

# SYRIA AND THE CORONAVIRUS CRISIS

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To cite this article: Hawasli, Kinda. "Syria and the Coronavirus Crisis", INSAMER, 23.04.2020.  Analysis

On 14 April, the Syrian Health Ministry announced that it had 29 cases of COVID-19 across Syria. The ministry stated that five of them had healed and two had died, but at the same time, the “**Jusoor for Studies**” Center reported 217 cases that had been documented by name inside the Al Assad regime control areas, with 89 cases in Damascus, 78 cases in Rif Damascus Governorate, 31 cases in Hama Governorate, and 30 cases in Aleppo Governorate<sup>1</sup>.

The figures published by the Syrian government seem to be illogical, especially when it is clear all the surrounding countries such as Lebanon, Iraq, Iran, and Turkey, have a huge increase in coronavirus case.

Also, the measures taken by the Syrian government, such as suspending education, imposing evening or full-time curfews, or closing a number of towns and areas, all indicate that the situation in Syria is worse than what it tries to depict.

## Decrepit health sector against coronavirus in Syria

The Syrian government does not have the necessary resources to deal with coronavirus, especially with an already depleted health sector given the ongoing conflict. The University of London’s Economics and Political Science Conflict Research Program report titled “The COVID-19 Pandemic: Health Sector Ability And the Response in Syria”<sup>2</sup> said that the maximum number of infections of COVID-19 that can be appropriately addressed in Syria today is 6500, which is the maximum capacity threshold for the health sector in Syria.

This threshold varies considerably between the governorates, so hospitals in Damascus are able to accommodate 1920 cases, but hospitals in Homs, Raqqa and Dara’a are unable to accommodate more than 100 cases, while hospitals in Deir al-Zor Governorate cannot accommodate any coronavirus case.

Table 1: Maximum Capacity Threshold of Syria's Healthcare System in Containing COVID-19 Cases by Province

| Province       | Available ICU beds with ventilators (public & private) | Maximum capacity threshold for COVID-19 cases |
|----------------|--|---|
| Damascus       | 96   | 1920  |
| Aleppo         | 5  | 100   |
| Rural Damascus | 11   | 220   |
| Homs           | 5  | 100   |
| Hama           | 29   | 580   |
| Lattakia       | 77   | 1540  |
| al-Hasakah     | 18   | 360   |
| Deir ez-Zor    | 0  | 0   |
| Idlib          | 20   | 400   |
| Tartus         | 30   | 600   |
| al-Raqqa       | 4  | 80  |
| Deraa          | 3  | 60  |
| al-Sweida      | 22   | 440   |
| al-Quneitra    | 5  | 100   |
| Whole of Syria | 325  | 6500  |

Source: Authors' calculations based on WHO, CBS, and IHD data

The report indicates that according to the statistics of the Syrian Health Ministry, there are only 58 fully-operational hospitals from 111 public hospitals; 27 hospitals of which are operating partially, and the other 26 are completely destroyed; while the number of private hospitals' capacity constitutes nearly 40% of public hospitals capacity in terms of the number of beds allocated to intensive care, and this situation is made worse with the fact that 70% of Syrian doctors and health workers have left the country since 2011, according to a recent UN report.

The report considers that Syria is a suitable environment for the coronavirus spread because of the population density in cities as a result of displacements, and because of the thousands of Iranian, Iraqi, Lebanese, and Pakistani militias who were moving between their countries - which already had alarming number of coronavirus cases - and Syria until recently.

The report noted that between January and February this year, many doctors and health workers confirmed a sharp rise in deaths due to pneumonia, especially for patients over 60 years old. Many of them were warned by the security forces not to give any details about the cause of death, especially in cases of pneumonia, or to speak through the media.

## Assad government policy against coronavirus

The security authorities impose loads of censorship and stress and force its health workers to deny the existence of any coronavirus case and downplay related information, which was disseminated.

