

International failure in Northwest Syria: humanitarian health catastrophe demands action

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The 9-year conflict in Syria has resulted in one of the worst humanitarian crises of our generation, with more than 11·7 million people in need of humanitarian assistance in Syria, 11·3 million in need of health assistance, and 6·2 million internally displaced within Syria.¹ In one of the worst onslaughts of the conflict to date, Syrian Government and Russian forces have intensified their ground shelling and airstrikes in northwest Syria since early April, 2019. This area contains an estimated 3 million people of whom 1·3 are internally displaced people,² who and have already been displaced from other parts of Syria such as Aleppo and Eastern Ghouta by previous government offensives; the most severely affected area is in the southernmost part of the demilitarised zone of Idlib province. To date, 380 casualties, including 91 children, have been reported in Idlib; with 27 deaths, including 11 children, in just one day on June 10, 2019.³ These attacks echo prior campaigns by government forces to retake territory through inflicting a heavy civilian price.⁴ However, this offensive is even more catastrophic as civilians are trapped between the closed Turkish border and are unable to return to other parts of Syria with guarantees of their safety. On June 27, 2019, 11 humanitarian organisations warned of the worsening humanitarian catastrophe in Idlib, with 3 million lives in danger, including 1 million children.⁵

The current offensive has driven one of the largest single internal displacements in a short period since the Syrian conflict started. Between May 1, 2019, and June 13, 2019, more than 330 000 people were displaced, including thousands of pregnant women, infants, and children.⁶ As a result the UN reports a considerable number of unaccompanied and separated children in need of protection,⁶ while a needs assessment from World Vision estimates that 51% of displaced families include a breastfeeding woman and at least one young child.⁷ Two thirds of those displaced are now living in overcrowded informal camps, shelters, and open fields, with little or no access to health care, water, sanitation, and hygiene (WASH) or basic shelter.⁴ Primary health centres in northern Idlib are overwhelmed by the increased demand in health services from those displaced and there are gaps in service delivery, with the UN particularly highlighting a need for further mental health and psychosocial support for displaced populations.⁶ Medical humanitarian organisations, including the Syrian American Medical Society, the Union of Medical Care and Relief Organizations (UOSSM), and Hand in Hand for Aid and Development, are supporting the provision of primary health care and mobile health clinics. However, they report that secondary health-care facilities are now also severely overstretched, particularly from mass displacement of people as a result of systematic targeting via aerial bombardments and sustained fighting.

Overcrowding and unsanitary conditions in the informal camps could predispose the communities to the spread of communicable diseases, such as leishmaniasis, cholera, and typhoid. The needed humanitarian and health response, particularly to multiple waves of

mass displacement, is beyond the capacity of the humanitarian actors in the region because of: the scale of need; the slow donor response and lack of existing funds; hampered provision of humanitarian aid due to insecurity and direct targeting of health workers and ambulances; destroyed infrastructure; displacement into already densely populated regions; and limitations in cross-border access to vulnerable areas.⁶

The Syrian conflict has been marked by direct attacks on health care as a weapon of war,⁸ with 573 documented attacks on nearly 350 medical facilities, most (about 90%) by the Syrian Government and its allies since the start of the conflict in 2011.⁹ Other attacks, where the perpetrator is known, have been by non-state armed groups (including opposition forces or ISIS) and international coalition forces.⁸ These attacks are clear violations of international humanitarian law and have been used as a tactic to drive civilian displacements and regain territory.¹⁰ Since the beginning of April, 2019, the Syrian and Russian forces have increased their targeting of medical infrastructure in Idlib, with 25 health facilities damaged due to airstrikes.⁶ More than 50 health facilities now have interrupted services,¹¹ out of 406 functioning health facilities in northwest Syria, 81 of which are secondary care facilities and the remainder primary health-care facilities, mobile clinics, and smaller health points.¹² The affected facilities were providing over 175 000 services per month.¹³

The UN Security Council (UNSC) has failed to uphold its obligations to protect civilians in this region, including stopping the use of chemical weapons, barrel bombs, and ensuring humanitarian access.¹⁴ Despite a process of deconfliction (the sharing of coordinates of hospitals and schools to create a no-strike list), nine of the 25 health facilities that were targeted by airstrikes in the recent escalation were on the no-strike list. The attacks led Syrian doctors and non-governmental organisations to declare in early June that they would stop sharing co-ordinates with the UN.¹⁵ On June 25, 2019, the UN Office for the Coordination of Humanitarian Affairs' Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, briefed the security council highlighting the failure of the deconfliction mechanism to protect health facilities.¹⁶ Russia, one of the UNSC's five permanent members, continues to block or water-down UNSC resolutions and statements that address the conflict in Syria. In May, 2019, Russia blocked a UNSC statement proposed by Belgium, Kuwait, and Germany expressing concern regarding the attacks on civilians in northwest Syria and calling for humanitarian access and respect for international humanitarian law. Russia has vetoed 12 previous resolutions on Syria by the UNSC. The use of the vetoes by Russia and China during the Syrian conflict has obstructed UNSC action.¹⁴

The international community must urgently act to stop attacks on civilians and health care and address the humanitarian catastrophe in northwest Syria. We present key recommendations for immediate international action in the panel. Throughout the conflict the international community has allowed repeated grave violations of international humanitarian law to occur—from attacks on civilians, to the use of chemical weapons, to direct attacks on health care and health-care workers. The Syrian Government has noted that there is no enforceable system of international accountability. It is not only many Syrian civilians' hour of need, but also the hour for the international community to finally stand up for its proclaimed universal principles and values and for international

humanitarian law. The tolerance of violations of international humanitarian law in Syria has set a dangerous precedent, and continued gross violations against health-care workers and civilians during conflict, including in Sudan and Yemen as well as Syria, demonstrate that this is an increasingly global trend.¹⁷ We cannot stand by and be silent for, ultimately, it is the future of the people of Syria that is at stake.

Panel: Recommendations for immediate international action in response to the humanitarian catastrophe in northwest Syria

To stop further attacks on health facilities and protect civilians

- An urgent ceasefire is needed, and explicit commitment from all parties to the conflict that civilians trapped in the frontlines will be protected.
- At the UN, the violations of international humanitarian law in northwest Syria must be recognised by the UN Security Council and immediate actions taken to prevent continued direct attacks on civilians and health facilities.
- Concurrently, the USA, European Union, and Turkey must act decisively to increase the pressure on Russia to stop the assault and recommit to the Sochi terms and de-escalation.
- Sanctions on the Russian and Syrian governments, as perpetrators of these attacks, should be adopted by UN member states until cessation of attacks on health facilities and civilians.

In response to the mass displacement and public health and humanitarian crisis

- A rapid scale up of the emergency humanitarian response must be supported immediately by all UN organisations and donors to provide for the health, security, and water, sanitation, and hygiene needs of the growing numbers of forcibly displaced people.
- Intersectoral needs assessments must urgently be conducted in northwest Syria to inform the emergency humanitarian response.
- As an emergency measure Turkey should consider allowing internally displaced people to cross the border from Syria to refugee camps in Turkey to prevent further worsening of the humanitarian crisis, under, for example, temporary humanitarian protection.

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