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COVID-19 in Syria: Policy Options

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Executive Summary

According to our in-country team's field observations and the preliminary results of the interviews we have conducted with several medical actors across the country, the country is currently facing a dangerous rapid spread of the virus with a surge in mortality rate. Despite the difficulty in obtaining official and verified information, our observations indicate a severe outbreak in Damascus and its countryside, such as Eastern Ghouta and Western Qalamoun areas.

This brief highlights challenges that contribute to this spread and concludes by suggesting short- and long-term measures and policies for national, regional and international responses.

Throughout the nine years of conflict, health and medical facilities are largely destroyed, leaving them with inadequate capacity to contain the current outbreak of COVID-19. This is particularly the case in regions that witnessed military operations and systematic targeting of hospitals and clinics. The health sector also faces a huge drop in medicines and medical equipment in addition to the lack of skilled human resources. The governance of the health sector in Syria in different areas of control shows the lack of effective monitoring systems, interference of different *de facto* actors such as security apparatus, and the absence of transparent and structured coordination mechanisms.

In all Syrian regions, most state and quasi-state institutions, to various degrees, depend on coercive measures to dominate local communities and to extract resources for narrow political and economic gains. Within this context, and in addition to the widespread of corruption and clientelism, there is a complete absence of public trust towards *de facto* authorities, and a lack of effective measures for transparency and

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social accountability, which have catastrophic implications on the spread of the pandemic in the country and on peoples' incentives to adhere to the necessary precautionary measures. The lack of trust is not only confined to local actors, but it exceeds it towards international organisations, where many health actors have expressed their concerns about the different forms of political influence over such organisations.

The deteriorating economic status in all Syrian regions is also among the main challenges for containing COVID-19. The living conditions have sharply worsened in terms of housing quality, access to heating fuel, drinking water, and to appropriate sewage system. Internal displacement and the destruction of residential areas have led to an increase in the number of average members per household. Moreover, almost all the country's *de facto* authorities are unwilling or unable to impose and sustain the necessary measures and policies to contain the spread.

While the health sector itself is not targeted by sanctions, it has been indirectly affected by some of the economic sanctions and financial measures. Foreign pharmaceutical and medical companies and many humanitarian agencies prefer not to deal with Syrian counterparts to avoid any potential risks with sanctions' senders. At the same time, international organisations and donors, which are able to obtain exemptions to function in Syria, face major challenges in accessing different areas, identifying appropriate local partners and finding the proper safe and secure methods of funding and financial transfers.

Any effective, impactful and rapid intervention aiming to assist the country in responding to the pandemic should move beyond the access-based humanitarian aid programmes, towards more comprehensive policies that account for institutional and socio-economic challenges.

The international community could provide technical and financial support to establish coordination mechanisms and early warning system at the national and sub-national levels. Coordination between the different areas of control, and within each area, is crucial for a successful health response plan.

Support for the health system in Syria should be needs-based driven rather than access-based. At the same time, providing health authorities with the needed and sufficient medical equipment and tools to contain the pandemic is better to accompany with a support for local experts to establish an effective monitoring system to ensure that medical support is used to serve people-in-need. Addressing medical needs is important but not sufficient for people to confront the spread of the pandemic. The deterioration of the socio-economic reality should be prioritised as well. This requires shifting donors' policies from being primarily directed towards providing humanitarian support, such as aid and relief, to linking this support with more contextually tailored policies that also focuses on the issues of governance and developments.

International funding mechanisms are a substantial challenge when it comes to channelling support to all regions in Syria. The emergency of the pandemic and the importance of being able to act quickly require the establishment of parallel, more flexible, funding channels to facilitate financial transactions and support, in addition to complementary funding mechanisms for the sub-national COVID-19 emergency response plans.

Moreover, the international support requires several changes in its policies towards the government-controlled areas for humanitarian purposes. This is to ensure that support reaches people in need and none of the individuals and entities on the sanctions list are going to benefit, in any way, from such support. International aid which are taken in a humanitarian spirit by the international community should also be expected to be matched with humanitarian steps from the Syrian government such as adhering to nation-wide ceasefire, releasing all political prisoners and detainees, allowing strict monitoring of aid distribution, and lifting all security measures that prevent civil society from acting efficiently.

