Center for Strategic and International Studies

TRANSCRIPT

Event

"Stabilizing Syria: Rehabilitating Syria's Public Health System in a Fragile Transition"

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FEATURING

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Dr. Diana Rayes
Nonresident Fellow, Atlantic Council and Former Chair, Syria Public Health Network

Dr. Bachir Tajaldin
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CSIS EXPERTS

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Mona Yacoubian: Good morning, good afternoon. My name is Mona Yacoubian. I'm the director of the Middle East Program here at CSIS. It's my pleasure to welcome all of you to this virtual panel discussion on Syria's transition: Rehabilitating Syria's Public Health System in a Fragile Transition.

This discussion is the first of what we hope will be many as part of a new initiative of the Middle East Program, diving more deeply into the challenges of stabilization in the Levant, with a particular focus on Syria and Lebanon.

We will be having discussions that feature new approaches and tools that are being developed. We're going to look at the emerging role of the Gulf as a funder. And of course, we're going to focus on perspectives from the countries themselves.

We're very excited to have the Syrian minister of health join us for this live webinar. However, he is delayed, so we're going to reverse things and we're going to start with our panel discussion, and then we will have the minister's remarks at the end of the event.

I'd like to introduce our panelists. You have more detailed bio information for them on the event page. We are delighted to welcome Dr. Bachir Tajaldin. He is the Turkey Country Director of the Syrian American Medical Society, managing a $30 million annual portfolio across 50 health projects in both Syria and Turkey.

Diana Rayes is a non-resident fellow with the Syria Project at the Atlantic Council's Middle East Program, and a postdoctoral associate in science, technology, and international affairs at Georgetown University's Edmund Walsh School of Foreign Service. Diana's research focuses on the impact of conflict and displacement on population health with specific interests in global mental health and humanitarian assistance.

And we have Lolwa al-Abdelmalek, who is project and program researcher at the Qatar Fund for Development, working under the Humanitarian Aid Department. She focuses on early recovery projects, building strategic partnerships, and ensuring that the QFFD is able to

create sustainable long-term impact. She currently leads portfolios for Syria and Ukraine.

Let's dive in and start with a lay down of the scope and magnitude of the challenges that Syria faces in its fragile transition with respect to rehabilitating the public health sector, particularly after 14 years of brutal conflict. And with that, I'd like to start with you, Dr. Bachir, if I could, and just tell us from your perspective from the field—and I believe you're joining us from Damascus—if you could tell us about what is the level of destruction that Syria has witnessed with respect to its public health sector? And in particular, what is it that you in your capacity at SAMS have witnessed over the past many years?

Bachir Tajaldin: Thank you, Mona. Good morning, everyone, and good afternoon. I'd like to thank my colleagues, the panelists, Dr. Diana and Ms. Lolwa, and everyone. I'm speaking from Syria right now—I'm in Latakia currently. Syria witnessed 14 years of conflict, which affected all sectors, but most importantly, the health sector, starting from the weaponization of health services and the health sector and the targeting of health facilities.

During the past 14 years, in northern Syria and the besieged areas only, there were more than 600 targets on the health facilities, mainly by the Assad regime and its allies. That caused huge damage to the infrastructure, which then pushed healthcare workers to provide their services in non-health buildings—in caves, underground, in small buildings, all of which affected the accessibility and quality of the care as well as infection control.

Regarding public health, I think that all of us remember the polio outbreak that happened in October 2013 after the Assad regime disrupted the routine immunization program as a punishment of the Syrian population in some areas when they went out of the control. Then came measles, then cholera, and then the COVID outbreak, all of which were not easy to manage and respond to. While this is the infrastructure, the conflict and the political direction of the old regime also led to the torture, arrest, and fleeing of the majority of the health sector.

We don't have enough infrastructure capacity, and most importantly, we have a huge gap in the availability of healthcare workers in the northern part of the country. After the liberation on December 8—when we were able to gain access to [government-controlled] areas—the neglect of the health sector and the basic services in other governorates like Aleppo, Damascus, Homs, and Latakia became clear. They also suffered corruption and a lack of services.

Sanctions also affected the health system. The sanctions were meant to affect some groups, some persons, but unfortunately the actual effect was on the health sector, leading to a lack of equipment and a lack of infrastructure. It led to NGOs taking the humanitarian responsibility to respond to the needs of the population whenever they could.

