

Obstruction and Denial

Health System Disparities and COVID-19 in Daraa, Syria

Executive Summary

December 2020





The southern governorate of Daraa – where the Syrian revolution began in 2011 – was among many regions where the government of President Bashar al-Assad deployed one of its central strategies of war: pounding opposition areas into submission by laying to waste their health systems. Where doctors are targeted and hospitals bombed, populations will surrender or leave.

Within three years, much of the health care workforce had fled Daraa. The Assad government persistently targeted hospitals in an escalation of violence that culminated in the summer of 2018, when the government negotiated “reconciliation agreements” to end the fighting.

But protest comes at a steep price. Despite its promises, the government has stymied efforts to rebuild Daraa, obstructed critically needed humanitarian aid, and suppressed information and infrastructure necessary to deal with the widening COVID-19 crisis.

Most people in Daraa have no access to adequate health services. Daraa has lost more hospital beds than anywhere else in Syria compared to pre-conflict levels. Only one of eight public hospitals is fully functioning. There are no labs to process COVID-19 tests. For every 10,000 people, there are 20 doctors in public hospitals in the Syrian capital, Damascus; for Daraa, that figure is just one.

Cover: Syrians walk past a hospital in Jassem, Daraa in July 2016, after it was hit in a government airstrike that killed at least nine people. Of the eight “national” or public hospitals in Daraa, only one, in Daraa City, is fully functioning. Photo: Mohamad Abazeed/AFP/Getty Images

“The regime wants to eliminate the memory of the opposition,” said one doctor, “and any sign of things that came before.”

Executive Summary



People carry a wounded Syrian to the hospital in a pick-up truck in June 2018, during the Syrian government's campaign to retake Daraa governorate. Photo: Malik Abo Obidal/Anadolu Agency/Getty Images

In March 2011, following the uprisings throughout the Middle East known as the Arab Spring, civilian protests against the government of Syrian President Bashar al-Assad broke out in Daraa City, the capital of Daraa governorate in southern Syria.¹ The popular uprisings that drove the revolution were triggered when Syrians nationwide witnessed video footage circulated online of the corpse of 13-year-old Hamza Ali al-Khateeb from rural Daraa – who was taken into government custody after attending a peaceful protest – showing clear evidence of torture, including genital mutilation. Peaceful protests throughout the country ensued, followed by a brutal government response and military crackdowns on protestors and other civilians.

A human rights crisis lies at the origin of the humanitarian crisis in Syria.

In June 2018, the Syrian government and its Russian allies began a military offensive against opposition forces in Daraa that displaced more than 270,000 civilians from across southern Syria.² Health facilities were a primary target of airstrikes, reportedly in order to deprive local populations of essential services and to pressure opposition leaders to submit.³ After fierce aerial bombing, the government and its Russian allies offered opposition leaders “reconciliation agreements,” negotiated truces that would allow for a return to life under government control and full access to public services, presumably including health care.⁴ Daraa was retaken by the government over the next months, and the offensive ended in August 2018.⁵ As the Syrian government has regained control of opposition-held territories like Daraa, the pattern of violence has shifted to include reprisals, willful neglect, denial of access for humanitarian services, suppression of information, and arbitrary withholding of aid.

Executive Summary

continued



A Syrian man receives treatment in an underground hospital in Daraa in April 2018. The health care workforce in Daraa has suffered from years of government targeting and neglect, and shortages of health care workers are a major impediment to civilian health care access. Photo: Mohamad Abazeed/AFP/Getty Images

A human rights crisis lies at the origin of the humanitarian crisis in Syria. Physicians for Human Rights (PHR) has documented human rights violations, including attacks on health care facilities and personnel, and the arrest, detention, and torture of health care workers, since the beginning of the Syrian conflict in 2011. The Syrian government's systematic destruction of health facility infrastructure, targeted assassinations and kidnappings of health care workers, and obstruction of population movement in opposition-held areas have led to a health system that fails to respond to basic health needs, let alone to the COVID-19 pandemic. By the end of December 2019, nearly 50 percent of hospitals in government-controlled areas had experienced partial or full damage of their facilities, and 19 percent were considered only partially accessible or inaccessible.⁶

