The Coronavirus in Syria
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The coronavirus pandemic has left its mark on almost every country in the world, but it has the most destructive potential in a war-torn state with a precarious health infrastructure, like Syria. Indeed, after almost a decade of devastating civil war, Syria may constitute an ideal incubator for the spread of the virus. In March, when the coronavirus became a global crisis, only 64 percent of public hospitals in Syria were fully functioning, and many of them reported a considerable shortage of trained staff. Six million Syrians were internally displaced people, many of whom live in crowded refugee camps within Syria’s borders, which suffered from a poor water and sanitation infrastructure. The population of these camps has increased significantly since December 2019, when one million Syrians fled their homes following Bashar al-Asad’s offensive against the rebels’ stronghold in the Idlib Governorate.¹

However, for months, the regime insisted on portraying Syria as relatively free from the effects of the coronavirus. On March 25, when there were 471,000 confirmed coronavirus cases globally, Syria reported only five cases.² On March 30, when there were 35,019 reported deaths from the virus, Syria confirmed its first coronavirus related fatality.³ As of August 12, there were 1,327 confirmed cases (546 of them in Damascus), with 53 reported coronavirus related deaths. These figures place Syria 193rd in the world in terms of the number of patients per 1,000,000 people, and 170th in deaths per 1,000,000 people.⁴ The official Syrian television outlets hosted

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analysts who talked about requests that came from other states for Syria’s help in fighting the virus, to demonstrate the efficiency of the health sector in Syria. In May, the Syrian government announced it would lift the overnight curfew and allow movement between governorates, due to the heavy economic toll these restrictions had levied on Syria’s already moribund economy.

These low figures naturally raised the suspicion that the Asad government was hiding the true scale of the pandemic in Syria. Indeed, there have been several arguments made in support of this supposed cover-up. For instance, in March, Rami Abdulrahman, the director of the Syrian Observatory for Human Rights (SOHR), a Britain-based war monitor, argued that the regime coerced Syrian doctors into concealing the true number of coronavirus cases in the country. In April, a medical worker said that intelligence officers instructed Syrian nurses and doctors to "bury" news of coronavirus patients, arguing that "given the total collapse of the economy and growing popular anger, the government does not want to give the people an additional reason to revolt."

However, voices coming out of Syria do manage to provide a more representative picture of the morbidity situation than the one offered by the regime. On July 31, Dr. Zaher Sahloul, the founder of American Relief Coalition for Syria (a coalition of 14 US-based humanitarian organizations working in Syria) argued that seven doctors had died in Syria from the virus during the last two weeks of July. In early August, various doctors from Damascus posted claims on their Facebook pages that the health system in Syria was on the verge of collapsing. Other reports depicted the spread of the virus in the suburbs of the Syrian capital. For instance, the city of Douma (110,000 residents), located approximately 10 kilometers (km) northeast of the center of Damascus, reportedly registered 300 new patients during the last week of July; and it is estimated that half of the 53,000 residents of Muadamiyat al-Sham, located 10 km southwest of Damascus, carry the virus. Dr. Ahmed Habbas, the assistant director of health in Damascus, estimated in early August that there were 112,500 coronavirus cases in the capital and its countryside.

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5 “Syria: Corona’s numbers escalate and doctors warn of the collapse of the health system [Arabic],” al-Quds al-Arabi, August 2, 2020.
11 Danny Makki, “Syria is facing a COVID-19 catastrophe,” Middle East Institute, August 6, 2020.
Recently even the regime itself, and its mouthpieces, started to admit that the official infection rate does not come close to representing the reality on the ground. For instance, on July 31, Syria’s Ministry of Health acknowledged that the statistics it provides about the coronavirus infections do not reflect the reality of the epidemic in the areas under the government’s control. The Ministry attributed its inability to properly address the spread of the coronavirus to U.S government’s economic campaign against Syria, which culminated with the implementation of Caesar Act in June, which, among other things, aims at discouraging foreign investors from doing business with the Asad regime and its supporters.\textsuperscript{12} In addition, on August 3, journalist Shadi Hilwa, who is known for his pro-Asad stand, appeared in a video circulated on social media, in which he described the catastrophic situation in the Aleppo Governorate, which, according to him, is experiencing a large outbreak of the pandemic, amid a severe shortage of medical supplies and oxygen masks.\textsuperscript{13} Given the grim reality that existed in Syria even before the outbreak of the pandemic, these reports cast a heavy shadow over the Asad regime’s ability to rehabilitate the country, even if its victory in this long conflict is imminent, as some suggest.\textsuperscript{14}

