



# Sanctions, the Caesar Act, and COVID-19 in Syria

Policy Analysis and Recommendations





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## **Syria Justice and Accountability Centre (SJAC)**

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SJAC is a Syrian-led, multilaterally supported non-profit that envisions a Syria defined by justice, respect for human rights, and rule of law — where citizens from all components of Syrian society live in peace. SJAC promotes transitional justice and accountability processes in Syria by collecting and preserving documentation, analyzing and cataloging data, and promoting public discourse on transitional justice — within Syria and beyond. Learn more at [www.syriaaccountability.org](http://www.syriaaccountability.org).

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Cover: Street in Damascus, 2017 (C) Lens Young Dimashqi

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# I. Executive Summary

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According to the Syrian government's officially reported numbers, COVID-19 currently has a minimal presence in the country. However, there are both reasons to doubt the accuracy of the official figures and reasons to fear potential devastation if a more serious outbreak of the virus were to occur in Syria. Moreover, the armed conflict that has been ongoing in Syria since 2011 has created several factors that make Syria uniquely vulnerable and at-risk should the pandemic worsen. The war has devastated the public healthcare system, leaving only 50 percent of the country's hospitals and medical facilities operational and functioning. A significant number of trained healthcare workers have fled the country. Efficient reporting and tracking of the virus is crippled by the fractured political situation, and a lack of transparency by the government's handling of the pandemic. Overcrowded camps place internally displaced persons at extremely high risk of contracting and transmitting the virus, and similarly crowded prisons and detention facilities deprive detainees of adequate medical care and the ability to prevent the spread.

Given Syria's particular vulnerability to a devastating COVID-19 outbreak, questions have been raised regarding existing sanctions on the country. The United States and the European Union unilaterally implemented complex sanctions regimes against Syria after Russia and China repeatedly vetoed the imposition of international sanctions at the UN Security Council. In the context of COVID-19, local and international NGOs have voiced concerns over the negative impacts of sanctions on the provision of critical humanitarian and medical aid, sparking debate as to whether Syria sanctions should be temporarily suspended or lifted to facilitate sufficient response efforts to the pandemic.

It is the firm view of the Syria Justice and Accountability Centre (SJAC) that Syria sanctions must remain in place: lifting sanctions would further endanger the human rights of the Syrian population, undermine ongoing justice and accountability efforts, and tacitly endorse impunity for severe and repeated violations of international law. To lift sanctions and normalize relations with the Syrian government would constitute a betrayal of Syrian individuals and civil society groups who have documented human rights violations and fought for accountability at great personal risk over the course of the war.

Moreover, lifting sanctions would not necessarily, or even likely, result in a sufficient medical and humanitarian response to the COVID-19 situation, a fact underscored by hard evidence that the Syrian government has diverted and weaponized aid in the past.<sup>1</sup> The international community would have no leverage or mechanism by which to guarantee the fair and equitable distribution of humanitarian and medical aid across Syria if sanctions were to be lifted, nor any ability to monitor the same. The Syrian government has repeatedly demonstrated its lack of credibility and its inability or unwillingness to make policy decisions that prioritize the health and welfare of its citizenry. There is no credible basis to assume that lifting sanctions would result in positive trends in the provision of humanitarian and medical aid in Syria. On the contrary, there is nearly a decade worth of evidence that strongly suggests the opposite conclusion.

However, though it is our position that sanctions on Syria should not be lifted or suspended, it is clear that existing sanctions regimes need to be adjusted to meet new needs arising from the pandemic. While both the US and EU sanctions provide for humanitarian “carve-outs”, these intended exemptions are not working effectively in practice. Humanitarian exemptions need to be modified to address issues consistently experienced by the groups, companies, and organizations that use them. Factors complicating the use of humanitarian exemptions, like burdensome compliance requirements, overly general assurances, and time-consuming application processes, must be urgently addressed in light of COVID-19. This paper identifies five policy recommendations that, if implemented, will help simplify and improve the use of humanitarian exemptions, in turn facilitating the provision of humanitarian and medical aid in Syria while leaving sanctions in place:

## US and EU Sanctions on Syria: Policy Recommendations

1. **US/EU:** Issue “comfort letters” to exporters of vital medical and healthcare equipment and actively clarify humanitarian exemption processes.
2. **US/EU:** Provide temporary exemptions for dual-use products.
3. **EU:** Appoint a special representative for humanitarian exemption applications.
4. **US/EU:** Facilitate remittance payments to Syria.
5. **International Community:** Negotiate a relief mechanism modeled after the Swiss-Iran humanitarian channel.

Recognizing the new and potentially urgent needs arising from COVID-19, this paper then proposes seven general policy recommendations that should complement improvements to humanitarian exemptions in US and EU sanctions. These policy recommendations are designed to alleviate and address humanitarian and medical concerns in both the short and long-terms, again in place of lifting or suspending sanctions:

## General Policy Recommendations

6. **International Community:** Urgently reopen the Al Yarubiya border crossing.
7. **International Community:** Pass the UNSC Global Ceasefire resolution.
8. **Syrian government:** Release political detainees and allow access to prisons.
9. **SDF:** Permit medical and humanitarian access to SDF-run prisons.
10. **Syrian government:** Share COVID-19 data with the WHO and relevant medical relief organizations.
11. **Turkey:** Ensure unimpeded access to safe water in occupied areas.
12. **International Community:** Support the WHO's COVID-19 relief efforts in Syria, with strict conditions and monitoring.

Together, these policy recommendations should counteract negative impacts of sanctions on the provision of humanitarian and medical aid during the COVID-19 crisis, without further risking human rights in Syria or jeopardizing critical justice and accountability efforts.

## II. Introduction

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A poster of Bashar Al-Assad in Damascus, 2018. (c) Lens Young Dimashqi

In December 2019, the coronavirus disease (COVID-19) was first identified in Wuhan, China. The World Health Organization (WHO) declared the outbreak a public health emergency of international concern as the infectious disease spread across 187 countries and territories. By March 2020, the WHO declared the global outbreak a pandemic and countries around the world closed their borders and enforced various forms of lockdown and mandatory quarantine to combat the spread. As of June 4, 2020, more than 6.5 million cases have been reported and more than 390,000 deaths as a result of COVID-19 have been recorded worldwide.<sup>2</sup>

Syria confirmed its first case of COVID-19 in late March 2020. As of June 4, the Syrian government has confirmed 123 cases, 50 recoveries, and six deaths. However, there has been widespread speculation that the official numbers reported by the Syrian government conceal the true extent of the outbreak within the country. Further, there are fears that the country's healthcare system, decimated by the ongoing conflict, will be unable to cope if the outbreak worsens, leading to a significant death toll. At particular risk of a potential outbreak are internally displaced persons (IDPs) living in overcrowded camps within Syria, and detainees in prisons and facilities run by the Syrian government and other parties.

Fears of a potential COVID-19 outbreak and concerns over the medical and humanitarian sectors' ability to respond to such an outbreak in Syria has intensified focus on sanctions currently in place against the country. The Syrian government and its allies have formally requested that unilateral coercive sanctions imposed by the United States (US) and the European Union (EU) be lifted in order to enable the government to respond sufficiently to the crisis. The issue of sanctions during COVID-19 has generated much discussion in the international community, with critics suggesting that the sanctions be temporarily suspended to prevent interference with humanitarian and medical response efforts during the pandemic.

In response to the growing debate regarding US and EU sanctions on Syria during COVID-19, SJAC assessed the issues raised and published its initial analysis on April 9, 2020.<sup>3</sup> SJAC outlined four policy recommendations for the international community, aimed at striking a balanced policy that ensures that COVID-19 related medical and humanitarian needs are met without sacrificing ongoing human rights, justice, and accountability efforts in Syria.

The COVID-19 situation has continued to unfold in Syria, bringing with it new challenges and impacts. SJAC has developed the following policy paper to keep pace with the evolving dynamics on the ground, building on its earlier recommendations with further detail and analysis. The policy paper is based on research conducted by SJAC, using both open-source media and information provided by 10 interviews conducted with experts on US and EU sanctions regimes on Syria and Iran, as well as sources working in public health, humanitarian aid, healthcare, private sector companies that export goods to Syria, and local and international NGOs with knowledge or insight into the impact of Syria sanctions on the ground. Persons interviewed did so without attribution due to sensitivities around gaining access to Syria or for fears of undermining relationships with various stakeholders.

# III. Covid-19 in Syria

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## A. FACTS AND CHRONOLOGY

Reporting of COVID-19 cases in Syria has been fractured and unreliable. However, the first case of COVID-19 in Syria was officially confirmed on March 14, 2020. As of June 9, 2020, there have been 150 confirmed COVID-19 cases across Syria. Of this total, 144 were reported in government-controlled areas, including six deaths and 62 recoveries. Six cases have been reported in the northeast, with one death and five recoveries. Though 968 tests have been conducted in the northwest, there have been no confirmed cases in that area.<sup>4</sup>

The enhancement of laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.<sup>5</sup> Four laboratories have been established in Damascus, Latakia, Aleppo, and Idlib with additional polymerase chain reaction (PCR) testing capacity established in Qamishli.<sup>6</sup> According to the Ministry of Health, approximately 2,700 tests have been conducted by the Central Public Health Laboratory in Damascus by May 8, a small proportion of the estimated Syrian population of 17 million.<sup>7</sup>

Fractured governance in Syria has complicated the efficient identification and containment of

COVID-19 across the country. In Afrin, which remains occupied by Turkish military forces, several Turkish police officers reportedly tested positive for the virus and were quickly evacuated to Turkey. In the northeast, authorities reported the detection of at least five further COVID-19 cases through their own laboratory capacity, three of which were confirmed through antibody rather than PCR testing, and have since recovered.<sup>8</sup> Local health officials in areas under the control of the Autonomous Administration of North and East Syria (AA) quarantined two of the three neighborhoods in which the patients lived.<sup>9</sup>

## B. RESPONSE OF THE SYRIAN GOVERNMENT & NON-GOVERNMENTAL AUTHORITIES

In response to the COVID-19 threat, on March 25 the Syrian government implemented a 12-hour curfew (reduced by one hour during Ramadan), suspended public transportation, ordered the closure of shops and markets, and halted all passenger flights into and out of the country.<sup>10</sup> According to the Interior Minister, violators of the curfew risk being detained.<sup>11</sup> The government also restricted travel between provinces, shut schools and universities, and banned all gatherings at mosques and in public.

