



Syria Transition Challenges Project

Discussion Paper (10)

COVID-19 in Turkish Controlled Areas and Idlib

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The Geneva Centre for Security Policy (GCSP)

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Syria Transition Challenges Project

A multilateral dialogue and research project that aims to build bridges between the EU, Russia, Turkey, and the US on the three issues of Reform, Refugees Return, and Reconstruction. The project is run by the GCSP in collaboration with European University Institute (EUI), Syrian Centre for Policy Research (SCPR), and swisspeace.

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The safe zones in the northern part of Syria have been established following three operations in the region, namely: the Euphrates Shield in 2016, the Olive Branch in 2018, and the Peace Spring in 2019. Before the outbreak of pandemic, the healthcare capacity was semi-sufficient with urgent cases being treated in Turkey and with frequent hospital transfers being conducted. In terms of livelihood opportunities, humanitarian aid was predominantly channelled through Turkey with limited involvement of Western and international organisations. Trade with the outside world was limited due to the sanctions imposed on Syria. The infrastructural investment in the region was predominantly made by the Turkish state and NGOs in the form of renovations and building of schools, hospitals, as well as water and energy supply. As of May 28th, 2020, there are no confirmed cases of COVID-19 in both regions yet living conditions have deteriorated due to the conditions in Turkey, Syria and rest of the world.

COVID-19 in the Turkish-controlled areas

In terms of the existing healthcare capacity, in the Peace Spring area alone, there are two hospitals coordinated and monitored by the Turkish Ministry of Health, one in Ras al-Ayn (223 bed capacity and more than 10 rooms for intensive care) and one in Tal Abyad (100 bed capacity and 4 rooms for intensive care). In both hospitals, 10 to 15 beds are reserved for potential COVID-19 patients and the healthcare personnel have received pandemic related training. There are also some small-scale private/NGO operated health clinics with limited personnel (one in Tal Abyad and three in Ras al-Ayn).

In addition, there are small public clinics in rural areas with limited staff and infrastructure. At the time of the interviews, these clinics and hospitals did not have testing facilities and/or equipment specifically required for the treatment of COVID-19. Suspected cases would be transferred to testing centres in Turkey (possibly Gaziantep, the nearest Turkish city as Şanlıurfa did not have any testing facilities). The radiological visualisation tools or oxygen respirator/ ventilators used for the detection and treatment of the virus were also reported to be missing at these facilities at the time of the interviews.

COVID-19 in Idlib

Idlib, on the other hand, is at high risk in terms of the pandemic's proliferation, owing to the number of internally displaced living together in the densely populated areas. The risk is compounded by inadequate water, sanitation, hygiene, shelter, and insufficient healthcare services. According to Human Rights Watch, with the March ceasefire between Turkey and Russia holding, over a hundred thousand residents living in camps in northern Idlib, who

had limited access to basic necessities, returned to areas in Idlib that had not been retaken by the Syrian army.¹ In addition to the population density, the health infrastructure of the region is inadequate, leading to dim projections regarding the spread of the pandemic.² According to the local Health Information System Unit³ there are 2,429 beds including 240 ICU beds (98 with adult ventilators and 62 with paediatric ventilators) in north west Syria, significantly below the need, even before the pandemic.

In addition to lack of financial means, the infrastructural capacity of the healthcare system has been compromised due to years of air attacks. As a result, many medical workers have left the area. Human Rights Watch points out that during a year-long offensive beginning in April 2019, the Syrian-Russian military alliance attacked critical civilian infrastructure across Idlib, including hospitals and healthcare centres. This has also caused significant civilian injuries and casualties and forced nearly a million to flee in just a few months⁴.

Who can help?

In terms of international aid for healthcare, there is a lack of trust due to the government's handling of the crisis, especially in the north west because of the apparent bombings of healthcare facilities in opposition-controlled areas. There is also doubt about the number of infections reported by the government. These directly reflect the concern about the WHO's approach of relying on the government to distribute COVID-19 related humanitarian aid. There is speculation that most of this aid does not get delivered. So far, WHO has sent 6000 test kits and 35 ventilators to Idlib, which is assessed as being inadequate. According to a tweet by the Idlib Salvation Government's health minister, until May 19th, a total of 700 COVID-19 tests were done using one machine that can process 20 kits a day⁵. No COVID-19 positive cases of locals have been officially reported.

Insufficient health measures compounded with lack of awareness

The issue of lack of awareness about the pandemic has also been raised. In Turkish controlled zones, NGOs and governmental actors conduct awareness raising attempts. Yet

¹ Richard Weir, Waiting in the Ruins of Idlib for Covid-19, The Human Rights Watch, 24 April 2019 (last accessed on May 21st, 2020). <https://www.hrw.org/news/2020/04/24/waiting-ruins-idlib-covid-19>

² Hariri, M., Rihawi, H., Safadi, S., McGlasson, M. A., & Obed, W. (2020). THE COVID-19 FORECAST IN NORTHWEST SYRIA The Imperative of Global Action to Avoid Catastrophe. (last accessed on May 20th, 2020) <https://www.medrxiv.org/content/10.1101/2020.05.07.20085365v1.full.pdf>

³ IASC, set Global Health Cluster suggested set of Core indicators

⁴ Richard Weir, Waiting in the Ruins of Idlib.

