De-escalation of the Syrian war and the establishment of safety zones were much discussed last year, but few aid workers were optimistic about relieving suffering substantially as the conflict entered its seventh year in the fragmented country.

As of the end of last year, more than 400,000 people remained trapped by Syrian Government forces in eastern Ghouta, which is just a half hour’s drive outside the capital Damascus, and dozens of people were killed in air and artillery attacks in the weeks leading up to the end of 2017.

“In Syria today, 5·6 million people are believed to be in acute need of humanitarian assistance, 419,920 of whom live in besieged areas like eastern Ghouta”, Aoife Keniry, acting head of operations for World Vision Syria, told The Lancet.

“As the crisis enters its seventh year, the situation inside Syria remains precarious and the needs are significant and ever-increasing. These constant cycles of violence force people from their homes many times over, sometimes trapping them in places with few resources where they can’t get help.”

Access to health care remained one of the biggest challenges, with 12·8 million Syrians in need of medical assistance by the end of 2017, an increase of 1·3 million compared with 2016, Keniry said.

Eastern Ghouta is one of four so-called de-escalation zones where violence was supposed to have been curbed under ceasefire deals, as agreed last year by Russia and Iran, which back the Syrian Government led by Bashar al Assad, and by Turkey, which has supported rebels against the government.

“There is no de-escalation zone, there is only escalation in this de-escalation zone”, Jan Egeland, special adviser at the UN, told the BBC in early December. More than 400,000 people have been killed in Syria since the conflict began in March, 2011, after anti-government protests turned into a full-scale civil war. The country has become a proxy battleground, with the intervention of regional and world powers that has fostered sectarianism and made a settlement elusive, analysts say.

“’The people are being held hostage between the government and armed groups and if [aid officials] criticise them, the people will suffer more.’”

Observers hoped the military crushing of so-called Islamic State would lead to a lessening of violence, but the situation remains as complicated as ever, with outside powers unable to restrain Assad or to protect civilians as he recaptures rebel areas.

On Dec 26, 2017, Syrian opposition groups rejected Russia’s proposed peace talks, accusing Moscow of failing to pressure Assad to end the conflict, the Associated Press reported. The opposition groups said they were committed to the UN-led Geneva process that has so far failed to make progress toward ending the war.

Humanitarian situation
This shifting political and military situation continues to leave humanitarian agencies in a precarious position, with challenges to delivering and planning aid and reconstruction. Furthermore, Assad’s success in controlling greater swathes of the country also left many aid workers unable to openly criticise him and his military to try to gain access to civilians, some aid workers said.

“We don’t have a good relationship with the Assad Government and if we talk about what it’s doing, we end up with a backlash with no access”, said one aid official for an international agency who spoke on condition of anonymity. “It’s very frustrating and I want to speak out, but our people on the ground beg us not to. Take the issue of medical evacuations, which we’ve been requesting for a year. The people are being held hostage between the government and armed groups and if we criticise them, the people will suffer more.”

In the BBC interview, UN’s Egeland rebuked Russia and Iran for not doing more to give aid agencies greater access.

Medical evacuations from eastern Ghouta began on Dec 27, 2017, the International Committee of the Red Cross announced, after the UN pleaded for the Syrian Government to allow some 500 patients—including children with cancer—to leave, Reuters reported.

The Syrian American Medical Society (SAMS) said four patients were taken to hospitals in Damascus, the first of 29 critical cases approved for medical evacuation, and the remainder would be evacuated over the coming days.
“The list includes 18 children and four women suffering from heart disease, cancer, kidney failure, and blood diseases, in addition to cases requiring advanced surgeries that are not available in the besieged area”, SAMS said. “The medical situation in east Ghouta has reached a breaking point. Because of the ongoing siege and the shortage of medical supplies, 17 patients at least have died over the past few months because they were not able to access medical care.”

Egeland said in mid-December that several hundred people were on the priority list for medical evacuations. “That number is going down, not because we are evacuating people but because they are dying”, he said. “We have tried now every single week for many months to get medical evacuations out, and food and other supplies in.”

