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Last Refuge or Last Hour? COVID-19 and the Humanitarian Crisis in Idlib

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The humanitarian crisis in Idlib has receded from the headlines as the world is consumed by the COVID-19 pandemic. Yet only this past March, the UN Human Rights Council was debating the latest report by the Independent International Commission of Inquiry on the Syrian Arab Republic, expressing alarm at the plight of over 1.5 million Syrians displaced at the border with Turkey—with little humanitarian assistance, and children freezing to death because of lack of proper shelters. How did Idlib develop into such a flash point of humanitarian crisis? And with COVID-19 bearing down on this uniquely vulnerable region, what actions can be taken to prevent a last refuge for fleeing civilians from becoming their last hour?

This briefing is the first in a series that will focus on Syria and the challenges of dealing with the coronavirus in a country torn apart by more than nine years of conflict. The enormity of the challenges posed by the pandemic—which countries around the world are struggling to manage—are compounded in Syria by the deliberate destruction of infrastructure and medical services; the vulnerability of a war-weary population, with over 12 million internally displaced persons (IDPs) and refugees and tens of thousands in detention; and by the disparities in access to resources and humanitarian assistance in different parts of the country.

Relative to other areas of the country, Idlib is especially vulnerable. It has long been one of the most volatile and fragile regions in Syria. In the last couple of years, the region has become not only the main remaining battlefield—one where the Syrian government has sought to inflict maximal pain—but also the last refuge for millions of displaced people. The recent escalation of hostilities in the province has produced the worst humanitarian crisis since the war began. Today more than 11 million people inside Syria require humanitarian assistance, nearly 4 million of whom are in Idlib and the northern Aleppo area. The consequences of a pandemic ripping through the war-torn region are all but unfathomable.

In this briefing, we describe how Idlib became the flash point that it is today, and then assess the specific risks that the COVID-19 pandemic poses to the

region—given the badly degraded healthcare infrastructure, the high density of the population, the durable poverty rates, and the lack of access to communications. As the coming outbreak seriously threatens the vulnerable people of Idlib, it is time to activate all possible humanitarian resources. At the same time, it is important to recognize that the solutions go beyond public health and must be multi-sectoral. We therefore conclude with five recommendations to mitigate the potential impact of the pandemic in this most vulnerable of regions:

- Strengthening local authorities and actors to respond
- Monitoring borders and crossings
- Limiting risks of spread through interaction
- Improving communications technology to combat the virus
- Indicators and testing

Why did Idlib become the humanitarian crisis zone it is today?

The roots of the crisis that has been unfolding in Idlib go back to 2012, when rebel forces took control over most of province. However, the reason Idlib is known as the "last refuge" is because it became a dumping ground for forcibly displaced armed rebels and fleeing civilians opposed to the government in Damascus. These displacements were the result of local agreements, often termed "reconciliation agreements," which were imposed on the population of besieged towns by the Syrian state and its allies the Russian Federation and Iran.

The story can be traced to the ending of the four-year siege of Damascus suburbs of Daraya, on August 26, 2016, and Moadamiat al-Sham, on October 19, 2016. The siege of Daraya, with an estimated remaining population of 7,000 people, began in November 2012. It had fallen under the control of armed groups opposed to the government in Damascus after a massacre by Syrian government troops earlier that year. Over the next four years, both civilians and rebels were trapped by the siege, prevented from obtaining basic necessities including food, water, and medicine. Access to electricity and fuel were cut off. Civilians were prevented from leaving and crops around the area were burned, leaving residents to starve. Aerial bombardment, including by barrel and incendiary bombs, became the daily experience of residents. Key facilities such as hospitals, schools, and electricity and water stations were deliberately targeted. UN humanitarian convoys were prevented from delivering life-saving assistance until close to the end of the siege. The siege intensified after Russian involvement began in late 2015, which enhanced the Syrian state's aerial

capacity and enabled the adoption of new tactics including surveillance flights, artillery barrages, and a gradual advance by ground troops. When the siege ended with Daraya's surrender, the remaining occupants—between 2,500 and 4,000 people, both civilians and armed fighters—were essentially forced to relocate to Idlib province. Upon arrival, they spread around different parts of the province, staying with relatives, living in camps in rural areas, or seeking shelter where they could find it.

