



THE NECESSARY RENEWAL OF THE UN CROSS BORDER RESOLUTION FOR SYRIA

MSF ADVOCACY POSITIONING PAPER



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TABLE OF CONTENTS

- 01** KEY MESSAGES
- 02** KEY ASKS
- 03** MSF OPERATIONS IN SYRIA
- 04** MSF MEDICAL AID'S RELIANCE ON THE CROSS-BORDER
- 05** IMPACT OF SHIFTING FUNDING MECHANISMS
- 06** LIMITATIONS OF CROSSLINE MODALITY

KEY MESSAGES

- 1.** The ever-looming threat of a non-renewal of the United Nations Security Council (UNSC) cross border resolution continues to threaten the continuity of humanitarian aid to people in northwest Syria against the backdrop of overwhelming humanitarian and medical needs and a severe economic crisis. Failure to renew the cross-border authorization or renewing it for less than 12 months will further aggravate the ongoing humanitarian crisis. People will not receive the humanitarian aid they need, impacting their physical and mental health.
- 2.** If the cross-border resolution is not renewed, Doctors Without Borders/Médecins Sans Frontières (MSF) will be forced to revise the scale, quality and cost of health support provided in northwest Syria and will no longer be able to provide the current volume of response reaching the most vulnerable population. The immediate and negative implications for MSF operations will be higher logistic costs and higher costs associated with the purchase of medical material.
- 3.** Most hospitals and health facilities will lack the medical supplies needed to operate, and patients' health and lives will be at risk.
- 4.** Humanitarian cross-border points are needed at both Bab Al-Hawa And Bab Al-Salam border crossing to scale up the flow of humanitarian aid into northwest Syria.
- 5.** A humanitarian corridor needs to be established to the area between Tal Abyad and Ras Al-Ain, which is under Turkish control. This area is currently falling through the cracks of the cross-line/cross-border response with growing humanitarian and health needs, including worrying outbreaks of diseases such as measles, cholera, diarrhea and leishmaniasis.
- 6.** Emergency Response capacity in northwest Syria is being jeopardized if cross-border channels are closed. The response that has been provided in recent cholera outbreak and during the Covid-19 pandemic would be heavily impacted if not for the cross-border aid considering probable setbacks in the flow of medical supplies into the area.
- 7.** The removal of Al-Yarubiyah border crossing from the cross-border resolution in 2020 reflects the continuously shrinking humanitarian space in northeast Syria for humanitarian actors to work in a safe and principled manner. It is essential to support both the cross-border and cross-line modalities to help ensure continued and increased provision of humanitarian assistance to vulnerable populations in the northeast.
- 8.** The cross-line modality has faced substantial limitations throughout the conflict. Cross-line operations, as they stand today, cannot replace the cross-border mechanism.
- 9.** Discussions surrounding cross-line and cross-border mechanisms have been largely political rather than focusing on the reality of humanitarian needs on the ground. Humanitarian aid should reach Syrians through the safest, fastest and most cost-effective channels whenever possible.
- 10.** Until the cross-line modality is significantly improved and increased – and independent humanitarian presence in Damascus is facilitated – the cross-border modality will be needed for humanitarian actors to continue covering growing needs in Syria, in 2023 and beyond.
- 11.** While the continuity and efficiency of cross-border mechanism should be assured and the cross-line modality is yet to be improved, the member states should propose a long term and a more sustainable solution that would not be subject to political decisions. The population's access to humanitarian aid must be guaranteed wherever it is needed.

KEY ASKS

To UN Security Council members:

- A renewal of the UNSC cross-border resolution for another year in January 2023 is critical for Bab Al-Hawa border crossing to remain accessible to humanitarian convoys and allow crucial humanitarian and medical aid to reach the close to 4.1 million people in need in northwest Syria.
- MSF expresses its concerns that Bab Al-Salam and Al-Yarubiyah crossing points are not even discussed in view of their re-opening to facilitate and ensure a timely delivery of medical, logistics supplies and funds to humanitarian actors' operations in the North of the country.