For this report, PHR researchers conducted 19 key informant interviews between August and October 2020 using remote communication methods. Key informants included humanitarian workers, research analysts, academics, and journalists, based in Jordan, Lebanon, Syria, Turkey, the United Kingdom, and the United States. Key informants had close contacts inside Daraa, a working knowledge of the health system in Daraa before and after reconciliation, and/or familiarity with COVID-19 in Daraa. The interviews were supplemented by a desk research review regarding

COVID-19 and health system trends in Daraa and in southern Syria, more broadly. Despite limitations in the ability to conduct interviews with health care workers or other health stakeholders inside Daraa due to security reasons, this report corroborates accounts from multiple stakeholders with contacts inside Daraa which point to the systematic and intentional neglect by the Syrian government of the overall health system and COVID-19 response effort within the southern governorate.

This report examines factors contributing to the health system decline in Daraa since 2018, when the area was retaken by the Syrian government. As part of the reconciliation agreements, the government reportedly agreed to reinstate all dismissed government employees, including former Ministry of Health employees, and to rebuild civil government institutions such as the public health sector.⁷ However, according to report findings, the Syrian government has done little to rebuild areas formerly under opposition control or to replace the essential health services that were provided by the humanitarian organizations that were forced to withdraw following the government takeover of the area. The Syrian government heavily regulates the handful of UN agencies and international non-governmental organizations (NGOs) who continue to support health programs in the south by limiting permissions for NGO registration and access, taking excessively long to approve projects, and restricting monitoring visits. As a result, Daraa's health system remains largely destroyed and

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under-resourced; two years after reconciliation, most of Daraa's population has no access to adequate health services, with estimates indicating that more than 446,000 civilians in Daraa are considered persons in need of humanitarian aid.⁸ Further, interviewees indicated that the government routinely diverts aid through recipient lists that are given to the Syrian Arab Red Crescent only after security personnel have removed the families of people blacklisted by the regime. The government's restriction of humanitarian aid to areas it deems disloyal and the illegal diversion of the humanitarian assistance that is permitted to enter violates established humanitarian principles.

The report also explores the impact of Syrian government control of access to health care in Daraa since reconciliation, including during the COVID-19 pandemic. Patients, especially those with chronic health conditions, were already struggling to receive necessary care before March 22, 2020, when the first cases of COVID-19 in Syria were acknowledged by the government. Facilities are now reportedly overwhelmed with the COVID-19 caseload. Although official reports indicate no more than 7,887 cases of COVID-19 (and 417 deaths) in government-controlled areas since reporting began in March, there is widespread consensus, even from within the Syrian government, that these numbers do not capture the true caseload.^{9,10,11} The government has suppressed public information about the pandemic and testing capacity remains woefully inadequate; there are no laboratories capable of processing COVID-19 test samples in Daraa.¹² In short, Daraa's health system is undersupplied, understaffed, and incapable of handling a more widespread COVID-19 outbreak.

Daraa's health system has suffered from repeated attacks on its facilities and personnel throughout the years of conflict. In comparison to other parts of Syria, Daraa has lost the greatest proportion of hospital beds since the conflict began: in 2019, the in-patient capacity of its public hospitals was 310 beds, versus the pre-conflict capacity of 810 beds.¹³ Of the eight "national" or public hospitals in Daraa, only one, in Daraa City, is fully functioning.¹⁴ In addition to the physical damage to the health system in Daraa, the health care workforce has also suffered from years of government targeting and neglect, and shortages of health care workers are a major impediment to civilian health care access. Significant displacements occurred in Daraa during the uptick in hostilities in 2018, and likely included

qualified health care workers who worked for humanitarian aid organizations, who were particularly fearful of violence and retribution from government security forces.¹⁵ Requirements that health care providers undergo individual reconciliation processes have exacerbated the shortages, as many were reportedly denied security clearance and have not been able to return to work in the public sector.¹⁶ The health care worker shortage in Daraa serves as an example of how the government has handled the provision of health services in areas retaken from the opposition compared to loyalist areas; in 2019, the number of doctors per 10,000 residents in Daraa was 1.1, while in Damascus, it was 20.3 and in Latakia, 15.3.¹⁷