1. Introduction

The COVID-19 pandemic is spreading throughout Syria at times when the country is still witnessing a widespread of protracted violence; deterioration of humanitarian situation; destruction of vital infrastructure; constant flux of internal displacements; acute levels of social fragmentation and political polarisation; and an unprecedented collapse of the economy.

Although the number of the officially declared COVID-19 cases is relatively low, our in-country team's field observations and key expert interviews indicate a severe outbreak of COVID-19 and a surge in the mortality rates, which are not documented or officially registered by Damascus. Most of these outbreaks are located in Damascus and its countryside, such as Eastern Ghouta, specifically Douma, and Western Qalamoun areas, such as Yabroud, Qara and al-Nabik. There are increasing news as well about an outbreak in northwest Syria, mainly Idlib and northern Aleppo.

Several factors indicate a wider and more rapid spread of the virus with unknown number of deaths.¹ These factors include low testing capacities related to the fragility of the health sector; the lack of a national response plan due to poor coordination mechanisms between the different *de facto* authorities in the country; lack of public awareness; inability to impose strict precautionary measures by state and quasi-state institutions; the absence of transparency; the politicisation of the pandemic by state and non-state actors; and the rapid economic collapse, in addition to factors related to social behaviour and norms.²

The international community and donor agencies could play a significant role in reducing the spread of COVID-19 and mitigate the negative impact for some of the aforementioned factors in all Syrian areas. However, the international-led policies vary significantly, in terms of accessibility and effectiveness, between the Syrian regions. This situation would require changes to the international intervention approach and an adaptation of donors' policies to meet the actual local needs of each area. The changes have to address political and socio-economic issues such as political conditionalities; the localisation of aid policies; support for civil society and local actors; and economic sanctions.

In this policy memo we explore potential changes needed to these policies to achieve two inter-related aims: Firstly, to support the health systems in the whole country in the most efficient way that would make it more capable of responding to the COVID-19 crisis and of responding to the other medical needs of the ordinary Syrian people. Secondly, to factor in all potential interventions within a larger peace agenda which could impose a cessation of hostilities and alleviate the humanitarian suffering in all areas.

The risk of an uncontrolled, unmonitored outbreak in conflict countries like Syria is not just a local risk. It could cause the COVID-19 outbreak to persist globally for a longer period and risk new outbreaks.

In the following sections, we summarise the major challenges facing international, national and local actors across all Syrian regions with regards to responding to the COVID-19 crisis. These challenges are categorised in six main groups which include destruction in health sector, weak healthcare governance, lack of transparency and local trust, deterioration in living conditions, economic sanctions, and decreasing in humanitarian accessibility.

1 Syria Public Health Network. Policy Report: COVID-19 situation in Syria and possible policy responses. 30 April 2020. Available from https://r4hc-mena.org/wp1/wp-content/uploads/2020/05/PolicyBrief-COVID19-Syria_29.4.2020_FINAL-1.pdf [accessed: 7 May 2020]

2 Mazen Gharibah and Zaki Mehchy, COVID-19 Pandemic: Syria's Response and Healthcare Capacity, Policy Memo, London School of Economics and Political Science, 25 March 2020. Available from <https://bit.ly/2K7lc4C> [accessed: 7 May 2020]

2. Main Challenges

The perpetual cycles of violence in Syria since 2011 has led to catastrophic consequences at economic, social, and institutional levels. These consequences impose enormous challenges for responding to COVID-19 in all Syrian regions. In this section we identify six major pandemic-related challenges and shortcomings facing the de facto authorities and civil society actors across all Syrian areas of control.

2.1 The Destruction of the Health Sector

The pandemic has further exposed the weaknesses and disastrous flaws in the health system in Syria. This weakness is translating into silent suffering of millions of people who are already exhausted by the war. Health and medical facilities are more damaged in regions that have witnessed intensified military operations and systematic targeting of hospitals and mobile clinics, mostly in the provinces of Idlib and Rural Damascus. Recent available data from WHO and Ministry of Health shows that almost 50% of public hospitals in Syria are not fully functioning.³ Despite the relatively low quality of services provided by these hospitals, the majority of people prefer them to private hospitals due to their relatively low fees.