To Major Donors:

- Donors must scale up and remain consistent in their support for Syria as humanitarian and medical needs remain staggeringly high, while financial support for the Syrian crisis has been dwindling. Donors must make pledges from the Brussels conference a timely reality.
- Donors must maintain funding efforts and ensure efficient funding mechanisms to humanitarian non-governmental organizations operating in northwest Syria in case of non-renewal of the cross-border resolution.

To the Government of Syria:

- Key improvements must be made to the cross-line modality so that humanitarian actors can cover more needs across Syria.
- Syria's counter terrorism law impacting NGOs that are delivering assistance in areas not under government control must also be repealed to ensure a principled needs-based humanitarian assistance.
- The Government of Syria is asked to open a direct dialogue and engage with humanitarian actors who are willing to support the population in the whole of Syria.

To the Government of Russia:

- As a permanent member of the UN Security Council, Russia must not oppose the extension for at least twelve months of the UNSC cross-border resolution.
- Russia should envisage the reinstating of Bab Al-Salam and Al-Yarubiyah border crossings, as cross border remains the only viable humanitarian channel to cover growing needs in northern Syria.

To the Government of Turkey:

- The humanitarian response must urgently be scaled up in the Tal Abyad and Ras Al-Ain area and independent humanitarian presence facilitated there to address growing health needs while also preventing deadly disease outbreaks.

To all Parties to the Conflict:

- All parties to the conflict must respect international humanitarian law, protect civilians' medical facilities and warehouses, in addition to facilitating the safe passage of humanitarian convoys to ensure that humanitarian and medical aid can reach the most vulnerable populations in northern Syria.

To the members of the UN:

- The continuity of efficient aid delivery should be guaranteed and should be kept safe from political decisions that don't reflect humanitarian concerns.

INTRODUCTION

MSF calls on the United Nations Security Council for the twelve months renewal of the cross-border resolution (UNSCR 2642) expiring on January 10, 2023, for the provision of humanitarian aid into northwest Syria. Over 4.4 million people residing in this area, more than half of whom are Internally Displaced People (IDPs), risk losing access to desperately needed humanitarian and medical aid if the resolution is not renewed.

In 2014, the UNSC, through the resolution 2165, acknowledged the acute need of ensuring cross-border humanitarian aid into Syria by authorizing UN agencies and humanitarian partners to provide essential humanitarian aid through four border-crossing points.

Two crossing points were located on the Syria-Turkey border, Bab Al-Salam and Bab Al-Hawa, one was located on the Syria-Iraq border, Al-Yarubiyah and one on the Syria-Jordan border, Al-Ramtha.

In 2020, the approved crossing points were reduced to two in January and later, in July the use of Bab-Al Hawa as single crossing point was approved for a period of twelve months. After reducing the number of crossing points, another decline came in July 2021, when the use of Bab-Al Hawa crossing point was approved for a period of six months, with an extension of an additional six months subject to Secretary General's substantive report. Finally in July 2022, the border-crossing resolution was extended for only six months with the additional extension of six months that is subject to voting. Today, Bab-Al-Hawa remains the single border crossing point for humanitarian aid into Syria for a limited period of six months that has started in July 2022 and will end in January 2023 when the renewal of the resolution will be voted.

This briefing draws attention to the growing humanitarian needs in northwest Syria and calls for the renewal of the United Nations cross-border resolution for Syria (UNSCR 2642). It is structured as follows: An overview of MSF's volume of operations in northern Syria justifying the will of MSF to ensure continuity of care (I), an exposé on how MSF became increasingly reliant on the humanitarian corridor of Bab Al-Hawa to transport vital medical aid to northern Syria (II), an argument on how the scenario of non-renewal of the cross-border resolution would impact funding mechanisms of an already scarce humanitarian situation (III) and finally the observed limitations of the crossline modality to replace the cross-border aid channels (IV).

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 neighboring countries. Eleven years later, these needs are overwhelming and have been compounded by the severe economic crisis and the COVID-19 pandemic, and the recent cholera outbreak.

