TRT WORLD research centre

Idlib Amidst the Pandemic: Voices from the Ground

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(Tayfun Coşkun - Anadolu Agency)

In this policy outlook, the authors present an updated account of the public healthcare situation in Syria, with emphasis on opposition held Idlib. The aim is to expound upon, and where appropriate, corroborate various subject-related reports that have emerged as of late. Incorporating primary interviews obtained with healthcare workers, the document discusses the situation on the ground in the context of both the present pandemic that has gripped the world, but also the assortment of the often-deadly political fissures in Syria.

The opinions expressed in this policy outlook represent the views of the author(s) and do not necessarily reflect the views of the TRT World Research Centre.

People, mostly children, wear masks as a preventive measure against coronavirus (Covid-19) as Idlib Health Directorate and Civil Defense Crews along with local charities carry out disinfection works at schools and tent cities in Idlib, Syria on March 18, 2020. (Muhammed Said - Anadolu Agency)

Introduction

In the now decade-long catastrophe that has been the Syrian Civil War, a very tentative ceasefire now prevails in North-Western Syria, one that was finally reached as a result of Turkey's effective intervention against the Assad regime's unilateral assault on the region aided and abetted by Russian forces and various Iranian-linked militias. The latest figures from the United Nations (U.N.) suggest that 106,000 spontaneous IDP (Internally Displaced Persons) have now returned to areas in Idlib that they previously fled from in a desperate bid to stave off the regime's latest assault. Adding worry unto woe, the spectre of life-threatening danger, alas, remains, with millions of ordinary Syrians facing an additional morbid prospect of a Covid-19 outbreak in the country; one that has already been registered in other parts of the war-torn country. Regime-held areas, as well as parts of Syria under the control of the SDF (YPG/PKK), have begun to report a handful of confirmed novel coronavirus cases; although the veracity of such reports in light of the tendency of totalitarian regimes to suppress such figures renders such figures especially questionable. This tendency must also be taken into consideration with the very little testing and contact tracing capabilities the country will understandably have in general.

As of the 23rd of April, the regime's Ministry of Health has disclosed a total of 42 confirmed cases, 3 deaths, and 6 recoveries, with the first reported case announced on March 22nd. The U.N. Emergency Relief Coordinator, Mark Lowcock, recently assessed that "judging from other places, that is the tip of the iceberg"; although questions remain as to the efficacy at this stage of comparing and contrasting the experiences between different countries vis-a-vis Covid-19. In other words, owing to discrepancies in mortality rate calculations, testing capabilities, and possible suppression of cases, all figures should be taken with healthy scepticism. The situation remains particularly susceptible to catastrophe, with Dr. Nima Saeed of the World Health Organisation in Syria, stating a figure of 40%, when speaking of the capacity of the country's health system to 'respond' to the pandemic.

The common thread found between numerous interviewees across the country supported by a range of international authorities is that if even the pandemic were to gain ground in the country but in particular the region of Idlib, the already abhorrent situation that millions of internally-displaced civilians find themselves in would constitute fertile ground for a public health catastrophe. Even the most banal public healthcare recommendations such as social distancing and quarantine measures are all the more difficult to employ in the region, as Dr. al-Hiraki, an orthopaedic surgeon working in the Bab el-Hawa hospitals between Idlib and the border with Turkey, explains:

"[...] The international and WHO (World Health Organisation) recommendations for people all around the world are ineffective here in our situation. It is difficult to lockdown villages and camps, it's impossible to make social distancing in the camps with thousands of people. You could not say to the man to stay at home who they are trying just to get something to eat every day. It is impossible to say to them you should wash your hands every day and we are unable to provide them even with water and soup, and if you want to know 50% of the drinking water stations in Idlib are operational now so the situation is unbelievable".

For Dr. Mohammed Walid Tamer, President of North Free Doctors Syndicate:

"Any operations that lead to preventing the movement of people and congestion help reduce the transmission of the disease, but as we mentioned earlier, we must think about securing the requirements of daily life for people because many will go hungry if they do not secure their daily food from daily work".

For Dr. Maram al-Sheikh, Health Minister of the Opposition Interim Government[1]:

"The biggest threat in light of Covid-19 is the lack of medical personnel, especially doctors of different specialities and official midwives. We also lack people to conduct health awareness programs. In terms of supplies, we lack medicine, disinfectants, gloves, masks, oxygen generators, oxygen containers, we also lack ICU beds and ventilators. We also have weak coordination and lack the ability to centralise efforts ,especially with other relevant actors in the medical sector that are also very important such as water, sewage, nutrition, and civil defence".