Similar agreements have been forged in a number of places in Syria since, ending local sieges and forcing armed fighters and civilians to evacuate to Idlib. The eastern part of the city of Aleppo underwent four years of fighting and a siege before an agreement was reached in December 2016. While the civilian population was given more options than in other cases, the vast majority—estimated at more than 34,000 people—chose to go to Aleppo and Idlib provinces. Another agreement, reached after the siege on the al-Wa'er neighborhood in Homs city ended in March 2017, saw 20,000 people, including armed fighters, head north to Idlib and northern Aleppo and Homs provinces.

The Astana process, de-escalation zones, and Idlib as a dumping ground

The Astana peace process was launched by the Russian Federation in January 2017 after its intervention in Syria had tipped the balance against the rebels. The talks brought together representatives of the Syrian government and the rebels in Astana, the capital of Kazakhstan, and were hosted by Russia and Iran (allies of Syrian regime) and Turkey (supporting opposition groups). From the very start, this has been a challenging dynamic, since Russia and Turkey appear to have diametrically opposed aims in Syria.

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There were no face-to-face meetings between the Syrians (regime and opposition) at Astana, and both sides refused to sign a final declaration agreed upon by the three hosting states. Several rounds of further talks failed to achieve an agreement, until May 2017, when Russia, Iran, and Turkey adopted a Russian plan aimed at bringing the fighting to a halt. The plan called for the creation of four "de-escalation zones" across Syria. The largest de-escalation zone included the Idlib province and adjoining areas in Hama, Aleppo, and Latakia provinces; the other three zones were set up in the northern rebel-controlled parts of Homs province, rebel-controlled eastern Ghouta, and along the Jordan-Syria border, including parts of Dara'a province. As part of the plan, combat operations, including all flights of military aircraft in those areas, would stop as of May 6, 2017, creating the conditions for humanitarian access, the return of displaced civilians, and the rebuilding of damaged infrastructure. The plan was adopted for six months with the intention of renewing it automatically. However, the memorandum was never signed by the Syrian government or the rebel groups' representatives, with the latter expressing concerns that it left too

many openings for the Syrian government to continue bombing civilian areas. That was exactly what happened.

Over the course of 2018, the Syrian government—backed by Russian aerial support and Iranian militias operating on the ground—retook three of the de-escalation zones, forcing the surrender and evacuation to Idlib and other areas in the north of armed groups and large numbers of civilians. Eastern Ghouta's population of around 400,000 had been under siege since April 2013, in what was described as "the longest running siege in modern history." In the later stages of the siege, civilians were incinerating plastic to generate electricity, digging underground wells to get access to water, and digging tunnels to avoid the daily bombardments. Government forces and their allies used multi-barreled rocket launchers and artillery guns on the ground and unguided aerial bombs and cluster munitions from the air to assault the zone.

In March 2018, Eastern Ghouta was split into three enclaves after an assault by the Syrian army and its allies. Agreements forcing evacuations were reached separately with each enclave. 105,000 civilians evacuated from Harasta and Zamalka to Idlib. Worse was to come for the last enclave of Douma—in April it was the victim of a chemical attack and surrendered the next day. A further 50,000 people were evacuated to the north.

By late 2018, Idlib was the only remaining de-escalation zone, which had now grown in population to over 3.5 million, half of them internally displaced Syrians. The number of armed groups in Idlib could be counted in the tens of thousands. Hay'at Tahrir al-Sham (HTS), formerly Jabhat al-Nusra and designated as a terrorist organization by the UN Security Council, was gradually becoming one of the strongest and dominant in some areas of Idlib. With the situation escalating towards an assault that risked not only heavy civilian casualties—since they had nowhere else to go—but also a direct military confrontation with Turkey as the key backer of the rebels, Russian and Turkish presidents Vladimir Putin and Recep Tayyip Erdogan met at Sochi to forestall such a calamity.

