

Access Denied

UN Aid Deliveries to Syria's Besieged
and Hard-to-Reach Areas

March 2017





Death by infection because security forces do not allow antibiotics through checkpoints.

Death in childbirth because relentless bombing blocks access to clinics.

Death from diabetes and kidney disease because medicines to treat chronic illnesses ran out months ago.

Death from trauma because snipers stand between injured children and functioning hospitals.

And – everywhere – slow, painful death by starvation.

This is what one million besieged people – trapped mostly by their own government – face every day in Syria. This is the unseen suffering – hidden under the shadow of barrel bombs and car bombs – that plagues the Syrian people as they enter a seventh grim year of conflict.

This is murder by siege.

Cover: Syrians unloading an aid convoy in the opposition-held town of Harasta in May 2016, the first UN interagency convoy to reach people trapped there since the start of a government siege in 2013. However, the delivery only provided aid for 10,000 people – about half the area's population – and crucial medical supplies, including surgical and burn kits, were not allowed in.

Photo: Abdulmonam Eassa/AFP/Getty Images

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Introduction

The world has become sadly accustomed to news of carnage and destruction from the fighting in Syria. Every day, Syrians die from bombs, missiles, and bullets – most of them at the hands of Syrian government forces or their Russian allies. But across Syria, out of the world’s view, the government is meting out another kind of slow-motion slaughter – death by starvation and denial of medical care. Millions of Syrians are trapped in besieged and hard-to-reach areas, often surrounded by landmines and snipers, with no access to food, medical supplies, or services – the vast majority imprisoned by Syrian government forces. Unknown numbers of them have starved to death because Syrian government forces refuse to allow humanitarian aid to enter their towns. Many suffer avoidable deaths because military forces strip medical supplies from the aid convoys that do manage to get in. Still others bleed to death from war-related injuries – or die in childbirth, or from other preventable causes – because their besiegers refuse to allow the sick and injured to be evacuated to medical care.

For years, these avoidable and criminal deaths amassed as Syrian authorities repeatedly ignored UN requests to deliver aid or imposed insurmountable bureaucratic hurdles. But in January 2016, when six-year-old Abdelkarim and 26 others starved to death in the besieged town of Madaya – less than an hour’s drive from food warehouses in Damascus – world leaders, international organizations, and media outlets united in condemning the Syrian government’s siege tactics.

Under pressure, Syrian authorities agreed to a new “two-step approval process” with UN authorities in April 2016 in order to streamline the request process and increase the number of deliveries. This new process likely contributed to the increase in aid deliveries in 2016, as compared to 2015. However, as this report lays out in detail, the process fell abysmally short of ensuring humanitarian access to all Syrians in need. The Syrian government, a party to the conflict, retained unilateral authority over who received aid, how much aid, and what type of aid – and used this power as a weapon of war. Despite the uptick in aid deliveries in the first half of 2016, by the end of the year, deliveries had all but stopped. In December 2016, a mere 6,000 people received assistance through the two-step approval process, while hundreds of thousands of others continued to suffer without basic humanitarian aid – aid that UN authorities were prepared, yet not allowed, to provide.

As the conflict enters its seventh year, Syrian authorities continue to deliberately and illegally manipulate UN humanitarian access, arbitrarily limiting, restricting, and denying aid deliveries in order to ensure the continued suffering of besieged populations. By willfully impeding aid in an attempt to starve civilians, and collectively punishing entire communities through siege, the Syrian government is guilty of war crimes. UN authorities must ensure these war crimes – happening under their watch, through their humanitarian aid delivery process – end. Millions of Syrians’ lives depend on it.



As the conflict enters its seventh year, Syrian authorities continue to deliberately and illegally manipulate UN humanitarian access, arbitrarily limiting, restricting, and denying aid deliveries in order to ensure the continued suffering of besieged populations.

*Pro-government forces guard the entrance to the besieged town of Madaya, whose 40,000 residents have been trapped in the town – surrounded by landmines, checkpoints, and snipers – since July 2015. Cut off from food and medical supplies, many have died of starvation, disease, and traumatic injuries.
Photo: Louai Bechara/AFP/Getty Images*

Methodology and Limitations

Besieged and Hard-to-Reach Populations

The UN Office for the Coordination of Humanitarian Affairs (OCHA) defines a besieged area as “an area surrounded by armed actors with the sustained effect that humanitarian assistance cannot regularly enter, and civilians, the sick and wounded cannot regularly exit the area.” A hard-to-reach area is defined as “an area that is not regularly accessible to humanitarian actors for the purposes of sustained humanitarian programming as a result of denial of access, including the need to negotiate access on an ad hoc basis, or due to restrictions such as active conflict, multiple security checkpoints, or failure of the authorities to provide timely approval.”¹ It is not always clear how OCHA determines whether an area is besieged versus hard-to-reach, as some OCHA-designated hard-to-reach areas are entirely surrounded by OCHA-designated besieged areas. However, for civilians in these areas, the difference is sometimes nominal: all populations in hard-to-reach and besieged areas are in need of humanitarian assistance due to a sustained lack of access to the areas. Without such access, civilians suffer greatly.

This report examines the failure of the two-step approval process in ensuring the completion of UN interagency humanitarian convoys to besieged and hard-to-reach areas across Syria. Physicians for Human Rights (PHR) analyzed data presented in the UN Secretary-General’s monthly reports on the implementation of Security Council resolutions condemning attacks on civilians and impediments to the delivery of humanitarian aid, namely Security Council Resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), and 2332 (2016),² which include data collected by OCHA. PHR supplemented the data contained in these documents with online, open-source research, corroborated through data triangulation from multiple sources.