The general predicament of risk and unpreparedness extends to the rest of the country, and especially inside Assad's system of prisons as highlighted by Amnesty International, amongst others. Prudence, therefore, is needed to combat the prospect of a very real danger that has already generated suspected cases in the Idlib region. The path to prudency against the emergence of the novel coronavirus in Syria is wrought with several difficulties that highlight the often-deadly political fissures that have readily characterised Syria over the last decade. Opposition-held Idlib is of particular concern, owing to the sheer number of internally displaced refugees who have clamoured together in the now densely packed region to escape regime rule, as well as the systematic assault of the regime and its backers over the years on the region's healthcare infrastructure. It is in this light that the report at hand aims to detail and explain the nature of the political situation across the country, as exhibited through the lamentable condition the country's public healthcare system finds itself in. In turn, the Assad regime has mismanaged the Covid-19 crisis from the very beginning. This was confirmed by rights groups like SOHR who are in touch with doctors in regime-controlled areas. The first reports of regime efforts to suppress information about Covid19 cases in Syria came out in the SOHR's report on March 12. It claims that there were confirmed Covid-19 cases in at least 4 Syrian provinces but doctors in hospitals were given strict orders not to discuss this publicly. Without proper transparency from the Assad regime and proper oversight by the WHO office in Damascus, the possibility of the virus spreading into opposition-controlled areas is very possible.

Al Iman Hospital is seen damaged after it was allegedly hit by Russian airstrikes in Serce village of Idlib, Syria on January 26, 2020. (Ahmet Hatib - Anadolu Agency)

Prime Target: The Syrian Healthcare System

The deplorable state of public healthcare is no less due to the actions of the Bashar al-Assad regime, which fit a wider systematic pattern of attacks against healthcare centres. In the public healthcare sector alone, the Assad regime and its allies have been deemed responsible for 91% of the deaths of all medical personnel who have attempted to provide healthcare in the country throughout the course of the civil war. The regime and its allies are also responsible for 90% of the destruction or damage inflicted upon healthcare infrastructure in the country. 70% of doctors have fled the country, 64% of hospitals and 52% of primary healthcare centres across the country were fully functional as of figures released in late March this year by the U.N.'s Office for the Coordination of Humanitarian Affairs, OCHA. It is in this light that the report aims to expound on the details on the situation as it relates to public healthcare in Syria, together with the use of primary interviews from the health sector, and the various political factors at play that define the political situation in the country. Dr. Walid Tamer explains the extent of the destruction that such attacks brought upon the medical sector over the years:

"[...] the number of medical personnel who lost their lives is 923 including doctors, nurses and technicians. The regime's army and its Russian and Iranian allies caused the killing of approximately 91% of this number, of course, the number of doctors who lost their lives is approximately 200 doctors. All of this took place after giving the medical coordinates of the medical centres and facilities to the WHO in order to avoid the bombing of these hospitals and centres, but what happened exactly is the opposite, as these centres were bombed despite their knowledge that they are hospitals [...]".

Since the beginning of the war, there have been documented attacks by the Assad regime and its allies on hos-

1 The Interim Government is the opposition government created in 2013 under the auspices of the Syrian opposition's umbrella group the National Coalition for Revolutionary and Opposition Forces. It claims to be the legitimate representative of Syrian people, and governs some parts of opposition-controlled Syria.

pitals, primary health care facilities, ambulatory systems, specialized care facilities, medical warehouses, health administrators, mobile first aid positions, blood banks, health education facilities, pharma factories, and other medical-related targets. The escalations in northwest Syria during 2019 - 2020 were especially devastating, putting a total of 77 medical facilities in opposition-controlled Idlib and Aleppo out of service. Medical facilities of all sorts became clear targets and civilians even began recognizing the pattern. Dr. Maram al-Shaikh, Minister of Health in the Interim Government, says that the bombing was so intense and damaging that medical personnel began spending their time and resources on finding ways to fortify themselves from the shelling, that it was taking away from actual medical operations. Doctors and medical personnel regularly report working in fear of shelling and consider hospitals to be the least safe places in Syria.

