THE DOSSIER

The Public Health Effects of Normalization With Syria

By Salma Daoudi

Executive Summary

The gradual resumption of diplomatic relations between Arab governments and the Syrian regime has signaled a shift in regional geopolitical alignments, moving from a confrontational stance against Iran to a more reconciliatory position. By welcoming Syria back to the Arab League fold 12 years after its expulsion, governments have expressed interest in helping rebuild and stabilize a country long decimated by war. The discussion surrounding the impacts of normalization on Syria's economy and politics has focused mainly on certain industries, such as the petroleum sector, glossing over the reconstruction of sectors such as health care that are perceived as less politicized. However, the centrality of health to domestic politics and legitimacy renders the management of key social services a strategic asset in the Syrian political landscape post-2011.

Rebuilding Syria's public infrastructure, including its health infrastructure, is essential to improving the living conditions of Syrians and ensuring stable access to clean water, economic opportunities, and health care. Selective and politicized reconstruction of the country runs the risk of threatening the human and health security of Syrians in the long run, even while providing short-term relief. The risk that the regime of President Bashar al-Assad will continue to prioritize the health care needs of its supporters and sideline marginalized populations is significant, given the track record of sieges and imposed restrictions on vital aid.

Granting the power to rebuild Syria to one of the main actors responsible for its devastation carries

A medic marks the fingernail of a child after administering the cholera vaccination in Maaret Misrin, Syria, in the rebel-held part of northwestern Idlib province in March 2023.
(OMAR HAJ KADOUR / AFP via Getty Images)

concerning security implications. By disregarding the matter of detainees, neglecting the rights of refugees and internally displaced individuals, and failing to pursue accountability for war crimes and human rights violations, the normalization of relations with the Syrian regime erases the regime's culpability for the destruction of the country's infrastructure and prompts the establishment of an exclusionary infrastructure. As it grants the Assad regime more political leverage to manipulate reconstruction funds for its own political and economic advantage, normalization perpetuates existing security vulnerabilities and health inequalities within the country.

Key Takeaways

- The normalization of ties with the Syrian regime poses a challenge to the international community's efforts to find a political solution to the conflict by consolidating its control over the country and signaling that egregious human rights violations can go unpunished.

- While normalization may lead to increased funding for the Syrian health care system, the regime's track record of weaponization of health means that complete dependence on its willingness to provide or allow for the provision of health services would result in a health sector that heavily favors regime supporters.

- The diversion of funds to finance further human rights abuses and the selective reconstruction of Syria's health care system will fail to alleviate human suffering and increase chances for the spillover of infectious diseases.

Policy Recommendations

- The U.S. government and its partners should maintain opposition to normalization and advocate instead for a space for more inclusive recovery in Syria to counter selective reconstruction efforts and the regime's enrichment from aid.

- The international community should maintain the focus on responding to Syrian health recovery needs through effective and transparent mechanisms operated by local organizations and NGOs.

- The U.S. government and partnering governments and organizations should depoliticize current aid mechanisms by exploring legal alternatives to UNSC aid resolutions. This includes establishing aid pathways through which U.N. agencies can independently and transparently oversee procurement and distribution processes, the management of donor funding, and coordinating with different stakeholders to ensure equal and unconditional access to aid funds to all Syrians.

OCTOBER 2023

THE DOSSIER

The Public Health Effects of Normalization With Syria

By Salma Daoudi

NEW LINES INSTITUTE
FOR STRATEGY AND POLICY

Table of Contents

COVER PHOTO: A child receives a cholera vaccine at a school in the city of Sarmada, Syria, on March 7, 2023. The Syria Immunization Team started a cholera vaccination campaign that targeted camps and schools due to the spread of cholera in northwest Syria. (Anas Alkharboutli / picture alliance via Getty Images)

Introduction

Twelve years after the radicalization of state violence in Syria and the emergence of armed insurgent pockets across the country, the economy of Syria has crumbled, with the regime resorting to captagon trafficking as a primary source of revenue to keep the country afloat. More than 12 million Syrians are grappling with food insecurity as the humanitarian situation continues to deteriorate.

The first global trial over state-sponsored torture in Syria, held in Germany in 2022, provided much-needed hope for Syrian organizations and families in the pursuit of justice, especially as it was shortly followed by France's historic decision to prosecute former Syrian officials for collusion in crimes against humanity. Nongovernmental organizations and international bodies have documented throughout the past decade numerous instances of human rights violations perpetrated by the Syrian government and its affiliates, ranging from the use of chemical weapons to enforced disappearances, arbitrary arrests, torture, and violence against health care infrastructure and personnel.

