

Covid_19: Syria



Operating environment in Northwestern Syria

Over the past four months alone, nearly one million people have been displaced as a result of the Syrian government and Russia’s military campaign to re-take the northwest of Syria

There are currently large numbers of people living with limited access to water and healthcare in crowded conditions due to recent increases in population.

In the northwest regions of Idlib and western Aleppo, local organisations report that living conditions make the population highly susceptible to COVID-19. These areas are at highest immediate risk of COVID-19 outbreaks.

While no cases have been confirmed in Idlib or western Aleppo governorates. Several cases have been tested and came back negative. Testing capacities in Syria are extremely limited. The world health organisation has delivered testing kits to government controlled regions of Syria, however NGOs in northwestern Syria report that the delivery testing kits to the region was delayed until late March, weeks after other regions of Syria received kits. Care has received some reports of local residents in northwestern Syria who had COVID-19 symptoms, however they were not tested.

The Idlib Health Directorate informed the people in NWS, via a video message on March 22, that there were five suspected cases of COVID-19 in Atmeh Hospital, near the Turkish border. All of these patients, along with their families, are currently quarantined.

In government controlled Syrian territory there have been 25 confirmed cases and 2 deaths as of 14 April 2020. Due to lack of testing capabilities and large displaced populations it is likely this number is higher. Libya and Yemen also have low reported cases so this is a trend seen in regional conflict spots. High volumes of traffic between Iranian soldiers and pilgrims into Syria up until the first weeks of March indicates that cases of Covid-19 in Syria are likely already spreading.

An LSE research team has estimated that the maximum capacity of Syria’s healthcare system to manage COVID-19 cases is currently 6,500 cases before the system is overloaded. LSE also judge there are around 325 Care Unit beds with ventilators across Syria. Separate modelling from Imperial College indicates, even with stringent social restrictions, approx 220,000 cases will require hospitalisation with 45-55,000 people requiring critical care.

Northwest Syria (NWS) and Northeast Syria (NES) have a particular vulnerability owing to the large internally-displaced populations and lack of adequate healthcare facilities.

However, civil society organisations (CSOs) and local initiatives are better placed in these areas to implement community-based response plans, since, unlike in government-held areas, they are not subject to interference by non-state armed actors so far.

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

Movement

On 02 April 2020, the Ministry of Interior quarantined the Sayyida Zeinab suburb of Damascus, making it the second area after Mnin, also a suburb of Damascus, to be in that situation.

There is a curfew, currently imposed every day between 6:00 pm and 6:00 am, has been expanded during weekends. On Fridays and Saturdays, Syrians are now banned from going out between 12:00 pm and 6:00 am.

There is a travel ban between city centres and their suburbs as well as between provinces. Exemptions are granted to allow some government and private activities to continue.

On 06 April 2020, Adel Al-Olabi, the Damascus governor, banned access to public parks as well as to funeral and wedding events, although small businesses in some sectors, such as textile, food, printing, metal turning and car maintenance have been allowed to operate between 9:00 am and 4:00 pm. In the Tartous coastal governorate, the corniche areas have been declared off-limits.

In Northwestern Syria, schools, mosques and markets have been closed, and people have been instructed to self-isolate. The cancellation of Friday prayers was rejected by radical Islamists and is enforced to different degrees in each place of worship / community.

Both the Bab Al-Hawa and Bab Al-Salama border crossings are now closed for individual crossings other than critical health cases, with permission required for humanitarian staff to cross. This has an impact on programmes that require NGO workers to cross into Syria regularly, monitoring and evaluation, and trainings.

Humanitarian and commercial transshipments have thus far not been impacted by COVID-19 countermeasures.

Turkey has not adopted a nationwide lockdown yet. However, there are strict restrictions to entry and exit in 31 out of 81 provinces.

Measures such as compulsory quarantines for incoming passengers to Turkish airports presenting coronavirus risks, extensive travel bans and restrictions at international and intercity scales, closures of schools and universities, cancellation of public events, closures of public spaces and a complete curfew for people aged over 65 and under 20 (not including working youth) are now in place.

Healthcare

Health emergency response plans in NWS are usually implemented by Syrian medical NGOs and the Idlib Health Directorate (IHD), a quasi-state local governance structure established by local doctors and NGOs.

The IHD, in collaboration with several medical NGOs, has launched a COVID-19 Task Force and Emergency Plan, which consists of:

- 1) allocating three medical facilities, equipped with all the remaining 20 ICU beds with their ventilators, to treat confirmed COVID-19 patients;
- 2) setting up 28 community isolation centres for suspected cases; and
- 3) launching a public awareness campaign about protecting oneself against the virus.

A COVID-19 preparedness and response plan for northwest Syria has been developed by the Health Cluster, requiring an estimated funding of approximately USD 35 million. A task force has been established to ensure that preventative measures are taken and suspected and confirmed cases can be adequately followed up.

The Early Warning and Alert Response Network (EWARN) system in northwest Syria has been revised for alert verification, investigation and sample collection, rapid response teams have been activated, and a triage system will be established at all health facilities in northwest Syria to limit transmissions in healthcare settings.

As part of the preparedness effort, laboratory technicians have been trained in COVID-19 testing to establish testing capability in Idlib governorate while laboratories in Turkey have been prepared and stocked to provide testing support. Systematic testing for COVID-19 in northwest Syria started the evening of 24 March after a shipment of 300 tests arrived.