



Assad and Russia Deliberately Exacerbate Crisis as COVID-19 Ravages Idlib

By: Isabel Ivanescu

Key Takeaway: Mounting internal and external pressures threaten the stability and territorial integrity of opposition-held Idlib Province, where nearly 1 million internally displaced persons are concentrated without access to basic necessities. The Assad regime and Russia are deliberately exacerbating the mounting humanitarian crisis in Idlib and applying renewed military pressure as COVID-19 cases surge in the province. Rising tensions between jihadist groups in Idlib are driving further instability. These circumstances could enable pro-regime advances in the coming months by weakening anti-Assad forces.

Syria's COVID-19 outbreak reached the opposition-held province of Idlib in July. A Turkish doctor working at the Bab al-Hawa hospital in northwest Idlib became the first confirmed COVID-19 patient in opposition-held greater Idlib on July 9.¹ The virus had likely been spreading at low levels for weeks or months prior. Since July 9, the Syrian Salvation Government (SSG) – the Idlib governing body dominated by al Qaeda-linked Hay'at Tahrir al Sham (HTS) – has reported 89 total cases spread across opposition-held areas of Idlib and Aleppo Provinces.² Each case likely indicates a cluster of infections and hundreds of infections likely remain undetected given the SSG's limited testing capacity. Poor sanitation in the makeshift IDP camps and ruined towns that house most of Idlib's population provides fertile ground for the spread of infectious diseases, including COVID-19. The Eid al-Adha holiday from July 30 to August 3 likely drove a further increase in infections, as the Turkish-Syrian border opened to allow Turkish citizens and Syrian refugees residing in Turkey to spend the holiday with family in Syria.³ Turkey continues to face a serious COVID-19 outbreak; doctors in Gaziantep, just across Turkish the border from Aleppo City, observed particularly high rates of infection in August.⁴

Idlib's surviving healthcare infrastructure cannot manage the area's COVID-19 outbreak in the face of continued pro-regime attacks. Deliberate regime and Russian strikes on medical personnel have killed at least 900 since the start of the Syrian Civil War, contributing to an exodus of Syria's medical professionals.⁵ The NGO MedGlobal told al-Monitor in July that there are 1.4 physicians per 10,000 people in northwest Syria compared to roughly 25 physicians per 10,000 people in the US. Years of pro-regime airstrikes and shelling targeting hospitals and other healthcare facilities have produced an acute shortage of hospital beds and medical equipment. Pro-regime strikes, staff shortages, and supply shortages have forced the closure of 84 medical facilities in Idlib since December 1, 2019.⁶ As of July, Idlib hospitals had a total of 3065 hospital beds – of which only a few hundred are in ICUs – and fewer than 100 ventilators for a population of over 3 million, according to the Syrian Observatory for Human Rights.⁷ Hospitals also lack sufficient PCR machines to run COVID tests, oxygen compressors and cylinders, personal protective equipment for medical staff, and sanitizing products.⁸



A screenshot from one of the SSG propaganda videos.

The Assad Regime and Russia increased military pressure on anti-Assad forces. Pro-regime units maintained a substantial presence along the Idlib frontlines when a Russo-Turkish de-escalation agreement took effect on March 5 and have continued to deploy reinforcements to the area.⁹ Pro-regime forces have also intensified shelling along the southern Idlib frontlines and conducted periodic small-scale attacks.¹⁰ The operational tempo of Russian airstrikes in the area has increased, though Russia has not resumed the large-scale air campaign that typically immediately precedes a pro-regime offensive.¹¹ The increased frontline activity instead likely represents an effort to tax HTS's attention and resources as the group navigates competing crises.

Russia forced the UN to further constrict cross-border humanitarian aid in July, exacerbating shortages of medical supplies and basic goods in Idlib. Cross-border aid into greater Idlib requires regular reauthorization by the United National Security Council (UNSC); recent resolutions have continued aid for six months at a time.¹² Russia compelled the UNSC to reduce authorized border crossings from two to one in order to prevent a Russian veto of the re-authorization as it came due in July.¹³ The UNSC passed a modified resolution authorizing cross-border aid through only one crossing – the Bab al Hawa crossing in Idlib – on July 11.¹⁴ This modification halves the aid the UN is able to deliver to Idlib. Russia employed a similar tactic to reduce the number of border crossings open to humanitarian aid from four to two during the previous round of re-authorization deliberations in December 2019.¹⁵ Russia seeks to aggravate and exploit the unique pressures of COVID-19 to erode the will of greater Idlib's population to resist "reconciliation" with the Assad regime while eroding the ability of anti-Assad forces to defend an increasingly unstable province. Russia and the Assad regime have previously pursued local surrender agreements couched as negotiated reconciliation with opposition actors.¹⁶ A Russian attempt to broker such an agreement in Idlib failed in 2018.¹⁷