Violence, displacement, funding gaps and growing needs of the population in northern Syria root MSF's response in the region. MSF directly provides or supports trauma and wound care, maternal health services, pediatrics, nutrition programs and mental health services. MSF runs or supports vaccination campaigns, non-communicable diseases care, tuberculosis treatment as well as health promotion and community-based surveillance activities.

MSF also responds to emergencies and outbreaks as they occur. As emergency response to the cholera outbreak that was declared in north Syria in September 2022, MSF runs four Cholera Treatment Centers (CTC) and five Oral Rehydration Points (ORP) in collaboration with local partners in northwest and northeast Syria. 426 patients are treated in CTCs and 616 patients in ORPs as of December 5th, 2022.

MSF currently supports five hospitals in northwest Syria including one burn unit, in addition to fifteen Primary Health Care centers (PHCs). Furthermore, MSF supports five medical points, two non-communicable disease centers and eleven mobile clinics serving in more than 185 IDP camps. MSF also runs Water, Sanitation and Hygiene (WASH) activities in more than 112 IDP camps across the northwest along with epidemiological community-based surveillance in around 40 camps in Idlib and Afrin. In 2022, MSF distributed 7978 winter kits in 69 IDP camps and 34.451 hygiene kits in more than 118 IDP camps in northwest Syria.

As an example of MSF responses with a big impact on the population, it would be worth mentioning two projects in the northwest. One project that is covering north Aleppo Province—specifically three districts: Afrin, Azaz and Al-Bab—aims ensuring access to quality healthcare to 1.473.771 people, with 221.612 direct beneficiaries. Another MSF project that covers Idlib, Jebel Saman and Harim districts aim at supporting 3.163.813 people with 361.193 direct beneficiaries.

In northeast Syria, MSF is providing vaccination support across twelve locations until the end of 2022. MSF runs a primary healthcare clinic, a non-communicable diseases program, mental health and sexual reproductive health services including caring for sexual and gender-based violence survivors, mobile wound care for those unable to reach clinics, a nutrition program, and a large-scale reverse osmosis plant to provide safe drinking water in Al-Hol.

MSF also runs two non-communicable diseases clinics and supports a hospital with inpatient nutritional support, as well as an outpatient department (OPD) which includes an emergency room, outpatient nutrition support and a non-communicable diseases program. MSF has provided primary healthcare and tuberculosis care inside a detention center in another project. Due to the lack of institutional monitoring and response mechanisms, MSF responds to outbreaks and emergencies such as non-food items distributions for new displacements and mass casualty plans in preparation of violence outbreaks

Responding to pandemic and outbreaks

MSF contributed to the Emergency Response to cholera outbreak that was declared in north Syria on September 10th, 2022. Four CTCs and five ORPs have become operational since the beginning of November. MSF community health worker teams are actively working within the population for containment of the spread, actively finding potential new cases, referrals and spreading preventives messages to the affected households and their neighboring families. Capacity-building training courses for 350 health care workers (partner and MSF staff) and a workshop on Cholera intervention focusing on ToT for managers/focal points from MSF and partners were carried out.

As preventive measures against cholera, in addition to distribution of 3271 soap kits in 28 camps and 16.458 hygiene kits in 37 IDP camps and one CTC, MSF is organizing distribution of more than 3.600 hygiene and disinfection kits in camps from where suspected cases are coming. MSF finalized rehabilitation of latrines in 11 IDP camps, carried out sewage network rehabilitation activities and, increased the number of camps to 10 where it provides regular water trucking and waste collection services. More than 80 1m³ water tanks have been distributed to increase the quantity and quality of water per person. Within the CTC, the existing latrines were rehabilitated, and showers were installed to maintain WASH and IPC standards.