Syrian health-care needs are great, said WHO. Syrians most at risk included those with chronic diseases, children who are not vaccinated, pregnant women and neonates who have limited access to life-saving obstetric care, girls and women with poor access to essential reproductive health care, those in need of mental health and psychosocial support, and survivors of trauma, including the war wounded.

“Since the beginning of 2017 until now, the health situation in Syria has continued to deteriorate”, Elizabeth Hoff, WHO representative to Syria, told The Lancet. “Moreover, lack of essential services, including electricity, fuel, safe drinking water, and basic sanitation services increase vulnerability to disease outbreaks such as diarrhoeal diseases, typhoid, and hepatitis.”

Looking ahead over the next year, WHO would continue to put emphasis on those put at risk, she said. Its interventions would include provision of care for trauma and associated disability and mental health; an expanded programme of immunisation for all children under age 5 years; increasing access to primary health care; and priority provision of health assistance to people living in UN-declared besieged and hard-to-reach areas, and newly displaced populations and internally displaced people living in last-resort camps and sites.

**Weakened health facilities**

Insufficient funds compound the problem. “Under 2017 Humanitarian Response Plan, WHO requested [over US$163·7 million] for its Syria response, of which 40·8% was received as of mid-October, 2017”, Hoff said. “The key donors were the UK, USA, Norway, Japan, [European Union/European civil protection and humanitarian aid operations], Qatar, China.”

“The poor health-care situation in Syria has meant that, in addition to those killed by the fighting, many thousands have died unnecessarily...”

The so-called weaponisation of health care in Syria involving the killing of hundreds of health-care workers and targeted destruction of medical facilities received more attention in the past year. Syria has become the “most dangerous place on earth for health-care providers”, said researchers at the American University of Beirut in their first report for the Lancet Commission on Syria in March, 2017.

“Attacks on health workers continue, severely hindering the remaining facilities’ ability to deliver care to people in need, as 338 attacks on health facilities in 2016 and 109 attacks during the first half of 2017 were registered”, Hoff said.

A further blow for many humanitarians was a Russian veto in the UN Security Council in November on the extension of an international inquiry into chemical weapon attacks in Syria. Moscow strongly criticised the Joint Investigative Mechanism, the only official mission investigating the use of chemical weapons in Syria, when the mission blamed Damascus for a deadly nerve agent attack on the town of Khan Shaykhun in April, which left more than 80 people dead.

Eastern Ghouta, however, was the focus late last year. “In 2011, there was one doctor per 600 people in Syria. But in east Ghouta there is now only a single doctor per 3600 people”, said Paul Donohoe, a spokesman for the International Rescue Committee.

“Health workers have resorted to reusing syringes, families using expired medicine, and there are thousands with chronic diseases who are suffering. The poor health-care situation in Syria has meant that, in addition to those killed by the fighting, many thousands have died unnecessarily due to a lack of medicine or ability to reach expert medical care.”

The needs of Syria were enormous, including food security, funding, and aiding in returning refugees. “Each year of the conflict is more violent than the last, and continuing to reach people with life-saving health care, despite such difficult circumstances, will be a major challenge for all of us”, said Keniny of World Vision Syria.

Aid agencies welcomed the UN Security Council’s approval on Dec 19, 2017, of cross-border deliveries for another year to help some 3 million people in the north and south of Syria.

“Who can seriously argue that the humanitarian situation in Syria has improved?” French envoy François Delattre told reporters. “When we renewed this resolution last year, 10 million people in Syria needed humanitarian aid. Today, they are 13 million.”

Juliette Touma, a Unicef spokes­woman, told The Lancet a further problem was assessing the full impact of the war on children beyond the bombs because many of them were dying in silence from diseases that could otherwise be easily prevented.

“We said 2016 was the worst year for kids, but I fear it wasn’t”, she said.

Sharmila Devi