Shifting Dynamics: The International Order in a Post-Pandemic World

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COVID-19 has been utilised by the governments in Syria and Yemen as leverage over both their citizens and international institutions, including the United Nations.

COVID-19 has highlighted the severe lack of public health infrastructure in both Yemen and Syria and placed further economic burdens on some of the most vulnerable populations.

International institutions, most notably the UN, have largely failed to deliver effective assistance to Syria or Yemen in responding to the COVID-19 pandemic.

The continued failure of international institutions in conflict zones like Syria and Yemen raises the question of whether bodies such as the UN can be reformed, or whether there is a need to rethink our current institutions and approaches to humanitarian assistance.

The most pressing question in both Syria and Yemen is how to protect and prioritise civilians in situations where an end to war is currently unlikely.
he session “War and Disease: Living with COVID-19 in Syria and Yemen” welcomed esteemed speakers and discussants to a dynamic discussion on how the global pandemic has impacted two of the most vulnerable countries in the world.

Speaker Nadwa Al Dawsari outlined the devasting impact COVID-19 has had on the already struggling health and economic infrastructure in Yemen. She described the extent to which Yemen is unprepared to deal with the pandemic and expressed the urgent need for international awareness and support. Al Dawsari highlighted how Yemenis have been unable to quarantine or isolate due to the dire state of the economy, and therefore may have developed a degree of immunity that may provide some protection if the country is hit by a second wave of the pandemic.

Dr. Nasr Al-Hariri also painted a grim picture for Syria and drew parallels between the failing health infrastructures in both countries. Dr. Al-Hariri argued that the tragedy of the pandemic in Syria has been leveraged by the Assad regime, and the ongoing conflict has compounded the fallout from the pandemic, especially with regards to the pressure of mass displacement, a struggling economy, and physical vulnerability. Abdulghani Al-Iryani expanded upon Al Dawsari’s remarks about Yemen and explained how the pandemic has been utilised by the regime to separate and remove portions of populations. He described the lack of reliability of all data on COVID-19 in Yemen, as well as the almost non-existent supply of medical equipment.

In the second half of the session, discussants focused heavily on the failure of international institutions, especially the UN, to provide reliable aid to either Syria or Yemen. Discussants emphasised how both governments and international institutions have politicised the pandemic. While some used the failures of the UN as a call for a new international humanitarian system, others argued that it would be better to ignore the system in pursuit of immediate relief for those in Syria and Yemen.

Summary of the Session
“One indicator that is relevant to humanitarian aid [with regards] to COVID-19 is that the water infrastructure operates with less than 5% efficiency. 70% of the population does not have access to drinking water, let alone [the ability] to wash their hands for 20 seconds.”

“65% of the population has no access to health care, and 50% of the health facilities operate with a serious shortage in medicine, equipment and staff. The entire Yemeni health sector is not equipped to deal with COVID-19.”

“Now, the most devastating impact of COVID-19 is economic. Remittances declined by 80% during the first four months of 2020 as many Yemenis living abroad lost their jobs as a result of COVID-19. Now, remittances in Yemen are important because they are the main source of income for most Yemenis. Official figures say that Yemeni remittances reached 3.8 billion dollars in 2019, but informal sources say it actually reached 10 billion dollars during that same year. So, without that, many families have found themselves without income and vulnerable.”

“Many Yemenis live in an informal economy, so they cannot afford lower incomes. They cannot afford to quarantine. And many Yemenis take comfort from the horrors of the war by socialising. So, they continue to socialise.”

“The point is that in Yemen, it is not about COVID-19. It is not about the deaths that the virus causes. It is more about the conditions that [COVID-19] exacerbates and that leads to much more suffering than just the deaths, as tragic as it is to say that.”

Now, the most devastating impact of COVID-19 is economic. Remittances declined by 80% during the first four months of 2020 as many Yemenis living abroad lost their jobs as a result of COVID-19.
Instead of being prepared to tackle the COVID-19 pandemic, Syria now lies in ruins with massive destruction of infrastructure and health care facilities. Mass forced displacement and demographic change have also forced thousands of doctors and medical personnel to leave Syria in order to escape the bombing, crackdown and execution.

