Syria’s Three Governments Confront the Coronavirus

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Brief Analysis

The rebel administration in Idlib and the Kurdish-led government in the northeast have been more proactive and transparent than the Assad regime, but their populations still need urgent, direct international aid—without the UN’s imprimatur if necessary.

On March 22, Syrian health minister Nizar Yazigi finally acknowledged the country’s first official case of coronavirus on state television, weeks after rumors of the pandemic’s arrival there began circulating on social media. Although the patient’s country of origin was not disclosed, many Syrians already feared that the heavy Iranian and foreign Shia militia presence on their soil could pose a major public health threat given the Islamic Republic’s well-documented role in spreading the disease (https://www.washingtoninstitute.org/policy-analysis/view/the-coronavirus-in-iran-part-1-clerical-factors). As the crisis grows, each of the three administrations that control different parts of the country will be hard pressed to avoid humanitarian disasters given their lack of resources and other major challenges—especially in the tiny, overcrowded Idlib border zone (https://www.washingtoninstitute.org/policy-analysis/view/idlib-may-become-the-next-gaza-strip), which now holds hundreds of thousands of internally displaced persons (IDPs) with largely inadequate shelter.

THE ASSAD REGIME: MANIPULATING AN EMERGENCY

In denying the pandemic’s existence in Syria for two full months, the regime relied on its usual propaganda: that...
The country is “fine” under Bashar al-Assad’s leadership and is “protected by God.” Yet the messaging shifted in mid-March as local social media posts and independent news reports noted the disease’s spread. The regime is now attempting to capitalize on the crisis as an opportunity to rally domestic and international support while calling for economic sanctions to be lifted—even though none of the sanctions in question target the medical sector.

Indeed, for each seemingly positive prevention and containment step the regime has (belatedly and self-servingly) taken, one can find even greater evidence of its ineffectualness and obfuscation. For instance, the Syrian Arab News Agency released a video titled “Together Against Corona,” which notes that the outbreak is a threat to all citizens and recommends how to minimize its spread. Similarly, billboards and flyers on the importance of good personal hygiene and social distancing have begun to appear on the streets of Damascus encouraging people to stay at home. At the same time, however, photos have leaked showing crowds of individuals receiving their salaries and food staples, indicating that the messages are not being taken seriously by either the citizenry or the authorities.

Likewise, public transportation has been suspended, and even the all-important Sayyeda Zainab Mosque—which the regime and Iranian-backed militias rely on to disseminate their propaganda—reportedly shut down as of March 15. Yet that move came far too late, since many of the foreign fighters and pilgrims who gathered there en masse before the closure have already returned to their home countries (particularly Iraq) with coronavirus in tow.

Meanwhile, businessman and parliamentarian Muhammad Hamsho is leading efforts to distribute food and sterilization equipment. Yet he is an internationally sanctioned associate of a regime that has proven untrustworthy throughout the crisis. Damascus has frequently coopted efforts initiated by private citizens and civil society activists in Aleppo, Deraa, Suwayda, and other areas in order to project an image of “togetherness” under Assad’s leadership. Worse, the Health Ministry absurdly stated on March 30 that only ten cases had been detected in all of Syria, with two deaths—despite the fact that doctors told the National four days earlier that at least fifty patients had died at just their one Damascus hospital.

The regime’s response also calls into question its territorial sovereignty. According to anti-regime activists, many Iranian-backed fighters are now quarantined near the frontlines in Idlib and Aleppo. The thousands of Shia fighters deployed there have reportedly ignored Assad’s virus containment measures—for example, the militias Kataib al-Imam al-Hussein, Quwat al-Ridha, and Liwa Fatemiyoun held group religious ceremonies and sports competitions during the past two weeks. Such reports have led Syrians in opposition-held areas to call for blocking economic ties with regime areas.

Similarly, Lebanese Hezbollah has led the fight against COVID-19 in supposedly regime-controlled portions of Deir al-Zour province. And despite the “everything is fine” messages emanating from Damascus, the entire provincial town of al-Duwair was reportedly quarantined after the virus spun out of control there.

