but also in Aleppo, while the SDF attacked health care personnel and infrastructure in Aleppo, Al-Hasakah and Deir ez-Zor governorates.



Source: Safeguarding Health in Conflict Coalition

Most incidents affected health care providers working for local health structures (either government controlled, or rebel controlled in rebel-held areas), with seven incidents each affecting local NGOs and INGOs. Private health care providers and Red Crescent societies were impacted in one incident each.

Aleppo and Idlib governorates (northern Syria)

At least 35 Incidents of violence against or obstruction of health care were reported in the opposition-controlled Aleppo and Idlib governorates, representing over half of all recorded cases in 2024. Between November 30 and December 3, just before the Assad regime's fall, Russian and Syrian jet aircraft bombed opposition-held areas in Aleppo and Idlib. Russian air strikes, mainly in Idlib district and Mount Simeon (Aleppo), damaged at least 14 health facilities and killed six health workers. Damaged health facilities included two children's hospitals in Idlib city. The Avicenna (Ibn Sina) Pediatric Hospital was hit by Russian air strikes while newborn infants were in incubators and pregnant women and staff were inside the facility.



Other damaged facilities included dialysis, forensic medicine, and surgical centers, reflecting the widespread targeted destruction of health care services in Aleppo and Idlib by Russian air strikes over the course of four days. Two university hospitals in Aleppo and Idlib were also hit during these attacks. On December 1, the dialysis center in Aleppo University Hospital was hit by an air strike. This attack occurred in an area that had previously been under government control for almost the entire conflict, but the hospital was bombed only 48 hours after the area was taken over by rebels during their offensive. The hospital was one of the largest functioning in Aleppo and was already struggling to treat the wounded from the rebel offensive when it was struck. The staff, originally from Assad-controlled areas, had never experienced an air strike on their facility, leading to a gap in available staff that was filled by health workers coming from Idlib, who were accustomed to dealing with such attacks.

Deir ez-Zor governorate (eastern Syria)

In Deir ez-Zor, where reported attacks on health care occurred on nine occasions in 2024, IS fighters armed with guns and grenades attacked a health center, injuring three staff members and threw a grenade at a pharmacist's house, demanding that he pay zakat (a mandatory act of charity in Islam and one of the religion's five pillars).²

SDF forces in Deir ez-Zor arrested a pharmacist and five family members, taking them to an undisclosed location. They also raided a private hospital, arresting the manager and physically assaulting nurses and employees after a dispute between a midwife and an SDF member's wife. Additionally, the SDF forces conducted an overnight house raid, shooting and killing a nurse they accused of belonging to IS.³

Iranian-backed militias, including the Afghan Liwaa Fatemiyoun and the IRCG, took over and occupied the National Hospital and Aysha Hospital in Al-Bukamal city and turned them into military barracks.⁴

Gunmen on motorcycles shot and wounded a doctor and attempted to abduct another doctor, firing live ammunition at him.⁵

Al-Hasakah and Ar-Raqqa governorates (northeast Syria)

At least seven attacks on health care were identified in Al-Hasakah governorate in 2024. As in previous years, most incidents involved Turkish armed drone and artillery strikes. The strikes damaged a physiotherapy center, ambulances and fire engines responding to areas affected by fires caused by Turkish shelling.⁶ In addition, a Turkish drone strike hit a power station close to a children's hospital. Attacks by Turkish forces occurred in Al-Hasakah's Qamishli district.

SDF forces in Al-Hasakah arrested a doctor working in his private clinic and raided an NGO-supported hospital, confiscating staff members' mobile phones on allegations they were being used to communicate with Turkish forces in the area.⁷

In Ar-Raqqa, health workers were subjected to abuses of power by local police, including a pediatrician who police officers beat in a clinic in retaliation for him asking them to wait their turn.⁸ The doctor was subsequently detained and taken to an undisclosed location, prompting street protests in solidarity with him.

Dar'aa governorate (south Syria)

Gunmen in Dar'aa shot and killed a doctor, wounded a pharmacist, and kidnapped another doctor. Syrian regime forces arrested a dentist on accusations of having links to opposition forces.⁹ These attacks took place in Dar'aa As-Sanamain, Dar'aa and Izra districts amid a backdrop of government crackdowns.



↓ This factsheet is based on 2022-2024 SYR SHCC Health Care Data. Download the data [here](#) or on the [Humanitarian Data Exchange \(HDX\)](#).