Another Emergency Response was provided to the COVID-19 pandemic. MSF opened five COVID-19 isolation and treatment centers in northern Syria, donated personal protective equipment (PPE) and set-up triage systems in supported hospitals. National laboratories facing imminent material shortages were supported with donations of critical aid and equipment valued to more than 70.000€ was donated in Azaz to support the Ministry of Health's COVID-19 response. In IDP camps, MSF provided rapid diagnostics testing services and distributed Covid hygiene kits. In February 2022, a vaccination campaign was launched to support the efforts of the Syrian Immunization Group in Idlib and successfully finalized with over 9000 people vaccinated.

The afore-listed activities directly implemented or supported by MSF in northern Syria were possible through cross-border aid mechanism that ensures the availability of vital medical aid in the country.

MSF MEDICAL AID'S RELIANCE ON THE CROSS-BORDER MECHANISM

CROSS-BORDER DYNAMICS IN NORTHERN SYRIA

In Northwest Syria, since late 2020, MSF has become increasingly reliant on the World Health Organization (WHO) convoys crossing thereinto through the humanitarian crossing point at Bab Al-Hawa to transport essential medical aid into the area, especially after being unable to maintain a stable presence in Turkey.

Since 2016, MSF has shipped **8513 cubic meters of humanitarian aid into northwest Syria** – both through humanitarian and commercial channels – amounting to more than **31.24 million euros**. **91% of this aid has consisted of medical equipment and items** essential to the support of health facilities in Idlib, Aleppo and surrounding areas where 2.87 million people remain displaced, and 4.1 million people are in need per UN figures.

Amongst options presented as alternatives to the use of Bab Al-Hawa humanitarian crossing point, the following options were explored by MSF throughout the past years but with limited success.

a. The challenges in purchasing medico-humanitarian supplies from Turkey and in the use of commercial channels

As such, since October 2021, MSF has not been able to use commercial channels from Turkey. Prior to this date, MSF purchased items in Turkey and shipped them via the regular commercial crossing point at Bab Al-Hawa. Medical items such as vaccines and tuberculosis medications or psychotropic medications are not always available or subject to challenging custom restrictions. In addition, prices on the Turkish market are much more volatile than those on the European market, where MSF usually purchases its supplies, impacting considerably the resources dedicated and allocated to respond to identified medical needs in Syria.

MSF and other humanitarian actors faced restrictions to import certain drugs, medical and information and technology (IT) equipment into Syria. In early 2020, some restrictions were also imposed on PPE, which were prioritized for the COVID-19 response inside Turkey at the time.

These challenges highlight the need for the continuation of a viable humanitarian corridor coordinated and monitored by an international agency such as the UN – as opposed to any state party to the conflict.

b. The inability to ensure availability and quality of medical items when purchasing inside Syria

While purchases in Syria are important to encourage the development of the local market, it is often challenging to ensure adequate quality standards, particularly for medical items and drugs. Some medicine is simply not available in Syria. There are frequent stock-outs and quality control remains very difficult, particularly for pharmaceuticals that require controlled temperature storages.

c. The volatility of the security context negatively impacts the only humanitarian crossing point: Bab Al-Hawa

Sporadic clashes near Bab Al-Hawa border crossing and renewed attacks on health facilities have also impacted cross-border aid in recent years. As it was the case in 2021, in September and November of 2022 airstrikes continued to hit the vicinity of Bab-Al-Hawa crossing, with IDP camps and a hospital present in the area.

The key issue here relates to responsiveness to emergencies when health facilities are impacted by conflict and rehabilitation of health facilities require an immediate response. For instance, missiles also hit an NGO-run hospital in the city of Atareb in the western countryside of Aleppo where 7 patients were killed and 14 people were injured, 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 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 aforementioned challenges demonstrate the need to have more than one humanitarian border crossing open in northwest Syria.

d. Exploring alternatives to the use of the Bab Al-Hawa humanitarian crossing point is certainly needed: the impact of the closed humanitarian crossing points

Reintegration of Bab-Al Salam as the second crossing point in the UNSC resolution is strongly needed considering that the use of Bab Al-Hawa crossing is not always possible. In northwest Syria, MSF operates in Afrin and Azaz, in locations closer to Bab Al-Salam border crossing. At the time of writing the present document, shipments coming in from Bab Al-Hawa must cross through two checkpoints run by armed groups prior to reaching the Azaz area.