However, these judicial decisions, inching closer to holding the regime accountable, were sharply contrasted by political dynamics facilitating its rehabilitation. After being shunned for many years over his record of human rights abuses and well-documented repressive violence, Syrian President Bashar al-Assad is gradually regaining the trust and allyship of key regional regimes, a victory symbolically captured by the Arab League's May 2023 summit welcoming back Syria. The February 2023 earthquake has emerged as an opportunity for the regime to reassert legitimacy as the main intermediary for the distribution of humanitarian aid and expedite negotiations to resume diplomatic ties, the process of which has long been in the making.

The implications of these rapprochements have been studied under various lenses, few of which have centered around the possible repercussions of regional reconfigurations on the human and health security of Syrians within the country. It is necessary for policymakers to contextualize the recent regional normalization of the Assad regime and examine how this geopolitical shift will impact the availability and accessibility of health services, health governance, and health vulnerabilities in a country already mired in epidemics, including cholera and tuberculosis.

Children queue to receive food aid in Idlib, Syria, in October 2019. The long period of violence has left an ongoing humanitarian crisis in the region. Syrians, who sheltered in safe zones due to the civil war, have been dealing with food insecurities and other health concerns. (Muhammed Said / Anadolu Agency via Getty Images)

By concentrating recovery initiatives in the hands of the Syrian government, the normalization of an abusive state apparatus enables the reconstruction of a heavily politicized and weaponizable health sector characterized by a lack of equitable access, the diversion of funds to finance further human rights abuses, and the solidification of political and socioeconomic health inequalities, with great chances for the spillover of infectious diseases. This would also endow the regime with opportunities to evade U.S.-imposed sanctions, co-opt relief efforts, and request full authority and control over the distribution of funds and aid across various vital sectors. Over the long term, such a trend would sustain the country's instability and reduce the margin of maneuver of the international community to negotiate a political solution to the conflict as envisioned by U.N. Security Council Resolution 2254, which sets a transitional

U.N.-supervised framework for the implementation of a nationwide ceasefire and the holding of free and fair elections.

The Geopolitics of Fractured Alliances

Twelve years after the radicalization of state violence in Syria following the 2011 peaceful uprising and the emergence of armed insurgent pockets across the country, the economy of Syria has crumbled, with the regime resorting to captagon trafficking as a primary source of revenue to keep the country afloat. Over 12 million Syrians are grappling with food insecurity, and domestic security remains fragile. Active cells belonging to the Islamic State group span across extensive areas in eastern Syria, while acts of aggression against civilians, mainly airstrikes, perpetrated by the regime and Russian forces persist on an almost daily basis in the country's north.

To understand the implications of normalization, it is necessary to first examine the context in which it is taking place. In response to the regime's violent crackdown on protesters in 2011, the Arab League rapidly suspended Syria's membership, in addition to most member states severing diplomatic ties with the regime. Assad's greater entanglement with Iran, whose support has been vital to maintaining his power, further drove a wedge between Syria and its Arab neighbors, many of which overtly provided financial and military support to the opposition. The regional isolation of Syria was near-universal, except for a few Arab regimes that continued to demonstrate support, such as Algeria. However, the latter's efforts to reintegrate Syria into the Arab League remained largely unsuccessful.

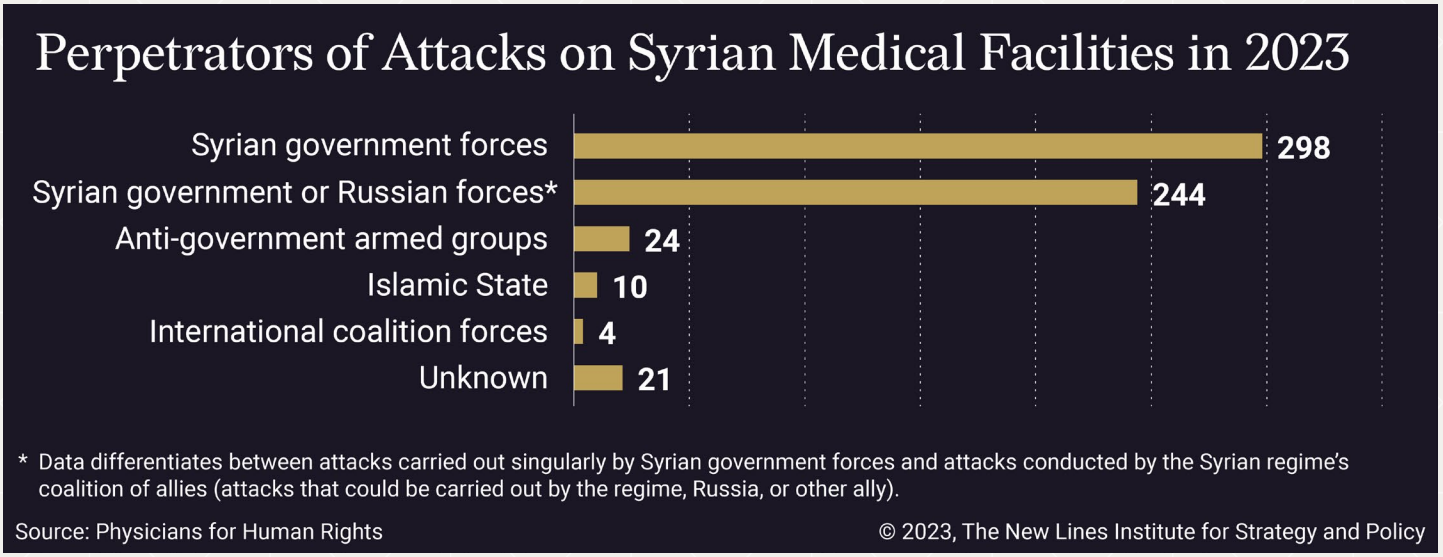
The tides have been turning in recent years. After regaining partial control over two-thirds of the country, the Assad regime embarked on a regional reconciliation campaign that was welcomed even by states that had up until then been supporting opposition forces in Syria. The UAE in 2018 was one of the first countries to reopen its embassy in Damascus. Two years later, Bahrain followed suit, while Sudan signed a memorandum of understanding with the Syrian government to restore ties and lay the foundations of reinforced bilateral cooperation. The ascent of President Kais Saied to power in Tunisia similarly ushered in the beginning of a new era of Syrio-Tunisian relations.