All figures related to the size of “besieged” and “hard-to-reach” populations in Syria are based on OCHA estimates, which are generally acknowledged to be conservative. Many humanitarian and human rights organizations rely on data from Siege Watch, which estimates the besieged population in Syria to be significantly larger than that recognized by OCHA, even though they use the same definition to determine this population.³ As a result, the protection and aid gaps identified in this report for besieged areas are likely to be underestimated.

This report only considers interagency convoys requested through the two-step approval process. It thus excludes data from operations to Yalda, Babila, and Beit Sahem (which also serve populations in besieged Yarmouk) carried out by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA),⁴ as well as airdrops to Deir ez Zor city and airlifts to Hassakeh governorate,⁵ as these are not negotiated and delivered through the two-step approval process. This report also excludes data from single-agency convoys to besieged and hard-to-reach areas, as they provide a limited amount of aid and are not negotiated through the two-step approval process.



An aid convoy entering Daraya in June 2016, the first UN interagency aid delivery since government forces besieged the town in 2012. But residents said the convoy only contained medical supplies, not desperately needed food. In May, government forces turned away an entire convoy trying to enter Daraya with medical aid and infant formula. Photo: Fadi Dirani/AFP/Getty Images

Besiegement and Aid: 2011-2015

The Syrian government has used illegal siege tactics against the civilian population since the start of the conflict in March 2011. As early as April 2011, 6,000 Syrian government troops stormed the southern city of Daraa, which had become a focal point for the uprising. Government forces cut off water, electricity, and phone lines and positioned snipers and troops around the city to prevent movement into, out of, and within the city, including for humanitarian purposes.⁶ Syrian authorities prevented humanitarian agencies from entering Daraa during the 11-day siege that followed and did not allow UN assessment teams to enter after the siege ended.⁷

International humanitarian law prohibits the use of siege tactics against civilian populations. The UN Security Council has underlined the importance of these provisions in seven resolutions since February 2014. Even so, the Syrian government's use of such tactics has only increased. Between February 2014 and the end of 2015, the population in UN-designated besieged and hard-to-reach areas increased from 3.5 million to 4.5 million.⁸ By early December 2016, 4.9 million Syrians lived in such areas, including about 975,000 under active siege, most of them – about 850,000 – by Syrian government forces.⁹

As the hard-to-reach population grew from 2013 to 2015, UN humanitarian deliveries to these areas decreased. Throughout 2015, UN agencies only completed 13 interagency convoys to besieged and hard-to-reach areas, providing assistance to just 620,500 people.¹⁰ This compares to 50 convoys providing aid to 1.1 million people in 2014 and 43 convoys providing aid to 2.9 million in 2013.¹¹

One of the main barriers to completing aid deliveries in 2014 and 2015 was lack of authorization from Syrian authorities, who did not respond to the majority of UN requests for access. In 2015, 82 of the 113 requests went unanswered,¹² as did 65 of 115 requests in 2014.¹³

As a result, in February 2016, the International Syria Support Group (ISSG)¹⁴ established a Humanitarian Task Force – comprised of ISSG members and relevant UN entities – to ensure access to all populations in need across Syria.¹⁵ The task force proposed a new two-step approval process for interagency convoys, streamlined from the previous eight-step process, which the Syrian Ministry of Foreign Affairs agreed to on March 1.¹⁶ Under the new process, UN authorities submitted monthly plans for interagency convoys to Syrian authorities, who were required to respond with approval, modifications, or denials within seven working days and grant all necessary facilitation letters within the following three working days.¹⁷

Though the simplified procedure may have contributed to the increase in aid deliveries in 2016, it allowed Syrian authorities to retain control over aid deliveries to a population they are illegally besieging. Moreover, the increase in aid deliveries was insufficient to meet the needs of the growing population under siege.



Residents in the besieged town of Madaya wait for a January 2016 aid convoy, arranged following huge international pressure after more than two dozen people starved to death there. Syrian government forces have cut off food and medical supplies and encircled Madaya's 40,000 residents with landmines and snipers since July 2015.

Photo: Stringer/AFP/Getty Images

2016 Aid Deliveries: Access Denied, Blocked, or Limited by Syrian Authorities

In 2016, 131 UN interagency convoys provided aid to more than one million people in besieged and hard-to-reach areas across Syria – a significant increase compared to the prior year.¹⁸ However, the increased deliveries were vastly insufficient to meeting rapidly growing needs across the country. From May¹⁹ through December 2016, UN interagency convoys provided aid to only 24 percent of the besieged and hard-to-reach populations they had requested access to under the two-step approval process – already a subset of the larger besieged and hard-to-reach population.

One factor contributing to the lack of access was the Syrian government's outright rejection of UN requests to deliver aid to populations in need. From May through December 2016, on average, the Syrian government refused access to one third of the people in besieged and hard-to-reach areas that the UN requested access to in the two-step approval process. That left, on average, nearly 340,000 people without any hope of humanitarian aid each month, many for months on end.

The Syrian government's ability to unilaterally and arbitrarily deny aid to populations it is besieging illustrates the illegitimacy of the two-step approval process implemented in April 2016.²⁰ In addition, the process lacks a mechanism to ensure timely delivery of aid, delivery of sufficient aid for the entire population, or delivery of the most needed types of aid. As such, the two-step approval process has enabled Syrian authorities to compound the effect of their illegal besiegement by depriving hundreds of thousands of civilians access to approved and feasible aid deliveries each month.

