



Ensuring a Sustainable Humanitarian Access into Northwest Syria: A Vital Necessity

June 2023

Key Messages

- The earthquake exacerbated the humanitarian crisis in Northwest Syria. Among the 4.5 million population, more than 91% are estimated to be in need, with 3.3 million being food insecure. Over 64% of the total population of Northwest Syria are Internally Displaced Persons (IDPs), among which almost 46% need life-saving shelter and Non-Food Items (NFI) assistance, and 43% live in camps with very limited services.
- The 6th February 2023 earthquake shed light on the fragile and deficient humanitarian access to Northern Syria. Increased, expanded and sustainable access through all possible modalities and crossing points is more crucial than ever to safeguard humanitarian assistance, which is nowhere near addressing the scale and scope of needs.
- Humanitarian access must bear the principles of humanity, neutrality, independence and impartiality at all times, as well as be protected from politization.
- Humanitarian access into Syria must be efficient, safe, responsive and consistent. While the official cross border mechanism is an essential component of it, overall sustained access must be ensured and strengthened to guarantee an effective humanitarian response.
- Bab Al-Salama and Al-Rai should remain open for humanitarian convoys and benefit from predictable and sustainable arrangements to ensure principled access to Northwest Syria. Their extension should however not constitute an argument challenging the necessity to renew the cross-border mechanism – which remains the most cost-effective and used crossing point.
- The pending threat of non-renewal of the United Nations Security Council (UNSC) cross border mechanism impedes the continuity of aid in Northwest Syria amid swelling humanitarian and medical needs. Failure to renew the resolution will inevitably exacerbate the ongoing crisis.
- A non-renewal might restrict MSF's capacity to provide life-saving assistance to the population in Northwest Syria.
- In case of non-renewal, continuity of humanitarian aid must be guaranteed – including through sustainable funding, allowing the implementation of long-term projects in all sectors. Support to the health system and improvement of living conditions are of critical importance considering the consequences of the earthquake on the mental and physical health of the population.
- Considerations about cross-line operational modalities should be considered complementary to cross-border; and not viewed as a substitute for the mechanism. Discussions concerning cross-line modalities should revolve around the practical implementation of humanitarian action with a focus on safety, efficiency, and timeliness of humanitarian assistance rather than seen as part of the wider political considerations.
- MSF expresses its concerns over the fragile and continuously shrinking humanitarian access to Northeast Syria since the removal of Al-Yarubiyah border crossing from the resolution in 2020, and its consequence on humanitarian capacity and timely response to humanitarian needs.

- The humanitarian situation in Tal Abyad Ras Al-Ain (TARAA) area is alarming. This area still falls through the cracks of both cross-line and cross-border modalities. Guaranteeing humanitarian access into TARAA is vital to ensure aid delivery to an area suffering from dire humanitarian conditions and consequent frequent diseases outbreaks.
- The 6th February 2023 earthquake broadened the humanitarian access into Northwest Syria. For the first time since many years, the international community can directly witness the scale of humanitarian needs but also its failures towards the Syrian population. The first-hand observation of the assistance shortfalls must humble the international community and upscale the mobilization of resources. MSF emphasizes the importance to sustain the efforts deployed following the earthquake beyond the emergency phase.

Key Asks

To UN Security Council Members:

- MSF calls on the United Nations Security Council to renew cross-border aid and ensure the continuity of humanitarian assistance into Northwest Syria.
- Following the earthquake, the delayed arrival of life-saving aid highlighted the isolation of Northwest Syria and further proved the need to increase and diversify humanitarian access via all possible crossing.
- The extension of Bab Al-Salama and Al-Rai should not be used to challenge the necessity of renewing the UNSC Resolution, as Bab Al-Hawa remains the most cost-effective and widely used crossing point.
- MSF calls on the UN Security Council to not politicize a decision that will impact the humanitarian conditions of millions of people in Northwest Syria.