Both private and public health facilities in all Syrian regions are not properly equipped to contain the spread of COVID-19. The total ICU beds with ventilators in Syria is estimated at 650, taking the average occupancy rate into account makes the total available beds to be around 325.⁴ The number of available beds differs largely across areas in the country, which reflects huge regional disparities. The largest capacity is found in Damascus at around 100 available ICU beds with ventilators, whereas peripheral regions such as Der az-Zour have no available ICU beds equipped with ventilators at all.⁵

The ongoing violent conflict has also significantly affected the human resources of Syria's health sector. A UN report issued on March 2020, states that up to 70% of health workers have left the country as migrants or refugees.⁶ Among those who left the country are highly qualified doctors in different medical specialties. This has negatively affected the health sector in terms of availability of a sufficient number of medical staff, quality of health services provided to patients, and capacity to obtain new techniques including those related to control and contain a pandemic like COVID-19. Additionally, the remaining staff have little or no access to professional medical training courses, often not even virtual ones, due to the following reasons: 1) inefficiency of health authorities in planning and following up on these sessions; 2) the chilling effect of sanctions which prevents international medical institutions from inviting Syrians to such training activities or sending experts to Syria and imposes immense restrictions on some of the providers of online training materials from making it accessible from inside Syria; and 3) lack of incentives and capacities among many medical staff inside Syria to attend these sessions.

2.2 Weak Health Governance Structures

In the government-controlled areas, the Ministry of Health is the *de jure* lead actor of health sector with a strong involvement of security and intelligence agencies. Yet, the managerial and medical staff is considered to be the *de facto* authority in governing their health facilities. The complete lack of any governmental monitoring system, except of the strict supervision and surveillance of the security apparatus, has led to the emergence of uncontrollable corrupt networks in the

3 World Health Organisation. 2018. Public Hospitals in the Syrian Arab Republic, HeRAMS Annual Report January – December 2018

4 Mazen Gharibah and Zaki Mehchy, COVID-19 Pandemic: Syria's Response and Healthcare Capacity, Policy Memo, London School of Economics and Political Science, 25 March 2020. Available from <https://bit.ly/2K7lc4C> [accessed: 7 May 2020]

5 Ibid.

6 United Nations Office for the Coordination of Humanitarian Affairs (OCHA).2020; Syria anniversary press release <https://bit.ly/2ZVli6R>

governance of the health sector. These networks include public health officers, traders, cronies, and security personnel. They deplete the resources available for health services to serve their own personal gains and interests.

The constant interference of the security apparatus in public hospitals has led to a state of panic amongst civilians and medical personnel. However, despite the securitisation of pandemic-related health response plans by the Syrian government, some community-based health initiatives are allowed to work in the government-controlled areas to reduce the pressure on health authority by covering a part of the increasing local health needs. This is particularly the case in the areas known as *al-Musalahat*, 'reconciliation', areas.⁷ A recent paper that examines local response to the COVID-19 crisis in these areas notes that due to the low degree of penetration of the government in some of these areas *"civilians retain a considerable degree of autonomy to mobilise community members and utilise their resources in governance-related issues without interference by the Syrian regime"*.⁸

In northeast Syria (NES), the health system is mainly governed by the Health Commission which is part of the Kurdish-led Autonomous Administration, which is also leading the response to COVID-19 in most of northeast, except some parts of the city of Qamishli which is still governed by the Damascus-based central government. Despite the relatively low numbers of confirmed COVID-19 cases in NES so far, our general evaluation of the implemented medical responses and the ad hoc procedures to deal with suspected cases, in addition to the overall deterioration of humanitarian situation, strongly indicate the local actors' inability to adequately handle or contain a possible spread of the pandemic in the region.

In northwest Syria (NWS), the health system is managed by multiple quasi-state actors, such as Idlib Health Directorate, with a leading role for Syrian non-governmental medical organisations. In comparison to other areas of control, the various local health authorities in NWS are showing an ostensibly more effective coordination with INGOs and civil society organisations to fill the gaps in providing health services. In these areas, the response plan to the pandemic is led by a COVID-19 Task Force, coordinated by the WHO-led Turkey-based Health Cluster. The Task Force has developed an emergency plan, with a budget of 35 million USD, to allocate and repurpose 3 hospitals, establish 28 community quarantine centres and 2 additional epidemiological labs in the province of Idlib. The plan has not been fully implemented yet.

