

# The Covid-19 Situation in Syria: Impacts, Scenarios, and Responses

## Introduction

In the face of the global health crisis, it seems as if Syria has been spared from the Covid-19 virus so far. A wide-spread outbreak has not occurred yet, however, if the pandemic hits many lives are at risk. For those who thought that the continuous Syrian civil war, now entering its 10<sup>th</sup> year, could not be more precarious,<sup>1</sup> the appearance of the global pandemic shows that it is not a question whether, **if** Covid-19 will strike Syria, but **when** it will happen.

If a war-torn healthcare system cannot provide everyday medical care, how should it be prepared for a global pandemic? The past months have starkly demonstrated how even the world's best health systems can stagger under the weight of Covid-19. The following paper delivers an overview of the effects the virus outbreak might have on Syria, its repercussions on the future, and possible European responses.

## Covid-19 in Syria

Currently, 44 confirmed cases of Covid-19, including three deaths, have been reported in Syria according to official sources by the World Health Organization (WHO).<sup>1</sup> The first positive case was announced on March 22<sup>nd</sup>, while the first fatality was reported a week later.<sup>2</sup> As of May 8<sup>th</sup>, around 2,700 tests have been conducted by the Central Public Health Laboratory in

Damascus.<sup>ii</sup> Following the official reports, most confirmed infections are concentrated in Northeast Syria. In this context, however, it should be noted that the respective Syrian ministries do not share relevant information and updates, which is why the reported Covid-19 data remains unconfirmed.<sup>3</sup> For example, several human rights monitors, such as the UK-based Syrian Observatory for Human Rights (SOHR), have reported a much higher number of active Covid-19 cases and related deaths.<sup>4</sup> With little access to testing in general, especially in territories outside the Syrian regime's control such as Idlib, it is difficult to track the spread throughout the country.<sup>5</sup>

In addition, there are too few test capacities. Roughly one hundred tests are carried out daily in Damascus,<sup>6</sup> which is insufficient to detect a virus outbreak that could rapidly spread. Furthermore, only people who show symptoms are tested, asymptomatic cases of the virus infection are not taken into account.<sup>7</sup> Apart from these circumstances, there are reports highlighting a sharp increase in deaths among people over 60 years of age, who have been diagnosed with pulmonary infections and pneumonia.<sup>8</sup> Above all, doctors receive verbal orders from multiple Syrian intelligence officers to "bury the stories of these deaths" and "not to raise any alarms" in the media.<sup>9</sup> Clearly, these aspects do not contribute to the credibility of the official Covid-19 statistics.

## The case of Idlib

With this in mind, Idlib deserves special attention. The province is often referred to as the last rebel base and could be hit hard by a Covid-19 outbreak, because the living conditions are dire and a functioning healthcare system is de facto non-existent. In this case, various factors contribute to the inability to support the needs of millions of displaced people amid the Covid-19 pandemic.

Firstly, it should be mentioned that Idlib has no officially confirmed Covid-19 cases yet. The main reason behind this statement lies in the extreme isolation of the province. It is therefore unlikely that the Covid-19 virus is transmitted to the region, since hardly any contact with the outside world is possible at this point.

Currently, about 3.5 million people are living in the province of Idlib. More than one million are sheltered in camps under circumstances that provide a perfect breeding ground for the virus to spread.<sup>10</sup> Furthermore, hospitals have been already overwhelmed and under-resourced long before Covid-19 emerged. To date, up to 90 percent of the remaining health centres lack medication to treat even the most common diseases such as the flu or diarrhoea.<sup>11</sup> First aid and basic medicines are very scarce in the entire region. As a result, there have been reports of patients with diabetes who had their limbs amputated, because infected wounds could not be treated adequately, and of children who died from hypothermia.<sup>12</sup> Additionally, the few available ventilators are completely occupied most of the time.<sup>13</sup> In summary, doctors are not able to treat patients sufficiently and are left with the impossible task to provide information about the risks and transmission of Covid-19 to the population.