To Major Donors:

- The earthquake shed light on the collective failure to provide enough aid to more than 4 million people in need of humanitarian assistance in Northern Syria. As such, donors must significantly scale up and ensure sustainability of their support for Syria beyond the earthquake emergency phase. As an example, organizations should not have to choose between reallocating funding to provide duty of care to their staff or maintain the level of activities.
- In case of non-renewal of the cross-border aid mechanism, donors must maintain resource mobilization efforts and ensure efficient funding mechanisms to non-governmental organizations responding to the overwhelming humanitarian needs in Northern Syria.

To the Government of Syria:

- Bab Al-Salama and Al-Rai must remain open beyond August 2023 ,13, for commercial and humanitarian convoys, as well as offer predictability and stability by ensuring their longer-term extension. Three months is insufficient to adequately manage activities and supplies.
- MSF encourages the Government of Syria to continue engaging with humanitarian actors willing to support the population in the whole of Syria.

To the Government of Turkiye:

- The humanitarian response must be urgently scaled up in the Tal Abyad and Ras Al-Ain area to address the growing health needs of an area still falling into the cracks of both cross-border and cross-line modalities. The Government of Turkiye is encouraged to continue facilitating the humanitarian access to Tal Abyad and Ras Al-Ain areas, regardless of the renewal of the cross-border resolution. As such, a sustainable mechanism should be implemented to ensure the safe, predictable and responsive interventions of independent humanitarian organizations in Northwest Syria.

To all Parties to the Conflict:

- All parties to the conflict must respect international humanitarian law, protect civilians, and medical facilities, as well as facilitate the safe passage of humanitarian and medical aid to the most vulnerable populations in Northern Syria.

To the UN Member States:

- MSF recalls the collective responsibility of UN Member States to ensure independent humanitarian access to Northwest Syria.
- The continuity of efficient aid delivery should be guaranteed and protected from political decisions that do not reflect humanitarian concerns.



The Earthquake: The Final Blow on the Critical Humanitarian Situation

The 6th February 2023 earthquake struck Northwest Syria at a time when humanitarian needs were already at their highest level, with about 90% of its population in need of humanitarian assistance. Climate-related shocks, skyrocketing inflation, widespread food insecurity, dire living conditions of internally displaced people, insufficient water and sanitation infrastructures; all compound the impact of the protracted conflict.

Over a decade of war and a protracted economic crisis have heavily affected the health system which today suffers from insufficient medical infrastructures, staff, equipment and supplies. In 2022, only 66% of health care facilities in Northern Syria were fully functioning^[1], far from being able to meet the demands of the 3.8 million^[2] in need of health assistance in Northwest Syria. The physical damages to health facilities following the earthquake further eroded the capacity of the health system to address increased medical needs.

The consequences of the earthquake on the physical and mental health of Northern Syria population

Most of the earthquake-related trauma cases require specific medical care (from regular wound care to highly specialized reconstructive plastic surgeries). The fragmented and insufficient capacity of the health system in northern Syria to provide such specialized care is expected to lead to additional disabilities in the long run, requiring costly assistive devices or prostheses.

Over a decade of conflict, violence, and displacement have heavily impacted the wellbeing and mental health of the Syrian population. The scarcity of mental health support capacities due to major funding cuts related to donor fatigue was already leading to negative coping mechanisms by the population. Funding shortfalls materialise in small-scale and short-term mental health programs, cyclically suspended and re-opened in another area. The disruption of referral pathways between health facilities affects health seeking behaviours of patients having to adapt as support for facilities change. Since the beginning of 2023, at least four mental health programs in Idlib area were suspended due to funding cuts. While three of them received an exceptional extension until July as part of the earthquake response, one has been permanently stopped.

The earthquake constituted an additional aggravating factor for a population, already burdened by psychological trauma and distress. Anxiety, depression, behavioural problems, and Post Traumatic Stress Disorder (PTSD) – which are the most frequent cases received in MSF facilities – doubled following the earthquake. As first and sole responders, particular attention should be given to medical and humanitarian workers who relentlessly provided care and support to the population while being themselves harshly affected. The expected scale of psychosocial support needs requires increased and sustained commitment from donors.