The situation reached a climax in May 2019, when 44 Syrian and international medical aid organisations called on the international community to hold Assad and Russia responsible, and to immediately put a stop to attacks on medical facilities. Then, in August 2019, the U.N. opened an inquiry into attacks in the deconfliction zones established in Syria, Idlib being the last one in northwest Syria, and the deconflicted facilities there. The U.N. Secretary-General announced a special inquiry in response to suspicions harboured when the location of specific facilities were made public through a deconfliction mechanism, which may inadvertently put hospitals and medical workers in danger. TRT World's field teams have visited a number of those hospitals in northwest Syria. In May 2019, a TRT World team visited Kafranbel Surgical Hospital, which was attacked multiple times despite having shared its coordinates with the U.N. The destruction in the hospital was devastating, including the destruction of critical medical equipment, examination rooms, and medical supplies. The New York Times conducted their own investigation, revealing that Russia deliberately attacked the very same hospital. They found that Russian Air Force pilots were given specific coordinates for hospitals including the Kafranbel Surgical Hospital and had attacked them regularly.

Doctors on the Ground & Border Closures

As corroborated in numerous publications that have recently emerged, there are 153 ventilators and 200 intensive care beds in operation in Idlib. TRT World aired footage of the status of some healthcare facilities, with children suspected of Covid-19 being treated with limited means, and various NGOs taking temperatures and teaching the lessons of social distancing in Idlib's various camps. Ominously, there is only one single polymerase chain reaction (PCR) machine in the region that is capable of conducting the standard RNA-based test for Covid-19. Dr. al-Hiraki explained that:

(Emin Sansar - Anadolu Agency)

"This machine and the one doctor there, the one doctor who is trained on this machine...he can perform a maximum of 20 samples a day. So, you can make a comparison with Turkey which I think is about 30,000 a day and, here which is just twenty samples. So, it is difficult to deal with the situation. As the WHO said: "test, test, test"; it's impossible it's just only 20 tests daily and the WHO sent equipment for 300 samples only, can you imagine that?".

According to Dr. Maki in the Early Warning Lab in Idlib, where the only PCR machine in northern Syria exists, there are no fast test kits either. He is not so worried about the lack of fast test kits because he says they are not very accurate. According to him, using the PCR machine and the limited number of tests they currently have could last them two months at the current rate of testing. The biggest challenge for medical personnel and facilities that still function in northwest Syria is not the bombing, but the political pressure they are facing along with the threat of a pandemic that they expect will eventually spread. Dr. Omar al-Hiraki explains that their supplies are running short and signs of support are dwindling:

"[...] the WHO is dealing with the Syrian Regime, and has provided them with so much equipment, ventilators, tests, and money. They provided them with 20 million for their strategy and they do not provide us with anything until now. Even in northeast Syria with the Kurdish forces, there is no equipment, there are no tests, it is just only four or eight ventilators and they (the WHO) said to them "you have to deal with Damascus, with the regime". And now, they are putting pressure on us just to deal with Damascus. It is like opening the road or making a connection. But first, it's impossible to deal with this criminal regime politically but now they force us to deal with the Minister of Health of the Syrian regime and that is impossible for us".

TRT World reached out to the WHO for a comment on their operations, but did not get a response by the time of publication. The latest situation reports on country-level coordination give credence that the northwest is not approached in the same manner as regime-controlled areas or even the northeast, as mention of the northwest here is omitted.

Some assessments of the situation in northwest Syria are much bleaker and consider the situation completely hopeless. The extent of the damage to the medical sector and the living conditions of millions of displaced people in northwest Syria has left them exposed and vulnerable. Without a proper plan to protect them and prevent the spread of Covid-19 the world may witness a new kind of catastrophe strike in Idlib. For the time being, precautionary border closures have been enforced between Syria and neighbouring countries, with the U.N. confirming that most land borders are closed. However, exceptions remain, particularly as it concerns "commercial and relief shipments, and the movement of humanitarian and international organisation personnel". On the spate of border closures between Syria and Turkey, Dr. Omer al-Hiraki reasoned that such a move was: "part of the measures of the Turkish government to reduce or to protect Turkey and Syria, from the spread of COVID-19 and that is a good measure. We believe that, yes, good measure". To be abundantly clear, the closure of borders does not implicate humanitarian aid that continues to be sent from Turkey across the border into Syria. However, there is concern that this is not going to continue after July. Dr. Maram Al Shaikh, Minister of Health in the Interim Government explains:

"We are facing a lot of pressure. We were pressured by states to accept that all aid would be delivered through Damascus instead of through cross border operations. That way, the UN would be able to close its regional offices related to cross-border operations and conduct all of its business out of Damascus. It got to the point that there were direct and indirect threats by the Assad regime and parties working with the regime for us to accept the delivery of aid only through routes they established.