Findings from this study also warn of the risk COVID-19 poses to areas outside of Damascus, and particularly, recently reconciled areas such as Daraa, where health professionals and facilities have little access to personal protective equipment, testing kits, and the means to monitor and treat severe cases. Furthermore, the pandemic has struck Syria at a particularly challenging time for the economy; sanctions imposed by the European Union and the United States have contributed greatly to the currency devaluation.¹⁸ The weakened economy has impacted access to health care in Daraa, where government-provided services are inadequate, and patients must pay for transportation to functioning public facilities or seek care in the costly private sector. As with most secondary health services since reconciliation, severe COVID-19 cases in Daraa require transfer to Damascus. In addition to being beyond the financial means of most Daraa residents, travel to Damascus, or even between some towns within the governorate, is not possible due to the volatile security situation. In addition to the general lawlessness and criminality that is reportedly on the rise, many people, particularly young men, fear being detained at checkpoints, which have increased in the COVID-19 era.¹⁹ Young men may be apprehended at a checkpoint because their "reconciliation card" may not be accepted, they are wanted by the government for opposition involvement, or they have not completed the compulsory military service. Both the crumbling economy and the increasing physical insecurity for civilians have intensified patients' inability to access care, including treatment for COVID-19, in Daraa.

Mseifra Hospital in Daraa after an air strike in June 2018. In comparison to other parts of Syria, Daraa has lost the most hospital beds since the conflict began: as of 2019, only 38 percent of beds were available, due to damage to the national hospitals in Jassem, Nawa, and Daraa City.
Photo: Ammar Al Ali/Anadolu Agency/Getty Images



Executive Summary

continued



The city of Daraa in August 2018. Much of the destruction caused by the fighting remains unrepaired since the government regained control of Daraa.

Photo: Mohamad Abazeed/AFP/Getty Images

Governments, the United Nations, and international humanitarian organizations with the ability to advocate, act, and influence the Syrian government to expand its COVID-19 response strategies must be well-informed by timely, reliable data from the Ministry of Health and the World Health Organization of the current health situation in reconciled areas. The government of Syria and humanitarian organizations must improve their COVID-19 preparedness and response efforts in southern Syria in order to prevent successive waves of COVID-19 within Syria, in surrounding countries (such as neighboring Jordan), and in the region, as well as future pandemics. While humanitarian assistance is badly needed, donors and agencies must also demand transparency and accountability for aid.

Given the deterioration of the security situation and profound economic pressures, governments, international humanitarian organizations, and the United Nations must urge the Syrian government both to expand its COVID-19 response strategies and to commit to an equitable distribution of health resources informed by transparent reporting of health data from reconciled areas. In particular, the health system in Daraa – a region adjacent to both Jordan and the Golan Heights, and whose population the government considers disloyal – is in dire need of supplies and personnel to prevent the spread of COVID-19 within Syria and to neighboring countries. The Syrian government’s failure to rebuild essential health system infrastructure and invest in the health care workforce, its withholding of access to humanitarian aid, and its restrictions on data collection and dissemination have all contributed to the failure of the health system in Daraa, which now struggles to respond to the COVID-19 pandemic.

Recommendations

Considering the profound and ongoing civilian suffering in Daraa, there are concrete steps the Syrian government, international community, humanitarian organizations, and donors can take to support access to health care in Syria and improve the country’s COVID-19 response equitably for all residents, without discrimination. The international aid community, including donor governments and NGOs, must engage in a human rights-based approach to monitoring, surveillance, and assistance in Syria, particularly in areas now under government control.

PHR calls on the concerned parties to take the following actions:

To the Syrian Arab Republic:

- Lift barriers for reconciled health care workers seeking public sector employment;
- Expand access for desperately needed humanitarian aid to areas retaken by the government, and those areas still held by the opposition;
- Adopt transparent measures to prevent diversion of assistance and provide donors with accounts of aid distribution in reconciled areas, including COVID-19 testing and personal protective equipment distribution;
- Verify that public sector services, as well as services provided by the Syrian Arab Red Crescent, are equitable and accessible to all civilians and not distributed based on discriminatory or preferential measures; and
- Ensure that the Ministry of Health allows full access to World Health Organization (WHO) field workers deployed to assess the situation in Daraa.

PHR recognizes that the Syrian government’s longstanding persecution of health care workers continues with impunity and reiterates these recommendations to the government:

- Stop intimidating, threatening, arresting, disappearing, torturing, and killing health care workers; and
- Release all those arbitrarily detained or persecuted for carrying out their medical duties and exercising their basic human rights.

