



مركز توثيق الانتهاكات في سوريا
Violations Documentation Center in Syria

The background of the cover is a light gray gradient with several 3D-rendered virus particles. These particles are spherical with a textured surface and numerous small, protruding spikes, characteristic of coronaviruses. They are scattered across the page, with some appearing larger and more detailed than others, creating a sense of depth and movement.

COVID-19

**The Legal Dimensions of the Syrian Government
Measures in Fighting the Corona Pandemic**

Violations Documentation Center in Syria 2020

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Executive Summary:

The Syrian government has taken various measures to fight the Corona (Covid-19) pandemic, including enforcing quarantine over people returning from abroad in non-suitable places. They did not stick to the necessary quarantine period in certain cases, they also made exceptions for people who had powerful connections, while prosecuting others for daring to protest the terrible quarantine conditions.

The Syrian authorities also prevented hundreds of travelling citizens from returning home¹ and left them stuck for days at the free zone (the dividing area between Syria and Lebanon) where they lived out in the open, and when some of them managed to enter Syria illegally through smuggling routes², the Syrian authorities purposefully hunted them down and arrested them³.

According to multiple testimonies from healthcare workers, the Syrian government did not adhere to providing personal protective equipment to the medical staff who are fighting the pandemic, which led to many deaths among doctors and patients.

In addition to that, the Syrian government did not enforce any restrictions of movement or mobility over the pro-government foreign militias, who exist within the country. The government did not even force them to commit to general protective measures. These militias continued to bring in members across the border from countries where the Covid-19 infection rates were high, such as Iran, Iraq, and Lebanon. At the same time, multiple news reports showed the continuous arrival of military support for the governmental forces towards the governorates of Daraa and Edlib.

Although the Syrian government announced a night curfew in the areas under its control, from 6 p.m. until 6 a.m. and starting on the 25th of March to the 26th of May⁴, the procedures set for the citizens to get their sustaining necessities, including bread and monthly provisions, like food coupons and gas has created big areas of crowding which facilitates the spread of infection, and that negates the purpose of the curfew in the first place.

Also, the government's decisions were discriminatory in certain cases, as when the Ministry of Internal Affairs enforced the curfew to prevent the spread of Coronavirus, they set an exception in the 7th clause⁵ "to facilitate the passage of those carrying permits from the central leadership of The Arab Socialist Ba'ath Party", despite the elimination of Article 8 in the previous.

1An article published by Al-Nahar Lebanese newspaper under the title **Syrians who fled the hardship of living in Lebanon and were left hungry at the borders of their country** <https://cutt.us/fmT2h>

2 A report published by **Syrians for Truth and Justice** <https://cutt.us/Xap1g>

3 The Minister of Interior, Major General Muhammad Al-Rahmoun, issues a circular regarding the Syrians who entered the country through illegal crossings <https://cutt.us/qSLEQ>

4 SANA Agency: The Ministry of Interior will intensify patrols to ensure that citizens adhere to the curfew measures and stay at their homes. April 12, 2020 :<https://cutt.us/zu732>

5 A circular published on the official page of the Syrian Ministry of Interior <https://cutt.us/JrQLm>

constitution which had established The Arab Socialist Ba'ath Party as the "leading party in the society and the state," for nearly 10 years.

Information derived from Syria and neighbouring countries, who extracted their citizens out of Syria, shows that the Syrian government doesn't announce the true statistics concerning the infection rates of the Corona pandemic (Covid-19), as it has been confirmed that many foreigners returning home from Syria were found to have the virus. The Syrian government did not follow the recommendations of the World Health Organization (WHO) to limit the spread of the pandemic, in addition to medical negligence of the infected and not providing them with sufficient healthcare. As of the end of July 2020, the Syrian government has registered the death of at least 43 people out of 780 positive cases of Coronavirus.

Introduction:

The military operations led by the Syrian government forces for 9 years now have exhausted all aspects of life in Syria. It had a negative impact on the healthcare sector, as healthcare facilities and medical centers were widely targeted by the Syrian and Russian air forces, which led to many of them being out of service, while others were converted into military barracks for the government's forces, such as the case with the "Ar Rastan National Hospital" and the "Jisr al-Shughur National Hospital".

On multiple occasions, public hospitals were also converted by governmental forces into centers to receive the military's wounded and dead, which limited their capacity to receive civilians. Over the past months, many areas under the Syrian government's control have suffered from a major shortage of medications and medical supplies, to the point where some medical drugs completely disappeared from the market, while the prices of other medications skyrocketed in a way that made them unaffordable to the average citizen, especially amid the country's dwindling economic conditions.

Hospitals and medical centers in some areas suffer from many difficulties including lack of preparedness or cleanliness. Activists from those areas posted videos that showed trash piling up in front of the hospitals' entrances and a general disregard for sanitation. In April 2020, the VDC in Syria released a paper containing facts pertaining the weakness of the medical system in Syria and how affected it is by military operations⁶, which forebodes a disaster in terms of the wide spread of Coronavirus in Syria.

6 Fact sheet prepared by the Violations Documentation Center in Syria <https://vdc-sy.net/in-world-health-day-syria-is-unable-to-respond-to-covid-19-with-the-current-health-situation-ar>

Methodology:

The VDC in Syria based this report on the testimonies of people who have been in quarantine or their relatives, the testimonies of healthcare workers in places under the control of the Syrian government, the words of ex-prisoners or lawyers in direct contact with prisoners who are currently incarcerated by the Syrian government, in addition to reviewing the information released by local media outlets. The methodology also depended on monitoring governmental decisions and announcements regarding precautionary measures for Coronavirus, as well as looking into and analyzing pictures and videos taken by people held in quarantine, and monitoring complaints from people in quarantine.

Chapter One: The legal framework for dealing with the pandemic

International human rights standards state that every person is guaranteed the right to receive the highest attainable standard of health. It obliges countries to provide healthcare to everyone without any discrimination for whatever reason. Human rights standards also require countries to take the necessary precautions to prevent any threat to public health⁷. Since the Coronavirus pandemic is a threat to public health that may further threaten the safety and life of entire nations, all countries must fight this pandemic, whether individually or collectively, to limit its dangerous spread and protect the lives and well-being of the citizens of the affected countries. This may call for implementing temporary restrictions to basic human rights and freedoms, like in the instance of quarantine, isolation or other limitations to the freedom of movement and peaceful gathering. However, these restrictions should fall under the human rights criteria which permit setting some boundaries that may limit some rights and freedoms in emergencies or cases of threat to public health or the safety and peace of the nation⁸.