The regime wants to achieve a political victory by establishing such a status quo in the humanitarian aid sector so that they can argue to the international community that they are able to implement its authority over all Syrian territory and is the only power capable of delivering aid to people around Syria and thus a complete military take over of Syria is the only way to secure people's lives".

Questions were also raised as to what the closure of the Syrian-Turkish border may mean for those suffering from severe illnesses or in need of medical services unable to be found in Idlib. Dr. al-Hiraki opined that:

"Before two weeks, before the completely closed borders between Syria and Turkey we had the ability to transfer severe cases to Turkish hospitals in Hatay and that's a good thing because there are more sophisticated hospitals with the well-trained staff there. They saved so many lives of Syrians, thanks to Turkish doctors and staff. However, now we are unable to transfer them. We are trying to deal with these other severe cases with our experts with our equipment and with our resources as we can".

Dr. Maram al-Sheikh confirmed the situation, acknowledging that at this point in time, nobody is allowed to cross from Syria into Turkey for medical care. According to Dr. al-Sheikh, the border closures on the Turkish side were put in place to prevent the spread of the virus both in Turkey as well as in northern Syria. In the wider context of the relationship established between Turkey and the Syrian Opposition, the history of the treatment of Syrian civilians in Turkey, as well as the aid Turkey has provided to the region, is it highly likely that the transfer of the very sick will continue when necessary. As TRT World understands, though there has been confirmation from the ground that borders are sealed, exceptions to the rule have occurred. Only a few days ago, a young Syrian girl suffering from brain cancer was transferred to Turkey for treatment. Dr. Walid Tamer asserts that it was international pressure from the U.S., Europe, and Turkey that kept the border crossings open, referring to moves by the regime and its backers to stifle border crossings into opposition-held territories:

"They changed their minds due to the pressure of America and Europe and Turkey, and they accepted to enter the cross border aids just by two border crossings in Northern Aleppo and here in Bab el-Hawa for six months only, and by the observation of the Turkish government. But that is good for us...".

A Middle East Institute (MEI) report alluded only briefly to the work Turkey has done to advance the healthcare system present in opposition-held areas such as Northern Aleppo and Afrin. From the establishment of medical clinics that provide free medical services to locals (employing Syrian Arabs, Syrian Kurds, and Turks), to the more mundane but nevertheless necessary dissemination of educational material on the pandemic and even the use of thermal cameras, Turkey has over the course of the war provided a hefty amount of medical and humanitarian aid to opposition-held areas. For example, in the Operation Peace Spring region, in the border town of Ras al-Ayn, Turkey installed thermal cameras to detect possible Covid-19 patients at the entrances and exits to the city. Turkish aid agency IHH and the Turkish Red Crescent have also been working for years in the region. In order to limit the movement of people and the possible spread of the virus, anyone who wants to move through these checkpoints needs special permissions and must go through a thorough physical examination. That Turkey also ostensibly cut off water supplies to other regions in Syria which was then tied to a possible spread of Covid-19, as advocated by the SDF (YPG/PKK) and reiterated by Human Rights Watch (HRW), has been countered by the Turkish side who argued instead that the Assad-regime was the real source of the friction. In any case, Turkey has done much to alleviate both the immediate danger the region faces from the Assad regime and its backers, whilst helping to ensure some semblance of normality returns. Registered refugees in Turkey also benefit from free access to the healthcare system, with refugee facilities the quality of which is seldom replicated elsewhere. For Dr. Walid Tamer:

"Since the beginning of the war in Syria, we have relied heavily on what it has been provided and are still being provided by the Turkish government in assisting the sick and wounded by transporting patients through the crossing with the Turkish ambulance system, and treating thousands in Turkish hospitals for free of patients who we cannot inside provide any care for them [...]".