The HTS-dominated Syrian Salvation Government attempted to impose public health measures to contain the COVID-19 outbreak. The SSG announced some containment measures in early April, suspending or reducing the operation of schools, mosques, and markets and distributing information to the public before any cases had been identified.¹⁸ The SSG later temporarily closed the Bab al-Hawa hospital, which it runs, after the first confirmed case occurred on July 9. HTS also closed roads between Idlib and Aleppo Provinces to civilian traffic on July 17, attempting to isolate Idlib.¹⁹ On July 21, the SSG prohibited large group gatherings, canceled public events, and mandated the shuttering of dine-in restaurants throughout greater Idlib until further notice.²⁰ Both the SSG and HTS have disseminated propaganda to encourage public compliance with public health measures and to portray

themselves as responsible actors. The propaganda depicts HTS members wearing masks, thoroughly sanitizing food production facilities and mosques, and conducting temperature tests and distributing hand sanitizer at the entrances and exits to public buildings.²¹

The crude protective measures HTS and the SSG can deploy are neither sustainable nor likely to stem the spread of COVID-19. The SSG maintains a fairly small police force, distinct from HTS's *hisba* religious police and charged only with basic functions such as traffic stops. The SSG's police force struggles to exert influence outside Idlib City.²² HTS's estimated 12,000-15,000 fighters are spread thin manning frontlines and checkpoints.²³ HTS has not allocated significant manpower to enforcing COVID-19 containment measures. COVID-19 containment measures have created another opportunity for graft. For example, the SSG agents that operate the Jisr al-Shughour courthouse are requiring Syrians to purchase face masks to enter the facility and surrender them upon exit, before reselling them – generating revenue.²⁴

HTS faces backlash from other Salafi-jihadist groups and local religious figures for closing mosques. The smaller and more hardline al Qaeda-affiliate Hurras al-Din rejected the mosque closures and continued to hold religious services.²⁵ Two prominent Idlib clerics formerly affiliated with HTS, Abdullah al-Muhaysini and Abu Yaqazan al-Masri, urged locals to disobey mosque closures in late March and early April respectively.²⁶ One high-level HTS commander, Abu Malek al-Tali, threatened to defect in April in response to mosque closures. His subsequent defection to a Hurras al Din-led Operations Room in July triggered clashes between Hurras al-Din and HTS, creating a new spasm of instability within the Salafi-jihadist network in Idlib.²⁷ Mosque closures by HTS caused other Salafi-jihadist groups and similarly aligned locals to doubt the group's commitment to Islam. This doubt generated defections from HTS and increased resistance to HTS dominance over greater Idlib.

Division between Salafi-jihadist groups over Turkey's role in Idlib has generated further instability. HTS has defended the Russo-Turkish de-escalation agreement and broadly aligned itself with Turkey despite resistance from other jihadist groups, including Hurras al Din, which view Turkish forces in Idlib as "secular invaders."²⁸ HTS has suffered defections as a result.²⁹ Hardline jihadist groups launched attacks against joint Russo-Turkish patrols in an effort to spoil the de-escalation agreement in July and August. A previously unknown al Qaeda-aligned group, the Khattab al-Shishani Brigades, carried out three attacks on the Russo-Turkish joint patrols mandated under the March 5 agreement. The group detonated a vehicle-borne IED near Ariha, south of Idlib City, on July 14, fired an RPG against a patrol on August 17, and struck a patrol vehicle with a grenade on August 25.³⁰ HTS raided two cells it accused of being aligned with ISIS and of planning further attacks on the joint patrols on July 14 and 15.³¹

The humanitarian and military situation in Idlib is unsustainable. Turkey lacks both the will and ability to stabilize Idlib and ameliorate the humanitarian crisis in the province. Hardline jihadist efforts to spoil the Russo-Turkish agreement undermine HTS's effort to posture as a security guarantor in the province. This pressure from the Salafi-jihadist network applies a constraint on HTS's alignment with Turkey, providing Russia and the Assad regime justification to resume large-scale military operations in Idlib in the future.

¹ <https://www.syriahr.com/en/174037/>

² <https://jihadology.net/coronavirus-and-the-salvation-government-hayat-tahir-al-sham/> ; <https://www.syriahr.com/en/176620/> ; <https://www.syriahr.com/en/176646/>

³ "Weekly COVID-19 Update #16," Syria in Context, 29 JUL

⁴ <https://www.reuters.com/article/us-health-coronavirus-turkey/doctors-say-turkish-covid-19-outbreak-worse-than-reported-as-hospitalisations-swell-idUSKCN251231>

⁵ <https://phr.org/our-work/resources/medical-personnel-are-targeted-in-syria/> ; https://www.al-monitor.com/pulse/originals/2020/07/syria-idlib-coronavirus-doctors-bab-al-hawa-hospital-virus.amp.html?skipWem=1&_twitter_impression=true

⁶ <https://reliefweb.int/report/syrian-arab-republic/health-care-brink-collapse-idlib-hospitals-lack-medicine-save-lives>

⁷ <https://www.syriahr.com/en/174254/>

⁸ https://www.al-monitor.com/pulse/originals/2020/07/syria-idlib-coronavirus-doctors-bab-al-hawa-hospital-virus.amp.html?skipWem=1&_twitter_impression=true ; <https://www.syriahr.com/en/174254/>

⁹ <http://www.understandingwar.org/background/pro-regime-forces-idlib-posture-resumption-offensive>

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- ¹⁴ <https://www.npr.org/2020/07/11/890061563/at-the-u-n-russia-forces-reduced-access-for-aid-to-syrians>
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