It is pertinent for the enforced restrictions to be aligned with human rights law in other words the restrictions should respect human dignity, must be necessary, they cannot be enforced with any discrimination or brutality. Additionally, they must be set for a specific period and be reviewed continuously to ensure their effectiveness, then they must be lifted as soon as the threats which called for them cease to exist⁹.

● Section one: The Right to Health.

The right to health was established as a social right for the first time in the constitution of the World Health Organization (WHO) in 1946, then in the Universal Declaration of Human Rights, and the International Covenant on Economic, Social and Cultural Rights.

7 The Covenant on Economic, Social and Cultural Rights, Article 12

8 Human Rights Dimensions of Covid-19 Response, Human Rights Watch, March 2020. viewed on June 24, 2020, : <https://bit.ly/3hZZD5S>.

9 International Covenant on Civil and Political Rights of 1967, Article 4

The WHO's constitution defines health as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States."

The right of health is tightly related to other human rights, because health is considered an essential factor to achieving them, such as the right to housing, food, work, education, human dignity, life, non-discrimination, equality, freedom from torture, privacy, access to information, freedom of assembly, association and movement. All these rights and freedoms are integrated within the right to health.

The right to health has key aspects and sides, which are:

- Availability: Effective healthcare and public health services and facilities must exist in a sufficient amount inside the country.
- Accessibility: Facilities and services must be physically and financially accessible to everyone without exceptions, also health information must be accurate, clear, comprehensible, and offered to everyone without endangering the right to confidentiality of personal medical data.
- Suitability: The services provided in the facilities should respect medical ethics, and be gender-sensitive and culturally appropriate. They should be acceptable medically and culturally.
- Efficiency: Maximum benefit must be achieved using the available resources, in order to give high quality medical and healthcare services.
- Accountability: The officials charged with these duties must be held accountable for upholding the commitment to human rights in public health.
- Non-discriminatory: Everyone must be able to access healthcare facilities and services without discrimination, as the International Covenant on Economic, Social and Cultural Rights in articles 2/2-3 forbids any discrimination in providing medical care and basic constituents of health or in the methods of obtaining them, for any reason that may hinder or prevent people from receiving their right to health or practicing it equally.

The Committee on Economic, Social and Cultural Rights of the United Nations interprets the right to health as defined in article 12/1 of the International Covenant on Economic, Social and Cultural Rights as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.

The right to health is tightly related to the public international Law and international humanitarian law and to other branches of international law where they meet directly or indirectly. Therefore, the spread of Coronavirus and dealing with it stems from the heart of international law considering that it is an event that requires collective action at the State level, as it threatens various economic, financial, environmental and social sectors all over the world. This demands elevating legislations from the national to the international level through realizing the principle of the supremacy of international law and its various branches over national law.

The global spread of the virus jeopardizes international peace and security to the point that calls for UN Security Council intervention, compared to Resolution 2177 of 2014 regarding the outbreak of the “Ebola” virus in the West Africa region at the time, since it endangers the stability of the affected countries in case it was not contained, leads to civil unrest and social tensions, and worsens the political and safety conditions. The council also announced forming the UN emergency health mission that cooperates with the WHO to combat the disease at the time.

● Section Two: Legal provisions support the right to health

- International laws, covenants, and charters:

* Article 25 of The Universal Declaration of Human Rights: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care”.

* Article 12 of the International Covenant on Economic, Social and Cultural Rights:

“1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) The improvement of all aspects of environmental and industrial hygiene;

(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure all medical service and medical attention in the event of sickness.”

* The conventions on women 1979 and children 1989, the International Convention on the Elimination of All Forms of Racial Discrimination, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, and many regional agreements such as the European Social Charter of 1961 article 11, the African Charter on Human and Peoples’ Rights 1981 article 16.

* The International Health Regulations (IHR) 2005: It has adopted health regulations as a legal framework for dealing with pandemics. These regulations are a binding international legal instrument that aims for international collaboration to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks. It came into force in July 2007. Through IHR, state parties have agreed to build their capacities to detect, assess and report public health events. WHO plays the coordinating role in IHR.

- International Humanitarian Law:

International humanitarian law has fully immunized health facilities and medical personnel from all kinds of obstruction, prevention, or attack that impede medical and health relief work. It also emphasized, through Common Article Three in the Geneva Conventions, on providing clean water to all the civilian population in conflict areas.

Additionally, it protects people at particular risk, such as people suffering from permanent diseases or immunocompromised persons and people with disabilities. Moreover, it conferred the distinctive "emblem" for the protection of human services and medical personnel, which provides immunity indispensable to people and things alike and considered essential in distinguishing medical personnel and their facilities from other combatants.

International humanitarian law also provides for the protection of persons who are in detention facilities, whether they are prisoners or prisoners of war, and to prevent the spread of epidemics and diseases among them, especially since they often do not have access to good health care. Besides, the situation in prisons and detention centers helps the spread of the epidemic. International humanitarian law has imposed many articles to regulate this matter such as Articles 22 (1), 23 (1) and 29-31 of the Third Geneva Convention; Articles 83 (1), 85 (1) and 91-92 of the Fourth Geneva Convention; And Articles 5-1 (b) and 5-2 (c) of Additional Protocol II.

- Syrian Legislation:

The right to health is mentioned as an obligation of the state towards its citizens in the current constitution of the Syrian Arab Republic in the articles:

Article 22: "The state shall protect the health of citizens and provide them with the means of prevention, treatment, and medication."

Article 24: "The state shall bear, in solidarity with the community, the burdens resulting from natural disasters."

Article 25: "Education, health and social services shall be the basic pillars for building society, and the state shall work on achieving balanced development among all regions of the Syrian Arab Republic."

There are also other Acts and laws related to public health such as the Health Insurance Act No.1 of 1979; The Health Council created by presidential Decree 39 of 1977, both are inoperative. In addition to that, there are the scientific public health bodies, which were created to provide diagnostic, therapeutic and surgical medical care for the authority's auditors, and to provide training at all levels in the medical and health field and medical research. According to Act No. 17 of 2008, which is also inoperative.