THE IMPACT OF ATTACKS ON HEALTH CARE

More than 14 years of conflict has left the Syrian health care system struggling to cope. Since the start of the conflict, the health care system was both directly and indirectly affected by violence that had long-lasting effects on the community. Attacks on health care significantly undermined community members' ability to access health care, often forcing affected populations to adopt "harmful coping practices" to avoid visiting these facilities, including postponing essential visits and forgoing medication. Health workers were forcibly displaced by the violence, leading to staff shortages. The risk of a facility coming under attack often prevented community members from seeking medical care. Rayan et al. (2024) recorded up to a 51% drop in outpatient visits and a 23% drop in births in health care facilities following attacks, with effects lasting several weeks. Additionally, the attacks prevented the health care system from meeting community needs. A study by Haar et al. in 2024 interviewed health workers to understand the impact of violence against health care in Syria. Health care workers discussed a ubiquitous impact on all parts of the health system, including on health service delivery, and challenges adversely affecting the retention and morale of health care workers – particularly due to their forced displacement. Additionally, interviewees discussed a general lack of training opportunities and the loss of essential medicines and infrastructure caused by attacks on hospitals, mobile clinics, ambulances, and supply trucks that resulted in extensive damage to these facilities.

As a result, attacks on health care in Syria have been associated with the increased displacement of surrounding communities, with Tarnas et al. (2024) reporting a 55% rise in the number of people displaced in the month following an attack and elevated levels of displacement persisting for up to three months, independently of overall conflict levels.

Displaced populations often sought shelter in camps or informal settlements that were frequently overcrowded and lacked adequate water and sanitation facilities. This placed displaced people at risk of contracting communicable diseases, respiratory infections, and nutritional deficiencies, further exacerbating an already vulnerable population and placing further pressure on an already weakened health care system.



SOCIAL MEDIA MONITORING IN SYRIA

Insecurity Insight conducts social media monitoring to understand how online narratives impact humanitarian responses and the safety of aid operations. In April 2025, the online responses to air strikes on hospitals in Latakia and Tartous revealed widespread outrage and fear for the safety of medical personnel and patients. While condemnation was common, few posts referenced international humanitarian law, which indicates limited public awareness of the legal protections afforded to health care staff, facilities and services during conflict.

Additionally, in the aftermath of the fall of the Assad regime and during a period of significant political transition, Insecurity Insight conducted monitoring to understand perceptions and key concerns



around the humanitarian response in Syria. The resulting report captured both urgent appeals for assistance and widespread public skepticism towards international and local aid actors, particularly the UN and Syrian Arab Red Crescent. Criticisms were often centered on perceived inefficiencies, political affiliations and mistrust rooted in past associations with the former regime. Together, these findings highlight the importance of building trust and improving transparency in humanitarian communications during times of conflict and upheaval.



THE CUMULATIVE AND LONG-TERM IMPACT OF THE DESTRUCTION OR DAMAGING OF HEALTH CARE FACILITIES

Since the start of the Syrian revolution in 2011, health care facilities have been consistently attacked, with long-lasting and devastating impacts on health care. Since 2016, Insecurity Insight has documented at least 467 attacks on health facilities in Syria, 97% of which involved explosive weapons and nearly half of which occurred in Aleppo and Idlib governorates. In 2016, repeated air strikes led to the near-total collapse of eastern Aleppo's health care system, and by November 2016 all the hospitals in the region had shut down due to repeated air strikes.

Repair efforts have been challenging. While international funding has helped to restore some health facilities, many remain non-operational. The Omar bin Abdul-Aziz Hospital, which was hit at least 14 times by explosives between June and December 2016, suffered extensive damage and shut down as a result. Although renovated by Assad forces after their 2016 takeover of Aleppo, it never fully reopened and remains closed as of early 2025. Before the attacks, it provided extensive outpatient services, including maternity and obstetrics, performing around 800 surgeries and 6,000 other services monthly.

Many other facilities remain unrestored and lie unused.

Case study

On April 29, 2016, an air-to-surface missile destroyed the Al-Marjeh primary health center, which had provided over 2,000 consultations monthly and housed one of east Aleppo's few dental clinics. Together with 12 other health centers in the area, it served around 300,000 people. It remains unrepaired and in ruins to this day.

According to the WHO, by the end of 2019 only 33 of 243 health facilities that were assessed in Aleppo governorate were fully functional, while 49 were partially operational and 161 remained non-functional. In 2021, the International Rescue Committee estimated that only 64% of hospitals and 52% of primary health centres were functioning across Syria.



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 45423; 86003.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 61125; 71512.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 44498; 86636; 80653.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 67585; 67552.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 47587; 85460.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 43962; 45145; 58277; 58276.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 86635; 92379.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident number 46190.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 61127; 61128; 63592; 86638; 63625.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

<https://safeguarding-health.com>

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