Our main focus was in the northern parts of Syria—in the northwest and northeast—where we had access, while in other areas, unfortunately, the NGOs and the humanitarian community had no free access to provide services. In some areas in Syria—again, mainly the northwest and northeast—more than 90-95 percent of the health services were the responsibility of the NGOs, while in other areas, it was under the government. So that also caused segmentation in the health system governance that needs to be addressed. This was, in brief, the situation during the past 14 years, and now we are living the consequences of it.

Ms. Yacoubian: Thank you, Dr. Bachir. That was a very thorough laydown. Diana, if I could turn to you, because you've been following and tracking the challenges that the Syrian health sector has faced throughout the course of the conflict, and I think Dr. Bachir has already offered quite a few details.

I want to see if we could dive a little bit more deeply with you into the complexity of these challenges, whether it's about the mental health challenges and trauma that the population is enduring. We know, as Dr. Bachir mentioned, that a number of health workers themselves ended up becoming refugees and were forced to leave the country. Could you add a little bit more detail to this picture that Dr. Bachir has painted for us?

Diana Rayes: Of course. Thank you, Mona, and thank you so much for inviting me to be a part of this critical conversation. And many thanks to Dr. Bachir for that helpful overview of the current dynamics inside Syria. I suppose it would be helpful to just zoom in a little bit on the human impact of this long-term crisis.

As a brief reminder, over 70 percent of the Syrian population continues to be in need of humanitarian assistance and health is a major component of that. And that's really being driven primarily by deep and sustained poverty, which limits people's access to care, the ability to purchase medications, and manage their health, including chronic illness, which often is the most expensive to maintain and hardest to access in terms of care.

One statistic I often return to really emphasize this human impact—and I saw it myself on the ground when I visited Syria in December at the end of last year—is that life expectancy in Syria has dropped from 72 years of age in 2010 to 60 years by 2017. And who knows how much more it's dropped or if it's changed since then. That's a 12 year drop in less than a decade and it's a stark reflection of how conflict, neglect, and health system collapse have worn people down.

And as Dr. Bachir alluded to, virtually no aspect of Syria's health system has been spared. The estimates are that 70 percent of doctors and nurses have left Syria. That's an old estimate—it's likely even higher. That tier of society was the first to leave in terms of opportunities that arose elsewhere. Most of them were politically persecuted, especially in the early years of the Syrian situation. Their ability to integrate is also much more likely. I'm curious to hear from the minister of health, who we'll hopefully hear from later, about plans to incentivize this workforce to come back, which is one of the key aspects of the health system.

Dr. Bachir mentioned hospitals and clinics that have been deliberately attacked. The statistic from the WHO is that 40 percent of hospitals and a third of primary care centers are only partially functioning across Syria and service delivery is strained, particularly in rural and underserved areas, meaning in camps or towns with damaged infrastructure. This is where we've seen waterborne disease outbreaks,

landmine injuries from unexploded ordinances, and critical gaps in maternal, mental, and non-communicable disease care.

It's a bleak situation that needs addressing at every sort of level. There's no part of the health system that hasn't been spared in terms of the effects of the conflict. And as you mentioned Mona, there has been a significant mental health impact and I think the prevalence is that about half of Syrians, whether diagnosed or not, have symptoms related to a mental health condition.

There's also stigma, of course, in Syrian society that prevents people from seeking care that they need. We'll talk about some of the best practices later but seeing mental healthcare integrated more readily into primary care services—which are where I think the government needs to invest most of its resources now in the current transition period—will hopefully help target some of those needs as they're rising.

And just one last plug for some of the work that we've been doing with colleagues, be it at the Johns Hopkins University where I was affiliated, the Syria Public Health Network, or colleagues at Physicians for Human Rights. We've been doing lots of research on the impacts of the conflict on the health system from various aspects and particularly the displaced health workforce. Hopefully it's included in the description box in YouTube; we have links to some of the research that we've put out looking at the displaced healthcare workforce and the challenges of them integrating in their respective contexts as well as ways to sort of incentivize them to come back.

