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Hazem Nahar

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Hazem Nahar

Abstract

This research is unusual in that it looks at the implications of the Covid-19 pandemic for human rights in a country where basic human rights have deteriorated to an unprecedented degree as a result of the last decade of conflict. The research begins with a theoretical introduction on the right to health and protocols to combat Covid-19 pandemic from a human rights perspective. It then reviews the reality of the Covid-19 pandemic in Syria and its evolution, the state of the health sector prior to the pandemic, and the impact of armed conflict on the sector over the past decade. Proceeding from the legal and rights introduction, and based on available statistics and information, the research uses critical descriptive analysis in attempting to answer the study's primary question about the pandemic's implications for the rights of Syrian citizens and the response of actors in Syria. The research explores the economic, social, and political ramifications of the pandemic and looks particularly closely at the response of the Syrian government (response avenues and mechanisms, measures instituted to confront the pandemic, and the risks they entail). Concluding that all parties were incapacitated and the Syrian government indifferent to the dangers of the pandemic and its impact on human rights, the research confirms that a political solution and democratic transition are crucial for addressing cumulative crises in Syria, including the Covid-19 pandemic.

Keywords: Covid-19; Syrian Government; Refugees; Human Rights; Opposition; Detainees

Introduction: A Rights Perspective on Measures to Counter Covid-19

The right to health is a basic human right.[1] It was mentioned for the first time in the constitution of the World Health Organization (WHO) in 1946. Article 25 of the Universal Declaration of Human Rights states, 'Every person has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care…' Article 12 of the International Covenant on Economic, Social and Cultural Rights affirms measures

that state parties should take to ensure the full exercise of this right, such as preventing, treating, and combating epidemic, endemic, occupational, and other diseases, and creating conditions to secure medical services and care for all in the event of illness.

The International Health Regulations of 2005, which entered into force in July 2007, adopted a legal framework for dealing with epidemics, with WHO in charge of coordination. International humanitarian law also provides for the protection of persons in places of detention—whether criminal prisoners or prisoners of war—against the spread of epidemic and disease, as articulated in many articles of the Third and Fourth Geneva Conventions and the Second Additional Protocol.

The responsibility for ensuring the right to health and providing conditions for healthcare rests primarily with the state and its institutions. The WHO has made this clear in its constitution: 'Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.' The state's role includes the provision of a national health system, attention to health infrastructure and the allocation of funds sufficient to ensure its realisation, and the recruitment of competencies that help improve the level of healthcare services. The state has the right and duty to seek assistance from civil society organisations and relevant international and regional organisations.

International human rights law also addresses the issue of rights and freedoms in light of exceptional states of emergency.[2] According to Article 4 of the International Covenant on Civil and Political Rights, 'in time of public emergency which threatens the life of the nation', governments may temporarily restrict the exercise of some basic rights, but the article excludes certain rights from restriction even in a state of emergency, among them the right to life, the prohibition on torture or cruel, inhuman, or degrading treatment or punishment, fair trial standards as the most important safeguards against arbitrary authority, and the right to freedom of thought, conscience, and religion. The latter may only be restricted by statute as necessary to protect public safety, public order, public health, public morals, or the rights and fundamental freedoms of others.

Accordingly, governments' response to the Covid-19 pandemic—whether the imposition of quarantine or the closure of public service facilities or educational institutions—must comply with previous legal standards. Governments must avoid comprehensive or arbitrary restrictions on movement and personal freedom. Its measures must not be applied in a discriminatory or arbitrary way, and they must be scientifically justified, necessary, and limited in time. All measures must be regularly reviewed to ensure that they achieve the desired goal and be lifted when the threats that necessitated them no longer apply. In addition to quarantine measures, governments should proceed with a parallel plan aimed at securing food and health care and mitigating the impact of the disruptions to education using all appropriate means.

This study will explore the implications of the pandemic and its risks for human rights in Syria, looking at the nature of the response and mechanisms adopted by political actors, especially the Syrian government. Using descriptive analysis, the study will read available confirmed statistics and information in light of the right to health and the state's duties in the ordinary and exceptional circumstances discussed in this introduction.

The Reality of Covid-19 in Syria and Its Evolution

In December 2019, the first Covid-19 infection was discovered in Wuhan, China. On 30 January 2020, the WHO declared that the spread of the coronavirus constituted a 'global health emergency', and the organisation's director-general reported ninety-eight cases in eighteen countries outside of China.[3] In early March 2020, WHO announced that the outbreak had entered the pandemic stage, and countries around the world closed their borders and imposed various forms of lockdown and compulsory quarantine to combat the spread of the virus. As of 5 October 2020, more than thirty-five million cases had been recorded, and the number of deaths reached more than one million worldwide.

