

# **THE CORONAVIRUS CRISIS IN NORTH AND EAST SYRIA**

**19TH APRIL 2020**



**ROJAVA  
INFORMATION  
CENTER**

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# 1 QUICK FACTS

Nine years of war, systematic targeting of health and water infrastructure by occupying Turkish forces, lack of international recognition, and the January 2020 closure of the only UN aid crossing into North and East Syria (NES) have left the autonomous region at extreme risk from coronavirus. With the World Health Organization (WHO) refusing to support it directly, the Autonomous Administration of North and East Syria (AANES) is reliant on its own meagre resources and aid routed via the Assad government, little of which ever arrives to the north-east.

At the time of writing (19 April), there has been only one confirmed death due to Corona in North and East Syria, obstacles created by the regime and the WHO mean the real prevalence is likely higher.

- Population of North and East Syria: **4,000,000<sup>1</sup>**
- IDPs & refugees: **600,000<sup>2</sup>**
- IDPs living in camps and ad-hoc settlements: **200,000**
- People in need of humanitarian assistance: **1,650,000<sup>3</sup>**
- Hol Camp residents: **65,000**
- Civilians left without water during regular Turkish closures of Allouk water station: **700,000 – 1,100,000**
- Public hospitals damaged during war against ISIS and 2019 Turkish invasion: **9 of 11**
- Public health centers currently functioning: **26 of 279**
- Functioning PCR test machines before 2019 Turkish invasion: **2**
- Functioning PCR test machines following Turkish assault on Sere Kaniye hospital: **0**  
**though 2 have now been privately acquired by AANES**
- Test kits supplied to the Syrian Government by the World Health Organization: **1200**
- Test kits supplied by WHO to NES: **0**
- Ventilators: **40**
- Ventilators per 100,000 people: **1**
- ICU beds currently online: **0 of 65**
- Max. cases before health system in North and East Syria is overrun: **460<sup>4</sup>**
- Predicted death rate in camps and detention centers: **10%**

<sup>1</sup> <https://reliefweb.int/report/syrian-arab-republic/north-east-syria-humanitarian-snapshot-20-june-2019>

<sup>2</sup> <https://reliefweb.int/report/syrian-arab-republic/north-east-syria-humanitarian-snapshot-20-june-2019>

<sup>3</sup> <https://reliefweb.int/report/syrian-arab-republic/north-east-syria-humanitarian-snapshot-20-june-2019>

<sup>4</sup> For this forecast and more data, see:

[http://eprints.lse.ac.uk/103841/1/CRP\\_covid\\_19\\_in\\_Syria\\_policy\\_memo\\_published.pdf](http://eprints.lse.ac.uk/103841/1/CRP_covid_19_in_Syria_policy_memo_published.pdf)

## 2 HUMANITARIAN AND HEALTH CRISIS IN NORTH AND EAST SYRIA

NES has only 40 ventilators to serve a population of millions, including only three to support the hundreds of thousands of Kurdish IDPs living under especially harsh isolation in the Shebha region. 9 out of 11 hospitals were damaged in the war, while a University College London study of Syria's capacity to handle coronavirus found that across the three former Syrian regions which make up today's NE Syria, there is capacity to deal with only 460 cases – 360 in Hasekah region, 100 in Raqqa region and none at all in Deir-ez-Zor region.

Of a planned 580 moderate-severe beds in North and East Syria, only 20 are currently online and ready for patients, though it is hoped 100 more will be ready within the week - primarily located in repurposed sports and wedding halls. None of a planned 65 ICU beds are currently online and equipped with ventilators.

No district in NES meets the emergency threshold of at least ten beds per 10,000 people and just one district is home to sufficient doctors, nurses and midwives to meet emergency thresholds of at least 22 health care workers per 10,000 people. Quarantined cases are likely to be placed in outdoor tents due to lack of space.

As such, doctors will be left to make difficult decisions about who will live and who will die. It is likely that maximum capacity will be rapidly exceeded, particularly given the ineffective testing system currently in place (see below) which delivers a high rate of false positives.

Locals also tend to live in close proximity with many sick and elderly relatives, raising wider public health issues, despite the fact that a state of emergency has been declared, schools, public events and unnecessary travel and businesses shut down.

Poor hygiene and widespread prevalence of diseases such as Acute Jaundice Syndrome and Acute Diarrhea, plus tuberculosis in the camps and prison system, means that NES is likely to experience a high morbidity rate. This is worsened by Turkey's severing of the water flow to Hasekah region (see below), meaning over a million people cannot access the WHO-recommended minimum 20L of water a day to achieve basic hygiene standards.

### 3 SEVERING OF UN AID

It is not just Turkey and the Assad regime which have imposed an effective embargo on the autonomous regions. In January 2020, Russia exercised its veto at the UN Security Council to close the only UN aid crossing into NES.