However, the government's response has been marked by misinformation and a lack of

transparency. For example, the Syrian Health Minister reportedly sought to control and severely limit the amount of information about the virus in the country, including the reporting of new cases and number of cases officially confirmed.<sup>12</sup> According to research conducted by the Carnegie Endowment for International Peace, the Assad government threatened hospitals and doctors that cited coronavirus cases and deployed members of the secret police in hospitals across government-controlled areas to control and oversee narratives on coronavirus cases.<sup>13</sup> It has also been alleged that Syrian authorities used a coronavirus prevention application to plant spyware in citizens' cell phones.<sup>14</sup>

In areas outside of government control, there have been three reported cases of COVID-19, and one subsequent fatality, in Qamishli National Hospital northeast Syria. The authorities in northeast Syria announced the first confirmed COVID-19 death on April 17, and the two other cases identified on April 30 are reported to be family members of the previously identified case, confirmed by the Autonomous Administration of North and East Syria (NES).<sup>15</sup> Emergency measures taken in response to the arrival of the pandemic included the closure of the Semalka border crossing, the main crossing between the Kurdistan Regional Government (KRG) in Iraq and the NES on March 1, 2020.<sup>16</sup>

In northwest Syria, there are no confirmed cases of COVID-19 despite ongoing testing and expansion of surveillance efforts. With a population of over 4 million (51 percent children and 25 percent women) across Idlib and northern Aleppo, the scale of humanitarian needs are unprecedented, particularly in light of the COVID-19 pandemic.<sup>17</sup>

According to Dr. Aula Abbara, an infectious diseases research fellow and co-chair of the Syria Public Health Network who recently spoke at a conference on the topic, the population density of northwestern Syria is a concerning risk factor.<sup>18</sup> This is particularly worrying in the northwest's IDP camps, some of which have a density of 40,000 per square kilometer.<sup>19</sup>

## C. CURRENT MEDICAL & HUMANITARIAN SITUATION

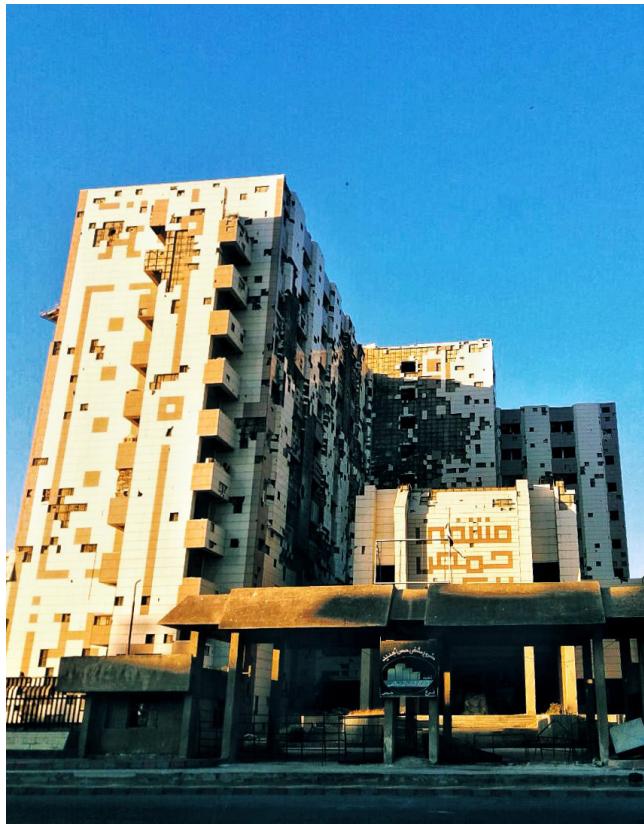
Relative to other countries in the region, Syria is especially ill-equipped to manage the potential of a COVID-19 outbreak. Nine years of conflict have devastated the health system, particularly in areas outside of government control<sup>20</sup>, and even prior to the conflict, critical health resources such as ventilators, intensive care unit (ICU) beds, and advanced personal protective equipment (PPE) were considered scarce inside Syria.

During the conflict, medical facilities and personnel have been repeatedly targeted by the Syrian government and its allies. Physicians for Human Rights has recorded 536 attacks by the Syrian government and its allies on nearly 350 separate health facilities since 2011, as well as the targeting and killing of 830 medical professionals inside Syria. Among the 6.1 million Syrians displaced since the start of the conflict, more than 70 percent of the health workforce has reportedly fled the country, resulting in an acute shortage of health professionals across Syria, including medical specialists with the capacity to respond to a potential COVID-19 outbreak.

With existing COVID-19-specific resources, it is

estimated that a maximum of 6,500 COVID-19 cases could be adequately treated across Syria.<sup>21</sup> This figure represents approximately 0.04 percent of the national population. Moreover, Syria's political fragmentation means that healthcare capacities vary significantly across different governorates, with resources unequally distributed between government-controlled areas, the Kurdish-controlled northeast, and the opposition-held northwest, the latter of which have been most impacted by the conflict in recent years.<sup>22</sup>

Consequently, northwest Syria is particularly vulnerable, with only 1.4 doctors for every 10,000 people. As of April 2020, only 306 of the 568 health facilities in northwest Syria are functional, with a total of 2,189 ward beds, 240 ICU beds, 98 adult ventilators and 64 pediatric ventilators.<sup>23</sup>



Destroyed hospital in Homs, 2020.  
(c) Lens Young Homsi

According to the Global Health Cluster, to meet minimal needs there should be at least 10 inpatient hospital beds per 10,000 people, with 10 percent of those being ICU beds, meaning that in northwest Syria, there should be 4,170 beds. The current number thus represents a shortfall of almost 50 percent.<sup>24</sup> Moreover, from January to December 2019 in northwest Syria, the occupation rate for ICU beds was 98 percent, meaning that extremely few beds are available for incoming COVID-19 patients. As a result, according to area doctors, it will be "simply impossible to manage the predicted critical cases expected during the first eight weeks...resulting in significant excess mortality."<sup>25</sup>

In Idlib, doctors warn that they have only a single testing machine, which is able to perform a maximum of 100 tests per day. The WHO has promised two other testing machines allocated for the area, but at the time of writing they had not been delivered, for reasons that are unclear. Moreover, labs in Idlib had only 5,000 tests for a population of 4 million.<sup>26</sup>

In their recent report, the Health Information System Unit in northwest Syria laid out three scenarios that the northwest region could face, based on the WHO COVID-19 Essential Supplies Forecasting Tool, and data from the Health Information System Unit on population and health facility capacity and utilization in northwest Syria.<sup>27</sup> The study researchers consider the second scenario most likely for northwest Syria, given "the density of the population, chronic exposure to severe stressors, and the impracticality of implementing well-established measures of physical distancing and isolation."<sup>28</sup> In this scenario, approximately 4.4 percent

MITIGATION MEASURES	YES	NO	YES	NO	YES	NO	# of Sub-Districts Implementing Mitigation Measures
Community lockdown (no travel)	1	196	1	41	1	44	
Total curfew (everyone stays home)	0	197	0	42	0	45	
Partial curfew (everyone stays home for certain days/ hours)	20	177	0	42	32	13	
Home isolation for symptomatic cases	60	137	1	41	16	29	
Provision of spaces in health facilities to monitor suspected cases	54	143	30	12	14	31	
Isolation in health centres for suspected cases	48	149	7	35	10	35	
Quarantine of diagnosed COVID-19 cases	17	180	3	39	6	39	
Testing for COVID-19	60	137	3	39	8	37	
Regular temperature checks (check points, public places, etc.)	47	150	20	22	20	25	
Closure of public spaces (restaurants, shops, etc.)	60	137	4	38	9	36	
Distribution of soap/disinfectant/ masks	5	192	3	39	9	36	
Disinfection campaigns	108	89	12	30	17	28	
Awareness campaigns	103	94	20	22	19	26	

Graphic source: Whole of Syria COVID-10 Humanitarian Update No. 01|16 (unocha.org)

Data Source: HNAP as of 1 June 2020

of the population would be infected, 27,804 people would require hospitalization with severe symptoms, and within six weeks of the first recorded case, the health system would be overwhelmed. While any such prediction has a margin of error, the total number of expected COVID-19 deaths would be 11,066 pursuant to this model.<sup>29</sup>

Syria is also uniquely vulnerable to an outbreak of COVID-19 due to the impact of the conflict on healthcare workers. The conflict has created an exodus of almost 70 percent of Syria's healthcare workforce, killed more than 923 healthcare workers, and negatively affected the undergraduate and postgraduate training of healthcare workers, ultimately leading to severe skill and capacity shortages across the country.<sup>30</sup> Notably, 90 percent of attacks on health facilities have been by the Syrian government and its Russian allies, and have mostly occurred in areas outside of government control.

Finally, Syria is at high risk due to the scarcity of ventilators in the country, an issue that has affected even high-functioning health systems in non-sanctioned countries. Researchers estimate that there are 325 available ventilators across the whole of Syria; extrapolating from this, Syria could manage a maximum of 6,500 COVID-19 cases if 5 percent of patients require ventilation. Insufficient numbers of ventilators or healthcare workers trained to use them will likely result in further unnecessary deaths.<sup>31</sup>

# IV. Should sanctions be suspended during COVID-19?

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## A. OVERVIEW OF SYRIA SANCTIONS REGIMES

Economic sanctions can be imposed by the United Nations Security Council (UNSC) per Article 41 of the UN Charter, which authorizes the complete or partial interruption of economic relations. Sanctions can also be imposed by a regional bloc like the European Union, or unilaterally by individual states. Sanctions have generally been first instituted by the UNSC and later adopted by states through Council decisions and regulations. Sanctions agreed upon and implemented jointly by the Council rather than unilaterally have been perceived as more closely aligned with principles of international law.

On October 4, 2011, the UNSC considered the introduction of international sanctions on Syria per Article 41 if Damascus failed to implement Resolution S/2011/612 within 30 days. Russia voiced its rejection of what it called “the ultimatum of sanctions” during the discussion. A draft resolution, which would have extended the mandate of the UN Supervision Mission in Syria, and which would have threatened international sanctions if certain conditions were not met, subsequently failed on July 19, 2012, vetoed at the Council by both Russia and China.<sup>32</sup> In 2017, another draft resolution tabled at the UN Security Council proposed sanctions against eleven Syrian commanders or officials, and 10 groups linked to the government’s alleged use of chemical weapons in three attacks on rebel-held areas in 2014 and

2015.<sup>33</sup> The resolution was blocked by Russia, China, and Bolivia.

As a result of the Council’s repeated failure to reach a consensus on the imposition of international sanctions on Syria, both the US and the EU chose to impose sanctions unilaterally. The complex sanctions regimes imposed on Syria by both the US and the EU are widely considered among the most comprehensive ever implemented.