The February 2023 earthquake that struck Syria and Turkey further accelerated the rehabilitation of the Syrian government, offering regimes across the region the opportunity to provide public support to Syria under the guise of solidarity. Egypt, for instance, officially publicized the relationship it had informally maintained with Damascus, following Egyptian President Abdel Fattah al-Sisi's call of condolences to Assad and Egyptian Foreign Minister Sameh Shoukry's visit to Damascus. The May 7 vote consecrating the return of Syria to the Arab league revealed how few Arab states continue to oppose the restoration of diplomatic ties with Syria. Of the 22 member states in the Arab League, the 13 that sent representatives to the vote in Cairo were in favor of readmitting Syria, while the other nine did not vote.

Arguments justifying this shift in position rest on the assumption that rehabilitating the Assad regime provides normalizing countries with leverage over the future of Syrian politics. Normalization efforts are presented as a strategic move to counter Iran's influence in the region by gaining concessions from Assad. This line of reasoning fails to grasp that the Assad regime's survival has depended for years on Iran, a strategic alliance it will not forgo in favor of countries with which it has more volatile and conflicted relations. Additionally, financial and military entanglements further constrain Syria's ability to detach from Iran.

Another explanation has to do with the pressing desire of many Arab host countries to facilitate the return of Syrian refugees to their home country. Certain governments view the stabilization of Syria as insurance against the long-term settlement of refugees as they seek to relieve key public sectors, including public health, from what is perceived to be an additional strain. However, Syria remains unsafe for return, especially for political dissidents subject to arbitrary arrests and torture, regardless of the extent to which this lack of safety is normalized politically or diplomatically.

If anything, the normalization of ties with the Syrian regime further challenges the international



community's efforts to find a political solution to the conflict. The United Nations has been working to facilitate a political process that would lead to a transition away from the Assad regime. However, restoration of ties with the regime could undermine these efforts and make it more difficult to achieve a lasting peace. By legitimizing the Assad regime, the Arab League could embolden the regime and its allies in their efforts to consolidate their control over the country and signal that egregious human rights violations can go unpunished.

Health in the Crossfire

An understudied impact of the possible restoration of ties with the Syrian regime has been the repercussions on the health and well-being of the population, whether in regime- or rebel-held areas.

Since its onset, the Syrian conflict has had a catastrophic impact on the health security of Syrians, with millions of people affected by deteriorating living conditions amid forced displacement. Over 500,000 people have lost their lives, with many more suffering from diseases, injuries, and severe physical and psychosocial traumas. The violence predominantly perpetrated by state actors against civilian infrastructure has been particularly instrumental in triggering new health vulnerabilities and aggravating preexistent ones. It has been characterized by a deliberate and systematic targeting of health care infrastructure, the military occupation of certain facilities, and the persecution of health care personnel. From 2011 to 2022, more than 600 attacks on health care facilities have been documented, including airstrikes, shelling, and shootings, over 90% of which have been conducted by the Syrian regime and its allies.

Most hospitals and health care facilities have been either destroyed or damaged substantively over the course of the conflict, with presently fewer than 60% of the country's hospitals being functional. Strategically aimed at dissuading support for the opposition and suppressing competing military groups, these attacks have accelerated the severe depletion of the country's health care capabilities and weakened the already fragmented structure of health governance in Syria. Adding to rising rates of poverty and food insecurity, the lack of functioning critical infrastructure and safe housing has contributed to the deterioration of living conditions. Adverse consequences of unsafe housing and sanitation services have been particularly exacerbated by extreme weather conditions, especially over the winter when the lack of reliable energy supplies, undriveable roads, and humanitarian supply bottlenecks complicate the adoption of adequate measures to mitigate cold temperatures.