Health Impacts of Lack of Aid

Without access to the millions of people in Syria's besieged and hard-to-reach areas, it is impossible to document the full extent of suffering and deprivation that results from a perpetual lack of humanitarian aid. However, as Physicians for Human Rights and the Syrian American Medical Society previously reported in the case of besieged Madaya, deprivation of food, medical aid, and other vital necessities has resulted in widespread preventable deaths and needless suffering from untreated effects of malnutrition, chronic health conditions, infectious diseases, and traumatic injuries.²¹ These conditions are likely to be seen across many, if not most, areas in Syria that systematically lack humanitarian aid. In addition, populations that have lived without adequate humanitarian aid for prolonged periods of time may see long-term adverse health outcomes. Such outcomes may include: stunted growth, poor mental development, behavior abnormalities, insulin resistance, and hypertension as a result of malnutrition; permanent disability from improperly treated traumatic injuries or lack of rehabilitative services; antimicrobial resistance due to improper use of antibiotics, including rationing of antibiotics; spread of preventable illnesses such as polio and hepatitis due to lack of vaccinations; and psychological trauma as a result of living through an active conflict and under siege.



12-year-old Ola starved to death in the besieged town of Madaya in May 2016 after Syrian officials repeatedly ignored appeals to evacuate her. Photo: Relief Authority for Madaya and Zabadani



The Syrian government's outright rejection of UN requests to deliver aid to populations in need ... left, on average, nearly 340,000 people without any hope of humanitarian aid each month, many for months on end.

*Trucks from the Syrian Arab Red Crescent drive through the besieged town of Douma on their way to deliver aid to nearby towns in March 2016. The Syrian government refused permission for aid deliveries to the nearly 150,000 people trapped in Douma from January to April, and only allowed two deliveries for the whole of 2016.
Photo: Abd Doumany/AFP/Getty Images*

2016 Aid Deliveries: Access Denied, Blocked, or Limited by Syrian Authorities

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Approved Deliveries Not Completed

In addition to outright denial of access to populations in need, Syrian authorities repeatedly and arbitrarily blocked UN convoys – already approved by the Syrian government under the two-step approval process – from completing deliveries.

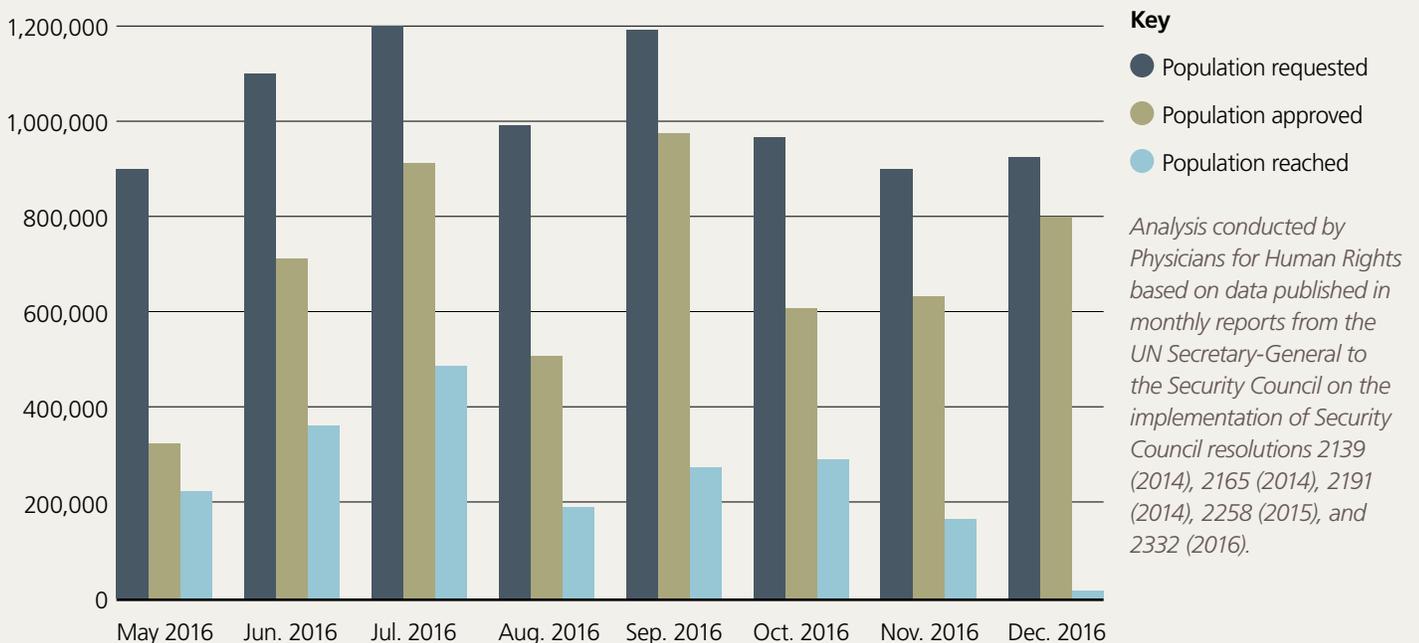
As Figure 1 illustrates, from May through December 2016, on average, Syrian authorities authorized UN interagency convoys to deliver aid to approximately two thirds of the besieged and hard-to-reach populations that UN authorities requested access to each month – a figure which, in itself, represents a fraction of the entire besieged and hard-to-reach population. However, UN convoys only reached 38 percent of that smaller approved population, due to additional approval procedures and other delays imposed overwhelmingly by government officials. On average, UN agencies were unable to deliver aid to more than 500,000 people for whom Syrian authorities had approved access each month during this time period. Compounding the suffering, some approved locations did not receive deliveries for months on end, leaving entire populations without humanitarian aid for prolonged periods. By December 2016, the actual number of people receiving aid had plummeted to a mere 6,000 – less than one percent of the amount approved by the government.

Throughout 2016, as Figure 2 shows, Syrian authorities on average approved an increasingly larger proportion of the UN-requested population each month. However, on average, UN agencies actually reached a decreasing number of people each month throughout 2016. Thus, the increased approval rates throughout 2016 were meaningless, at best, as they failed to produce increased aid deliveries. At worst, this pattern reflects an effort by Syrian authorities to appear cooperative while still ensuring that access to besieged areas remained blocked.