Additionally, the condition of the road from Bab Al-Hawa to Bab Al-Salam is below standard, and accidents occur on a regular basis. In a further example, the movements from Atimah had to be stopped during HTS operations in Afrin in October 2022, making border crossings through Bab-Al Hawa impossible. With active conflict on-going in the area, the only crossing point Bab-Al Hawa continues to bear the risk of becoming inaccessible any time.

Some local NGOs registered in Turkey – particularly those that are not fully reliant on UN funding or convoys – still have the option to use Bab Al-Salam border crossing for smaller-scale humanitarian aid shipments. As such, the restoration of the UN humanitarian corridor through Bab Al-Salam could further facilitate the resumption of a larger aid response particularly into the Turkish-controlled area known as “Euphrates Shield”.

In Northeast Syria, the removal of Al-Yarubiyah crossing from the UNSC resolution authorizing cross-border humanitarian assistance into Syria in December 2019 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 the Northeast including to the health authorities under the Autonomous Administration of Northeast Syria. At least 50 NGO-supported health facilities relied exclusively on this border crossing for the delivery of medical supplies.

Currently, MSF procurements, except for medical supplies, are undertaken internationally or locally in the Kurdistan Regional Government (KRG) area in Iraq, and then brought into northeast Syria through the FishKhabur crossing. While the FishKhabur border crossing remains open to commercial shipments, bureaucratic and administrative export/import procedures, as well as frequently changing approval procedures, often lead to delays and increase the risk of gaps or stock ruptures.

Regarding the procurement of medical supplies, MSF and other NGOs strongly depend on the already limited capacities of the Department of Health and of WHO in northeast Syria. UN agencies have shared with MSF their current limitations, that can be illustrated by a shipment scheduled to arrive in May 2021, arriving only at the end of the same year.

The UN previously had the capacity to import large quantities of humanitarian aid into the Northeast through Al-Yarubiyah, in addition to facilitating systematic approvals from the relevant authorities. International and local humanitarian actors operating in the Northeast generally lack the ability to do the same and continue to face challenges linked to aid shipments.

In addition, FishKhabur, 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. When the bridge flooded back in April 2020 and was out of use for a few days, MSF had to bring in almost 50 tons of cargo by boat that could only carry 500 kg at a time, requiring numerous trips back and forth adding to shipment delays. Therefore, a restoration of the humanitarian corridor via Al-Yarubiyah border crossing is essential to respond to growing humanitarian needs in the Northeast.

IMPACT OF SHIFTING OF HUMANITARIAN FUNDING MECHANISMS LINKED TO CROSS-BORDER RESOLUTION

Eleven years of conflict, the COVID-19 pandemic, the recent cholera outbreak, the worsening economic crisis, sanctions, and the ripple effects of the war in Ukraine on the price of food and fuel, have further worsened the living conditions of the population in Syria. According to the UN, 14.6 million people in Syria need humanitarian aid, representing an increase of 1.2 million from 2021. Food basket prices are skyrocketing, registering the highest ever recorded average price since monitoring started in 2013. 90% of the population remains under the poverty line. At the annual Brussels conference for Syria in May 2022, 4.3bn USD were pledged for Syria for 2022 out of the 10.5bn sought by the UN. Whilst the pledges were superior to those in 2021, they still fall short of the anticipated needs.

a. In Northwest Syria, humanitarian and medical needs are growing

Failure to renew the cross-border authorization would further aggravate the already precarious humanitarian situation in northwest Syria. The area is home to 4.4 million people, including 4.1 million in need of humanitarian aid. 3.1 million are food insecure and 2.87 million are internally displaced with 1.84 million thereof living in camps and informal sites. After eleven years of war, the needs are overwhelming and rising against the backdrop of a severe economic crisis and inflation of basic goods.