● Section Three: The responsibility for ensuring the right to health

The responsibility for ensuring the right to health and proper healthcare provisions rests with the State in general and governments in particular. The World Health Organization has adopted this assertion in its constitution: "Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures". Therefore, this right cannot be guaranteed without social determinants and infrastructures that are tightly related to the stability and protection of other basic rights. However, governments are not solely responsible for protecting public health, but they seek help when needed from independent research centers, civil society, and international and regional organizations concerned with guaranteeing this right.

The right to health imposes two kinds of obligations on the state, the first is the negative obligation to refrain from any action that may threaten the citizen's health, which is the obligation to respect basic rights: such as the right to integrity of the person, the right to life, the right to physical and mental integrity, and the prevention of torture. The second kind of obligation is the positive obligation to take a set of measures aimed at disease prevention and patient treatment, including but not limited to, providing a national health insurance system and improving health infrastructure. As a matter of fact, joining the international covenants and laws that protect the right to health, and other related rights, is not sufficient to guarantee this right. Rather, the State should stipulate it in the constitution and provide a legal and regulatory framework for it. The State should also show an actual implementation and commitment by including the right in the national plans, and make financial provisions to ensure its realization, and use available expertise to raise the level of health care services within the State.

Chapter Two: Rights and freedoms amid coronavirus pandemic

● Section One: Times of public emergency:

After classifying Coronavirus as an "epidemic", i.e. unusual increase in the number of cases of an infectious disease which already exists in a certain region, population, season or period of time, the WHO later characterized the coronavirus as a "pandemic", which is an epidemic occurring worldwide or over a very wide area, crossing boundaries of several countries, difficult to control and affecting a large number of people, it threatens public health and requires rapid

measures and declaration of a public health emergency of international concern. Such a classification is based mainly on two factors : the pattern and speed of transmission of the disease known as “reproduction rate” and the number of people at risk of infection.

The Public Health Emergency of International Concern is defined in the IHR (2005) as “an extraordinary event which is determined, as provided in these Regulations: to constitute a public health risk to other States through the international spread of disease; and to potentially require a coordinated international response”.

Under Article 4 of the International Covenant on Civil and Political Rights the governments may exceptionally and temporarily restricted some Individual Rights in certain circumstances as the article states:

“1 . In time of public emergency which threatens the life of the nation and the existence of which is officially proclaimed, the States Parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the ground of race, colour, sex, language, religion or social origin.

2. No derogation from articles 6, 7, 8 (paragraphs 1 and 2), 11, 15, 16 and 18 may be made under this provision.”

However, Article 4(2) of the ICCPR provides that no derogation is permitted for:

- right to life as no one shall be arbitrarily deprived of his life.
- freedom from torture or cruel, inhuman and degrading treatment or punishment.
- right to fair trial to protect against any abuse of authority in restriction.
- freedom from slavery and servitude including forced or compulsory labour.
- freedom from imprisonment for inability to fulfil a contractual obligation.
- prohibition against the retrospective operation of criminal laws.
- right to recognition before the law
- freedom of thought, conscience and religion, this right may be subject to limitations as are prescribed by law and are necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others.

● Section Two: Conditions for restriction of human rights

The restrictions that governments impose on the basic rights contained in Article Four of the ICCPR are based on the idea of the public interest that is supposed to guide any government or administration. This is stipulated in the constitutions of some countries as in the preamble of the constitution of the French Republic in 1946 “The Nation shall guarantee to all, and particularly to the child, the mother, and the aged worker, protection of health, material security, rest, and leisure”. To achieve that, governments may impose temporary and conditional restrictions on some basic rights and freedoms.

The Siracusa Principles, drafted by 31 distinguished experts in international law and adopted by the United Nations High Commissioner for Human Rights in 1984, state that the restriction of human rights must be motivated by legitimate public health goals and should not be used for political goals nor should it function as a cover for repressive action and human rights violations.

The aforementioned principles provide authoritative and detailed guidance on the exceptions permitted in the ICCPR. they also give a unified interpretation of the restrictions and limitations imposed on the rights contained in the ICCPR. The principle specify that the restriction should be:

- provided for and carried out in accordance with the law;
- directed toward a legitimate objective of general interest;
- strictly necessary in a democratic society to achieve the objective;
- the least intrusive and restrictive available to reach the objective;
- based on scientific evidence and neither arbitrary nor discriminatory in application; and
- of limited duration, respectful of human dignity, and subject to review.

Accordingly, the response of governments to the epidemic, whether by imposing quarantine, or closing public or educational service facilities, must meet the aforementioned legal standards. Furthermore, governments must avoid comprehensive or vague restrictions imposed on movement and personal freedom, they should also avoid arbitrary and discriminatory restrictions. Additionally, governments should resort to mandatory restrictions only when they are necessary and scientifically justified. In this case, the government should first establish mechanisms to support those affected, monitor the follow-up of implementation processes, work to prevent abuses, and fully respect human rights.

In parallel with applying restriction measures, governments should initiate a plan to secure food, water and health care for citizens during quarantine or lockdown. They should also adopt strategies to mitigate the effects of education interruption and school closures, this can be by using the Internet and distance education programs, or by using media, such as the experience of the televised educational lessons that were broadcasted to Syrian students in the occupied Golan.

● Section Three: Restriction of Freedom of Information:

Under international human rights law, governments bear the obligation to protect the right to freedom of expression, including the right to seek, receive, and impart information of all kinds. As for the restrictions, referred to above, that are permitted to limit -exceptionally- freedom of expression for reasons related to public health, the limitation should not endanger this right in any way, as the right to obtain information and secure its access from government sources (one of the requirements for freedom of opinion and expression) is the main pillar in all rights granted to humans in international covenants and laws.

This was confirmed by the General Assembly when stated that freedom of expression is a fundamental human right ... and the touchstone of all the freedoms to which the United Nations is consecrated.

This obligation originates from the idea that says that information, data, statistics, and official documents belong to the people, and disclosure of it from their various sources is a right guaranteed by the state to every citizen. Therefore, the state is committed to providing it and making it available to citizens in a transparent manner, which was indicated by the document of the five principles approved by the Committee of Experts in the Commonwealth of Nations in 1999: "Freedom of information should be guaranteed as a legal and valid right that allows individuals to obtain records and information maintained by the executive, legislative and judicial authorities of the state in addition to any institution that it owns and any other entity that carries out public duties."

The United Nations Organization recognized the right to freedom of information as a human right early. It was already mentioned in Resolution 59 adopted by the General Assembly at its first session in 1946, as it stated "Freedom of information is a fundamental human right and is the touchstone of all the freedoms to which the United Nations is consecrated".

