



*Syria 2015: Documenting war-wounded and war-dead in MSF-supported
medical facilities in Syria*

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Objective

To document war-related wounds and deaths recorded in 70 MSF-supported medical facilities in Syria, with an examination of the numbers of women and children as an indication of the civilian consequences of the war, and also to document the destructive impact of the war on MSF-supported medical personnel and infrastructure.

Timeframe

Data from 1 January 2015 to 31 December 2015. Report written by Médecins Sans Frontières/Doctors Without Borders (MSF) 8 February 2016.

INTRODUCTION

As the conflict in Syria approaches its 6th year, the humanitarian and medical toll of the violence remains appalling. Millions of people have been internally displaced, or have sought refuge abroad. Millions more are trapped in communities that are under siege or hemmed in by the closed borders of neighbouring countries. These countries, already overwhelmed by the numbers of Syrians seeking protection, have increasingly introduced restrictions on entry for new arrivals.

Meanwhile the level of violence inside the country shows no signs of abating. Death and injury is a daily reality. The year 2015 saw an increased number of countries engaging their military and entering the war. Russia intervened in September on the invitation of the Syrian government, with significant use of its air force, while France and the UK extended their air campaigns under the US led coalition from Iraq to Syria in September and December. This situation is unprecedented, as four of the five permanent members of the UN Security Council are now actively engaged in hostilities in the Syrian conflict.

The same Security Council recently (22 December 2015) unanimously adopted resolution 2258, which expressed grave concern at:

The lack of effective implementation of its resolutions 2139 (2014), 2165 (2014), and 2191 (2014) and recalling in this regard the legal obligations of all parties under international humanitarian law and international human rights law, as well as all the relevant decisions of the Security Council, including by ceasing all attacks against civilians and civilian objects, including those involving attacks on schools, medical facilities and the deliberate interruptions of water supply, the indiscriminate use of weapons, including artillery, barrel bombs and air strikes, indiscriminate shelling by mortars, car bombs, suicide attacks and tunnel bombs, as well as the use of starvation of civilians as a method of combat, including by the besiegement of populated areas, and the widespread use of torture, ill-treatment, arbitrary executions, extrajudicial killings, enforced disappearances, sexual and gender-based violence, as well as all grave violations and abuses committed against children.

This report aims to present a documented analysis of the medical and humanitarian consequences of the intensification of the military campaign in 2015, based on medical reports and data from 70 clinics and hospitals in Syria supported by Médecins Sans Frontières/Doctors Without Borders (MSF).

METHODS

Setting and coverage

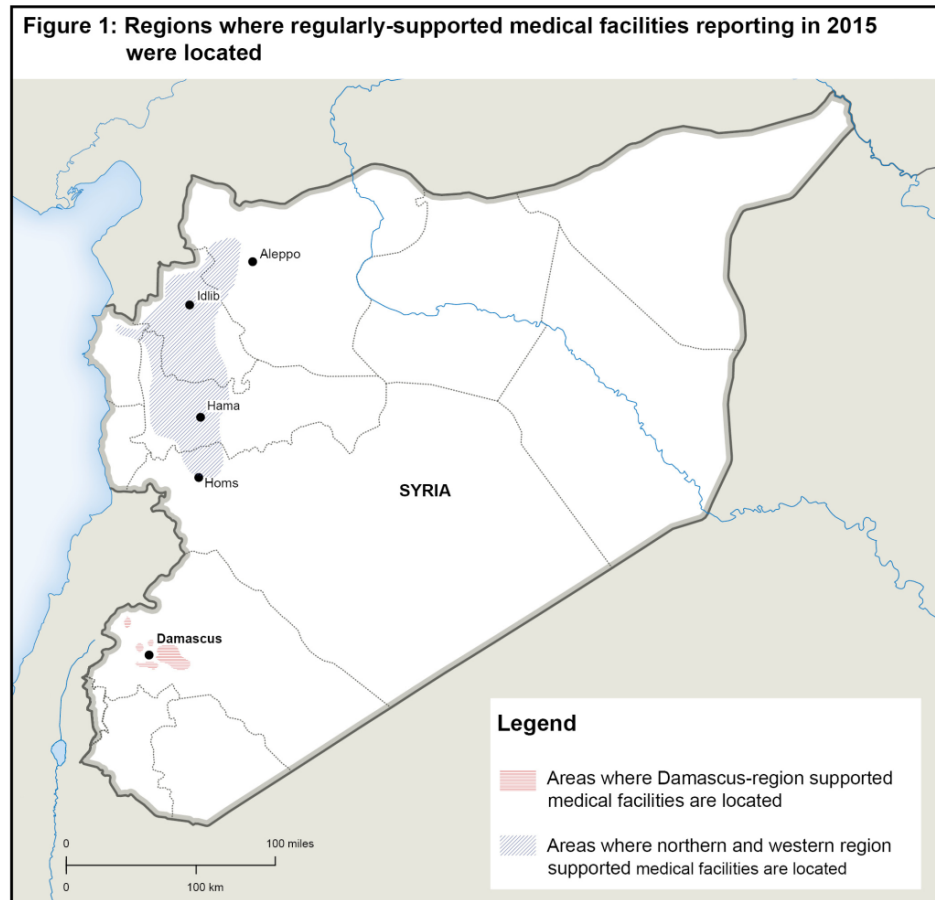
MSF's ability to work in Syria is heavily limited by security and access constraints. Whilst the number of facilities supported by MSF in Syria is substantial, (see **Figure 1**¹) this report is therefore limited in terms of geographical coverage as well as gaps in data collection from remote or destroyed locations.

