Mr. President,

This is the fifth humanitarian briefing on Syria that we have given you in the Security Council in the last eight weeks. Week after week, we have highlighted the impact of the hostilities in the northwest. I don’t want to repeat everything we have told you so often. Let me simply quote the High Commissioner for Human Rights, Michelle Bachelet, summarizing the situation yesterday. She said her office has “received reports of hundreds of ongoing civilian casualties and destruction to civilian infrastructure, including hospitals and schools, mainly caused by air strikes by the Government of Syria and its allies, but also, to a lesser extent, ground-based attacks by armed groups”.

We have repeatedly asked you to make this stop.

It has not stopped, or even slowed.

Mr. President,

Despite efforts to introduce a ceasefire in the northwest, hostilities continue unabated. Fighting among Syrian Government forces and their allies, armed opposition forces, and the Security Council-listed terrorist organization Hayat Tahrir al-Sham continues to impact civilians every day.
Over this last weekend of 21 to 23 June, we received reports of airstrikes affecting more than 55 communities in Idlib, Hama and Aleppo governorates, and artillery shelling affecting more than 21 communities in these governorates.

At least 32 civilians, including women and children reportedly died and others were wounded in airstrikes and artillery shelling in southern Idlib. Over the same period, a further seven people, including a child, were reportedly killed and others were injured as a result of airstrikes and artillery shelling in northern rural Hama Governorate.

Hundreds of thousands of people have been displaced.

One of the areas coming under regular attack is Maarat Al-Numan, in southern Idlib. Humanitarian partners working in the health sector have been warning that they are particularly worried about Maarat National Hospital. It has reportedly been hit before in previous years. At peak times the hospital treated about 20,000 people a month. It is now operating under emergency conditions. But it remains the main referral hospital in southern Idlib. While operating in a conflict zone and in an area under the control of a Security Council-listed terrorist organization, they keep their life-saving services going with the support of humanitarian organizations.

There is serious reason to worry. On 20 June an ambulance transporting an injured woman in Maarat Al-Numan was hit, killing the woman and killing three medical workers. Two paramedics were seriously injured. We must see an end to such attacks on medical workers, on medical transport and on medical facilities. We must see hospitals like Maarat National Hospital protected.

Mr. President,

Last week I told you I would update you today on the conclusions I have reached on the impact of recent events on the deconfliction system in Idlib.

I briefed you in detail about the deconfliction system and how it works on 17 May. Let me remind you of the purpose of this system.
All parties to conflict – States and armed groups – are obliged under IHL to protect medical facilities and other humanitarian sites in the conduct of hostilities.

This means not directing attacks against them and avoiding incidental harm to them.

The deconfliction system aims to help parties to the conflict fulfill those obligations.

It provides the parties - including the Russian Federation, and through them the Government of Syria, as well as Turkey, the United States and other members of the International Coalition Forces - with the coordinates of medical facilities, and other humanitarian sites, to help these parties take precautions to spare them.

I’ve briefed you previously, including in detail on 17 May and again last week on 18 June, on how medical facilities and other civilian objects inside Idlib have been impacted by the conflict. In light of this, I have written to the Russian Federation to request information as to how the details provided through the deconfliction mechanism are used.

We have also consulted with humanitarian organizations operating inside Idlib who are running medical facilities there. At their request, we will continue to run the deconfliction system in Idlib for those such organizations who want to report their coordinates to us.

But, I want to make clear that this does not mean that it is our judgement that the deconfliction system in Idlib is in practice protecting medical facilities. I am not sure that it is.

More can be done to strengthen the system. But the critical question is what those receiving information on the location of medical facilities are doing with that information. I will Mr. President keep you informed on this issue.

Beyond the northwest, we are also following the humanitarian situation in other parts of the country with concern.
In Rukban, along the Syrian-Jordanian border, some 27,000 people remain in desperate need of humanitarian assistance. Inadequate basic services are costing lives – as attested by the widely-reported death of a young woman and her child while giving birth in the camp on 5 June. Deaths like these are preventable, if the proper care can be provided.

We continue to call for humanitarian access to Rukban, to be able to deliver life-saving aid, and to assist those who would like to leave the camp. The last request for access to Rukban, sent to the Government of Syria on 9 May, was not approved. Another request is being prepared. The UN is at the same time working with the Syrian Arab Red Crescent on an operational plan for another convoy immediately should authorization be given.

We are also continuing to provide assistance to more than 14,800 civilians who have left the camp over the last months and are now at transit centers or places of destination. The Syrian government approved a third UN visit to the shelters at transit centers, which occurred on 18 June. Conditions in the shelters remain adequate, and the process for moving on from the transit centers is relatively swift. Most people have left the transit centers for southern and eastern Homs, and those originally from Palmyra are also starting to receive authorization to return there.

While aid is being delivered by humanitarian organizations to areas where those coming out of Rukban are returning to, we have also requested approval to visit them in their areas of current residency. While access to the shelters has been a welcome development, the request of 30 May for such visits awaits approval.

Mr. President,

In Al Hol Camp in northeast Syria, humanitarian agencies continue to respond to the needs of the nearly 73,000 people in the camp. Needs remain considerable in the areas of health, water, sanitation and hygiene, and other areas.

At the same time, we continue to be concerned about restricted humanitarian access to the annex, where 11,000 foreign nationals are living. In recent weeks, we have received numerous reports of
women giving birth alone in their tents at night. No woman or newborn should be left alone, without the support of specialized health practitioners, especially during childbirth.

While there have been some positive reports of children of foreign nationality being repatriated, thousands more foreign nationals in the camp still face an uncertain future. I call upon all Member States to take the measures necessary to ensure that their nationals are repatriated for rehabilitation and reintegration, or prosecution, as appropriate, in line with international law and standards. I also call on parties on the ground to facilitate the voluntary return or resettlement of internally displaced Syrians at the camp.

Mr. President,

I am increasingly concerned over the situation in the south of Syria, where, following reports of rising tensions between government forces and local groups since May, conflict threatens to reignite.

Mr. President,

The humanitarian response continues to face access challenges across the country. During the period covered by the Secretary-General’s latest report, access was limited in Ar-Raqq city and east of the Euphrates river in Deir-ez-Zor, including in the Hajin enclave, mostly due to widespread explosive hazard contamination.

Some areas in the south of the country as well as in eastern Ghouta were also not accessible in a sustainable manner due to administrative restrictions. We have seen a few positive developments in access from Damascus, with a recent Mission to Al Hol in the northeast, and recent approvals to deploy to areas of Dar’a in the south, and Abu Thohur and Sinjar in south-east Idlib. But I continue to call on all parties to allow safe, sustained and unimpeded access to all locations in need at all times throughout Syria.

Mr. President,
Week after week, month after month, year after year, the Council has been briefed on the humanitarian suffering in Syria. We have repeatedly pleaded for the protection of civilians. To ensure humanitarian access. To ensure that the parties fully abide by their obligation to respect international humanitarian law and international human rights law. Again and again, we have come back here to tell you about the latest horror facing civilians, and the failure of the parties to implement their basic obligations. I repeat our call again today. Ease the suffering. Save lives. End the fighting. Obey the law.

Thank you, Mr. President.