Likewise, Article 19 of the Universal Declaration of Human Rights provides that "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." The most important characteristic of this article is that it did not limit the exercise of this right with any restrictions, which was contradicted by subsequent international conventions.

Article 19 of ICCPR confirms that "Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice." The article allows certain restrictions to this right, provided that they are defined by the text of the law and are necessary to respect the rights or reputation of others, or to protect national security, public order, public health or public morals.

Article 15 paragraphs 1.a, 1.b - 3 of The International Covenant on Economic, Social and Cultural Rights confirmed the right to seek and obtain information.

According to the Committee of the International Covenant on Economic, Social and Cultural Rights, the obligation of governments to provide the necessary information on the protection and promotion of rights is "priority obligations" as it concerns public health. Meaning that the government should ensure that accurate and up-to-date information on the health situation in the country is easily and periodically available to everyone.

Hiding or providing false information is a clear violation of the right to access information and the right to freedom of expression.

● Section Four: Restriction of the right to freedom of movement:

On 29 February 2020, the Director-General of the World Health Organization issued his interim recommendations in which he affirmed that: "Member States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation, in pursuit of their health policies, even if this involves the restriction of movement of individuals." This means that the right of movement can be restricted under specific conditions.

The right to freedom of movement is one of the fundamental rights. It is considered a pillar upon which the rest of the public rights and freedoms are based. Without this right, other rights and freedoms cannot be exercised. This right can take different forms like freedom of movement and residence within the borders of each state, mobility rights, right to travel, right to leave any country, including his own, and to return to his country.

article 13 of the universal declaration of human rights stated: " Everyone has the right to freedom of movement and residence within the borders of each state; Everyone has the right to leave any country, including his own, and to return to his country." Also Article 12 of the International Covenant on Civil and Political Rights affirmed that:

"1. Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence.

2. Everyone shall be free to leave any country, including his own.

3. The above-mentioned rights shall not be subject to any restrictions except those which are provided by law, are necessary to protect national security, public order, public health or morals or the rights and freedoms of others, and are consistent with the other rights recognized in the present Covenant.

4. No one shall be arbitrarily deprived of the right to enter his own country."

Article 12 of the Covenant supports in paragraphs (1-2) the right to freedom of movement and the choice of a place of residence within the territory of a state and the right to leave it, while paragraph (3) specifies the exceptional circumstances in which the right may be restricted by the law and the conditions required for the restriction. As for paragraph (4), it affirms that it is not permissible to arbitrarily deprive anyone of the right to enter his own country, as it set up this right with conditions and limits that make it difficult to restrict it.

According to the fourth paragraph, the right of a person to enter their country takes a broader meaning than the wording of the article. Thus, it includes not only the right to return after having left one's own country; it may also entitle a person to come to the country for the first time if he or she was born outside the country but that country is the person's State of nationality or the family root (like the case of Palestinian refugees). In addition to that, the paragraph does not distinguish between nationals and aliens as it uses the word ("no one"), also the phrase "his own country" gives a broader scope than saying "country of his nationality". Hence, the right is not limited to nationality in a formal sense, that is, nationality acquired at birth or by conferral; instead it includes the individual who has special ties to a given country or long-term residents, including but not limited to stateless persons and persons with close and permanent relation with a certain country.

Furthermore, the fourth paragraph uses the concept of arbitrariness to settle the debate about the government's authority to prevent citizens from returning to their country. The reference to the concept of arbitrariness in this context is intended to emphasize that it applies to all State action, legislative, administrative and judicial; it guarantees even interference provided for by law should be in accordance with the provisions, aims and objectives of the Covenant and should be, in any event, reasonable in the particular circumstances.

Chapter Three: The Syrian government's procedures to confront the Coronavirus pandemic:

● Section one: Random health procedures.

The VDC in Syria has monitored and documented the measures taken by the Syrian government against Coronavirus, here we review some of it:

1- The Syrian government has transferred the returnees from the Sultanate of Oman via Damascus airport directly to the third unit in the University Campus in Homs Governorate, despite the previous assurances provided by the government to the returnees that the 14 days quarantine will take place in quarantine centers in their governorates. The returnees have confirmed, through a [video](#) that had been recorded from the quarantine center located in the University Campus, that since their arrival at Damascus airport, they had been subjected to inhumane procedures by the Syrian government. These procedures were like; preventing them from entering toilets to relieve themselves after a long journey, preventing them from accessing their belongings, also there were no meals for the travelers since they had taken off from the Sultanate of Oman, which resulted in some elderly people to faint.

An elderly man said in the video that the medical care at the quarantine center was very poor, as he was unable to preserve his insulin medication, which needs to be kept in a refrigerator, taking in considerations that Coronavirus poses more risk that may lead to death for people with chronic diseases such as diabetes and blood pressure.

Those who were quarantined confirmed in the recording, that was reviewed by the VDC, that the government had exempted about twenty returnees on board the flight upon its arrival at Damascus International Airport from being subjected to quarantine.

2- In another incident that indicates the weakness and lack of seriousness of government measures against Coronavirus, the Syrian government permitted some quarantined people, who were on the return flight from Kuwait on 11 May 2020, to leave the University Campus in Damascus, after they spent 14 days at the quarantine. Later on, some of them had health issues and it was found that they had cases of Corona according to a testimony obtained by the VDC.

A man who witnessed the incident said to the VDC¹⁰ that his cousin was quarantined with others in the University Campus in Damascus when he returned on the Kuwait flight of 11 May 2020. Two days after the start of their quarantine, the government had quarantined other travelers from different flights at the same place. After 14 days, his cousin was discharged from the quarantine despite the recording of 7 Corona cases on the second flight they brought.

3- Media sources reported¹¹ the death of a person from the city of Al Nabk in Damascus countryside. This person was on the same Kuwait flight of 11 May 2020. His name is “Bashir Mohammad Deeb Al Shaqi”. He was released from the quarantine by using the mediation of the former office manager of President Bashar al-Assad, Mohammad Deeb Daaboul “Abu Saleem Daaboul”. Bashir showed symptoms of corona a few days after he was released from quarantine and died in Al-Qalamoun Hospital.

4- In another incident, the Syrian government did not commit to the quarantine period of 14 days. As the government allowed 161 travelers from the United Arab Emirates on 4 May 2020, to leave the quarantine center after only four days of being quarantined. The government justified this act by saying that their corona test results were negative. On the contrary, a woman who was quarantined in the center confirmed to the VDC reporter¹² that the government did not do any test for them during their stay¹³.