This means all UN aid into Syria is now sent into areas controlled by al-Qaeda offshoot Hayat Tahrir-al-Sham, factions under the control of the Turkish intelligence service, or directly to the Assad regime. The AANES is forced to try and access UN aid via Damascus, but the reality is that most aid sent to Damascus lines the pockets of those close to the Assad regime, or remains in areas loyal to the regime. Little or nothing ever arrives to the AANES.

Recently, the WHO announced a 20-ton-aid delivery to the north-east. It failed to clarify that this aid was sent directly to the regime-controlled National Hospital in Qamishlo, and never left the small 'security box' in Qamishlo which has been under regime control since the start of the war.

A recent report by UN agency OCHA indicated this decision will seriously reduce NES' ability to combat coronavirus. 7 health centers in Raqqa are facing severe shortages of medicines and supplies as a direct result of this decision, with 1 soon to close, while the health center in Hol Camp is also severely affected. The lack of WHO and UN presence in the north-east means NGOs working in NeS will not be able to access the \$2,000,000,000 UN fund earmarked for combatting coronavirus.

With the closure of the Yaroubiah crossing, all aid must cross into NES via the sole semi-official border crossing at Semalka (Fish Khabour). But this is now closed due to coronavirus, and while some humanitarian deliveries are getting across, there are many delays and obstacles on both sides of the border. A large number of international humanitarian workers are evacuating the north-east and returning to their home countries via Iraqi Kurdistan.

## 4 INABILITY TO TEST AND LACK OF WHO ASSISTANCE

The impact of this decision is felt from the testing stage on. The only functioning PCR (polymerase chain reaction) test machines were lost in October 2019, when Turkey invaded the Kurdish-majority city of Sere Kaniye, shelling its hospital as part of an operation which left the only testing laboratory in North and East Syria inaccessible and inoperable. The WHO was requiring North and East Syria to send all test results to Damascus, but neither WHO nor the Syrian government are facilitating this process. The first coronavirus death in North and East Syria occurred on 2 April, at which time testing in Damascus also confirmed the case: but WHO and the Syrian government failed to communicate this information to the AANES until two weeks had elapsed, putting medical staff in danger and meaning health officials in the AANES could not take adequate precautions.

Via Turkey, the WHO has provided test kits in Idlib, controlled by al-Qaeda offshoot Hayat Tahrir-al-Sham: from here, they can send samples to Turkey for testing. The WHO has also provided 1200 testing kits to regime-controlled areas. But due to its lack of recognized status, NES has no access to any WHO provided testing kits. However, with support from the Kurdistan Regional Government (KRG) in Iraq, the AANES was able to privately acquire 2 PCR machines.

Together with front-line tests like white blood cell tests and temperature checks, which give only an inaccurate picture of the patient's condition and deliver frequent (up to 50%) false positives, the AANES is now able to run a basic testing program, rather than relying solely on Damascus.

With coronavirus spreading throughout Syria from Deir-ez-Zor to Damascus, and suspected cases already in quarantine in Qamishlo, Hasekah and elsewhere, virus is expected to rapidly spread through NES in the coming days and weeks.

## 5 TURKEY'S SEVERING OF WATER FLOW

While the regime obstructs aid from the south, Turkey applies pressure from the north. Turkey's 2019 invasion of Sere Kaniye and Tel Abyad took out two hospitals and many more health points and clinics – and also allowed them to take control of Allouk water station. Allouk is a critical piece of infrastructure, providing drinking water to at least 650,000 and likely over a million people in the cities of Hasekah, Til Temir, Sheddadi and Hol, among others; 65,000 IDPs and ISIS-linked individuals in Hol Camp; IDPs in Washokani and Aresha camps, including those displaced by the Turkish invasion; the largest detention facility for ISIS fighters in the world, housing some 5000 fighters and the scene of a recent uprising; and NES' main quarantine hospital.

Turkey launched an airstrike against Allouk on day one of its invasion, putting it out of service. Now Turkey is in control of the water station, and though it has been fixed under international mediation, Turkey regularly cuts the water flow to the AANES areas in order to apply political pressure on the administration – it has cut it off four times in the last month, each time demanding the AANES send more and more electricity into and pay for repairs in the areas Turkey occupied in 2019. As the occupying power, Turkey is responsible for meeting the need for electricity in Sere Kaniye, and moreover it is demanding far more power than is proportional to its needs. Most recently, on 2 April Turkish forces shelled the water pipe from Allouk to Hasekah, cutting off water for the fifth time.

Severing water supply to civilians as a weapon of war is a war crime, whatever the circumstances. When that water is feeding populations at immense risk of coronavirus – 10% of people in the prisons and camps, where tuberculosis is running rampant, are currently projected to die in the pandemic - it is likely to cost many lives.

## 6 KRG AND SYRIAN REGIME OBSTRUCTING AID

Though the Kurdistan Regional Government (KRG) facilitated the transfer of PCR machines to North and East Syria – under US pressure – it continues to prevent aid agencies from crossing into North and East Syria, as well as preventing humanitarian actors from purchasing supplies in the KRG.

