

The background of the page features a large, light blue watermark of the World Health Organization (WHO) logo. The logo consists of a central Rod of Asclepius (a staff with a single snake) superimposed on a map of the world, all enclosed within a circular border of olive branches.

WHO Background Guide

AMSI MUN'26

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Dear Delegates,

It is with great pleasure and enthusiasm that we welcome you to the World Health Organization Committee at this year's AMSI Model United Nations Conference. We are honored to serve as your Chairs, Tayma Koudmani and Lily Elhawary, and we look forward to guiding you through what we hope will be an engaging and memorable committee experience.

Your participation reflects a strong commitment to global affairs, academic excellence, and constructive dialogue. Model United Nations offers a unique opportunity to assume the role of international decision-makers while developing skills in diplomacy, negotiation, public speaking, and policy analysis. We encourage you to approach debate with confidence, open-mindedness, and a willingness to collaborate.

The World Health Organization (WHO) remains one of the most influential specialized agencies within the United Nations system. Built upon principles of equity, cooperation, and evidence-based policymaking, WHO's mission is to promote health, keep the world safe, and serve the vulnerable. As delegates, you will be expected to engage in well-researched debate, propose realistic and sustainable solutions, and work toward resolutions grounded in international cooperation.

This background guide serves only as a starting point for your preparation. You must conduct independent research into your assigned country's policies, priorities, alliances, and voting behavior within the WHO framework.

As your Chairs, our priority is to create a committee environment that is respectful, inclusive, and supportive, while also maintaining a high academic standard. We are committed to ensuring that every delegate feels encouraged to participate and that all voices are heard and valued throughout the conference.

Please submit your position papers exclusively through **Mawakeb Mail**. If you have any questions or concerns prior to the conference, please do not hesitate to reach out to either of us.

Your Chairs,

Tayma Koudmani & Lily Elhawary

Topic: Rebuilding Syria's Public Health System: Fixing Long-Term Healthcare Damage After Years of War

Rebuilding Syria's public health system represents one of the most urgent humanitarian and development challenges of the 21st century. Since the outbreak of conflict in 2011, Syria's healthcare infrastructure has suffered catastrophic damage. Nearly half of hospitals and primary healthcare centers have been partially or completely destroyed. Thousands of medical professionals have fled, resulting in a critical shortage of trained personnel. Consequently, millions of Syrians lack reliable access to essential healthcare services.

The impact extends beyond wartime injuries. Vaccination coverage has declined significantly, contributing to outbreaks of preventable diseases such as polio and measles. Maternal and infant mortality rates have increased in regions where reproductive healthcare services are limited. Chronic illnesses including diabetes, cardiovascular disease, and cancer often go untreated due to shortages of medicine and equipment. Furthermore, prolonged violence and displacement have generated a severe mental health crisis with limited access to psychological care.

While humanitarian organizations continue to provide emergency relief, sustainable recovery requires long-term investment in infrastructure reconstruction, workforce development, governance reform, disease prevention, and equitable healthcare access.

History

Prior to 2011, Syria maintained one of the more stable public healthcare systems in the Middle East. The country had achieved notable progress in reducing child mortality, expanding immunization coverage, and improving maternal healthcare access. Public hospitals and primary care centers provided affordable treatment nationwide.

The outbreak of the Syrian Civil War in 2011 marked a turning point. Hospitals and clinics were damaged or destroyed, supply chains collapsed, and healthcare infrastructure became a frequent target during hostilities. According to the World Health Organization (2023), more than

half of Syria's health facilities are either partially functional or entirely non-operational due to direct attacks, insufficient electricity, lack of equipment, or absence of trained personnel.

The war also triggered one of the most significant losses of healthcare professionals in modern conflict. Thousands of doctors, nurses, and specialists were killed, detained, or forced to flee. Entire regions were left without qualified practitioners. Reports by Physicians for Human Rights (2024) documented systematic targeting of healthcare facilities, constituting violations of international humanitarian law.

Simultaneously, displacement, overcrowding, and deteriorating sanitation facilitated the spread of infectious diseases, including cholera and measles. The re-emergence of polio, previously eradicated, reflects disruptions in national immunization campaigns. Additionally, prolonged exposure to violence has produced widespread psychological trauma, anxiety disorders, depression, and post-traumatic stress disorder (UNICEF, 2023).