Current US sanctions on Syria are a mixture of “blanket” or “sectoral” sanctions and targeted sanctions. Blanket or sectoral sanctions prohibit certain transactions with respect to Syria (pursuant to Executive Order 13608) while targeted sanctions block property and financial interests of the Syrian government, in addition to the property of individuals and entities connected with or linked to the government as well as investments, exports of goods, importation of oil, and financing of any of the above.<sup>34</sup>

The stated reasons for the US Syria Sanctions Program are set out in an explanatory document released by the US Department of Treasury, Office of Foreign Asset Controls (OFAC). According to OFAC, sanctions on Syria beginning in 2004 were imposed in response to “the Syrian government’s policies in supporting terrorism, continuing occupation of Lebanon, pursuing weapons of mass destruction and missile programs, and undermining US and international efforts to stabilize Iraq<sup>35</sup> Since March 2011, subsequent

sanctions imposed via Executive Order have been issued in response to the ongoing violence and human rights abuses occurring in Syria.<sup>36</sup> Per Executive Order 13572, issued by President Barack Obama on April 29, 2011, the human rights abuses perpetrated by the Syrian government constitute an “unusual and extraordinary threat to the national security, foreign policy, and economy of the United States.”<sup>37</sup>



Refilling gas in Damascus, 2019 (c) Lens Young Dimashqi

The EU initially imposed sanctions on Syria in 2011 and has since renewed them annually.<sup>38</sup> Like the US, the EU has imposed a mixture of blanket and targeted sanctions on Syria. Blanket measures include a ban on the import of oil, restrictions on certain investments, an asset freeze of the Syrian central bank held in the EU, and export restrictions on technologies used for surveillance.<sup>39</sup> Targeted EU sanctions have additionally been imposed against specific individuals and entities with ties to the Syrian government. With the recent addition of eight prominent businessmen and two entities linked to those businessmen in February 2020, the EU’s targeted Syria sanctions now include a total of 273 persons targeted by

both an assets freeze and a travel ban, and 70 entities subject to an assets freeze.<sup>40</sup>

On May 28, 2020, the European Council extended its sanctions against the Syrian government for one additional year, until June 1, 2021<sup>41</sup>, citing the continued repression of the civilian population and human rights concerns.<sup>42</sup>

## B. HUMANITARIAN EXEMPTIONS IN US & EU SANCTIONS REGIMES

Humanitarian exemptions in US sanctions on Syria are utilized by obtaining a General License (GL) or Specific License (SL) from OFAC. There are six GLs within the Syrian Sanctions Regulations (SySR) issued by OFAC, whereas SLs are considered on a case-by-case basis. The GL exemptions codified in the SySR are explicitly included in the Caesar Act, which contains a provision authorizing the issuance of humanitarian waivers for certain goods and services required by NGOs.<sup>43</sup>

Particularly relevant to the COVID-19 pandemic are § 542.531 of the SySR, which authorizes the provision of non-scheduled emergency medical services; § 542.525 of the SySR, which authorizes the export of non-US-origin food, medicine, and medical devices that would otherwise be prohibited; and § 542.516 of the SySR, which authorizes, subject to certain limitations, NGOs to provide certain services in support of, and certain US financial institutions to process transfers of funds in support of, the following not-for-profit activities in Syria: (a) Humanitarian projects that meet basic human needs; (b) Democracy-building; (c) Projects supporting education; (d)

Non-commercial development projects directly benefiting the Syrian people; and (e) Activities to support the preservation and protection of cultural heritage sites. On April 16, 2020, OFAC released a fact sheet encompassing all of its country sanctions regimes, noting these exemptions and stating that "...for transactions not otherwise authorized by OFAC general licenses, OFAC considers specific license requests on a case-by-case basis and prioritizes license applications, compliance questions, and other requests related to humanitarian support for the Syrian people."<sup>44</sup>

The EU released a guidance note meant to clarify issues related to humanitarian exemptions in the sanctions regime. The guidance note states that in the context of the fight against the COVID-19 pandemic, "...restricted activities may be exceptionally allowed even in the absence of explicit exceptions, if there is no other means to ensure the provision of humanitarian aid."<sup>45</sup> The onus falls on the humanitarian operator to prove to the relevant national competent authority (NCA) that the conditions of the existing exceptions are fulfilled, or that a restricted activity is the only available option to provide humanitarian aid to the persons in need. NCAs are mandated to provide necessary guidance as to how to obtain humanitarian derogations, and to deal with requested derogations in an expedited manner.<sup>46</sup>

### C. CAESAR SYRIA CIVILIAN PROTECTION ACT: ENTRY INTO FORCE AND ANTICIPATED IMPACTS

The Caesar Syrian Civilian Protection Act is a

sanctions bill named after the pseudonym of a Syrian military defector who smuggled thousands of photographs of torture perpetrated in Assad government prisons. The Act was signed into US law as part of the 2020 National Defense Authorization Act (NDAA). The Caesar Act is intended to expand on previous sanctions implemented by the US through provisions directing penalties against Syrian government institutions, Assad's Russian and Iranian allies, and individuals who do business with Damascus. The Caesar sanctions and its provisions are largely designed to dissuade individuals and companies from participating in Syrian government-led reconstruction efforts. The NDAA was signed in December 2019, and the Caesar Act sanctions will go into effect on June 17, 2020.

The Caesar sanctions are targeted in nature, focusing primarily on Syrian individuals and businesses in infrastructure, military maintenance and energy production. The bill also targets individuals and businesses who provide funding or assistance to the Syrian government, chiefly Russian and Iranian entities conducting business with Syrian military and intelligence agencies. While the Act will further deter foreign investment and therefore may have a broad effect on the general Syrian economy, the targeted nature of its provisions make it unlikely to have any significant effect specific to COVID-19-related humanitarian and medical relief efforts in Syria.

Further, as a Syrian economic expert observed, the fears and concerns many foreign companies have regarding engagement with the Syrian market already exist as a result of the current sanctions in place. While the incoming Caesar Act will increase levels of concern by foreign companies,

particularly those in targeted sectors such as petroleum, aviation, and construction, the Act is unlikely to have a radical impact on the Syrian economy.

The Act contains humanitarian exemptions similar to the existing sanctions. Sec. 402(2)(c) of the Act states that the US President may waive the application of any provision of the Caesar Act with respect to an NGO providing humanitarian assistance, so long as the waiver is “important to address a humanitarian need” and is consistent with American national security interests. Humanitarian waivers under the Act are can be periodically renewed for a maximum period of two years.

Finally, it must be emphasized that the Assad government has a clear option available to alleviate any potential economic impact of the Caesar Act on the Syrian people. Sec. 401 of the text of the Act states that the US President may suspend in whole or in part the imposition of the sanctions required under the Act if the Syrian government meets seven criteria. The conditions include the following:

- i. *the Syrian and Russian governments cease using Syrian airspace to target civilian populations;*
- ii. *areas of Syria not under government control are no longer cut off from international aid and have regular access to humanitarian assistance, freedom of travel and medical care;*
- iii. *the Syrian government release all political prisoners and allow access to detention facilities;*
- iv. *the Syrian government and its allies cease*

*the deliberate targeting of medical facilities, schools, residential areas and other civilian targets;*

- v. *the Syrian government take steps to fulfill its obligations under the Chemical Weapons Convention and the Treaty on the Non-Proliferation of Nuclear Weapons, and make “tangible progress” toward becoming a signatory to the Convention Prohibiting Biological and Toxin Weapons;*
- vi. *the Syrian government permit the safe, voluntary, and dignified return of Syrians displaced by the conflict;*
- vii. *and the Syrian government take “verifiable steps” to establish meaningful accountability for perpetrators of war crimes in Syria and justice for victims of war crimes committed by the Assad government.*

The Syrian government and its allies have based their demands to lift sanctions on purported concern for the Syrian civilian population. This concern cannot be considered credible if the Syrian government and its allies make no effort to protect the people by implementing the above-noted conditions. Unlike existing sanctions, the Caesar Act conditions are relatively minimal, avoiding any demands for political transition and instead focusing on conditions that benefit the civilian population. If the government is genuinely concerned about the impacts of the current economic situation on the population, it should fulfill the conditions necessary to suspend the Caesar Actions per Sec.401.

There are widespread concerns, particularly among the Syrian public, that the implementation of the Caesar sanctions will have an adverse effect on civilians. Researchers and analysts warn



US President Trump signing the 2020 NDAA  
U.S. Air Force photo by Airman 1st Class Spencer Slocum

that the Caesar sanctions may contribute to the deepening impoverishment of some sections of the Syrian population and prevent much-needed economic recovery and reconstruction efforts. While the sanctions are intended to block foreign capital for reconstruction efforts that politically and financially benefit the government and its cronies, their sweeping nature and vast scope may also prevent the rebuilding of basic services and infrastructure. Further, the Caesar Act's restrictions on oil and gas companies from conducting business with Syria may compound existing shortages. Syria imports 60 percent of its domestic gas needs, but has only been able to secure 24 percent of the actual needs of the population. These effects of the Caesar sanctions could have concerning impacts on the Syrian people that might not be mitigated by the humanitarian exemption provision contained in the Act.

Though its actual impact is at this point uncertain, the US government and OFAC in particular

should consider making clarifications as to the implementation of the Caesar Act. First, the Caesar Act's focus on the construction sector may have unintended consequences on aid organizations working on projects including "small-scale infrastructural rehabilitation – from fixing up damaged water networks to helping rebuild bombed-out schools or apartments."<sup>47</sup> This issue is closely linked to the issue of 'dual-use' products under general US and EU Syria sanctions, addressed in Policy Recommendation No. 2 below. Aid workers in Syria expressed frustration that projects intended to deliver a range of benefits to the Syrian public including water, education, and basic infrastructure have been held up for months because they are not clear-cut humanitarian goods and services. The failure of the sanctions regime to respond effectively to the dual-use issue has in turn negatively impacted the provision of basic goods and services to the Syrian people.

It is not clear whether construction projects initiated by humanitarian NGOs would fall within the humanitarian exemption clause of the Caesar Act, or whether it would be subject to the catch-all targeting of the construction sector as a whole. OFAC should seek to remedy this issue within the Caesar Act by clarifying the precise effects of the Act on the activities of humanitarian aid NGOs or issuing guidance that clearly exempts small-scale construction projects by certain trusted humanitarian and medical NGOs from the Caesar sanctions.

Second, the US government and OFAC should consider issuing clarification of the seven criteria the Act asks of Damascus. According to the Act, the US President is entitled to suspend the

sanctions if Damascus fulfills the seven conditions the Act lays out. Some of the Act's demands have been criticized as "so unrealistic as to render this stipulation meaningless."<sup>48</sup>

However, one Syria expert noted that it should be considered realistic, fair and in accordance with international laws and norms to demand that governments refrain from detaining political prisoners and violating the laws of armed conflict. According to the expert, the ambiguity of the Act and the discretion it affords to the US President have been purposely designed in order to allow for flexibility and adaptation if genuine progress on any of the demands occurs.

The US government should approach the requirements within the Caesar Act in good faith during diplomatic negotiations to allow for a reasonable prospect of lifting sanctions, should the Syrian government comply with the Caesar Act stipulations.