A World Bank report in 2017, titled *The Toll of War*, looked at the economic impacts of the crisis and noted that more people may have died in Syria from the collapse of the health system than the direct violence that they experienced, so hopefully that gives us a good foundation for why investing in health is so critical at this stage.

Ms. Yacoubian: Thank you so much, Diana. You paint a very stark picture, and in particular the statistic about the drop in life expectancy—which I had not heard before—is very, very telling. It's clear the magnitude of the

challenges that Syria faces. We will absolutely, as the conversation evolves, look toward creative solutions and a path forward.

Before we do that, Lolwa, I'd like to turn to you. I know you're joining us from Doha. The Qatari government has played an important role in providing humanitarian assistance to Syria throughout the course of the conflict. Could you give us a few more details on the role that Qatar has played in your organization, in particular with respect to providing humanitarian assistance to Syria—to opposition held areas in particular—during and throughout the conflict.

Lolwa al-Abdulmalek: Sure. Hello everyone. Thank you, Mona, for the invitation, and thank you Dr. Bachir and Diana for your significant remarks. It's an honor to represent Qatar Fund for Development and discuss Qatar's contributions to rebuilding Syria's public health sector. As Dr. Bachir mentioned, 70 percent of Syrians' health workforce left the country, leaving some areas with one doctor per 10,000 injured or people in need. The collapse of health infrastructure has led to rising communicable diseases, reduced vaccination rates, and untreated chronic illness.

Rebuilding the sector requires more than physical infrastructure; it demands strategic investment in human capital, training, equipping, and retaining medical professionals. Qatar plays a key role in global development and humanitarian efforts, actively supporting countries facing conflicts, natural diseases and disasters, and economic hardship. At QFFD, we are committed to delivering integrated, efficient, and sustainable aid, especially in fragile and conflict-affected areas.

QFFD led the QUEST initiative in Syria, which initially focused on education and youth empowerment, and then expanded to include the health services, offering reproductive health and nutrition, primary, secondary, and tertiary care to over six million Syrians. Also, QFFD, together with Qatar Charity, operated six health facilities and supported three hospitals across northern Syria, including bolstering the ambulance system and establishing medical warehouses during the COVID-19 pandemic.

Following the recent political shifts, Qatar has launched an air bridge of 12 aircrafts delivering medical, food, and shelter aid. We have supported a series of completed, ongoing, and upcoming health projects,

with emphasis on underserved areas where health access remains severely limited. Before, we used to support projects in northwest Syria. Today, we are expanding and exploring projects in the newly accessible areas. Our current priorities include continued support to Bab al-Hawa Hospital in Idlib. Also, QFFD maintains strategic health support for Syrian refugees in Jordan. We have been supporting al-Za'atari camp since 2019.

Today, we are supporting al-Za'atari and al-Azraq camp, covering approximately 70 percent of the health clinics in al-Za'atari camp, in partnership with IRC, KRC, and QC. Through several initiatives, QFFD continues to deliver principled and impactful support. We remain steadfast in our commitment to help Syria's health system and ensure access to care to the most vulnerable people. Thank you so much.

Ms. Yacoubian: Thank you, Lolwa, for that very helpful description of the work that Qatar is doing in Syria and the role it has played prior. I want to dive now a bit more deeply into the kind of work Lolwa has taken us, which is current activities, and specifically exploring what are the challenges as well as innovative and creative solutions.

I also want to remind our audience that we welcome your questions and comments. You can post them either in the YouTube comments box, or I believe there's a questions box on the CSIS event page. We do certainly want to get folks' questions and comments into the discussion.

Dr. Bachir, if I could turn to you and just ask if you could lay down in more detail the kinds of work that SAMS is involved in. I think you highlighted in your initial remarks the importance of NGOs because of just how significant the challenge is in Syria. I think what would be interesting in particular is to note whether there are lessons learned from the extraordinary work that SAMS did throughout the conflict in northern Syria, particularly in Idlib. Things that worked there that are now perhaps being scaled or brought to other parts of Syria as your organization works with others to help with the rehabilitation of the public health sector.

Dr. Tajaldin: Yes, thank you. There are a lot of lessons that we learned from the past 14 years. In any conflict, any emergency, institutional donors are primarily focused on basic life-saving services. In Syria, however, it is a more complicated and multilayered crisis. It's a chronic crisis.