MSF has noticed an increase in non-communicable diseases (NCD) drug prices due to the devaluation of the local currency, making them less accessible to patients who rely on daily medication to treat chronic illnesses such as hypertension or diabetes. This has led to negative coping mechanisms such as patients taking daily drugs only every other day.

MSF teams are also currently working to fill significant gaps linked to funding-cuts for WASH activities which have affected close to 200 IDP camps in the northwest. The overall accessibility to water and sanitation facilities remains a significant issue in the area as 4.2 million people are affected as of November 2022. In 2021, a decrease in funding led many organizations to stop water trucking activities in several camps. This coincided with an increase in waterborne diseases. In the spring of 2021, as gaps in funding became more evident, MSF decided to scale up its WASH activities and doubled the number of camps covered in Idlib governorate as well as in Afrin, Azaz and Al-Sharan. MSF is currently running water and sanitation services in over 112 IDP camps in northwest Syria. Downscaling these activities could lead to the spread of waterborne diseases such as cholera, scabies, hepatitis, leishmaniasis or diarrhea. It would also hamper essential prevention measures put in place to stop the recent outbreak of cholera as well as the spread of COVID-19.

Sexual and reproductive health (SRH) services are essential to the health and lives of thousands of pregnant women and girls as well as their new-born children. MSF has also had to scale up its support to maternity services including capacity increases in Primary Health Centers.

A cholera outbreak was declared in North Syria on September 10, 2022. The possible sources of infection were identified as the consumption of unsafe water from the Euphrates River and using contaminated water to irrigate crops by health authorities and partners.[1] The outbreak was further exacerbated by the acute water shortage and weak water and sanitation infrastructure severely affected by years of armed conflict and the decreasing humanitarian funding. According to WHO, over 52,013 suspected cholera cases and 98 deaths were reported across Syria in three months period between August 25th–November 26th. As of 04 December 2022, 26,325 cases of acute watery diarrhea in northeast Syria and 19,649 in the northwest have been reported with confirmation rates of 54% and 28% respectively. In northwest, out of the 16,389 suspected cases with known residence, 23% live in IDP camps while 58% of cases are children under five and 48% are women[2]. A total of 12 suspected cholera deaths have been reported, of which 2 were confirmed cases and 5 were in IDP camps. 50% of them were children under fifteen. As of December 5th, MSF provided care for 426 people in 4 CTC and 616 people in 5 ORPs in the northwest.

As for the COVID-19, only 14.11% of the total population in the northwest is vaccinated with only 11.79% are fully vaccinated as of beginning of December 2022, A renewal of the cross-border resolution is key for the continuation of the COVID-19 vaccination.

[1] United Nations Resident and Humanitarian Coordinator in Syria, Imran Riza, statement on the outbreak of cholera in Syria, 12 September 2022 [EN/AR] – Syrian Arab Republic | Relief Web

[2] Over cases with known age and sex only

b. In northwest Syria, the scenario of non-renewal of the cross-border resolution would impact funding mechanisms of an already alarming humanitarian situation

Most international and local humanitarian actors operating in the northwest of 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 will be impacted if the cross-border resolution is not renewed.

Regardless, the scale and feasibility of cross-border operations would inevitably decrease without the presence of the UN humanitarian corridor to facilitate and coordinate them, particularly at the logistical and coordination levels. There will be an unavoidable substantial disruption of the humanitarian aid flow into northwest Syria in case of a discontinuation of the cross-border mechanism. It will take donors, implementing partners and cluster coordination platforms time to adapt to the resulting access limitation and new processes. This will ultimately lead to growing gaps on the ground, at a time when basic humanitarian and health needs remain worryingly high.

c. The undeniable impact on funding mechanisms and humanitarian assistance of the removal of Al-Yarubiyah border crossing from UNSC cross-border resolution: lessons learned from northeast Syria

As of 2020, cross-border NGOs operating in northeast Syria 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 20 million USD, of which USD 9.53 million in the sectors of health and nutrition. Donors largely bridged this gap by directly funding NGOs operating in the Northeast, but funding for the entire response in northeast Syria remains insufficient, and there is little interest to provide longer-term funding beyond emergency needs.