5- The returnees from the UAE on the flight of 12 May 2020 complained about the ill-treatment they received from the Syrian government while they boarded the plane, as the Syrian embassy in the UAE gave permission to some passengers who were not on the passenger list to be on board, while other passengers who were on the list were excluded. They added, upon their arrival in Damascus, they were quarantined in the Mezzeh University Campus in Damascus. The quarantine center lacked any medical procedures and there were no detergents, in addition to a large spread of insects inside the building according to pictures and videos that the VDC reviewed and verified.

10 Excerpts from testimony no. (001) given to the Violations Documentation Center in Syria.

11 Article published on the “Step News” website on May 24 <https://2u.pw/o1vIX>

12 Excerpts from testimony no. (002) given to the Violations Documentation Center in Syria.

13 An article on “Syrian Days” the pro Syrian government website, viewed on June 30, 2020: <https://cutt.us/hV2yz>

6- One of the people who was quarantined at the Governmental Quarantine Center in the Dweir area in Damascus countryside between 19 June and 03 July reported to VDC:

"We were about 400 people, we were taken to the quarantine center in the Dweir area. The military was watching over us. They put us all in one grimy dormitory where there was no water in the bathrooms as the whole place has only four water taps we used for drinking and washing. As for food, it was mostly a meal of rice with yogurt that the military used to give. The yogurt was mixed with water running through a hose thrown on the ground in a big bowl held by a broomstick"

The witness added: "when some of the quarantined tried to protest this unsanitary situation, they were beaten and insulted by four soldiers in front of everyone. Also, when an elderly man objected to these conditions, they beat and insulted him, then they locked him in a dirty toilet for 3 hours and prevented him from taking his meal."

The witness confirmed that the soldiers were receiving bribes from some of the quarantined, as they transferred seven of them to another suite with better conditions when they paid them 40.000 Syrian pounds per person. The witness also confirmed that after the end of the quarantine period the soldiers asked each person for an amount between 5.000 and 10.000 Syrian Pound.

● Section Two: Arbitrary Measures Against Citizens.

In addition to the fact that the Syrian government placed quarantined travelers in unsuitable places lacking hygiene supplies and preventive measures, the government also took arbitrary measures including arresting some of the quarantined people who had been protesting against the bad conditions of quarantine and the absence of preventive measures. Other important reasons for protesting were the discrimination in taking swabs, the curfew measures and the prevention of movement between governorates that were taken to address the pandemic. These measures caused great harm to citizens, and led to the death of a citizen in the Raqqa governorate.

On 26 May 2020, the Syrian Ministry of Interior announced the arrest of seven people who were quarantined in the Mezzeh University Campus in Damascus, accusing them of "inciting a riot and public disorder for the purpose of offense," after they threw away meals provided to them by the government as a kind of protest against transporting the meals in an open car, which contradicts with the safety measures. All of them were arrested and brought to justice on 30 May 2020¹⁴.

-On 26 May 2020, the Syrian Ministry of Interior announced the arrest of three people who were quarantined in the Mezzeh University Campus in Damascus¹⁵, accusing them of "assaulting a doctor".

14 Acknowledgment by the Ministry of the Interior of arresting the protesters on its Facebook page : <https://cutt.us/dFXdj>

15 The arrest of the people who attacked a doctor in the university campus, according to a statement published on the Ministry of Interior's Facebook page, link: <https://cutt.us/ey3LP>

The ministry stated: " Two doctors and a nurse from the medical staff supervising the quarantined citizens in the Mezzeh University Campus disputed with three quarantined people. The dispute developed into an assault on one of the two doctors. The Eastern Mezzeh Police Department intervened immediately, they investigated the incident and found that the reason for the dispute was denying the request of a quarantined person to find a solution to his medical condition, as he has degenerative disc disease. The denial of his request resulted in an altercation and developed into fist fight and ended up in beating up one of the two doctors. A police report on the incident was organized and legal measures were taken against those arrested. The investigation results were presented to the Public Prosecution in Damascus, which decided to apprehend and bring them to justice."

In contrast to the official explanation of the incident, some pro-government media quoted¹⁶ witnesses as saying that the quarantined people were protesting against the doctors' permitting people infected with the Coronavirus, and with positive Corona test results, to move freely inside the quarantine center. The quarantined demand to transfer the infected into the hospital. The discussion escalated after one of the quarantined persons requested to be transferred to the hospital to remove the iron plates from his back as he had undergone a spinal surgery. When the doctors refused his request, he uttered insults, so one of the doctors attacked him. His health condition worsened and while transporting him by ambulance to the hospital, the doctor attacked him again, so two quarantined persons intervened, according to witnesses.

On May 14, the Syrian government arrested more than 40 young men from the towns of Saqba and Kafr Batna in Eastern Ghouta, for violation of the curfew, according to local media. The media indicated that some of them were taken to the law enforcement department, where they were beaten and insulted by the officers who supervised their detention. The media added that about 20 of them were released after paying bribes amounting to 100.000 Syrian pounds to the officers responsible for their detention, to avoid referring them to the justice.

Furthermore, The Syrian government has pursued university students who are from the town of Ras al-Maara in Damascus countryside. The government forcibly returned those students to their hometown as cases of coronavirus infection recorded inside the town. Eyewitnesses stated that the security forces at Al-Baath University in Homs stormed the Auditorium in the faculty of literature and arrested two students in a "humiliating and degrading" manner, and the only reason for this ill-treatment was that they are from the town of Ras al-Ain. On top of that, the administration of the university campus in Damascus announced that it had suspended 71 students from the town of Ras al-Maara and returned them forcibly to their town¹⁷.

16 An article on the pro-government website "Snack Syrian" viewed on June 25: <https://cutt.us/pvh2V>

17 An article published in Enab Baladi newspaper, viewed on June 25: <https://cutt.us/GB3a8>

On 19 May, the Jorf News website stated: "Akl Al-Darwish Al-Buhbal died yesterday (Tuesday) as a result of exhaustion and fatigue while he was waiting for the crossing to open so he can enter the city of Raqqa within the autonomous region in northeastern Syria. However, The Syrian government checkpoints did not allow him to pass despite his dire health condition¹⁸".