Unfortunately, the conflict resulted in mental health disorders for a large portion of the population: as Diana mentioned, over 30 percent. The neglect of health services—as a result of trauma, bombing, and shelling—also led to an increase in disabilities among the population, in turn resulting in a lack of productive manpower and an increased poverty rate in the country.

SAMS is a specialized health NGO that also integrates other sectors like nutrition. We focus on delivering basic services through utilizing the large network that is the Syrian-American diaspora, with SAMS members now numbering over 1,500 following Syria's liberation. Their expertise and contribution have allowed us to expand beyond basic and essential health services and invest in medical education—bypassing the gap in the human resources—as well as provide care at the secondary and tertiary healthcare level. For example, early in the Syrian crisis in 2014, our midwifery program graduated hundreds of midwives, which later contributed to the maternal health sector. We invested in the nursing training and opened some specialized nursing programs, targeting the mental health sector as it's a significant issue in Syria.

We also benefit from the teaching experience and academic background of our SAMS members, particularly in regard to applying those skills in the Syrian context. For example, there was previously no treatment facilities for cancer patients in northern Syria, so we started our oncology program which still is the main oncology program in that region. Not only did we focus on service provision, but we also trained doctors and now we have seven oncologists and hematologists in these facilities. These doctors have been recognized by the Ministry of Health and the local Syrian health authorities, so they are a big addition to the health sector.

These experiences were not only beneficial for Idlib. We are now expanding these services in coordination with the Ministry of Health and Ministry of Higher Education across Syria. While immediately after liberation our response focused on urgent needs, such as providing medical supplies and medical consumables based on assessments and recommendations from the Ministry of Health, we are now in the second phase, which involves focusing on more sustainable programs. Right now, our priority is supporting the Ministry of Health's efforts and plans and contributing to their implementation. Our priority is transitioning from being the population's main service providers to contributing to the national health system.

Ms. Yacoubian: Thank you, Dr. Bachir, and I think this is a good segue, Diana, to bring you back into the conversation. Dr. Bachir has talked about lessons learned, or how they've worked throughout the conflict and then applied that to the work they're doing now. You have also studied these kinds of challenges in other conflict contexts. What are some of the lessons learned and observations from your research that might apply to Syria?

Dr. Rayes: Thank you, Mona. Yes, and I think building on what Dr. Bachir has mentioned about Syria being in this transitional phase, moving from relying almost entirely on emergency support to more sustainably having a Ministry of Health that meets the needs across the country and resolving the fragmentation of health systems that he alluded to earlier.

And there's a bit of a paradox in what they're trying to do, because in addition to meeting immediate health needs in the current moment, they also have to lay the groundwork for a more permanent, more sustainable health system. And that's no easy feat. I draw often from post-conflict Liberia, where there was a huge success in terms of how the health minister, after a lot of consultation—including with the diaspora—established a visionary national health plan that really focused on prioritizing primary healthcare in order to meet these essential needs, to build up the workforce again in terms of training and bringing in training specialists that have had left the country, and then donors in addition supported with technical assistance and funding across both emergency systems and long term system building.

Afghanistan, oddly enough, also has a useful case study which is regarding a basic package of health services that was prioritized across the country, and also with the support of NGOs that were working closely with the ministry and helped rapidly expand access to care, to immunization, especially in rural areas. But it's a tricky, balanced sort of strike because relying on humanitarian aid in the long term can also hinder the Ministry of Health's efforts to build this more sustainable and locally driven health system.

I can say from my time in Syria, what I recognize is that there is a lot of capacity at the local and at the district level, where already colleagues at SAMS and other NGOs have been partnering very closely to really understand where the needs are at the local level—be it in a city or a

town—and investing in people that are already there that are already doing good work, but then also funneling attention and resources from donors to these areas.

I want to mention—because I draw often on other contexts in the region that are comparative case studies but maybe challenges that can be learned from—Iraq, given the similarity to Syria's health system. And despite a lot of international support that came in to support the Iraqi health system and rebuilding, it's never really fully recovered, and access in rural areas remains very limited, and there's an over-reliance on the private sector.