#### **D. SANCTIONS, THE CAESAR ACT & THE SYRIAN CURRENCY CRISIS**

The current medical and humanitarian situation in Syria has been significantly affected by the country's recent currency crisis. On June 8, the Syrian pound sank to a new record low, hitting 3,000 against the dollar.<sup>49</sup> The freefall has been widely attributed to the impending entry into force of the US Caesar Civilian Protection Act on June 17, which has reportedly sparked panic among investors and businesspersons.<sup>50</sup> Fearing that the new sanctions will worsen the country's already embattled economy, people have been hoarding dollars and halting commercial transactions in

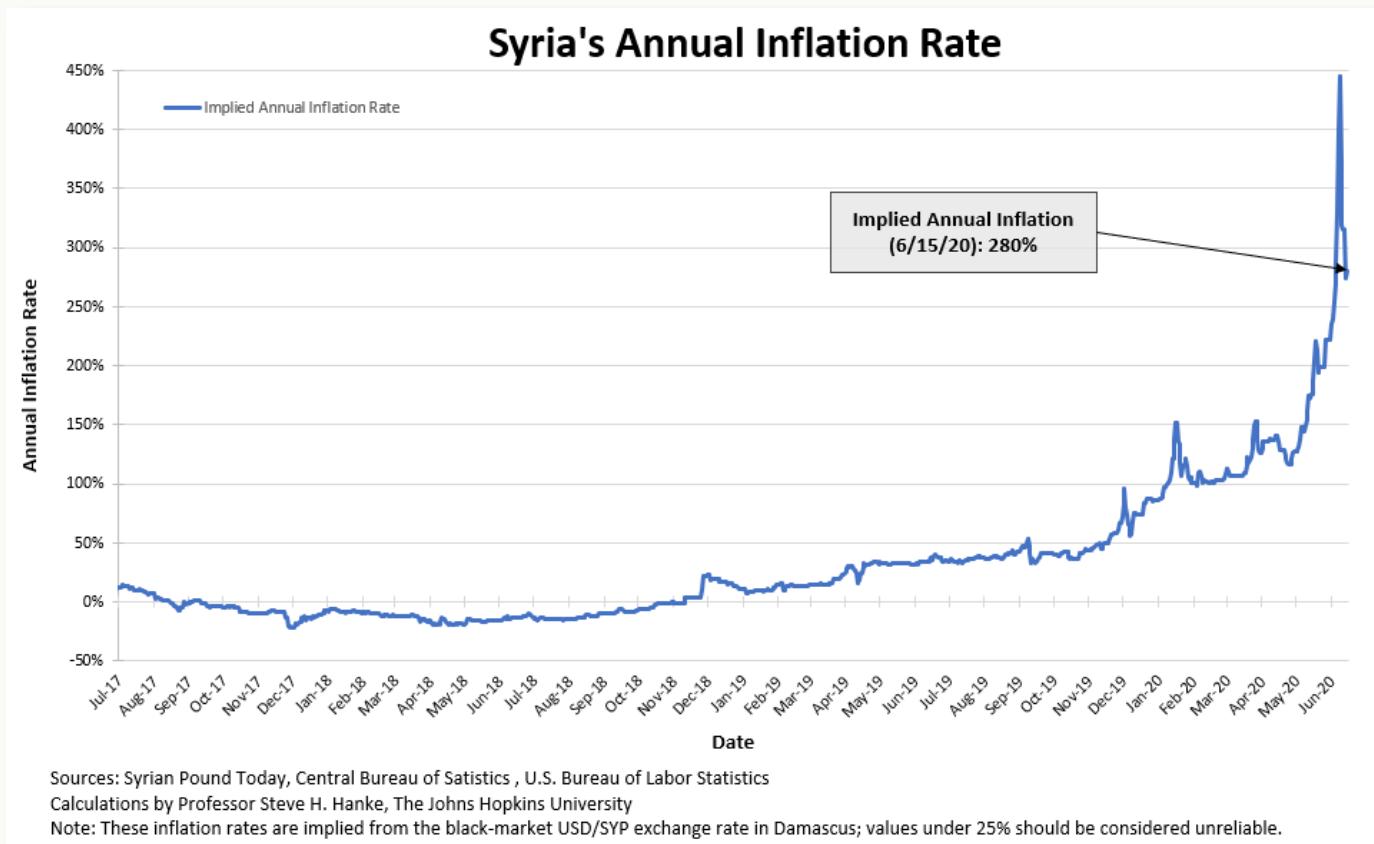
anticipation of the Caesar Act's entry into force.<sup>51</sup>

Worries regarding the Caesar sanctions stem from fears that the new layer of sanctions will halt the inflow of foreign capital needed for post-war reconstruction. This worry is well-founded, as the Caesar sanctions have been designed for precisely this purpose, aiming to deter foreign financial engagement and commercial reconstruction agreements with the Assad government.

The Caesar Act contains a specific provision exempting humanitarian goods and services from the reach of the sanctions. This humanitarian 'carve-out', which mirrors similar humanitarian exemptions in both US and EU Syria sanctions, is intended to ensure the flow of needed humanitarian and medical aid to Syria and mitigate unintended economic consequences of the sanctions on the Syrian people.

Nevertheless, anticipation of the Caesar Act has contributed to the currency crisis in Syria, due to fears of its economic impacts. This in turn has affected the Syrian civilian population, with the collapse of the currency driving up inflation, causing the prices of basic goods including food and power to skyrocket.<sup>52</sup> Economic shocks felt by the Syrian population are not unique to the Caesar Act: as SJAC has written elsewhere, existing sanctions have played a contributory role to the economic crisis in Syria.<sup>53</sup>

However, sanctions are only one of a multitude of factors contributing to the currency crisis. A financial crisis in Lebanon has further worsened the Syrian economy, as Syria's banking ties to Lebanon have increased substantially throughout the conflict. Lebanese banks have imposed tight controls on currency withdrawals and transfers



Syria's inflation rate as of June 15, 2020. Graph and calculations by Steve H. Hanke, Professor of Applied Economics at Johns Hopkins University in Baltimore (USA) and one of the world's experts on hyperinflation.

abroad, which has effectively halted financial flows from Syria to Lebanon. Economic issues in Iran have similarly rebounded onto the Syrian economy, as Tehran has been “unable to keep the Syrian economy afloat.”<sup>54</sup> The Rami Makhlouf affair – and the message it sent to the Syrian elite and major currency traders – is another factor, identified as triggering a further collapse of the Syrian pound.<sup>55</sup> Furthermore, a major factor contributing to the economic downturn has been the COVID-19 pandemic itself. Economists are predicting that COVID-19 will cause recessions “unlike any other seen in modern economic history” and will hit the global economy three

times harder than the 2008 financial crisis.<sup>56</sup> In Syria, like many other countries, the economy has been severely affected by the closing of all shops and businesses to combat the spread of the virus.

Ultimately, the most significant cause of the economic crisis is the Syrian government—its irresponsible fiscal policy, continuous corruption, refusal to respect international laws and norms or engage in good-faith political and diplomatic negotiations. As has been sharply observed elsewhere, critics of sanctions often neglect “to acknowledge Damascus’ role in the systematic destruction of Syria’s economy.”<sup>57</sup>

## E. ANALYSIS

The issue of unilateral coercive sanctions on Syria is controversial and has sparked widespread debate. “Blanket” or sectoral sanctions have drawn particular criticism for the negative impacts they have on Syrian civilians as a whole, in contrast to narrower, targeted sanctions. However, as nearly two-dozen Syrian civil society organizations expressed in a recent statement: “To say that these sanctions are the cause of the economic and humanitarian crisis in Syria is inaccurate, and is mainly promoted by the Syrian authorities and their allies such as Russia, China and others. Therefore, it must be emphasized that the first and main cause of the humanitarian and economic crisis in Syria is the widespread and systematic violations of human rights and international humanitarian law by the Syrian authorities and their allies.”<sup>58</sup>

While it is well-known that the Syrian conflict has been marked by egregious and repeated violations of international humanitarian law, it must be emphasized that this pattern has continued even after COVID-19 emerged in late 2019. For example, a recent Amnesty International report detailed 18 cases in January and February 2020 where Syrian and/or Russian government forces targeted medical facilities and schools in Idlib, western Aleppo and northwestern Hama governorates.<sup>59</sup> According to the Idlib Health Directorate, Syrian or Russian attacks damaged or destroyed 10 medical facilities in Idlib and Aleppo between December 2019 and February 2020, killing nine medical and support staff.<sup>60</sup> According to AI, five hospitals in areas under armed opposition group control were forced to close due to the relentless attacks.<sup>61</sup>

It is imperative to highlight the Syrian government’s recent violations of international law for two reasons. First, it undermines the credibility of their calls to lift sanctions. The Syrian government and its allies have claimed that the suspension of sanctions is urgent and necessary on the basis that the sanctions are preventing the provision of humanitarian and medical aid to the Syrian people during the COVID-19 pandemic. These claims cannot be considered remotely credible in light of the government’s attacks against numerous medical facilities as recently as February 2020. Second, this recent string of attacks highlights the Syrian government’s irresponsible financial policy and lack of concern for the impacts of the current economic crisis on the Syrian people. Despite experiencing both a pandemic and an economic crisis, the Syrian government has continued to devote its budget and resources towards military offensives in the northwest rather than use those resources to alleviate the suffering of the Syrian public.

Sanctions regimes inarguably have an effect on the Syrian economy. However, it is critical to highlight that the Syrian government has consistently made poor policy and governance choices that prioritize military offensives and development projects that benefit Assad’s inner circle rather than ensuring basic food security for Syrian citizens. Moreover, blaming international sanctions is a domestic political point meant to deflect the anger of citizens and insulate the government against political criticism and opposition rather than acknowledge and adjust the government’s own economic policy mistakes. While sanctions are one of many factors aggravating Syria’s economic issues, the Syrian government’s own fiscal policies have contributed to and exacerbated the crisis.



Marketplace in Idlib, 2020 (c) Lens Young Dimashqi

For example, the government and the central bank have been widely criticized for ‘standing idle’ while the Syrian pound deteriorated in value without taking any proper action, failing to find solutions to the economic crisis, and failing to control the exchange rate.<sup>62</sup> Another example arose in early May 2020, when the Syrian Ministry of Oil announced that it is reducing its automobile fuel subsidies, removing owners of more than one car and users of vehicles with powerful engines from its ration system.<sup>63</sup> The government’s decision sparked criticism on social media and on the street, yet government officials were quick to deflect responsibility and blame the crisis on US and EU sanctions alone.<sup>64</sup>

A Syria expert consulted by SJAC also pointed to the government’s recent actions in anticipation of the Caesar sanctions, such as cracking down on hawalas. The crackdown on hawalas, usually used for remittance payments, both stopped the flow of money into Syria and limited purchasing power within Syria. These policies have served to increase panic and expedite the financial crisis.

It is clear that the main cause of public suffering is not economic sanctions but the policies of the Syrian government. To lift sanctions on the Syrian government and its allies would therefore further jeopardize human rights, reward extreme and repeated breaches of international law, and normalize the perpetration of war crimes. Protecting human rights and safeguarding ongoing justice and accountability efforts is paramount and must be central to all COVID-19 relief efforts.

Finally, proponents of the call to lift sanctions should be reminded that there is a clear roadmap to the elimination of unilateral economic sanctions on Syria. Both the US and the EU sanctions regimes make clear that sanctions will be lifted if President Assad agrees to a political transition of power. If the Syrian government is genuinely concerned about the impact of economic sanctions on its ability to protect the Syrian public from COVID-19, there is a clear option available to it.