In Syria, the government announced the first official case of Covid-19 on 22 March 2020. This was relatively late, as the virus had already been reported in neighbouring countries such as Iran (19 February), Iraq (22 February), and Lebanon (22 February). Syria enjoys close ties with Iran, the epicentre of the pandemic in the Middle East region, with military personnel, businessmen, and Shia pilgrims travelling regularly between the two countries.[4] In addition, Pakistan on 10 March announced nine new cases of Covid-19, reporting that six of the cases arrived in Karachi from Syria via Doha.[5]

Although Syria did not witness the rampant spread of the virus in the first months of the pandemic, figures released by the Syrian Ministry of Health from March to the present day are inaccurate due to the Syrian government's tendency to conceal or falsify the numbers. For example, forty-four cases of Covid-19 infection were identified in Jordan among people coming from Syria; as the Syrian government had at that point not acknowledged that number of cases in Syria itself, it raised questions about the true number of infections in Syria.[6] Doubts about official figures and concern about an explosion of infections are supported by the existence of numerous potential Covid-19 hotspots given the presence of Iranian militias and Russian and Turkish forces, overcrowded camps for the internally displaced that lack minimum preventive requirements, and official and unofficial prisons and detention centres that hold more than 100,000 people, as well as the collapse of the health system throughout Syria.[7]

As of 5 October 2020, the Syrian Ministry of Health announced 4,366 cases of Covid-19, of whom 205 died and 1,155 recovered. In the northeast, the Autonomous Administration supervises three crossings between government-controlled areas (al-Tayha in Manbij and al-Tabaqa and al-Sabkha in Raqqa), in addition to the Aoun al-Dadat crossing to areas under the control of Turkish-backed factions in the Manbij countryside. Although the Autonomous Administration announced the closure of crossings, air travel to regime areas continued absent preventive measures. On 12 October 2020, the Autonomous Administration reopened its internal crossings to the rest of the Syria, allowing unhindered travel, although the Semalka border crossing to the Kurdistan region of Iraq remained closed.[8] The Autonomous Administration had lifted the general lockdown on 27 August and removed the ban on gatherings on 14 September, at which point the number of infections increased; on 1 October, the number of cases stood at 1,670 infections, 67 deaths, and 437 recoveries.[9] The Health Authority of the Autonomous Administration held the Syrian government responsible for any Covid-19 cases in the areas under its control in north-eastern Syria

due to the latter's recklessness, failure to adhere to preventive rules and procedures, and the continued departure and arrival of travellers in its areas of control.[10]

More than four million civilians live in the northwest region, which is controlled by opposition factions; half of them are internally displaced persons (IDPs) and a large subset of them live in camps. Only about 940,000 people have been displaced within the region since 1 December 2019, and about eighty per cent of the displaced are women and children.[11] According to the head of the Syrian Public Health Network, who spoke at a conference on this topic, the population density in the region is a worrying risk factor, especially in the IDP camps, where density can reach 40,000 per square kilometre.[12] The Idlib Health Directorate announced on 9 July 2020 that it had recorded the first case of Covid-19 in north-western Syria,[13] traced to a Syrian doctor traveling between Syria and Turkey for work.

The risk factors in the region stem from employees' daily travel between Turkey and the region, especially since procedures followed at Syria-Turkey border crossings—the Bab al-Hawa crossing in Idlib and the Bab al-Salama crossing in Aleppo—were not sufficient to block the transmission of the virus across the border. The closure of Syrian-Turkish border crossings since mid-March, a few days after the Covid-19 virus spread to Turkey, was not comprehensive; it exempted some categories of travellers who were allowed to cross back and forth without being swabbed for the virus. Although the number of aid workers crossing the border during the pandemic fell to a quarter of its previous rate, cross-border movement by aid workers continued throughout the pandemic. The same is true of Turkish citizens working in the Olive Branch and Euphrates Shield areas, whose work requires constant movement between Turkey and Syria. In Afrin, which is still under the control of the Turkish military, it was reported that several Turkish police officers tested positive for the virus and were evacuated to Turkey.[14] In mid-July, the Bab al-Hawa and Bab al-Salama crossings officially reopened, albeit with preventive measures. In addition, the north-western regions of Syria share borders with regime-controlled areas and areas under the Autonomous Administration, both of which had confirmed coronavirus cases before the virus reached the northwest.

