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10 years of the Syrian conflict: a time to act and not merely to remember

On the tenth anniversary of the onset of the Syrian conflict, we—members of *The Lancet*–American University of Beirut Commission on Syria—recognise the devastating impacts of this unresolved conflict, which we will detail in a forthcoming report of this Commission, and call on all parties to end the ongoing suffering of the people of Syria.

The conflict in Syria has caused one of the largest humanitarian crises since World War 2, with extensive deaths, displacement, and destruction along with multidimensional health effects. More than 585 000 people have died in this conflict.[1] Child life expectancy in Syria has dropped by a shocking 13 years.[2] More than half of Syria's pre-conflict population remains displaced, including 6·2 million internally displaced persons (IDPs)[3] and 6·7 million refugees,[4] both the highest numbers for any country. There is widespread destruction within Syria; by 2017 in three Syrian cities alone, over 1·2 million housing units were damaged and more than 400 000 were destroyed.[5] This extensive damage is largely due to heavy use of explosive weapons, particularly in urban settings, resulting in high contamination with explosive remnants of war.[6]

Conflict actors have committed violations of international law on "an epic scale";[7] UN Secretary-General António Guterres said on March 10, 2021, Syria's "people have endured some of the greatest crimes the world has witnessed this century".[8] The health sector is not spared. Weaponisation of health care, including attacks on health-care facilities and targeting of health-care workers, has been a defining feature of this conflict.[9,10] A new timeline of attacks on health-care facilities against conflict events from Physicians for Human Rights (PHR) shows how such attacks have been used as a war strategy.[11] Half of the 113 public hospitals and more than half of the 1790 public health centres in Syria are either partly functioning or not functioning at all as of November, 2020.[12] Residents fear accessing or living near health facilities because of attacks.[10] PHR has documented the killing of 923 health workers in Syria since 2011 and systematic detention and torture of health workers who had provided aid to protesters.[13] Research by Annsar Shahhoud based on interviews with health workers involved in torturing opposition activists in hospitals suggests the scale and systematic nature of atrocities committed under Syrian Government direction, which she describes as "medical genocide".[14]

Syria largely faded from international headlines after the March 6, 2020, ceasefire between Russia and Turkey that ended a pro-government offensive in the northwest of Syria and reduced hostilities. However, the conflict and violence against civilians continue, with the country still a "living nightmare".[8] In the northwest around Idlib, the conflict still smoulders against millions of trapped civilians. The Syrian Network for Human Rights' (SNHR) statistics for 2020 tell the picture: 1882 arbitrary arrests and 1734 violent civilian deaths including 326 children and 157 torture deaths.[15] A UN Syrian Commission of Inquiry issued a damning report in September, 2020, accusing all conflict parties, domestic and foreign, of human rights violations.[16] Arrests and forced disappearances, affecting more than 149 000 people since the conflict began in 2011,[17] represent a crime by the state and other conflict parties and continue to agonise countless Syrian families, yet receive little attention in political and global health discussions on Syria.

The lives of most Syrians now are filled with hardship. IDPs and refugees live in deplorable conditions, harder than they have been at any time in the past decade. In Syria and refugee-hosting neighbouring countries, more than 23 million people need humanitarian assistance.[18] The vast majority of Syrian refugees live below the poverty line. Many refugees and IDPs are unable to return home because of fear of insecurity, reprisal, arrest, torture, or military draft, among other concerns, compounded by the Syrian Government's threats to identity and property.[19] In Syria, economic collapse,

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caused by various factors including war, government policies, financial woes in Lebanon, and US and EU economic sanctions,[20] has led to chronic shortages of essentials such as bread and fuel, widespread poverty, hyperinflation, and loss of livelihoods. The UN World Food Programme reports that 12·4 million people across Syria are food insecure.[21]