Temporary agreements and an unresolved humanitarian crisis

The deal that was struck between Putin and Erdogan promised that by mid-October 2018 the two sides would establish a demilitarized belt 15–20 kilometers deep within the de-escalation zone, along the line of contact between Idlib's rebels and Syrian government forces and allies. Rebels would withdraw heavy weaponry, including tanks, multiple launch rocket systems, artillery, and mortars from the demilitarized area, and jihadist groups like HTS would be persuaded to leave the de-escalation zone. The Syrian government undertook not to attack or seek to enter the de-escalation zone. Russian and Turkish forces would patrol the demilitarized belt, and by the end of the year Idlib's main highways (M4 Aleppo-Latakia and M5 Aleppo-Hama) would be reopened to

normal traffic. The agreement did not specify who would disarm and remove the rebels, though it was clear that Turkey would need to play the major role in finding inducements and other means to eliminate the transnational jihadist groups, which were seen as a global terrorist threat, while providing support to Syrian armed groups with a more national agenda. HTS immediately condemned the agreement, and a number of analysts made comparisons to the lead-up to the 1995 massacre in Srebrenica, which happened a week after Bosnians had disarmed with a promise of protection.

By early 2020, the situation of those stuck at the Syria-Turkey border was described by UN humanitarian staff as the worst they had seen since the war began.

The agreement temporarily forestalled a Syrian and Russian assault on Idlib. Turkey's twelve observation points along the front line separating rebel from state forces were reinforced and subsequently matched by ten Russian and seven Iranian posts on the state side of the line. But after a brief lull in fighting, neither the armed groups or the Syrian government ultimately respected the accord. Heavy weaponry was not removed from the demilitarized belt. Syrian bombardments in the area soon restarted, as did armed groups' shelling of Syrian state-controlled territory, including drone attacks on Russian military bases. The latter provided the excuse for Syria to embark on a final assault on Idlib. By December 2019, this had resulted in over 900,000 civilians fleeing to the Syria-Turkey border. Turkey, having already taken in more than 3.5 million Syrians, had by then closed its border with Syria and built a wall to keep refugees from crossing. By early 2020, the situation of those stuck at the Syria-Turkey border was described by UN humanitarian staff as the worst they had seen since the war began.

A stalemate at the Security Council

On December 20, 2019, the Security Council voted on two draft resolutions that would have renewed the authorization for cross-border (i.e., from Turkey and Iraq) and cross-line (i.e., from inside Syria) humanitarian access to the IDPs in Idlib. Neither draft was adopted. The first draft, produced by Belgium, Germany, and Kuwait, was vetoed by China and Russia. It would have re-authorized use for one year of three of the four border crossings (Bab al-Salam and Bab al-Hawa on the Turkey-Syria border and Al-Yarubiyah on the Iraq-Syria border) that had been mandated by previous resolutions. The second draft, produced by Russia and calling for reauthorization of two out of the four crossings, also failed, with only five members (China, Côte d'Ivoire, Equatorial Guinea, Russia, and South Africa) supporting it. Negotiations continued into early January 2020, with differences persisting over the number of authorized border crossings and the duration of the mandate.

On January 10, Belgium and Germany revised their draft to allow for the re-authorization of two of the four border crossings (Bab al-Salam and Bab al-Hawa) for a period of six months. The draft was adopted as resolution 2504 by a vote of 11 in favor, none against, and four abstentions (China, Russian

Federation, the United Kingdom, and the United States). The Al-Yarubiyah crossing was removed on the day of the vote to secure adoption. In arguing against continued cross-border assistance, Russia had referenced the "guiding principles of humanitarian emergency assistance," as contained in General Assembly resolution 46/182, i.e., that "humanitarian assistance should be provided with the consent of the affected country and in principle on the basis of an appeal by the affected country."

The deterioration of the humanitarian and security situation in Idlib continued. UN leaders sounded the alarm, calling for an immediate ceasefire. High Commissioner for Human Rights Michelle Bachelet expressed "horror at the scale of the humanitarian crisis in north-west Syria," referring to the unprecedented displacements that had occurred since December 2019 as well as the rising death toll. Secretary-General António Guterres characterized the situation as "one of the most alarming moments across the duration of the Syrian conflict." As his spokesman stated, "Young children are dying from the cold. Hostilities are now approaching densely populated areas. People are on the move in freezing temperatures in search of safety, which has become even more difficult."

Following clashes in February 2020 that led to the death of 36 Turkish soldiers, Russia and Turkey forged yet another ceasefire agreement on March 5. On April 14, Russian and Turkish forces conducted their fourth joint patrol by air and ground forces along the M4 motorway in line with the March 5 agreement. If this agreement follows the pattern of previous ceasefires, it brings a much-needed lull in the fighting but will not be the solution.