On 3 October, the number of cases in the opposition-controlled areas reached 1,190, with 649 recoveries and six deaths. On 10 October, the minister of health in the Syrian Interim Government, Maram al-Sheikh, declared the city of al-Bab in the eastern countryside of Aleppo a disaster area due to the large number of infections there. The city, which is home to about 400,000 people, has recorded more than 460 cases of Covid-19.[15]

If the Covid-19 virus spreads in northwest Syria, it is expected to infect sixty to seventy per cent of the populace, which, in the absence of strict preventive measures, could lead to more than 100,000 deaths, or about three per cent of the population there.[16]

The State of the Health Sector in Syria

Since 2011, the armed conflict in Syria has produced a fragile health system, especially in areas outside the regime's control. In addition, vital health resources, such as ventilators and ICU beds,

were already at low levels prior to 2011. Today, the quality and capacity of the health system in Syria varies from one region to the next depending on the nature of the governing local authorities, as does the ability to respond to the pandemic. There are three main forces controlling the country: the Syrian government in the regime-controlled areas, the Autonomous Administration in the north-eastern region, and the opposition Syrian Interim Government in the areas controlled by Turkey and its local factions in the northwest.

As a result of the war, as of the end of 2019, only sixty-four per cent of hospitals and fifty-two per cent of primary health care centres in Syria were functional, according to the WHO.[17] From March 2011 to February 2020, Physicians for Human Rights documented 595 attacks on medical facilities; 536 attacks, or about ninety per cent of the total, were carried out by the Syrian regime and its Russian ally against some 350 separate health facilities, most of them in areas outside government control or still in opposition hands.[18] In addition, 923 medical personnel were killed, including 830 killed by the regime and its allies.[19] While 6.1 million people have left Syria since the beginning of 2011, more than seventy per cent of health care personnel have reportedly fled the country, which has led to a severe shortage of health professionals throughout Syria, especially specialists with the capacity to respond to a potential Covid-19 outbreak.[20]

In north-western Syria, there are about 1,000 camps. As of April 2020, 306 of 568 health facilities were functional, with 2,189 beds in wards, 240 ICU beds, ninety-eight adult ventilators, sixty-four child ventilators,[21] and thirty-two medical isolation units.[22] There are 1.4 doctors per 10,000 people.[23]According to the WHO, in order to meet minimum needs, there should be at least ten hospital inpatient beds for every 10,000 people, with ten per cent of them designated for ICUs, which means that in northwest Syria, there should be 4,170 beds. There is thus an approximately fifty per cent shortage in beds.[24] Moreover, the occupancy rate of ICU beds in the period from January to December 2019 was ninety-eight per cent, meaning that very few beds are available for potential Covid-19 patients. As a result, it would be 'simply impossible to manage the predicted critical cases expected during the first eight weeks...resulting in significant excess mortality'.[25]

Although the WHO provided 1,200 test kits to the Syrian government, it did not provide acceptable assistance to areas outside regime control.[26] North-eastern Syria has limited medical capabilities. According to the official spokeswoman for the Health Authority, 'The Autonomous Administration has eleven devices for screening coronavirus PCR tests, of which only two are in service'.[27] This makes it the Syrian region with the lowest testing density, at a rate of only 404 tests per million people as of 25 August. In the city of Qamishli, for example, no more than sixty to seventy tests can be conducted per day because there is only one qualified laboratory.[28] In Idlib, there is only one screening machine, capable of processing a maximum of a hundred tests per day.[29] According to the Ministry of Health in the Syrian Interim Government, since the start of Covid-19 testing in March until late July, some 3,000 people were tested since there is only one centre with one screener.[30] According to available data and research,[31] a maximum of 6,500 Covid-19 cases could be adequately treated in Syria. This number is based on:

1. The number of ICU beds in Syria with ventilators (an estimated 325 devices); these beds are necessary to treat critical coronavirus cases.
2. Global research on Covid-19, which shows that five per cent of infected people need intensive care.

In other words, when the number of cases exceeds the estimated maximum capacity of 6,500 cases, the health care system will likely collapse and the overall mortality rate among infected people could increase by at least five per cent over the baseline.