Delivering aid in an active conflict zone will always be subject to security concerns, and UN authorities at times cited insecurity or lack of agreement from opposition groups as reasons that approved convoys did not proceed.²²

However, UN agencies more frequently referred to active obstruction by Syrian officials, with additional delays caused by authorities responding late to requests or arbitrarily introducing permit or security requirements not previously mentioned in the negotiated procedure. Syrian authorities responded late to at least six of the nine monthly plans UN authorities submitted between

Figure 1: Aid Deliveries Requested, Approved, and Completed

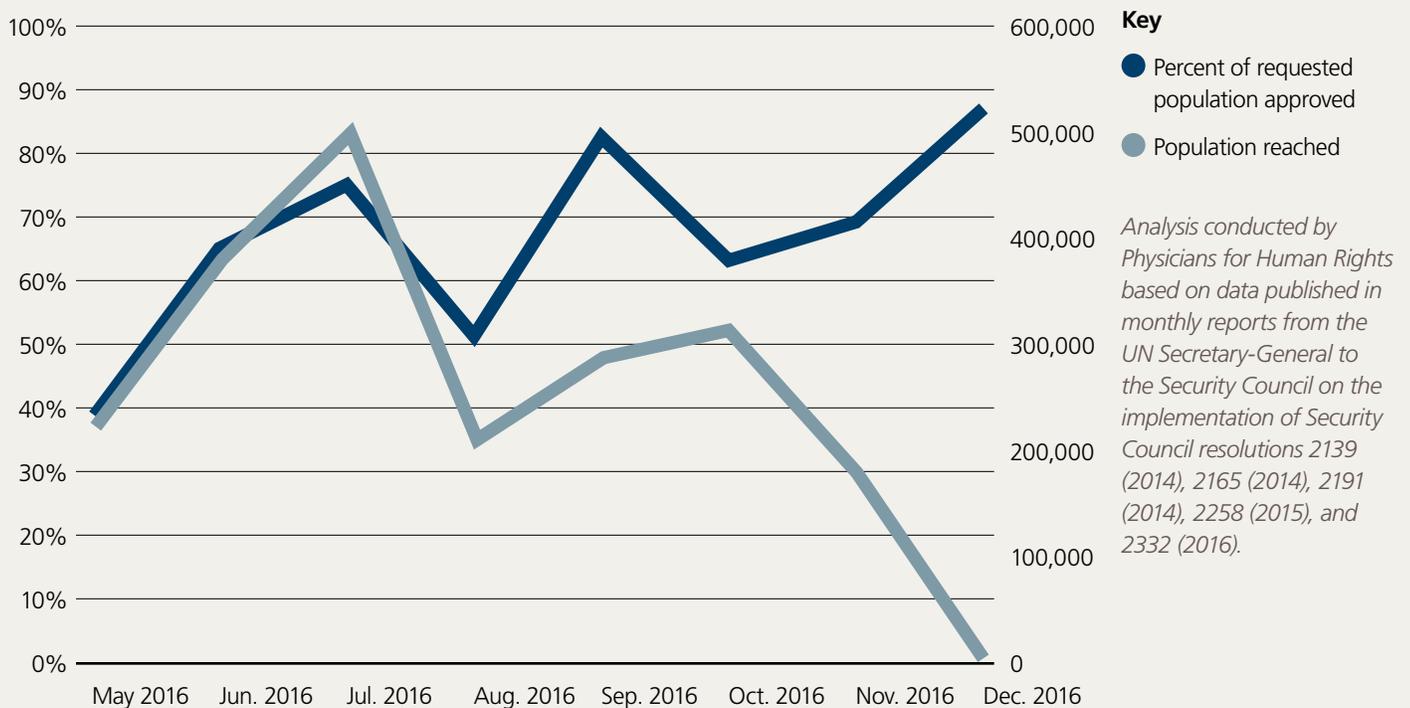


April and December 2016 and, in numerous cases, delayed the issuing of facilitation letters required for convoys to proceed. Convoys were also delayed or blocked due to lack of security approvals and permits from Syrian government authorities beyond those required by the two-step approval process. Additional convoys did not reach their destinations due to Syrian authorities' lack of adherence to agreed protocols at checkpoints, and lack of agreement on convoy routes or the number of people to receive aid.²³

All of these delays were a result of what Jan Egeland, UN Senior Advisor to the UN Special Envoy for Syria and head of the International Syria Support Group's Humanitarian Task Force, described to media as a "complete, hopeless, bureaucratic quagmire."²⁴

This pattern reflects an effort by Syrian authorities to appear cooperative while still ensuring that access to besieged areas remained blocked.

Figure 2: Percent of Population Approved vs. Population Reached



2016 Aid Deliveries: Access Denied, Blocked, or Limited by Syrian Authorities

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Deliveries Not Providing Enough Aid