⁵ Birgel, Serkan and Hitto Obaida. 2020. Idlib Amidst the Pandemic: Voices from the Ground. Policy Outlook, TRT World Research Center, 4. <https://researchcentre.trtworld.com/publications/policy-outlook/idlib-amidst-the-pandemic-voices-from-the-ground> (last accessed on May 21st, 2020)

residents complain, unaware of the seriousness of the issue. There are concerns among the local population about insufficient medical supplies and equipment as well as hygiene products such as disinfectants.

The prices of gloves and masks, albeit lower than Turkey, have increased considerably since the start of the pandemic. The prices are expected to increase further as the number of cases rise. In both Idlib and Turkish-controlled zones, in order to reduce exposure, the borders with Turkey have been closed. There are limited crossings of official personnel and council members, and only extremely urgent cases of patients transferred to Turkey. For both these areas and Idlib, potential COVID-19 patients would be treated locally, without any transfers to Turkey.

In addition, Turkey's borders with both regions have been closed limiting crossings to officials. In order to control the spread of COVID-19, thermal thermometers have been installed at the borders of both regions with Turkey. There have been several awareness raising campaigns in both regions which have involved distributing leaflets and masks by respective authorities and NGOs. As of March 31st, shipments of masks and gloves have been sent to the Turkish-controlled zones as reported by the regional governing body SUKOM. As in Turkey, preventative measures have included the suspension of education, banning of community activities and people over the age of 60 have been recommended to stay at home. In reality, except for the provincial centres in both areas and in Idlib, weddings, funerals and Friday prayers continue.

In both areas, businesses continue to operate, and marketplaces are still in service. In Idlib, Refugees International has reported that extremist groups lack the will and/or the ability to enforce the necessary social distancing and quarantine measures. Furthermore, the difficulty of imposing lockdowns and social distances in villages and camps is calibrated. Clean water and sanitation are also provided; 50 percent of the drinking water stations in Idlib are operational.⁶ The situation with clean water in the Turkish-controlled zones has also been problematic. There are occasional interruptions due to malfunctions, but supply is supported by delivery of water through tankers.⁷

⁶ Serkan and Hitto, 2.

⁷ Turkey/Syria: Weaponizing Water in Global Pandemic?, The Human Rights Watch, 31 March 2020 (last accessed on May 21st, 2020).
<https://www.hrw.org/news/2020/03/31/turkey/syria-weaponizing-water-global-pandemic>

COVID-19 can wreak havoc on the health of Syrians in Idlib

With regards to livelihoods, both regions have reported major hardships due to the devaluing currency, increasing prices, especially in Idlib, because of the difficulty in importing basic goods. The loss of the M5 highway to the opposition forces meant a reduction in the imports, hence a further increase in prices. The administration's response was to switch from Syrian Pound to US dollars and Turkish Lira and open a trade gate on the M5 highway as of April 30th. This is expected to have a positive impact on the supply of goods and some reduction on prices. Humanitarian aid programs have also encountered challenges and have revised their programs. There are still an ample number of NGOs that are operational in the region and provide services.

In the Turkish-controlled zones, the main sources of livelihoods are agriculture, livestock, and trade through the border. The economic hardships in the areas recovering from conflict were partly due to the small number of crossings allowed through the Turkish border, as the regions only connection to markets, leading to interruptions in the supply chain and increases in prices. Coupled with the loss of value of the currency against the US dollar, the prices of goods have increased, negatively influencing purchasing power. The last hurdle has been the difficulty of finding markets for agricultural goods with the new harvest awaiting and increased input prices for the preparations for the harvest. Also, remaining stocks of grains from last harvest remain unsold due to the sanctions. Moreover, since the beginning of the pandemic, the amount and frequency of humanitarian aid delivered has visibly reduced especially in April, until mid-May compared to the previous periods.^{8 9} This has also been reflected in NGO operations in the region. Many have also reported difficulty in securing funds given the pandemic.

While the population pyramid in the region is skewed towards younger and less risk prone individuals, up to 41% of the adult Syrian population has a non-communicable disease; e.g. hypertension, diabetes, cancer and malnutrition given food insecurity. This situation may contribute to a more rapid spread of the pandemic especially in the areas of high density such as Idlib.¹⁰ Despite efforts to improve the capacity of healthcare providers, the area has been impacted by the pandemic both in terms of livelihood opportunities and humanitarian aid.

⁸ Check the following website: <http://sudkom.com/haberler/>

⁹ Check the following page: <https://www.facebook.com/%D8%A7%D9%84%D9%85%D8%AC%D9%84%D8%B3-%D8%A7%D9%84%D9%85%D8%AD%D9%84%D9%8A-%D9%84%D9%85%D9%86%D8%B7%D9%82%D8%A9-%D8%AA%D9%84-%D8%A3%D8%A8%D9%8A%D8%B6-Local-Council-Of-Tal-Abyad-106785497429464/>

¹⁰ Hariri, M., Rihawi, H., Safadi, S., McGlasson, M. A., & Obed, W. (2020). THE COVID-19 FORECAST IN NORTHWEST SYRIA The Imperative of Global Action to Avoid Catastrophe. *medRxiv*

Furthermore, there are visible concerns regarding the government's delivery of resources to fight the pandemic.¹¹ Five areas of immediate concern about northwest Syria have been identified.¹² First is the need to increase emergency funding to support the health and humanitarian response in north western Syria. Second, testing measures through support laboratory capacity need to be increased. Third, community interventions mostly related to social distancing need to be introduced. Moreover, healthcare workers need to be supported and protected and healthcare system capacity needs to be strengthened.

¹¹Serkan and Obaida, 7.

¹²Hari et al (2020).