There is an observable disparity in health care capacity between governorates, as resources are not equitably distributed between the government-controlled areas, the Kurdish-controlled northeast, and the opposition-controlled northwest.[32] The maximum capacity similarly varies from one governorate to the next, with a capacity ranging from 1,920 in Damascus to zero in Deir Ezzor, since there are only 325 ICU beds in Syria, distributed unequally throughout the country: ninety-six in Damascus, seventy-seven in Latakia, thirty in Tartus, twenty in Idlib, and none in Deir Ezzor. The attached table shows the number of ICU beds with ventilators in the public and private sectors in all Syrian governorates.[33]

Table 1: Maximum health care capacity in Syria for containing Covid-19

Governorate	**Maximum capacity for Covid-19 cases**	**Number of ICU beds with ventilators in public and private sectors**
Damascus	1,920	96
Aleppo	100	5
Rif Damascus	220	11
Homs	100	5
Hama	580	29
Latakia	1,540	77
al-Hasaka	360	18
Deir Ezzor	0	0
Idlib	400	20
Tartus	600	30
Raqqa	80	4
Daraa	60	3
al-Suwayda	440	22
Quneitra	100	5
All of Syria	6,500	325
Source: Gharibah, Mazen and Zaki Mahshi (2020) based on data from WHO, IHD, and CBS		

The deterioration of the health sector extends beyond the shortage of medical personnel, equipment, and health facilities to other health-related sectors like pharmaceuticals. Drug shortages became alarming starting in late March after pharmaceutical labs halted production due to the Ministry of Health's refusal to adjust prices to match the high exchange rate of the US dollar on the black market. On 20 May, the ministry raised the prices of 1,400 of 11,800 medicines by 60–600 per cent and adopted a new dollar exchange rate of 704 Syrian pounds, instead of the official 435 pounds set by the Central Bank of Syria, for medicines whose raw materials were imported after March 2020. But the government's preferential rate did not permanently solve the problem. Many medicines remained unavailable in pharmacies, or pharmacists refused to sell their existing stock pending a price increase.[34]

The Economic, Social, and Political Ramifications of Covid-19

At the global level, the Covid-19 pandemic had and continues to have economic repercussions: 1) an economic recession due to the general lockdown instituted to reduce the number of infections and relieve pressure on health systems; 2) the disruption of global trade and economic exchange, which has damaged local economies; 3) a significant increase in unemployment globally; and 4) a dramatic local increase in social inequality due to the pandemic. According to the International Monetary Fund (IMF), global economic growth is expected to decline this year by three per cent, making this crisis 'worse than during the 2008–09 financial crisis'.[35]

In a country like Syria, the Covid-19 pandemic is a crisis within a crisis.[36] In the words of the International Rescue Committee, Syria is threatened by a 'double emergency' as 'COVID-19's health effects are coupled with escalations in conflict and political and economic instability'.[37] Adverse socio-economic consequences for Syrians are therefore expected due to: 1) military operations and the multiplicity of parties intervening in Syria; 2) the weakness of state institutions after ten years of war; 3) a tattered health system and major shortage of personnel and medical equipment; 4) the large number of IDPs and camps; 5) Syria's confrontation with the worst economic and financial crisis in its history, with attendant high rates of poverty and unemployment; 6) authoritarian and corrupt government policies; 7) economic sanctions imposed on the country, most recently the Caesar Act of 2020; and 8) the financial crisis in Lebanon and the internal struggle for power within the ruling family. This is in addition to the substantial social inequality arising from inequitable income distribution, which was one of the causes of popular protests before 2011. These inequalities have been exacerbated over the past decade in favour of warlords, who have become the wealthiest social class in Syria.

Socio-Economic Challenges before Covid-19

Today, there are about seventeen million people in Syria; most of them live in miserable conditions, and thirteen million of them are in need of assistance, reliant on aid or foreign remittances. While the number of refugees outside Syria is estimated at 5.5 million, there are nearly

seven million IDPs who since 2011 have been living in camps that lack basic health and other services, such as clean water and sanitation.[38]

The conflict escalated in north-western Syria in December 2019, compelling some one million people to flee their homes in the largest wave of displacement since the beginning of the conflict. Many of them now live in overcrowded camps, which are among the most vulnerable areas in the event of the spread of coronavirus. Women and children represent eighty per cent of these displaced people, and they are in need of continuous humanitarian assistance. According to the United Nations Office for Humanitarian Affairs, the intensification of the fighting in Idlib and its environs and western Aleppo prompted 142,000 people to flee to other areas in north-western Syria in the space of only four days (9–12 February). According to a report issued by Human Rights Watch on 13 March 2020, 2.6 million children have been forcibly displaced; there are about two million children out of school, and thirty per cent of Syria's schools are either destroyed or unfit for use. The report also noted that eighty per cent of the population of Syria lives below the poverty line.[39]