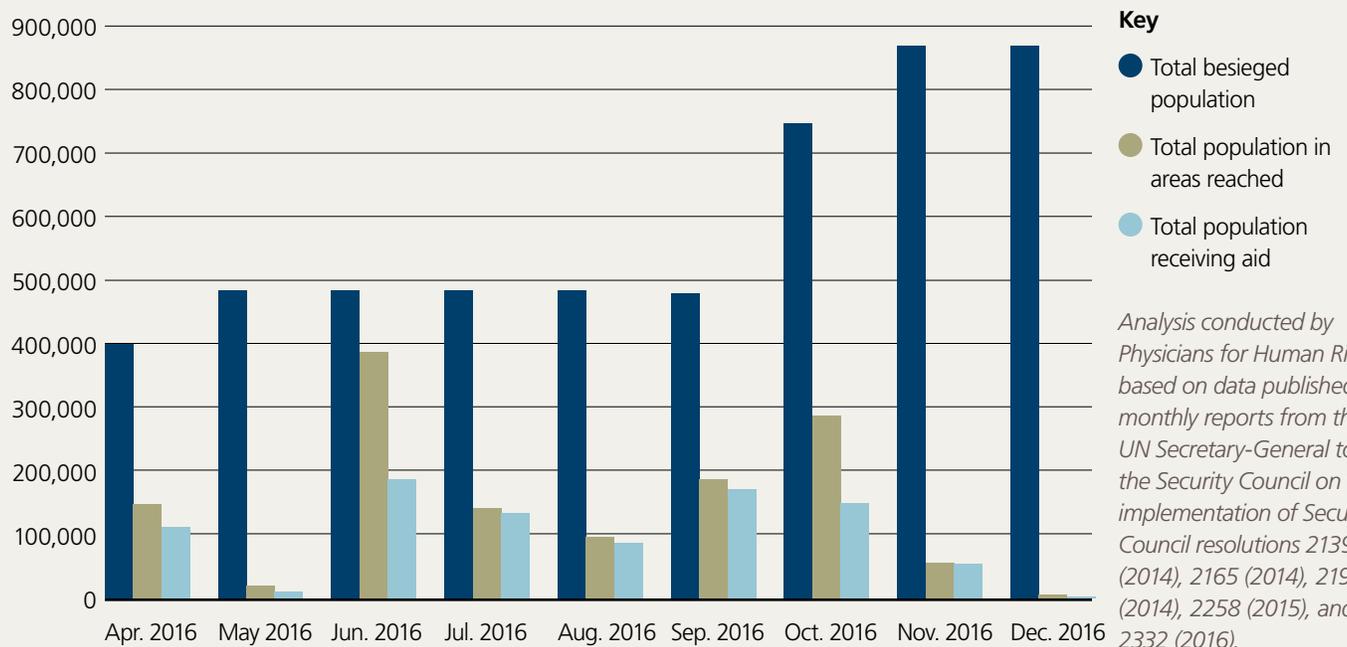
The two-step approval process also allowed Syrian authorities to arbitrarily restrict the amount of aid UN agencies could send to besieged and hard-to-reach areas. In practice, this meant that Syrian authorities would approve a delivery to an area but severely limit the amount of aid actually delivered to ensure it was not sufficient for the area's population. If Syrian authorities provided UN agencies with a compelling reason for reducing the quantities of aid to be delivered, it has not been publicized. Meanwhile, the reduction in aid prolonged the suffering of civilians, all the while providing the illusion that the Syrian government cooperated with the United Nations to help civilians in need.

On average, from April through December 2016, interagency convoys to besieged areas²⁵ provided humanitarian aid sufficient for only two thirds of the populations living in the areas reached. This corresponds

to 17 percent of the total besieged population, as illustrated in Figure 3.²⁶ In four of the first nine months the two-step approval process was in place, UN interagency convoys provided aid sufficient for less than 55 percent of the populations living in the besieged areas reached – an already limited portion of the total besieged population, as noted above. In no month did UN agencies provide aid sufficient for the whole of the besieged populations that received deliveries.

Of the 32 individual convoys²⁷ to besieged areas, only seven provided aid sufficient for the entire population in each area. Eight convoys provided aid sufficient for 50 percent or less of the populations living in the areas reached. For example, only three of the nine convoys to besieged areas in Eastern Ghouta provided aid sufficient for even half of the populations living there. Of the remaining six convoys, three provided aid sufficient for less than one third of each area's besieged population.

Figure 3: Besieged Populations Reached





Syrians unload an aid convoy in the besieged town of Douma in June 2016, one of only two UN interagency humanitarian aid deliveries that arrived in the town in all of 2016, despite monthly requests by the United Nations to bring critically needed food and medical supplies to the nearly 150,000 people trapped there by Syrian government forces.

Photo: Abd Doumany/AFP/Getty Images

2016 Aid Deliveries: Access Denied, Blocked, or Limited by Syrian Authorities

continued

Specific Restrictions to Medical Aid

Throughout 2016, Syrian authorities specifically restricted medical aid to besieged and hard-to-reach areas, in direct violation of international humanitarian law.

From February through December 2016, Syrian authorities prevented the delivery of more than 300,000 medical treatments to besieged and hard-to-reach areas.²⁸ There is no clear definition of what constitutes a “medical treatment,” nor is there publicly available data on how much of each type of aid was removed from convoys. However, as Figure 4 details, the disallowed medical aid included basic medicine, supplies, and equipment needed to treat traumatic, chronic, and acute conditions resulting from or aggravated by the sieges. In addition, it included medical aid specifically meant to treat infants and children. Some of the disallowed medical aid could have been reused repeatedly to treat numerous people, thus its exclusion likely affected large populations for prolonged periods of time.

In one particularly egregious example, Syrian government forces turned away an entire aid convoy as it was about to enter besieged Daraya in May 2016 because it contained medical aid and infant formula. Ironically, Syrian authorities in Damascus had limited the type of aid allowed on that convoy specifically to medical aid, infant formula, and school supplies.²⁹

There is no legitimate reason to remove medical aid from convoys, as international humanitarian law grants everyone the right to access medical care during active conflict – including enemy combatants.³⁰



An injured child receives treatment at a makeshift hospital in Douma in October 2016, the same month Syrian government forces stripped more than 16,500 critically needed medical supplies from an aid convoy arriving in the besieged city.