The health needs in Syria after 10 years of conflict are vast, ranking third after food and protection needs.[22] There are major women, child, and adolescent health challenges but inadequate interventions.[23] Coverage for required child immunisations has dropped considerably during the conflict years.[24] War-related injury prevalence is unknown, but much of the 30% disability prevalence in Syria—double the global average—is probably attributable to war injuries.[25] This is a serious challenge in a country with limited rehabilitation services. The health system is fragmented into subnational disconnected systems in areas under control of different conflict actors and cannot meet the complex health needs of the population. Ratios of health-care workers and functional primary health-care centres are below emergency standards in 135 subdistricts, home to 12·2 million people.[22] In areas reconciled with or recaptured by the Syrian Government after 2018, there is insufficient active rebuilding of the health system and widespread health inequalities.[26] In northwest Syria, extremist groups infringe on health rights and medical practice.[27] Unsurprisingly, COVID-19 is reportedly rampant, but low testing capacity, the Syrian Government's securitisation of information flow about the number of COVID-19 cases and deaths, stigma around the virus, and reduced access to health care mean that reported cases are likely to represent only a small fraction of all cases.[28] There is a limited supply of COVID-19 vaccines in Syria through a reported Syria–Russia–Israel prisoner exchange deal and via the COVAX mechanism.[29,30]

For more on the **International, Impartial and Independent Mechanism** see https://iiim.un.org/

There are massive political, policy, and humanitarian shortcomings in the international response to a decade of conflict in Syria. UN Security Council failings have been admonished. Syria has received a large share of humanitarian funding over the years, but the UN Syria Humanitarian Response Plan 2020 was only 58% funded[31] and there have been concerns about aid diversion in previous years.[32] Despite these shortcomings, three developments are encouraging. First is the emergence of local and diasporic leadership, with international support, of the humanitarian response, offering lessons for combining local innovation and remote management of humanitarian programming.[33] Second is the adoption of new measures regarding attacks on health care, such as the 2016 UN Security Council Resolution 2286 on protection of the wounded and sick, medical personnel, and humanitarian personnel in armed conflict, WHO's new Surveillance System of Attacks on Healthcare, and remote methods-based investigations of perpetrators of attacks.[34] Although these measures have not prevented health-care attacks in Syria, they have created the framework to better protect health care in future conflicts. Third, there are some initiatives towards justice and accountability after years of impunity. Frustrated with the impasses at the UN Security Council, the UN General Assembly established the International, Impartial and Independent Mechanism to investigate and prosecute the most serious crimes under international law committed in Syria since March, 2011. European courts are prosecuting alleged perpetrators of atrocities on the basis of universal jurisdiction. A German court in Koblenz heard shocking testimonies from survivors of torture in Syria and convicted a former Syrian security agent of crimes against humanity, a landmark conviction on these grounds.[35] Also in Germany, a doctor from Syria was arrested in 2020 in relation to allegations of torture of a man who was detained by the Syrian Government after an anti-government protest.[36]

While these developments are encouraging, the dire health and humanitarian situation in Syria calls for urgent actions. Paramount to us and to global health advocates is renewing the commitment to the people of Syria, confronting so-called Syria fatigue among politicians, donors, and stakeholders, urging a more robust global health response, and applying pressure on our respective governments and the UN to bring about policy change on Syria.

There are extensive health challenges in Syria and we focus on four key actions to address some of them. First, health-care workers in Syria need to be safeguarded. Even in the face of health-worker shortages and the COVID-19 pandemic, more than 3360 health workers in Syria remain in detention or forcibly disappeared, with the majority of arrests by the Syrian Government.[37] The Syrian Government should release these health personnel immediately, as well as all political detainees, and all conflict parties should stop violations against health care. Second, the Syrian Government, the UN Security Council,

and all conflict parties should ensure humanitarian access in Syria. Syria is among four countries where humanitarian access is severely constrained.[38] In July, 2020, humanitarian delivery was reduced to one crossing in northwest Syria. By the end of 2021, the UN cross-border humanitarian delivery to non-government-controlled areas might stop, further jeopardising population health. Third, the international community should help mount a strong response to COVID-19 by providing personal protective equipment to health workers, developing health personnel capacity and infrastructure, including oxygen, providing COVID-19 vaccines, and supporting local health solutions,[39] building on existing WHO support. COVID-19-specific measures need also to be complemented by broader public health measures so that the response is comprehensive and sustainable.[40] Fourth, the ripple health and humanitarian effects of economic sanctions on the civilian Syrian population must be addressed. These measures are first steps towards helping to ease the suffering of the people of Syria.