And so there are huge fears that that could also happen in Syria, where you already see a private sector that's thrived despite the last decade, and if there are inequities that remain across the country, you will see the private sector become largely relied on by the people who can rely on it, exacerbating health inequities. I'm looking forward to also hearing from the minister about a planned health budget, which should account for at least 15 percent of the national budget. Other countries have successfully really prioritized health in a national strategy.

So, achieving that benchmark would really be a clear signal that health is a priority in Syria's reconstruction and future stability, and the ministry can direct donors to actually support with this and fund projects that strengthen the national system rather than set up more parallel NGO structures. This national health strategy would be key to this.

Ms. Yacoubian: Super helpful, and I think it's a good reminder of the extent to which these challenges, it is truly a transition of moving from emergency life-saving assistance—that's what we see in a conflict situation—to institutionalizing, building out and ensuring that there are not widespread inequities across the system.

That is a good segue back to you, Lolwa, because I'm curious if you could talk a little bit more about QFFD's work. You noted at the outset the importance of an integrated approach, and I know that Dr. Bachir has started by talking about how fragmented the landscape is in Syria for obvious reasons because of the impacts of the conflict.

But Lolwa, could you tell us a little bit more about how QFFD views the fragmented landscape in Syria when it is seeking to provide an

integrated approach? Are you able to operate or provide assistance to projects and programs across the country, expanding, for example, beyond northern Syria where you all were quite involved prior? And how do you measure success? What are some of the metrics that you are using to determine impact and sustainability?

Ms. al-Abdulmalek: Since the onset of the Syrian conflict, Qatar was among the first countries to respond. Qatar has pledged nearly between $50 to $100 million through Brussels Conference to Syria to support the Syrian people. Due to access security constraints, particularly in the regime-controlled areas, our focus was primarily in northwest Syria and for Syrians in the neighboring countries.

In northwest Syria, Qatar Fund for Development has supported various health initiatives. One project involved the operation of 12 primary healthcare clinics along with support to the referral system in partnership with Qatar Charity to ensure that patients in need of advanced care could access appropriate services. These clinics provided essential health services to communities affected by conflict and displacement.

We are a funding entity. We typically implement these projects through our Qatari NGOs, Qatar Charity and Qatar Red Crescent or through our international humanitarian partners to maximize reach and ensure that our impact, our support, reaches everyone.

Ms. Yacoubian: Thank you Lolwa. That's helpful. It kind of helps us to understand the multifaceted elements of how the international community is engaging on this. And that is where I'd like to take the conversation. I'm seeing some interesting questions coming in. Before I get to them, I want to look at the role of the international community.

It's clear that the Syrian government cannot do this on its own, given the magnitude of the challenge. Dr. Bachir, can you kind of elaborate a bit on the role of the international community and in particular the role of the Syrian diaspora? You represent a diaspora organization. You've noted the numbers of the Syrian diaspora and their engagement but elaborate a little bit on how significant the role of the international community is for Syria's successful transition and in particular for the successful rehabilitation of the public health sector.

Dr. Tajaldin: Yes. First of all, we are talking now about a country that has experienced huge destruction. Over 60 percent of the country is destroyed. Over 50 percent of the population have fled the country. And so far, a very small percentage of refugees in neighboring countries went back to Syria. The three most important three factors that will encourage the population to return to their homes is the availability of health, education, and shelter, regardless of the political situation in the country.

People can live in a tent, but without having quality education and schools for their children, as well as hospitals and health facilities for their families, they will not go back. The international community, in our opinion, should continue supporting Syria. The government now is starting afresh, taking care of a destroyed country with very minimal financial and human resources. Therefore, we do indeed need to continue providing basic and essential services.

But most importantly, the role of the international community and particularly international donors is to support the strengthening of Syria's health system as a whole. We need to focus on the health system rather than just health services. We can provide essential health services with the support of international donors but that will not continue forever; so, sustainability is a must. Supporting the system itself is the priority.

This is not limited to the health sector. We need to invest in the economy and other sectors like insurance to make sure people have the resources to seek health services. Partnering with the private sector is a very essential component in addition to supporting and magnifying the engagement and participation of communities themselves so that it's a community-led health system. These are the biggest priorities.

