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EU guidance impedes humanitarian action to prevent COVID-19 in Syria



At the Global Vaccine Summit on June 4, 2020, UK Prime Minister Boris Johnson called for a united front from all nations. He described the need for a NATO-style alliance to defend humanity from the common enemy of COVID-19. This type of statement has become a familiar cry of multiple Western leaders. It is also a message that is undermined by the actions of many of those same politicians.

As well as devastating lives, the COVID-19 pandemic has exposed enormous inadequacies in political leadership and highlighted the fragility of public health systems throughout the world, in terms of equipment, human resources, and preparedness. Nowhere are these weaknesses more apparent than in countries of the Middle East, where conflict has been succeeded by sanctions and other, more specific coercive measures.

The blunt bilateral instruments, which have not been approved by the UN Security Council and have been opposed by the UN Commission on Human Rights, imposed on Syria in the unsupported belief that they will hasten regime change, have seriously impeded the country's ability to cope with the pandemic. Actions such as the US Caesar Act (which went into effect on June 17, 2020, and which sanctions any country or entity worldwide that does business with the Assad government) are being applied within the context of an 89% poverty rate.^{1,2}

COVID-19 infection rates and deaths in Syria are currently believed to be low, with just over 177 cases and six deaths reported in early June, 2020.³ However, surveillance systems are poor, with unstable conditions in many regions and no standardised method for reporting infections. Justifiable concerns exist that the real figures are much higher^{3,4} and that a winter surge will occur unless the virus is contained now.

The Syrian health system, already fractured by years of conflict, is being further destroyed by sanctions.^{5,6} Although WHO and the Syrian Ministry of Health have made huge efforts to trace, track, and isolate, the balkanised nature of the country makes success difficult. Jihadi-controlled parts in the northwest of Syria encompass more than 2 million people. Kurdish and US forces control large areas of the northeast.

Camps and shelters that are difficult to reach are at enormous risk of uncontrolled spread of COVID-19.⁷

The EU's publication, with much fanfare, of guidance on humanitarian exemptions for managing COVID-19 in Syria has produced little relief.⁸ The document is 15 pages of dense, mostly legalistic detail that seems to be little more than a public relations exercise intended to show compliance to the much touted EU principles of international human rights.⁹ In addition, the guidance reveals a disingenuity by reasserting that compliance requires negotiation with all 27 EU national competent authorities. For any transaction that involves multiple countries, separate negotiations will have to be done with the relevant authorities, causing substantial and unnecessary delays.⁸⁻¹⁰ Although the EU has directed billions of euros in aid to Syria and adjacent countries, mostly towards refugees and the displaced, the combined effect of the EU countermeasures and the US Caesar Act is to produce serious isolation and enduring harm to the Syrian people and will not enable the Syrian Government to fully address the pandemic.

Widespread cooperation to ensure efficient delivery of medicines and equipment to combat COVID-19 in Syria is lacking. Selective partnerships and mandates given to non-governmental organisations and specific UN agencies by external governments exacerbate fragmentation of any effective public health strategy by excluding the Ministry of Health, which has been coordinating the pandemic response with WHO. Piece-meal approaches create a thriving shadow economy that encourages higher transaction costs.

There are three possible consequences of a failure on the part of the international community to rethink their approach to Syria. The first is that no containment will take place, resulting in a winter surge of COVID-19 in the country. The second is that desperation arising out of the triple catastrophes of conflict, COVID-19, and sanctions will propel more Syrians to make precarious journeys to European shores. Finally, the same desperation could cause many Syrians to boost the ranks of Jihadi groups in the northwest or southeast, where they are already reportedly regrouping.¹¹

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Just as a virus attacks the most vulnerable members of any given population, the COVID-19 pandemic is now attacking the global health system at its most vulnerable points—conflict zones. Politicians must follow their lofty talk about united fronts with meaningful action.

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