Photo: Abd Doumany/AFP/Getty Images

Syrian Government Strangles Aid to Besieged Douma

The besieged town of Douma in Eastern Ghouta, Rif Dimashq, was subjected to numerous arbitrary and illegal restrictions of aid throughout 2016. Syrian authorities did not approve UN interagency convoys to Douma from January through April 2016 – without stating a reason for the refusal. UN interagency convoys traveled through Douma to reach nearby Kafr Batna sub-district in both March and April, indicating that access should have been possible and that security was not an issue.³¹ In May 2016, Syrian authorities granted UN agencies permission to bring aid to Douma, but no convoy arrived until June. Even when the June convoy arrived, the one-month supply of food it carried was sufficient for only 17 percent of the population, with nutritional items and health, hygiene, and other humanitarian supplies serving only 28 percent. In addition, Syrian authorities had removed 1,963 medical treatments from the convoy before it even left Damascus.³² Despite approvals for deliveries from July through September 2016, the next convoy to Douma arrived only in October, providing a one-month supply of aid for just 24 percent of the population. This time, Syrian authorities removed 16,670 medical treatments from the convoy.³³ A third convoy with aid for 49 percent of the population arrived at the last government checkpoint outside Douma on November 17, after delays due to a lack of facilitation letters. However, the convoy was aborted because it lacked specific approval needed to proceed without dog searches and unsealing of the trucks.³⁴ As of early March 2017, the last convoy to have accessed Douma was the insufficient aid delivered in October 2016. Thus, despite the UN’s requests every month of 2016 to deliver aid to the nearly 150,000 people trapped in besieged Douma, only two deliveries actually occurred, each one serving less than a quarter of the population with a one-month supply of food and each one lacking desperately needed medical aid.

Legal Obligations

International law restricts the use of siege warfare against a civilian population by prohibiting the obstruction of access to humanitarian aid, the obstruction of access to medical care, the use of starvation as a weapon of war, and collective punishment of entire populations. All parties to the Syrian conflict are bound by customary international law.³⁵ In addition, the Syrian government is bound by treaty obligation to the Geneva Conventions, which it has ratified.

Obstruction Of Access To Humanitarian Aid

- Customary international law requires parties to a conflict to impartially allow and facilitate rapid, unimpeded passage of humanitarian relief for civilians in need. Parties to a conflict cannot grant or obstruct access to relief on arbitrary grounds, and parties are obligated to grant access to humanitarian organizations that can provide relief to civilians threatened with starvation.³⁶

- Customary international law prohibits parties to a conflict from attacking, destroying, removing, or rendering useless objects indispensable to the survival of the civilian population. Medical supplies are included as such essential objects.³⁷
- Customary international humanitarian law requires parties to a conflict to ensure freedom of movement of humanitarian relief personnel.³⁸

Obstruction Of Access To Medical Care

- Customary international law states that all the wounded and sick must receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition, without distinction.³⁹
- Article 3 common to all four Geneva Conventions states that “the wounded and sick shall be collected and cared for.”⁴⁰

Starvation

- Customary international law prohibits the use of starvation of a civilian population as a method of warfare.⁴¹
- Customary international law prohibits

parties to a conflict from attacking, destroying, removing, or rendering useless objects indispensable to the survival of the civilian population. Food is included as such an essential object.⁴²

- Customary international law prohibits denying or deliberately impeding access of humanitarian aid intended for civilians in need. Parties are obligated to grant access to humanitarian organizations that can provide relief to civilians threatened with starvation.⁴³

Collective Punishment

- Customary international law prohibits the imposition of collective punishments.⁴⁴
- Article 33 of the Geneva Convention relative to the Protection of Civilian Persons in Time of War states: “No protected person may be punished for an offense he or she has not personally committed. Collective penalties and likewise all measures of intimidation or of terrorism are prohibited.”⁴⁵

Willfully impeding aid in an attempt to starve civilians as a method of warfare and the collective punishment of civilians are both war crimes.⁴⁶

Figure 4: Types Of Medical Aid Removed From Convoys

Category of Medical Aid	Specific Medicines and Medical Supplies
Basic medicine and medical supplies	Antibacterial soap, antibiotics, pain relievers (analgesics and neuropathic pain relievers), multivitamins, diuretics
Standard medical equipment/machines	X-ray units, spectrophotometers, monitoring devices, oxygen concentrators, defibrillators
Medical aid for traumatic injuries	Renewable surgical items (forceps, scissors, gauze, needles, razors, scalpel blades), anesthetics, sterilizers, ventilators, burn kits, IV fluids, antiseptics
Medical aid for chronic and acute illnesses	Antihypertension medication, atropine, insulin, inhalers, dialysis medication and equipment for hemodialysis sessions, anticoagulants, psychotropic medications, pneumonia A and B kits, diarrhea kits, antihistamines, cough suppressants
Aid to treat children and infants	Infant ventilators, inpatient stabilization kits (to treat children with severe acute malnutrition)

Conclusion

While aid deliveries to besieged and hard-to-reach areas across Syria did increase during 2016, the vast majority of populations in need continued to live without essential food and medical aid due to the Syrian government arbitrarily limiting, restricting, or denying aid deliveries. The clear pattern of obstruction and denial of humanitarian aid to populations in need demonstrates that the Syrian government manipulated UN aid deliveries to ensure that vital aid would not reach those in need, thereby guaranteeing the continued suffering of besieged populations.

Siege warfare against civilian populations is prohibited under international humanitarian law. Deliberately restricting or impeding access to aid, as the Syrian government did repeatedly in 2016 and throughout prior years in the conflict, is a war crime.⁴⁷ Yet Syrian authorities

continue to violate their legal obligations with impunity. In January 2017, only one UN interagency convoy was completed, delivering aid to just four percent of the population requested and just six percent of the population approved under the two-step approval process.⁴⁸

It is clear that the two-step approval process has failed to end the acute suffering of millions of people living under siege and in hard-to-reach places in Syria. UN agencies and officials must abandon this mechanism and instead implement one that ensures that humanitarian authorities, rather than parties to the conflict, control aid deliveries in Syria. In addition, UN agencies must ensure that humanitarian aid deliveries are conducted according to humanitarian principles, providing the most needed aid to all populations in need.