Meanwhile, the UN has attempted to delegate its cross-border logistics coordination role to NGOs operating in the Northeast, but most have refused to take the lead as they do not have the capacity to take on the huge logistical and bureaucratic tasks that are usually managed by UN agencies.

d. In northeast Syria, humanitarian and medical needs continue to grow along with funding gaps

The availability and accessibility of healthcare is insufficient and does not meet the needs of the population in the Northeast. 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 high mental health and psychosocial needs. Cross-line actors are unable to access all areas in the Northeast, including informal camps and certain localities, such as Ain Al-Arab/Kobane which is therefore excluded from the national immunization program.

With the local health authorities in Kobane unable to receive vaccines through official channels, MSF has been fully supporting the routine immunization program in this area since 2015. In its attempt to hand-over this support to actors from both sides of the frontline, MSF could experience first-hand the difficulties related to crossline programming and collaboration between the different health authorities.

Additionally, restoring the humanitarian cross-border channel at the Al-Yarubiyah border crossing could help speed up the vaccination campaigns, including the COVID-19 vaccination campaign, in the Northeast to reach acceptable immunization levels and prevent the spread of the virus among already-vulnerable communities.

There is a limited availability and accessibility of affordable treatment for NCDs, which is particularly concerning seeing as people living with NCDs are at higher risk of developing severe forms of COVID-19 and other infectious diseases such as tuberculosis. Critical shortages and ruptures of NCD medication have been reported in health facilities and pharmacies across the Northeast.

Moreover, MSF has observed a reduction of funding for key prevention activities to various organizations. Decreased funding has enhanced stress over UN agencies to cover all health needs. In Al-Raqqah, the only maternity hospital within the district providing free health services, is constantly at risk of losing funding. Most actors must prioritize some services over others, often to the detriment of vulnerable populations.

LIMITATIONS OF CROSSLINE MODALITY AS AN ALTERNATIVE TO THE HUMANITARIAN CROSS-BORDER MECHANISM

Cross-line delivery of medical items by road is subject to many restrictions imposed by the Syrian government. The government may be slow to respond to approval requests, and movements may still be delayed or cancelled for various reasons, even when all the paperwork is in order. Trucks may face bureaucratic impediments as they exit government-controlled areas, as well as impediments within the northeastern region. In addition, limited space for independent humanitarian and health response continues to impact day-to-day activities.

a. Limited and failed attempts for cross-line delivery channels in northwest Syria cannot substitute the humanitarian cross-border mechanism

Despite seeking registration with the Syrian government in Damascus for years, MSF is still waiting for the authorization to work in these areas. Humanitarian aid organizations' presence in Damascus and in government-controlled areas remains very restricted.

As of December 2022, only nine cross-line humanitarian aid convoys have reached northwest Syria since the introduction of cross-line, four of which have passed after the UNSC resolution of July 2022. As such, the total number of trucks of cross-line humanitarian aid barely amounted to 135. In comparison, in 2021 only, the United Nations sent some 800 trucks each month from cross-border, reaching 2.4 million people. In 2022, UN had 6293 trucks from cross-border as of December 1st. Subsequently, current cross-line operations can under no circumstances substitute cross-border operations.

The latter statement on limitations of cross-line can be explained by many factors including, but not limited to:

- (1) approval delays and limitations imposed by the government of Syria
- (2) lasting disagreements between warring parties on the ground
- (3) absence of independent monitoring mechanisms
- (4) lack of acceptance of cross-line actors and activities by local populations in areas that are not under government control
- (5) obvious security risks due to regular shelling and bombing in the northwest areas.

Although brought as an alternative to cross-border mechanism that is used as a tool for political negotiations, crossline is even more contingent to too many political factors to be counted on. The lack of humanitarian approach by actors put both modalities at the mercy of political decisions. The important difference is that cross border is negotiated once every six months, allowing for a minimum of planning, while cross line has to be negotiated for each and every convoy, without much visibility.