Non-displaced citizens living in cities and villages that have not been destroyed similarly suffer from deteriorating living conditions and scarce basic services and goods, such as frequent power cuts, shortages of fuel and gas, and high food prices. Since the end of 2019, the value of the Syrian pound against the dollar has fallen from 632 pounds/1 dollar on 19 October 2019 to more than 3,000 pounds/1 dollar on 8 June 2020. Citizens' purchasing power declined in turn. Unemployment has increased fifty to eighty per cent, and living conditions have deteriorated for the more than eighty per cent of Syrians who live below the poverty line.[40]

Food prices have risen rapidly throughout Syria, which has increased the pressure on families trying to meet their basic needs. Average food prices increased by sixty-seven per cent nationwide in just one year, while food prices increased in the Idlib Governorate in north-western Syria by 120 per cent.[41] The media spokeswoman for the World Food Program, Elisabeth Byrs, warned that about eight million Syrians are suffering from food insecurity as the Covid-19 virus spreads.[42] In his briefing to the UN Security Council session in July 2020, Under-Secretary-General for Humanitarian Affairs, Mark Lowcock, stated that 'about 9.3 million people suffer from food insecurity,' and that '86 per cent of families buy inferior quality food, or less food, or reduce the number of meals'.[43]

The Syrian government and its allies have formally called on the United States and the European Union to lift sanctions in order to enable the government to respond adequately to the pandemic. Many voices have decried the adverse effects of sanctions on the provision of urgent humanitarian and medical aid, which has sparked debate over whether sanctions on Syria should be suspended or temporarily lifted to facilitate an adequate response to the pandemic.

Lifting sanctions on Syria now could endanger human rights, undermine efforts for justice and accountability, and allow the regime impunity for its multiple grave violations. Moreover, lifting sanctions is not expected to lead to an adequate medical and humanitarian response to the pandemic. There is real evidence that the Syrian regime diverted aid for its own use from 2011 to 2020, and the Syrian government has long demonstrated its lack of credibility and its unwillingness

to prioritise the lives and health of its citizens.[44] Nevertheless, the current sanctions regime should be modified to meet the new needs arising from the pandemic. Although the sanctions provide for humanitarian 'exceptions', these exceptions do not operate effectively on the ground and must be adjusted to work better.

The Economic, Social, and Political Impact of Covid-19

Economists estimated the economic losses resulting from the lockdown imposed by the Syrian government in March and April 2020 at two trillion Syrian pounds, or about one billion US dollars per month.[45] Shop closures, curfews, and travel restrictions affected all 83,000 companies and workshops, which had resumed operations in 2019 after a relative respite in the fighting.[46] Although factories were partially exempted from the closure, restrictions on movement prevented workers living in the suburbs from reaching their workplaces in cities, while the closure of borders with other Syrian regions, such as the northwest and northeast, and with neighbouring countries, especially Lebanon, reduced exports and impeded the import of raw materials. The tourism sector was the hardest hit by the lockdown, having recovered slightly in recent years as a result of an increase in religious tourism from Iran. More than 700 tourism enterprises have partially or fully suspended operations since March 2020, and it is estimated that Syria lost $7–8 million a month in tourism revenues during the closure.[47] The decline in economic activity is expected to affect more than half a million jobs in the industrial and construction sectors and more than 650,000 jobs in hotels and restaurants, in addition to 1.1 million self-employed people suffering from a significant decline in their income.[48]

Government spending is directed to military operations, support for foreign allies, and the salaries of 1.6 million public-sector employees. About thirty per cent of the 2020 budget must go to pay off the public debt, and the additional spending to contain the pandemic will increase the deficit.[49] The measures taken indicate the ineffectiveness of the government strategy to confront the pandemic. It announced some financial compensation to support the poor and those who lost their income due to the closure, but this aid—if it even reaches the beneficiaries—is far less than what is needed given inflation and high prices. For example, the government announced a bonus of twenty-three to thirty dollars per month for employees working in the health, education, and civil defence sectors. It also lowered taxes on imports and eased import restrictions on food and medical supplies like masks and disinfectants.[50] In light of these crises and the absence of effective state institutions, the prices of many products rose sharply, which in turn increased pressures on the poor. The price of the standard food basket—the basic foodstuffs a family needs in one month—has increased exponentially on a monthly basis, rising by twelve per cent from March to April 2020 and 105 per cent from April 2019 to April 2020—the highest price since the beginning of the conflict.[51] In addition to the spike in food prices, the price of disinfectants and masks increased in some areas by 5,000 per cent.[52]