Unsurprisingly, diseases such as polio, tuberculosis, and cholera have resurfaced in the country. The resurgence of these diseases, both in Syria and in neighboring countries such as Lebanon, illustrates the extent to which constrained access to quality housing, clean water, sufficient food, and adequate sanitation services poses a danger to the physical

and psychosocial health of displaced Syrians. The operational capacity to respond to disease outbreaks and large-scale disasters suffered substantially from the lack of material and human resources, leading to a surge of avoidable mortality. While several NGOs and civil society organizations have attempted to fill the public health void, restrictions on aid in areas outside of regime control have hampered the implementation of local crisis mitigation and containment measures.

Those who have managed to flee the country also have faced significant health insecurity. In countries neighboring Syria, substandard informal settlements or refugee camps coupled with health systems ill-equipped to deal with significant strain have translated into higher rates of disease and access challenges. The resurgence of polio and cholera in Lebanon, for instance, illustrates the extent to which constrained access to quality housing, water infrastructure, and health care jeopardizes the health security of refugee communities settled in the poorest parts of the country.

Arab normalization with the Syrian regime and its reintegration in the Arab world, which has for now mainly remained symbolic, might further reify these challenges, even while providing short-term relief for others. The health governance landscape, health care access, disease risk factors, and the provision of humanitarian aid are all likely to be impacted by Assad's rapprochement with regional powers.

The Politics of Reconstruction

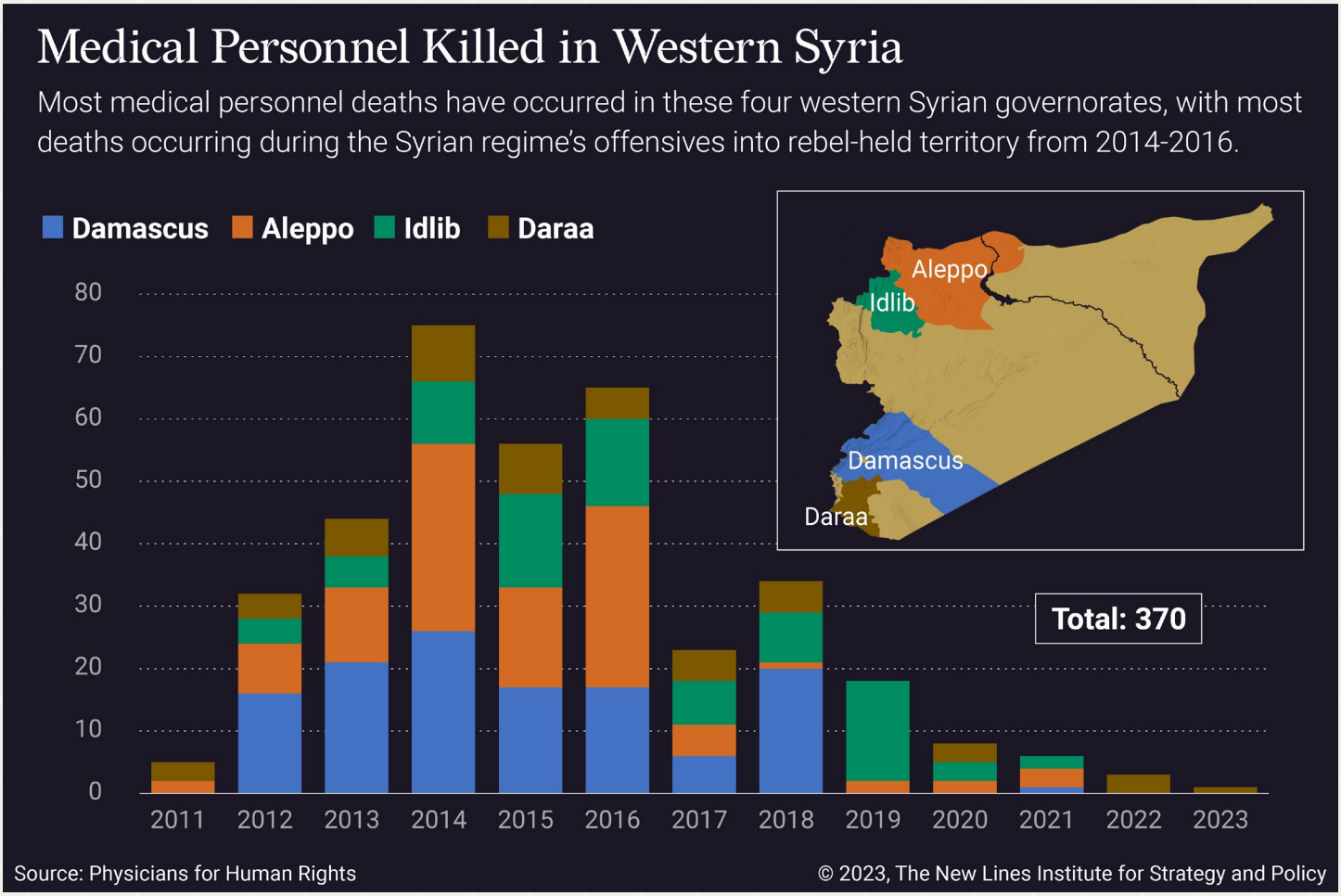
Normalization with the Syrian regime is often portrayed as a shift from an isolationist and punitive approach toward a more collaborative one, seeking to gain concessions for the benefit of the Syrian population and broader regional stability. One key way through which regimes tend to re-engage with each other is creating new opportunities for economic and political cooperation by supporting recovery efforts. While normalization negotiations with Syria haven't resulted in any concrete proposals for the specific rebuilding of the health care sector, discussions surrounding the reconstruction of Syrian infrastructure have hinted at the restoration of key social and public services.

