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The Most Notable Challenges for Medical Personnel, IDPs, Detainees and the Needy in Syria Amid the Spread of the COVID-19

The Syrian Regime Has Killed 83 Medical Personnel in Detention Centers, and Is Still Detaining 3,327 of Them Since March 2011 Up to May 2020



SYRIAN NETWORK FOR HUMAN RIGHTS

الشبكة السورية لحقوق الإنسان

Friday, May 8, 2020

The Syrian Network for Human Rights (SNHR), founded in June 2011, is a non-governmental, independent group that is considered a primary source for the OHCHR on all death toll-related analyses in Syria.

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I. Introduction

The COVID-19 pandemic has swept across most of the world, and caused massive numbers of infections and deaths, with most of the world's stable democratic countries worldwide dealing with it seriously and taking exceptional measures to protect the population; many countries have announced their desire to attract and employ more medical personnel, and some governments have released large numbers of imprisoned people and detainees as a precautionary measure to stop the disease from spreading.

By contrast, since the beginning of the global pandemic outbreak, the Syrian regime has dealt with it with callous, total and extreme disregard and total negligence, with several countries announcing the arrival of infected cases from Syria. On March 2, the National News Agency in Lebanon announced that it had returned a busload of people coming from Syria on suspicion of a coronavirus-infected individual among the passengers. On March 10, meanwhile, the Pakistani Ministry of Health announced that an individual infected with the virus had arrived in the country from Syria. Despite these and other cases, the Syrian regime continued to deny the existence of any infections in Syria until March 22.

The Syrian people and state have already been suffering for nine years due to the absence of any political transition towards democracy and stability since the popular uprising for freedom first began in March 2011 up to the present date. This suffering has been reflected in various aspects of life, but we will focus on four main axes here, all of which are directly related to the COVID-19 pandemic, namely: medical personnel and facilities, the IDPs, and the detainees, in addition to many other challenges.



II. The Most Notable Major Material and Human Losses Incurred by the Medical Sector

Over the past nine years, the Syrian Network for Human Rights (SNHR) has been particularly attentive in documenting violations against medical personnel (according to the SNHR's methodology, this includes all workers in the medical field, including doctors, nurses, paramedics, pharmacists and laboratory technicians, as well as administrative staff and those working in the operation and transport of medical supplies (and the targeting of medical facilities, detailing these violations in periodic [monthly reports](#), single-issue reports concerning specific aspects such as [the report on the targeting of vital facilities](#), and in [the human rights situation report](#), accumulating an extensive database on this subject. According to the SNHR's database, the record of attacks included in this report includes:

First: Bombings that targeted medical facilities, with no military installations or equipment nearby.

Second: Bombings that targeted medical facilities whose work had been suspended due to previous attacks which didn't completely destroy them.

Third: Medical facilities that have been subjected to more than one attack, with SNHR documenting each attack as a separate violation.

Under international humanitarian law, civilian objects are classed as being protected from military attacks unless they are used for military purposes, with this protection suspended when they are used for military purposes and for the duration of such use; once the civilian object is no longer being used for any military purpose and returns to its former civilian status, military attacks are once again prohibited and the object's protected status is resumed.

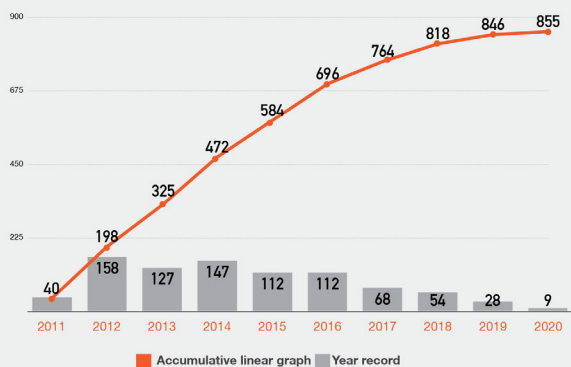
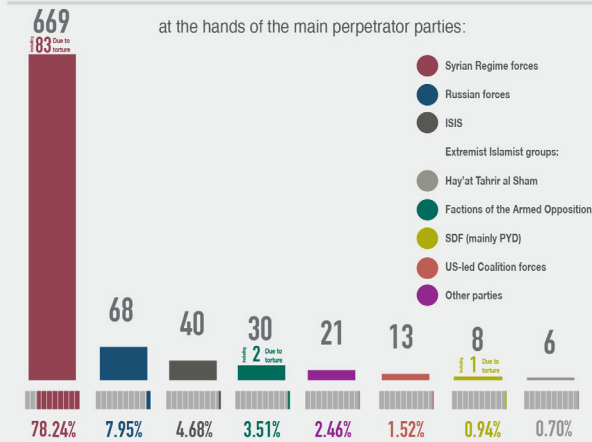