The Autonomous Administration in the northeast suffered from the decline in global oil prices, which exacerbated the economic shock of the pandemic, due to its heavy reliance on the sale of crude oil and agricultural products (grains and cotton) to regime-controlled areas. Meanwhile, the opposition authorities in the northwest faced a decrease in tax revenues, especially those collected at the border, in addition to foreign humanitarian aid.

In the northeast and northwest of the country, economic activity also declined and prices and unemployment increased, but the border closures and the suspension of activity by many non-governmental organisations exacerbated the socio-economic situation in these areas, since the majority of the population are either IDPs or living in refugee camps. Moreover, markets in these areas depend on trade with regime areas and neighbouring countries such as Iraq and Turkey, and by March 2020, specifically with the closure of the borders, many craftsmen and small producers, such as textile workers and farmers, stopped production or faced difficulties in getting their products to market.[53]

Throughout the Syrian territories, the closures and economic recession severely affected informal workers, who have no social or health security, or alternative sources of income. These workers make up the bulk of workforce in the northwest and northeast, where the authorities lack the institutional capacity to absorb them. Salaries in some private sector companies were also cut by at least twenty-five per cent at the end of March.[54]

Due to the global recession and global donors' preoccupation with their own pandemic challenges and the economic fallout, sufficient funding will not be available to provide humanitarian aid to countries that need it. Consequently, a decline in the activity of NGOs and humanitarian and development agencies is expected. Remittances from Syrians residing abroad will also decrease in the short to medium term, as many of them are expected to lose their jobs or close their businesses in their host countries. In addition to being a primary source of income for millions of families, these remittances contribute a large share to Syrian GDP. Prior to the start of the pandemic, financial transfers through Lebanon alone were estimated at four million US dollars a day.[55]

The Covid-19 pandemic, and the government's response, had minor political repercussions inside Syria. The measures taken by the regime were not sufficient to meet the health and food needs of Syrians, and they continued to endure harsh living conditions, especially in areas formerly controlled by the opposition, such as Daraa and Eastern Ghouta, which received little to no services. This prompted public protests, which incurred a severe regime response. For example, popular protests erupted on 7 June in al-Suwayda denouncing the difficult economic conditions and the government's failure to address them. Protestors chanted, 'We want to live with dignity', and other slogans attacking the head of the regime personally and demanding that he step down and expel Iran and Russia from Syria.[56] At the same time, protestors took to the streets in Daraa and a number of surrounding towns, as well as in Jaramana southeast of Damascus, complaining of the economic crisis and government neglect.

Nevertheless, these protests remained confined to specific areas and no connection was created between them. They thus had no political impact. This underscores how difficult it is for Syrians

to challenge the regime given nine exhausting years of war, the Syrian regime's consolidation in recent years with the support of its Russian and Iranian allies, and the absence of an organised, genuine political opposition. Nevertheless, due to its weakness and instability, the regime will face many challenges and contradictions, political and economic, internal and external.

The Syrian Government's Response to the Pandemic

Response channels and mechanisms

The regime made use of various channels, tools, and networks—state institutions, international humanitarian aid, and loyalty networks—during the Covid-19 pandemic in order to consolidate its power and patronage networks. That is why it saw the emergence of independent and local solidarity initiatives during the pandemic as a serious challenge to its authority.

Despite the war and destruction, the role of state institutions has remained vital in regime-controlled areas. It is the main provider of basic public services such as subsidised bread and fuel, health care, and education. The state is still the largest employer in Syria, with one and a half million workers in addition to a half million retirees.[57] Government employment has become significantly more important since 2011 because the war destroyed a large part of the private sector, and many people left the country, were killed, or seriously injured.

Today, however, the state is unable to provide adequate services to large segments of the population. The government spends less than twenty US dollars per person on health, and no more than $350–400 million annually.[58] The state also lacks the financial resources to compensate millions of people for the economic losses caused by the pandemic. In addition, the provision of state services varies. The areas most in need of basic state services are generally those that were previously under opposition control and experienced massive destruction at the hands of the regime and its Russian and Iranian allies.