Syria, Idlib, and the coronavirus pandemic

The Syrian Health Ministry announced on April 28 that 43 COVID-19 infections had been officially detected in Syria, with 19 recoveries and 3 deaths. The World Health Organization (WHO) and other humanitarian actors fear the numbers are higher and will continue to rise, as they have done elsewhere. Only one Damascus-based lab is reportedly testing for the virus in government-controlled areas. Prices for masks, disinfectant, and medicine have surged while the public health infrastructure remains fractured and under-resourced.

To contain the spread of the coronavirus in Syria, the government announced on March 14 that it would close schools (initially until April 2) and postpone forthcoming parliamentary elections until May 20. Since then, Syrian authorities have also clamped down on movements and public gatherings, including shutting down all intercity public transportation across the country, and banned movement of people between governorates. The government closed its borders with Jordan, Iraq, and Lebanon. Business hours have been curtailed and commercial flights from Iran have been suspended. Syria banned

the printing of all newspapers and magazines to prevent the potential spread of the virus on paper, although the Information Ministry insisted that all publications would continue to appear online. Reportedly, Syrian physicians have received strict orders from government authorities to refrain from publicly discussing any cases, because doing so would jeopardize national security.

On April 3, the Syrian Interior Ministry extended the 12-hour COVID-19-related curfew in regime-controlled territories to 18 hours (from 12 p.m. to 6 a.m.) on Fridays and Saturdays. Other areas controlled by Syrian Democratic Forces and rebels have separate measures announced by the local authorities. Additionally, the Syrian Army announced two administrative orders ending the retention and summons of reserve officers who have completed three or more years of actual reserve service and officers and individuals who have had actual reserve service of seven years or more. It had already suspended conscription seemingly to prevent the spread of the virus among the rank and file.

The COVID-19 threat in Idlib

In opposition-held Idlib, the Idlib Health Directorate has issued similar recommendations, calling for schools and other facilities to close, urging an end to group prayers, large gatherings, and non-essential movement, and emphasizing the necessity of hygiene and social distance. In some ways, Idlib was already in a veritable lockdown due to the war. Almost 200 schools were already out of operation, having been destroyed by shelling or been converted into shelters for displaced families. But standard public health measures such as hand washing are all but impossible in the war-torn region. Idlib province—now bloated to a population of nearly 4 million—is overcrowded and impoverished by design. Many of the men, women, and children residing there have fled several times before. They are mostly unemployed with limited means to take care of themselves and find shelter, food, or healthcare. Over 1.5 million have been displaced again in recent months due to the conflict over Idlib. Without enough tents and other resources, many are living in the open, sheltering under trees or in fields. Those lucky enough to have tents are living in overcrowded camps with limited access to running water. These are conditions that the coronavirus can exploit with a vengeance.

According to WHO, "Of all armed conflicts across the globe, Syria has for years been one of the worst examples of violence affecting health care"

The situation is all the worse because of the lack of a functioning medical system. Health facilities in Syria have been systematically debilitated by the conflict. According to WHO, "Of all armed conflicts across the globe, Syria has for years been one of the worst examples of violence affecting health care." From March 2011 through February 2020, Physicians for Human Rights has corroborated the killing of 923 medical personnel (90 percent attributed to Syrian government forces and their allies), and 595 attacks on medical facilities (including 536 attacks attributed to Syrian government forces and allies). These attacks targeted at least 350 separate facilities.

The health system in Idlib is even more severely impacted. Almost 70 percent of recorded attacks on healthcare in Syria between 2016 and 2019 occurred in the northwest. More recently, Doctors Without Borders/Médecins Sans Frontières reported that "daily bombing and shelling in the northwestern region of the country (Syria) haven't spared the medical facilities and structures housing displaced people; since January 2020, 80 hospitals have been rendered out of service due to the relentless attacks." As a consequence, the health system in Idlib has been largely destroyed. According to Dr. Munzer al-Khalil, the head of the Idlib Directorate of Health, the regions known as the "liberated areas" have only 600 physicians, who serve a population of more than 4 million people—a ratio of fewer than 2 physicians per 10,000 people: "In one year, we lost around 76 health facilities. Donors have cut their funds and medical staff have been killed, arrested, or displaced. The health sector in Idlib cannot cope with the inevitable outbreak and we fear 100,000 people could die unless we get supplies immediately." Dr. al-Khalil emphasized the lack of equipment and space as well as qualified staff: "Our ventilators are always 100 percent occupied and we don't have one single bed ready for a coronavirus case today. Camps are the perfect breeding ground for the virus and [we are] 400 percent over capacity, with 10 or more people sharing one tent."

