



MILLIONS OF LIVES AT STAKE IF CROSS-BORDER AID CHANNELS CLOSE IN SYRIA

June 2021

Four million people residing in northwest Syria, more than half of whom are Internally Displaced People (IDPs), risk losing access to desperately needed humanitarian and medical aid if the UN cross-border resolution (UNSCR 2533) is not renewed by the members of the Security Council on 10 July 2021. Failure to renew this resolution would have immediate negative implications for Médecins Sans Frontières /Doctors Without Borders (MSF) and most medical and humanitarian actors operating in northwest Syria.

In this briefing paper, MSF highlights the consequences of not renewing the cross-border resolution for Syria (UNSCR 2533) as well as not re-opening two of the other original border crossing points. This is done by drawing upon the evolution of the situation and MSF operations in northern Syria, reading of the context, and needs of the patients we serve.

Background

In 2014, the United Nations Security Council (UNSC) authorized the use of four border crossings for the provision of humanitarian aid from neighboring countries into areas which are not under government control in Syria (UNSCR 2165). Two of these border crossings – Bab al-Hawa and Bab al-Salam – are located at the northwestern Syrian border with Turkey, while the remaining two border crossings – Al-Ramtha and Al-Yarubiyah – are located at the southern border with Jordan and the northeastern border with Iraq respectively. From July 2014 until early 2020, the cross-border resolution was reviewed and renewed on a yearly basis by the UNSC to maintain the flow of humanitarian aid into Syria.

In December 2019, Russia and China vetoed the renewal of the full cross-border resolution and a new less comprehensive resolution was negotiated by the UNSC in January 2020. This re-authorized the use of Bab al-Hawa and Bab al-Salam border crossings into northwestern Syria for six months while cancelling the usage of Al-Yarubiyah and Al-Ramtha. In July 2020, Russia and China again vetoed the renewal of the cross-border resolution encompassing previously agreed upon border crossings, removing Bab al-Salam from the list of approved humanitarian border crossing points. As a result, the current cross-border resolution (UNSCR 2533) only includes Bab al-Hawa as the only formal humanitarian crossing point into Syria. This resolution will be resubmitted to a vote on July 10, 2021.

I. MSF operations in Syria



Robin Meldrum/MSF

MSF is currently supporting eight hospitals in northwest Syria, including one burn unit, in addition to 12 Primary Health Care centers (PHCs) and five ambulances for referrals. MSF also supports 14 mobile clinics serving more than 80 camps for Internally Displaced People (IDP). MSF is also running Water, Sanitation and Hygiene (WASH) activities in close to ninety IDP camps across northwest Syria.

Since 2016, MSF has shipped 7008 cubic meters/1,636 tons of humanitarian aid into northwest Syria - both through humanitarian and commercial channels - amounting to more than

25.7 million EUR. More importantly, 92% of this aid has consisted of medical equipment and items essential to the support of health facilities in Idlib, Aleppo and surrounding areas where more than 2.7 million people remain displaced, as per UN figures. At least three additional shipments of life-saving medical aid are also planned for June 2021 in cooperation with the World Health Organization's (WHO) humanitarian convoy teams.

In northeast Syria, MSF is supporting two COVID-19 in-patient facilities, one comprehensive primary healthcare clinic, which includes an emergency room (ER). MSF also provides treatment for non-communicable diseases (NCDs), malnutrition and offers routine vaccination in twelve locations. The organization also supports the population of al-Hol camp with water and sanitation, nutrition care and primary level healthcare.

Since 2016, MSF has brought in 4,834 cubic meters/1,130 tons of humanitarian aid through commercial channels in northeast Syria essential to the provision of health services in the area, costing 18.6 million EUR. 99% of this aid consisted of medical equipment and items.

Most recently, MSF guided health care facilities with their COVID-19 response following an increase of COVID-19 cases in the area. Six COVID-19 isolation and treatment centers were opened in northern Syria in the past year, along with rapid diagnostics testing services provided through mobile clinics. In the absence of receiving vaccines through official channels, MSF has been fully supporting the routine immunization program in the Ain al-Arab/Kobane areas since 2015.

II. Impact of cross-border non-renewal

Since late 2020, MSF has become increasingly reliant on WHO convoys crossing into northwest Syria through the humanitarian corridor at Bab al-Hawa to bring essential medical aid into the area.