Internal movement within Syria has also been curtailed between the region of Idlib and other opposition-held areas. As Doctor al-Hiraki detailed:

"They closed the two crossing points between those two areas [Afrin and Idlib]. It's just for doctors, for humanitarian cases; they've made so many restrictions between those two areas just to reduce the movement and the travelling of people".

Dr. Walid Tamer also weighed in on the situation, highlighting how internal border controls are in tension with the necessity for everyday economic activity, but also of course in the backdrop of smuggling which unsurprisingly does occur in the region:

"Any operations that lead to preventing the movement of people and congestion help reduce the transmission of the disease, but as we mentioned earlier, we must think about securing the requirements of daily life for people because many will go hungry if they do not secure their daily food from daily work".

The aforementioned report from the MEI contends that both external and internal borders in the country remain porous, including the border between Lebanon and Syria. This border is of particular concern, for it constitutes the main thoroughfare for Iran-linked, Hezbollah-related militias to enter the country. Iran emerged as the initial epicentre for Covid-19 in the Middle East. The movements of Iranians to and from the country (as well as Shiite pilgrims), but also more pertinently for Syria the continued movement of IRGC personnel throughout the region, are all highly likely to have contributed to the spread of the pandemic. The dependence of Assad's regime on Iranian support means that the country is in many ways beholden to Iran, unable, but perhaps more importantly, unwilling to curtail movement from Iran into Syria. Some of the earliest reports of Covid-19 related to Syria were regarding passengers who landed in Pakistan and tested positive for Covid-19. It turns out that they were 'religious travellers' and were returning from Syria and or Iraq according to Pakistani officials. Ahmad Sheikho, Media Officer of the Idlib Civil Defence Bureau, argued that it was: "impossible to control the illegal smuggling between the regime and opposition-controlled areas", but authorities were well aware of the possible dangers of transporting Covid-19 from regime-controlled areas to opposition areas by way of the people and goods that are being smuggled. The role of HTS in recently re-opening some trade routes is clearly of concern amidst this all, as explored later in the following section.

The Politics of International Aid

Many in Syria and those observing how the Covid-19 pandemic crisis has developed in Syria argue that the WHO should not collaborate with the Assad regime, and that for medical-workers to receive aid, international organisations have implied contact with the regime's Ministry of Health. This, in principle, is unacceptable for many Syrians. Dr. al-Hiraki explains that:

"They have been targeting our hospitals and infrastructure, and the WHO, the UN said that last year the first two months of this year, more than 72 hospitals have been attacked by the Syrian regime airstrikes, so how can we deal with this criminal regime?"

Though it is understandable that to work in the country at all, international organisations must engage with the Assad-regime (referred to officially as the Syrian Arab Republic), the thought of collaborating with the regime at all irks many in the Idlib region. A recent WHO Covid-19 report headline did not raise confidence, suggesting that the WHO may prefer to work directly with the Assad regime. For many Syrians living in opposition-controlled areas, any form of cooperation between international organisations such as the U.N. and the WHO with the regime is viewed with a degree of scepticism, especially since the apparent targeting of healthcare facilities. The U.N.'s emergency aid coordination body, the OCHA, had produced a voluntary 'no-strike' list in an effort to register the presence of humanitarian actors and facilities so as to avoid their targeting. Allegedly, geographic coordinates shared between the parties was then used to target healthcare facilities in opposition held Idlib.

Russia is a veto member of the U.N. Security Council and holds a very powerful card in the deck of international diplomacy. Russia is also operating in Syria by invitation from Damascus. Their efforts to fight 'terror' are wrapped around the language of U.N. resolutions and international law. U.N. agencies, like the WHO, legitimise spending most of their resources through Damascus. For the opposition, "the relationship with the WHO is only good in theory", as asserted Dr. Walid Tamer, lamenting what he sees as inadequate aid given the circumstances. "There is permanent consultation on all health matters in this region", and "there are meetings, and the recent talk was about a 33.5-million-dollar grant regarding the subject of anti-corona. The matter remains only recommendations and without any real and realistic implementation mentioned until this moment. Unfortunately, the WHO did not provide anything" (ibid.), a view expressed on another occasion to TRT World too. ABC News, however, reports that 6000 test kits were indeed sent by the WHO. On engagement with international organisations in general, Dr. Walid Tamer explains that:

"The relationship with international agencies is apparently good, but it suffers from weaknesses in terms of response and never coincides with statements. There is talk of great support and projects, but the implementation does not happen at the right time nor in the appropriate form, although there is no impediment to aid.