From the start of the conflict in 2011, MSF has sought permission from the authorities in

Damascus to extend its medical assistance to all parts of Syria, but so far this permission has not been granted. This has resulted in MSF's medical support being limited to regions controlled by opposition forces, or restricted to cross-frontline and/or cross-border support to medical networks in government-controlled areas, undertaken without official consent.

In the opposition-controlled regions close to the border with Turkey, MSF was able, between 2012 and 2014, to maintain six fully functional hospitals and five outpatient clinics staffed directly by MSF national and international medical staff. However, security constraints prevented such activities being expanded further from the border regions, limiting MSF's assistance to material, financial and training support to existing Syrian-run medical facilities. Such support was provided in collaboration with local medical associations and relief groups.

This type of indirect support is highly unusual for MSF, which normally provides direct humanitarian assistance to all in need and speaks out about what it directly witnesses, as opposed to relying on the fact-checked information provided by trusted partners – as chronicled in this report. This unusual situation is indicative of the extreme situation in Syria, where security constraints and denial of direct access make this type of assistance the only operational option. On 2 January 2014, five MSF international staff members were abducted from the MSF hospital in Latakia governorate by members of what is now called Islamic State (IS). After lengthy negotiations these individuals were released, the last ones in May 2014. No explanation or apology was ever received from the leadership of IS. This was in contradiction to



¹ Areas depicted where regularly-supported medical facilities are located. Some facilities that receive one-off support when experiencing overwhelming needs (i.e. mass casualty events) fall outside the shaded areas.

clear agreements reached with IS about MSF medical facilities and related activities in its territory. Consequently, since May 2014, MSF no longer supports or operates in regions controlled by IS, and will not do so until this issue has been resolved.

As a result, the areas documented in this report cover the north-western, western and central parts of Syria, with a focus on besieged areas where medical support is most lacking.

It should also be noted that, for reasons of independence, MSF uses no government funding for its work in Syria.

Definition of MSF-supported facilities

For this report, “*MSF-supported facilities*” implies medical facilities that MSF has been supporting regularly for one year or more. The nature of MSF’s support includes providing medical supplies; paying a basic salary to hospital staff to enable them to focus on their medical work; providing fuel to enable the hospital generators to function; contributing to the cost of reconstruction when a facility is damaged or destroyed; and providing technical medical advice.

Although support activities have been developed by MSF since 2011, 2015 was the first year where the medical data was received in a consistent and sufficiently regular manner to be able to provide an annual view of the medical situation in the supported areas. The analysis contained in this report is thus restricted to 2015.

Definition of besieged and hard-to-reach areas

The UN defines a besieged area as: “*an area surrounded by armed actors with the sustained effect that humanitarian assistance cannot regularly enter, and civilians, the sick, and the wounded cannot regularly exit the area*”; and defines a hard-to-reach area as: “*an area that is not regularly accessible to humanitarian actors for the purpose of sustained humanitarian programming as a result of denial of access, including the need to negotiate access on an ad hoc basis, or due to restrictions such as active conflict, multiple security checkpoints, or a failure of the authorities to provide timely approval*”.

MSF does not adopt the same distinction between ‘besieged’ or ‘hard to reach’ areas as defined by the UN, as the medical consequences for both types of region are similar. Medical supplies, especially surgical supplies, are almost never authorised to enter besieged zones, and medical evacuations are rarely authorised, even if other types of movements may be randomly authorised by the besieging forces.

Using the criterion of medical relevance, besieged areas for the purposes of this report are defined as “*areas that are surrounded by strategic barriers (military or non-military) that prevent the regular/safe inflow of humanitarian assistance, and the regular/safe outflow of civilians, the wounded, and the sick*”.

Definitions of “war-wounded” and “war-dead”

For the purposes of this report, “*war-wounded*” includes any person, civilian or military, with injuries from gunshots, direct bomb blasts, burns, chemical weapons, and other forms of trauma that the medical staff consider to be a result of war-related violence but that do not fit into the three main categories².

The “*war-dead*” category includes any person, civilian or military, who is considered to have died from war-related trauma in a medical facility. Some arrive alive, but die in the medical facility from their

² This includes such wounds as shrapnel due to bombing, or a bombed building collapsing and killing people, either directly or indirectly from suffocation or crush wounds.

injuries. Others are ‘dead-on-arrival’, following the customary practice in Syria of taking the dead to a medical facility to be registered before final funeral rites. During periods of intense military activity, it is likely that many victims who die at the site of attacks are not taken to medical facilities, as the focus is on caring for survivors. Thus there is a likelihood of under-reporting of war-dead.

