



Failing Regional Administration and COVID-19 in Deir al-Zour

by [Omar Abu Layla](#)

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Brief Analysis

Statistics show that both the Damascus government and the Autonomous Administration of North and East Syria are failing to effectively combat COVID-19 in Deir al-Zour.

The COVID-19 pandemic has posed unprecedented challenges for healthcare systems around the globe, but in a country like Syria, which has been experiencing protracted violent conflict since 2011, the pandemic added extreme pressure on an already overburdened and fragile system. This is especially so in the province of Deir al-Zour, in eastern Syria, where fractured administration between warring parties, poor governance, and poor social awareness have meant an insufficient response to the pandemic.

Generally, information on the number of COVID-19 cases in Deir al-Zour, along with other related statistics, issue from two administrative authorities: the Damascus government's Ministry of Health, which holds administrative control areas west of the Euphrates River, and the Autonomous Administration of North and East Syria (AANES)'s "Authority of Health and Environment" (AHE), which oversees administration of health infrastructure in the regions east of the Euphrates. The two bodies are entirely separate, and the AANES and the Damascus government share a hostile relationship.

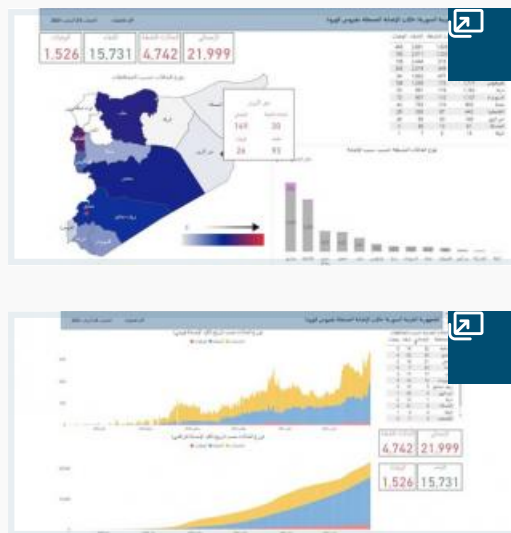
This split administration has led to a severely muted understanding of and response to the pandemic in this governorate. Neither the regime's Ministry of Health, nor the AANES's Authority of Health and Environment (AHE) perform COVID-19 testing in Deir al-Zour itself—the AHE's test center is located in Qamishli, while the closest of the Ministry of Health's nine test centers is located in Homs. Moreover, the low level of social awareness and a lack of awareness-raising activities about the effects and danger of the pandemic have kept people from wanting to be

tested at all. Instead, many local residents satisfy themselves with staying at home during cases of COVID-19. Only the critically ill patients go to hospitals and doctors, and they usually do so only in the serious final stages of the disease.

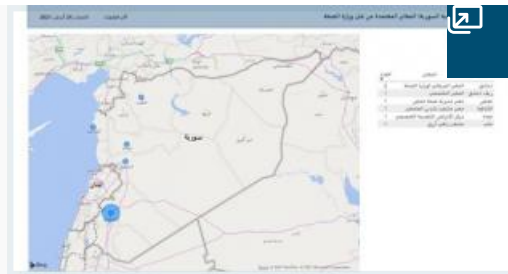
COVID-19 Statistics from the Syrian Regime’s Ministry of Health

Since late September 2020, the Damascus-based Ministry of Health has released COVID-19 statistics through its official website. These numbers only include those cases tested at the ministry’s centers, meaning that for figures pertaining to Deir al-Zour, these numbers only reflect cases in the western Euphrates regions. In addition, the statistics index begins from early June 2020—later than the actual emergence of the epidemic that swept through Iraq, Iran, and Turkey, which almost certainly reached Syria as well. Nonetheless, the statistics presented by the Ministry of Health still contain valuable insights, many of which reflect a lack of Syrian government resources provided to the Deir al-Zour region, as well as attempts to circumnavigate risky political implications of COVID-19 cases in the region.