# V. Policy Recommendations

While the lifting or suspending of sanctions is not advised, medical and humanitarian needs in Syria are not being met. Existing sanctions regimes should be adjusted and calibrated to meet both urgent and anticipated needs arising from the COVID-19 situation. The following policy recommendations set out several steps that should be taken in order to ease the effect of sanctions on medical and humanitarian aid in Syria during the pandemic.

Despite the low number of cases officially reported within Syria to date, there is ample reason to prepare a robust long-term policy in anticipation of the virus remaining a risk for the foreseeable future. This is supported by the fact that, to date, no vaccine for the virus has been successfully developed. Policy recommendations, both those specific to sanctions regimes and general recommendations, should therefore respond to and address both urgent needs in the short-term and anticipated needs in the mid- to long-terms. Short-term policies should seek to ease negative impacts of existing sanctions regimes on humanitarian and medical relief efforts, and facilitate the ability of relevant actors to respond rapidly and sufficiently to pressing medical and humanitarian needs arising from the current COVID-19 situation in Syria. Mid- to long-term policies should aim to ensure an adequate response is prepared and ready to mitigate suffering if the situation in Syria escalates over the coming months.

With this in mind, the following policy recommendations have been designed to facilitate medical and humanitarian relief efforts related to COVID-19 without raising the risks attached to lifting or suspending sanctions, which would impede ongoing justice and accountability efforts and put human rights at further risk of abuse in Syria. The first category recommends several temporary adjustments to US and EU sanctions on Syria to address major issues, particularly with respect to timeliness during COVID-19. The second category outlines several complementary policy recommendations that can work to alleviate humanitarian and medical concerns during COVID-19 without lifting existing sanctions.

## A. SANCTIONS ON SYRIA: POLICY RECOMMENDATIONS

### 1. US/EU: Issue “comfort letters” to exporters of vital medical and healthcare equipment and actively clarify humanitarian exemption processes.

To ease the effects of their respective sanctions regimes on Syria, the US and the EU should issue specific “comfort letters” to exporters of vital medical and healthcare equipment, actively work to clarify existing humanitarian exemptions and licensing requirements to relevant stakeholders, and take steps to ensure the expeditious application of humanitarian exemptions.

Both the US and the EU have responded to calls for the lifting of sanctions by reiterating that their respective sanctions programs contain built-in humanitarian “carve-outs” that do not restrict the export of basic humanitarian aid including food, medicine, and medical devices. Shortly after the global outbreak of COVID-19, SJAC and other human rights groups called on the US and the EU to take steps to actively clarify issues surrounding the humanitarian exemptions and encourage the use of such exemptions by medical and humanitarian actors.

Both the US and the EU have since released documents intended to clarify the humanitarian exemptions built into existing sanctions regimes. On April 16, the US Office of Foreign Assets Control (OFAC) issued a factsheet summarizing humanitarian exemptions and exceptions in its sanctions regimes on countries including Syria, Iran, Venezuela, Cuba and North Korea.<sup>65</sup> The OFAC factsheet states that: “The sanctions programs administered by the US Department of the Treasury’s Office of Foreign Assets Control (OFAC) generally allow for legitimate humanitarian-related trade, assistance, or activity under existing laws and regulations” and encourages interested parties to “avail themselves of longstanding exemptions, exceptions, and authorizations.”<sup>66</sup> The EU Commission released a more comprehensive Guidance Note aiming to counter ‘myths’ about the effects of sanctions on humanitarian aid and respond to a number of frequently asked questions.<sup>67</sup> The EU Commission Guidance Note is specific to Syria.

While this general guidance is welcome, aid workers suggest that these general assurances do not sufficiently mitigate risk aversion in the

banking sector. More active steps are still needed. Particular focus on engaging with the banking sector and addressing risk concerns so as to ensure fund transfers for humanitarian goods can continue unimpeded, and to ensure that donor funds to support aid can reach countries under sanction quickly.

The guidance provided by the OFAC fact-sheet with respect to Syria is minimal, reproducing the text of the relevant Syrian Sanctions Regulations but failing to clarify the legal jargon and questions as to the applicability of the regulations in the specific context of COVID-19. Further, the factsheet fails to address or clarify additional sanctions complications regarding Syria that may arise due to designated Russian and Iranian links.<sup>68</sup> It also fails to clarify the temporary rules issued by the Federal Emergency Management Agency (FEMA) on April 10, 2020, which prohibits the export from the US of five types of PPE without explicit FEMA approval.<sup>69</sup>

OFAC should take steps to consult with relevant actors and identify concerns and commonly experienced issues encountered by those using the humanitarian exemption process for Syria. It should endeavor to release more detailed guidance that addresses the specific issues raised by humanitarian actors and especially address licensing issues related to the provision of supplies necessary for COVID-19 relief efforts.

Moreover, both the OFAC factsheet and the EU Guidance Note appear to have been developed for and aimed at a limited audience, namely NGOs and private sector exporters of medical and humanitarian goods. However, according to Syrian sources, the humanitarian exemptions

are not well known among the Syrian public. The Syrian public has been exposed to the Assad government's narrative that the US and EU sanctions are responsible for the current scarcity of goods, especially medical, in the Syrian market. There has consequently been a recent surge of anti-sanctions sentiment on Syrian social media, with many Syrians blaming the current economic crisis on the existing sanctions and the impending Caesar sanctions. This trend of increased anti-sanctions commentary has been observed even among sections of the population that are not particularly pro-government.

The US and EU should counter this narrative by developing guidance and information regarding the humanitarian exemptions, aimed specifically at reaching the Syrian public and addressing their concerns. This recommendation is supported by recent research which found that many ordinary Syrians feel some level of "ambivalence and anxiety" towards sanctions, are uncertain what the Caesar Act's impact will be, and fear that further sanctions will only worsen the economy without achieving their intended policy objectives.<sup>70</sup> More generally, as one Syria expert consulted by SJAC noted, US communications have been limited to half-hearted efforts to engage with the Syrian Sunni opposition, failing to ensure that policy and messaging are inclusive to all Syrians.

Given that the humanitarian exemptions were designed to mitigate harmful effects on the Syrian civilian population, the Syrian public should have access to information that clarifies US sanctions policy and humanitarian exemptions. Clear and succinct information that debunks common myths regarding the sanctions could be disseminated to the Syrian public on social media



Women walk through a marketplace in Homs, 2019  
(c) Lens Young Homsi

to help combat incorrect and harmful narratives. Outreach and messaging should be specifically crafted to reach Druze, Alawite, Kurdish and other minority groups. For example, information should be published in Arabic and Kurmanji, and disseminated on social media channels and platforms that reach these groups. One Syrian expert stressed that the more transparent the US and EU sanctions are to the Syrian public, the less the Assad government can manipulate the narrative.

Thus far, however, the humanitarian exemptions have not prevented the sanctions from negatively impacting the medical and humanitarian sectors in Syria, and the Syrian civilian population more generally. For example, despite the humanitarian carve-outs, sanctions have had an adverse impact on the medical sector in Syria as a result of the

perception of high risk by banks and foreign companies. According to a 2018 report by the UN Special Rapporteur on sanctions, restrictive measures imposed by the sanctions regimes have “harmed the ability of Syria to purchase and pay for medicines, equipment, spare parts, and software.”<sup>71</sup> Recent research suggests that the burdensome compliance requirements attached to the humanitarian exemptions have deterred companies from using them at all, rendering them “almost meaningless, even for clearly green-lighted products like medicine.”<sup>72</sup> The time-consuming process and related difficulties attached to the humanitarian exemptions have consequently led to a degradation in the quality of medical supplies and equipment being imported to Syria.<sup>73</sup>

Further, humanitarian exemptions are of little use if they deter most banks and exporters from making use of them at all. Aid workers stress that exporters are often unable or unwilling to make use of humanitarian exemptions due to burdensome compliance requirements, uncertainty over the scope of the exemptions, and fear of inadvertently breaching sanctions in place. Similarly, according to an American lawyer who regularly advises companies that do business with Syria and Iran, it is exceptionally difficult to find banks willing to process transactions for any sanctioned countries. The same lawyer points out that even where an exporter is able to obtain a Specific License, a process that is burdensome and often takes months, banks are usually unwilling to proceed without a specific “comfort letter” from the government pertaining to the Specific License. General Licenses issued under the humanitarian exemption present even more difficulties for companies and organizations trying to use them,

as the bank has “only your word” and no concrete or specific assurance regarding the transaction. Yet OFAC has historically refused to remedy this issue because to issue comfort letters for General Licenses would defeat the distinction between General and Specific Licenses. Ultimately, it is clear from those with experience using the humanitarian exemptions that the procedures must be adjusted and re-calibrated to better facilitate the use and application of the exemptions in practice.

While the recently released factsheet is a helpful reference document, there are concerns that this type of general assurance will not make a meaningful difference because it is still not the “transaction-specific” comfort requested by banks. To facilitate increased engagement among financial institutions and relevant exporters during COVID-19, the US should temporarily issue “comfort letters” or specific assurances to companies operating within the humanitarian and medical sectors, in order to actively promote the use of the carve-outs for medical and humanitarian transactions. This strategy was used by the US Treasury following the signing of the Iran deal, and successfully encouraged banks to work with the Iranian government on specific trade issues.

Finally, relevant bodies overseeing general and specific licensing in both the US and the EU should also take steps to ensure the expeditious application of humanitarian exemptions, especially during the COVID-19 pandemic. Aid workers in northeastern Syria have reported that the US government typically takes between three to six months to process a request for the purchase of IT equipment for NGO staff.<sup>74</sup> Aid groups

working in Syria say the bureaucracy involved in getting exemptions can be bewildering, slow, and costly, especially given that it often requires the involvement of trained legal staff. Several groups representing Syrian civil society have called for countries imposing unilateral sanctions to “simply accelerate and unify the procedures” of acquiring humanitarian exemptions.<sup>75</sup>

Humanitarian carve-outs must be effective in practice and both the US and the EU should take steps to temporarily ease time-consuming compliance requirements during the pandemic. The urgency of the COVID-19 situation requires both the US and the EU to ensure that licenses are issued within an expeditious time-frame and arrange existing resources to achieve this.

## **2. US/EU: Provide temporary exemptions for dual-use goods and services.**

Relevant bodies overseeing sanctions regimes in the US and the EU should identify dual-use products necessary for COVID-19 response efforts and/or dual-use products needed to mitigate negative economic impacts on the Syrian public. Temporary exemptions should be issued for these products.

Both the US and the EU have emphasized that goods and medical supplies used for humanitarian purposes are not subject to existing sanctions regimes. However, many items, particularly items and supplies used in the medical sector, are dual-use products that fall into a grey area within existing sanctions regimes. Items and products subject to the ‘dual use’ definition used by both US and EU sanctions regimes do not clearly fall within humanitarian and medical exemptions and

organizations seeking licensing for such products are tasked with the time and expense of navigating a complex and confusing process. This is particularly problematic during COVID-19 where some of these products are critical to response efforts in Syria.