[1] HeRAMS, fourth quarter report, Turkey Hub Health Cluster, September to December 2022.

[2] Turkiye Cross-Border Health Cluster Bulletin, April 2023.

Despite severely deteriorating needs, the funding gap of the Syria response keeps worsening. From a 48% funding gap in 2022 for the cross-border response, as of May 2023, the estimated funding gap of the revised HRP is currently estimated to be 57,96% - including 328.8 million for the health sector. While the Earthquake Flash Appeal has been fully funded, only 6.9%^[3] of the required amount for 2023 has been pledged. MSF emphasizes the vital necessity to sustain and increase donors' commitment to support the population in Northwest Syria beyond the earthquake emergency response.

Failure to scale-up humanitarian assistance in volume, coverage and timeliness will inevitably have disastrous consequences on the physical and mental health of the population.

The Isolation of Northern Syria: A Fragile Humanitarian Access

The earthquake shed light on the fragile and insufficient humanitarian access to Northern Syria. The delayed arrival of external aid increased the challenge faced by aid workers – themselves affected by the disaster - to deploy an emergency response. As the road leading from Turkiye to Bab Al-Hawa was damaged, the UN-coordinated aid did not reach Northwest Syria until 3 days after the earthquake. The population was left without shelter in negative temperatures, with disruptions to water and electricity supplies, during the most critical emergency period. While aid from different countries was already reaching government-controlled areas through airports, people of Northwest Syria had to wait for the destroyed road to be reopened to receive aid, since the shrunk cross-border mechanism in place left no option other than a single border crossing for UN humanitarian aid.

The earthquake constitutes a critical turning point. For the first time in years, a slight expansion of humanitarian access brought the opportunity for many to witness firsthand the interventions deployed – as well as the enormous gaps that the humanitarian response still fails to cover. As such, the increased access following the earthquake should be further improved and diversified via modalities ensuring impartiality, neutrality, predictability and sustainability.



Cross border aid delivery

Over the years, the cross-border mechanism – established by UNSCR 2642 – has faced detrimental declines in its coverage: the reduction of authorized crossing points (from four to one) and length of its validity reduced from one year to six months – with a potential but conditioned extension of six additional months.

As of today, Bab Al-Hawa remains the only UNSCR sanctioned crossing point for UN channelled humanitarian aid into Northwest Syria for a limited period of six months – expiring on July 10th 2023.

To maintain the scale of its medical activities and respond to the enormous medico-humanitarian needs, the sustainability of MSF supply chain is crucial. Despite the current efforts towards contingency planning, the cross-border humanitarian channel coordinated and monitored by the UN remains the most reliable and cost-efficient option for MSF.

[3] Syrian Arab Republic, Critical humanitarian funding gap – as identified for the period of May-October 2023, issued May 2023.

While MSF acknowledges the importance of encouraging local purchase, resorting to the international and Turkish markets is essential to ensure the availability and quality of medical items and equipment. MSF remains highly reliant on the World Health Organization (WHO) humanitarian convoys crossing through Bab Al-Hawa to transport essential medical aid. The humanitarian convoys allow to cross supplies in a cost-effective, safe, predictable and facilitated manner. The WHO convoys capacity is also central due to the important volume of items needed to run MSF activities. In 2023 alone, MSF shipped more than 586 cubic meters of medical supplies via WHO convoys to its supported health facilities.

Over the years, the reduction of border crossing points to only one shrank the capacity of the cross-border mechanism, but also its predictability and responsiveness. The latter is vital to ensure continuity of care when health facilities are impacted by conflict or natural disaster, and require immediate rehabilitation^[4]. Whether during the 2021 and 2022 escalation of violence or more recently following the earthquake, physical damages to Bab Al-Hawa crossing point delayed the arrival of critical medico-humanitarian supplies to Northwest Syria. Such latency period highlighted the isolation of Northwest Syria. Diversifying humanitarian access and corridors into Northern Syria is more than ever a common responsibility.