The COVID-19 response in the remaining opposition-controlled areas in northern and western Aleppo, such as Azaz, Jarablus, al-Bab and Afrin, is coordinated by the Turkish Ministry of Health and the Turkish-supported local councils located in these areas, where all samples of suspected cases are sent to Ankara, instead of the epidemiology lab in Idlib.

In our assessment to the different health governance structures' responses to the pandemic, it is becoming clear that the absence of effective, transparent and structured coordination mechanisms is having a catastrophic impact on the spread and containment of COVID-19. The WHO regional office in Damascus is supposedly leading the coordination efforts between the different health actors through the WHO-led health clusters distributed in the neighbouring courtiers. However, many health actors, especially those who are operating in areas outside of the government control, have expressed their concerns about the political influence of Damascus over the WHO regional office. These concerns have led several actors to withhold sensitive information from the WHO out of fear of possible leaks to the central authorities.

7 These are the areas that witnessed different forms of local political agreements between the opposition forces and the government, such as Eastern Ghouta (eastern Damascus) and Deraa (southern Syria).

8 Abdullah Al-Jabassini, The Baath Party, Local Notables and Coronavirus Community Response Initiatives in Southern Syria. 2020. The European University Institute.

Moreover, there is no direct channels, outside of the WHO umbrella, between *de facto* authorities in NWS and NES on one hand, and the Syrian government on another. A short-lived coordination channel was briefly established between the Syria Democratic Council (SDC), the dominant political actor in NES, and Damascus. This channel, however, proved to be ineffective mainly due the lack of willingness for such coordination by the Syrian government. For instance, the *de facto* authorities in NES have accused Damascus of refusing to collect samples from the region, in addition to withholding sensitive information about confirmed cases of COVID-19 in the government-controlled quarter of the city of Qamishli.⁹

Furthermore, there seems to be little coordination between the local authorities in Turkish-controlled areas and the rest of health actors in NWS. The multiplicity of actors managing the pandemic in contiguous and open geographical areas, where there is a constant movement of civilians, will threaten the consistency of response plans, and may inadvertently weaken the capacity of local actors. Thus, creating a disparity in the ability to organise efforts and manage the crisis. Future prospects for coordination between the *de facto* authorities in the four main governance areas with regards to the pandemic seem highly unlikely.

This fragmented reality of the different health governance structures imposes additional challenges to international donor agencies. The international support is burdened with additional human and financial resources to design different intervention approaches that are tailored to address the local realities of each one of the four areas of control. Moreover, International actors find themselves in a position where they have to develop separate coordination mechanisms and communication strategies to deal with the main *de facto* authorities, particularly security and armed actors, within each authority. This hinders any potential space for flexibility and emergency response to adequately address the challenges of COVID-19.

2.3 Lack of Transparency and Public Trust

In all Syrian regions, most state and quasi-state institutions, to various degrees, depend on coercive measures to dominate local communities and to extract resources for narrow political and economic gains. This is in addition to the high levels of corruption and clientelism within all regions. As a result, governance institutions and *de facto* authorities have failed in building trust with the local communities residing in their areas. The absence of public trust and any effective measures for transparency and social accountability has catastrophic implications on the spread of the pandemic in the country. Many ordinary citizens prefer not to reveal that they have symptoms and not to seek medical help either out of fear of being harassed or interrogated by security actors or because they don't trust the *de facto* authorities in their areas and the effectiveness of the services they provide. Lack of transparency, clarity and accountability, in addition to the spread of corruption and co-optation by security and armed actors, also makes international donors more hesitant to provide direct support for the local health governance systems.

2.4 The Deterioration of Living Conditions

The continuation of the conflict in Syria has led to a sharp deterioration in economic production and a destruction of social and financial capitals. This was accompanied with an unprecedented surge in unemployment and poverty rates. The conflict has also affected the collective social behaviour of Syrians owing to the country's increased levels of polarisation and violent mobilisation, the severe decline in social cohesion and the widespread of illicit social phenomena such as drug trafficking and kidnapping.

