ACTION FOR HUMANITY

SYRIA MEDICAL MISSION (TAAFI)

POST-MISSION REPORT

2025

MISSION OVERVIEW

In September 2025, Action for Humanity launched one of its most ambitious medical deployments to date, **“Taafi – Doctors from the World to Syria”,** sending a multidisciplinary team of UK-based and international doctors into Syria to address the country’s ongoing healthcare crisis. The campaign was launched in partnership with the Syrian Ministry of Health and Action for Humanity, with the goal of enhancing medical services and reducing surgical waitlists for complex cases.

Years of conflict have left Syria’s health infrastructure severely damaged, with only 57% of hospitals functioning and over 15.8 million people in need of medical assistance.

This mission was not only a response to urgent medical needs but also a statement of solidarity. It coincided with Syria’s first-ever participation at the United Nations General Assembly, symbolising a turning point in global recognition of the country’s humanitarian challenges. The mission aimed to deliver life-saving surgeries, provide specialist consultations, equip hospitals, and train local medical staff to ensure long-term sustainability.

Deployment Dates:
20–25 September 2025

Locations Covered:
Damascus, Homs, Hama, Latakia, Aleppo

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RIGHTS-HOLDERS HELPED

Over the course of five days, the medical team reached 1,042 patients across five cities. These individuals represented a cross-section of Syria's population, from children injured in conflict to elderly patients suffering from chronic conditions.

Age Breakdown:

- Children (0–14 years): **312**
- Adults (15–64 years): **598**
- Elderly (65+ years): **132**

Gender Breakdown:

- Female: **562**
- Male: **480**

The diversity of patients treated reflects the widespread impact of Syria's healthcare collapse. Many had not seen a doctor in years, and for some, this mission was their first opportunity to receive specialist care.

MEDICAL TEAM COMPOSITION

The mission was staffed by 42 medical professionals, including surgeons, physicians, anaesthetists, and support staff. These individuals volunteered their time and expertise, many taking leave from NHS roles to participate. Experts from United Kingdom, Kuwait, Qatar, and Syrian expatriates participated in the mission.

Specialties Covered:	
1. Orthopaedic and Joint Surgery	11. General Surgery
2. Vascular Surgery	12. Psychiatry
3. Hand and Deformity Surgery	13. Paediatric Surgery
4. Ophthalmology	14. Thoracic Surgery
5. Plastic Surgery	15. Renal Medicine
6. Dermatology	16. Anaesthesia
7. Cardiac Surgery, Catheterization, and ICDs	17. Cardiac Surgery
8. Ophthalmology	18. Chest Medicine
9. Urology	19. Family Medicine
10. Neurology	

Each specialist brought not only clinical expertise but also a deep commitment to humanitarian service. The team included senior consultants and trainers who not only performed surgeries but also delivered hands-on training and academic lectures to Syrian medical residents Their collaboration with Syrian medical staff fostered mutual learning and built trust across cultural and professional boundaries.

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KEY STATISTICS & HIGHLIGHTS

The mission achieved measurable impact across several domains:

Patients Seen: 1,042 in more than 600 medical consultations

Surgeries Performed: 120 including

+ 5 spine surgeries
+ 40 orthopaedic surgeries (including more than 10 joint replacement surgeries)
+ 10 urological surgeries
+ 15 cardiac surgeries (catheters, cardiac stents, and open-heart surgeries)
+ More than 25 eye surgeries

Complex Cases Managed: Dozens, including congenital deformities and cardiac conditions

Doctors Trained: More than 200 Syrian medical residents

Trainings Delivered to Local Staff: 6 sessions

Facilities Supported: 8 hospitals

+ Al-Mujtahid Hospital (Damascus) – Plastic Surgery
+ Homs University Hospital – Orthopaedic and General Surgery
+ Al-Waleed Hospital (Homs) – Cardiac Catheterisation
+ Hama National Hospital – General Surgery
+ Children's Hospitals in Latakia and Tartous
+ Homs national hospital – General Surgery, Urology and Spine Surgery
+ Al Bir hospital in Homs – Vascular Surgery
+ Al Hareth hospital Homs – Ophthalmology

Days on Mission: 5

These numbers reflect both the scale and intensity of the mission. From emergency trauma care to neonatal interventions, the team worked around the clock to deliver high-quality medical services in challenging environments.

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حملة تعافي


حملة تعافي
أطبـاء من العـالم إلى سوريـا
لتكتب معكم حكاية أمل جديدة!


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ADVANCED EMERGENCY ASSESSMENT & MANAGEMENT (AEAM)

HAMA (29 - 30 OCT) **HOMS (1 - 2 OCT)**

BUILDING EMERGENCY CARE CAPACITY IN SYRIA

As part of the Syria Medical Mission, Action for Humanity delivered two intensive AEAM courses to strengthen the emergency response capabilities of Syrian doctors working in high-pressure, resource-limited environments. Over 59 doctors participated, with 29 in Homs and 30 in Hama, representing specialities including anaesthetics, orthopaedics, and general surgery. Led by Dr Aymen Jundi, along with Dr Abid Nisar, Dr Tarek Hazwani, Dr Muhammad Eyad Ba'Ath, and Dr Abdullah Hanoun, the courses combined simulation-based learning with clinical insight, ensuring relevance to Syria's frontline realities.