While Bab Al-Hawa border crossing was damaged, MSF had to explore alternative supply pipelines to provide life-saving medical and humanitarian Non-Food Items (NFI) to respond to the needs of its staff and the population. However, none of them has proven to be sustainable in the long run due to insufficient capacity, higher custom fees as well as dependence to volatile security considerations.

Similarly, responsiveness is conditioned to adequate contingency planning (including stock pre-positioning). As funding cycles are linked to the cross-border mechanism, the current six-months validity severely hinders the emergency preparedness of international and national actors, as well as the implementation of longer term and durable projects. To ensure preparedness, the constant threat of non-renewal forces humanitarian actors to massively pre-position supplies, leading to subsequent sleeping stock and expiring items. In times of underfunding, such waste of resources is unfortunately unacceptable.

[4] In 2021, an NGO-run hospital in Atareb was targeted - rendering the facility temporarily out of service. In Afrin, Al-Shifaa hospital was targeted in June 2021, killing two staff and injuring eleven others and rendering essential maternal and childcare wards out of service. A partner warehouse was also damaged and most of their medical supplies destroyed. MSF was able to support with donations of medical supplies, which had been sent through the humanitarian crossing point.

The 2021 and 2022 escalation of violence led to the loss of humanitarian and medical supplies in addition to delays in cross border aid deliveries at a time when humanitarian and medical needs are alarmingly high in northwest Syria. 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.



The non-renewal of the resolution would critically impact the scale, volume and timeliness of humanitarian aid. Although contingency planning is taking place to hand over UN roles and alternatives are being established, the withdrawal of the UN mechanism will unavoidably disrupt the humanitarian aid flow into Northwest Syria. In particular, the deactivation of the funding mechanism might impact the volume of funding, the proportion allocated to local NGOs and the timely disbursement of funds. Meanwhile, medico-humanitarian needs will continue soaring.

This scenario has been proven in 2020 when the removal of Al-Yarubiyah border crossing from the cross-border mechanism led to an immediate funding gap of 20 million USD – of which 9.53 million USD in the sectors of health and nutrition in North East Syria.

The lack of cross-border alternatives resulted in the higher dependence on international NGOs to ensure the continuity of routine medical activities (such as vaccination campaigns) and vital emergency responses to outbreaks and pandemics. In this regard, the restriction of health and humanitarian supplies to Northeast Syria led to a delayed response to the cholera outbreak and COVID-19.



The cross-border mechanism is crucial to ensure principled, predictable and sustainable humanitarian assistance delivery into Northern Syria.

Shortfalls of the Humanitarian Access Modalities

Bab Al-Salama and Al-Rai

The opening of Bab Al-Salama and Al-Rai has been welcomed by the international community as it increased the volume of aid delivered in the immediate aftermath of the earthquake. However, they should not be considered as a substitute to the cross-border mechanism – whether in terms of capacity^[5] or increased distance needed to reach the targeted areas. The duration of the opening does not provide the necessary level of predictability and sustainability, while the arrangements raise concerns over potential political interferences. As such, the border crossing points should benefit from the same coordination, facilitation and monitoring arrangements provided by the UNSCR.

Nonetheless, their extension should not be used to challenge the necessity of the renewal, as Bab Al-Hawa remains the most cost-effective and used crossing point.

Cross-line

As of May 2023, only five aid convoys have reached Northwest Syria. The limited and failed attempts at cross-line aid delivery into Northwest Syria can be explained by bureaucratic limitations and delays imposed by the Government of Syria (including the necessity to negotiate each convoy), disagreements between parties at stake, absence of independent monitoring mechanisms, lack of acceptance of cross-line by the population and authorities of areas not under the control of the Government of Syria as well as the high-risk and volatile security context of Northwest areas.