Number of facilities supported in the besieged areas around Damascus

In 2015, MSF regularly supported between 29 and 39 medical facilities in besieged areas around Damascus and in rural Damascus (**Table 1**). The precise number of reports by month varies, as facilities are regularly attacked and need to close or relocate as a consequence. If the same medical team opens a new facility, it is considered in this report to be a continuation of the same medical activity and falls within the minimum one-year-support criterion.

Table 1. Damascus area: Number of regularly-supported facilities reporting to MSF by month, 2015											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
37	33	36	35	34	33	36	32	29	35	39	38

The MSF medical data from these Damascus-region besieged areas does not represent total numbers of war-wounded and war-dead. In 2015 MSF received regular data from an average of **35** facilities, out of the approximate **50** facilities that MSF is aware of operating in these areas. On that basis, it is likely that the MSF numbers could reflect around **70%** of the total numbers of war wounded and war-dead in these besieged areas.

Number of facilities supported in northern and western Syria

In 2015, MSF regularly supported around 45 medical facilities in the northern and western parts of Syria. Those that did not provide data in comparable formats³ were excluded, leaving an average of 34 facilities providing regular data (**Table 2**). The precise number of medical reports each month varies, as facilities are regularly attacked. The decrease between February and March reflects the fact that other organisations were able to assume medical support in a number of facilities, consequently replacing MSF.

Table 2: Northern and western Syria: Number of-regularly-supported facilities reporting to MSF by month, 2015.											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
43	46	32	32	31	32	32	34	34	33	32	27

Twelve of these facilities were in besieged towns and villages in the northern Homs countryside, and the remainder were in non-besieged areas. The MSF medical data from these areas of Syria represents a small fraction of the real numbers. There are many make-shift facilities operating in these areas that are supported by other organisations. Thus in these regions, MSF data will only be a partial reflection of the real numbers of war-wounded and war-dead.

³ MSF only made the request late in the year to some facilities to provide data with the categorisations used in this report. Some facilities were too busy or were otherwise unable to retrospectively re-enter a full year’s medical data reporting. These facilities have therefore been excluded as it was not possible to compare like with like.



Data sources and datasets

Data on women and children

The medical facilities supported in the besieged areas of Damascus registered data on gender for adults. A “child” was defined as being under 15 years old. The medical facilities supported in the northern and western regions defined a “child” as being under five years old and did not distinguish between male and female. For the purposes of this report, the two datasets were not merged and have been analysed separately.

Data on mass casualties

In this report, MSF considers a “mass-casualty” event as the mass influx into a medical facility of more than ten patients with wounds related to war-trauma. The scale of individual influxes varied from 10 to more than 100. The data collection tools specifically used for reporting these used the same registration criteria for all regions (a ‘child’ as under 15 and male/female registration for adults), allowing a single dataset for analysis of mass casualties.

Data on mass casualties was obtained from two sources: mass casualty influx reports from MSF regularly-supported facilities with the dead and wounded included in the main dataset; and reports following the same MSF-defined reporting modalities from non-regularly MSF-supported facilities, to which MSF provided ad hoc support after a mass casualty event. Such ad hoc support was provided if the facility’s regular support systems were unable to cope with the high volume of influxes of war-wounded.

All the mass casualty influxes reported from northern and western regions were caused by aerial attacks, and all the influxes in the Damascus region were caused by shelling or aerial attacks.

Data collection and validation

When commencing regular support to a facility in Syria, MSF shares a comprehensive file of case definitions and discusses with the senior medics in that facility to ensure that there is agreement on how cases will be registered. In each MSF-supported health facility, there is a dedicated person to carry out data entry from the medical registers into a structured data entry tool on Microsoft Excel. This is sent to MSF on a regular basis. When there is any lack of clarity, discussion by telephone is used to gain insight into the data provided. MSF cross-checks the data on patient numbers and pathologies with the consumption rates of medical supplies donated by MSF to that facility, and with information regarding the current war-context in that area, to ensure that the medical data is consistent with other pertinent information.

Information on mass casualties is sourced from structured mass casualty influx reports that have been defined by MSF and shared with both regularly-supported facilities and other facilities that receive ad-hoc emergency support in response to significant extraordinary needs.