Economic collapse, currency devaluation, poverty escalation, and international sanctions have further limited the Syrian government's ability to import medical supplies, repair infrastructure, or compensate healthcare workers. As a result, the health system remains heavily dependent on international humanitarian assistance.

Analysis

More than thirteen years after the outbreak of conflict, Syria's healthcare system remains structurally fragile and institutionally fragmented. According to the World Health Organization (WHO, 2026), over **50% of public hospitals and primary healthcare facilities are either partially functional or completely non-operational**, with some governorates reporting functionality rates below 30%. Infrastructure damage is compounded by unreliable electricity, fuel shortages, and deteriorated water systems, which limit the operational capacity of even intact facilities. Reconstruction must therefore move beyond physical rebuilding and prioritize resilient infrastructure design, secure energy systems, digitalized supply chains, and decentralized health governance. Evidence from post-conflict recovery models demonstrates that sustainable health system rebuilding requires multi-year institutional investment rather than short-term humanitarian

cycles. Without structural reform, reconstruction efforts risk perpetuating dependency rather than restoring national capacity.

The healthcare workforce crisis presents one of the most significant long-term barriers to recovery. Prior to 2011, Syria maintained approximately **1.5 physicians per 1,000 people**; current estimates in certain regions indicate ratios falling below **0.5 physicians per 1,000**, well under WHO minimum recommendations. Reports indicate that **more than half of Syria's healthcare professionals have left the country** due to insecurity and economic collapse. Public sector salaries in some facilities have declined to the equivalent of less than **USD 50 per month**, severely undermining retention. Addressing this deficit requires policy-driven solutions, including internationally supported salary stabilization mechanisms, medical scholarship and exchange programs, accelerated training pathways, and structured diaspora return incentives. Without comprehensive workforce revitalization, infrastructure rehabilitation alone will not restore functional service delivery.

Preventive healthcare systems have deteriorated substantially, increasing the likelihood of recurrent disease outbreaks. National immunization coverage, which exceeded **90% before 2011**, declined to approximately **50–60% during peak conflict years**, contributing to the re-emergence of polio in 2013 and recurring measles outbreaks. Between 2022 and 2023, Syria experienced a cholera outbreak affecting **tens of thousands of suspected cases**, largely linked to compromised sanitation systems and unsafe water access. WHO estimates that **more than 12 million Syrians lack consistent access to safe drinking water**, significantly heightening public health risks. Policy priorities must therefore include strengthened national immunization programs, investment in laboratory and surveillance infrastructure, restoration of water and sanitation systems, and integration of early-warning disease detection networks. Global health security research consistently demonstrates that preventive health investment is substantially more cost-effective than emergency outbreak response.

Non-communicable diseases (NCDs) represent an additional structural burden. Even prior to the conflict, NCDs accounted for approximately **77% of total mortality in Syria**, including cardiovascular disease, diabetes, and cancer. Today, disrupted pharmaceutical supply chains and economic constraints have led to widespread treatment interruptions. WHO assessments indicate

that **over 40% of patients with chronic illnesses experience inconsistent access to essential medications**, increasing preventable morbidity and mortality. Rebuilding efforts must therefore prioritize secure medicine procurement systems, potential regional production partnerships, and universal access frameworks that reduce financial barriers to treatment.

The psychological impact of prolonged conflict has generated a significant mental health crisis. UNICEF and WHO assessments estimate that **one in two Syrian children exhibits symptoms of psychological distress**, while millions of adults experience depression, anxiety, or post-traumatic stress disorder. Despite this, mental health services receive less than **2% of total humanitarian health funding** in many response frameworks. Evidence from other post-conflict recovery contexts indicates that integrating mental health into primary healthcare systems significantly improves long-term societal resilience and economic recovery. Policy frameworks must therefore embed trauma-informed care within national health planning, expand community-based counseling services, and provide training for primary care providers in psychological first aid.

Financial and political constraints continue to complicate reconstruction efforts. Syria's gross domestic product has contracted by more than **60% since 2011**, and over **90% of the population now lives below the poverty line**, severely limiting domestic fiscal capacity to finance healthcare recovery. While international donors contribute substantial humanitarian assistance annually, funding remains fragmented and short-term. The WHO and World Bank emphasize that sustainable recovery requires predictable, multi-year financing aligned with development frameworks rather than emergency-only responses. Delegates must therefore consider pooled funding mechanisms, transparent accountability structures, and clearly defined humanitarian exemptions to facilitate medical imports while maintaining compliance with international legal frameworks.