i) Over half of the population of Syria has already been displaced, either internally as IDPs or externally as refugees. Since 2011 over 5.6 million people have fled Syria, seeking safety in Turkey, Jordan, Lebanon and beyond. 6.6 million are displaced within the country, 2.98 million people are currently hard to reach and trapped in besieged areas. This war did not go unnoticed at the international level either – the European Union felt the humanitarian dimensions in the form of a "refugee crisis" in 2015, whose consequences continue due this day. National differences in the acceptance of refugees, failed negotiations around Dublin III and a common asylum policy, burgeoning nationalism and populism, as well as xenophobia are just a few examples, which have become increasingly important issues in the European Union since 2015. Sources: UNHCR, 2020, Syria emergency, <https://www.unhcr.org/syria-emergency.html> (access: 11 of May 2020).

ii) Despite the delivery of several testing kits by WHO to the public hospitals in the regime-controlled areas, some public hospitals, such as al-Mujtahid hospital in Damascus, are asking patients to pay up to 50,000 SYP (approx. 46 Euro) per test; this is greater than many people's monthly salary. See: Mazen Gharibah, Zaki Mehchy, 2020, Covid-19 Pandemic: Syria's Response and Healthcare Capacity, [https://eprints.lse.ac.uk/103841/1/CRP\\_covid\\_19\\_in\\_Syria\\_policy\\_memo\\_published.pdf](https://eprints.lse.ac.uk/103841/1/CRP_covid_19_in_Syria_policy_memo_published.pdf) (access on 11th of May 2020) and WHO, 2020, Syrian Arab Republic: Covid-19, [https://reliefweb.int/sites/reliefweb.int/files/resources/Syria\\_COVID-19\\_Humanitarian%20Update%20No%206\\_17Apr2020%20FINAL.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Syria_COVID-19_Humanitarian%20Update%20No%206_17Apr2020%20FINAL.pdf) (access: 11th of May 2020).

High-density residential areas and rudimentary camps are especially exposed to the risk of infection. Several studies demonstrate that internal displacement has significant effects on public health – such as increased rates of infectious diseases and malnutrition.<sup>14</sup> Keeping a minimum distance of one meter is practically impossible under these living conditions. The internally displaced people (IDP) living in tent camps are faced with no possibilities to implement social distancing, poor sanitation facilities, limited access to fresh water, and a constant lack of basic needs.<sup>15</sup> In order to mitigate a potential Covid-19 outbreak in IDP camps, mobile testing stations were recommended by humanitarian organisations. However, installing these mobile units requires approval by the regime in Damascus. Consequently, the inhabitants of the camps are left with partly self-organised training courses explaining, for example, how people should wash their hands.

#### *The current health care situation*

Undoubtedly, Syria is not prepared for a widespread Covid-19 outbreak, although initial measures were taken in March 2020. Border crossings to neighbouring countries, the international airport, as well as restaurants and schools have been closed.<sup>16</sup> In addition, a curfew has been introduced and the Syrian army has stopped mobilising new recruits to prevent a spread within the armed forces.<sup>17</sup> The measures were partially relaxed at the beginning of May. However, night curfews are currently still in force and people are not allowed to leave their home provinces.<sup>18</sup> Bashar al-Assad addressed the population and called for discipline regardless of the low level of infections, saying “just because the numbers are low doesn’t mean they can’t explode at any time.”<sup>19</sup>

Due to the fragmentation of Syria, there are de facto different health systems in place, correlating the local military authority on the ground.<sup>20</sup> Nevertheless, all of them lack suitable medication, intensive care beds, and ventilators.<sup>21</sup> The country has no infrastructure or personnel to hospitalise thousands of people, as the

health system has suffered enormously under the decennial war.<sup>22</sup> Data from the WHO and Syria’s Ministry of Health show that out of the total 111 public hospitals in Syria, only 58 are fully functioning<sup>23</sup> and 70 percent of healthcare workers have fled.<sup>24</sup> Although private hospitals do exist in the Assad-controlled area, they are facing similar problems and shortages as public hospitals.

