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Cholera spreads across Syria: water and sanitation as a human right

The Syrian British Medical Society ([SBMS](#)) notes with alarm the cholera outbreak which is now widespread across Syria; cases were first noted in northeast Syria but have now also been reported in northwest Syria in all areas of geopolitical control. Cases of acute watery diarrhoea (a syndrome suggestive of cholera) increased notably during the last two weeks of August 2022 however, it was not till the 10th September 2022 that the outbreak was formally declared. Cholera is a waterborne disease and indicates the significant degradation of water that has occurred across Syria.

This cholera outbreak is the culmination of decades of neglect, overexploitation and interference with water and sanitation in Syria¹. This has been exacerbated by recent climate related changes including drought as well as delayed and less than normal rainfall leading to much lower flows through the Euphrates, the main river on which millions in northeast Syria rely on for water. Both direct and indirect effects of the armed conflict have also significantly affected water across the country. In the escalation of violence in July 2019 in Idlib governorate in northwest Syria, eight water facilities in Al-Ma'ra district (three of which were UN supported) were attacked by the Syrian government, depriving a quarter of a million people in the area of water². In northeast Syria, Alouk water station which sits near the Turkish border, and which provides water to more than 400,000 people (and hundreds of thousands more through trucking of water) has faced multiple episodes of interference; this has had particularly devastating consequences during COVID-19³.

As a result, millions are vulnerable to the spread of waterborne diseases including cholera with insufficient quality and quantity of water to meet their needs. Among the most vulnerable are the 6.7 million internally displaced people (IDPs,) particularly those who still reside in camps. In northwest Syria, of the 4.17 million people who reside there, more than half are IDPs and more than 1 million continue to live in camps with inadequate water or sanitation⁴. Such populations are particularly vulnerable to the spread of cholera, a condition which, without proper treatment can have significant morbidity or mortality; this is particularly the case for infants or the elderly, those with pre-existing comorbidities or in pregnancy. In Syria, the decimation of the health system where numerous health facilities are non-functioning or partly functioning, also impedes the response.

We call on all actors to depoliticise the humanitarian response to this outbreak which has epidemic potential both inside and outside of Syria's borders. **Water is a human right which is granted special protection by International Humanitarian Law (IHL)**. However, in Syria this has been disregarded leading to the multifactorial interruptions to both the quality and quantity of water required for an already vulnerable population resulting in this outbreak.

As medical professionals, we call all parties to respect IHL in the delivery of this response for the sake of a population which has faced more than a decade of protracted conflict.

SBMS Committee/ info@sb-ms.org

¹ <https://academic.oup.com/ia/article-abstract/96/5/1347/5901381?redirectedFrom=fulltext>

² [https://www.ijidonline.com/article/S1201-9712\(21\)00432-X/fulltext](https://www.ijidonline.com/article/S1201-9712(21)00432-X/fulltext)

³ <https://reliefweb.int/report/syrian-arab-republic/syria-alouk-water-station-flash-update-disruption-alouk-water-station>

⁴ <https://www.sciencedirect.com/science/article/pii/S2666623522000496>