The Turkish government provides many facilities through the crossings and others for the arrival of this aid, and even the inside authorities at home no longer interfere in managing and distributing this aid and facilitating its arrival. As for aid that arrives from the regime in these areas, we have only one request, that the system and its supporters stop bombing and destroying facilities and hospitals in the beginning, and then we talk about support, so we cannot talk about asking for help from a party that is destroying hospitals".

Beyond the Assad regime, the maelstrom of tensions that exist between the Syrian Democratic Forces (SDF) – rebranded rather infamously but also unconvincingly from the YPG/PKK – showed a disturbing face as of late in the form of SDF spokesperson Ibrahim Ibrahim, who reasoned that two million people in Idlib "deserve to be killed" because "[...] they are terrorists". The spokesperson asserted that the aid provided to the people of Idlib from the WHO amounted to the support of terrorism, that of the approximately four million people squeezed into the region so as to escape the Syrian regime, "at least 75% or 50% are terrorists". It is not exactly clear how the SDF spokesperson arrived at such figures as he offhandedly signed-off on the death of two million-plus people in a manner characteristic of the regime's penchant for caricaturing its enemies as terrorists . Health Minister Dr. al-Sheikh laments what he sees as greater international aid and coordination between Damascus and the SDF, as opposed to the Syrian Opposition:

"We believe that the UN working very slowly to send aid to the liberated areas in Syria is political pressure from the UN to get us to accept the delivery of aid through routes established by the Assad regime. But it is unacceptable for the UN to fulfil its responsibilities and secure supplies from international markets and deliver them to the Assad regime and the SDF, but they say they aren't able to secure supplies and deliver them to opposition-controlled areas".

The nature of the relationship between the YPG/PKK and the Damascus regime is interesting, one that ranges from tacit compliance, overt support, but also tension in a bid to wrangle greater regional autonomy for the YPG/PKK in areas of North-Eastern Syria. In any case, it seems that the spokespersons disdain for any Syrians who have come to be supported by Turkey and have subsequently allied with the Turkish Armed Forces in multiple incursions into Syria to dismantle the YPG/PKK's political project showed in a very disturbing and dehumanising manner, one that does not bode well at all for the prospect of democratic reconciliation in the country that faces the spectre of ethno-nation separatism or the continued oppression of the regime.

The Extremist Factor

Referring to Idlib as dominated by 'Jihadi factions' is not quite accurate. In fact, it is quite a dangerous generalisation with ignored nuances and caveats that unnervingly weaves into the regime's playbook. In light of the precarious ceasefire and the potential for the pandemic's spread in the region, what is particularly disturbing is the possibility that medical or humanitarian aid may be withheld due to the presence of such groups. In any case, the vast majority of Syrians reject all forms of extremism, be that of groups such as HTS or that of Damascus. There is no love lost between HTS and the Assad-regime, the former's presence in Idlib tolerated by the people there solely for their hostility against the regime. However, unless HTS reforms or disbands, their presence can always be used to justify the regime's political project of eliminating all opposition and depopulating the country of undesirables who have called for revolution and change. More so, there are concerns on the ground that the mere presence of HTS has inhibited the flow of humanitarian aid into the region. Dr. al-Hiraki explains that this is an excuse the international community has been using since 2018:

"We are trying to deal with all these organisations, our NGO's who support our hospitals are trying to be in contact with the WHO, all the organisations around the world just to provide us. However, since 2018 there is a lack of funding and support of northwest Syria because they say there are jihadists, there are terrorists here in Idlib province, and we will not support this area. However, that is an unacceptable excuse because we are talking about 3 million civilians stuck here. As the Turkish government said, we will try to destroy those terrorists but on the other hand, we will protect civilians because there are 3 million civilians, elderly people, women, children, doctors, teachers, not all the people here are terrorists! So, unfortunately now in this pandemic, the WHO until now does not provide us with any equipment, with anything, just to cope well or deal well with the upcoming pandemic...".