The KRG has banned humanitarian actors from purchasing personal protective equipment and other supplies in Erbil and elsewhere if they are to be transported to North and East Syria, while it has also closed the only border crossing into the north-east, preventing the movement of NGO staff, supplies and other humanitarian actors. As noted above, humanitarian deliveries to Damascus have also failed to make it to AANES-held areas, due to bureaucratic hurdles imposed by the regime.

Of course, it is also impossible to access aid over the border with Turkey and Turkish-held areas of Syria, which remains a semi-active frontline despite calls for a ceasefire. Various obstacles jointly enforced by Turkey, the KRG, the UN, the WHO, Russia and the Syrian regime therefore combine to make it extremely difficult for health authorities and humanitarian actors in North and East Syria to adequately prepare for coronavirus.

## 7 SITUATION IN CAMPS AND PRISONS

As noted above, the situation is especially critical in Hol camp, ISIS detention facilities, civilian IDP camps like Washokani, Arisha and Tel Seman, among IDPs in schools in Hasekah, and among IDPs in the Tel Rifaat/Shebha region.

Precautions are being taken in the camps, similar to those being taken among the rest of the civilian population. In Hol, as in other camps, a quarantine and lockdown is in effect. Only essential food deliveries are arriving into the camp, with all other stalls in the camp market closed, and only essential health services being provided. This has a knock-on impact on the delivery of other health services, education services, etc. but is seen as the best alternative.

Operating with a skeleton staff and minimizing rotation in and out of the camps, authorities hope to prevent the spread of corona, but as there are no testing kits in NES it is difficult to enforce quarantine in any effective way. Since there are both areas of Hol camp which the authorities are unable to effectively control, and clandestine routes in and out of the camp operated by smugglers, it is unlikely they will be able to achieve total lockdown. One coronavirus case passing into the camp will mean rapid proliferation. There are no ventilators in the skeleton health facilities in Hol camp, while NGOs such as MSF are yet to return to Hol following their departure during the 2019 Turkish invasion.

Similar programs of lockdown and quarantine are in place in the other camps, along with sterilization programs across all camps and prisons. As for the prisons, outside of sterilization and minimizing staff rotation there is not a lot more that can be done, and it is suspected the recent uprising in an ISIS detention facility in Hasekah was linked to fears under coronavirus. New, expanded detention facilities are under construction – and there is the plan to construct a larger camp in replacement of Hol Camp with better facilities – but these projects will not be completed in time to deal with the pandemic.

Factors identified above, such as spread of tuberculosis, Turkey's severing of water flow, and the severing of UN aid will all serve as multipliers which facilitate the spread of coronavirus in the IDP camps and detention facilities. The infrastructure is simply not in place to enforce effective social distancing in either camps or detention centers.

## 8 PROPOSALS

**There are a number of steps which can be taken to alleviate the looming coronavirus crisis in NES:**

- 1) **WHO to work directly with** and provide test kits, PCR machines, ventilators etc. to **the AANES**, which has consistently proven itself the only actor in Syria capable of providing care for millions of vulnerable people, IDPs and ISIS detainees and yet is now denied access to WHO and UN aid.
- 2) **NGOs in NES** who provide front-line services to be **allowed access to the COVID-19 Global Humanitarian Response Plan**, which offers up \$2,000,000,000 for combating COVID-19 but earmarks almost all for the UN agencies now unable to work in NES
- 3) Relatedly, the **re-opening of the UN aid crossing** at Yaroubiah, closed in January and cutting NE Syria off from UN aid and forcing it to rely on aid routed via Damascus, little of which ever arrives to the north-east
- 4) **Turkey to immediately cease cutting off the water flow from Allouk water station** and leaving up to a million people without access to clean drinking water, as this constitutes a war crime and will severely worsen the impact of coronavirus in the affected region

## 9 APPENDIX

### WHO ARE ROJAVA INFORMATION CENTER?

The Rojava Information Center (RIC) is an independent media organization based in North and East Syria. The RIC is made up of local staff as well as volunteers from many countries across Europe and North America. Some of us have experience in journalism and media activism and came here to share our skills, and others joined bringing other skills and experiences to the team. There is a lack of clear and objective reporting on Rojava, and journalists are often unable to make contact with ordinary civilians and people on the ground. We set up the RIC to fill this gap, aiming to provide journalists, researchers and the general public with accurate, well-sourced, transparent information. We work in partnership with civil and political institutions, journalists and media activists across the region to connect them with the people and information they need.

RIC has assisted reporters and researchers from all leading international newspapers, websites and news sources with their work, including: BBC, CNN, ITV, NBC, Fox News, ABC and Al Jazeera; New York Times, Washington Post, Wall Street Journal, LA Times; Die Welt, Die Zeit, El Pais, El Monde, Corriere Della Sera; TFI, France 24, ZDF, ARD, DW, ARTE; Associated Press, AFP, DPA, EFE, ANSA; Cambridge, Yale and Madrid Universities; Amnesty, Human Rights Watch, and the United Nations: and many other national and international news sources.

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