COURSE OVERVIEW

The AEAM curriculum was structured into three focused modules:

Medical Emergencies

Cardiac arrest, arrhythmias, sepsis, and respiratory crises.Emphasis on rapid assessment, decision-making, and human factors.

Trauma Emergencies

Structured trauma surveys, airway and bleeding control, thoracic and abdominal trauma. Simulations reinforced team coordination under pressure.

Paediatric Emergencies

APLS principles covering seizures, diabetic ketoacidosis (DKA), and paediatric arrest are essential in conflict zones where child casualties are frequent.

HEST SESSIONS IN SYRIA: AFH & DAVID NOTT FOUNDATION

LIFE-SAVING TRAINING IN HOSTILE ENVIRONMENTS

In October 2025, Action for Humanity, in partnership with the David Nott Foundation (DNF), held four Hostile Environment Surgical Training courses in Homs and Aleppo, Syria, including two standard HEST sessions and two HEST-Obstetrics and Gynaecology sessions.

Between 28 September and 9 October, 93 Syrian clinicians, comprising 61 surgeons and 32 O&G specialists, completed the intensive training delivered by a team of both local and international experts. These sessions concentrated on trauma care, emergency response, and surgical techniques under limited resource conditions, skills essential for saving lives in Syria's war-affected healthcare environment.

HEST: TRAINING FOR THE FRONTLINE

Developed by the David Nott Foundation, HEST is a flagship programme that trains doctors with life-saving surgical skills for conflict and challenging environments. It has been offered in more than 18 countries, including Syria, Palestine, Yemen, and Ukraine, covering modules in trauma surgery, obstetrics and gynaecology, and anaesthesia.

The courses in Syria were based on earlier HEST training in Aleppo, where 24 surgeons had already received advanced instruction despite difficult conditions, demonstrating ongoing collaboration and resilience.

IMPACT & COLLABORATION

This initiative is a key part of AFH's Healing Syria Campaign, enabling Syrian doctors to provide sustainable healthcare in their communities. The impact is both immediate and lasting: trained doctors are now better equipped to handle emergencies, decrease preventable deaths, and share their knowledge with colleagues, amplifying the effect across the region.

Action for Humanity and the David Nott Foundation remain dedicated to expanding such partnerships, ensuring that hope and healing reach those who need it most.

DOCTOR REFLECTIONS

“This mission reminded me why I became a doctor. The resilience of the Syrian people is humbling.”

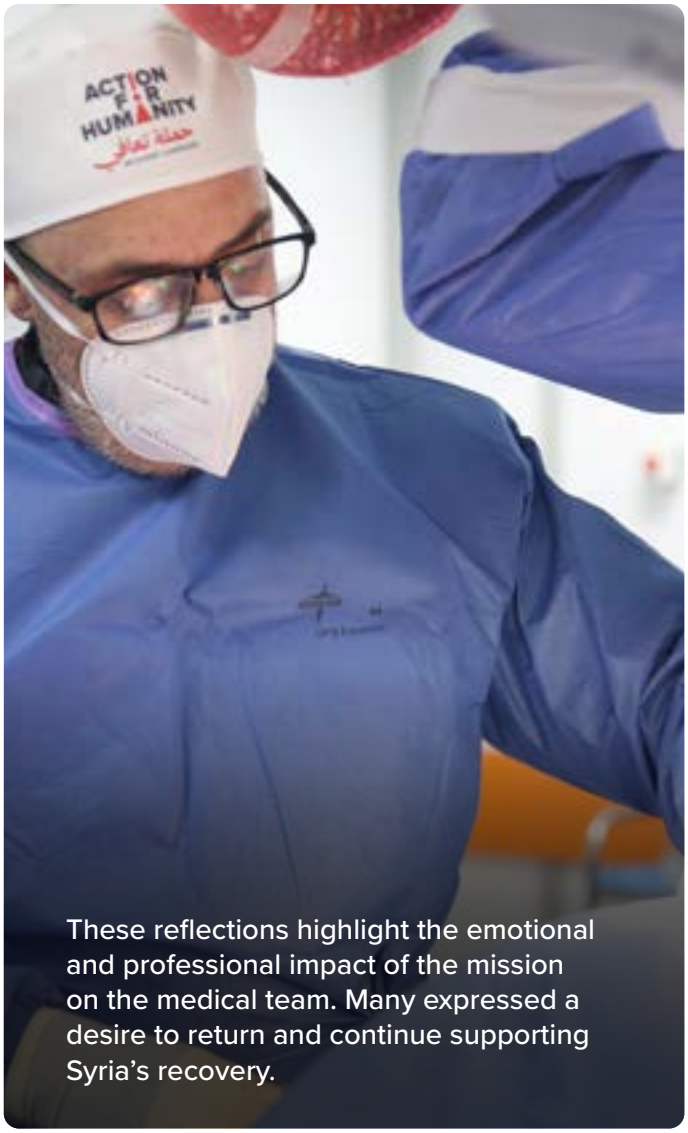
— Dr Mounir Hakimi, Orthopaedics

“Next time, we must bring more post-op care resources.”