THE SALVATION GOVERNMENT: TECHNOCRATIC BUT UNDER-RESOURCED

Before the pandemic, the Salvation Government (SG)—the civilian front for Idlib’s leading jihadist coalition, Hayat Tahrir al-Sham—was already overstretched on resources due to endless regime and allied offensives. According to Raed al-Saleh, civil defense director of the White Helmets, 70 percent of the local health/medical infrastructure has been destroyed. And the Syrian Response Coordinators Group notes that the area’s population of more than 4 million people has only 1,689 hospital beds, 243 intensive care units, 107 ventilators, and 32 health isolation units. Consequently, ailments and injuries caused by the war could be sidelined by coronavirus in the coming months,
indirectly killing even more individuals.

Despite these challenges, the SG’s Health Ministry began taking preventive measures earlier and more thoroughly than the Assad regime, including the following:

- Distributing guidance notices to drivers
- Releasing an informational video and essays by the health minister
- Drawing cartoons on walls to illustrate virus do’s and don’ts for children
- Conducting body-temperature checks at border crossings from Turkey
- Sterilizing schools, mosques, government buildings, and other infrastructure
- Launching awareness campaign for IDPs in rural Idlib, rural Aleppo, and Turkish-controlled Afrin (where the SG has a minor presence)
- Providing coronavirus lessons to clerics
- Having doctors and medical college deans hold local forums to explain the SG’s plans (with proper social distancing among attendees)
- Closing down markets
- Setting up quarantine tents for suspected virus carriers until they can get proper testing
- Initiating remote schooling via pre-recorded WhatsApp videos (e.g., through its representatives in Turkish-controlled al-Bab)

Authorities also created an emergency response committee on March 23 to coordinate across the whole administration, chaired by Abdullah al-Shawi on behalf of the SG president.

THE AUTONOMOUS ADMINISTRATION: VIRUS PREVENTION AMID MULTIPLE PRESSURES

Similar to the SG, the Kurdish-led Autonomous Administration of North and East Syria (AANES) is wanting for resources while also dealing with preexisting issues: namely, the effects of Turkey’s October invasion and the potential resurgence of the Islamic State (IS) (https://www.washingtoninstitute.org/policy-analysis/view/a-year-since-baghuz-the-islamic-state-is-neither-defeated-nor-resurging-yet), whose members are becoming increasingly difficult to handle in the Deir al-Zour region and within the prison system. To alleviate the latter situation, some low-risk Syrian IS detainees have been released in the past week through tribal agreements. AANES will likely prioritize the coronavirus response in the medium term, which could give IS even more space to return.

Making matters worse, there are no testing facilities in AANES-controlled areas—their lone facility was lost due to Turkey’s invasion. Locals therefore have to rely on the Assad regime, which has not taken the virus seriously and requires more than a week to complete the testing process. In a further complication, AANES has blocked regime elements from entering its territory because it knows the outbreak is greater than Assad is letting on.

Currently, AANES has only around 150 ventilators and 35 intensive care beds for a population of 2 million, and just “64 percent of its 57 hospitals” are fully functional, according to the Rojava Information Center. This is why the Asayesh internal security forces quickly began a YouTube video campaign under the slogan *ibqu fi manzilikum* (stay in your homes). AANES has taken several other preventive measures over the past month:

- March 14: All schools, public gatherings, and borders were closed; authorities also set up mobile teams and billboards to spread awareness about how to contain the virus
- March 17: Sterilization campaigns began in various government, religious, and civil society buildings
HELPING THE FORGOTTEN

The coronavirus gives Washington a fresh opportunity to show real leadership in Syria, primarily by helping those suffering in densely populated IDP camps and areas with limited supplies. More than anything, it needs to pressure Russia through the UN Security Council (https://www.washingtoninstitute.org/policy-analysis/view/the-u.s.-role-in-idlib-and-beyond-perspectives-from-syria) to allow direct medical aid and other assistance via the Turkey-Syria border, so that it can quickly reach both the refugees in SG-controlled Idlib and the at-risk locals in the AANES-controlled northeast.

Failing that, the Trump administration should form a coalition of its own (https://www.washingtoninstitute.org/policy-analysis/view/how-the-u.s.-can-help-ease-idlibs-catastrophe) to defy Russian intransigence and take humanitarian action via Turkey in order to help those most in need. The United States remains the biggest donor to the World Health Organization, so direct international assistance to these parts of Syria should be an immediately actionable priority for world leaders, not a function of the regime’s will. Whatever happens next, Assad’s longstanding pattern of obfuscation will surely result in unnecessary deaths, and the international community may never truly know how many Syrians become victims of the coronavirus.

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