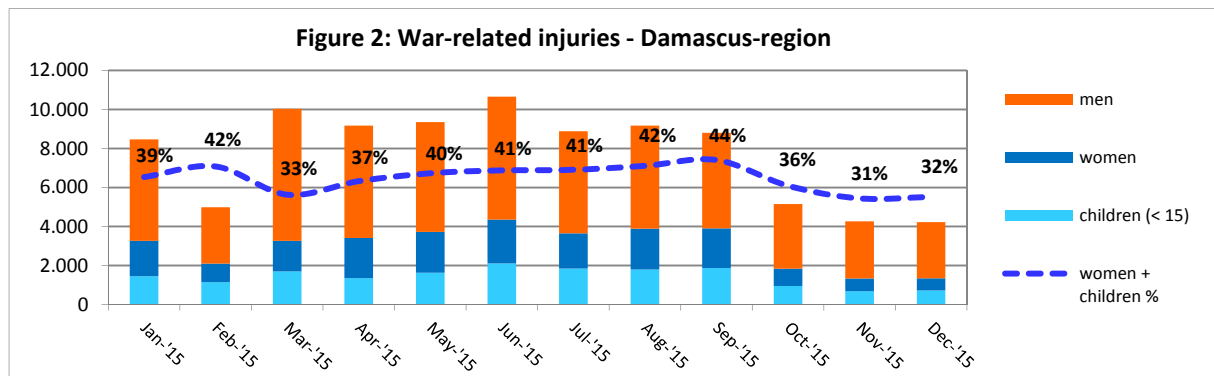
Information about attacks on medical infrastructure and personnel are sourced from structured incident reports, obtained in most cases from the medical director of the facility, and verified by cross-checking the information with other members of medical and humanitarian networks in that region.

RESULTS

War-wounded and war-dead: in the Damascus region

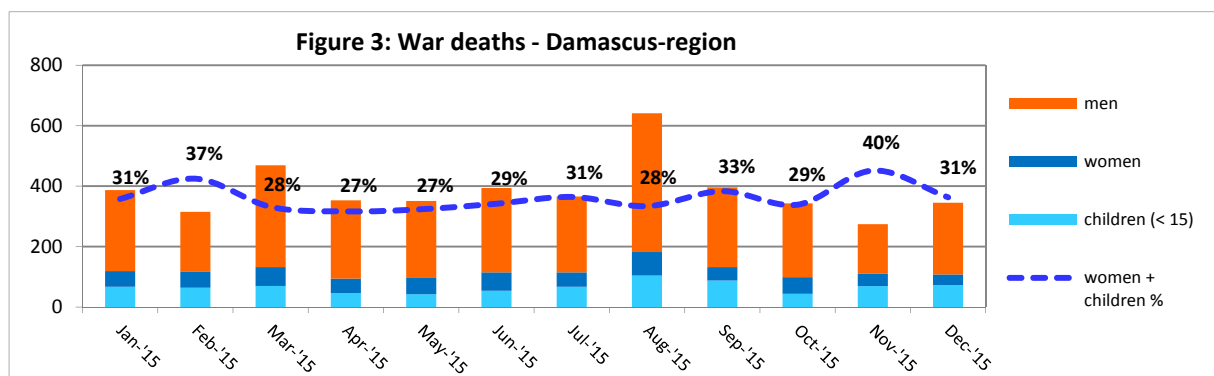
MSF identified **66** communities in the Damascus Governorate, and **seven** neighbourhoods in Damascus city as besieged, all suffering from extremely limited medical care and high medical needs, with a combined estimated population of **1.450,000**⁴. Throughout 2015, MSF supported an average of **35** health facilities in besieged areas in and around Damascus city and in the wider Damascus governorate.

Figure 2 shows the **93,162** war-wounded treated in MSF-supported facilities in 2015, of whom **36,068 (39%)** were women and children (with 'child' defined as under 15). The trend line shows the proportion of women and children affected by month.



The significant decrease in war-related wounds after September coincides with a change in military activity away from the Damascus region to the western and northern regions.

MSF recorded **4,634** war-dead, of which **1,420 (31%)** were women and children (**Figure 3**). The trend line shows the proportion of women and children affected by month in 2015. These deaths represent only those occurring in the clinics or reported to the clinics; the actual number for the entire besieged regions around Damascus is thus likely to be higher.



⁴ Population estimates for Damascus region based on statistical extrapolation and cross-reference using the last official census (2004) as a base line, combined with more recent data from community leaders in the besieged areas themselves; UN Office for the Coordination of Humanitarian Affairs estimates (2012 and 2015); and Syrian American Medical Society estimates (2015). Reported estimates of population figures in besieged areas in northern Homs governorate (c. 240,000), Kefraya and Fua (c. 12,500), and Deir-Ezzor (c. 200,000), would bring the total population in besieged zones throughout Syria to an estimated 1.9 million.