For example, medical items previously flagged as dual-use include: nitrous oxide (used for anesthetics in hospitals but also in bomb-making), agricultural fertilizer and pesticides, certain drilling tools, pipes, chlorine products used for water purification and sanitation (and as chemical weapons), construction equipment, computers and IT equipment, and power generators. Even importing spare parts for dialysis machines reportedly runs into a “labyrinth of legal injunctions.”

The US and the EU should consider temporarily easing restrictions on certain dual-use products of particular importance to COVID-19 relief efforts. Licenses will have to be conditional on rigorous transparency requirements in order to mitigate risk, but NGOs and medical groups that have been thoroughly vetted should be issued temporary assurances to export dual-use items under the humanitarian exemptions without being subject to the usual process, which is too time consuming in the COVID-19 context.

## **3. EU: Appoint a special representative for humanitarian exemption applications.**

The EU should create a single contact point to deal with humanitarian derogation requests under EU sanctions in order to simplify, coordinate, and expedite COVID-19 response efforts.

As it stands, the 28 National Competent Authorities (NCA) located in each EU country are responsible for reviewing requests and assessing possible risks and compliance with EU sanctions. NCAs are national bodies nominated by the Member States to manage EU sanctions at a domestic level. They are tasked with assessing requests for derogations, replying to questions, or otherwise engaging with operators within their jurisdiction in the context of humanitarian activities. The NCAs are intended to provide clarity to public and private operators which must comply with EU sanctions and which are involved in the supply of humanitarian aid to the population in order to combat the COVID-19 pandemic.<sup>76</sup>

Currently, each NCA seeks advice from the European Commission when it has further questions or needs support. Further, an exemption from EU sanctions must be cleared with both an EU office in Beirut and with national European authorities involved in the trade of whatever product an NGO wants to bring into Syria. In a time-sensitive crisis like COVID-19, these extra layers of communication should be eliminated to promote the expeditious handling of humanitarian derogation requests and other urgent needs.

The establishment of a single contact point operating with pooled resources will have the much-needed benefit of streamlining and expediting derogation requests and humanitarian exemption licenses throughout the EU, ensuring consistency and avoiding the unnecessary repeating of work. Close cooperation between EU member states is essential to facilitate efficient responses to pressing needs, and the temporary creation of a COVID-19 specific contact point for

humanitarian derogations would enable stronger joint cooperation on this issue.

During COVID-19, the contact point should also have trained legal staff knowledgeable of EU sanctions and humanitarian exemptions, available to advise interested parties and answer questions. Aid workers with NGOs on the ground in Syria pointed out that utilizing the humanitarian exemptions is impossible for many low-funded NGOs that cannot afford to hire a dedicated legal advisor responsible for submitting licensing requests and ensuring compliance. The burden and cost of the process thus limits the use of humanitarian exemptions in sanctions regimes. Having trained legal staff available to assist interested parties with general compliance related questions would further help encourage the use of humanitarian exemptions in practice.

The contact point could also be essential in facilitating joint-cooperation between the US and the EU on sanctions issues pertaining to Syria. Since the American sanctions are applied to any item containing at least 10 percent US parts, many European products are also subject to US restrictions. Joint cooperation from a central contact point during the COVID-19 crisis would go a long way towards simplifying the use of humanitarian exemptions in sanctions regimes and therefore aid urgent relief efforts in Syria.

#### **4. US/EU: Facilitate remittance payments to Syria.**

The US and the EU should formulate a strategy that facilitates remittance payments to Syrian civilians and humanitarian and medical organizations operating in the country. To

ensure that sanctions regimes are not negatively impacting Syrian civilians, existing regimes should be complemented by the development of a system modelled after the successful UK-Somalia Safer Corridor Initiative, with sufficient security-minded safeguards in place.

Remittance payments, generally understood as the money or goods that migrants or the wider diaspora send back to families and friends in origin countries, have played an increasingly important role in Syrians' household income in the last 10 years.<sup>77</sup> In large parts of Syria outside of government control, remittance payments are also used by NGOs to pay suppliers and operational costs.<sup>78</sup> According to the World Bank, \$1.6 billion worth of remittances flow into Syria every year, comprising almost 15 percent of nominal GDP, a volume well above the global average. The true value of remittances could be significantly larger,



A street vendor in Damascus, 2019  
(c) Lens Young Dimashqi

as available data does not account for money sent to Syria through informal channels.<sup>79</sup>

However, the Syrian diaspora is often unable to send home remittances due to prohibitive banking restrictions, sanctions, and the consequent unwillingness of banks to shoulder the risks associated with money transfers to 'high risk' places.<sup>80</sup> As a result, hawala agents have become the cheapest and most accessible way for Syrians to receive remittances, playing a leading role in money transfers outside of both government control and sanctions regulations.<sup>81</sup>

The US Syria Sanctions Regulations technically exempt non-commercial personal remittances to or from Syria.<sup>82</sup> Further, US persons, banks, and registered money transmitters are authorized to process transactions to and from Syria, or transactions for or on behalf of an individual ordinarily resident in Syria where the transfer involves a non-commercial, personal remittance.<sup>83</sup>

However, under the SSR, personal remittances do not include charitable donations of funds to or for the benefit of an entity, or funds transferred for use in supporting or operating a business, including a family-owned business.<sup>84</sup> Further, despite certain non-commercial personal remittances being exempt under SSR General Licenses, in practice banks are generally unwilling to process remittance payments to Syria. This negatively and severely affects both individual Syrians and local NGOs, many of whom are in position to provide critical humanitarian and medical relief during the COVID-19 pandemic. With the current sanctions regimes, NGOs have turned to alternative solutions for paying staff and buying supplies, such as carrying bags of cash across the border,

despite significant security risks in doing so.<sup>85</sup> Some groups have begun using hawalas, which also present significant risk. In northwestern Idlib, for example, Tahrir al-Sham has reportedly tried to control local hawala offices.<sup>86</sup>

During the COVID-19 pandemic and the turbulent economic situation in Syria, remittance payments are a vital lifeline for a large proportion of Syrian society to afford basic and fundamental goods. The US and the EU must formulate a strategy that simplifies and facilitates personal money transfers to Syria.<sup>87</sup> The UK-Somalia Safer Corridor Initiative, launched in October 2015, sets a strong precedent for opening financial channels while ensuring sufficient safeguards to avoid money being funneled to ISIS and other terrorist groups.<sup>88</sup> For example, strict limits on the amount of money that can be sent through the channel and limitations on the number of transactions per month per individual could help ensure that all money transferred through the channel is closely tracked and accounted for.

As one Syrian economic expert pointed out, remittances are extremely important for people receiving dollars during the current shortage of foreign currency in Syria. Further, according to the same expert, remittances are increasing in importance as the influx of Syrians registered as refugees in the EU are beginning to find gainful employment, which means the potential of the Syrian diaspora to send remittances back home is increasing. While COVID-19 lockdowns have had an impact on employment, the potential for remittances are likely to increase in the coming months as economies reopen. A targeted focus on facilitating remittance payments from outside of the country would therefore have substantial

benefit to a large proportion of the Syrian public, helping to improve their financial power and ability to afford fundamental goods. Facilitating remittance payments is a beneficial strategy in averting risks to NGO personnel and aid workers as well.

## **5. International Community: Negotiate a relief mechanism modeled after the Swiss-Iran channel.**

If COVID-19 remains an issue in the mid- to long-term, which is likely, the international community should develop and implement a mechanism for Syria modeled after the recently launched Swiss-Iran humanitarian trade channel. Despite a similar humanitarian exemption in US sanctions on Iran, onerous compliance measures had largely deterred foreign banks from doing any business with Tehran. The mechanism, formally known as the Swiss Humanitarian Trade Arrangement (SHTA), was created to encourage the provision of humanitarian aid, medical supplies, and basic necessities without risk of violating US sanctions. The mechanism has successfully attracted dozens of companies and firms in the medical, pharmaceutical, and food sectors.

A similar mechanism should be created to respond to the increase in demand for critical humanitarian aid and medical relief in Syria during the pandemic. However, the creation of the channel should be subject to strict requirements obliging the Syrian government to allow the WHO full and unimpeded access to relevant data and information on the outbreak and agree to independent monitoring.

Further, while the Swiss-Iran channel can serve

as a useful model for Syria, certain adjustments should be made to improve its efficacy. For example, the Swiss-Iran humanitarian channel is only available for Swiss-domiciled companies, which severely limits its functionality. A similar model in Syria should rectify this issue by expanding the criteria necessary for use. Persons with knowledge of the channel suggest that the Swiss are unlikely to have the capacity to develop another channel for another sanctioned-country, but suggest that a country like Sweden or the Netherlands may be interested in developing such a model. Finally, according to persons advising companies using US humanitarian exemptions for exports to Syria, most licenses that have been granted to Syria have been to medical companies selling through distributors in government-controlled areas, including Damascus, Aleppo, and Latakia. Sources consulted by SJAC do not believe that clients have been obtaining licenses for opposition-controlled areas. Therefore, a humanitarian channel modeled after the Swiss-Iran corridor should also seek to improve existing humanitarian exemptions by ensuring that humanitarian and medical aid is able to be distributed to all areas of Syria.

## B. GENERAL POLICY RECOMMENDATIONS

### 6. International Community: Urgently reopen the Al Yarubiya border crossing.

Urgently re-authorize and re-open the Al Yarubiya border crossing at the UN Security Council and ensure the renewal of existing cross-border mechanisms at the UN Security Council meeting