*Syrian authorities allowed this aid convoy into the besieged town of Madaya in February 2016, but deliberately stripped out 200 UNICEF kits to treat children with severe acute malnutrition. Two children died of the condition in the following weeks, among dozens of Madaya residents who starved to death while trapped by government forces.
Photo: Louai Beshara/AFP/Getty Images*

Recommendations

As the fighting in Syria enters its seventh year, the flouting of norms that protect the health and well-being of populations living in conflict has resulted in the acute suffering and privation of millions of people living under siege and in hard-to-reach places across the country. To end this misery, the Syrian government and all other parties to the conflict must be forced to lift all sieges and ensure that UN and nongovernmental humanitarian agencies can immediately carry out unhindered and sustained humanitarian aid deliveries to all in need through the most direct routes.

Until that is completed, Physicians for Human Rights urges immediate implementation of the following recommendations.

To the UN Office for the Coordination of Humanitarian Affairs and other UN humanitarian agencies

- Carry out cross-line humanitarian aid deliveries with notification to the Syrian authorities, without request for approval of the delivery or its contents, as is mandated under UN Security Council Resolutions 2165, 2191, 2285, and 2332.
- Document and report publicly, in real time, when authorities or forces at checkpoints attempt to tamper with or remove aid from convoys, or when authorities based in Damascus attempt to impose insurmountable restrictions that delay or block convoys.

To the Syrian government and its allies, and to all other parties to the conflict

- Do not block, restrict, or delay access to humanitarian aid convoys. Ensure that all people in need receive aid in an immediate, unhindered, and sustained manner through the most direct routes, as is required by international law and UN Security Council Resolutions 2165, 2191, 2285, and 2332.

To the UN Security Council, or to the UN General Assembly, should the Security Council fail to act

- Authorize UN observers to monitor and sit on cross-line humanitarian convoys to deter forces at checkpoints from tampering with or removing aid.

To the International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Persons Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011

- Collect, consolidate, preserve, and analyze evidence of unlawful besiegement of civilian populations as well as other humanitarian law violations, including restriction of access to medical aid, in order to ensure justice and accountability for these violations by all parties to the conflict.

Endnotes

1. OCHA, "Syrian Arab Republic: Overview of hard-to-reach and besieged locations," November 18, 2016, https://www.humanitarianresponse.info/system/files/documents/files/acc-11_syr_overview_of_hard_to_reach_areas_and_besieged_locations_161124.pdf.
2. UN Security Council Resolution 2139, passed in February 2014, demanded that all parties to the conflict end attacks on civilian spaces, respect the principle of medical neutrality, and allow the free passage of humanitarian aid across conflict lines. UN Security Council Resolution 2165, passed in July 2014, authorized the UN and its partner organizations to deliver direct cross-border humanitarian aid to Syria from Turkey and Jordan without the Syrian government's consent. Prior to the passage of this resolution, the UN was only permitted to send aid directly to the Syrian government, which would then distribute aid almost exclusively to government-controlled areas. Resolution 2165 was subsequently renewed in December 2014 with Resolution 2191, in December 2015 with Resolution 2258, and in December 2016 with Resolution 2332.
3. As of October 2016, Siege Watch estimated 1,326,175 people were besieged in 39 communities across Syria, compared to OCHA's estimated 861,200 people in 18 areas. See Siege Watch, Fourth Quarterly Report on Besieged Areas in Syria August - October 2016, December 2016, <https://siegewatch.org/wp-content/uploads/2015/10/PAX-TSI-Syria-SiegeWatch-report-4.pdf>; United Nations Security Council (UNSC), "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," October 18, 2016, http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/873.
4. UNRWA, with the facilitation of the Syrian government, delivers aid to the hard-to-reach areas of Yalda, Babila, and Beit Sahem, as well as to residents of besieged Yarmouk who are permitted to walk to Yalda to collect aid. After carrying out aid deliveries to the area relatively consistently throughout the first half of 2016, UNRWA was not able to return to the area from May 25 through December 2016 due to security concerns on the ground. See UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015) and 2332 (2016)," January 20, 2017, http://www.un.org/ga/search/view_doc.asp?symbol=S/2017/58.
5. With full approval from Syrian authorities, the World Food Programme (WFP) conducted 168 airdrops to besieged populations in Deir ez Zor city from April through December 2016 and 248 airlift rotations to hard-to-reach populations in Hassakeh governorate from July through December 2016. Airdrops and airlifts have provided these populations with vital humanitarian aid; however they are an especially risky, costly, and inefficient way of delivering aid to the tens of thousands of people in these locations.
6. "Syria detains hundreds in fresh raids," Associated Press, May 11, 2011, http://usatoday30.usatoday.com/news/world/2011-05-07-syria-protests_n.htm; Human Rights Watch, "Syria: Lift the Siege of Daraa," May 5, 2011, <https://www.hrw.org/news/2011/05/05/syria-lift-siege-daraa>.
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8. UNSC, "Report of the Secretary-General on the implementation of Security Council resolution 2139 (2014)," March 24, 2014, http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2014/208; UNSC, "Report of the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," January 21, 2016, http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/60.
9. OCHA, "Syrian Arab Republic: Overview of hard-to-reach and besieged locations."
10. UNSC, "Report of the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," January 21, 2016.
11. OCHA, "Humanitarian Bulletin: Syria," January 2015, http://reliefweb.int/sites/reliefweb.int/files/resources/SYR_HB_52.pdf.
12. UNSC, "Report of the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," January 21, 2016.
13. OCHA, "Humanitarian Bulletin: Syria."
14. The ISSG is a working group established in the fall of 2015 to find a diplomatic solution to the conflict in Syria. It is co-chaired by the United States and Russia, and membership (as of February 2016, when the Humanitarian Task Force was established) included the Arab League, China, Egypt, the European Union, France, Germany, Iran, Iraq, Italy, Jordan, Lebanon, the Organization of Islamic Cooperation, Oman, Qatar, Saudi Arabia, Turkey, the United Arab Emirates, the United Kingdom, and the United Nations.
15. United Nations Secretary-General, "Note to Correspondents: Statement of the International Syria Support Group," February 11, 2016, <https://www.un.org/sg/en/content/sg/note-correspondents/2016-02-11/note-correspondents-statement-international-syria-support>.
16. Human Rights Watch, "Syria: Promised Aid for Key Areas Blocked," April 4, 2016, <https://www.hrw.org/news/2016/04/04/syria-promised-aid-key-areas-blocked>.
17. UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," March 23, 2016, http://www.un.org/ga/search/view_doc.asp?symbol=S/2016/272.
18. An estimated 1,293,750 people were reached through 131 interagency convoys, 248 airlifts, and 168 airdrops. The airlifts provided aid to approximately 190,000 people in Hassakeh governorate, while airdrops provided aid for 90,000 people in Deir ez Zor city. Thus, approximately one million were reached with cross-line ground convoys. See UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015) and 2332 (2016)," WFP, "WFP Syria Situation Report #12," December 2016, <http://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Syria%20Situation%20Report%20%2312%20%2010%20January%202016.pdf>.
19. Although the two-step approval process was implemented in April 2016, there is insufficient data available on the populations Syrian authorities approved or rejected in April to be able to include that month in the total.
20. International Committee of the Red Cross (ICRC), "Rule 55. Access for Humanitarian Relief to Civilians in Need," accessed January 31, 2017, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule55.
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23. UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," June 17, 2016, http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/546; UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," July 20, 2016, http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/631; UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," November 15, 2016, http://www.un.org/ga/search/view_doc.asp?symbol=S/2016/962; UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," December 14, 2016, http://www.un.org/ga/search/view_doc.asp?symbol=S/2016/1057.
24. United Nations Secretary-General, "Note to Correspondents - Transcript of stakeout by UN Senior Adviser, Jan Egeland," January 19, 2017, <https://www.un.org/sg/en/content/sg/note-correspondents/2017-01-19/note-correspondents-transcript-stakeout-un-senior-adviser>.