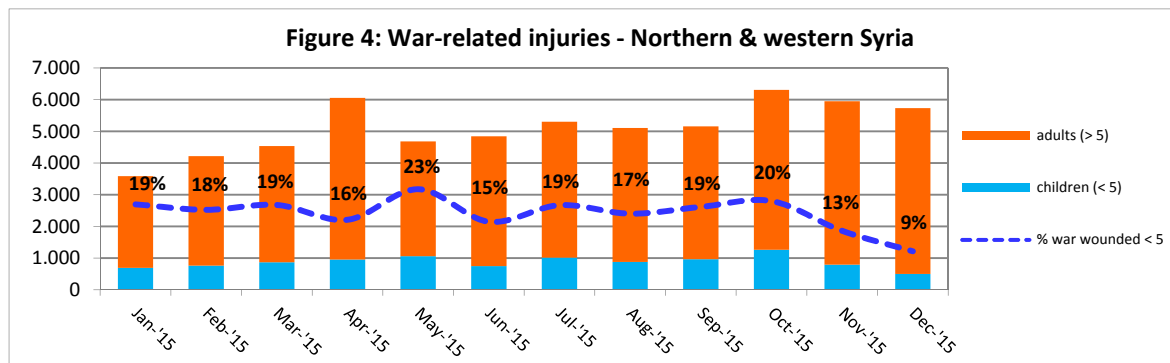
Additional humanitarian consequences of besiegement including starvation

The widely reported high number of deaths by starvation (49 between 1 December 2015 and 29 January 2016) in the besieged area of Madaya (Damascus region) is an example of the medical and humanitarian consequences of sustained military besiegement strategies. In the case of Madaya, neither medical nor food supplies were allowed to enter between October and December, nor were severe medical cases allowed to be evacuated for life-saving hospital treatment.

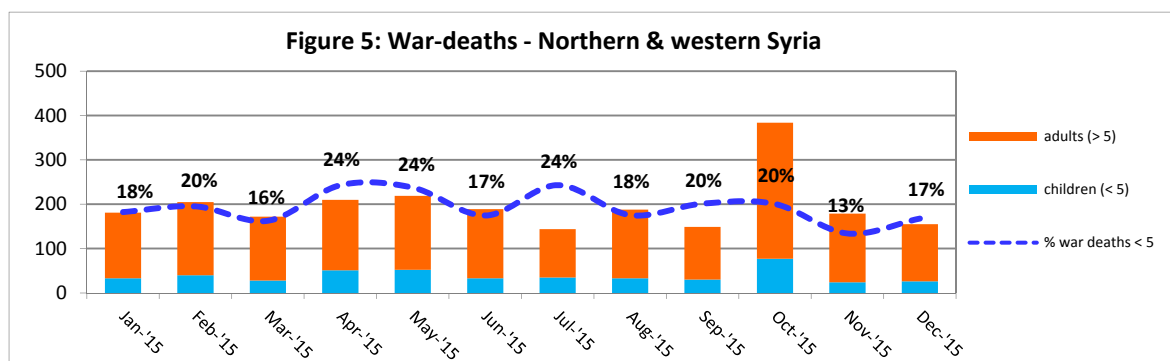
War-wounded and war-dead: in northern and western Syria

Throughout 2015 MSF gave regular support to **45** medical facilities based in western and northern Syria (Homs, Hama, Idlib and Latakia governorates), of which an average of **34** contributed medical data that was in a format that could be included in this report. Of the 34 facilities, **12** were located in besieged towns and villages in rural northern Homs governorate, while the rest were outside besieged areas.

Figure 4 shows numbers of people receiving medical assistance for war-related injuries (war-wounded) in MSF-supported facilities, broken down by age (with ‘child’ defined as under five). Of the **61,485** war-wounded treated in the MSF-supported facilities, **10,473 (17%)** were children under five.



Throughout 2015, **2,375** war-dead were reported in the MSF-supported facilities, of whom **462 (19%)** were children under five years old (**Figure 5**). These deaths represent only those occurring in the clinics or reported to the clinics, and the actual number for the entire region is thus likely to be higher. The spike in war-deaths in October (**383** deaths, more than double the 184 average from previous months) correlates with the intensification of military activity in the region.



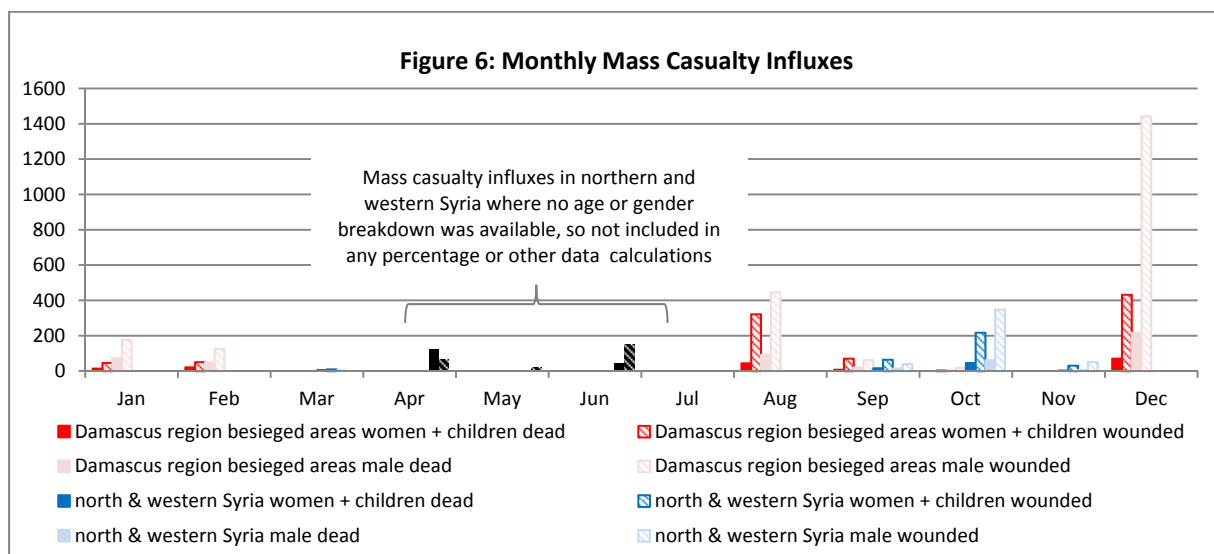
Mass casualty influxes reported by MSF supported health facilities