Yet rebuilding Syria, not only from the sheer devastation many cities have undergone following the earthquake but also from years of urbicide, a strategy of deliberate mass destruction of vital civilian infrastructure, is a significant point of contention, both from a political and humanitarian perspective. It is a conundrum donors have been grappling with for the past decade, torn between the need to secure stability and better living conditions for Syrians while avoiding empowering and stabilizing the regime.

The need to secure a habitable and sanitary environment for Syrians is ever more pressing. The lack of basic public infrastructure and amenities deprives residents of dignified access to food, water, and health care. In that sense, normalization may lead to increased funding and resources for the Syrian health care system through investments in the reconstruction of damaged hospitals and clinics, the recruitment and training of health care workers, and the strengthening of medical supply chains. Extensive work will have to be carried out to repair damaged health infrastructure and ensure it is fully functional and accessible for patients seeking care. However, it does not seem such outcomes are politically conceivable or viable.

First, the assumption that normalization will help reinforce Syria's human resources in various domains, including the health labor force, is naïve at best. Across the country, chronic understaffing in the health care sector has exacerbated the woes of an overburdened health system, with the concentration of health care professionals dropping below emergency standards. The large exodus of health personnel is a corollary of the mass campaigns targeting, persecuting, killing, forcibly disappearing, and torturing health personnel. About 950 health workers are estimated to have been killed between 2011 and 2021, a number that is likely underestimating the sheer violence exercised against medical staff. The root causes of insecurity and forced displacement must be addressed before the health care workforce in Syria can be rebuilt. It is difficult to conceive of any program that would attract Syrian, or even foreign, talents to integrate a sector that has been so heavily politicized and weaponized.

Second, while recovery efforts are technically more financially sustainable, cost-effective, and



self-sustaining than short-term humanitarian assistance models, especially amid dwindling international political and financial attention, they also fail to address the political and economic dysfunctions of states. In Syria, the welfare of the general population has often been trumped by elite interests, whereby predation and corruption have dominated the economic landscape. Public health, as a core component of state social services, has not been spared from accumulative and monopolistic tendencies seeking to reward most elite circles in Syria. The declining accessibility of health services is not simply reflective of the lack of infrastructure, but rather of a deliberate policy of exclusion.

Reconstruction in regime-held areas is highly selective geographically, politically, and economically, prioritizing projects, mainly in real estate, that align with the regime's economic and political interests while marginalizing damaged and impoverished former opposition areas. Moreover, this reconstruction shifts responsibility of service provision from the state to the people, who pay reconstruction taxes without benefiting from repairs to local infrastructure. Public health infrastructure and service provision has similarly been selectively politicized to benefit military and political security actors while excluding the general population, despite the regime promising health care improvement during its reconciliation campaign. Instead, in Daraa for instance, populations suspected of having supported the revolution were deliberately deprived of essential services as a form of collective punishment, especially as medical sites turned into securitized sites where violence and mass arrests are regularly exercised. In the same vein, the regime has diverted funds to restore and modernize military hospitals in Latakia and Tartous, all while Rif Damascus, Aleppo, and Deir ez-Zor's civilian health infrastructure remains in ruin.

The risk that the Syrian government will continue to prioritize the health care needs of its supporters

and sideline marginalized populations is significant. Additionally, the fragmentation of the health care system, with different groups controlling different parts of the country, cannot be remedied by the centralization of health governance in Damascus. Relying on the Assad regime to oversee work that was previously conducted by organizations attempting to fill the health governance void in Northwest Syria would translate into further constraints for already underserved populations. Given the track record of sieges and imposed restrictions on vital aid, including food and medical supplies, complete dependence on the regime's willingness to provide or allow for the provision of health services would fundamentally threaten the viability of areas that fall outside the regime's political control.

