

COVID-19 IN OPPOSITION-CONTROLLED NORTHWEST SYRIA

SITUATION REPORT

30 APRIL 2020



KEY POINTS

- There are no officially confirmed cases of COVID-19 in the northwest of Syria.
- Humanitarian response in the northwest remains below the accepted threshold of aid and basic services provision.
- The northwest's volatile and damaged healthcare sector produces challenges for local actors in their response to COVID-19.
- The presence of two rival governments in the northwest – the Syrian Interim Government and the Syrian Salvation Government – complicates response and the imposition of public administration regulations such as a curfew.
- In the absence of a unified governmental response plan to COVID-19, local civil society and non-governmental organizations have taken the lead over the provision of services.

INTRODUCTION

Since the Government of Syria (GoS) confirmed the country's first case of COVID-19 on 22 March, both international and domestic actors have warned of the risk of the virus reaching the opposition-controlled areas in northwest Syria. The UN stated on 27 March that the spread of COVID-19 in IDP camps could lead to a catastrophic humanitarian crisis. UNOCHA spokesperson Jens Laerke has also stated that the UN expresses concern over the potential threat of COVID-19 to millions of people throughout Syria. Laerke went on to highlight that the most vulnerable were more than 900,000 displaced civilians in Syria's Idlib governorate, adding that IDPs across camps in the northwest lack food and clean water. The World Health Organization (WHO) said that COVID-19 is heading towards a war-torn region like a "slow-moving tsunami" potentially killing tens of thousands of people. Additionally, local NGOs and activist groups including Syria Solidarity, Kesh Malek, and the Syrian Network for Human Rights, issued a joint statement appealing to the UN and the WHO to urgently prepare the under-resourced healthcare facilities in northwest Syria to respond to the threat of COVID-19.⁽¹⁾⁽²⁾

HAT's report, '[COVID-19 Precautionary Measures in Syria](#)', concluded that opposition-held areas in Idlib and the western countryside of Aleppo are the least equipped to combat the spread of COVID-19 in Syria. The Syrian Salvation Government (SSG), the governing authority in the area, has not taken the lead in enforcing preventative measures. In the absence of a government's role, several actors have launched

individual initiatives to prevent the spread of the virus – these include the Syrian Interim Government's Health Directorate (SIGHD), the Syrian Civil Defense, the North Free Doctors Syndicate, the Assistance Coordination Unit (ACU), and many local authorities and international humanitarian organizations. Measures were limited to conducting sterilization campaigns on educational facilities and densely populated residential areas in northwest Syria, mandating the closure of educational facilities, and launching a COVID-19 awareness campaign to educate civilians across IDP camps and residential areas. This report demonstrates the fragility of the situation in northwest Syria and the obstacles to implementing the precautionary measures to prevent the spread of COVID-19 in the area.

The research methodology for this paper includes primary and secondary data, using both quantitative and qualitative methods. This includes available data from UN agencies, international organizations, Syrian medical organizations, and local health directorates. The Humanitarian Access Team (HAT) conducted key informant interviews (KIIs) with local stakeholders including medical professionals, representatives of the Syrian Interim Government (SIG), and representatives of the Syrian Salvation Government (SSG). The team ensured a wide variety of informant profiles with respect to institutional affiliation and informant identity in order to include varying perspectives and better triangulate information.

CURRENT SITUATION

As of 29 April, there are no confirmed cases of COVID-19 in northwest Syria, while 43 cases have been confirmed in Government of Syria-held areas, with three fatalities. The current humanitarian response to COVID-19 in northwest Syria is focused on the prevention, early detection and rapid response to potential cases. According to the WHO, a COVID-19 preparedness and response plan for northwest Syria was issued in April, concentrating on scaling up capacities for prevention, early detection and rapid response covering a period of three months, from April to June 2020. The plan identifies a funding requirement of \$31 million for coordination and planning, risk communication and community engagement, surveillance, rapid response and case investigation, readying points of entry, increasing laboratory capacity, case management, infection prevention and control, and operational support and logistics.⁽³⁾

WHO and humanitarian partners have begun the process of establishing two additional laboratories in northwest Syria to test for COVID-19. A laboratory in Idleb has been equipped to test for COVID-19 since 24 March with the testing capacity of some 5,000 samples. The process is also ongoing to procure 90

(1) The Government of Syria's Minister of Health confirmed the first case of COVID-19 on 22 March stating that it was detected in a 20-year-old woman coming into Syria from abroad.