The targeting of healthcare facilities has also had profound legal and ethical consequences. Physicians for Human Rights has documented **over 600 attacks on healthcare facilities and personnel since 2011**, representing one of the most extensively recorded cases of medical targeting in modern conflict. Such violations undermine international humanitarian law and erode global norms protecting medical neutrality. Rebuilding Syria's healthcare system must therefore

include strengthened accountability mechanisms, reinforced protections for medical personnel, and international monitoring frameworks to safeguard health services during instability.

Rebuilding Syria's public health system is not merely a matter of post-conflict reconstruction; it is a strategic and moral imperative with significant regional and global implications. The extensive destruction of infrastructure, severe depletion of the healthcare workforce, declining vaccination coverage, rising burden of non-communicable diseases, widespread psychological trauma, and profound economic instability collectively demonstrate that short-term humanitarian relief is insufficient to ensure sustainable recovery. Delegates within the World Health Organization Committee must therefore move beyond emergency response frameworks and design coordinated, long-term, evidence-based policies that prioritize resilient infrastructure, workforce revitalization, preventive healthcare systems, mental health integration, and transparent multilateral financing mechanisms. Through sustained international cooperation, accountability, and measurable policy commitments, the global community has the opportunity to restore equitable and reliable healthcare access for millions of Syrians while reinforcing the universal principle that health is a fundamental human right and a cornerstone of global stability.

Questions to be answered in your resolutions:

1- What can the global community do to assist in the rebuilding of the Syrian public health system and yet make sure that hospitals, clinics, and laboratories are assembled in a sustainable and strong way to withstand?

2- How is the World Health Organization and its partners supposed to make sure that all civilians in Syria can have equal and consistent access to essential healthcare services including even those in rural and conflict-affected regions?

3- What can be done to solve the extreme lack of trained medical professionals in Syria, and what are the incentives or international programs that can motivate the Syrian doctors and other medical practitioners to come back?

4- What can be done to enhance vaccination programs, sanitation and disease surveillance systems to ensure that infections will not recur and spread?

5- What are the long-term actions that can be taken to incorporate mental health care and trauma management in the national healthcare of the war-touched and displaced populations in Syria?

6- What is the best way of the international funding, humanitarian and development assistance to be coordinated despite the political pressure, sanctions, and political instability?

7- How can global health systems and collaboration play a role in assisting Syria's recovery?

8- What are the remaining barriers to the restoration of the healthcare sector in Syria and how can we overcome them?

Starter Resources:

1. <https://www.who.int/about>
2. <https://www.who.int/about/funding>
3. <https://www.who.int/about/governance/constitution>
4. <https://data.who.int/countries/760>
5. <https://www.worldbank.org/ext/en/country/syria>
6. <https://www.msf.org/syria>
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8449996/>
8. <https://healthpolicy-watch.news/syrias-shattered-healthcare-system-needs-finance-and-trained-workers-volatile-security-situation-impedes-progress/>
9. <https://www.who.int/publications/m/item/public-health-situation-analysis---syrian-arab-republic>
10. <https://www.csis.org/events/stabilizing-syria-rehabilitating-syrias-public-health-system-fragile-transition>
11. <https://www.intersos.org/en/syria-the-long-road-to-recovery/>

Country Matrix

(Syria, Türkiye, Lebanon, Jordan, Iraq, Palestine, Iran, Russia, United States, Qatar, Saudi Arabia, United Arab Emirates, Egypt, Germany, France, United Kingdom, Netherlands, Sweden (Ukraine), Norway, Canada, Italy, Spain, Greece, Switzerland, Japan, China, Pakistan, Kuwait, Oman, Tunisia)

Referances

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<https://phr.org/our-work/resources/medical-personnel-are-targeted-in-syria>

World Bank Group. (2024). *Syria overview*. <https://www.worldbank.org/ext/en/country/syria>

World Health Organization. (2026). *Public health situation analysis: Syrian Arab Republic*.

<https://www.who.int/publications/m/item/public-health-situation-analysis--syrian-arab-republic>

World Health Organization. (2026). *Syrian Arab Republic data profile*.

<https://data.who.int/countries/760>

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IEMed. (n.d.). *Syrian civil war: Limitations and preconditions for effective multilateralism*.

<https://www.iemed.org/publication/syrian-civil-war-limitations-and-preconditions-for-effective-multilateralism-in-an-evermore-conflictual-multipolar-world>