Infographic outlining the most notable violations against the medical sector in Syria:

The Most Notable Violations against Medical Sector in Syria Between March 2011 and May 2020

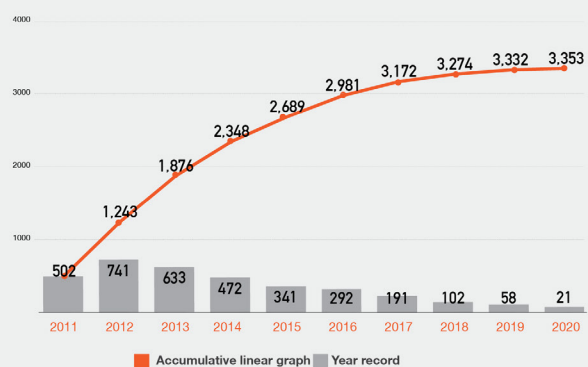
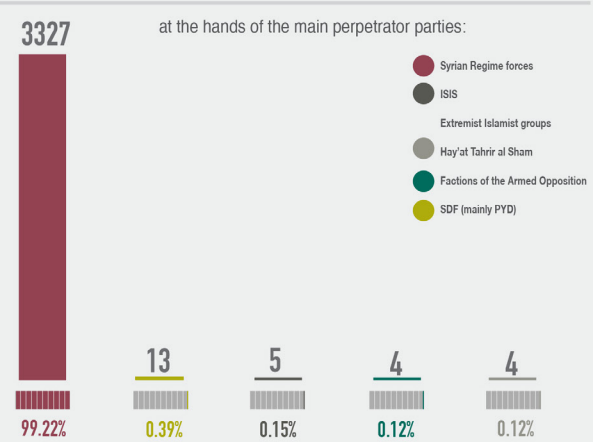
Extrajudicial Killing

The death of 855 medical personnel including 86 due to torture



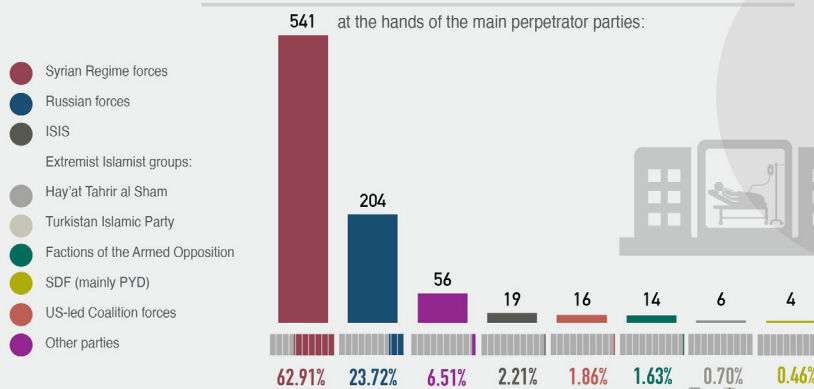
Arbitrary Arrest and Enforced Disappearance

At least 3,353 medical personnel are still detained or forcibly disappeared



Attacks on Medical Facilities

At least 860 attacks on medical facilities



A. The death toll of medical personnel between March 2011 and May 2020:

SNHR documented the deaths of 855 medical personnel, including 86 due to torture, at the hands of the main perpetrator parties in Syria between March 2011 and May 2020, distributed as follows:

- **Syrian Regime forces (army, security, local militias, and Shiite foreign militias):** 669, including 83 due to torture.
- **Russian forces:** 68.
- **ISIS (the self-proclaimed 'Islamic State'):** 40.
- **Extremist Islamist groups:**
 - **Hay'at Tahrir al Sham (an alliance composed of Fateh al Sham Front and a number of factions of the Armed Opposition):** Six.
- **Factions of the Armed Opposition:** 30, including two due to torture.
- **Kurdish-led Syrian Democratic Forces (the Democratic Union Party):** Eight, including one due to torture
- **US-led coalition:** 13.
- **Other parties:** 21.

The death toll of medical personnel was distributed by year as follows:

2011: 40

2012: 158

2013: 127

2014: 147

2015: 112

2016: 112

2017: 68

2018: 54

2019: 28

2020: 9

B. The record of medical personnel who are still detained or forcibly disappeared between March 2011 and May 2020:

SNHR's database indicates that at least 3,353 medical personnel are still detained or forcibly disappeared, distributed by the perpetrator party as follows:

- **Syrian Regime forces:** 3,327
- **ISIS:** Five.
- **Extremist Islamist groups:**
 - **Hay'at Tahrir al Sham:** Four.
- **Factions of the Armed Opposition:** Four.
- **Syrian Democratic Forces:** 13.



The numbers of medical personnel listed among the detainees and forcibly disappeared people have been distributed by year as follows:

2011: 502
2012: 741
2013: 633
2014: 472
2015: 341
2016: 292
2017: 191
2018: 102
2019: 58
2020: 21

C. The record of attacks on medical facilities between March 2011 and May 2020:

SNHR documented at least 860 attacks on medical facilities at the hands of the main perpetrator parties in Syria between March 2011 and May 2020, distributed as follows:

- **Syrian Regime forces:** 541
- **Russian forces:** 204
- **ISIS:** 19
- **Extremist Islamist groups:**
 - **Hay'at Tahrir al Sham:** Five.
 - **Turkistan Islamic Party:** One.
- **Factions of the Armed Opposition:** 14
- **Syrian Democratic Forces:** Four.
- **US-led coalition:** 16
- **Other parties:** 56

During the recent military escalation alone, by the Syrian-Russian alliance forces in the Idlib region in northwest Syria between April 26, 2019 and May 2020, at least 73 medical facilities were subjected to nearly 95 attacks, according to the SNHR's database. These are distributed according to the perpetrator parties as follows:

- Syrian Regime forces: 55, distributed as follows:
 - Idlib governorate: 44
 - Hama governorate: Five.
 - Aleppo governorate: Six.



- Russian forces: 40, distributed as follows:
 - Idlib governorate: 25
 - Hama governorate: Nine.
 - Aleppo governorate: Six.

According to the above distribution, Idlib governorate has witnessed the largest number of attacks on medical facilities since April 26, 2019, with 69 incidents, followed by Hama governorate with 14, then Aleppo with 12. then Hama with 14. We have already issued two [extensive reports](#) on this subject.

The SNHR's data confirms that the Syrian regime and its Russian ally are responsible for the largest percentage of violations (more than 90%), and that the targeting of medical personnel with killing, arrest and torture has forced hundreds of them to flee outside Syria, meaning that Syria has not only lost those who were killed or forcibly disappeared, but also huge numbers of medical personnel who have been forced to migrate fearing for their own lives and safety.

According to the [statistics](#) from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), up to 70% of the surviving health workforce have now left Syria, with only 64% of the country's hospitals and 52% of its primary health care centers operating at full capacity at the end of 2019.