We are all members of *The Lancet*–American University of Beirut Commission on Syria. We declare no other competing interests.

**Samer Jabbour, Jennifer Leaning, Iman Nuwayhid, Alastair Ager, Melani Cammett, Omar Dewachi, Fouad M Fouad, Rita Giacaman, Debarati Guha Sapir, Ghassan Hage, Ziad Majed, Rabie Nasser, Annie Sparrow, Paul Spiegel, Ahmad Tarakji, Sarah Leah Whitson, Nasser Yassin*

sj22@aub.edu.lb

Faculty of Health Sciences, American University of Beirut, Beirut, Lebanon (SJ, IN, FMF, NY); FXB Center for Health & Human Rights, Harvard University, Cambridge, MA, USA (JL); Institute for Global Health and Development, Queen Margaret University, Edinburgh, UK (AA); Department of Government, Harvard University, Boston, MA, USA (MC); Department of Anthropology, Rutgers University, New Brunswick, NJ, USA (OD); Institute for Community and Public Health, Birzeit University, Birzeit, occupied Palestinian territory (RG); Centre for Research on the Epidemiology of Disasters, Université Catholique de Louvain, Brussels, Belgium (DGS); School of Social and Political Sciences, University of Melbourne, Parkville, VIC, Australia (GH); Department of History and Politics, American University of Paris, Paris, France (ZM); Syrian Center for Policy Research, Syria (RN); Icahn School of Medicine at Mount Sinai, New York, NY, USA (AS); Center for Humanitarian Health, Johns Hopkins University, Baltimore, MD, USA (PS); Syrian American Medical Society, Washington, DC, USA (AT); Democracy for the Arab World Now, Washington, DC, USA (SLW)

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The need to prioritise childhood tuberculosis case detection

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With 10 years left to the WHO End TB Strategy's interim milestones of 80% reduction in new tuberculosis cases and 90% reduction in tuberculosis deaths by 2030 compared with 2015,[1] little progress has been made. The COVID-19 pandemic has worsened the situation because of its negative impact on tuberculosis case detection and reduced access to tuberculosis treatment and prevention services globally.[2] In a worst-case scenario, COVID-19 might have resulted in up to 400 000 excess tuberculosis deaths in 2020, which would mean the worldwide number was similar to that in 2012.[3] Estimates suggest that the COVID-19 pandemic could cause an additional 6·3 million tuberculosis cases globally between 2020 and 2025, with the most vulnerable populations, especially children, at risk.[4] These extreme outcomes would slow or reverse any progress made towards the tuberculosis treatment and prevention milestones and targets.[5,6]

WHO estimated that children younger than 15 years constituted 12% of the 10 million people who became ill with tuberculosis in 2019.[4] The global annual numbers of tuberculosis cases accounted for by children have been on the rise, increasing from about 1 million in 2017 to 1·2 million in 2019,[4,7] with the highest burden of childhood tuberculosis in China, the Democratic Republic of the Congo, India, Indonesia, and Nigeria.[8] Despite the global efforts to combat tuberculosis, an estimated 192 000 children died from tuberculosis in 2019.[4] The high burden of childhood tuberculosis and poor outcomes are largely because of the difficulties in confirming the diagnosis of tuberculosis in children, arising from the non-specific nature of symptoms and signs of tuberculosis in children, the paucibacillary nature of childhood tuberculosis, the challenge of obtaining good-quality sputum samples, especially in young children, and difficulties in accessing health services.[9] As a result, more than 90% of these children encounter delays in receiving treatment since they are either never diagnosed or are misdiagnosed.[7] An estimated 568 000 missing childhood tuberculosis cases in 2019 were neither diagnosed nor adequately treated.[4]

A fundamental problem is the absence of large-scale contact screening and provision of tuberculosis preventive therapy to eligible children, which is largely due to insufficient health-care resources, workforce, and services in low-income and middle-income countries (LMICs).[4] In 2019, more than 40% of eligible household child contacts were not screened for tuberculosis disease or infection.[4] Therefore, access to and provision of tuberculosis contact screening and preventive treatment needs to be substantially expanded.

Alongside efforts to address multidrug-resistant tuberculosis in children and deliver less toxic and more