According to available research, the maximum number of Covid-19 cases that could be adequately treated in Syria is currently 6,500.<sup>25</sup> This number is based on available intensive care unit beds with ventilators across the country, which is estimated to be 325, as well as on calculations from international Covid-19 research, exhibiting that approximately five percent of the total Covid-19 cases would require critical care.<sup>26</sup> Furthermore, there is a shortage of masks and personal protective equipment. For this reason, the UN Office for the Coordination of Humanitarian Affairs sent 5,000 additional N95 masks to supplement the current stock of Personal Protection Equipment (PPE) to the Northwest of Syria.<sup>27</sup> Additionally, Russia and China have assisted with mask supplies in Assad-controlled Syria and called for the lifting of sanctions against Syria to fight Covid-19.<sup>28</sup>

The economic collapse, the all-time high inflation rates, and crippling corruption have become everyday companions in Syria. Personal wealth determines Covid-19 precautions as “only the rich can afford to self-isolate”,<sup>29</sup> which can be underlined and contextualised by the following figure: 83 percent of the Syrian population live in poverty.<sup>30</sup> Since mid-March 2020, there has been an increase in prices as well as shortages of basic goods and disinfectants, which have been reported across the country.<sup>31</sup> Moreover, fuel prices increased: diesel by more than 160 percent and petrol by 248 percent respectively.<sup>32</sup> Especially the poorest and most vulnerable (who were predominantly engaged in unskilled, daily wage labour) were affected the most by the shutdown of businesses and the rising cost of living. In conclusion, affected people could not afford to eat and had to reduce the quantity and variety of food.<sup>33</sup>

It should be noted that at the beginning of the Covid-19 crisis, many Syrians did not trust reports issued by the regime and believed that the curfews imposed were only there to restrict demonstrations or prevent groups from meeting in public places. Indeed, it was only when social media images spread from Spain and Italy that it became clear that the pandemic was not a political invention but a new reality. Apart from this, information campaigns on Covid-19 related facts and means of protection rarely reach the people. In fact, the armed insurgency that began in 2011 has led to major network-disruptions, causing telephone and internet outages throughout the country, which have not been fully repaired to this day.<sup>34</sup> Similarly, sanitary facilities are inadequate and there is no possibility to wash or disinfect hands regularly. In total, 70 percent of the Syrian population is without regular access to safe drinking water because of water cuts and destruction of basic infrastructure.<sup>35</sup>

Other possible hotspots for a Covid-19 outbreak are prisons and detention centres, which are overcrowded, potentially affecting a significant number of people in a very short time.<sup>36</sup> At present, some 100,000 people are being held in prisons by the Assad-regime.<sup>37</sup> Nonetheless, it should be noted that information, such as the total number of prisoners and details regarding possible outbreaks in prisons, are carefully being concealed by the regime. In conclusion, these factors would lead to a rapid spread of the virus, as the remains of the Syrian war-torn system will not be able to cope with a wide-spread Covid-19 health crisis.

#### **Future perspectives**

Against the background of the current conflict situation, the humanitarian circumstances and the growing threat of a Covid-19 outbreak across the country, several future perspectives and scenarios may derive for Syria.

#### *Covid-19 hits Northwest Syria*

The humanitarian crisis primarily depends on military developments, but Covid-19

is able to dramatically exacerbate the existing situation. The Health Information System Unit has calculated three future scenarios for the spread of the virus, which focus on the Northwestern region of Syria. Based on these calculations, the best possible scenario predicts more than 16,000 infections,<sup>38</sup> of which roughly 2,500 cases would be severe and 800 critical.<sup>39</sup> This would lead to 1,000 deaths in the first eight weeks.<sup>40</sup> The second scenario forecasts 185,000 cases, including 27,800 severe and 9,300 critical infections.<sup>41</sup> Within eight weeks, more than 11,000 people might die.<sup>42</sup> Due to the conditions outlined above, the worst case scenario would severely affect the internally displaced population in camps. In this case, the research assumes 240,000 infections (20% of the IDP population), of which 36,000 would be severe and 12,000 critical. This would cause approximately 14,000 deaths.<sup>43</sup> These scenarios would be accompanied by a high mortality rate, an overwhelmed health care system, the possible death of the remaining health care personnel, a worsening economy, and consequently a hunger crisis. As a result, these repercussions might facilitate that Idlib falls to Assad.