Hospitals and other healthcare services in the region are "run by non-governmental organisations such as the Syrian American Medical Society, UOSSM (Union of Medical Care and Relief Organisations) Sima, and the D.D.D.", Dr. Walid Tamer explains, adding that "Turkish healthcare services are also open to auditors". Hence, there is some frustration on the ground regarding the assertion that HTS should be used as an excuse to curtail healthcare aid. Refugees International has reported that extremist groups lack the will and/or the ability to enforce the necessary social distancing and quarantine measures, and quotes a riveting comment by an Idlib resident who asserts that "most people are going out, trying to enjoy the absence of airstrikes". It remains that the relationship that HTS has with the outside world is quite complex. Turkey is in theory committed to disbanding HTS or at least separating HTS from the Turkey-backed opposition forces, which is

denoted in the Astana agreement of 2018, and recalled in nearly every single meeting between Russia and Turkey regarding Idlib. Before the latest ceasefire went into place, the Russian Air Force, Assad regime military and Iranian backed militias conducted a multi-front assault on opposition-controlled areas and ended up taking more than 2000 sq. km of territory from the opposition in western rural Aleppo, southern rural Aleppo, northern rural Aleppo, and southern Idlib. The opposition lost control of the entirety of the M5 highway, as well as all of the towns and villages east of the highway towards the city of Aleppo. The opposition also lost Marat al-Numan and Saraqib, which were two main population centres. More than a million people were displaced in a matter of a few months. As a result, people started to place blame on the armed opposition groups including HTS for the massive territorial losses. Russia and Assad, of course, insisted that everything they did was justified because HTS was still present near the front lines and heavy weapons were still present within the 15km 'demilitarized zone' that was agreed to. The Sochi agreement between Russia and Turkey is the basis for Turkish-Russian cooperation and calls for the Syrian regime's forces to stop all military operations and attacks against civilians and, in exchange, the moderate opposition forces would be separated from extremist forces, and all heavy weapons would be withdrawn 15 km away from the frontlines. The most important condition of the agreement was the opening of the M4 and M5 international highways for commercial trade. HTS' leader, Abu Muhammad al Jolani, has a large bounty on his head placed by the US and is an officially designated terrorist by many countries, including Turkey. All that being said, the group controls the border crossing at Bab al Hawa, which is a major source of trade between Turkey and opposition held areas. It is also a strategic entry point for aid into Syria. When compared to the other border crossings used by the UN to deliver aid to Syria in their 'cross border' programs, Bab al Hawa is by far the busiest of all the crossings.

Since the Sochi agreement went into effect, there have been a series of consecutive Russian backed regime offensives and ceasefires that resulted in the Assad regime retaking territory in northern Syria it has not controlled since 2013. The most important part of which is the entire stretch of the M5 highway from Maarat al Numan to Saraqib and into Aleppo. The latest ceasefire reached on March 5 has held so far, but also coincided with the global spread of the Covid-19 pandemic. This undoubtedly caused financial pressure on the civilians, who are already stretched thin in terms of financial and other resources and found prices for fuel and goods skyrocketing. Mostly due to the fact that border crossings were suddenly closed from Turkey into Syria and from Afrin into Idlib. This has created a very precarious situation for both civilians and HTS. On the one hand, HTS is interested in maintaining its hegemony in northwest Syria by appeasing Turkish pressures to make sure that the M4 - M5 highways remain open for business.

Part of the March 5 ceasefire deal was to allow joint patrols on the M4 highway, which is partially under opposition control. However, some residents of Idlib reject this proposal and have conducted a sit-in style protest cutting off the M4 highway preventing the joint patrols. Several attempts to clear the protest to allow the Russian - Turkish joint patrols have failed and recently resulted in violent exchanges between Turkish police and protesters. According to local sources while this was happening, HTS was planning to open a commercial trade post in the town of Saraqib where the M4-M5 highways meet. This plan was abruptly cancelled due to pressure by local activists who rejected opening a trade post. They argued that this was not only counterproductive for the opposition, but also an easy way for the Covid-19 virus that was already widespread in regime territories to reach northwest Syria.

However, it is notable that some of the people who are involved with the protests and support it are the same ones that forced HTS to go back on opening a trade crossing in Saraqib with the regime. The proposed crossing was supposedly ready to be announced, but locals in Idlib and opposition voices expressed dismay towards the decision. A similar scenario, this time short lived, developed in western rural Aleppo at the town of Miznaz. An official announcement came from the HTS backed Salvation Government that a trade post was opening with the regime. This proposal was again met with resistance and locals actually cut off the road that was to be used for the crossing by burning tires and holding a separate sit in there. Based on discussions with opposition activists in Idlib (who are against opening border crossings with the regime), they believe the regime needs as much support as it can get and would like to open sources of economic stimulus.