Moreover, most existing health facilities in Idlib were established as a response to the ongoing conflict, so many of them were designed to meet the needs of injured patients rather than respond to an outbreak of infectious disease. These inadequate resources will quickly be depleted, quite possibly degrading the health care system until it reaches a state of total collapse. A recently published London School of Economics assessment of the capacity of healthcare systems in all parts of Syria to respond to and contain a COVID-19 outbreak is a sobering read in this regard. The total number of intensive care unit (ICU) beds with ventilators in the whole country is 650, more than half of which are already occupied. The Idlib Health Directorate estimates the available number of ICU beds in the province to be 20. According to the LSE study, the maximum capacity threshold of Idlib's healthcare system for COVID-19 cases is estimated at 400, on the basis that at least 5 percent of the total COVID-19 cases will require ICU support.

The risks in Idlib

Humanitarian needs are increasing sharply across all sectors in Idlib, and any further delay will exacerbate widespread vulnerabilities, degrade community resilience, and accelerate the collapse of public institutions, which will increase the morbidity and mortality when the first wave of COVID-19 hits. With the global spread of the COVID-19 pandemic, many authorities have imposed strict preventive measures, including social distancing, hygiene, quarantine, and isolation, and travel bans. The main goal behind these measures is to reduce the rapidity of transmission, thus reducing pressure on health systems. But in

settings like Idlib, these measures will be extremely difficult to impose. First and foremost, as noted, the region's healthcare infrastructure is already badly degraded, and virtually any uptick in patients could overwhelm it. But Idlib is uniquely vulnerable for other reasons as well, including the following:

- **High-density population:** Approximately 4 million people are living in Idlib, with IDPs constituting roughly half of the population. As OCHA recently noted, "Self-isolation is largely not feasible in the densely populated northwest."
- **Social service shortfall:** Social services barely function in Idlib. Most people are in need of humanitarian assistance to meet their basic needs.
- **Economic factors:** Poverty makes it burdensome for people to adhere to the preventive and isolation measures. For example, social distancing cannot occur when people are lining up for food and aid supplies, lack of running water prevents optimal hand washing practices, and sharing latrines compromises safe hygiene protocols.

Social services barely function in Idlib

- **Awareness:** Poor or no access to electricity and to the internet prevents dissemination of awareness campaigns.
- **Region-specific interference:** Multiple other security, cultural, and religious factors, distinct to the area, make efforts related to isolation, hygiene, and social distancing measures formidable.

In light of these factors, the three mechanisms for increased morbidity and mortality outlined by the London School of Hygiene and Tropical Medicine are at heightened risk to occur in Idlib:

- **Higher transmissibility:** Due to larger household size, and with many families living in one shelter (i.e., tents) in overcrowded and underserved camps, the social distancing needed to prevent mixing between healthy or asymptomatic groups and high-risk groups may be unachievable. Lack of access to running water and latrines and the difficulty of imposing strict isolation procedures add to the risk of transmission. Further, the profound limitation in COVID-19 testing prevents identification of cases, which would allow quarantine of sick individuals. Despite the closure of the border crossings and the checkpoints for civilians, routes are still open to commercial traffic, perpetuating the risk of transmitting the virus to Idlib. Smuggling of people and merchandise is also still active between these areas, negating the protective benefits of border closures.
- **Higher infection-to-case ratio and progression to severe disease:** As a consequence of chronic lack of access in health services,

many people in Idlib have underlying, poorly managed health conditions that are known to lead to a higher risk of severe complications of COVID-19, such as diabetes, asthma, heart conditions, cancer, malnutrition, or immunocompromised status.

- **Higher case-fatality rate:** Due to the prolonged shortage of healthcare services, there is a considerably greater likelihood that severe and critical cases will never receive the care they need. According to Dr. Khalil, the total number of adult ventilators in the region is less than 50, all of which are currently occupied by non-COVID-19 patients.