### *Covid-19 causes stagnation of Russian and Iranian involvement*

The Covid-19 crisis is already playing a major role in Assad's offensive in Idlib, given that the virus is affecting the regime's allies' financial capabilities, resources, and capacities to uphold their role in the conflict. Assad relies on Russian air support and Iranian ground troops to conquer Idlib. Following reports, parts of Iranian militias have already been repatriated to ensure stability at home.<sup>44</sup> Also, Russia has been hit hard by the crisis, leading to various financial and political implications. Moreover, Covid-19 is not only a major challenge for Assad's supporters, but also for Turkey, another key player in Syria. Clearly, the situation is particularly problematic for Turkey, because the economic development was stagnating even before the pandemic. Consequently, the Turkish public support for the intervention is prone to diminish sooner rather than later.

In addition, all involved actors are facing a risk that Covid-19 will spread among their troops. To conclude, wars have always required a lot of resources and the global pandemic is leaving behind enormous financial and economic damage. Thus, the Syrian regime could be fundamentally weakened by the discontinuation of financial and military support through its most important allies, leading to the inability to defeat the rebel stronghold and the perpetuation of the war as a frozen conflict.

### *Functioning safety zones and ceasefires as first steps towards peace*

Without a doubt, the virus has caused conflicts around the world to slow-down. Since the emergence of Covid-19, there has been less military movement and fighting in Syria. Nevertheless, no matter how the situation in Syria will change, nothing about the country's medical capabilities and health system will improve in the short term. Above all, a strategy is needed that strengthens Syria's social resilience and focuses on long-term political transformation. Clearly, safety zones and a lasting ceasefire are vital first steps towards peace. Since the beginning of March 2020, a ceasefire negotiated between Moscow and Ankara has been in force in the Northwest of Syria. Although outbreaks of violence have decreased, the agreement has been violated and used by both sides to regroup and to create reinforcements on the front lines. Turkey has increased its presence in the province with more than 6,000 soldiers. With this in mind, one can only hope that a sustainable and lasting ceasefire will be established and safeguarded through independent monitoring, followed by limiting the proliferation of small arms and light weapons and disarmament programmes. Altogether, an all-Syrian solution seems unrealistic, since the situation on the ground is heavily dependent on external actors and regional developments.

### *Between fragmentation and unity*

To sum up, the country's development in the near future depends on the province of Idlib. The expected future scenario for the region will probably be located be-

tween the following extremes: complete fragmentation and new national unity.

The collapse of Idlib will lead to a refugee movement, which will further aggravate the situation in Turkey and thus affect the European Union. Consequently, if the people of Idlib are forced to flee, the tensions over the 'refugee-game' between the EU and Turkey will further intensify. Indeed, there is a crux of the matter: Covid-19 is still the dominating issue in the media. As long as the virus has not disappeared from the media, the narrative of a new 'wave of refugees' will not succeed in overshadowing the pandemic. However, with the fall of Idlib, an all-Syrian solution in favour of Assad would become likely.

The other extreme scenario would be the "Gazafication" of Idlib, based on the assumption that the Syrian regime will not take over the province entirely.<sup>45</sup> Subsequently, this would mean the long-term separation of Idlib from the rest of the country. It should be noted that this scenario does not seem unrealistic, as Turkey's involvement in the region is increasing.

Finally, an intermediate scenario solution could be Syria's separation. The Northwest could function as Turkish patronage, central Syria could be under the control of Damascus, and the Northeast could be controlled by the Kurdish Syrian Democratic Forces (SDF).