They also understand that HTS is bound to benefit from collecting fees on the operation of a trade post between opposition and regime forces, and it might help bring prices down for essential goods in Idlib but do not agree with it regardless. They view the regime as weak and dependent on Russia and Iran who are no longer willing to spend endlessly on propping up the Assad regime. They consider opening a trade route for the regime as an undeserved service to the regime rather than a benefit for the opposition-controlled areas. The activists in northwest Syria consider the biggest threat to Idlib from the regime at this point is the spread of Covid-19. According to the locals, opening a trade post with the regime will effectively nullify any other efforts to control the movement of people and goods in and out of Idlib to prevent the spread of Covid-19.

Even though the regime and its allies may seem united against what they refer to as 'terrorists', the reality is that the relationship between Russia and the Assad regime is not in good standing. This is due to accusations of mismanagement of funds, and corruption by Assad and significant individuals around him. According to TRT World, reports that surfaced in April indicate that Russia is looking to find

A child wears a mask as a preventive measure against coronavirus (Covid-19) as Idlib Health Directorate and Civil Defense Crews along with local charities carry out disinfection works at schools and tent cities in Idlib, Syria on March 18, 2020. (Muhammed Said - Anadolu Agency)

alternatives to Assad and does not expect him to be able to win enough votes in next year's scheduled elections. Many years of corruption and financial mismanagement are now catching up with the Assad regime, and Russia is beginning to recognise that the combination of financial sanctions by the United States via the 'Caesar Bill', and the impending financial pressures of the Covid-19 pandemic are going to be very costly for it. In an article published by the former Russian ambassador to Syria, the current status of the relationship between Assad and Russia is explained as follows:

"Damascus is not particularly interested in displaying a far-sighted and flexible approach continuing to look to a military solution with the support of its allies and unconditional financial and economic aid like during the old days of the Soviet-US confrontation in the Middle East".

Despite Russia's obvious political shift away from Assad, the U.N. has not followed suit until now. The WHO insists on delivering Covid-19 aid directly to the Assad regime, despite knowing well that Assad is not an effective financial manager. The issue of Assad's financial woes reached a climax when, in March, the United Arab Emirate's Mohammad bin Zayed sent a high-level political chief Ali al-Shamsi to Damascus to meet with Bashar al Assad offering $3 billion with $1 billion to be paid by the end of March, and $250 million paid upfront. In return, Assad would order a restart to the military operations in northwest Syria and a break to the ceasefire reached between Russia and Turkey on March 5. In response, Russian Defence Minister Sergei Shoigu visited Damascus to explain that Russia was not happy with this arrangement and would not accept any violations of the ceasefire deal. For the Assad regime, Iran was no longer offering financial support because they had no cash, despite the UAE's unfreezing of $700 million in October 2019, and Russia was not paying either. For Assad, any money he could get his hands on was better than nothing. The U.N. and its agencies continue to recognise the Assad regime, and operate as if the Assad regime was capable of executing humanitarian aid programs responsibly and effectively. For Health Minister Dr. Maram al-Sheikh, beyond the pandemic, the focus should remain on the need for the international community to:

"[...] recognise that the Interim Government is the only authority that is capable of governing Syria in a fair and just way securing people their rights in a dignified way and securing their involvement in the decision-making process and their shared futures".

Conclusion

It is by now well-known that a very precarious situation exists in northwest Syria on account of both the tentative ceasefire and the possibility of a public healthcare catastrophe; largely due to the regime's penchant for targeting healthcare service centres as it has done so throughout the course of the war. International organisations should carefully consider how they spend their resources to fight the spread of Covid-19, and not allow the Assad regime or its allies to make the WHO negligent in its responsibility to protect all Syrians from the spread of Covid-19. If the virus spreads in Idlib and surrounding areas the medical infrastructure would quickly be overwhelmed and accessing these areas to educate the public on how to protect themselves and deliver critical medical aid will become much more difficult. The international community will eventually need to decide how they will protect Syria's most vulnerable population from the worst pandemic in the modern era. In the end, all voices from the ground wish for an end to tension, at least the indefinite extension of the ceasefire, and genuine democratic political change.