Earlier on 17 May 2020, The Autonomous Administration published Decision No. 48 stipulating the reopening of the Taiha and Tabqa crossings with the Syrian government between 19 and 26 May, at the same time, the governor of Raqqa, "Ubaid al-Hassan," stated that¹⁹the "ministerial committee concerned with combating Corona disease" refused to open the road between Tabqa and Homs with the Autonomous Administration, which, according to his statement, "prevented the passage of passenger buses that moved according to the Autonomous Administration decision". While he attributed the Syrian government's refusal to open the crossing to the failure of the Autonomous Administration to take "any measures to prevent the spread of the disease in the areas under their control".

On 21 June 2020, the Syrian government imposed a health quarantine on the town of Jdeidet Artouz Al-Fadl in the countryside of Damascus because of recording 11 new cases of the Coronavirus there. 10 of them were infected because of being in contact with a woman who died of Coronavirus earlier in Jadida Artouz, the other one came from Lebanon recently.

According to the "Sawt al Asima" website²⁰, the Syrian government sent about 70 members of the law enforcement forces to the town, where they placed concrete barriers and garbage containers at the entrances to the town and closed them completely. They also prevented the crossing of food supplies of vegetables to it, which prompted residents to complain about this. According to "Al-Watan" newspaper.²¹

Beside that, the pro government foreign militias affiliated with Iran terrorized residents in the city of Albu Kamal in Deir Ezzor, eastern Syria, as infections appeared among the members of the militias. The VDC reporter there said that foreign militias fired live bullets in various neighborhoods of the city on 11 April. Hundreds of armed members were deployed in the neighborhoods to impose a curfew in the city, which caused fear and panic among the residents.

Likewise, foreign militias affiliated with Iran transported more than 90 wounded members (36 members of the Iranian Revolutionary Guards, 50 members of the Asa'ib Ahl al-Haq militia, 4 members of the Lebanese Hezbollah militia), by air from Aleppo to the Sayyida Zainab area in Damascus countryside on 28 March through Damascus International Airport and placed them in the "Jameel Plaza" Hotel.

18 An article by Jorf News entitled "The regime continues to close the Al-Taiha and Tabqa crossings ... and hundreds of civilians are waiting," viewed on June 25: <https://cutt.us/HJHoH>

19 A statement by the governor of Raqqa, Obaid al-Hassan, reported by the Syrian pro-government radio station Sham FM on May 19: <https://2u.pw/ObKZj>

20 An article published on the Sawt al-Asimah website on June 21: <https://cutt.us/ZCtIQ>

21 An article published by the pro-Syrian-government Al-Watan Newspaper: <https://cutt.us/sHwUe>

This prompted the people to demonstrate on 30 March to express their anger at allowing the militias to move freely without imposing any preventive measures on them. Later on 31 March, the Syrian government designated the hotel as a quarantine center due to the pressure of the people, according to the VDC correspondents.

Correspondents said that after recording many infections among the residents of the Sayyida Zainab area, the Syrian government had to transfer the infected to a quarantine center in the “Al-Ghazlania” area in the countryside of Damascus as the quarantine center located in Sayyida Zainab contained foreign militia members.

● Section Three: Restriction to the Return of Citizens to their Country

The Syrian authorities’ prevention of Syrian citizens from entering their own country is a violation of international human rights standards and the provisions of the Syrian constitution, which guarantee the right of every one to enter his own country.

The crisis of the Syrians stranded in the free zone separating the Syrian-Lebanese border began in late March and is continuing until the date of preparing this report. During the past two months, several Lebanese media outlets have monitored the conditions of the stranded people, who must wait for a period ranging between two weeks and a month before they are allowed to enter the country.

Moreover, the Syrian government has pursued and arrested citizens who entered Syria through smuggling routes and charged them with cooperating with gun smugglers and other charges²².

The Syrian authorities were able to arrest a large number of returnees who entered the country through smuggling as the security services issued a circular to all district chiefs “Mukhtar” in the areas under the government control, asking them to report immediately any person who had returned from Lebanon through smuggling.

Regarding the conditions of those stranded at the border, the Syrian authorities deliberately left them suffering in the open for days under the pretext of conducting a security check to their file. Even after the issuance of the security approval, they were forced to wait more days under the pretext that there were no free places in the quarantine centers in which they were supposed to stay for at least 14 days. These actions led to the death of a person who was stranded at the border.

22 A report by **Syrians for Truth and Justice**: <https://cutt.us/Xap1g>

A relative of the deceased man told the VDC in Syria, that on 2 July 2020, Bahaa Riyad Saab, 43 years old, from Duma village in the Sweida governorate, arrived at the **border crossings** between **Lebanon and Syria** and joined hundreds of people who are stranded waiting to be allowed to enter the country. After two days, specifically on 4 July, while waiting, Bahaa fainted and suffered health problems that led to his death. When his health situation was critical, the Syrian border guards refused to aid him or to allow him to cross to receive treatment, and later after he died they refused to allow his body to enter the country. Instead, it was transported via the Lebanese Red Cross to a hospital in Zahle, Lebanon.

A person stranded at the border told the VDC in Syria that he had arrived at the free zone between the Lebanese-Syrian border on 23 May. The Syrian authorities refused to allow him, and 250 other people, to enter the country. They remained stranded until 12 June, then the Syrian authorities transported some of them by bus to quarantine centers. He arrived at the quarantine center in the Dweir area in Damascus countryside.

The witness added, "The center lacked any safety measures and cleaning materials, we had to give the employees money to buy us soap and anti-insects products. We were discharged from the quarantine after 14 days without being swabbed."

On May 25, the Syrian government decided to suspend the trips bringing Syrians from abroad. The Ministry of Health - Media Office stated in a post on their page on Facebook: "The trips to bring Syrians stranded in other countries will be suspended until further notice. The decision will be reviewed after handling all current cases and after the end of the quarantine period for those in quarantine centers."

The decision to suspend the trips to bring Syrians stranded abroad came after the Syrian government promised citizens who are in Iraq to evacuate them, asking them to buy the airline tickets. The return flight was already scheduled on 14 May but just hours before its departure, the Syrian embassy in Iraq announced the postponement of the flight indefinitely without explaining the reasons.