Figure 6 shows mass casualty influxes reported in 2015 by MSF-supported facilities, all following aerial attacks or shelling. A total of 74 separate mass casualty influxes were recorded in detail, and a monthly total was recorded for one facility in December where there were almost daily influxes and the facility was too overwhelmed to provide a daily breakdown. These influxes account for **3,978** wounded, of whom **1,252 (31%)** were women and children under 15 years old. Of the **770** dead, **228 (30%)** were women and children under 15.

The first spike in mass casualty events in August was almost entirely related to attacks in East Ghouta, when **28 individual mass casualty events** were recorded between 8 and 30 August. During this intense bombing campaign around the Damascus-besieged areas in August, mass casualties accounted for **840 wounded**, of which **367 (44%)** were women and children under 15 years old. Of the **144 dead**, **48 (33%)** were women and children under 15.

The significant mass casualty total in the Damascus region in December is almost entirely accounted for by **1,296** wounded and **137⁵** dead in one reference medical facility that was close to intense frontline conflict throughout December, and where the medical team was too overwhelmed to separate out individual daily influxes as they were in an almost permanent state of mass casualty response.

In the northern and western areas of Syria, the number of mass casualty events sharply increased from October, onwards, with October alone marked by **17** influxes accounting for **575 wounded**, of which **220 (38%)** were women and children under 15 years old. Of the **120 dead**, **52 (43%)** were women and children under 15.



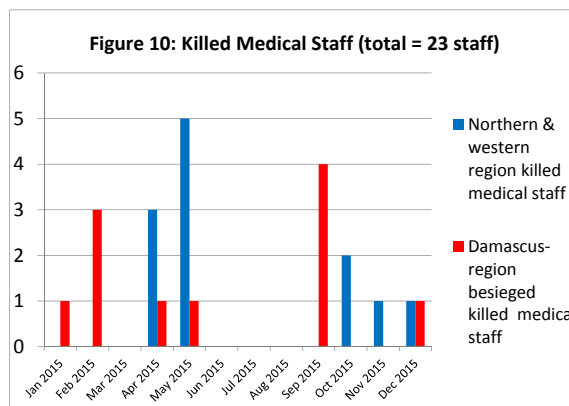
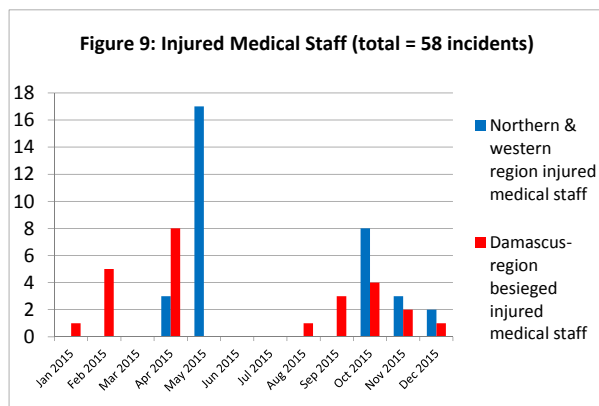
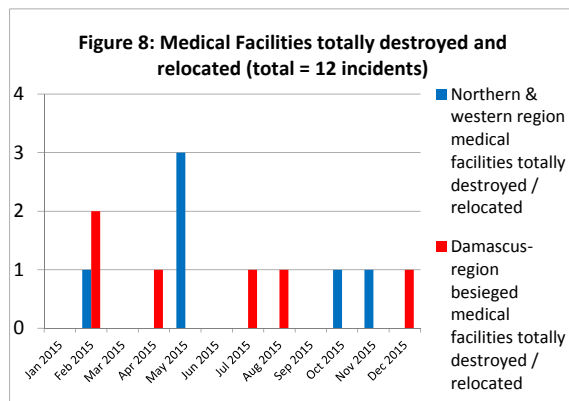
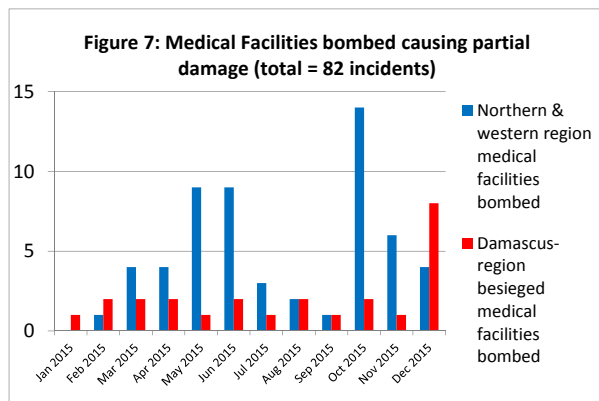
Attacks on medical facilities and medical staff deaths

The number of MSF-supported facilities is only a fraction of all makeshift and official medical facilities in Syria, so this must be considered as a relatively small sample of the true extent of war damage and destruction done to the medical infrastructure and to medical personnel in Syria.