Billions of dollars in international humanitarian aid has been given to the needy inside Syria since March 2011. Most international humanitarian organisations that the government permitted to operate were forced to carry out their activities through two nominally non-governmental organisations that operate under regime supervision: the Syrian Arab Red Crescent and the Syria Trust for Development. The Syrian Arab Red Crescent provides many services and assistance in regime-held areas. The Syrian Trust for Development is directly tied to the Republican Palace and is involved in diverse activities, with more than 2,500 volunteers working in ten governorates; it has a strong presence in Damascus, Latakia and parts of Rif Damascus.[59] About sixty per cent of UN aid in Syria is channelled through the Red Crescent, while the Office of the United Nations High Commissioner for Refugees coordinated with the Syria Trust for Development during the war.[60] The Syrian authorities' grip on humanitarian aid has given them centralised control over aid programs within their territories and thus the ability to manipulate aid and direct it to specific areas. The government has restricted aid deliveries to areas previously held by the opposition[61] and prevented the delivery of medical supplies to areas not under its control since the spread of the pandemic.[62]

The Syrian regime is using its networks of influence to ensure the provision of some basic services, partially compensate for its shortcomings, and consolidate its control over society, and the Covid-19 pandemic offers it a new opportunity to mobilise some of these networks (businessmen, the Baath Party, youth organisations, etc.). Some regime-aligned businessmen established their charitable organisations prior to 2011, such as the al-Bustan Charitable Foundation, founded by Rami Makhlouf in 1999, which operates and provides services in the coastal region, and the Foz Charitable Society, founded by Samer Foz, which is active in Latakia and Damascus.[63] With the spread of Covid-19, businessmen launched new initiatives, often promoted by pro-regime media, to provide for basic needs. In late April 2020, Makhlouf announced he was donating 500 million Syrian pounds to the needy, about $400,000 at the time,[64] while in Damascus Muhammad Hamsho announced that his companies would partner with the Damascus governorate to confront the pandemic.[65] In Aleppo, the head of the Federation of Syrian Chambers of Industry, Faris al-Shehabi, declared in late March that the Aleppo Chamber of Industry would distribute bread free of charge to the needy in the city.[66]

In recent years, the regime has revived the role of the Baath Party as an additional tool to control society and mobilise its popular base. In early April 2020, for example, the Damascus party branch launched the 'Together We Can' campaign to distribute bread and basic foodstuffs to the local population and support disinfection drives.[67] In addition, civic organisations like Syria Mark of Youth are active inside regime-controlled areas and focus on programs that benefit the families of dead and wounded military veterans.[68] The organisation participated in various activities and campaigns during the pandemic crisis.

The Syrian Government's Actions in the Face of the Pandemic

The government's response was marked by disinformation and non-transparency. The Syrian Minister of Health continued to deny the existence of any cases of Covid-19 virus until March, saying the beginning of the crisis, 'There is no Covid-19 in Syria because the Syrian Arab army has eliminated all germs.[69] According to research by the Carnegie Endowment for International Peace, the government has threatened hospitals and doctors who have reported coronavirus cases.[70]

In response to the pandemic, the government took a set of precautionary measures starting in mid-March. The measures that most affected the already weak economy were the closure of restaurants and shops, restrictions on movement and the prohibition of gatherings, the closure of schools and universities, the suspension of economic activity, the closure of external borders, and restrictions on travel between provinces. The regime also announced a twelve-hour nightly curfew from six pm, which ran from 25 March 2020 to 26 May. The weekend curfew, coupled with the forced closure of markets, including pharmacies and grocery stores, made life more difficult for the most vulnerable social groups, such as the elderly, IDPs, and families who depend on aid. In addition, measures imposed on citizens in order to obtain basic goods like bread, monthly assistance, and gas, created large gatherings that facilitated the transmission of infection, which is incompatible with the goal of the curfew.[71]

At the same time, the government did not subject loyalist foreign militias to any restrictions on movement, nor did it force them to comply with general preventive standards. These militias thus continued to bring in additional members from across the borders, especially from Iran, Iraq, and Lebanon, which were witnessing high rates of Covid-19 infection. As a result of economic pressures and growing criticism of the measures, the government gradually relaxed the lockdown, formally announcing the end of the curfew on 31 May and the resumption of normal activity by public sector institutions.