⁹ Human Rights Watch. Syria: Aid Restrictions Hinder COVID-19 Response. April 2020. <https://www.hrw.org/news/2020/04/28/syria-aid-restrictions-hinder-COVID-19-response>.

The living conditions index in Syria has dropped by 42% between 2010 and 2019.¹⁰ This index includes ten sub-indicators among which are housing quality, access to heating fuel, drinking water, and appropriate sewage system. All these indicators are crucial for having healthy living environment. The deterioration of living conditions is different between governorates, where Idlib recorded the highest drop at 67%. Living conditions are also negatively affected by the overcrowded households. Data shows that by the end of 2019, Syria has 6.1 million IDPs¹¹, many of them moved to live with their relatives, shared accommodations or in IDP make-shift camps. This has significantly increased the average number of individuals per household.

The conflict has resulted in a reallocation of economic resources to serve the interests of cronies and *de facto* authorities at the expense of the majority of Syrians. Households' income has sharply dropped during the conflict. For instance, the average monthly salary in Syria decreased from 230 USD in 2010 to less than 25 USD by the end of June 2020.¹² At the same time, the prices of goods and services have increased around 27 times by the end of May 2020 compared to 2010.¹³ This adds a lot of financial burden on households, specifically when it comes to healthcare. For instance, a large number of people might not visit a doctor unless there is an incident with very severe health conditions. Moreover, the conflict-related economy has exhausted public financial resources and made *de facto* authorities unable to adapt to the new economic situation or to compensate the economic loss that emerges from the closure of borders and businesses due to COVID-19 related measures. This has greatly affected the *de facto* authority's abilities and willingness to impose or enforce any long-term measures.

2.5 Economic Sanctions

The Syrian government repeatedly blames the economic deterioration in the country on the sanctions imposed by the E.U and the U.S. After the COVID-19 crisis, the government continued to use sanctions as a pretext to cover its inability to respond to the pandemic. This government rhetoric has intensified after the implementation of Caesar Act in June 2020. While the health sector itself is not targeted by sanctions, it is important however to look into whether there is a negative indirect impact of some of the economic sanctions and measures on the health sector, and whether there are steps that could be taken to minimize this potential damage, without helping the corrupt regime and its cronies.

Local pharmaceutical industry, which was a successful emerging industry in Syria, has suffered heavily after 2011. In the pre-war era, the industry managed to cover 93% of the local market's needs. During the conflict, the pharmaceutical industry faced many challenges, including physical destruction, where 19 out of 70 factories went out of service; poor infrastructure, such as electricity and transportation; and sanctions-related difficulties.¹⁴

Due to imposed bans on financial transactions with Syria, drugs manufactures are facing enormous challenges to import the needed raw materials from Europe. Moreover, as a secondary effect of sanctions, all European and American companies withdrew the licenses they had granted to Syrian medical companies. As a result, Syrian companies were forced to seek out alternative sources, with lesser quality, to secure the raw materials necessary for their pharmaceutical productions. Additionally, infrastructure maintenance, and upgrading or repairing of European

10 Zaki Mehchy, Continuous Deterioration of Living Conditions in Syria (2010-2019), Chatham House, November 2019. <https://syria.chathamhouse.org/research/continuous-deterioration-of-living-conditions-in-syria-2010-19>.

11 United Nations High Commissioner for Refugees, Syria Operational Update, January 2020 <http://reporting.unhcr.org/sites/default/files/UNHCR%20Syria%27s%20Operational%20Update%20-%20January%202020.pdf>

12 Zaki Mehchy, On the Edge of Starvation: New Alarming Consumer Price Index Estimates for Syria, LSE Blog, May 2020. Available from <https://blogs.lse.ac.uk/crp/2020/05/26/on-the-edge-of-starvation-new-alarming-consumer-price-index-estimates-for-syria/>

13 Ibid.

14 Ziad Ghisn. How economic sanctions negatively affect the health sector in Syria: a case study of the pharmaceutical industry. LSE CRP blogs. May 2020. Available from <https://blogs.lse.ac.uk/crp/2020/04/16/> [accessed: 7 May 2020]

imported medical devices in Syrian hospitals became either impossible or extremely expensive. This leaves many hospitals with malfunctional and unused medical equipment.