As the Syrian government has regained control of opposition-held territories like Daraa, the pattern of violence has shifted to include reprisals, willful neglect, denial of access for humanitarian services, suppression of information, and arbitrary withholding of aid.

Daraa's health system remains largely destroyed and under-resourced; two years after reconciliation, most of Daraa's population has no access to adequate health services.

To the UN Security Council and UN Member States:

- Demand monitoring of violations of the right to health in areas that have been retaken by the Syrian government;
- Place pressure on the government to ensure the delivery of aid and allocation of health services so that organizations such as the WHO and other UN agencies, international NGOs, and local actors can reach populations in a neutral, effective, and equitable manner;
- Call on Russia to stop assaulting health care facilities in violation of international humanitarian law and human rights law;
- Insist on accountability for previous and ongoing violations of civilians' right to health across Syria, particularly in areas retaken by the government; and
- Demand the distribution of timely, detailed epidemiological information about the extent of the COVID-19 pandemic consistent with the right to information.

To Jordan, Turkey, and the United States, Guarantors of the Southern De-escalation Zone:

- Exert pressure on Syria to include the health system in any negotiated settlements and facilitate humanitarian access by increasing security, travel permits, independent data collection, and publication of health system data.

To Humanitarian Actors and Implementing Organizations:

- The WHO should release an updated Early Warning Alert and Response System report, to provide timely disease surveillance data for Syria with regional reporting, including on COVID-19;
- The WHO should urge ongoing and regular coordination with implementing health organizations to conduct data collection. UN agencies and NGOs with a presence in south Syria should scale up testing capacity, supplies, and medications based on this information about those most vulnerable;

- Conduct independent needs assessments to ensure equitable service provision and inform coordination. Monitoring of medication and supplies will also provide local and international communities with information necessary to understand the health system's preparedness in Daraa to respond to COVID-19 and other health needs;
- To ensure the right to health in reconciled areas, the WHO and the international donor community should track the rebuilding and rehabilitation of facilities damaged by attacks since 2011;
- Monitor government aid and data collection practices;
- Ensure the right to access timely and transparent health information during a health emergency by pressuring the government to release relevant information;
- International actors should promote health care worker protections, including through negotiations with the Syrian government. Providers should be guaranteed minimum standards of safety in hospitals to prevent further fatalities; and
- Encourage international and local organizations to adopt COVID-19-friendly provider practices, including limiting house visits and using telemedicine and other remote health care initiatives, where internet access allows.

To Donors:

- Actively press the WHO and international groups operating in Damascus to pressure the Syrian government to allow for decentralized testing and equitable distribution of protective equipment;
- Monitor aid delivery and distribution carefully to avoid diversion and neglect of areas retaken by the government; and
- Address indications that the Daraa health system is near collapse. In Daraa and in other areas retaken by the government, where the government is unable or unwilling to provide funding and resources for the most basic health services, humanitarian assistance should be extended.



Syrian Arab Red Crescent trucks carry humanitarian aid into Daraa in July 2018. Since the recapture of opposition-held territories, the Syrian government has largely obstructed the delivery of humanitarian aid into those areas.

Photo: Mohamad Abazeed/AFP/Getty Images

Endnotes



Syrians being evacuated from Daraa in July 2018 in a convoy heading to the opposition-held governorate of Idlib, one month after government forces launched an offensive to retake Daraa. Photo: Ammar Al Ali/ Anadolu Agency/ Getty Images