One of the important components is investing in the health system's human capital, in addition to focusing on other national health indicators and sectors such as infrastructure and accessibility. But in brief, we should focus on the system more than the services themselves. Thank you.

Ms. Yacoubian: Thank you. Diana, I'm going to turn to you briefly. You are based in the United States, in Washington, where we've seen a dramatic shift in the foreign assistance architecture, particularly with the dismantling of USAID. Say a word, if you would, about what role you envision the

United States playing in Syria's stabilization, particularly in the health sector.

Dr. Rayes: Thank you, Mona. Yes, it's really unfortunate that we're facing this critical recovery moment in Syria and so much momentum on the political front with declining U.S. support and foreign aid more broadly. The United States was the leading donor for the humanitarian health response and humanitarian response more broadly in Syria.

And right now, globally, only seven percent of the $566 million required for the humanitarian response in Syria has been met. And cuts from major donors in the United States have put a huge dent in this progress. We've also seen other countries scale back some of their support as well, due to donor fatigue, but also this changing landscape. As a result, we are seeing other donors step in, and it's great to have Lolwa here to speak to what Qatar and other countries are doing to support the health system response.

But it's essential to alert donors that, as Dr. Bachir was saying, the health system response shouldn't be an afterthought. It is a core part of stabilizing the country and supporting a political transition that's peaceful and that will ultimately improve the lives of millions of people that remain in high need inside the country. And tapping into diaspora networks, which I alluded to in the response about other post-conflict contexts, is essential. This is where you see the displaced healthcare workforce, who have now gone on to other countries and gathered expertise in many different sectors.

These networks play a really important role in bridging the gap in terms of what can be provided and supported on the ground in Syria. Syrian American Medical Society is one example, as well as some initiatives that I'm a part of myself, including the Revive Initiative, which is Syrian American, and other allied health professionals from around the world who are hoping to provide our expertise, be it in public health or particular diseases. We need health system strengthening more broadly to support the Ministry of Health in this really rough transition in the initial years.

What's really exciting about this is we've honed all this expertise. We've honed all these resources, hopefully more that we can tap into in terms of fundraising, in order to support this now really vast gap that's emerged as a result of U.S. foreign aid withdrawal in Syria.

Moreover, that community-based and localized approach to resolving health system responses, as Dr. Bachir also mentioned, is really being led by Syrians themselves, those inside the country first and foremost, and also the diaspora who has a lot of expertise to offer and help build bridges between technical experts abroad and recovery efforts at home.

Ms. Yacoubian: Thank you. You've pulled on several threads there. We're now going to hold because I believe we have the minister available. We're going to take advantage of his availability and proceed with his remarks. I know the audience—because there are several questions that are directed to him—will be very interested in hearing what the minister of health has to say.

Let me briefly introduce you, Dr. Ali. We are thrilled to have Dr. Musaab Nazzal al-Ali, Syria's minister of health, join us. Dr. Ali has held the post of minister of health since March of 2025. He earned his medical degree from al-Baath University in 2009. He was forced to leave Syria following the uprising in 2011 and had to flee to Germany, where he continued his education and completed his specialization in neurosurgery. Dr. Ali, we're thrilled to have you. We will have Dr. Bachir provide translation, as Dr. Ali will be providing his remarks in Arabic. With that, Dr. al-Ali, the floor is yours.

Musaab Nazzal al-Ali: First of all, I would like to welcome you all and thank you for this invitation. Thank you to all the attendees and followers of this event. Just a small piece of information that came to my attention: I left Syria in mid-2014, not in 2011.

Regarding the health sector in Syria, I would like to talk briefly about what we inherited from the previous regime. We inherited a destroyed health sector at all levels. More than 40 percent of hospitals and health centers were out of service.

Before the revolution, the pharmaceutical industry in Syria exported products and medicine to 55 countries around the world; today, it no longer exports pharmaceutical products. The previous regime exported products other than pharmaceuticals, i.e. drugs. Unfortunately, there was also a huge migration of healthcare workforce out of the country.

In regard to automation and digitalization, we are currently still at the same level as the previous regime, at a time when the rest of the world

has advanced and has integrated artificial intelligence in its healthcare system. We are still collecting patients' data, analysis, and results on paper.