As things currently stand, Syria under the rule of Bashar al-Assad seems the most realistic scenario, given that the Russian and Iranian support that has led to the regime's military victory is continuing. Moreover, the so-called 'Islamic State' is currently condemned to wait and see, as large-scale attacks cannot be carried out at this stage. Extremist groups thrive on media coverage, which is now preoccupied with broadcasting the pandemic worldwide. Therefore, attacks in the near future seem rather unlikely as long as Covid-19 tops the agenda of media coverage. Nevertheless, long-term perspectives give reasons to expect a strong increase in the number of extremist groups. The ongoing crisis has affected the countries in

the Middle East particularly hard and the socio-economic effects will sooner or later lead to an increased volatility in the region and more unpredictability of the actors' behaviour. Nonetheless, it is not possible to determine the final future scenario yet. The only realistic development with high certainty is that a long-term peace will still be very difficult to achieve under the given circumstances.

### How should the European Union act?

The current situation is extremely alarming and humanitarian assistance has never been more necessary for the entire country. Of course, a long-term solution to achieve sustainable peace in Syria is required. The following concluding recommendations concentrate on short-term solutions, such as the safeguarding of food supplies, shelter, and sanitation, which are essential when facing a pandemic.<sup>46</sup>

Clearly, the EU is not able to act on a military level, because it cannot build up credible capabilities and put pressure on the fighting actors' constellations. In fact, only France and Great Britain are able to intervene militarily in Syria based on their available capabilities, as demonstrated by their additional deployment of troops last year.<sup>47</sup> However, there is no political interest or public support for a common European military involvement. Consequently, as long as the fighting continues, the EU has no realistic possibility of taking meaningful action in Syria. Moreover, the Union has constrained its margin for manoeuvre through imposing sanctions on the Syrian regime. Despite the fact that these measures are having a long-term effect and entail diplomatic implications, in the current situation they compromise the EU's scope of action.

With this in mind, the only way to engage concerns the long-term reconstruction of the country. The EU can help by providing development aid and implementing humanitarian missions exempted from the sanctions. Brussels can rely on its soft power in a post-war situation: The EU would be able to attach conditions to humanitarian finance programmes, potentially setting

rules and conditions. Also Russia is aware that it is essential to have European know-how and assistance to rebuild the country one day.

In addition, the EU has an ace up its sleeve. As a result of the so-called refugee crisis in 2015, many Syrians have found a new home in Europe. Their connections and their know-how can contribute significantly to a reconstruction of the country and the creation of a meaningful Syria policy. Therefore, the brain-drain of Syria could be compensated within collaborative programmes with those who fled, leading to a mutually beneficial outcome for a functioning EU policy and the engagement of the diaspora. Following these links, Brussels could significantly contribute to a reconstruction of Syria in the future.

Nevertheless, the EU has been affected strongly by the Covid-19 crisis. Thus, it will be politically difficult to invest in Syria's reconstruction, especially while Assad is still in power. With this in mind, 2021 could be a year of change, because the next Presidential elections will be held in Syria. Although the elections are not expected to be held under democratic conditions, since they are prone to being manipulated in favour of the regime, it is questionable whether Assad will present himself as a candidate or will retire. Furthermore, Russia is slowly losing its patience with Assad and his leadership. In this context, a development where Assad steps down without losing face does not seem impossible. For this reason, Putin would also accept a new ruler as long as Russian interests in Syria are guaranteed. Obviously, in case that Assad would step down, someone from his circle would become the lead candidate. This would, in turn, offer the European Union the opportunity to negotiate a new Syria policy that is focussed on the country's reconstruction in a post-Assad era.

Overall, it is very unlikely that Syria will become democratic and peaceful in the near future. The European Union has to accept this reality on the ground in this volatile region. The only active role the EU can play at the moment is the supply of protective equipment and ventilators, which are

urgently needed in hospitals – above all, humanitarian aid is indispensable. For all Syrian protagonists, the EU and NGOs, it is not a question of preparing for **if**, it is a case of preparing for **when** Covid-19 strikes Syria.<sup>48</sup>

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Dr. Langweg 3, 2410 Hainburg/Donau  
Tel. +43 (1) 3583080  
E-Mail: [office@aies.at](mailto:office@aies.at)  
Website: [www.aies.at](http://www.aies.at)

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