⁵ This is a facility that MSF supports occasionally when the medics experience extraordinary levels of need, such as in December. As a non-regularly-supported facility, this December spike in mass casualty influxes is not included in the regular data reporting from the regularly-supported facilities in the Damascus region.

Figures 7 and 8 show medical facilities bombed and destroyed. A total of **94** aerial or shelling attacks hit MSF-supported facilities, in **12** cases leading to the total destruction of the facility. The first spike happened in May and June 2015, which correlates with increased military activity in Homs, Hama and Idlib governorates. Two facilities in Hama governorate and one facility in Idlib governorate were totally destroyed by aerial attacks, and a further 18 facilities were damaged by similar attacks throughout the western and northern regions over this two-month period.

The second spike occurred in October in the western and northern regions of Syria, with one clinic destroyed in one incident and 14 others damaged. In the Damascus-region besieged areas, the number of attacks on medical facilities remained roughly consistent throughout the year, with a notable spike in incidents in December. In 2015, there were also 16 incidents of attacks on MSF-supported ambulances, not represented in Figures 7 and 8.



Specific cases of suspected use of ‘double tap’ military strategy

A worrying number of these attacks on medical personnel and infrastructure follow what appears to be the use of the military strategy known as “double-tap”, which aims to maximise the number of casualties by targeting rescue services, including medical responders, and as such constitutes a violation of international humanitarian law. This is a practice whereby rescue workers or medical facilities responding to an initial attack are targeted as they arrive on the scene or as the wounded arrive at a health facility. This second ‘tap’ typically occurs between 20 and 60 minutes after the initial attack.

Medical reports from MSF-supported facilities show four casualty influxes in the last two months of 2015 with all the characteristics of a double-tap event:

Area, date	Casualty event	Time	Emergency response activity	Second strike	Time	Context
Al Zafarana, 28 November	Aerial attack, 16 wounded, 2 deaths	09:40	Wounded taken by ambulance to nearest hospital, which was then hit	Aerial attack at entrance to hospital, 31 wounded (including 2 medics)	10:30	Generally calm, with these specific bombings very clearly distinct
Kafr Batna, 4 December	Aerial attack, 34 wounded, 14 deaths	13:34	Ambulances and private cars used to transport wounded to medical facilities	Aerial attack, same location, 17 wounded, 6 deaths	13:52	Aside from these strikes, relative calm in this area on that day
Saqba, 13 December	Aerial attack, 0 wounded, 3 deaths	15:34	Ambulances from nearest field hospital attended as well as local residents – one ambulance hit and damaged.	Shelling, same location, 22 wounded, 3 killed (including 1 medic)	15:50	Generally increased military activity across the region
Douma, 13 December	Aerial attack, 108 wounded, 23 deaths	15:30	All ambulances and first response teams mobilised	Shelling, same location, 79 wounded, 22 deaths (including several medics, total number unconfirmed). At around the same period, the following nearby medical facilities were hit: paediatric centre (totally destroyed); maternity clinic; outpatients centre; intensive care unit (all partially destroyed).	15:50	Generally increased military activity across the region

DISCUSSION

This is the first report from the network of MSF-supported health facilities in war-torn Syria that documents, in detail, casualties involving war-wounded and war-dead, especially amongst women and children. It also records damage and destruction of medical facilities and the deaths of health workers. It reveals a catastrophic situation.

The findings are particularly concerning because the 70 makeshift hospitals and clinics that are regularly supported by MSF constitute only a small fraction of the health facilities in Syria. The large number of dead (**7,009 people**) and wounded (**154,647 people**) recorded in this report represents the people who were able to reach a health facility, and does not account for deaths outside the clinics or wounded who were unable to reach a facility. Nor does it cover mortality and morbidity related to other causes such as severe malnutrition or lack of treatment for acute or chronic diseases. The real situation on the ground is thus likely to be much worse than depicted in this report.

Particularly concerning is that, in 2015, women and children represented between **30 and 40 percent** of the victims of violence in Syria, indicating that civilian areas were consistently hit by aerial bombardments and other forms of attack.

