Thank you, Mr. President.

I know you had a briefing from Geir Pedersen this morning, so I will try to complement what he said. I will start today by joining my humanitarian colleagues and the Secretary-General in strongly condemning yesterday’s horrific bombing in a crowded street in Afrin city.

Early reports indicate that as many as 43 civilians, including several children, were killed in this indiscriminate, unacceptable attack. Many more were injured. I extend my profound condolences to the families of the victims.

Mr. President,

Since I last briefed you, the number of confirmed cases of COVID-19 in Syria has reached 43, including three deaths.

These figures will sound very low compared to those being recorded here in New York, and in many of your own countries.

But if this virus is behaving similarly in Syria to how it has elsewhere – and that is our assumption for now – then tragedy beckons.

We cannot expect a health care system decimated by almost a decade of war to cope with a crisis that is challenging even the wealthiest nations.

We cannot expect mitigation measures to succeed where millions are displaced in crowded conditions, without adequate sanitation, and no assets or safety net to fall back on.

Mr. President I will focus my briefing today on the following areas:

First: the status of COVID-19 testing and response across Syria.
Second: the humanitarian situation in the north-west, which remains alarming despite the ceasefire.

Third: the issue of medical supplies in the north-east.

Fourth: the situation in Rukban.

And fifth: a summary of everything we in the humanitarian system supported by the UN are delivering to relieve the suffering of people across Syria.

Mr. President,

To date, all 43 confirmed COVID-19 cases announced by the Syrian authorities have been in Damascus and Rural Damascus governorates. A first case and fatality was confirmed in the north-east on 2 April. No cases have so far been confirmed in the north-west.

Testing capacity remains very limited. Testing is underway in Damascus and Lattakia, with two additional laboratories being established in Aleppo and Homs. Efforts continue to establish a laboratory in Al-Hasakeh governorate in the north-east.

Testing has also commenced in Qamishli. A PCR machine has been delivered to Tall Refaat, while two additional PCR machines are being delivered to Kobane and Ar-Raqqa.

In the north-west, a laboratory has commenced testing in Idleb. Some samples are also being tested in Turkey.

While this modest increase in testing capacity is a positive development, it remains vastly insufficient, and a major priority for humanitarian actors, alongside other prevention and mitigation measures.

Areas of particular concern include camps and other crowded areas of displacement, which typically has insufficient access to water and sanitation.

In the north-west, preparedness measures are underway, supported by cross-border humanitarian operations. Some hospitals are being modified to receive COVID-19 patients and to function as isolation case management centres. Community-based isolation centres are also being established. Gaps remain however in vital medical supplies and equipment, including PPE.

At Al Hol Camp in the north-east, an 80-bed isolation area is under construction and thermal screening has commenced.

We are working to assess the financial requirements for the UN’s contributions to the COVID-19 response in Syria – and those requirements will be additional to the costs of responding to the pre-existing humanitarian needs. The COVID-19 related requirements will be included in the forthcoming update that we will be publishing of the Global Humanitarian Response Plan.
As in other countries, the impacts of measures aimed at containing the spread of the virus are likely to be greatest on the most vulnerable. Since mid-March, some areas have seen average price increases of 40-50 per cent for food staples.

That compounds the impact of Syria’s severe economic crisis. The World Food Programme reports that, in the past year, the price of basic food items many people have to buy has increased by more than 100 per cent.

Mr. President,

Turning now to the north west, there have been no airstrikes since the 6 March ceasefire announced by the Russian Federation and Turkey. But intermittent shelling has continued almost every day in some front-line areas, in spite of the calls for a global and nationwide ceasefire.

Some displaced families are taking advantage of this limited calm to return to where they were living before having to flee the latest round of fighting.

Over the past few weeks 135,000 people have returned to towns and villages in front-line areas outside of government control – most going to Ariha and Atareb. Many of those people are returning to find their previous homes destroyed. Essential services have also yet to be re-established.

The ceasefire may have brought a degree of respite, but the humanitarian situation in the north-west is as dismal as it has ever been.

A grim indicator is the nutrition data we are recording. Last month I briefed you on alarming levels of stunting. We are equally alarmed at malnutrition rates among pregnant and breastfeeding women. Twenty-one per cent are malnourished, four times as many as last year.

The cross-border operation into the north-west is operating at record levels to try and relieve such suffering. In March, 1,486 trucks crossed the border from Turkey, under the UN program. So far in April, over 1,100 trucks have been dispatched.

But it’s not enough.

The need to prepare for the potential arrival of COVID-19 in the north-west makes efforts to scale up all the more urgent. Items for cross-border transshipment – such as hygiene kits and tents for isolation units – are being prioritized accordingly.