Also, the medical companies in Syria have been forced to pay shipping companies in advance, subjecting them to huge losses when exporting companies renege on transporting such shipments to government-controlled areas; or when the deliveries of shipments are restricted to come through Lebanon. This situation adds to the financial and administrative burden on the Syrian-based importing companies.¹⁵

The situation is even worse in terms of exporting medicines to other countries. As a combined impact of conflict and sanctions, pharmaceutical exports have dropped from \$220 million in 2010 to less than \$20 million in 2019.¹⁶ This has further reduced the financial resources for pharmaceutical manufactories, and thus, their capabilities to cover the growing needs of the local market.

2.6 The Decrease in Humanitarian Accessibility

In addition to the difficulties imposed by the sanctions, international organisations and donors face major challenges in accessing different areas; identifying appropriate local partners; and finding the proper safe and secure methods of funding and financial transfers. These challenges differ across regions. For instance, in the government-controlled areas, international actors need to obtain the exemption licenses from sanctions' senders, which is a costly and lengthy process. They also have to be aware while supporting local partners not to empower and/or legitimise the regime and not to feed into its corruption and patronage networks. This is a very complicated process for three reasons. Firstly, all licensed NGOs and formal entities in the government-controlled areas are working under close monitoring of security agencies and they have no choice in escaping this reality. Secondly, public health sector is the main health provider in the country and the primary actor in providing either free health services or for a low subsidized fee. Therefore, supporting public health facilities is essential in any attempt to prepare the country to handle the epidemic. Finally, there are many active civil society health initiatives that are efficient and working on the ground but without an official license. Yet, a direct support between the international community and these initiatives, may put them at risk in the absence of both a transparent system of channelling support and regulations that could protect their autonomous space.

Another major issue in terms of humanitarian access is the continuously added limitations to the UN Security Council cross-border resolution 2504. In January 2020, the number of crossings for the cross-border humanitarian operations were reduced from four (Bab al-Hawa and Bab al-Salama in NWS; al-Ramtha in the south; and al-Yarubiyah in NES) to the two border crossings in NWS, thus excluding the entire regions of south and northeast Syria.¹⁷ Moreover, On the 10th of July, 2020, the resolution was further amended to only include Bab al-Hawa border-crossing, which is located in northern Idlib, and for the period of only six months.¹⁸ The uncertainty of the future of cross-border operations and the exclusion of millions of vulnerable population from such operations, specifically in areas outside of the government control, are posing an imminent threat to the overall humanitarian situation and the ability to effectively respond to the COVID-19 pandemic across the country.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ UN. Avoiding Midnight Deadline, Security Council Extends Authorization of Cross-Border Aid Delivery to Syria. <https://www.un.org/press/en/2020/sc14074.doc.htm> [Accessed: 7 July 2020].

¹⁸ UN Security Council Resolution 2533 (2020).

3. Conclusion and Policy Recommendations

The challenges discussed above reveal that most of the issues hindering the country's ability to effectively respond to the pandemic are strongly related to the ongoing conflict and that some of them, such as corruption and lack of trust in public authorities, predate the conflict. Therefore, any effective and impactful intervention aiming to assist the country in responding to the pandemic should be comprehensive and account for the aforementioned challenges, beyond the immediate support to the health system, such as providing the much-needed testing equipment and ventilators. The benefit from such comprehensive support policies could then extend well beyond responding to the pandemic, to have a long-term positive impact on Syria's health sector.

These policies need to address the issues of health governance, corruption, accountability and coordination mechanisms. They should also be designed in a way that provide support for the civil society initiatives and organisations, especially since that Syria's civil society is widely perceived to be less politicised than the authorities. This support could establish more space and agency to civil society actors and could deepen the social ownership towards these intervention policies.