(2) <https://www.dailysabah.com/politics/un-concerned-about-potential-fallout-of-coronavirus-outbreak-in-syrias-idlib/news>

(3) WHO, 'COVID-19 preparedness and response for NW Syria,' April 2020

ventilators, eight oxygen concentrators and three X-ray machines for hospitals, in addition to the existing 203 ventilators already available.

To treat confirmed cases, three hospitals supported by the Gaziantep Health Cluster partners (further details of this are described below) were prepared, and three additional hospitals with ICUs are being modified and repurposed as COVID-19 isolation case management centers in Idleb, Salqin and Daret Azza. Each of these will have a 70-bed capacity, comprising 30 ICU beds for severe cases requiring ventilators, 30 beds for cases requiring close follow-up treatment and treatment for underlying conditions, and 10 beds for patients pending discharge. As self-isolation is largely not feasible in the densely populated northwest Syria, community-based isolation (CBI) centres are being planned to separate and limit the movement of people with low risk profiles presenting with mild COVID-19 symptoms. Six humanitarian partners have begun installing CBI centres with a total capacity of 260 beds in six locations in Idleb governorate.

The following are the most significant challenges that the northwest faces when it comes to the possible spread of COVID-19.

COVID-19 MITIGATION CHALLENGES

1. THE ABSENCE OF EFFECTIVE GOVERNMENT

The Syrian Salvation Government (SSG) and the Syrian Interim Government (SIG) represent two rival governing bodies in the northwest. Response from the SIG is focused on medical service provision, shutting down of public spaces and awareness-raising, and sterilization campaigns in Turkish-administered areas in cooperation with the Turkish Ministry of Health. The SIG also denies any prevalence of COVID-19 in its territory, despite reports to the contrary, however, it appears to be carrying out precautionary measures in line with WHO recommendations.

The SSG on the other hand is struggling to demonstrate enough authority to enforce COVID-19 precautionary measures in its administrative areas, indicated by two successive events. Firstly, on 30 March, the SSG mandated the closure of the al-Ghazwiyeh and Deir Ballut commercial crossings, which link opposition areas with the Turkish-administered areas in the northern countryside of Aleppo. However, on 16 April, the armed-opposition group Hay'at Tahrir al-Sham (HTS) reopened the crossing points and resumed commercial activities. Moreover, on 18 April, HTS announced its intention to open a new commercial crossing with the GoS-controlled areas in southern Idleb. The SSG did not oppose this, leaving

(10) Al Jazeera, ['In coronavirus lockdown, Lebanese banks turn off dollar tap'](#), April 2020

(11) Pictures of the original al-Duwair quarantine center emerged showing poor hygiene conditions and a lack of basic medical equipment. In response to protests on social media, the Rural Damascus health directorate pledged to close existing facilities and create four new fit-for-purpose quarantine centers in Damascus and Rural Damascus. New photos have been published of the al-Duwair quarantine center showing improvement of the facility hygiene conditions.

local civilians and activists responsible for their own protection and launching large protests to express their rejection to the opening of crossing points with GoS areas due to fear of the spread of COVID-19.

Secondly, the SSG has also failed at their attempt to suspend prayers in mosques. On 2 April, the SSG's Ministry of Awqaf issued a decree to suspend Friday prayers in mosques across opposition-controlled areas. Following the announcement, former HTS commander and hardline cleric, Abou Yaqzan al-Masri, refused the closure of mosques and published a video conducting Friday prayers in an unspecified mosque in Idleb governorate. Masri stated that mosques are more important than healthcare facilities and issued a fatwa against their closure.