The weak and arbitrary nature of the government health measures was made apparent by the shortage of medical services, overcrowding in government hospitals, and citizens' inability to obtain medical assistance. For example, the price of a Covid-19 virus swab is one hundred US dollars, compared to thirty dollars in Lebanon, nineteen dollars in Turkey, and seven dollars in China.[72] Testing was also limited, which obscures the true size of the pandemic. Many people are therefore reluctant to go to medical facilities for care, which in turn leads to more serious complications upon their arrival, according to the UN assistant secretary-general for humanitarian affairs.[73]

The government placed quarantined travellers in ill-equipped quarantine facilities that lacked hygienic supplies and preventive protocols. As of 1 September 2020, about 23,000 citizens had been quarantined, according to statistics from the Syrian Ministry of Health.[74] The government also took arbitrary measures against some quarantined people who protested the harsh conditions and the lack of preventive measures. On 14 May, the government detained more than forty young men from the towns of Saqba and Kafar Batna in Eastern Ghouta, for violating the curfew. They were beaten, and two of them were released after paying bribes of 100,000 Syrian pounds to security forces.[75]

Likewise, the government did not act to protect the medical staff dealing with Covid-19 patients. In early September 2020, Human Rights Watch criticised the Syrian authorities for not providing the necessary protection for medical staff in a country where the health system is already weak due to years of war.[76] In August 2020, the Syrian Doctors Syndicate announced that sixty-one doctors had died from Covid-19 in a matter of days. This announcement was an unusual challenge for a state known for its tight control over information and its intolerance for statements from abroad.[77]

The government restricted the repatriation of Syrian citizens in a way that violated human rights and the Syrian constitution. The spread of Covid-19 spurred a crisis for Syrians stranded at the Syrian-Lebanese border starting in late March; they were forced to wait for two weeks to a month before entering, and the government left some suffering in the open without shelter for many days.[78] The government also denied many Syrians in Lebanon entry to their country unless they paid one hundred US dollars, according to the exchange rate set by the Central Bank, pursuant to a decision issued by the prime minister's office on 8 July 2020, although most of them were day labourers or hourly workers with no savings. Dozens of them were thus forced to enter the country through cross-border smuggling operations, which posed a threat to their security and lives and exposed them to punitive action.

Covid-19 represented an additional threat to detainees in detention centres, on top of other risks related to the conditions of confinement in detention facilities, where systematic torture is rampant, health care is non-existent, and there is an acute shortage of food and ventilation. The Centre for Documentation of Violations in Syria (VDC) has identified more than 90,212 detainees by name, which means that the actual number of detainees is likely many times that.[79] The government's on-going detentions undoubtedly increase the likelihood of transmission to overcrowded detention facilities. According to the VDC, since March 2020 the authorities have arrested at least 173 people.[80]

Many people warn that overcrowding in detention facilities and police officers' mingling with prisoners without observing social distancing and prevention protocols may cause the virus to spread among detainees. Moreover, with about eighty prisoners per cell, it is impossible to practice social distancing in detention facilities, and detainees incur increased risk when they are transferred to courts without protective equipment like masks, gloves, and disinfectants.[81]

Conclusion

Using available information and statistics, this paper attempted to explore the reality of the Covid-19 pandemic in Syria and the nature of the response, especially by the Syrian government. In most areas examined, it found that the pandemic has serious implications for human rights in Syria due to the incapacity and destruction of the health sector caused by the armed conflict. In addition, even prior to the pandemic the Syrian government was indifferent to human rights, having spent a decade killing, torturing, and displacing Syrians. Syrians themselves take a different view of the Covid-19 pandemic than many others around the world; for them, the virus is nothing more than a new, soft way to die. The hardships posed by war, asylum, displacement, detention, and deteriorating economic conditions, as well as few political prospects, are greater and more severe. Their response to the pandemic was therefore largely apathetic.

The research also showed that we cannot expect the UN and humanitarian organisations to play a proactive role insofar as its humanitarian measures are often implemented through the Syrian regime and its organisations and because the states themselves have been indifferent to the Syrian tragedy, which has festered in full view with little serious effort to end it. Nevertheless, Syrians do need the world's help to overcome their catastrophe. There is no doubt that pushing for a just and comprehensive political solution tops the list of Syrian necessities, for without it neither humanitarian aid nor efforts to counter the pandemic are expected to be effective. What is needed is a political solution that cements Syrians' right to build a democratic homeland absent from all forms of tyranny coupled with a national program for transitional justice, side by side with steps to alleviate the profound economic crisis and confront the Covid-19 pandemic.

About the Author

Hazem Nahar is a writer and researcher specialised in topics of Human Rights in Syria and the Middle East.

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