The UN Special Envoy to Syria argues that the emergence of the pandemic should be seen as an opportunity for peace and called for a nationwide ceasefire,¹⁹ he also encouraged giving access to all areas and appealed for the waiver of sanctions "that can undermine the capacity of the country to ensure access to food, essential health supplies and COVID-19 medical support to respond to the pandemic".²⁰ The UN High Commissioner for Human Rights has also called for easing of the sanctions against countries fighting COVID-19.²¹

Others, mainly Russia and the regime, have argued that the pandemic should be an opportunity to lift all sanctions and start a new page for Damascus. While a national response to the pandemic certainly presents an opportunity and could create entry points within a very complex conflict, it should not be an excuse to have U-turn policies; rather it should be seen as an opportunity to address some of the underlying issues behind the conflict.

In what follows, we outline policy recommendations which address the aforementioned challenges. These recommendations are derived from multiple rounds of discussions with Syrian medical experts, and medical NGOs across all regions in the country.

3.1 Transparent Coordination Mechanisms

Coordination between the different areas of control and within each area is crucial for a successful health response plan. It could also have the added benefit of creating entry points for dialogue and collaboration between the different actors in these areas. Therefore, donors and international health organisations should focus on improving these mechanisms and, if needed, creating new coordination mechanisms at the national and sub-national levels.

At the sub-national levels, international community could support the establishing of COVID-19 task forces in each area of control. In NES and government-controlled, there are health-related centralised entities, albeit opaque, to coordinate efforts in confronting the pandemic. Yet, in NWS there is a need to establish a more centralised task force for the entire region; namely Idlib and Turkish-controlled northern Aleppo. These task forces should envision an active involvement of

19 Press Remarks by Geir O. Pedersen, United Nations Special Envoy for Syria, May 2020 <https://www.un.org/sg/en/content/sg/note-correspondents/2020-05-19/note-correspondents-near-verbatim-transcript-of-press-remarks-geir-o-pedersen-united-nations-special-envoy-for-syria>

20 Geir O. Pedersen, United Nations Special Envoy for Syria briefing to the Security Council, April 2020 <https://reliefweb.int/report/syrian-arab-republic/united-nations-special-envoy-syria-geir-o-pedersen-briefing-security-council>

21 UN News: Ease Sanctions against Countries Fighting COVID-19: UN Human Rights Brief <https://news.un.org/en/story/2020/03/1060092>

all relevant medical and non-medical actors, to coordinate efforts; manage resources; collect data; disseminate critical information; and conduct needs assessment and direct social responses.

Additionally, at the national level, a parallel step should focus on establishing a National Committee for COVID-19, a task force that consists of WHO regional office, independent non-politicised Syrian health experts and representatives of the sub-national Task Forces from all regions in the country. Moreover, a nation-wide Early Warning System should be established, which allows these task forces to register any confirmed cases in their areas. This system should be publicly accessible and could be monitored by WHO regional office or by the National Committee for COVID-19.

3.2 Supporting the Health Sector

In order to avoid imbalanced support and the politicisation of aid, any support for the health system in Syria should be needs-based driven rather than access-based. Access, service provision and local partnerships are more influenced by politics than the actual needs. Therefore, to effectively address this issue of politicisation, any support for health system should prioritise the following:

- Increasing the support for the rehabilitation and maintenance of the medical equipment and infrastructures in public hospitals and medical centres. Special attention needs to be given to areas where the health infrastructure was destroyed during the war such as Eastern Ghouta and Deraa.
- Supporting the implementation of sub-national health response plans in each area of control.
- Supporting the local and independent pharmaceutical factories. However, this should happen under a strict condition of not empowering cronies and warlords that may own pharmaceutical factories in all areas, and particularly in the government-controlled areas, where most of these factories are based.
- Increasing the number of online and in-country trainings for all medical staff and key workers, across all Syrian regions.
- Providing institutional support to health sector in bridging the trust gap between Syrians and the different health authorities by:
 - a providing health authorities with the needed and sufficient medical equipment and tools to contain the pandemic which, in addition to increasing the capacity to contain possible outbreaks, can have an impact in enhancing local communities' confidence in the institutional capacities of health authorities; and
 - b supporting local experts in establishing an effective monitoring system to ensure that medical support is used to serve people-in-need; this system should be accompanied with regular reports issued by health authorities to update the public, in a transparent manner. The two points are linked and the implementation of the first one should be conditional to the second.