In this context, one of the Syrian citizens stranded in Iraq told the VDC in Syria that as a result of the Corona crisis, he was expelled from his work in a hotel in the city of Erbil in early April, along with four other Syrian workers. They lost their job and with that their residence as they used to sleep in a place designated for hotel employees. The witness added that he was among the Syrians who registered their names at the Syrian embassy to return to Syria. His family borrowed the cost of the flight ticket and the accommodation in the quarantine center. Surprisingly, when he arrived at the airport on the date of the flight on 14 May, the embassy announced the cancellation of the flight without giving any response to the Syrian citizens there

The witness added, "since two months, it became familiar to see Syrians in Iraq sleeping in the streets and sidewalks under difficult humanitarian conditions and not receiving adequate health care. One of the elderly Syrians who slept in the open was passed out and had to wait three hours before receiving any medical aid ".

● Section Four: Detention Centers and Detainees.

Detainees in detention centers are facing a new threat represented by the Corona pandemic, added to the other risks that they already have to face such as the conditions of detention itself, and situation in the prisons and detention centers where a policy of systematic torture is applied on a large scale in addition to the lack of health care and the acute shortage of nutrition and ventilation. Nonetheless, more detentions are taking place, which means that the infection is spread to the overcrowded detention centers with tens of thousands of detainees. Our documented statistics indicate that there are more than 90,212 detainees documented by name by the VDC in Syria, which means that the actual numbers probably are much more. The VDC has documented more than 13 thousand cases of killing in detention centers whereas the government refuses to disclose the medical records of its detainees nor the records of those who died there²³.

The Syrian government forces have not stopped the arbitrary arrests even with the spread of the Coronavirus. The VDC has documented the arrest of more than 173 people by the Syrian government forces since March 2020.

Lawyers working for the VDC inside Syria and in direct contact with detainees in Adra Central Prison said that the prison administration does not provide any special health care. All they do is to distribute painkillers and antibiotics to the sick detainees, any other medicine the detainee must buy himself at high prices. Additionally, no attention is given to hygiene; detainees are not provided with any cleaning materials and they must buy it with their own money. Beside that, drinking water is not provided daily, which requires the detainees to limit the use of water. On top of that, the dormitories are choked with detainees which make it impossible to keep the required social distance, especially after the prison administration resumed the visits to the detainees.

Sources who are in direct contact with the detainees warned that overcrowding the cells and police officers keeping direct contact with the detainees without keeping social distance or applying preventive measures might cause the spread of the virus among the detainees.

23 A joint statement by the Syrian Center for Media and Freedom of Expression: <https://scm.bz/statements/serious-concern-about-health-conditions-in-detention-centers>

The sources told the VDC in Syria, "The risk of the Coronavirus spread among the detainees is very high, as it is impossible to respect the social distance in the detention rooms where the numbers of prisoners reach 80-90 in each room. Further, any detainee/arrested who is transferred from one civilian prison to the other to appear before the Terrorism Court in Damascus is held for 10-14 days in Adra Central Prison which does not meet any safety precautions against the coronavirus disease. The number of quarantined people there is more than 200 people per room, not to mention that the infection may be transmitted to the arrested/detainees through the officers who have direct contact with the prisoners"

The sources added that since four of the court staff - including two judges - were infected with the Coronavirus. The risk increases regarding the detainees who are transferred to courts without applying any preventive measures such as providing them with masks, gloves, and sterilizers.

In a testimony to the VDC in Syria, one of the recently released detainees said that there is a complete absence of any safety measures in the detention centers as it lacks hygiene and health services. Besides, the Syrian government forces used the access to watercourses as a means of pressuring detainees to increase their suffering. The witness added that during his stay in the criminal security department in Damascus, words were spread about an officer responsible for the detainees being infected with Coronavirus. Then the criminal security department started spraying water mixed with chlorine in the dormitories which were full of detainees without taking any effort to remove the accumulated dirt in the dormitories.

● Section Five: Neglect the Protection of Medicals Staff

The Syrian government has the responsibility to reduce the risks on the medical staff who are dealing with the Coronavirus cases. However, the government did not take its responsibilities according to testimonies to VDC in Syria.

An anesthesiologist at a public hospital told the VDC that when the government measures related to Coronavirus started to be implemented in March, the precautionary measures taken by the hospital administration were limited to stopping some of the surgeries and providing each doctor with one mask only during the whole time of his shift.

The anesthesiologist added that on 17 July 2020, a doctor in the hospital had been confirmed to have Coronavirus, so he was subjected to quarantine in his home. The hospital administration did not follow up on his condition nor the conditions of the patients who were in contact with him. Instead, they only closed the clinics and recommended some of the doctors, nurses and technicals to quarantine at their houses. Thereafter, 8 medical personnel tested positive for Corona, as of 23 July.

A student at the Faculty of Medicine of Damascus University, who was among the trainees at the “Al Assad University Hospital” in Damascus, said that on 19 July, the Hospital received 56 cases, all of which had symptoms of Coronavirus. The Hospital’s administration admitted and took swabs to less than 20 cases, while the rest had to wait for more than 4 hours in the hospital while no preventive measures were taken by the administration to protect the medical staff and students present there from getting in contact with them.

The student added, a doctor came later and convinced the people who had symptoms of corona that there is no need to swab them and she recommended them to quarantine at home without taking into account that for those people, who are suspected to have Corona, to reach their homes they will get in contact with dozens of other people.

A volunteer at one of the Syrian Arab Red Crescent centers in Damascus said that one of the ambulance drivers at the center had tested positive for the Coronavirus on 16 July, consequently they asked the center’s administration to swabs the staff of the center, but the director refused to do this, arguing that “the tests are expensive”, and asked them to quarantine at home for 14 days.

Recommendations:

All things considered, the country is at high risk of the coronavirus spread, at the same time, the capacity to fight against this new virus is feeble due to many reasons including the fragile health sector; the acute shortages of medical personnel and capabilities; the deterioration of economic conditions; the decline in the purchasing power of people and the inability to get basic needs and supplies in light of the unprecedented food crisis as the country is facing. In addition to all that, the measures taken by the government to confront the virus increased the suffering of Syrians and restricted their fundamental rights and freedoms to no avail. The preventive measures were implemented arbitrarily and discriminately in combination with the abuse of power, besides neglecting the quarantine centers and the protection of health service providers. Moreover, citizens were denied access to healthcare and they were not able to secure their basic needs, in addition to the humanitarian catastrophe that will occur if the virus spreads in prisons and detention centers. All this was detailed in this report, which concluded the following recommendations:

● To the Syrian government

- In responding to the Coronavirus, the government should take into account the standards stipulated in international human rights conventions and covenants, the provisions of international humanitarian law and the recommendations of the World Health Organization. The government should also avoid sweeping and overly broad restrictions on movement and personal liberty, and only move towards mandatory restrictions when scientifically warranted and necessary and when mechanisms for support of those affected can be ensured.