25. There is insufficient data to include hard-to-reach populations in besieged areas that receive aid through interagency convoys.
26. Populations in Deir ez Zor city and Yarmouk camp are excluded, as those populations receive aid deliveries through other means than the two-step approval process.
27. An interagency convoy to Kafr Batna sub-district in Eastern Ghouta is counted as one convoy, as is an interagency convoy to Irbin sub-district in Eastern Ghouta.
28. UN agencies did not publicly report the number of medical treatments removed from interagency convoys in May 2016, nor did they report numbers removed from convoys to Rastan and Houla in Homs governorate. Thus, the total number of medical treatments removed is higher than 300,000.
29. UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," May 19, 2016, http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/460.
30. ICRC, "Rule 54. Attacks against Objects Indispensable to the Survival of the Civilian Population," accessed February 9, 2017, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule54; ICRC, "Rule 110. Treatment and Care of the Wounded, Sick and Shipwrecked," accessed February 9, 2017, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule110.
31. United Nations Office at Geneva, "Transcript of a press encounter with Jan Egeland, Special Advisor to the United Nations Special Envoy for Syria, after today's meeting of the Humanitarian Access Task Force," March 17, 2016, <http://reliefweb.int/report/syrian-arab-republic/transcript-press-encounter-jan-egeland-special-advisor-united-nations>.
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33. UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," November 15, 2016.
34. UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015)," December 14, 2016.
35. Customary international law consists of rules that come from "a general practice accepted as law," and it exists independent of treaty law. All parties to a conflict, whether they are states or non-state armed groups, and whether or not they have ratified important treaty law, are bound by customary international humanitarian law. See ICRC, "Customary international humanitarian law," October 29, 2010, <https://www.icrc.org/en/document/customary-international-humanitarian-law-0>.
36. ICRC, "Rule 55. Access for Humanitarian Relief to Civilians in Need."
37. ICRC, "Rule 54. Attacks against Objects Indispensable to the Survival of the Civilian Population."
38. ICRC, "Rule 56. Freedom of Movement of Humanitarian Relief Personnel," accessed January 31, 2017, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule56.
39. ICRC, "Rule 110. Treatment and Care of the Wounded, Sick and Shipwrecked."
40. ICRC, "The Geneva Conventions of 12 August 1949," accessed February 13, 2017, <https://www.icrc.org/eng/assets/files/publications/icrc-002-0173.pdf>.
41. ICRC, "Rule 53. Starvation as a Method of Warfare," accessed February 9, 2017, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule53.
42. ICRC, "Rule 54. Attacks against Objects Indispensable to the Survival of the Civilian Population."
43. ICRC, "Rule 55. Access for Humanitarian Relief to Civilians in Need;" see also, commentary to Rule 55.
44. ICRC, "Rule 103. Collective Punishments," accessed February 9, 2017, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule103.
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47. ICRC, "Rule 55. Access for Humanitarian Relief to Civilians in Need."
48. OCHA, "Syrian Arab Republic: 2017 UN Inter-agency Humanitarian Operations," February 1, 2017, http://reliefweb.int/sites/reliefweb.int/files/resources/2017_un_inter-agency_operations_01_february_17.pdf; UNSC, "Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015) and 2332 (2016)," January 20, 2017.



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