The SSG's inability to implement basic precautionary measures indicate that it will find it problematic to enforce more serious restrictions if called on, including a partial or complete curfew. Key informant interviews with local stakeholders, including medical professionals, representatives of the Syrian Interim Government (SIG), and SSG, indicate that HTS is the sole actor that may be capable to impose a partial or complete curfew in the area, either through the group's fighters or through the SSG's Ministry of Interior.

2. DAMAGED HEALTH SYSTEM

The health system has been one of the main military targets since the start of the Syrian conflict. WHO has documented a total of 595 attacks on healthcare facilities since 2011, 62 of which have occurred in northwest Syria since January 2020. The systematic targeting of health care facilities and lack of safe and secure environments are among many factors that have led to medical professional's exodus from the area. UNOCHA reported that 70% of health workers in Syria had left the country as migrants or refugees, leaving the health sector understaffed and under-resourced.⁽⁴⁾⁽⁵⁾⁽⁶⁾

According to Khalil, there are currently 166 doctors, 55 healthcare centers, and 31 hospitals in opposition-controlled Idleb and western Aleppo operating with minimum-capacity infrastructure and lacking in vital life-saving medical equipment for basic treatment. Khalil added that there are 107 ICU beds and 47 ventilators to serve the population, all of which are currently occupied by patients with critical cases.

IDP camps often do not have medical centers, while those which do are not able to adequately support the population of the camps; Al Rahma camp contains one basic medical center to serve 23,352 IDPs; Al-Karamah camps includes one basic medical centre to serve 45,614 IDPs; and Atmah camp includes three basic medical centres to serve 77,060 IDPs. In Salqin, Sarmada and Maarat al-Numan camps, IDPs are required to walk to the nearest medical centers in nearby cities and towns.⁽⁷⁾

(4) Physicians for Human Rights, ['Findings of Attacks on Health Care in Syria'](#), March 2020

(5) WHO, ['WHO statement on attacks against health care in north-west Syria'](#), Sept 2019

(6) DW, ['Coronavirus in Syria: An invisible enemy'](#), March 2020

(7) Assistance Coordination Unit, ['Northern Syria Camps'](#), October 2019.

3. VOLATILE HEALTH SECTOR

The severity of damage to the health sector is exacerbated with the absence of a dominant health authority to consolidate a response to the COVID-19 pandemic. The Turkish-backed SIG is focused on medical service provision in Turkish-administered areas of the northern Aleppo countryside in cooperation with the Turkish Ministry of Health. The SSG's Ministry of Health on the other hand, headed by Dr. Ayman Jibs, attributes its relatively ineffective action in the COVID-19 response to its lack of legitimacy and funding streams.

In the absence of a proper health authority, the community has relied on I/NGOs and CSOs to coordinate the COVID-19 response with the Idleb Health Directorate. The Health Cluster of Gaziantep, led by WHO, and consisting of Syrian and Turkish local health authorities, I/NGOs, UN agencies, donors and observers, formed a 14-member Health cluster task force which was formed to prepare a COVID-19 response plan.⁽⁸⁾

The ACU's Early Warning Alert and Response Network (EWARN) program, a simplified disease surveillance system created in the affected north of Syria after the collapse of the health system in mid-2013, is playing a significant role in the COVID-19 task force. The ACU/EWARN program continues to detect and investigate COVID-19 suspected cases, deliver testing kits for COVID-19, prepare intensive care departments, and train medical teams for proper COVID-19 response. Most importantly, HAT's survey concluded that ACU's EWARN designated personnel are considered the primary reporting mechanism if an individual is suspected of having COVID-19.⁽⁹⁾⁽¹⁰⁾⁽¹¹⁾

4. LACK OF FUNDING STREAMS

The consolidation of the control of HTS and its affiliated Syrian Salvation Government posed major challenges to the internationally-supported humanitarian response in northwestern Syria and resulted in a gradual decline, and in some cases interruption, in funding streams. The health sector in the northwest suffered several funding cuts, the most recent resulting in the complete suspension of funds to the Idleb Health Directorate since mid-2019. According to Dr. Munzer Khalil, head of the Idleb Health Directorate, the last time the directorate's employees were paid was in July 2019 and they have been working as volunteers since. Khalil emphasized that the lack of funds has severely crippled the healthcare response, as it is difficult to lead a response to a pandemic relying entirely on volunteers.