The support extended by Arab regimes to help Syria rebuild itself, in an attempt to stabilize the country and move it out of Iran's orbit, holds on paper significant promise in enhancing essential services and bolstering public health. However, given the Assad regime's actions thus far, it is unlikely such reconstruction would be equitably beneficial to Syrians. If anything, considering the political implications, it would be unwise to disregard the potential risks associated with such projects, in that they not only place Syria in a post-conflict phase it has yet to reach but also require forgoing key principles of humanitarianism, including impartiality and independence, in favor of more formalized and institutionalized cooperation with the Assad regime.

It might seem like a mere technicality, but the transition toward technical recovery and reconstruction aid from humanitarian assistance suggests that Syria has moved past conflictual dynamics, which obscures the ongoing structural and physical violence Syrians are subjected to. It further endows the regime with legitimacy and opportunities to evade sanctions, co-opt relief efforts, and request full authority and control over the distribution of funds and aid. The political consequences of coordinating with Syrian authorities and providing them with oversight over such processes might not entirely be predictable, but they will undoubtedly enshrine Assad's hold on power and weaken incentives to implement policy reforms or a just political transition.

The Syrian government also may divert funds intended for health care to other sectors or use health care resources for military purposes. The regime has historically encouraged the militarization of health care, prompting military institutions to exercise greater influence on medical institutions. By directing public health care resources toward the military or

Key Differences Between Humanitarian Assistance, Early Recovery, and Reconstruction

Assistance type	Main areas of focus	Main planning and distribution actors	Form
Humanitarian assistance	Prioritize urgent relief by providing or helping provide food, shelter, water and sanitation, health care services, and relief assistance to affected communities during emergency crises.	International aid organizations	Aid funds, material assistance, food, and nonfood relief items
Early recovery	Address recovery needs that arise during the earliest stages of an emergency crisis, including repairing basic infrastructure.	International aid organizations	Aid funds
Reconstruction	Focus on rebuilding state infrastructure, developing national capacity, and supporting economic and social development.	State	Aid funds and concessionary loans

Source: Author research

adopting triage methods that prioritize the military over civilians, militarized health bodies contribute to the establishment and systematization of a medical negligence policy. Reconstruction funds used in this way could end up fueling the very same violence that has destroyed the infrastructure and created reconstruction needs.

Political Inequality and Health Vulnerability

Similar to the supply of health services, demand for health care is also likely to be impacted. Access to basic necessities such as food and water is likely to reflect inequalities in political capital, even while normalization allows the resumption of trade ties and a steadier supply of energy, gas, and agricultural commodities.

The World Food Program estimates that over 12 million Syrians – more than half of the population – are suffering from chronic hunger. This rampant food insecurity is the result of a complex, multifaceted crisis fueled by ongoing violence, entrenched corruption, inflationary food and fuel rates, adverse weather conditions, and dwindling funds for humanitarian aid. Food prices in Syria have doubled since Russia's invasion of Ukraine, against the backdrop of a depreciating local currency, while the price of wheat flour has risen by 20% in most governorates. The availability of subsidized bread has been severely affected by this political and economic conjuncture, depriving many Syrians of an essential food staple.

The regime has often presented foreign sanctions imposed on Syria as the only logical explanation for Syria's economic woes. In theory, sanctions are not supposed to hamper food imports or prevent humanitarian and vital food aid from reaching populations in need. However, in practice, they have reportedly affected the supply of food imports given the extent to which financial restrictions on banking and shipping have rendered the process more difficult, costly, and subject to delay. Difficulties in importing machinery, equipment, and fertilizers, pesticides, and herbicides to Syria have also negatively affected agricultural production and output. The decrease in revenue streams and foreign currency experienced by the Syrian government due to sanctions have increased the country's dependence on Russia's unfavorable financing conditions for the import of wheat, which means despite dedicating a significant budget to wheat import, Syria still struggles with acute shortages.

However, while the role of nontargeted sanctions in constraining the country's economic development is noteworthy, the role of the Syrian regime in sustaining economic and food insecurity is significant. The adoption of scorched-earth tactics to punish populations perceived as disloyal to the regime in rural areas, such as land contamination through bombing, landmines, and chemical attacks, in addition to indiscriminate attacks on farmable lands, have substantially decreased food production and supply in Syria. The Syrian regime's chokehold on wheat trade is similarly engineering disproportionate access gaps for the Syrian population, as corruption and nepotism continue to characterize the Syrian wheat supply chain.

UNICEF estimates that one in four Syrian children under the age of five were stunted, a largely irreversible condition likely to have lasting effects on physical and cognitive development. In addition to increasing malnutrition rates, especially among infants, malnourishment increases vulnerability to diseases, both infectious and chronic, and weakens immunity and resilience.