A delayed international response

Despite Idlib's unique vulnerabilities (and the risks these pose to the country and wider region if Idlib becomes a vector for COVID-19 transmission), the international community has struggled to mount a response to contain the virus and avert catastrophe in the province. As *The New York Times* reported on March 19, "The international response has been slow to nonexistent, according to more than a dozen experts and Syrian medical professionals." At that point, WHO had not yet delivered any testing kits to the rebel-held region, even though it had delivered such kits to the Syrian government weeks earlier. More recently, WHO has delivered materials to enable up to 5,000 tests to be conducted in Idlib. The humanitarian community has put in place a set of preparedness and response plans, and aid to the region is flowing—but not quickly enough. According to one report, at the end of March Idlib had still not received any shipments of protective equipment. There is only one laboratory capable of processing tests, and it can handle only 20 tests per day. As of April 27, just 218 tests had been performed. Although all tests have come back negative, local hospitals have seen an uptick in patients with telltale symptoms, and local doctors believe the virus may have been spreading undetected for weeks. Meanwhile, 90 percent of IDP sites lack a camp management system, and nearly 300,000 recently displaced Syrians received no food assistance between March 14 and April 14.

Humanitarian organizations are working to equip additional facilities with testing capacity as well as to procure 90 ventilators and 3 x-ray machines, among many other efforts. These initiatives are vital, but they are insufficient in a province now home to 4 million people. Local doctors have been pleading with the international system to step up efforts in the region, warning that 100,000 people could perish from COVID-19 if support is not forthcoming. The situation is so severe that tens of thousands of Syrians displaced along the Turkish border have started to return to their bombed-out homes because they deem the risks of disease and hunger at the border to be greater than those of bloodshed at the frontline.

The problem of how to dramatically scale-up the response defies an easy solution. Travel restrictions, export bans, price hikes, to say nothing of ongoing insecurity, make procuring and delivering equipment and goods a Herculean task. But the challenge is also a structural one. Organizations like WHO are designed to work with and through governments. As a WHO representative told *The New York Times*, explaining why it took so long to supply test kits to Idlib, "The northwest is not a country." But allowing the Syrian government to dictate where and to whom aid flows has compromised humanitarian operations in the past. The stakes are even higher now. The government's strategy of inflicting maximal pain on Idlib is directly at odds with the humanitarian and medical imperative exacerbated by the pandemic. As noted above, the Security Council has re-authorized the UN to provide humanitarian assistance directly to Idlib, but many aid organizations remain reluctant to use that authority.

What can be done: A containment and mitigation strategy

Donors and international humanitarian organizations will need to fund, empower, and build up the capacity of these local actors, including the Idlib Health Directorate

As the coming outbreak seriously threatens the vulnerable people of Idlib, it is time to activate all possible humanitarian resources—some of which have been postponed for years—to expand the capacity of the health system to enable it to provide efficient, dignified, and timely services to those who will need advanced healthcare services as the coronavirus spreads. Idlib's situation exemplifies what could happen when we hope for the best but are unable to prepare for the worst.

The humanitarian response against the looming COVID-19 outbreak in Idlib is not only a healthcare challenge but a multi-sectoral crisis. It requires a comprehensive strategy that addresses not only the virus but also the social, economic, and political upheavals that the children, women, and men of Idlib and Syria have suffered for far too long. Achieving the latter requires long-term planning and a geopolitical consensus that has remained elusive thus far. No effort should be spared to change that fact. In the meantime, with the virus bearing down, there are steps that can and must be taken today.

1. Strengthening local authorities and actors to respond

Most international humanitarian assistance in Idlib is provided via local implementation partners in Idlib and through the Idlib Health Directorate. That network exists on the ground and has the capacity, limited though it may be, to fast-track a containment plan to mitigate the effects of this pandemic. Some steps have already been taken: for example, starting in May 2020, local partners will implement 17 isolation centers with an overall target of 1400 beds.

Donors and international humanitarian organizations will need to fund, empower, and build up the capacity of these local actors, including the Idlib Health Directorate. One area where such assistance is needed is the limited

number of health care staff. Within a comprehensive plan, **intensive training programs** are urgently needed to prepare sufficient health professionals to provide essential services, so as to avoid overwhelming existing health care providers.

