4.6. Health care

UNOCHA indicated that 12.8 million people were in need of humanitarian health assistance. Only 57 % of hospitals and 30 % of primary healthcare centres are fully functional, with the rest partially or non-functional due to shortages of staff, equipment, medicines, and utilities.1012

Health needs in Syria are rising amid increasing returns, particularly in areas with damaged infrastructure, poor water and sanitation, and limited basic services. The country continues to face outbreaks of communicable diseases such as polio, measles and hepatitis A. Mental health needs are also significant, with one in ten people experiencing mild to severe conditions, while access to psychosocial support remains limited. Barriers such as stigma, harmful gender norms and financial constraints further restrict access to services, especially for women seeking GBV support.1013

Syria’s health workforce density remains critically low, with severe shortages in key areas such as family medicine, nursing, midwifery and specialist care. Low pay, limited career prospects and poor working conditions continue to undermine retention and contribute to ongoing emigration of trained health professionals.1014 Between 50 to 70 % of the health workforce is estimated to have left the country.1015

In February 2026, doctors in several Damascus-area hospitals staged protests calling for better pay and working conditions.1016 In March 2026, the transitional government issued Decree No. 68 of 2026, which introduced salary increases for employees across several public institutions, including the Ministry of Health.1017

Around 83 % of households spent money on health1018 in the context of sharply rising costs of health services and medicines which increased by 220 % over two years.1019 In Damascus, most respondents to a 2025 survey reported physical access to healthcare services, but affordability remains a major barrier. Around 56 % can access and afford vaccinations, compared to 43 % who can access but not afford them, while 1 % lack access. Similarly, 63 % can access and afford medication, while 34 % cannot afford it and a small minority have no access. For primary care, 66 % report both access and affordability, compared to 33 % who cannot afford visits. Access to specialists is more constrained, with only 46 % able to afford care, 49 % unable to afford it despite access, and 5 % lacking access altogether.1020

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