(8) The Health Cluster was created under the supervision of UNOCHA and includes different humanitarian organizations collaborating and seeking to ease humanitarian coordination between different sectors. Their tasks also include dealing with donors and implementing emergency response plans.

(9) The Assistance Coordination Unit (ACU) is a Syrian NGO that works on the coordination between donors, implementing partners, and communities. The group works on different sectors, including health, which includes early warning and alert response network, an immunization program, and a nutrition surveillance program.

(10) Assistance Coordination Unit, '[Syria, COVID-19](#)', April 2020

(11) Assistance Coordination Unit, '[Northern Syria Camps](#)', October 2019.

5. POPULATION DENSITY

The population of opposition-controlled Idlib and western Aleppo reached 4,093,514 as of April 2020, with 2,053,861 of them being IDPs. The increased population density makes it difficult to implement the basic prevention measures, such as social distancing and self-isolation. Further, according to KIIs, the demand for basic services, including water, sewage, and sanitation networks, has increased by 200%, placing further strain on already-struggling services in opposition-controlled areas.⁽¹²⁾⁽¹³⁾

6. LACK OF BASIC SERVICES

The opposition-held areas in Idlib and the western countryside of Aleppo suffer from weak basic services including water provision, sanitation, and waste management. Due to the fact that service provision is not a major income-generating service, the sector has not been the focus of the local governing authorities and remained heavily dependent on local and international humanitarian response.⁽¹⁴⁾



According to the Assistance Coordination Unit (ACU)'s latest WASH report, 106 of 187 water plants are currently operating in Idlib Governorate, most of which receive technical and financial support from international humanitarian organizations. In areas where water stations are not functioning, local residents rely on water wells as an alternative water source.⁽¹⁵⁾

According to the latest report of the UNOCHA and the ACU, there are 69,241 IDPs in northwest Syria who need access to water. In IDP camps, 75% of households in 239 camps have access to 20 liters of clean water per day due to humanitarian support. In the case of a functional water network in the camp, the water is delivered directly to the IDP's tents, and in the absence of a working water network, water is transported through water tankers. This can be chaotic in camps, as distributions are often unstructured leading to large numbers of IDPs descending on distribution points at the same time. In addition, there are a number of camps which have recently emerged in northern Idlib that do not receive humanitarian organization support, forcing the purchase of water from private tanks at prices ranging from 400–600 SYP per cubic meter, an amount out of reach of many IDPs.⁽¹⁶⁾⁽⁽¹⁷⁾⁽¹⁸⁾

(12) Prior to the conflict, the population in Idlib and western Aleppo was estimated at 2 million residents.

(13) Between 2016 and 2018, 218,459 individuals from more than 25 areas across Syria including Rural Damascus, Daraa, Quneitra, Homs, the city of Aleppo, and Eastern Ghouta were forcibly displaced to Idlib and western Aleppo governorates.

(14) In some individual cases, the SSG's Water Directorate collects revenues from local councils that oversee public water supply in the community.

(15) Assistance Coordination Unit, ['WASH Biweekly bulletin - Syria'](#), 22 Mar - 4 April 2020.

(16) UNOCHA, ['Syrian Arab Republic, Recent developments in Northwest Syria'](#), 17 April 2020

(17) Assistance Coordination Unit, ['Northern Syria Camps'](#), October 2019.

(18) Camps with functional water networks, such as al-Rahma, al-Karamah, and Qah IDP camps; camps that do not include a functional water network such as Sarmada, Maarrat Al Nu'man, and Salqin.