What we have of numbers until this moment, at least 60,000 cases have been reported so far, of which about 8,000 have fully recovered, while the number of confirmed deaths reached 166. In the IDP camps, there have been nine deaths out of 935 cases and a total of 55,000 tests have so far been conducted in the northwest, while more than 1,000 tests are being conducted on a daily basis.

However, the situation on the ground is dire as many civilians do not abide by the preventive measures because the majority of these people are in a huge need to work to earn money, to fix their issues, and to spend on their families as they are working on a daily basis if they have the opportunity to get somewhere. There is an urgent need for stepping up support for the health care system in Syria, especially in the IDP camps.

Of paramount importance is also the provision of vaccines as soon as they are available safely and in accordance with international health standards. Meeting these needs will certainly have a lasting economic, social, and humanitarian impact on the displaced communities, cities, and towns across Syria.

In the face of these enormous challenges, we cannot be on the right path before a political transition is put into place. We hope that the humanitarian organisations and bodies, as well as civil society organisations, will support a political transition in Syria in accordance with the U.N. resolutions.

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Nasr Al-Hariri’s Highlights

President of the National Coalition of Syrian Revolution and Opposition Forces

Dr. Nasr Al-Hariri is the President of the Syrian National Coalition of the Syrian Revolution and Opposition Forces. He has a degree in medicine from the University of Damascus, a MA in internal and cardiac diseases, and an Arabic BOARD degree in internal diseases. Dr. Al-Hariri’s was previously head physician at Assad University Hospital and Dara’a National Hospital; Medical Director of Saudi clinics in Al-Zaatari refugee camp; and Director of the Regional Office of the Syrian Medical Commission.

Dr. Al-Hariri has also worked in a political capacity. He was head of the Syrian Negotiations Commission; head of the consultative delegation of the Syrian Negotiations Commission; and the SOC’s Secretary-General. Dr. Al-Hariri is the Co-founder of the National Forum for Democratic Dialogue in Jordan, the Syrian Medical Committee in Jordan, and the Local Committees in Dara’a city. He was also the Head of the Free Association of Doctors and Pharmacists and Founder of the Free Doctors Syndicate.
“First, we have to be very clear that there is no reliable data [in Yemen]. The government and the de facto authority both claim [there are a] very small number of cases. The overall number of deaths that they have recognised maybe accounts for half of what [has been] accounted for by front line workers.”

“What we can deduce with any credibility is from talking to doctors and front frontline workers on the ground is that they actually portray a very dim and very sad picture. When the first cases of COVID-19 appeared, it was quickly announced in Aden but in Sana’a, the de facto authorities continued to deny the existence of COVID-19 cases for about two months, during which time it spread very quickly.”

“And then the de facto authorities took measures, very harsh measures of quarantining and closing neighbourhoods and so on, posting armed guards in front of houses of suspected cases, rounding up families and putting them in crowded quarantine facilities, that basically made certain that they will not only catch COVID-19, but also other endemic viral diseases such as dengue or diphtheria.”

“[Patients] often died shortly after admission [to quarantine facilities], which also triggered panic and fear in the community and society. So, they stopped reporting cases in their homes. People just died in their homes and were never reported. Often the deaths would be attributed to a heart attack or something because they feared that the authorities will round up the family and put them in unsanitary quarantine facilities. So, we really do not know how many died and we do not know how many cases hit these areas or Yemen in general.”

“Since the beginning, social distancing did not happen really. Masks and sanitisers appeared in Sana’a for a while, then disappeared. People just gave up, but right now, the number of cases has gone down markedly. And very few cases are being reported by my contacts in recent weeks. There is only one explanation for that. The only reasonable explanation is that Yemen has reached herd immunity.”

“Overall, by now, I think it will have reached the number that was projected [at] the very onset of COVID-19 by UN agencies, which was 80,000 fatalities in Yemen in the course of the pandemic.”

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