On his Facebook page, Syrian doctor Mohanad Malik wrote, "the Syrian researchers" webmaster, revealed<sup>3</sup> that the ministry of

health had called several doctors from different disciplines to cover the pressure in hospitals and ordered to stop accepting non-critical cases in hospitals to focus on corona cases, after converting some floors in some hospitals to isolation areas."

Dr. Malik confirmed that most doctors working with coronavirus patients bought their own PPE because they were not available at the hospitals. Also, the laboratory policy in these hospitals had many lapses, such as the manner of interacting with doctors, lab results are given to the doctors orally without any official paper confirming facts, and ignoring the orders to observe the BCR test twice, as instructed in the examining protocol accordance.

Dr Malik thought that there were many coronavirus fatalities in Syria, whose coronavirus diagnosis were often negative but the X-rays confirmed something else, yet the supervising doctors would say they cannot validate those cases to be of coronavirus with only X-ray results.

Samer. E, a teacher based in Damascus, spoke about his experience when he had to examine his 70 year old father in a public hospital in Damascus after the symptoms appeared clear on him.

He said that the hospitals lacked any protection or sterilization procedures. Dozens of patients were held in waiting rooms without masks or preventive measures, waiting for their turns to be examined for several hours.

The suspected coronavirus individuals were transferred to a buffer zone with their escorts, without any restrictions on entry and exit to this area.

Samer pointed that the doctor asked his father to go to another hospital where he spent more than six hours in the hospital corridors with dozens of patients coughing badly and didn't get the result until two days later.

Then his father was directed for a coronavirus analysis test, and the doctor asked him to go home even though he was ill, and assured him that he would be informed with the result.

"It's been more than a week since the analysis test was done and we have not received any contact, so we are trying to take care of him because we saw in our eyes that our hospitals are a place of spreading corona, not recovering from it." Samer said.

## Coronavirus among the IDP's

More than 3.5 million displaced Syrians in Idlib Governorate and the northern Syria regions outside the Al Assad regime control areas are facing the coronavirus epidemic, with the help of modest local organization's efforts.

During the past year, the country's medical sector was systematically targeted; at least 67 medical facilities in northwestern Syria were targeted by

Syrian and Russian warplanes, leaving most of them out of work.

According to "the Syrian dialogue centre" report<sup>4</sup>, the medical sector suffers from many problems; the most significant being limited resources, with multitude needs as a result of the high population density. Also, the constant military operations and the unceasing targeting of civilians made its resources depleted seriously, on top of its dependency on external support at 90-95%.

Many humanitarian workers complain about the WHO's poor response to the situation and needs of northern Syria, leading many NGOs contacted the United Nations, global organizations, foreign ministries, and the press for support.

These connections' result has been reflected in the periodic meetings between WHO delegates and a number of Syrian organizations since 3 March, but to date these meetings have only promised to provide assistance and to increase the amount of support allocated to the region from \$4.3 million to \$33 million.

But the WHO is still dealing with the situation sluggishly and it has shown a tendency to spend money towards outreaching events rather than on processing, preparation, and logistics.

While the Al Assad regime is ignoring its responsibility, millions of civilians remain vulnerable as a result of poor medical infrastructure, mismanagement, and a shortage of qualified doctors and staff, especially with its security policy, which is the preferred way of the Assad regime in confronting any problem.

## Endnotes

<sup>1</sup> A map of Corona virus spreading of in Syria 14/4/2020, Jusoor for Studies" Center, <https://bit.ly/34FTBRz>

<sup>2</sup> COVID-19 pandemic: Syria's response and healthcare capacity , Syria's response and healthcare capacity. Policy Memo. Conflict Research Programme, London School of Economics and Political Science, London,

UK., 12/3/2020, <http://eprints.lse.ac.uk/103841/>

<sup>3</sup> <https://bit.ly/2z1TvI5>

<sup>4</sup> Ways to deal with the coronavirus in northern Syria, the Syrian dialogue centre, 31/3/2020, <http://sydialogue.org/ar/154>