Sanitation services have been adversely affected by the lack of adequate financial support, the deterioration of services provided by municipalities and the lack of sanitation infrastructure. The sanitation sector is managed by local councils which do not have sufficient financial and technical capacity. Local reports indicate that 43% of the population in opposition-controlled areas live in neighborhoods that do not have sanitation networks, largely due to new buildings which are not linked to the centralized networks. While 91% of IDPs see hygiene products as essential in fighting the spread of COVID-19, only 41% stated they have received hygiene or sanitation kits in IDP camps. ACU corroborated this, reporting that no hygiene kits were distributed for a two month period in 164 out of 320 camps across northwest Syria, while UNOCHA's latest report shows that 113,600 IDPs are in need of hygiene kits. The lack of access to hygiene and basic sanitary services is a major concern as a possible outbreak could be highly contagious in such an environment. ⁽¹⁹⁾



UNOCHA indicates that 69,486 IDPs are in need of recurrent solid waste management. Most sewage networks across opposition-controlled areas in northwest Syria are often poorly equipped and designed. Often, sewage is discharged into nearby valleys, while most of the sewage estuaries are less than 2km from residential areas. Sewage from these estuaries is often used, without treatment, to irrigate crops that pose a serious public health risk. Local statistics showed that 71% of IDPs stated that sewage and wastewater are disposed of in open pits leading to hazardous swamps forming near IDP camps, dramatically increasing the spread of disease. This is concerning given the ongoing studies linking the presence of COVID-19 to both symptomatic and asymptomatic individuals' waste, hence easily causing infection from wastewater. ⁽²⁰⁾⁽²¹⁾

7. LOCAL CULTURE

The local culture, customs, and traditions can impede the implementation of precautionary measures to prevent the spread of COVID-19. Local sources report that residents have generally ignored advice about social distancing or limiting physical interaction. It is common to see locals shake hands, hugging and gathering in large groups, despite the increasing efforts to raise awareness to the importance of social distancing practices. Other sources report that many IDPs do not believe in the existence of the virus itself. Such behavioural trends were confirmed by HAT researchers who asked doctors based in northwest IDP camps if individuals were following outlined prevention techniques. All except one answered “no”.

(19) Assistance Coordination Unit, ['Evaluation of Sewage Systems in Idlib'](#), Sept 2018

(20) New Civil Engineer, ['COVID-19, Concerns raised over sewage spreading virus'](#), March 2020

(21) UNOCHA, ['Syrian Arab Republic, Recent Developments in Northwest Syria'](#), 17 April 2020

RECOMMENDATIONS

1. Humanitarian agencies are advised to adapt operational modalities such as door-to-door distribution to enable the continuation of operations and the provision of life-saving activities.
2. Humanitarian agencies are advised to increase water supply in informal settlements and camps from 25 to 30–35 liters per capita per day to support increased hygiene practices.
3. Humanitarian agencies are advised to revise the content of hygiene kits to double the quantity of soap and detergent to support increased handwashing.
4. Humanitarian agencies are advised to increase awareness and prevention recommendations campaigns to reduce crowds in communities and encourage social and physical distancing.
5. With the outbreak of COVID-19, coordination and timely information sharing with local partners will be critical to assist with partner's operational decision-making and to ensure the duplication of efforts is avoided.
6. There are reportedly 2,396 IDPs in open areas as the existing reception centres and IDP sites are currently over capacity. Shelter needs must be addressed by expanding existing or establishing new IDP sites and reception centres as part of the COVID-19 prevention plan.
7. Additional financial resources are urgently required to ensure a timely and effective response to mitigate against the potential outbreak of a COVID-19 pandemic in northwest Syria.

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The Humanitarian Access Team (HAT) was established in Beirut in March 2015 in response to the collective challenges facing the remote humanitarian response in Syria. Successful humanitarian and development interventions require a nuanced and objective understanding of the human ecosystems in which these interventions occur. To this end, the HAT's most important function is to collect, triangulate, synthesize, analyze and operationalize disparate data and information. Since 2015, HAT analysis has provided a forward-looking template for international interventions in Syria, and facilitated an increasingly nimble, adaptive, integrated, and ultimately impactful international response to the Syrian conflict.