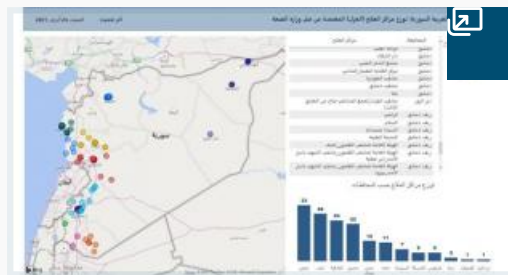
In total, the number of reported COVID-19 cases in regime-held areas of Deir al-Zour make up only 0.6% of the number of reported cases in Syria as a whole. With [149 cases](#) in Deir al-Zour, including 30 active cases, 93 recoveries, and 26 deaths, it appears from the chart that the percentage of cases in Deir al-Zour is only 1.4% of the total rate in Syria.



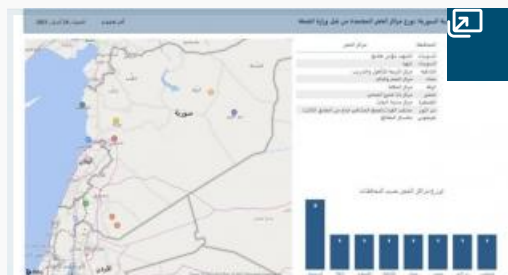
Nonetheless, this seemingly low number of cases in Deir al-Zour could easily be a reflection of inadequate testing and healthcare facilities in the region, a trend that the ministry’s figures seem to reflect broadly. For instance, the Assad regime currently operates [seven laboratories](#): two in Damascus and one in Outer Damascus, Homs, Latakia, and Aleppo, respectively. None of these laboratories are located in or near Deir al-Zour. The closest laboratory for testing performed in Deir al-Zour is in Aleppo.



Furthermore, Deir al-Zour only has one out of **151 treatment (isolation) centers** in Syria. By contrast, Homs has 34 centers, Damascus has 22, and Latakia 25.



Likewise, there are only nine quarantine centers in Syria, one of which is in Deir al-Zour at the Euphrates Hospital. Rather than an issue of inequitable distribution, this statistic points to a general lack of quarantine centers in Syria.



Beyond issues of resource allocation, the Ministry of Health’s data on Deir al-Zour could also reflect intentional manipulation for political purposes. Notably, regarding **the distribution of cases by their causes**, the ministry reports that Deir al-Zour’s cases are all “local,” and there are no figures about cases stemming from exposure at places of work or from abroad.

Yet Iranian militias and their affiliates have been known to spread COVID-19 in areas west of the Euphrates, where, according to estimations, more than fifteen members of these militias have contracted COVID-19. And with the new wave of the virus, COVID-19 has spread amongst their ranks. Sources have reported more than **65 cases among**

militia members requiring hospitalization (at al-Zahraa Hospital) in al-Mayadeen, according to media reports. In this case, it may be that the ministry is intentionally not reporting cases brought in from Iran in order to avoid incriminating members of the Iranian forces and their allied militias, which support the regime in Damascus.

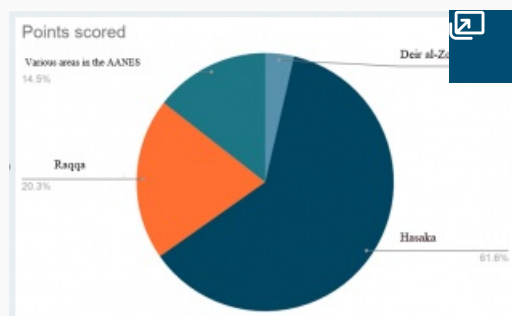
While the failure to mention other causes of cases could also indicate a lack of precision in collecting and reporting the necessary data, it is clear the Ministry of Health's efforts to document and combat the pandemic in Deir al-Zour have been politically motivated and substantially insufficient.