The non-renewal of the cross-border mechanism would negatively impact MSF's response:

- Purchase of medical material in Turkey and its shipment via the regular commercial crossing point at Bab al-Hawa often entails higher prices compared to purchasing the same material on the European market and shipping it through the cross-border mechanism. Some medical items such as vaccines are not always available on the Turkish market.
- It is often challenging to ensure adequate quality standards of medical material purchased in Syria, particularly for medical items and drugs that require strict cold chain procedures.
- Commercial channels through Turkey often entail restrictions linked to the export of certain drugs, medical and information technology (IT) equipment to Syria. In early 2020, some restrictions were also imposed on the export of personal protective equipment (PPE) used for COVID-19 prevention.

Inability to re-authorize Bab al-Salam and Al-Yarubiyah already disrupted the humanitarian response in northern Syria:

- The escalation of violence near the crossing point of Bab al-Hawa in March 2021 led to the loss of humanitarian and medical supplies in addition to delays in cross-border aid deliveries. As a result, MSF had to delay a shipment of medical supplies scheduled through a Turkish supplier by approximately one week and medical supplies arrived late to three of the MSF-supported hospitals in northwest Syria. These challenges demonstrate the need to have more than one humanitarian border crossing open in northwest Syria in case of hostilities.
- Moreover, the reliance on Bab al-Hawa is not ideal for getting aid into northern Aleppo. MSF supports partners operating in Afrin, Azaz and Al Bab, in locations closer to Bab al-Salam border crossing. For example, shipments coming in from Bab al-Hawa must cross through two checkpoints run by armed groups prior to reaching the Azaz area. Moreover, the condition of the road from Bab al-Hawa to Bab al-Salam is below standard and prone to accidents.
- In January 2020, the removal of the Al-Yarubiyah border crossing has only contributed further to the shrinking of the humanitarian space in northeast Syria. Al-Yarubiyah was a critical supply route for the provision of medical assistance across northeast Syria. At least 50 NGO-supported health facilities relied exclusively on this border crossing for the delivery of medical supplies.
- The Fishkhabour border crossing remains open to commercial shipments, bureaucratic and administrative export/import procedures, frequently changing approval procedures, often lead to delays and increase the risk of gaps or stock ruptures. It is a small border crossing in the form of a pontoon bridge, is not equipped for large-scale supply chains, leading to additional delays and bottlenecks.

III. No cross-line outcomes in northern Syria

Over the years, the administrative hurdles posed by the Government of Syria on the Inter-Agency convoys – and the inability of all parties to the conflict to politically agree on the implementation of cross-line convoys -- have been overwhelming and posed concrete challenges and blockages to the provision of aid in areas not under the control of the Government of Syria.

Beside the fact that no cross-line humanitarian aid convoy has ever reached northwest Syria, the cross-line approach also entails serious security risks. Today, bombing and shelling continue to affect northwest Syria -Idlib in particular- despite the latest ceasefire agreed in March 2020. Thus, securing safe passage for cross-line convoys through agreements with all parties to the conflict would be extremely complicated and lack sufficient safety guarantees for the humanitarian workers involved.

Crossline actors are also unable to access all areas in northeast Syria, including informal camps and certain localities, such as Ain al-Arab/Kobane.

Certain areas are still falling between the cracks of the cross-border/cross-line response, such as the Peace Spring area. This area has not been reached by either mechanism since the Turkish offensive in the area in 2019, while serious outbreaks of measles and diarrhea have been identified there in the past months.



MSF

IV. Risks of humanitarian funding mechanisms shifting

Most international and local humanitarian actors operating in northwest Syria rely on pooled funds channeled through UN mechanisms linked to the cross-border resolution currently in place. It is unclear how these funding mechanisms would be impacted if the cross-border resolution is not renewed.

Regardless of the potential implications, it is to be predicted that the scale and feasibility of cross-border operations would inevitably decrease without the presence of the UN to facilitate and coordinate them. There would be an unavoidable disruption of the humanitarian aid flow into northwest Syria in case of a discontinuation of the cross-border mechanism. It would take donors, implementing partners and the cluster coordination platforms time to adapt to the resulting access limitation and new processes. The disruption would further expand gaps on the ground, at a time where basic humanitarian and health needs remain worryingly high.