Cross-line is contingent to too many political factors to be fully relied on. The lack of humanitarian approach by most actors to the conflict make the cross-border modality necessary.

b. Challenging cross-line aid delivery attempts in northeast Syria have jeopardized continuity of humanitarian response

In the northeast Syria, the establishment of a consistent and long-term supply pipeline for regular vaccination, tuberculosis programming support and COVID-19 vaccination and response have been challenging. The Kurdish health authorities have limited resources to purchase tests and the WHO has struggled to bring in testing supplies to the area.

Challenges of coordination and inexistence of cross-border alternative have resulted in augmentation of operational volume of international NGOs such as MSF to ensure continuity of vital of vital emergency responses such as responses to outbreaks and pandemic.

c. Tal Abyad and Ras Al-Ain area (TARAA) are isolated due to failed cross-line modalities and limited cross-border assistance

TARAA continue to be isolated due to the failure of the cross-line modality and the limitations imposed on cross-border assistance. These areas, which have been under Turkish control since 2019, cannot be accessed through the UN cross-border resolution. Humanitarian needs remain worryingly high for the estimated more than 300.000 residents and IDPs in the area.

Local actors operating in the area have expressed concerns over growing gaps in the humanitarian response, including significant shortcomings linked to WASH and vaccination activities, which are essential to the prevention of disease outbreaks. A cholera outbreak was declared in September 2022 as suspected cholera cases/acute watery diarrhea cases have been reported from all 14 governorates.

In May 2020, the area witnessed a worrying increase in measles cases among children. Up to 120 cases were reported per each 1 million people. One measles case is considered an outbreak in such a vulnerable and under-resourced setting. Local actors also reported that 57% of children under the age of 5 have not yet received their first vaccines, while an Extended Programme for Immunization (EPI) strategy for the area has yet to be put in place. Serious diarrhea cases linked to bacteria infested waters were also noticed among children with one hospital in Ras al-Ain receiving 10 cases on average per day during the last two weeks of May.

In 2020, Turkey had suggested the inclusion of the Tal Abyad border crossing under the cross-border resolution. This suggestion was refused by China, Russia and Syria. The UN continues to insist that the area should be accessed through cross-line assistance from Damascus. Until today, this has not happened.

d. The cumulative risks witnessed by the humanitarian sector in providing aid through the cross-line modality in a decade of conflict

Over the years, there were many attempts to open informal cross-line routes from the northwest into government-controlled areas and vice versa. In April 2020, Hay'at Tahrir Al-Sham (HTS) had to delay the opening of the commercial crossing between Saraqib and Sarmin cities, in the eastern countryside of Idlib, due to local protests. In March 2021, Russia and Turkey re-negotiated the opening of three commercial crossing points linking Idlib and Northern Aleppo to government-controlled areas through Abu Zandin, Saraqib and Miznaz. A failed attempt due to opposition from local communities in addition to the absence of any security guarantees that would ensure the safety of the crossing points.

The administrative hurdles posed by Damascus on the Inter-Agency convoys have been overwhelming and posed concrete challenges and blockages to the provision of aid in besieged areas. From 2016 to 2018, UN agencies and the International Committee of the Red Cross (ICRC) strove to provide aid to besieged areas such as east Ghouta and Aleppo but faced huge challenges and were unable to cover the needs of vulnerable people trapped there. Areas of Deir Al-Zor lack access to required medications, technical support, and financial aid to run medical programming. They receive limited support from local NGOs only.

Meanwhile, it remains extremely challenging for humanitarian actors to get registration to operate in government-controlled areas, as many were asked to relinquish all cross-border operations in non-government-controlled areas where humanitarian needs remain very high. NGOs currently operating or which previously operated in areas not under government control also face severe repercussions if there were to operate in government-controlled areas due to a draconian counter-terrorism law.

Securing safe passage for cross-line convoys through agreements with all parties to the conflict would be extremely complicated, lacking sufficient safety guarantees for the humanitarian workers involved, and for the communities that they are serving.