We also have issues relating to governance, where healthcare procedure, salaries, and equipment differs between government-held areas and the northern parts of Syria. We have also faced problems with epidemic monitoring. The health system we inherited also has no funding sources; there are some health insurance companies involved, but these networks are still corrupt and inefficient.

All of these factors led to a loss of trust between Syria's population—both in terms of healthcare workers and the population as a whole—and the government, which is a challenge that we have had to include in our critical challenges that we face now. We are attempting to keep these challenges in plain sight so that we may begin addressing them one by one.

We started our first international tour with our active participation in the Geneva Conference. This participation gave us the opportunity to meet with many friendly countries, which unfortunately did not deal with the previous government, which was another challenge. We started by establishing a network of good relations with the health ministries in Arab and European countries, and other friendly countries, and that was the starting point.

International organizations are also important strategic partners, especially from the infrastructure side. Through both international organizations and some countries, we were able to start rebuilding some buildings at the hospital and health center level. We are currently signing an agreement with Türkiye to run two large hospitals, one in Aleppo and one in Damascus. International and local organizations also help and contribute to the rehabilitation and operation of some health centers.

Whether it was during the time of government that preceded me—and I thank them for the efforts they made—or after I took over, the shortage of equipment remains a pressing issue. The majority of medical equipment is depreciated. The most recent equipment in the Syrian public sector was purchased in 2011. I will give you one example: hemodialysis machines. The actual need for hemodialysis machines in Syria exceeds 1,500 machines; only 400 machines work well. This led to

two times the pressure: firstly, pressure on people who currently need dialysis in the country, and secondly, pressure on people who are now returning to the country and will need dialysis.

Recently, we were able to insure more than 340 hemodialysis machines, almost doubling the amount. We continue to procure many other machines. We have also procured more than 20 new ambulances, as well as MRIs, CT scans, anesthetic machines and laboratory equipment. These are just examples, but we are still suffering from a shortage of equipment, and we are trying to find solutions as soon as possible.

Ms. Yacoubian: I don't mean to interrupt, but I would love to make sure we can bring in some of the audience questions for Dr. Musaab. We have about 15 minutes left. With the minister's permission, I'd like to at least insert a few of these questions that perhaps he can also address in his remarks.

We have a question about whether there is a roadmap from the ministry of health so that NGOs can align their efforts with them. A second question has to do with the provision of healthcare and aid to minority communities. We know that Syria has just recently suffered a bout of significant violence in Sweida. It would be useful for the minister to talk a bit about how the ministry of health is able to build trust among communities, especially minority communities, and ensure that they're able to get in and provide aid and services there. Let me stop with those two questions. I apologize for jumping in, but I do want our audience to be able to have the chance to have their questions asked. Thank you.

Dr. al-Ali: Let me start with the second question about the situation in Sweida and the situation of minorities from the perspective of the Ministry of Health. It seems that we have only 15 minutes, so I will try to make it as short as possible. I wanted to give a glimpse of all our pillars, but I will start with the second question. The Ministry of Health announced from day one that its mission is to provide medical services to all people. We don’t ask about religion, race, or gender in a patients’ medical history. In this way, we deal with all citizens in Syria. Citizens, visitors, and all people in Syria. We try to treat them and meet their health needs on the basis of justice.

As for Sweida, I will not go into details, but it is a long-running problem that has developed between some parties. The state and the security forces have tried to intervene to resolve the problem. The situation has

developed so dramatically that even other countries have intervened. As the Ministry of Health, ever since the third day of the conflict, we prepared convoys of medicines, equipment, and aid—and this is a very important point—the director of health in Suwayda attended our meetings in the first six months of 2025, with Sweida being like any other province. We communicate with all their medical staff, and they are integrated and a part of our country.

The amount of money spent on the medical sector in the province of Sweida exceeds three or four other provinces. We don't want to compare numbers, but based on Sweida's needs, the Syrian Ministry of Health, despite all its challenges, has spent more money on Sweida than three or four other provinces in Syria. We prepared the convoy on the second day, and I was personally leading the convoy the first time alongside the minister of social affairs and labor. We were banned from entering Sweida. We received warnings and rejection letters from inside Sweida.

