Thank you, Mr. President, for inviting me today—and thank you to the members of the Security Council for having me. I’m here today on behalf of Syria Relief & Development—as a humanitarian agency that’s operated on the ground since 2011—essentially since the start of the crisis—and we’ve had the privilege to serve Syrians predominantly through health, protection and shelter programming. We’ve really seen the evolution of the crisis play out over the last 9 years, now approaching 10. We see that many Syrians have been forced to live a life without dignity out of the sheer desperation they face. What I’m hoping to highlight today are a few key points—on behalf of the people we serve—and first and foremost, that’s the concern around the COVID-19 pandemic, essentially a crisis within a crisis, in addition to some of the underlying health implications, and ultimately, the key operational challenges we face and really how this environment has impacted our ability to respond to needs.

In terms of COVID-19—we’re being challenged in an entirely new way. And I don’t think this is specific to Syria—we see more advanced nations struggling to respond effectively given how vicious and infectious this virus is. But what we do know—is that Syria is even more vulnerable considering how fragile its health system has become combined with the deterioration of the economic situation, many being on the brink of starvation, mass displacement, and of course some of the most extremes in weather we’ve seen lately across the region, including severe heat waves and flooding and snow storms (as we saw last winter), that we certainly anticipate this year as well. So, with these conditions as the backdrop, and how this has shaped the COVID-19 response is the need to constantly plan around uncertainty.

As an example, we have an incredible partnership with the World Health Organization, where we serve as the lead agency for the infection prevention and control (IPC) pillar under its emergency task force along with many other vital actors in this health response. But despite these tremendous efforts, there are still challenges because of the nature of this response in Syria. And this includes shortages—in terms of ventilators, ICU beds, and personal protective equipment. And to add to this, hundreds of thousands of people (if not millions) have precarious living conditions and these conditions simply don’t allow for proper social distancing, self-isolation, or hygiene measures for that matter. Cases are on the rise in Idleb, Hasakeh, and Damascus, among other places, and we know that with pandemics there’s just no consideration or respect for geographic boundaries. What’s also concerning is the fact that many of these cases, particularly in northwest Syria (NWS) are health care workers—and as a region that’s already dealing with as shortage of skilled workers, human resource capacity is something that’s critical for this response.

And I think this particular point really highlights how fragmented the health sector and infrastructure in general have contributed to the tremendous needs, both from a health standpoint, and in terms of other key services, because we know that negative health outcomes don’t emerge in a vacuum. And that’s why beyond the initial focus in the early stages of the crisis on simply trauma and emergency services, there’s been a massive expansion of the definition of life-saving services and a push for health systems strengthening. And I know this has been a huge focus for Germany in particular, with GIZ’s investment in the health directorates of course alongside other donors of the health sector, including USAID, DFID, and the EU’s ECHO. And in our case, and I say this as both a humanitarian and a public health practitioner, there’s been a need to look at healthcare as a continuum and include provisions that provide primary and community health, rehabilitative care for those...
with disabilities, and of course mental health given the immense traumas many have endured and the rise in depression, post-traumatic stress disorder, and suicide ideation.

And this applies to both the people we serve—and the aid workers who deliver these services. And that’s really why we see such an obligation to protect our aid workers and also consider the fact they’ve been exposed to the same conditions of displacement, violence, and insecurity. And that’s why we really put the onus on our partners and the Security Council itself, is to share that risk with humanitarian agencies, so that the risks aren’t simply passed down to the people who have already absorbed so much risk, and in many cases actually sacrificed their lives in the process—like Dr. Hassan Alaraj of the Hama Health Directorate or Imad Zaytoon, who worked at our hospital in Oweijel. They both died very tragic and violent deaths as a result of attacks to the health facilities they were in.

Another large part of this risk-sharing is facilitating access for service provision—and the most recent cross-border resolution has certainly impacted this level of access. Coordination and access have both been key parts to the response, and the inability to access certain areas in a rapid mechanism through Bab Al Salam—which is critical for the work we do—means that we’re now adding more burden on our aid workers to deliver those more distant and harder to reach areas. Because we won’t accept to just abandon these populations—but it means that many may be on the verge of besiegement and that’s why we have to keep these communities at the forefront. And beyond service delivery, I’d particularly like to emphasize the coordination mechanism, as I said key partnerships and technical guidance from agencies like the WHO, UNFPA, and UNICEF, among other key bodies—for example—has been essential for such a collaborative response and that’s what’s been a distinguishing factor in this region.

And before I close, you may have noticed I didn’t emphasize health services specifically for women and girls in the health-care continuum and the impact of COVID, and that’s because I’d like to give singular and explicit attention to this group that’s endured some of the most harrowing circumstances in terms of neglect from a health standpoint and also in terms of continuous exposure to sexual and gender-based violence. With the thousands of displacements this past year, we saw women give birth outside under trees without access to health care when thousands were displaced and our own aid workers were on the move, or in the case of girls—with the practice of early marriage—for girls as young as 11 or 12—as one of the most extreme forms of coping for families and girls who lack alternatives in the form of education and a simple means for living. And I think it’s tempting to blame such practices on social or cultural norms, but I ask you to consider the complexity and deeply rooted factors that have culminated and to led to these practices. We see this in many contexts and it’s something we struggle with at a global level, but most visibly within the context of conflict. So, I really ask that you uphold the need to provide such life-saving services, of which the response to such forms of violence certainly qualifies.

And with some of these fundamental issues I’ve highlighted today, I’d like to conclude in emphasizing the need for the sustainability of services, continued access, and the prioritization of humanitarian needs above all else—particularly because the decisions made in this chamber have shaped the lives and fate of millions—and thank you again for this opportunity.