Moreover, working under the constraints of Idlib's exhausted health system and limited resources will require a better understanding of the containment and mitigation procedures developed in similar situations in other conflict zones. Physicians and public health professionals with knowledge and experience in pandemic planning for low-resource settings should be deployed to provide **expert advice** to local partners on effective ways of addressing the current situation.

Additionally, there needs to be a significant increase in **provision of PPE** to the Idlib region, with priority supplies provided to aid and support workers, including health, social, humanitarian, and protection teams.

Finally, local actors will need to play a role in **strengthening local awareness** campaigns and spreading messages around social distancing measures and hygiene. This is particularly important now that Ramadan observance has started. Community leaders will need to be committed to, and supportive of, social distancing measures.

2. *Monitoring borders and crossings*

As part of efforts to contain the spread of the coronavirus both into and from the Idlib region, **stricter controlling and monitoring** procedures will need to be put in place at border crossings and other entry points (with Turkey, opposition-controlled areas, Syrian Democratic Forces areas, and Syrian government-controlled areas). At present, these are all closed to civilian traffic, but open to essential commercial traffic, which the region is dependent upon for food, medicine, and other supplies. While countries combating COVID-19 have imposed quarantines of 14 days or more on individuals arriving from abroad, this measure cannot be applied in Idlib province without drastically reducing the number of crossings that are bringing vitally needed supplies. A possible alternative measure would be testing the drivers and others bringing in such supplies and quarantining positive or suspected cases of COVID-19. The illegal smuggling of humans and merchandise is an additional challenge that negates many benefits of applied containment and mitigation measures.

3. *Limiting risks of spread through interaction*

Social distancing is an important method for mitigating the risks for spreading the coronavirus, but it is not sufficient. In the Idlib context, there are other important tools that should also be considered. One is ensuring greater **control and monitoring of the referral system between residential settings**

SMS communications are likely to be the most effective means of sharing information quickly and accurately

and health facilities, through increasing the number of ambulances and qualified paramedics. A second is **isolating high risk people** (elderly, individuals with chronic diseases, etc.) in designated isolation centers. The challenges and feasibility of such an approach should be studied and evaluated by local and international partners in the field. A third is **strengthening the mobile model of humanitarian aid provision**, including mobile healthcare consultations and distribution of medications, hygiene kits, and livelihood materials to shelters, so displaced people do not have to visit hospitals or health facilities.

4. Improving communications technology to combat the virus

Public information messaging on how to contain, protect against, and report the spread of the virus will require continuous accurate and relevant information sharing. At present, the Idlib region is poorly served in terms of electricity and access to the internet. SMS communications are likely to be the most effective means of sharing information quickly and accurately, but there should be an urgent effort to increase access to the internet. Humanitarian efforts should consider ways to provide this capacity via Turkey.

5. Indicators and testing

The comprehensive strategy and preparedness plan should be led by clear indicators. It is vital to increase the number of COVID-19 tests in Idlib in order to ensure adequate case identification and contact tracing. According to global data, an estimated 80 percent of infected people will be asymptomatic or present with only mild symptoms, but they will still require self-isolation, social distancing, and hygiene protocols. Another 15 percent will need supportive care in COVID-19-dedicated isolation centers or hospitals, while 5 percent will need advanced ICU care.

Conclusion

This strategy will be challenging to implement while the conflict in Syria, particularly the struggle over control of Idlib, continues. It is imperative all parties adhere to the UN secretary-general's call for a global ceasefire. International actors with influence on parties to the conflict should press for an immediate formal ceasefire in Idlib, if for no other reason than to reduce new waves of IDPs and allow medical providers to focus on the coming outbreak.

All of the above will require international donors, WHO, and the UN to vastly accelerate their support for Idlib. Such support should include increasing capacity of water, sanitation, and hygiene facilities, along with access to electricity (generators) and the internet. It should include boosting the cross-

border mechanisms to deliver the required aid. It should also include urgent funding to increase local capacities as described above.

The plight of Idlib is one of the most complex humanitarian dilemmas of our time, influenced by prolonged conflict, a looming COVID-19 outbreak, and the ongoing failure of the international community to take effective action. A further failure to minimize the impact of the COVID-19 pandemic on Idlib will cost lives—and risk global health security further by allowing the virus to spread in one of the places that is least-equipped to contain it.

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