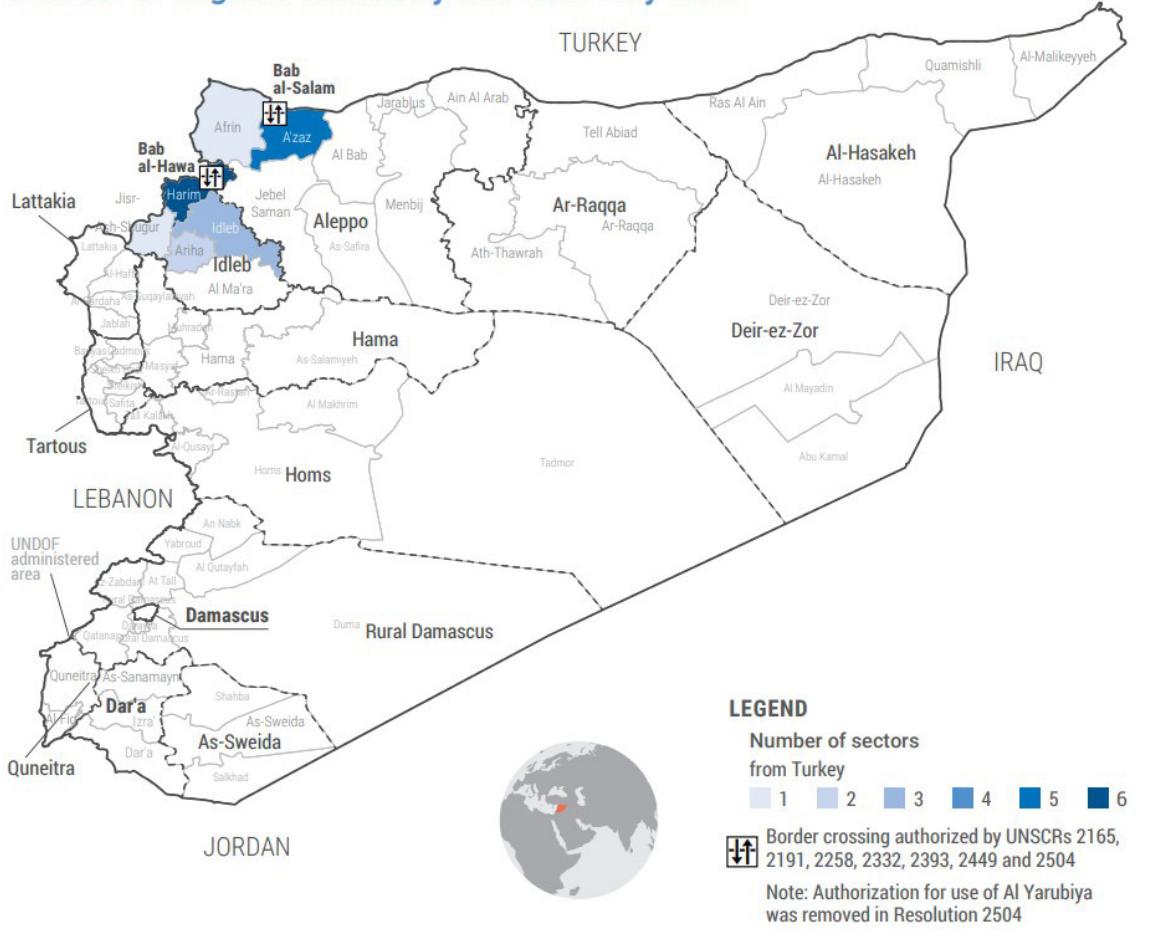
tabled for July 10.

In December 2019, Russia and China blocked a draft resolution providing for the extension of Security Council Resolution 2165, which had allowed the UN to deliver aid across borders. After extensive debate, Russia and China agreed to extend the resolution to deliver aid across borders on January 10, 2020, but for a period of only six months and only through two border crossings instead of the previous four. The four border crossings from Syria's borders with Turkey, Jordan and Iraq, first adopted in 2014 by UNSC Resolution 2165, provided essential aid to nearly 40 percent of the Syrian population.<sup>89</sup> Resolution 2165 was adopted in response to the Syrian government's persistent refusal to give the UN and other aid agencies permission to supply areas not under government control with humanitarian aid.<sup>90</sup>

The UNSC's failure to renew the Al Yarubiya border crossing between Iraq and northeast Syria deprived the UN of an explicit legal mandate to serve the region. The sudden elimination of this legal mandate has had critical effects on the humanitarian response in the region, preventing the UN from continuing to deliver specialized medical equipment and forcing it to suspend funding for many of its NGO partners, who must now rely on "alternative, woefully inadequate, and easily manipulated means" to deliver aid, such as land-based convoys from Damascus.<sup>91</sup> Northeast Syria has consequently been cut off from outside aid, including UN shipments that used to arrive from Iraq.<sup>92</sup>

Efforts by the UN to identify alternate routes to fill the gap have so far proved unsuccessful.<sup>93</sup> On May 10, the World Health Organization was able to

## Number of targeted sectors by district in May 2020



UN cross-border operations from Turkey to Syria. Remaining border crossings following resolution 2504.  
Source: unocha.org. Creation date: 2 June 2020

deliver a 30-ton consignment of medical supplies to Qamishli by road, which was the first overland delivery of WHO supplies to the northeast in two years. At present, medical supplies delivered cross-line to northeast Syria are reaching only 31 per cent of facilities that previously depended on Al Yarubiya border crossing for these supplies.<sup>94</sup>

A combination of more cross-border and cross-line access is required to sustain, and preferably increase, humanitarian assistance to Northeast Syria. Several cross-border options were identified in the UN Secretary-General's report on alternatives to Al Yarubiya, released in February,

but the report stresses the limitations of these alternative routes in comparison to Al Yarubiya.<sup>95</sup>

Re-authorizing the urgent reopening of the Al Yarubiya border crossing in July will depend primarily on securing Russian and Chinese support in order to prevent the vetoes that blocked the renewal of the Al Yarubiya border crossing in December 2019. Russia should be reminded that it has previously approved the border crossing on several occasions since 2014. Russia and China should also be reminded that when they forced the reduction of cross-border aid points from four to two, they argued that the UN should engage

the government to facilitate cross-line aid from Damascus to civilians. The UN has since engaged, but gaining the government's approval to deliver medical aid to humanitarian hot spots has taken months.<sup>96</sup> The lengthy delay to gain government approval is unacceptable during the COVID-19 crisis.

Turkey recently proposed the opening of a fifth border crossing in southeastern Turkey for the purpose of meeting increased demands for humanitarian aid in northern Syria.<sup>97</sup> Russia and China have opposed the idea. However, the international community should support the Turkish proposal for a fifth border crossing and engage in negotiations with Russia and China if the location of the proposed crossing is well-placed to mitigate existing shortages in humanitarian aid and increase urgently needed deliveries to Syria. In the mid- to long-term, especially if Al Yarubiya is successfully re-authorized, the UN Security Council should also agree to the re-authorization and re-opening of the Al-Ramtha border crossing from Jordan.

Finally, it is imperative that the UN Security Council renew the two border crossings currently authorized, Bab al-Salam and Bab al-Hawa in Turkey. Due to Russian and Chinese opposition, the Council only re-authorized these two border crossings for a period of six months as opposed to the previous 12. To avoid potential disruption to the flow of humanitarian aid to Syria, Council members must ensure consensus on the renewal of the mandate for the use of these crossings well in advance of the deadline on July 10, 2020.

## **7. International Community: Pass the UNSC Global Ceasefire resolution.**

To support the continuation of the peace process, the international community, particularly the US, should urgently reach a consensus and pass the UN Security Council Global Ceasefire resolution in order to ensure enhanced coordination and cessation of hostilities in Syria.

Though Russian-Turkish cooperation in the northwest has produced some reduction in violence, pursuant to their March agreement, several cross-line offensives<sup>98</sup> and episodes of violence have recently occurred. For example, an attack that killed several Syrian soldiers prompted strikes on Idlib, as well as rocket fire at Hmeimim Air Base in Latakia.<sup>99</sup> Mutual shelling continues, as do improvised device attacks, targeted killings, and military build-up across northern Syria, renewed clashes in the southwest, reported airstrikes by Israel in Deir-ez-Zor and Aleppo, and indications of a resurgence of Islamic State in Iraq and the Levant (ISIL/Daesh) in the eastern desert.<sup>100</sup>

The risk of an escalation needs to be immediately addressed.<sup>101</sup> A nationwide ceasefire agreement is critical for progress in the political process, as well as for the smooth and swift conduct of humanitarian operations, especially in the northeast and in Idlib province. The Russian-Turkish ceasefire must be supported, as it has helped to lower hostilities during the COVID-19 crisis. The Astana guarantors, the Council, and the Special Envoy should build on this momentum to make advances on the political front as mandated by resolution 2254 (2015).<sup>102</sup>

Approval of the Global Ceasefire resolution should be complemented by a resolution scaling-up coordinated counterterrorism efforts. Special Envoy for Syria Geir Pedersen recently warned

that terrorist groups are seeking to take advantage of the current situation, urged the UN Security Council to play close attention to such attacks, and voiced support for calls for effective, cooperative, and targeted counter-terrorism efforts.<sup>103</sup>

## **8. Syrian government: Release political detainees and allow access to prisons.**

The Syrian government should urgently release political prisoners and allow humanitarian actors and medical teams unhindered access to prisons.

In March 2020, UN High Commissioner for Human Rights Michelle Bachelet called on governments to reduce the number of people in detention in order to protect the health and safety of people in detention and other closed facilities and contain the spread of the COVID-19 pandemic.<sup>104</sup> Citing the UN Standard Minimum Rules for the Treatment of Prisoners ('the Mandela Rules'), the High Commissioner urged governments to release prisoners particularly vulnerable to COVID-19, including older detainees, sick persons, and low-risk offenders.<sup>105</sup> Amnesty International and other human rights groups have similarly called for the immediate and unconditional release of all political prisoners.<sup>106</sup> Syria has a particularly high number of persons arbitrarily detained for their participation in peaceful protests or for expressing dissenting political opinion.<sup>107</sup>

The estimated tens of thousands of persons currently detained in Syrian government detention facilities are at extreme risk of contracting and transmitting COVID-19 due to the horrific conditions of detention, including severe overcrowding and poor or non-existent

provision of hygiene or sanitation services.<sup>108</sup> The Syrian government has a history of denying detainees adequate medical care, sanitation supplies, ventilation, and space, and refusing to allow humanitarian organizations and medical actors access to detention facilities.<sup>109</sup>

Despite calls to release political prisoners, those aged over 60 held in pre-trial detention, and other at-risk detainees - a policy adopted by a number of nations globally - the Syrian government has not released any of its at-risk detainees. Instead it has carried out additional arbitrary arrests, even after it issued a new amnesty decree in March 2020.<sup>110</sup> The Syrian government must urgently release all at-risk and political prisoners, and allow humanitarian and medical teams access to all prisons and detention facilities.

## **9. SDF: Permit medical and humanitarian access to SDF-run prisons.**

Kurdish authorities in Northeast Syria must allow humanitarian and medical organizations access to SDF-run prisons in order to inspect their conditions, provide relevant data and information to the WHO without obstruction or delay, and immediately release all political prisoners.

Nine prisons exist in SDF-controlled territory, most of which hold those accused of being members or sympathizers of ISIS. International organizations are prohibited from visiting the SDF-run prisons and inspecting their conditions, and there is a serious fear of the spread of coronavirus due to the severe overcrowding, lack of medical care, and unsanitary living conditions.

Authorities governing the prisons in SDF-

controlled territory must urgently allow medical and humanitarian organizations access to inspect conditions, provide medical care, and implement measures to prevent the spread of COVID-19. The SDF must also cooperate with the WHO in providing all relevant data and information to ensure that it can effectively track and combat the spread of the virus.

Finally, the SDF must immediately and unconditionally release all prisoners of conscience or political prisoners.<sup>111</sup> While the majority of the detainees held by the SDF are alleged former ISIS militants and their families, right groups believe that the SDF holds dozens of dissidents and political opponents.<sup>112</sup> It is crucial that the SDF immediately release all political prisoners to mitigate risks of COVID-19 transmission within overcrowded detention facilities and ensure the safety of all detainees.

#### **10. Syrian government: Share COVID-19 data with the WHO and relevant medical relief organizations.**

The Syrian government should grant the WHO full and unimpeded access to data and information pertaining to COVID-19 in Syria, and should take immediate action to ensure that there are no further administrative delays between parties with respect to the reporting and testing of COVID-19 cases.