V. Growing humanitarian and medical needs

In northwest Syria: MSF has noticed an increase in the price of drugs for Non-Communicable Diseases (NCD) due to the devaluation of the local currency, making them even more inaccessible to patients who rely on daily medication to treat chronic illnesses such as hypertension or diabetes.

MSF teams are working hard to fill significant gaps linked to funding-cuts for Water, Sanitation and Hygiene (WASH) activities, which have already affected close to 200 camps for Internally Displaced People (IDP) in northwest Syria. A downscaling of WASH activities could lead to the spread of waterborne diseases such as cholera. It would also hamper essential prevention measures put in place to stop the spread of COVID-19.

MSF has also had to scale up its maternity services in Idlib to cover growing funding gaps linked to Sexual and Reproductive Health (SRH) services in northwest Syria. A downscaling of essential SRH and maternity services would endanger the lives of thousands of pregnant women and girls as well as their new-born children.

As for the COVID-19 vaccination campaign, health facilities in northwest Syria received 53,800 doses of COVID-19 vaccines brought in by UNICEF and WHO under the COVAX initiative in April 2021. More than 21,300 health workers and 25,000 humanitarian workers are being vaccinated throughout the months of May-June. A renewal of the cross-border mechanism in July 2021 is key for the continuation of the COVID-19 vaccination campaign throughout the year.

In northeast Syria: NGOs operating in northeast Syria via cross-border operations are no longer able to access any source of UN funding, including pooled funds such as the Syria Cross-Border Humanitarian Fund (SCHF). This led to an immediate funding gap of approximately USD 20 millions, of which USD 9.53 million in the sectors of health and nutrition. Donors largely bridged this gap by directly funding NGOs operating in northeast Syria, but funding for the entire response in the area remains insufficient.

Few health issues are adequately addressed due to the limited functionality and capacity of healthcare facilities, absence of adequately trained medical staff, and shortages of essential medicines. There are few available resources to address the high mental health and psychosocial needs.

There is a limited availability and accessibility of affordable treatment for NCDs, which is particularly concerning as people living with NCDs are at higher risk of developing severe illness from COVID-19. Critical shortages and ruptures of NCD medication have been reported in health facilities and pharmacies across the northeast. MSF is supporting the only health facility in Raqqa that is providing free-of-charge insulin.

17,500 doses of AstraZeneca vaccines arrived in northeast Syria in May 2021 and are dedicated to the vaccination of health care workers. A tripartite agreement between Kurdish authorities, Syrian authorities and the WHO has been set up to administer vaccines in different localities across northeast Syria. Restoring the humanitarian cross-border channel at the Al-Yarubiyah border crossing could help speed up the vaccination campaign in northeast Syria to reach acceptable immunization levels and prevent the spread of the virus among already-vulnerable communities.

VI. MSF's concerns and asks

If the cross-border resolution was not renewed, MSF would be forced to reconsider the cost, scale and quality of health support provided in northwest Syria and would not be able to reach the most vulnerable populations there as quickly / easily as now. For example, there would be higher logistical costs, increased costs associated with the purchase of medical material, and serious risks linked to a lesser quality of readily available medical material. Most hospitals and health facilities would lack the needed medical supplies to operate, and patients' lives would be at risk.

Simply put, in the absence of an expendable budget, MSF would have to reallocate its money to compensate for additional costs sustained by higher prices to purchase medicines and transport them into Syria. MSF would not only treat fewer people but would also be unable to offer the same quality of care. MSF would not be able to apply its usually rigorous verification process of the quality of medicines.

Failure to renew the cross-border authorization would further aggravate the ongoing humanitarian crisis in northwest Syria as there would be fewer actors present on the ground, less humanitarian funding available and larger needs to be covered by a few remaining actors.

Given the political landscape and until there are significant improvements to independent humanitarian presence in Damascus, the cross-line modality cannot replace the cross-border mechanism which remains essential to cover large-scale humanitarian and medical needs particularly in northwest Syria.

While it remains essential under the current circumstances to renew and expand the cross-border mechanism and ensure a humanitarian lifeline to the millions residing in northwest and northeast Syria, the United Nations, humanitarian actors, and donor states should consider ways to reduce dependence on this framework. For two years now, the mechanism has proven how fragile and open to political exploitation it is. While there is no obvious substitute - especially with cross-line being even more exposed - an effort must be made to diversify and expand assistance modalities and ensure that parties to the conflict cannot use aid as leverage.



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