Indiscriminate attacks on civilian facilities have also caused severe damage to homes and residential buildings, which resulted in the displacement of thousands of families to crowded and unsanitary temporary shelters and camps, a situation that was further worsened by the earthquake and its aftershocks. Regime forces also have demolished residential buildings in recaptured areas to extract resources such as iron, pipes, and wiring. This systematic organized looting of displaced Syrians' homes demonstrates that the priority of the regime is not to secure safer housing for its population, but rather to maintain elite military and business circles economically.

Similarly, the politicization and weaponization of water inscribes is a carefully curated strategy to punish dissent, reward loyalty, and regain control of territory.

Syrian medics at the Maram camp for the internally displaced in Syria's northwestern Idlib province work to vaccinate people against cholera in March 2023. The campaign was the first such campaign in rebel-held northwest territory since the outbreak began in 2022. (Omar Haj Kadour / AFP via Getty Images)

While poor governance, excessive and improper use of water, and drought caused by climate change have all contributed to changing the country's hydrology, the situation has worsened due to the deliberate destruction of water infrastructure and the poisoning of wells and other water sources.

One of the most prominent examples of the Syrian government's intentional obstruction of access to water sources was the repeated attacks conducted against Idlib's water infrastructure in 2019, inflicting extensive damage to the central water station in Maarat al-Numan and cutting off 250,000 Syrians' access to clean water. As a result, less than half of the water and sanitation systems in the country are currently operational, which not only has contributed to decreasing the availability of drinking water by 40% over the course of the past decade but also poses significant health, sanitary, and environmental risks.

Government-led attempts to remedy these infrastructural deficiencies feature biased reconstruction efforts prioritizing the pursuit of set political agendas over public health priorities. The regime maintains exclusionary access to water facilities, reneging on its promises to repair damaged infrastructure and restore public social services. As such, the scarcity of access to clean drinking water leaves a large share of Syrians with no choice but to rely on alternative untreated water sources, vectors of a wide range of water-borne diseases.

Restricted access to food, water, and health care causes prolonged, agonizing deaths, in addition to

inflicting lasting damage to physical and mental health. An argument often adduced in support of normalization is that such a political move will lead to improved access for humanitarian organizations and provide the government with enough resources and incentives to act as the main provider and distributor of aid, thus overcoming current deadlocks. The humanitarian lifeline is indeed both fragile and transient, subject to changing whims, finances, and logistics.

Weaponizing Humanitarian Assistance

The United Nations Security Council's (UNSC) cross-border program to deliver aid directly into non-regime-held territory without regime oversight has faced infinite constraints, ranging from financial and logistical challenges to more political ones. Throughout the past decade, Russia, and to a lesser extent China, have been leveraging their veto powers as permanent members of the UNSC to pressure the international community into concentrating humanitarian aid distribution powers in the hands of the Assad regime, including aid for areas outside of its control and regardless of the groups or factions established in certain regions.

In order to compel global aid agencies to channel all aid through the Syrian government, Russia directed its efforts to progressively limiting cross-border aid points from four border crossings to just one, a number that pales in comparison to the 15.3 million Syrians in need of humanitarian aid. The difficulties associated with delivering aid through this single access point have become starker following the February earthquake, when the rigidity of the aid provision process alongside logistical bottlenecks prevented humanitarian assistance from being delivered in a timely manner to Syria's northwest.

Normalization gives the regime more power to distribute and provide humanitarian aid. The recent abrupt closing of northeast Syria's external border crossing with Iraqi Kurdistan, between Fishkhabour and Semalka, has severely limited NGOs' ability to carry out humanitarian work, for they now must enter the region through areas controlled by the Syrian government, which routinely denies visas to those it deems at odds with its own political agenda. Other examples abound of instances in which the Syrian government has obstructed the delivery of humanitarian assistance to areas outside its control, a trend that likely will continue in the future.

This is particularly the case as diversion of aid funds helps the regime maintain the support of military, business, and political elites in an increasingly isolated economy. The selective distribution of aid, its subversion, and monetization are all structurally embedded in the Syrian government's mismanagement of humanitarian assistance of its own political benefit and to uphold the heavily corrupted crony networks upon which a large share of the economy currently relies.

Policy Implications and Recommendations

The Syrian regime has routinely and actively obstructed or diverted aid efforts to its own benefits, putting the lives of millions of Syrians at risk amid a debilitating humanitarian crisis. While normalization appears to be a first step toward enabling more recovery funds to be poured into the country, the political and security implications of vesting the power to reconstruct Syria in the hands of one of the main actors responsible for its destruction raise significant concerns.

By failing to address the issue of detainees, respect the rights of refugees and internally displaced persons, or promote accountability for war crimes and human rights abuses, normalization with the Syrian regime only serves to erase its responsibility for the destruction of a large share of the country's infrastructure. Moreover, by providing the Assad regime with further political leverage to use reconstruction funds to its political and economic benefit, normalization entrenches in-country health disparities and empowers the state to continue exercising overt and structural violence on the Syrian population, especially those deemed antagonistic to the regime.