In the context of COVID-19, evidence-based modeling and high-quality forecasting is urgently needed to reflect accurate spread and transmission of COVID-19 across Syria. However, the WHO is only able to implement these steps effectively if it has access to accurate and timely data and



Graffiti in Homs, 2016 (c) Lens Young Homsi

information. The Syrian government must allow the WHO and medical relief organizations to operate transparently and to implement monitoring mechanisms to gauge and respond to the pandemic without political or bureaucratic obstruction.

The lack of transparency in the current response from the Syrian government will prevent effective COVID-19 responses and have dangerous repercussions. The Syrian government responded similarly to the re-emergence of polio in northeast Syria in 2013. The Syrian Ministry of Health in Damascus denied the existence and spread of the infectious disease and reportedly limited aid and supplies from reaching humanitarian actors operating in affected areas.<sup>113</sup> The failure to respond honestly, transparently, and efficiently resulted in 74 confirmed cases of the disease throughout Syria by 2017, when it was on the verge of worldwide eradication.

Steps should also be taken to facilitate joint cooperation between authorities in all areas of Syria. Currently, Syrian authorities have conducted coronavirus tests only in Damascus'

central lab, forcing the Kurdish-run northeast to send its samples by plane to the capital.<sup>114</sup> This burdensome and time-consuming process makes it difficult to track infections and curb the spread. For example, Kurdish officials were only notified that a death in their area was from COVID-19 two weeks after the fact, as both the Damascus government and the WHO failed to officially announce the COVID-19 death or inform local authorities.<sup>115</sup> The case, which was identified when a 53-year old man from Al-Hasakah City was admitted to the hospital on March 27, had tested positive despite having no travel history or contact with other confirmed cases, suggesting imminent spread and transmission in this area.<sup>116</sup> Indeed, by the time the Kurdish authorities were informed, relatives of the man tested positive, indicating community transmission.<sup>117</sup> Prompt communications among relevant actors in Syria with respect to the testing, reporting, and confirmation of positive cases is essential in COVID-19 responses so as to immediately implement a quarantine, track contact points, and contain the spread.

According to Human Rights Watch, aid workers have also cited bureaucratic obstacles in Damascus as preventing aid agencies from transferring supplies to non-government held parts of the country.<sup>118</sup> Damascus has refused to reverse its restrictions on aid reaching Kurdish-held areas in northeast Syria and is not allowing medical supplies and personnel into the region.<sup>119</sup> The Syrian government has also failed to collect COVID-19 test samples from northeast Syria for testing. Restrictions introduced by the KRG have also generated criticism; restrictions including banning agencies from buying medical supplies in the Kurdistan Region of Iraq that are destined

for export to northeast Syria to prevent and treat COVID-19, and a general lack of clarity relating to cross-border transfers, have been identified by aid workers and UN agencies as hindering COVID-19 response and preventing efforts in NE Syria.<sup>120</sup> Damascus must urgently reverse its restrictions on aid reaching Kurdish-held areas in northeast Syria and allow medical supplies and personnel into the region. That the government has yet to do so is another indicator that its position on sanctions is not credible and its calls for the suspension of sanctions not made in good faith.

## **11. Turkey: Ensure unimpeded access to safe water in occupied areas.**

To effectively contain and combat the spread of COVID-19, persons in Turkish-occupied areas must have consistent and unimpeded access to safe water. Access to safe water has been a longtime concern during the Syrian conflict. However, given the crucial role of frequent handwashing and hygiene practices in preventing the spread of COVID-19, access to water is integral.

Alok water station is the main water supply for 500,000 people in Hasakah, providing water to Al-Hol, Washokani and Erisha camps, as well as Til Temir district. However, under the Turkish occupation of Hasakah, the supplies needed to ensure the running of Alok have been frequently interrupted.<sup>121</sup> According to Hasakah Water Directorate officials, the Turkish state has refused permission to Alok station employees for 10 days in late April and early May 2020, resulting in the sixth cut in water supplies to Hasakah in recent weeks.<sup>122</sup> The supply reportedly resumed at less than full capacity, with only two of the five pumps at the station currently turned on.<sup>123</sup>

Access to clean water is not only a fundamental human right but is integral to combating the spread of COVID-19. Turkish interruptions to the water supply during the COVID-19 pandemic puts children and families in Turkish-occupied areas at unacceptable risk, and impedes the ability of humanitarian and medical agencies to protect vulnerable communities from the virus.<sup>124</sup>

The international community should respond by pressuring the Turkish government to allow the uninterrupted provision of water in areas under its occupation. The international community must ensure uninterrupted water supplies for Syrian civilians by closely monitoring the Turkish occupation in Syria. This will have a more direct impact on the health of Syrian civilians and the prevention of COVID-19 transmissions than the lifting of sanctions.

## **12. International Community: Support the WHO's COVID-19 relief efforts in Syria, with strict conditions and monitoring.**

Amidst a global shortage of urgently-needed medical supplies, the WHO is working to raise resources for Syria, which it has declared a priority area. The international community should pledge necessary material and financial support to the WHO for Syria's COVID-19 response, but with strict conditions and monitoring mechanisms attached so as to ensure the fair distribution of WHO aid and resources.

The WHO is currently working to provide the Syrian health ministry with medical and lab equipment, testing kits, protective gear, and training workshops, and is in the process of setting up testing labs in the regions of Aleppo, Homs, and Latakia.<sup>125</sup> To date, the WHO has airlifted

20 tons of supplies from Damascus, including ventilators and protective gear, most of which was sent to a hospital in a government-controlled pocket in the northeastern city of Qamishli.<sup>126</sup> Further, in consultation with Idlib authorities, the WHO has drawn up a \$30m plan to create 28 isolation units and prepare three new facilities for coronavirus patients in the region.

There remain significant shortages of personal protective equipment and other medical items across the country.<sup>127</sup> Despite some distribution of equipment by donors, primarily the WHO, there are still serious shortages of equipment including masks, ventilators, and ICU beds. The international community should pledge necessary material and financial support to the WHO to ensure that it is equipped to distribute relevant Personal Protective Equipment and other medical equipment to hospitals and medical facilities in Syria and build its capacity in at-risk areas.

Material and financial support from international donors is urgently needed to build limited laboratory and case investigation capacities in Syria. There is an ongoing major funding gap for Syria's humanitarian response: UN OCHA has previously reported that in 2019, it received only \$2.13bn of \$3.29bn needed, affecting all sectors, particularly WASH (received 34.5 percent of required funding), shelter/ non-food items (14.9 percent,) health (38.6 percent) and nutrition (73.6 percent).<sup>128</sup> In the context of COVID-19, testing capacity in Syria is not yet sufficiently established for epidemiological evidence across the country, and the UN has outlined the need to reinforce efforts in this area. The WHO requires further support for infection prevention and control efforts, from risk communication and community engagement to isolation centers.<sup>129</sup>

The international community and relevant donors should respond to the WHO's requests for financial support for particularly vulnerable and high-risk countries like Syria.

However, to mitigate risk, resources raised for the WHO must have certain conditions attached so as to ensure transparency in their use and distribution. The basis for conditional aid to the Syrian government is clear. The Syrian government has delayed and obstructed the WHO's requests for permission to build its capacity in the northeast, where only 26 of 279 public health centers are functioning for a population of 4 million.<sup>130</sup> Further, the government has weaponized the distribution of aid by authorizing WHO shipments only when supplies were sent towards "government loyalists."<sup>131</sup> The Syrian government has also delayed the delivery of testing machines to local authorities and has blocked the WHO from establishing a COVID-19 testing laboratory.<sup>132</sup> The government's actions during COVID-19 are consistent with its history of weaponizing and diverting humanitarian aid throughout the current conflict.<sup>133</sup> Therefore, rigorous transparency and monitoring conditions should be integral to the WHO's operations in Syria and financial and material support pledged by international donors.

In addition, the international community must take steps to ensure that surveillance efforts already being implemented by UN OCHA and the WHO in Syria to monitor COVID-19 cases and mitigate potential spread are not subject to abuse. International and local NGOs are coordinating with Syrian health authorities at local and regional levels to prepare facilities and ensure supplies for medical staff responding to the potential

outbreak. Strict protocols must be established and monitored closely so as to ensure that security, military, and intelligence apparatuses of the Syrian state are not accessing or using surveillance data and information intended for public health purposes. This point is underscored by a recent report by the International Committee of the Red Cross, which warned that medical facilities and hospitals are particularly vulnerable to hostile or malicious cyber operations.<sup>134</sup> Protecting personal identifying information of Syrian civilians gathered by the UN agencies like OCHA and the WHO must be prioritized.

The Syrian government's repeated undermining of the WHO's efforts cast significant doubt on the credibility of its claims regarding the impact of sanctions on efforts to combat COVID-19. Its continued weaponization of medical and humanitarian aid and failure to cooperate with the WHO undermine its claims that economic sanctions are the main obstacle to the provision of proper response and relief efforts to the Syrian public.

## VI. Conclusion

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Contrary to what critics suggest, lifting or suspending sanctions on Syria would not have a direct, immediate, or equitable impact on COVID-19 relief efforts across Syria. Instead, such actions would jeopardize human rights in the country and undermine historic efforts to seek justice for victims of atrocities in Syria and hold perpetrators of serious international crimes to account. Governments imposing sanctions on Syria have signaled that they are unlikely to lift sanctions without significant concessions from the Syrian government. Yet despite its own demands that sanctions be lifted, the Syrian government has not indicated any willingness to meet the conditions of the Caesar Act or make progress towards a political transition.

The Syrian people would be better served by advocacy efforts that focus on feasible, targeted policy options more likely to produce tangible benefits to COVID-19 relief efforts in the short term. If implemented, the policy recommendations put forward in this paper would ease identified obstacles to essential humanitarian aid and medical relief without increasing the risks associated with suspending or lifting sanctions. Implementing the policy recommendations outlined above will effectively assist the Syrian government's efforts to combat and contain the spread of COVID-19, while still prioritizing respect for human rights and ongoing justice and accountability efforts.

Economic sanctions should nonetheless be viewed as only one aspect of a larger diplomatic strategy, rather than a substitute for accountability. Sanctions can be a powerful tool to coerce countries into changing policy, for example by disrupting the practical ability of the government to wage war or by incentivizing countries to negotiate and make concessions in exchange for the lifting of sanctions. Targeted sanctions related to government reconstruction efforts, for example, have the potential to contribute to justice efforts in the realm of land and property rights. Targeted sanctions on individuals accused of war crimes similarly strengthen efforts to obtain justice for violations of international law and prevent their reoccurrence.

However, it is important to emphasize that justice cannot be achieved by sanctions alone. Sanctions fail to compel truth or prevent recurrence and are far removed from victim-centered processes of transitional justice. As such, to achieve real accountability in Syria, sanctions must be implemented in tandem with genuine political will to encourage a negotiated transition and proper opportunities for redress.

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