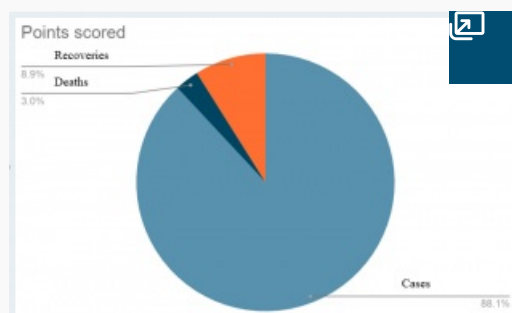
COVID-19 Statistics from the AANES's Authority of Health and Environment

The first COVID-19 cases appeared in AANES areas in March 2020, but the AHE did not officially release statistics until July 26 and 28, 2020. At the time, there were only five recorded cases in Deir al-Zour, with levels there low in comparison to other AANES regions in Hasaka and Raqqa. While the number of cases in Deir al-Zour eventually reached 549, the figure for AANES regions as a whole reached 15,176 cases. A total of 519 deaths and 1,538 recoveries was recorded in Deir al-Zour, though the statistics do not show detailed numbers of deaths and their locations in an organized way.

AANES Distribution of Cases:



AANES Death Rate:



Nonetheless, as with statistics from the Damascus government's Ministry of Health, the AHE's figures illuminate an insufficient pandemic response rather than a lack of threat.

To the AHE's credit, AHE-administered parts of Deir al-Zour do have a number of testing centers. These centers, including al-Kasra Hospital Center, in the al-Sour area, as well as mobile medical teams belonging to the Kurdish Red Crescent, administer tests in coordination with the Kurdish Red Crescent and send them to the laboratory in Qamishli. However, regarding treatment, only three of the seven major hospitals in the AHE's area accept COVID-19 patients, with only ten or fewer beds available at each site.

Lack of Social Awareness

In addition to insufficient resources and infrastructure, the population in Deir al-Zour lacks social awareness around the virus and its effects. The Deir al-Zour regions include vast rural areas, home to tribal societies with deep-rooted social customs. As such, participation in mourning tents, banquets, and gatherings in guesthouses and homes, as well as family visits, are entrenched in the region's culture, making social distancing a difficult practice to enforce. Unsurprisingly, then, prayer gatherings, Friday prayers, and holiday visits have not stopped during partial or total curfews, save for on a narrow scale and in limited locations.

While the AANES engages in awareness campaigns in the region, they do not appear highly effective. From March 14, 2020 to April 29, 2021, the AANES issued more than 30 circulars related to COVID-19 measures. Some 22 of these pertained to total or partial curfews, 18 of which covered Deir al-Zour (east of the Euphrates).

Certain areas of Deir al-Zour do not abide by curfews due to the vastness of the countryside and the difficulty of the region's security situation—community and tribal leaders, as well as members of the Deir al-Zour Civil Council and SDF, continue to be the targets of assassinations and threats. Deir al-Zour has also seen a societal attitude that scorns wearing masks and continues to promote large social gatherings such as weddings and funerals.

Additionally, many communities in Deir al-Zour engage in a culture of shame around wearing masks and showing physical frailty in face of illness. Sayings such as, "Coronavirus has no power over us," "Coronavirus is just empty talk," and others have become common. As a result, COVID-19 infections are often treated like a bad flu, and patients often visit neighbors and family while infected.

Further compounding this lack of social awareness is the fact that Deir al-Zour lacks international or local civil organizations. And of the few existing organizations, some do not have programs to raise awareness of COVID-19 and its repercussions.

Moreover, though tests are (somewhat) available through mobile units, residents do not go for tests unless they get sick and end up in COVID-19 centers and hospitals. The community culture does not encourage precautionary measures to discover asymptomatic infections.

Market Closures and Economic Setbacks

The economic impacts of business and market closures during curfews in towns and cities have been steep, with shop-owners and workers taking a serious hit to their finances. The curfew periods, especially under the latest conditions in which the local currency has fallen to record levels of 3,000-4,500 Syrian pounds to the dollar, have increased the burden on residents, who find the curfew measures more harmful than COVID-19 itself.