Turkey is facilitating this scale-up, notwithstanding its own battle with the virus. Humanitarian organizations have put in place strict measures to comply with Turkish regulations and to minimize risks of transmission of the virus at trans-shipment hubs or in other ways.
Mr. President, at this stage, it is simply impossible to sustain the scale and scope of assistance into the north-west without the cross-border operation. As I have briefed this Council before: there is no alternative.

This fact is further illustrated by the failure to replace the former cross-border operations in the north-east with assistance delivered cross line, and I turn to that now.

Cross-line deliveries to the north east from Damascus have not filled the gap in critical medical supplies that were, until January this year, delivered through Al Yarubiyah border crossing.

A WHO consignment of 20 tons of medical supplies – including PPE, ICU beds, incubators, and seven ventilators – was airlifted to Qamishli on 12 April. But medical facilities that were previously supported by the cross-border operation were, again, largely excluded.

Mr. President, gaps in medical supplies in north-east Syria are widening. At a time when we should be urgently scaling up to prepare for COVID-19, those gaps should be narrowing. This is even more critical now that a first case of COVID-19 has been confirmed in the north-east.

As you know, the World Health Organization assesses that there has not been sufficient improvement in cross-line access since January, even when faced with the inescapable urgency of COVID-19.

In his review of alternative modalities for Al Yaroubiya border crossing which he sent you in February, the Secretary-General noted that “under current conditions, a combination of more cross-border and cross-line access is required”. That remains the case. The Secretary General also noted that should adequate steps not be taken to improve crossline delivery, and in the absence of consent from the Government of the Syrian Arab Republic or neighbouring countries to use border crossings into the north-east of the country, the Security Council would need to authorize the United Nations and its implementing partners to use additional crossings. That also remains the case.

Mr. President,

I turn now to Rukban camp, which has not been reached by a humanitarian convoy since September 2019. Informal commercial supply routes from Damascus and Dhumer were closed off in February, further disrupting the delivery of food, fuel and medical supplies into the camp. Jordanian border restrictions related to COVID-19 since 18 March have impacted medical referrals from Rukban without prior COVID-19 screening, which is unavailable in the camp.

A planned health assessment and assistance mission by the United Nations and the Syrian Arab Red Crescent did not proceed this month. It was suspended due to lack of agreement by all parties on the modality of assistance and delivery. Access is urgently needed to provide assistance to the vulnerable Rukban population and to support voluntary departures.
Mr. President,

Additional information on many of the things I have covered, and in response to questions previously asked by Council members, is included in the Secretary-General’s latest bi-monthly humanitarian report on Syria which he sent you in recent days and you referred it at the beginning of the meeting. For information on the situation in the north-west, I would refer you to paragraphs 4, 5, 11, 12 and 13 of that report. For information on the cross-border operation I would refer you to paragraphs 20, 34 and 35 as well as figure 1 and table 2. For information on Rukban I would refer you to paragraph 7.

Regarding access and deliveries to the north-east, I would refer you to paragraphs 32 and 33, which sets how many hospitals, how many primary health care centres, and how many mobile medical units were reached with consignments of medical supplies from Damascus during the reporting period.

Paragraph 31 includes a description of the onerous process to dispatch aid deliverers cross-line, explaining the multiple approvals required. Approval by the Ministry of Foreign Affairs does not mean that assistance is delivered. That is just the first of multiple steps involving other ministries, security services, local governors, and other local parties in control. Unless all that is in place, nothing happens.

Finally, Mr. President, let me summarise some of the things the UN is delivering in humanitarian support to people in Syria, and remind you that most of this is for people in those parts of Syria under the control of the Government.

In 2019, humanitarian agencies and partners reached on average 6 million people across the country every month.

So far this year, food assistance has been delivered to 4.6 million people across the country on average every month.

2.5 million people across the country received winter supplies, like high thermal blankets and warm clothing.

Operations from within Syria included support to 2.2 million medical procedures, and mine risk education for half a million people.

Information on the humanitarian response in different parts of Syria is also included in the Secretary-General’s report in paragraphs 18 to 22.

Mr. President,

COVID-19 and its ramifications will become a multiplier of humanitarian needs in Syria. More than ever, this demands a response that uses every possible means of reaching people in need, wherever they are located and ensures that measures taken outside Syria, which would restrict access to essential medical and other related supplies, are reorganized so that they do not have residual effect.
That will require:

First, a complete and immediate nationwide ceasefire.

Second, supplying critical medical items previously provided through Al Yarubiyah border crossing. As I said earlier, the steps required are laid out in detail in the Secretary-General’s report from February.

Third, a renewal of the cross-border authorization for the north-west Syria, to meet the enormous humanitarian needs we continue to see there.

Thank you very much, Mr. President.