



# POLICY BRIEF

## SYRIA: THE FRAGILE HOPE

### *Addressing the Deepening Humanitarian Crisis Amidst Political Transition*

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**Target Audience:** EU Institutions, Donor Governments, UN Agencies, Geneva and Brussels-based Humanitarian and Diplomatic Actors

#### 1. EXECUTIVE SUMMARY

Syria's political transition has created **a short and fragile window** to stabilise humanitarian conditions and prevent further systemic collapse. However, **current funding trajectories, shrinking humanitarian coverage, and health system fragility risk turning political transition into a humanitarian setback.**

**Without immediate, predictable, and flexible humanitarian investment, particularly in health, nutrition, and mental health, the transition will not deliver stability, protection, or dignity for the Syrian population.**

#### 2. WHY THIS MOMENT MATTERS

In international policy and funding debates, Syria is increasingly framed as a **'post-transition' or 'recovery-adjacent' context.** However, field evidence from DDD/MdM Türkiye's 2025 multisectoral needs assessments across several governorates challenges this assumption.

What is unfolding is not **a post-crisis recovery, but a high-risk transition phase characterised by:**

- collapsing public services,
- heavy reliance on NGO-delivered healthcare,
- accelerating return pressures without service readiness,
- declining humanitarian funding.

This mismatch between **political expectations and humanitarian realities** requires urgent course correction.



### 3. EVIDENCE FROM THE FIELD: WHAT DECISION-MAKERS MUST CONSIDER

#### A Health System Under Extreme Pressure

- Free healthcare is largely sustained by **NGO-supported primary healthcare**, not public systems.
- **70% of households** in several assessed regions lack access to cost-free essential medicines.
- Diagnostic capacity is critically limited (X-ray, lab tests, mental health services).
- In northwest Syria, funding cuts have led to **health facility closure rates of up to 65%**.

#### ➔ Implication:

Health systems are absorbing political, economic, and displacement shocks. Further funding contraction will directly translate into excess mortality and preventable disease.

#### Maternal, Newborn, and Child Health Indicators Signal Systemic Failure

- Pregnancy loss rates (**up to 32% in some regions**) are incompatible with a functioning health system.
- Postnatal care coverage is alarmingly low, particularly in coastal governorates. **Two-thirds of new mothers** receive no postnatal care.
- Infant follow-up and nutrition support remain inconsistent.

#### ➔ Implication:

Early-life mortality and long-term disability risks will rise, undermining any medium-term stabilisation agenda.

#### Food and Nutrition Insecurity Is Structural, Not Residual

- High prevalence of food insecurity among households with young children.
- Minimal access to therapeutic nutrition.
- Extremely low coverage of food and cash assistance.

#### ➔ Implication:

Nutrition cannot be treated as residual or transitional assistance; it is **a life-saving stabilisation tool**.



### **Mental Health Needs Are Widespread and Neglected**

- Psychological distress is a nationwide epidemic, yet it remains largely untreated.
- Over half of adults report psychological distress in assessed areas.
- Professional MHPSS access remains below 5%.
- Community coping mechanisms are overstretched.

#### **➔ Implication:**

Unaddressed mental health needs will erode social cohesion, recovery capacity, and protection outcomes.

### **Returns Are Advancing Faster Than Services & Humanitarian Coverage Decreasing**

- While political narratives suggest stability, humanitarian aid coverage is shrinking.
- Return intentions are rising, driven partly by reduced assistance in displacement settings.
- Security concerns, destroyed housing, and lack of services remain primary barriers.

#### **➔ Implication:**

Premature or pressured returns without parallel service restoration risk creating **secondary displacement and protection crises**.

## **4. POLICY RECOMMENDATIONS**

To ensure the political transition translates into tangible survival and recovery for the Syrian people, DDD/MdM Türkiye calls on EU institutions, donor governments, and UN agencies to:

#### **a. Treat Health as a Stabilisation Priority**

- Protect and expand funding for primary healthcare, essential medicines, diagnostics, and referrals.
- Prevent further health facility closures during the transition phase.

#### **b. Safeguard Maternal, Newborn, and Child Health**

- Prioritise Maternal, Newborn and Child Health (MNCH) services as life-saving interventions, not recovery add-ons.
- Invest in emergency obstetric care and postnatal follow-up.

#### **c. Scale Up Food and Nutrition Assistance**

- Increase coverage of food, cash, and therapeutic nutrition.
- Focus on children under five, pregnant and breastfeeding women.



#### **d. Integrate MHPSS into Core Humanitarian Programming**

- Integrate MHPSS into all funded primary healthcare interventions.
- Strengthen referral pathways to move beyond reliance on family networks.

#### **e. Resist Premature Deprioritisation of “Less Affected” Areas**

- Address severe assistance gaps in governorates across Syria, such as Tartous and Latakia.
- Ensure needs-based, not perception-based, allocation of aid.

#### **f. Ensure Returns Are Safe, Voluntary, and Dignified**

- Align return-related policies with service readiness.
- Invest in livelihoods, shelter rehabilitation, and basic services.

### **5. CONCLUSION: “Political Transition Alone Will Not Resolve Humanitarian Needs”**

Syria’s political transition is a historic opportunity, but it is currently being undermined by a collapse in essential services. is not yet a recovery context. Without sustained, flexible, and forceful humanitarian action, the current unmet needs will deepen into irreversible crises.

EU Institutions, donor governments, and UN agencies have a decisive role to play **to align policy, funding, and diplomacy with realities on the ground**—before this narrow window closes.

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## ABOUT DÜNYA DOKTORLARI / MÉDECINS DU MONDE TÜRKİYE

Dünya Doktorları (DDD) is a Türkiye-based civil society organization that facilitates universal access to healthcare services for communities affected by armed conflict, violence, natural disasters, disease, famine, poverty and social exclusion.

DDD implements humanitarian projects in Türkiye's Hatay and İzmir, focusing on primary health care, mental health and psychosocial support services, and protection to respond to the needs of displaced populations and strives to meet the health needs of vulnerable people around the world.

As the 16th member of the Médecins du Monde (Doctors of the World) International Network, DDD responds to humanitarian crises in the regions where it operates from the heart of the crisis, building the necessary health infrastructure to provide long-term and sustainable health care to affected populations.

DDD began its work in Syria in 2018, providing primary healthcare, sexual and reproductive health, mental health and psychosocial support, and social protection services to internally displaced people affected by the war that erupted in 2011.

Since then, during the 14 years of conflict in Syria, DDD has carried out numerous medical and humanitarian activities to provide access to health care and humanitarian assistance to the war-torn population. The complexity of the war, as a result of multiple actors fighting in the region, limited access to resources, direct attacks on medical personnel and health facilities, and great needs, has led to a humanitarian response that has been conducted under equally complex and challenging conditions.

DDD continues to provide humanitarian assistance directly or through partnerships with nine health centers in Aleppo and three in Idlib to ensure access to healthcare for people affected by the war in Syria.