Even if major improvements were to be observed in crossline modalities, the conflict dynamics might still impact its practical implementation. As an example, it should be mentioned that despite the blanket approval for cross-line missions to Northwest Syria following the earthquake granted by the Government of Syria, none has yet been approved by the authorities of Northwest Syria. As such, the cross-border mechanism remains essential to deliver aid into Northwest Syria. Moreover, the crossline modality remains contingent to multi-layered national and regional political factors. The cross-line modality does not provide the necessary level of sustainability, predictability and independence to ensure humanitarian delivery matching the growing humanitarian needs. It can only complement but cannot substitute the level of access provided by the cross-border mechanism.

In Focus: the failure of crossline modalities and its consequences on Tal Abyad Ras Al-Ain.

Humanitarian needs are worryingly high in Tal Abyad Ras Al-Ain (TARAA), while the limited capacity of the health system further deteriorates the physical and mental health of its population. TARAA falls into the cracks of the cross-border mechanism while the failure of the crossline modality maintains the area isolated from the humanitarian assistance. Although the area should be accessible through crossline from Damascus, this has not happened yet. Since 2019, TARAA has been reached by only two UN crossline missions from Qamishli, both following the earthquake.

Despite growing needs and significant shortcomings in WASH and vaccination activities, humanitarian actors are unable to access and provide lifesaving support to prevent diseases outbreaks.



[5] In terms of volume capacity, Bab al Salama and Al Rai are far from competing with Bab al Hawa. From 1st to 8th May 142 ,2023 trucks crossed into North West through Bab al Hawa, while only 20 through Bab al Salama and 6 through Al Rai.

MSF Operations in Syria

Since the beginning of the Syrian conflict in 2011, MSF has been responding to growing humanitarian and medical needs in Syria and neighbouring countries. Twelve years later, these needs remain overwhelming and have been compounded by the severe consequences of the protracted conflict, the economic crisis, the COVID-19 pandemic, the various outbreaks and the recent 7.8 magnitude earthquake and its aftershocks.

Twelve years of war, violence, massive displacements, precarious living conditions, funding gaps despite growing needs of the population in northern Syria are at the root of MSF's response in the region. Besides running the only hospital providing care for burn patients and providing reconstructive surgery and physiotherapy services, MSF directly provides or supports:

- Trauma And Wound Care
- Sexual And Reproductive Health Services (SRH) Services
- Paediatrics
- Nutrition Programs
- Mental Health Services
- Vaccination Campaigns
- Non-communicable Diseases Care
- Tuberculosis Treatment
- Health Promotion And Community-based Surveillance Activities



Responding to emergencies:

MSF responds to emergencies with its medical expertise – pandemic, outbreaks or natural disasters – by swiftly scaling-up its existing interventions and shaping additional support according to the most urgent needs.

MSF Response to Pandemic and Outbreaks

MSF also responds to emergencies – pandemic, outbreaks – by swiftly scaling-up its existing interventions and shaping additional support according to the most urgent needs. MSF's medical expertise in emergencies was deployed during the COVID-19 pandemic and cholera outbreak as well as measles outbreaks– through:

- Opening Isolation and Treatment Centres
- Setting Up Triage Systems in Healthcare Facilities
- Supporting Vaccination Campaigns
- Donating Medical Equipment And Items As Needed
- Community Engagement for Containment of the Spreads
- Building and Strengthening Capacity among Health Care Workers (Partner Or MSF Staff Or other Health Actors)

Aside from the medical component, MSF supports preventive and containing activities adapted to pandemics and outbreaks in camps and health structures:

- Distribution of Non-Food Items (NFI) Kits
- Water, Sanitation and Hygiene (WASH) activities

MSF Earthquake Response - Supporting the Health System:



36

Hospitals
Supported



10

PHCs
Supported



14

Mobile Clinics
deployed



100

Camps Supported
with WASH



110,000

Relief Items distributed
(Shelter, Hygiene
and Kitchen Kits)



14,000

Wound care
patients
treated



8,000

Mental
Health
Consultations



198,000

Consultations in
mobile clinics, clinics
and hospitals

مستقلة

إنسانية

طبية