- To Commit to the international agreements that have been ratified, including the International Covenant on Political and Civil Rights, Article 12, and specifically the fourth paragraph which emphasize that no one shall be arbitrarily deprived of the right to enter his own country. Also, to stop all administrative procedures and orders that prevent the return of Syrians stranded at the Lebanese borders and facilitate their immediate entry beside receiving them in quarantine centers that meet the internationally accepted health conditions. Additionally, to cooperate with diplomatic and consular missions abroad to secure the return of those wishing citizens.

- To issue an official recognition of the cases of arbitrary detention carried out in violation of the law, to disclose the places of detention and to release detainees immediately, in compliance with relevant Security Council resolutions, and as prevention for more Corona losses in the country. The government should also provide access to prisons and other detention centers for humanitarian organizations and health care teams. Also, the government should not exclude the detainees from the examination, prevention and treatment programs. Additionally, the government should stop arbitrary arrests to prevent the transmission of infection to detention centers.

- To initiate an urgent humanitarian plan to respond to the poor living conditions and the losses of income due to the pandemic. This plan should provide a comprehensive unconditional cash assistance program for the less fortunate. The plan can be financed by establishing a national donation fund in partnership with civil society and the media to ensure maximum transparency, beside publishing detailed periodic reports that include the size of donations without prejudice to protect the privacy of the beneficiaries, also to secure a hotline for complaints related to any form of waste or maldistribution.

- To prevent layoffs or reducing the wages of contracted employees and paying their salaries and dues in full. To freeze deductions for fines, claims, fees and payment of debts. To stop the implementation of the financial assignment for a specific period of one year or six months, and to postpone the implementation of the provisions for confiscation of materials, tools, and equipment whose value is less than certain amounts.

- The National Fund for Social Aid together with the Ministry of Finance should disburse an urgent one-time financial grant to all retired public sector employees, due to the urgent need of the elderly for urgent support in the face of the sharp rise in the prices of essential medicines. Also, a public bank account should be created to attract financial contributions and allocate them to retirees and medical aid. This account can be funded from the private sector, individual donations, and Syrian expatriates.

- To provide screening tests and supportive medicines to citizens free of charge and without discrimination. To improve quarantine conditions and to secure adequate hygiene supplies and food to ensure the dignity of citizens. To provide medical equipment and supplies, medical and nursing personnel and ambulances, and to take the required technical and administrative measures to facilitate access to services. To manage the necessary supplies of disinfectants, tools and equipment and ensure their continued flow. To work on finding sustainable solutions to the electric power crisis in medical centers.
- To equitize health service providers such as doctors, nurses, service and hygiene workers in hospitals, and volunteers, securing the necessary protection supplies and applying standards for infection protection, taking immediate and long-term administrative and legal measures to amend their employment status, financial allowances and special bonuses, and approving exceptional employment in the health sector and protection programs such as social welfare for the families of workers who die or become sick as a result of their work.
- To adopt clear and accurate scientific and technical standards in case the epidemiological data indicate the need to impose a quarantine, and to seek advice from experts and specialists if it is imposed. The same in the case of social distancing lockdown and reconciling health and social necessities by ensuring that the population has access to food, water and supplies Basic life, and monitoring agencies authorized to impose instructions to prevent abuse or abuse of power.
- To remove obstacles and controls over the free flow of information. To address false and misleading information by providing clear, accurate and timely information. To organize regular information sessions at a fixed time in which a full briefing is provided on the developments of “number of cases - number of patients in hospital - number of patients in CPU”, and to send reliable messages to the public and government health announcements in cooperation with the Ministry of Information and Media.
- The Central Bank should secure concessional lending operations that mitigate the effects of closure and help prevent successive bankruptcies and large layoffs that will have extended effects on the economic and social level. And to work under the regulations based on reviewing or allowing negotiation on the terms of loans granted to borrowers who are unable to pay their debts.

● To the World Health Organization

- To firmly urge the United Nations Security Council to permit the entry of medical aid and other humanitarian relief commodities to Syria through crossings and ports that facilitate the delivery of these services and to address any restrictions on the delivery of supplies and personnel essential to aid and that the organization does not renounce its request to open all the crossings necessary to resume supplying and funding from International Relief Organizations that are active in Syria and not to yield to pressure when it comes to saving lives.
- To reinforce cooperation with the United Nations International Children's Emergency Fund (UNICEF) and address the declining levels of childhood vaccination in Syria, and to work on ensuring the arrival and continuation of routine vaccination campaigns for diseases such as measles and poliomyelitis in parallel with efforts to respond to the COVID-19 crisis, to ensure that children are protected from vaccine-preventable diseases and have access to the vaccinations and to grant Syrian children the right to live a disease-free childhood.
- To deal with Syria as a whole as a priority region and ensure the arrival of aid to everyone without regards to political considerations, and to pressure the Syrian government to permit the organization to offer urgent medical supplies, and to support relief personnel to all areas in a fair manner and according to the needs of each area and to also aim to reduce the restrictions and obstacles that contribute to unjustified delays in the arrival of medical aid and other forms of assistance to areas not under its control.
- To support the ability of International Relief Groups to urgently purchase additional essential medical supplies, including polymerase chain reaction (PCR) machines and multiple shipments of test kits that may not be commercially available in the region or elsewhere.
- To work on the large-scale rehabilitation of health laboratories in the country and train health-care personnel and Rapid Response Teams to test and collect samples and use diagnostic tools.
- To encourage The World Food Program and Food and Agriculture Organization of the United Nations to spend every effort to respond to the deteriorating humanitarian crisis seen with the recent waves of displacement and the worsening reality of insecure food supply all over the country and to reach those in need of food and medicine, especially to vulnerable and disadvantaged groups such as women and children and to initiate a comprehensive prevention plan to minimize the transmission risk of COVID-19 between residents overcrowded refugee camps.

● To the United States of America and the European Union:

To confirm and declare the extent of the current Syria Sanctions Programs, which essentially exclude the export of food supplies, medicines and medical devices, and to publish them in detail to prevent political exploitation when it comes to facing the humanitarian crisis. Also, to provide guarantees to companies operating in the health and medical sectors that may fear breaching the sanctions.



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