— Dr. Ammar, Surgery

“We need to return with more mental health support. Trauma is everywhere.”

— Dr. Khalid



These reflections highlight the emotional and professional impact of the mission on the medical team. Many expressed a desire to return and continue supporting Syria’s recovery.

“The teamwork between UK and Syrian staff was inspiring. We learned from each other.”

— Dr. Omar, Anesthtics

“We saw cases we’d never encounter in the UK. It was a privilege to help.”

— Dr. Samer, Surgeon

PATIENT STORIES

Ahmed, 16, from Homs, lost his leg in a bombing incident. For years, he used a wooden crutch. During the mission, he received a custom prosthetic limb and began rehabilitation.

“I thought I’d never walk again. Now I can stand tall.”

— Ahmed

Fatima, 70, from Damascus, had been blind for years due to cataracts. After a successful lens replacement surgery, she saw her grandchildren clearly for the first time.

“You brought light back into my life.”

— Fatima

Mariam, 8, from Aleppo, was born with a congenital heart defect. Her family couldn’t afford surgery. The mission’s cardiothoracic team performed a life-saving procedure.

“She can finally run and play like other children.”

— Mariam

These stories humanise the mission’s impact and illustrate the life-changing nature of humanitarian medical care.

RECOMMENDATIONS FOR FUTURE MISSIONS

Based on feedback from the field and post-mission evaluations, the following recommendations are proposed:

+ Extend mission duration to allow for follow-up care and rehabilitation.
+ Expand mental health services, particularly for children and trauma survivors.
+ Deploy mobile clinics to reach remote and underserved areas.
+ Document patient outcomes for long-term impact assessment.
+ Strengthen partnerships with local NGOs and health ministries to ensure continuity of care.

These recommendations aim to enhance the effectiveness, reach, and sustainability of future deployments.

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DOCTORS FEEDBACK

AFH received detailed feedback from multiple participating doctors representing various specialties including pulmonary medicine, family medicine, dermatology, paediatric surgery, anaesthetics, and general surgery. Pre-Mission Coordination was generally rated as excellent. Most doctors felt that communication was clear and that mission objectives were well defined. Documentation was provided in advance, although one participant suggested more concise presentations and time for Q&A during briefings. Safety and Security were mostly deemed adequate. Doctors felt safe during the mission, and security briefings were provided.

Medical Facilities and Equipment presented significant challenges. While some clinics were well-equipped, others lacked essential instruments and hygiene standards. Responding doctors emphasized the need for better planning and funding to ensure UK-level standards of care. One surgeon highlighted the lack of laparoscopic equipment and radiological support, which hindered surgical procedures. Another noted the difficulty of maintaining infection prevention with limited resources and expired medications.

Clinical and Surgical Work varied across specialties. Some doctors conducted multiple clinics and surgeries, while others focused on consultations and teaching. Support from local staff was generally good, but access to patient records was inconsistent. Suggestions included having patients bring physical records instead of mobile snapshots and appointing radiologists to interpret imaging.

Team Collaboration was strong, with effective coordination among doctors and staff. Roles and responsibilities were mostly clear, though one participant recommended labeling non-medical team roles for better clarity. Communication tools like WhatsApp were used, but improvements such as standardized naming conventions were suggested.

Consultations and Follow-Up were partially addressed. While some post-surgical plans were discussed, remote consultation options were limited. Doctors recommended establishing platforms for patient follow-up and clearer handover procedures for ongoing care.

Rewarding Aspects included teaching local residents, reconnecting with Syrian communities, and treating patients in need. Doctors found the experience emotionally fulfilling and professionally enriching. Challenges centred on resource limitations, outdated equipment, and lack of access to training for local staff.

All participants expressed willingness to join future missions and provided constructive suggestions for improvement. Their insights highlight the mission's impact and the importance of strategic planning, resource allocation, and continuous collaboration to enhance future humanitarian efforts.

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CONCLUSION

The campaign had a transformative effect on Syria's strained healthcare system. It contributed in reduced surgical waitlists for high-cost procedures (some valued at $10,000), improved hospital reputation and academic standing (e.g., Homs University Hospital), enhanced skills of local medical staff and assisted in strengthened international collaboration in humanitarian medicine.

Taafi was a powerful demonstration of humanitarian solidarity, medical excellence, and global compassion. Action for Humanity's team of dedicated professionals delivered life-saving care to over a thousand individuals, trained local staff, and laid the groundwork for long-term recovery.

As Syria begins to re-engage with the international community, missions like this serve as a beacon of hope. Action for Humanity remains committed to rebuilding Syria's healthcare system—one patient, one doctor, one donor at a time.

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