

Profit, not health, driving Europe's Syria agenda

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The Syrian conflict has cost over 130,000 lives, and forced over 7 million people, nearly a third of the total population, to flee their homes. Through arms deliveries, unbalanced diplomatic efforts, and unwavering support for Qatari and Saudi-Arabian interventions in the conflict, both the US and Europe have contributed in no small part to the escalation of the conflict. Far less known is how the European Union's pre-conflict health advocacy in Syria likely facilitated the current radicalization by widening the gap between the people and a state basing much of its legitimacy on the provision of social services.

Undermining public health care

Some are keen to blame the regime for the worsening public health situation.¹ But despite the Syrian authorities' lack of respect for human rights, and thanks to the efforts of dedicated public health professionals, Syria had, until recently, made considerable strides towards the right to health. Health indicators have improved dramatically over the past three decades. Life expectancy at birth increased from 56 years in 1970 to 73.1 years in 2009.² Infant mortality rates fell from 132 per 1,000 live births in 1970 to 12 in 2012.^{2,3} Maternal mortality rates declined from 482 per 100,000 live births to 45 in 2010.⁴ Notwithstanding Syria's lower per capita GDP, these outcomes exceeded those obtained by Egypt or Jordan.⁵ Much of the credit can be attributed to public authorities, delivering a mix of both curative and preventive health services through a

governmental network of primary health care centers and public hospitals.

Pre-conflict challenges to the health system included an epidemiological transition towards non-communicable diseases, environmental pollution, an aging population, and the influx of Iraqi refugees. These warranted a refocus and strengthening of public health services. Based on the ideological assumption that the public sector would be unable to deal with these challenges, the largest EU-funded project in Syria set out to do the opposite. Rather than to reinforce the public sector, the Health Sector Modernization Program (HSMP 2002) prepared the commercialization of the Syrian health sector. The 2007 EU country Strategy Paper and National Indicative Programme for Syria questioned the fiscal sustainability of free health care for Syrians.⁶ Public-private partnerships for the provision of health services were accompanied by user fees. These strategies fitted in well with the EU's general strategy of liberalization and privatization of public services, which has been the core of the Union's Neighborhood and Mediterranean Policies since 1995.^{7,8} Based on "full-scale trade liberalization irrespective of a state's stage of social-economic development," they were designed first and foremost to bring about an EU-dominated Mediterranean free trade zone.⁹ Profit, not health, drove the EU agenda.

Liberalization vs. the people

The ramifications of these policies for the economic, social, and health needs of the Syrian population quickly became a major concern for actors in the public health sphere. Liberalization policies were to bring significant dividends to vested interests within Syria only too keen to partake of its benefits. The masses, on the other hand, were to experience job losses, higher prices and, for the urban poor, go hungry.¹⁰ Public-private partnerships (PPPs) and user fees produced predictable negative

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The author wishes to give special thanks to those public health actors working on Syria both externally and from within for their valuable input.

consequences for the financial accessibility of health care in a situation where costly chronic conditions were part and parcel of the ensuing epidemiological transition. Many Syrians had been unhappy for years with their government's policies of state divestment and trade liberalization.¹¹ EU-inspired reforms could not possibly go down well with them. Two locations where pilot studies for the 'health modernization' program were conducted – Daraa and Latakia – were among the first to revolt in the current crisis. By undermining the public provision of social services, the economic and health reforms, encouraged by the European Commission's HSMP, by and large contributed to public discontent with the state.

An evidence-based assessment by Oxfam International confirms that this kind of strategy seriously undermines the right to health for all. According to Oxfam, a growing body of international research demonstrates that more private delivery of health care will not help deliver health for the poor. The INGO therefore advised

governments and rich country donors [to] strengthen state capacities to regulate and focus on the rapid expansion of free publicly provided health care, a proven way to save millions of lives worldwide.^{12(p1)}

The EU continues to turn a blind eye to the cumulative evidence of the past three decades.

Time to change course

Pre-conflict EU policies hence favored profit over health, and likely contributed to creating a fertile ground for internal conflict. Europe has not mended its ways since. It has continued to ignore the right to health in its response to the current conflict. In March 2011, the Union, unsurprisingly, sided with peaceful protesters against State repression, but those initial peaceful protests have become a distant memory. Yet, the EU, favoring a weaker and more pro-European Syria, continues to side unilaterally with the opposition. In a civil war, supporting one party is no strategy for peace. It is, at best, a strategy for political influence.

Moreover, over a year ago, public health doctors and teachers condemned the fact that EU sanctions,

imposed officially to weaken the regime, have had calamitous consequences on the social and economic situation of the Syrian people. The price of basic goods like milk or rice had increased twofold and the cost of heating oil, essential to health services, tripled. The most vulnerable groups saw their ability to afford medicines endangered, and difficulties in maintaining clean water supplies raise concerns for waterborne infections, especially in children.¹³ Surely, after the Iraqi experience, the EU must know by now that any extensive sanctions regime will always hurt the population first.

As all civilians are left with are deteriorating health outcomes and the terror of a brutal war, the EU can no longer pretend that its political agenda is part and parcel of the promotion of human rights. While officially championing political human rights in Syria, the European Union continues to directly and indirectly harm public health in Syria. Humanitarian appeals cannot compensate for erroneous policies. If the EU were serious about human rights, including the right to health, it would immediately lift all sanctions negatively impacting social determinants of health in Syria, stop supporting armed rebels, and pursue a balanced, rather than a unilateral, conflict resolution strategy. Post-conflict, it should amend its social-economic reform agenda for the Mediterranean and start supporting the expansion of free publicly provided health care.

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