Medical data cannot give any indication of the number of civilians wounded or killed, as it is not the responsibility of the medical staff to determine who is civilian and who is not. In accordance with International Humanitarian Law, all patients are admitted according to their medical needs alone, including combatants who are considered 'hors combat', and are entitled to the same protection as all other patients. However, as a proxy, the number of women and children, presumed to be mostly civilian, indicates a high number of presumed civilian victims of war-related violence – more than **36,000** wounded and more than **1,400** dead in the besieged areas around Damascus alone. These high numbers suggest that due diligence by the warring parties to avoid civilian casualties appears to be inadequate or absent.

Increases in the data recording death and injury from the MSF-supported clinics correlate with major military offensives and Russian, French and British air forces joining the bombing campaigns over Syria. The first data set was obtained from an average of 35 regularly-reporting medical facilities in besieged zones in Damascus governorate, with a clear peak of violence around August represented by sharp increase of war-related deaths reported at the medical facilities. As these are regions where the US-led coalition is not active, the aerial attacks in these periods were likely carried out by the Syrian-led international coalition. The second data set was obtained from an average of 34 medical facilities supported by MSF in the western and northern regions of the country (Aleppo, Hama, Homs, Idlib and Latakia governorates). This data set shows a clear increase of war victims from October onwards, and a sharp increase in mass casualty events (with ten or more wounded), all caused by aerial attacks. As both coalitions are active in these regions, it cannot be determined from the medical data whether the Syrian-led or US-led coalition is responsible.

In 2015, **94** aerial and shelling attacks hit **63** MSF-supported facilities, causing varying degrees of damage, and in **12** cases causing the total destruction of the facility; and **81** MSF-supported medical staff were killed or wounded. This further diminishes the capacity of an already strained health system, struggling to function despite heavily damaged infrastructure and many health workers having fled to other countries for safety.

The medical facilities supported by MSF are particularly vulnerable as a result of a decision⁶ by the Syrian government in 2012 to declare as illegal any clinic providing medical care to victims of violence in opposition-controlled areas. Consequently, the majority of the MSF-supported clinics have been forced to

⁶ "Anti-terrorism laws issued by the Syrian government on 2 July 2012 effectively criminalised medical aid to the opposition. Laws 19, 20 and 21 contravene the customary international humanitarian law rule that under no circumstances shall any person be punished for carrying out medical activities compatible with medical ethics, regardless of the person benefiting therefrom". Source: <http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session24/Documents/A-HRC-24-CRP-2.doc>

operate clandestinely in unmarked and undeclared locations, and without any access to medicines and medical supplies provided through the Syrian health system.

In addition, medical facilities and staff have routinely been subjected to violence, with the result that large sections of the population have been left without healthcare. Especially concerning are the four instances reported by MSF-supported clinics of the suspected use of the 'double-tap' strategy. This indicates that in some instances the attacks go beyond indiscriminate violence, using targeted attacks against rescue workers – including medical responders – as a method of war.

Whether civilian infrastructure – such as schools, mosques, clinics and marketplaces – is being deliberately targeted, or whether the bombing of civilian spaces is the result of indiscriminate aerial and shelling attacks, in either case the obligation to protect civilians from war violence has been violated, in breach of International Humanitarian Law.

In summary, after five years of war, the health infrastructure in Syria has been decimated, with a large number of medical facilities closed or destroyed as a result of indiscriminate violence and their staff fleeing to safety or being injured or killed. On top of that, supplies to facilities that remain open have been reduced to an absolute minimum, as a result of besiegement strategies and severe restrictions imposed by the Syrian government on medicines and material for surgery and trauma care.

The protection of civilians, of the wounded and of healthcare infrastructure is not being respected by warring parties – parties which are militarily supported by four permanent UN Security Council members. Unhindered humanitarian access is similarly not respected. The UN Security Council noted in resolution 2258, which was unanimously adopted on 22 December 2015, that there had indeed been a lack of implementation of earlier resolutions 2139, 2165 and 2191 calling for respect of International Humanitarian Law, notably the obligations of warring parties to cease all attacks on civilians and civilian objects – including medical facilities – as well as to cease the practice of using starvation and besiegement strategies as a method of combat.

With four out of the five permanent members of the UN Security Council actively engaged in the conflict through aerial bombardments, the failure to implement these resolutions points to a failure of their own military and their allies to implement, or encourage their allies to implement, these provisions. The medical data and reports collected by MSF over 2015 suggest that the vote in favour of resolution 2258 by these four members was a vote against their own military and their allies on the ground.

MSF calls on all military forces participating in the conflict in Syria to respect International Humanitarian Law:

- **MSF urgently calls for attacks on civilian targets and infrastructure to cease, so as to avoid further civilian casualties.**
- **MSF specifically calls for the protection and respect of the medical mission, and for all attacks on medical facilities, staff and emergency response teams to cease.**
- **MSF also calls for full humanitarian access to all besieged areas and unhindered movement for medical evacuations, medical supplies and medical staff.**
- **MSF specifically appeals to the four permanent members of the UN Security Council currently participating in the conflict to respect their own resolutions and assure that their own military, as well as their military allies, start to implement the resolutions for which they unanimously voted.**