3.3 Addressing Socioeconomic Challenges

While no immediate policy would be able to have substantial improvements on the socio-economic situation in Syria, a gradual shift in the nature of support programmes, however, could be a step in the right direction, that could have immediate and long-term positive impacts. This requires shifting donors' policies from being primarily directed towards providing humanitarian support, such as aid and relief, to linking this support with a more contextually-tailored policies that also focuses on the issues of governance and developments. This can be achieved through the focus on:

- Reviving small and medium business enterprises, specifically those which are not linked to the networks of corruption and clientelism or absorbed by the state's patronage.
- Directly supporting civil society initiatives that work in health-related issues, such as providing health services and conducting awareness campaign.

- Supporting women groups and initiatives to encounter gender-based violence and other possible socio-economic impacts of the pandemic on women. In addition to supporting the already existing women grassroots initiatives which have been producing home-made protection gears, such as facemasks, from available household items for ordinary civilians and frontline health workers. This will also contribute to supporting the livelihood of women and vulnerable groups, such as IDPs, during self-isolation and lockdowns.
- Providing innovative technological tools, such as 3D printers, to local NGOs to enable them to respond to any possible shortages of PPEs
- Investing in distance learning initiatives, which includes providing internet access to students, especially those in IDP camps; assisting local educational NGOs to develop interactive e-learning materials suitable for students, which also provide guidance and instructions for parents; purchasing licenses for interactive online platforms; and building teachers' capacity to be able to properly use the e-learning online platforms.

3.4 Altering International Funding Mechanisms

Funding mechanisms are always an issue when it comes to channelling support to all regions in Syria. The emergency of the pandemic and the importance of being able to act quickly requires new more flexible mechanisms. This could include:

- Creating parallel financial channels to facilitate transactions and financial support to health providers and actors in all Syrian areas, to overcome any possible negative impact of sanctions on health sector. This could help in solving the bank de-risking problem which often prevents such exports.
- Complementary funding mechanisms for the sub-national COVID-19 emergency response plans, separate to the WHO-led Health Cluster: In addition to the need to continue supporting the WHO-led plans, an alternative funding mechanism should be put in place to directly fund and support local health actors, especially those who are operating in areas outside of the government control. For instance, in NWS, this funding could go directly to the COVID-19 task force, or it could be channelled through one of the INGOs which are already involved in the health sector in NWS.

3.5 Comprehensive Humanitarian Solutions

All of the aforementioned recommendations require several measures and changes in support policies targeting government-controlled areas for humanitarian reasons. Such as:

- Revisiting the policies determining the forms, modes and channels of support in government-controlled areas.
- A stronger presence for international organisations to ensure fair assessment, less diversion of aid for political ends, less corruption and strong monitoring and evaluation.
- Relaxing or amending some of the sanctions that are hindering the support for the health sector and pharmaceutical industry and provide exemptions to meet that end. This could include, for example, allowing European companies to renew licenses for medical and pharmaceutical products or allowing others to export parts of medical equipment and specific medicines to Syria. It would require finding a solution to the bank de-risking problem which often prevents such exports.

All such steps should always ensure that none of the people and entities on the E.U or the U.S sanctions list are going to benefit, in any way, from these measures. Steps which are taken in a humanitarian spirit by the international community should also be expected to be matched with humanitarian steps from the Syrian government side. The commitments from the central

government side could include immediate steps such as:

- Adhering to a nation-wide ceasefire in all Syrian regions,
- Refraining from attacking health facilities and health workers in areas outside of the government control,
- Committing to pan-Syria health plan, which includes providing the needed support for the areas outside the government control and coordinating with them on critical medical issues, such as vaccinations and testing kits.
- Releasing all political prisoners and detainees and approve the establishment of an international mission to monitor the official and unofficial prisons and detention centres,
- Lifting all security measures that prevent civil society initiatives from acting efficiently,
- Allowing strict monitoring and evaluation of aid distribution to ensure that it is needs-based and not politicised by the *de facto* authorities,
- Allowing direct funding of civil society organisations that are engaged in the humanitarian response to the pandemic. The Damascus-based UN agencies and other INGOs which are still operating in government-controlled areas could be potential institutional entry points.



Find out more about the Conflict Research Programme

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