



Short Communication

COVID-19, war and poverty in Syria

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Dear editor,

The World Health Organization (WHO) defined Coronavirus Disease 2019 (COVID-19) as a new pandemic on March 11, 2020, caused by the coronavirus 2 (SARSCoV2). COVID-19 could lead to pneumonia and ARDS (acute respiratory distress syndrome). Acute liver, heart, and kidney impairment, as well as secondary infection and inflammatory reaction, are all possible COVID19 consequences. To halt the spread, unprecedented precautions were enacted, including lockdowns, restrictions on travel and meetings, and the closure of businesses and schools in key cities and even entire countries. All of these actions have hindered financial and economic confidence, raising fears of a worldwide economic downturn [1]. Syria has been wracked by severe domestic military conflicts since 2011. As a result, there were numerous deaths, injuries, and population displacements, as well as the collapse of healthcare services. Furthermore, the appearance of COVID-19 as a global pandemic compounded the situation, putting the inhabitants of this country in an unusual position to deal with both the pandemic and the ongoing warfare [2]. The first laboratory-confirmed COVID-19 case in Syria was announced on March 2020, followed by the first fatality a week later. The disease had spread aggressively, with the Syrian Ministry of Health reporting 328 laboratory-confirmed cases and 10 deaths as of July 3, 2020. There were some doubts about the accuracy of these data, partly due to COVID-19's restricted testing capabilities as a result of limited funding and Syria's sanctions [3]. Syria's healthcare system is underfunded and incapable of dealing with such a disaster. There are

only 325 ventilator-equipped intensive care unit (ICU) beds, and the theoretical maximum number of cases that can be adequately handled is just 6500 [4]. According to the Syrian Ministry of Health, the number of cases diagnosed in Syria based on the results of the PCR test was 51,402 until this moment [4]. Once this maximum capacity (capacity) is reached, serious rationing considerations will be required. As a result, cooperation with the WHO and adherence to its recommendations are critical. To combat the spread of COVID-19 in Syria, unprecedented efforts should be taken. The public's awareness, understanding, and attitudes about the disease and outbreaks all have a role in their adherence to these control methods [2]. In fact, attention should be drawn to an important point, which is the miserable living situation of the population in Syria, where poverty, hunger and lack of resources all affect the degree of awareness of the population, how they deal with the epidemic, and their ability to adhere to preventive measures. We submit suggestions to the UN to reassess the terrible situation in Syria, which is defined by unity of conflict and poverty, as well as the rise of the Covid-19 epidemic. Due to poverty and transportation difficulties, there are certain distant locations that are totally ignored, particularly when it comes to the administration of the covid19 vaccination. The shortage of medical equipment to handle covid-19 patients who arrive at the emergency department with severe symptoms is the most pressing issue. We hope that the responsible authorities address this issue and offer a tight infrastructure that balances the health, social, and economic realities of all Syrians.

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References

- [1] M. Khan, S.F. Adil, H.Z. Alkhatlan, M.N. Tahir, S. Saif, M. Khan, S.T. Khan, COVID-19: a global challenge with old history, epidemiology and progress so far, *Molecules* 26 (1) (2020).
- [2] M.A. Daw, The impact of armed conflict on the epidemiological situation of COVID19 in Libya, Syria and Yemen, *Front. Public Health* 9 (2021) 667364.
- [3] S. Al Ahdab, A cross-sectional survey of knowledge, attitude and practice (KAP) towards COVID-19 pandemic among the Syrian residents, *BMC Publ. Health* 21 (1) (2021) 296.
- [4] Corona Virus Stats in Syria, Syrian Ministry of Health, 2022.