III. More Than a Million IDPs Dispossessed by the Syrian Regime's Attacks on and Around Idlib Are the Most Needy, Especially Women and Children

The COVID-19 does not distinguish between one person or another or between one region and another, but there are basic factors which play a role in people's ability to resist the virus, and all the regions of Syria that have witnessed bombings, destruction and forced displacement are suffering from further challenges in addition to the usual ones, and these cannot be compared to any other location; at the forefront of these challenges comes the nearly 1.1 million Syrian citizens displaced between mid-December 2019 and the beginning of March 2020, with exceptional humanitarian aid efforts required to focus particularly on these people in the areas they were displaced to. There are a number of factors which make them more vulnerable than others to infection with COVID-19, namely:

- Many of these people have not yet been able to settle down and get proper homes or tents unlike those who fled other cities and regions previously, as the newly displaced people have only recently lost their homes.



- The Idlib region and the northwestern suburbs of Aleppo and its environs are already experiencing massive overcrowding due to the displacement of tens of thousands of Syrians previously to these places from several areas such as the Eastern Ghouta, the northern suburbs of Homs, and southern Syria, as well as the people of Khan Sheikhoun city and its surrounding areas, with this already disastrous situation further worsened by the latest wave of displacement in recent weeks from Ma'aret al Numan, Saraqeb, Anadan and other cities and towns, which has caused a drastic increase in this overcrowding, making the process of social physical distancing virtually impossible.
- Most of these people live in hastily constructed camps or structures which are wholly inadequate and unsuitable for housing (such as schools, shops, unfinished apartments, demolished buildings, caves, etc.), which lack the most basic sanitary infrastructure such as toilets, functioning sewage networks, or clean water, which makes the available water allocations necessary for periodic personal hygiene for each person far less than would be available in normal conditions or in other areas in Syria. The IDPs are struggling to obtain enough tents, and are sometimes forced to live in a tent collectively, which particularly negatively affects women due to their special needs.



- The healthcare system in and around Idlib continue to suffer from the repercussions of violent and focused targeting by the Syrian and Russian regimes' forces, which has contributed to a large number of health centers being put out of service, as we indicated earlier. According to estimates from a number of local relief and humanitarian organizations, the number of doctors in the region ranges between 500 to 600 doctors, while the number of beds in medical centers ranges between 2,500 to 3,000 beds, and the number of beds in intensive care units numbers 201 beds in total, with 95 ventilators available for adults and all of them being in use; the ratio of statistics to the population in northwest Syria shows the size of the grave deficit.



On April 14, Médecins Sans Frontières [warned](#) that the health system in Idlib, which is currently overstretched and low on supplies, will be overrun if COVID-19 spreads there.

The SNHR contacted Dr. Munther Khalil¹, Head of the Interim Government's Idlib Health Directorate, who informed us about the measures instituted by the directorate to deal with the COVID-19 pandemic: **“The directorate, along with active medical organizations, formed an awareness team to educate the local community about all matters related to the pandemic through many means, such as publications and holding meetings. We also took many measures at the level of the medical sector, the most prominent of which was to provide people with chronic diseases with doses sufficient for two months, to sort out those suspected infected with the virus before entering medical facilities, and to stress medical personnel to take precautions to prevent them from contracting the disease, and to carry out the regular disinfection of surfaces within medical facilities. We are also working to spread awareness through community health teams.”**

Dr. Munther added that in cooperation between the World Health Organization and health directorates and partner medical organizations, work is being done to provide three isolation units within the liberated areas, and some doctors have been trained in the epidemiological monitoring laboratory on the diagnosis of the virus. He added that the directorate expects that the necessary equipment required to detect the virus will soon be provided.

We spoke with Mr. Fuad Sayyed Eisa², Director of the Violet Organization, which is working in northwest Syria, to find out more about the procedures adopted by the organization in light of fears of the spread of the Coronavirus in northwest Syria: **“We are working with several humanitarian organizations and health institutions in the region on measures to confront the Coronavirus if it emerges in the region. We have taken three main issues, the first is concerned with preparing referral and ambulance teams for transporting and dealing with potential infected people, and the second is concerned with facilities sterilization operations; tomorrow, we will start sterilizing health facilities and IDPs' centers, while the last file is the health awareness on the risk of the virus, and it will be executed by more than 150 volunteers in various areas.”**