The Syrian conflict has also generated a massive refugee crisis affecting both Europe and the region, strongly suggesting a wide-scale coronavirus outbreak in Syria would be hard to contain within the borders of this war-torn country. A particular source of concern is the inability to properly assess the situation in the rebel-held territories, which naturally produce a large number of refugees. One can look, for instance, at the Idlib Governorate in northwest Syria, the last major stronghold of the Syrian rebels. In December 2019, the Syrian government, backed by Russia, launched an offensive against this region (a campaign that was temporarily ended following an agreement signed between Russia and Turkey in March). As a result of this campaign, 1.1 million of Idlib’s 3 million people fled their homes, and many of them live in tents and makeshift accommodations on the Syrian-Turkish border. The sanitary conditions in these places do not constitute an ideal environment in which to limit the spread of the virus. In addition, as of April, there was only one polymerase chain reaction (PCR) testing machine available in the province, thus making it virtually impossible to accurately assess how the virus has spread there.\textsuperscript{15} Indeed, the first case of a confirmed coronavirus patient in the area was reported

\textsuperscript{12}“Coronavirus in Syria: The regime admits that its numbers are wrong [Arabic],” \textit{Almodon}, July 31, 2020.
\textsuperscript{13}Fared Alhor, \textit{Twitter Post}, August 3, 2020, 11:53am.
\textsuperscript{14}Eyal Zisser, “The Many Implications: The End of the Syrian Civil War,” \textit{Middle East Quarterly} 26:3 (Summer 2019).
\textsuperscript{15}Khalil Ashawi, “As rebel-held Syria fears virus, just one machine is there to test,” \textit{Reuters}, April 14, 2020.
only on July 9, when a doctor working at Bab al-Hawa hospital near the Turkish border tested positive for the virus. As of August 12, only 47 people in the opposition-controlled areas in northwestern Syria tested positive for the coronavirus. Cristian Reynders, a field coordinator for Médecins Sans Frontières operations in northwest Syria, said that given the difficult conditions in Idlib, “there is a chance that a fast spread of the Coronavirus in the refugee camps will be impossible to track and halt.”

The uncontrolled spread of the coronavirus in refugee camps, and in areas where the fighting continues, may have serious implications for the entire region. The Idlib Governorate is located close to the Turkish border, and many of its residents who fled their homes tried to cross the border and find refuge in Turkey. Ankara, in turn, threatened in February to open its western land and sea borders and provide these refugees with the opportunity to travel onwards towards Europe, arguing that these people are also “Europe and the world’s problem.” Although following the March ceasefire several hundred thousand of Idlib’s refugees returned to Syria, a possible resumption of hostilities (which many suspect is forthcoming) is likely to lead to another wave of refugees. The spread of the virus among them will add another layer to the already complex Turkey-Europe relations.

Finally, an outbreak of the coronavirus within refugee camps may make it more difficult for their dwellers to migrate to neighboring Arab countries, given that the latter will be reluctant to “import” more coronavirus cases. Indeed, a Syrian doctor recently pointed out that 44 Syrians who entered Jordan last month tested positive for the virus. Thus, the people who will be most adversely affected by the lack of accurate data about the extent of the spread of the coronavirus in the rebel-held territories are their inhabitants, whose chances of returning to a normal life seem particularly slim at the moment.

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17 “Update: distribution map and the most vulnerable places to the "Corona" epidemic in Syria [Arabic],” Syria Direct, August 12, 2020.
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