We returned after the first attempt. Two days later, we prepared a larger and more comprehensive convoy. Again, three other ministers and I were at the head of the convoy, and we tried to coordinate with several parties to enter the province. We were again banned from entering, but we sent the convoy to be accompanied by the Syrian Arab Red Crescent instead.

From that day onwards, regular shipments enter Sweida daily. I personally communicate with the medical staff inside Sweida. I am, of course, talking about health, as we formed emergency rooms belonging to our own ministry, and so did other ministries respectively. Fuel trucks continue to enter, as well as food and consumer goods. We are currently trying to repair the electricity grid there.

Our colleague who was the head of civil defense in Daraa entered Sweida, and he is still missing. We do not know his fate. Emergency vehicles have been fired at several times from inside Sweida. Despite all of us, we are still getting aid in. There was a new shipment that reached Sweida today. I apologize for the length of my remarks, but this is an overview of the situation.

Regarding the first question about the Ministry of Health's vision and how it deals with NGOs, as I outlined in my speech when I first started, the ministry sees local and international organizations as strategic

partners working together to achieve the ultimate goal of providing health services to everyone who needs them. In the most recent health sector meeting, most of the representatives of local and international organizations were present.

There were a number of principles that we put forward. One such principle is that the Ministry of Health will lead and set plans for the coming stages because the ministry is the most capable party to determine the population's needs due to its daily presence and work on the ground. Each organization or party then has the ability to support this direction, which we welcome. Another principle is that the services provided by the organizations must be comprehensive, so as to avoid a disparity in service provision and ensure fairness and equity.

We also emphasized that these projects must be impactful projects, as we noticed some organizations are providing non-priority projects at this stage. They target a specific group or target something that is not one of the main priorities. We also stressed that these projects be measurable, so that the projects are not vague and the ministry is able to measure its goals.

We also emphasized the principle of sharing. The door is open to all local and international organizations that want to provide any form of assistance in Syria, according to the standards set by the Ministry of Health, to ensure justice and the provision of services for all members of society. We particularly stressed that we do not want organizations to privilege one city or governorate over the others; everyone wants to provide services in Damascus, but we must not ignore other areas.

We welcomed SAMS and participated in their conference's opening ceremony earlier this month. We also welcomed German physicians that came as part of the Shifa'a and Nabduna Wahid campaigns, and we participated. We have already signed many agreements. There is a possibility that next week, we will sign a new memorandum with an Italian organization that will support a hospital in the middle region of the country.

Ms. Yacoubian: I'm afraid we are at time. I would love to allow the minister, Dr. Musaab, to make one final comment before we close. And I want to thank you, Dr. Musaab, in advance for making the time to be with us.

Dr. al-Ali: Thank you very much again. My final comment will be to once again stress the vision that we always carry with us, which is humanity first. By this, we specifically mean that we prioritize the sick in our treatment and provision of the best possible care for them. Humanity first also means that we prioritize our doctors and service providers; we are trying to elevate and bolster their medical education, training, nursing, and administrative cadres. I would also like to take this opportunity to thank all health workers in Syria and all of their supporters outside of Syria.

On an important note, we will in the next two or three days announce the reform of the medical education system in Syria. This vision will include a clear and active participation of Syrian medical workers in the diaspora. It is a clear invitation to join us in the development of this vision so that humanity can be prioritized, because the higher the medical education level, the better the opportunity to care for the sick.

Is the current health situation in Syria satisfactory in all sectors and levels? The answer is clearly no. Is the current health situation in Syria the same as it was three or six months ago? The answer is clearly no. We will continue to work and improve all sectors until we reach the level we aspire to. And we hope that this can happen with the participation of all Syrians both in Syria and in the diaspora.

Ms. Yacoubian: With that, I want to again thank Syria's minister of health Dr. Musaab al-Ali. I also want to thank our terrific panelists for what has been a very rich discussion and just the beginning of a number of conversations we hope to lead on the various elements of serious stabilization in this period of fragility as well. I thank all of you.

I want to let the audience know that a full transcript of today's event will be available in the coming days. You should also be able to access Diana's publications in the YouTube description box. And with that, I thank everyone for their excellent comments and interventions and I wish everybody a very pleasant rest of your day or evening. Thank you again.

Dr. al-Ali: Thank you. Thank you very much.

Ms. Yacoubian: Thank you.

(END.)