1. In this paper, Daraa refers to the governorate of Daraa, Syria. Daraa City will be used to refer to the capital city of the same name.
2. Suleiman al-Khalidi, "Numbers of displaced in southern Syria climbs to 270,000: U.N.," *Reuters*, July 2, 2018, <https://www.reuters.com/article/us-mideast-crisis-syria-un-displaced-idUSKBN1J511T>.
3. Fouad M. Fouad et al., "Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet-American University of Beirut Commission on Syria," *The Lancet* 390, 10111, (December 2018), <https://www.sciencedirect.com/science/article/abs/pii/S0140673617307419>.
4. The terms "reconciliation" and "reconciled areas" are controversial in the Syrian context. Many interviewees stated that the process by which the government retook Daraa and its subsequent failure to fulfill its promises to return critical services to the area cannot be described as a true reconciliation in which both sides are implied to have recognized rights. Within the academic literature, scholars of the Syrian conflict use the term without quotation marks after noting that it euphemistically refers to local surrender agreements between the government and opposition forces in areas retaken by force. PHR follows academic convention in the use of the term without quotation marks but does not endorse the legitimacy of these agreements.
5. Armenak Tokmajyan, "How Southern Syria Has Been Transformed Into a Regional Powder Keg," *Carnegie Middle East Center*, July 14, 2020, <https://carnegie-mec.org/2020/07/14/how-southern-syria-has-been-transformed-into-regional-powder-keg-pub-82202>.
6. World Health Organization, "HeRAMS Annual Report (January – December 2019): Public Hospitals in the Syria Arab Republic," 2020, <https://apps.who.int/iris/bitstream/handle/10665/333184/WHOEMSYR039E-eng.pdf?sequence=1&isAllowed=y>.
7. Interviews with JO07 on September 15, 2020 and JO08 on October 14, 2020.
8. United Nations Office for the Coordination of Humanitarian Affairs, "Syrian Arab Republic: Humanitarian Needs Overview," accessed November 12, 2020, <https://data.humdata.org/dataset/syrian-arab-republic-humanitarian-needs-overview>.
9. World Health Organization, "Syrian Arab Republic: WHO Coronavirus Disease (COVID-19) Dashboard," accessed November 16, 2020, <https://covid19.who.int/region/emro/country/sy>.
10. Oliver J. Watson, et al., "Estimating the burden of COVID-19 in Damascus, Syria: an analysis of novel data sources to infer mortality under-ascertainment," *Imperial College London COVID-19 Reports*, no. 31, Sep. 15, 2019, <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19-report-31-syria/>.
11. Interview with JO03 on September 1, 2020.
12. Ibid.
13. World Health Organization, "HeRAMS Annual Report," 2020, <https://apps.who.int/iris/bitstream/handle/10665/333184/WHOEMSYR039E-eng.pdf?sequence=1&isAllowed=y>.
14. World Health Organization, "HeRAMS Annual Report."
15. Human Rights Watch, "Syria: Detention, Harassment in Retaken Areas," May 21, 2019, [https://www.hrw.org/news/2019/05/21/syria-detention-harassment-retaken-areas#:~:text=\(Beirut\)%20%E2%80%93%20Syrian%20intelligence%20branches,Human%20Rights%20Watch%20said%20today.&text=The%20government%20retook%20these%20areas,between%20February%20and%20August%202018. Abdullah Al-Jabassini, "The Baath Party, Local Notables and Coronavirus Community Response Initiatives in Southern Syria," *Warfare and Post-Conflict in Syria \(WPCS\)*, May 4, 2020, \[https://cadmus.eui.eu/bitstream/handle/1814/66968/RPR_2020_08.pdf?sequence=1&isAllowed=y\]\(https://cadmus.eui.eu/bitstream/handle/1814/66968/RPR_2020_08.pdf?sequence=1&isAllowed=y\); International Crisis Group, *Lessons from the Syrian State's Return to the South*, no. 196, Feb. 28, 2019, \[https://d2071andvip0wj.cloudfront.net/196-lessons-from-syria_0.pdf\]\(https://d2071andvip0wj.cloudfront.net/196-lessons-from-syria_0.pdf\).](https://www.hrw.org/news/2019/05/21/syria-detention-harassment-retaken-areas#:~:text=(Beirut)%20%E2%80%93%20Syrian%20intelligence%20branches,Human%20Rights%20Watch%20said%20today.&text=The%20government%20retook%20these%20areas,between%20February%20and%20August%202018.)
16. Interview JO08 on October 14, 2020 and Abdullah Al-Jabassini, "Festering Grievances and the Return to Arms in Southern Syria," *Warfare and Post-Conflict in Syria (WPCS)*, April 7, 2020 <https://cadmus.eui.eu/bitstream/handle/1814/66786/Festering%20Grievances%20and%20the%20Return%20to%20Arms%20in%20Southern%20Syria-final.pdf?sequence=1&isAllowed=y>.
17. World Health Organization, "HeRAMS Annual Report."
18. France24, "Syria devalues currency as new US sanctions hit," *France24*, June 17, 2020 <https://www.france24.com/en/20200617-syria-devalues-currency-as-new-us-sanctions-hit>.
19. Interview with JO03 on September 1, 2020.



Physicians for Human Rights

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