Meanwhile, workers in the health sector and civil organizations insist that curfew measures are the best way to prevent an explosion of cases and their rise to levels that would be difficult to control. Economic conditions play a

decisive role in turning attention to matters such as preventing COVID-19, which many continue to deny or do not want to acknowledge in the first place. Perhaps the third wave, in which cases have risen to a large degree, will be a wake-up call that will be difficult to ignore.

Suggestions and Recommendations

First of all, as reflected in the AHE's and Ministry of Health's published statistics, governing bodies in Deir al-Zour must improve statistical and testing methods to help determine the extent of the crisis underway.

In terms of actually combatting the pandemic, these bodies should also be providing greater support for medical staff, both in terms of necessary materials and also by registering them in employee lists. Governing bodies can provide further support by pressuring donor countries to help restore health infrastructure and establish modern health centers with up-to-date equipment. Governing bodies should also support morale by publicly celebrating health workers' extraordinary efforts to face the pandemic.

As part of these efforts, governing bodies in Deir al-Zour need to stop issuing decisions like those in the first world without seriously following up on them. To that point, curfew measures, without some kind of support for struggling families, negatively impact people who are already suffering from poor economic conditions, especially after the collapse of the Syrian currency. To ameliorate such economic struggles, governing bodies should also be helping people with limited incomes and small enterprises through in-kind assistance during curfew periods.

Of course, local and international civil society organizations also have a role to play in combatting the pandemic. As mentioned, these organizations need to work on awareness-raising programs for local communities regarding the dangers of COVID-19 and how to prevent it. Furthermore, organizations should be working to provide support to the community by providing masks, sanitizers, and thermometers.

Organizations can also provide greater support for medical workers by, for instance, working to periodically sanitize public institutions, hospitals, and gathering places. They can also aid COVID-19 centers with action planning and/or material support. And finally, civil organizations should pressure international organizations and UN agencies to allocate sufficient vaccine doses to these areas, separate from any political calculations.

Lastly, international and regional actors with forces active in the region should work to pressure UN bodies, the World Health Organization, and donor countries to secure vaccines for the area. A few days ago, the Ministry of Health received a batch of no more than 200,000 vaccine doses, accompanied by a propaganda media release, even though this number of vaccines is far from the total needed in the region. Across the river, there should be pressure to bring vaccines to the AANES areas, separate from political calculations.

Furthermore, international and regional actors involved in Syrian affairs should provide logistical and material support to existing medical centers and work to open medical centers and points similar to Hajin Hospital, which was opened by the international coalition. In addition, military actors should establish medical centers for military personnel far from public hospitals to prevent mixing and further spreading the pandemic.

As of now, it does not appear that the problem of the pandemic and its spread can be quickly resolved in the foreseeable future. The rise in cases is an indicator of the danger. The death rate, which is not reported in the official statistics for reasons related to the methodology, continues to rise. In fact, many relatives of the deceased COVID-19 patients don't even know that COVID-19 is the cause of death, accelerating the spread of the pandemic.

The COVID-19 pandemic is still present, in all its danger and difficulties, amid a fragile health infrastructure, social recklessness, and the absence of real plans from the AHE and Ministry of Health to deal with it. Even as the countries of the world are discussing the technology and distribution of vaccines, Syria are still at the starting line in how to

manage the pandemic. It is time for a more concerted effort to combat the pandemic in Deir al-Zour, because COVID-19 is not going away. ❖



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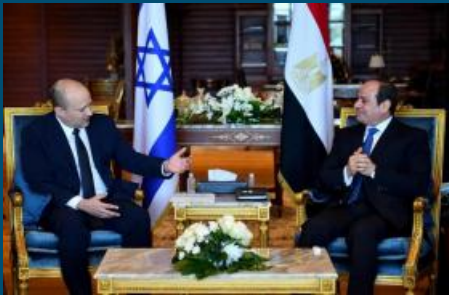


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