As the Syrian crisis receives decreasing levels of political, and financial, attention, the efforts that have been poured into Syria to stabilize the country

> “The U.S. should further encourage its regional institutional and governmental partners to coordinate a comprehensive health response plan for Syria that ensures an independent and unified approach to strengthening the public health system, as opposed to financing fragmented reconstruction efforts concentrated in the hands of the regime.”

and alleviate human suffering might prove to have been in vain. By retreating and failing to negotiate with regional powers the terms and conditions of Syria’s reconstruction, Western donors and policymakers are missing a window of opportunity to ensure that a political solution to the crisis is eventually reached.

As such, the focus should remain on responding to Syrian recovery needs through effective and transparent mechanisms operated by local organizations and NGOs; depoliticizing aid by exploring legal alternatives to UNSC aid resolutions; focusing on how U.N. agencies can independently pursue procurement, funding, and coordination efforts; and ensuring equal and unconditional access to aid funds to all Syrians. Distribution of food and medical items should be impartially managed by humanitarian health organizations and U.N. agencies and directly allocated to designated local partners in northwest and northeast Syria. This aid should also include providing the resources needed to design and implement sanitation and hygiene interventions to treat water and disinfect water filling points to limit the spread of water-borne diseases.

More importantly, U.S. policymakers should continue supporting anti-normalization efforts to advocate for a more inclusive recovery in Syria and counter selective reconstruction efforts and the regime’s enrichment from aid. In order to depoliticize the health and humanitarian space, the U.S. should coordinate with its regional allies to leverage their recent rapprochement with the Syrian regime to institute direct humanitarian aid channels through which renowned independent NGOs can provide adequate medical care to affected communities. Several Syrian civil society organizations have a deep understanding of local needs and should be empowered to provide essential services independent of the state.

To ensure sufficient conditions for the improvement of the humanitarian and health landscape in Syria, the U.S. should routinely revise its current sanction scheme to minimize unintended humanitarian harm. This requires conducting regular assessments to monitor the impact of sanctions on health care and overall humanitarian conditions. Implementing measures to mitigate any adverse effects on civilians and adjusting as needed will help ensure that the primary targets of sanctions remain those responsible for human rights abuses and not Syrians.

The U.S. should further encourage its regional institutional and governmental partners to coordinate a comprehensive health response plan for Syria that ensures an independent and unified approach to strengthening the public health system, as opposed to financing fragmented reconstruction efforts concentrated in the hands of the regime. Allocating resources to support health care facilities and services in areas not under the Syrian regime’s control and facilitating the safe evacuation of civilians in need of specialized medical treatment will also be necessary to ensure access to life-saving treatments to Syrians in the northwest and the northeast. Failure to strengthen local health care capacity will lead to higher disease transmission rates in Syria and throughout the region,

a factor Arab governments should pay particular attention to as they analyze the consequences of their reengagement.

The return of refugees is one of the main underlying motives of regional normalization with the Syrian regime. To address this, the U.S. could provide greater financial and logistical assistance to neighboring countries hosting Syrian refugees. This aid can both benefit Syrian refugees and mitigate health care challenges caused by displacement, while alleviating pressure on overwhelmed social support systems. It can also offer incentives to countries refraining from normalizing with the Syrian regime, including economic aid or diplomatic support, and explore alternative approaches that align with broader regional interests.

This approach might seem at odds with the current U.S. foreign policy orientation aiming to reduce involvement in the Middle East and North Africa. However, given the pressing regional human security challenges, the Biden administration's disengagement from Syria might prove to be costly in the future, if the country descends into further political, security, and health crises as a result of the empowerment of a regime intent on repression instead of reconciliation.

Salma Daoudi is a Researcher and D.Phil. candidate in International Relations at the University of Oxford, specializing in international security and global health with a focus on the Middle East and North Africa. Her research primarily revolves around the weaponization of health in Syria and the politicization of humanitarian aid. Previously, as a Researcher and Policy Analyst, she focused on human (in)security in asymmetric warfare, the security-development nexus, and MENA geopolitics. Daoudi has a degree in International Studies from Al Akhawayn University, Morocco, and in International Relations and Politics from the University of Cambridge, United Kingdom. She speaks Arabic, French, English, and Spanish.

Contact

For media inquiries, email media@newlinesinstitute.org

To submit a piece to the New Lines Institute, email submissions@newlinesinstitute.org

For other inquiries, send an email to info@newlinesinstitute.org

1776 Massachusetts Ave. N.W., Suite 120
Washington, D.C., 20036

(202) 800-7302

Connect With Us

@newlinesinst | @New Lines Institute for Strategy and Policy | Subscribe | Sign up

NEW LINES INSTITUTE
FOR STRATEGY AND POLICY