¹ Via WhatsApp on March 17, 2020

² Via WhatsApp on March 17, 2020





Khaled al Howyan³, the director of the al Taleea Camp in the Atma area in the northern suburbs of Idlib, told SNHR about the factors exacerbating the spread of the virus in the camps: **“The overcrowding in the camps in northern Syria in general and in Idlib in particular is one of the most important factors that will contribute to the rapid spread of the virus in the event of its emergence, in addition to the large contact between civilians. There are other factors such as the reliance of families to irrigate crops with wastewater, and child and women labor in garbage dumps, all of which will have a role in the transmission of infection in the event of the emergence of the virus. We are working to create awareness seminars on how to deal with the Coronavirus and reduce its spread.”** Khaled stressed that in the event of the emergence of the pandemic in the camps, it is very difficult to adjust its spread.

Ahmad Zarzour⁴, an IDP from al Habeit town in the southern suburbs of Idlib to the camps of Deir Hassan in the northern suburbs of Idlib, told the SNHR: **“Like other residents of the region, I follow the news that is circulated about the virus, and civilians in the region are divided into two groups: the first is convinced of the existence of the virus and they live in a state of terror for fear of it reaching them, as adjacent tents, continuous contact between children, and the exposed sewage networks will contribute greatly to the spread of the pandemic. Meanwhile, the second group considers what is being circulated about the virus is just an international lie and they do not take any precautionary measures,”** Ahmad added: **“Unfortunately, no education team has arrived in our area so far, and civilians are going about their everyday lives without any special preventive measures in light of the weak capabilities.”**

³ Via WhatsApp on March 17, 2020

⁴ Via WhatsApp on March 17, 2020



The Syrian Jazira region (Deir Ez-Zour, Hasaka, Raqqa), which is controlled by the Kurdish-majority Syrian Democratic Forces, suffers from a similar situation, and it also includes large numbers of IDPs in the camps. Russia's threat to use the veto against the extension of the Security Council resolution to deliver aid across borders, also contributed to the Security Council's adoption of a resolution providing for the cancellation of two of the four crossings, and al Ya'rubiya crossing with Iraq was one of these canceled crossings, which caused the region to be denied direct international aid, which is now provided exclusively through the Syrian regime, which deliberately puts obstacles and systematically carries out extortions, which we addressed extensively in our report: [Sanctions Are Linked to the Syrian Regime's Continuing Violations and Don't Include Medical Supplies and Food, Which Shouldn't Be Delivered Through the Regime](#), and the United Nations Secretary-General spoke about this in [his report issued on February 21, 2020](#), as [Human Rights Watch report](#) talked on the medical sector in that region and the complex difficulties it faces due to the closure of al Ya'rubiya crossing.

As for the areas under the control of the Syrian regime, they are better off than the Idlib region, its environs, and the Syrian Jazira region, but they suffer mainly from the migration of medical personnel, and from the great corruption in the regime's organs, and from the depletion of the monetary reserves of the Syrian state in the bombings, military operations, and security services at the expense of the purchase of medical equipment. We also talked about this extensively in our report: [Sanctions Are Linked to the Syrian Regime's Continuing Violations and Don't Include Medical Supplies and Food](#). We also demanded that Russia, a massively wealthy country, help its ally, the Syrian regime, given the circumstances of the emergence of the COVID-19, as this is much better and less costly than air strikes on medical facilities, cities and towns in and around Idlib.

IV. Approximately 147,000 Detainees Are at Risk of Infection with the COVID-19, 129,000 of Whom Are Detained by the Syrian Regime

Detainees and individuals forcibly disappeared by all parties to the conflict in Syria are subjected to exceptionally brutal methods of torture. In [a detailed report](#) published by SNHR previously, we recorded at least 72 methods of torture practiced in the Syrian regime's detention centers and military hospitals. There are several methods of torture that make detainees a very vulnerable group and are seriously vulnerable to the spread of the COVID-19 among them:



1. Detaining and imprisoning detainees in detention centers which lack even the bare minimum of hygiene or sanitation, especially in the headquarters of the four main security branches and military prisons, where large numbers of detainees are packed into cells of various sizes, with an average cell area measuring 4 x 6 square meters containing approximately 50 detainees; this means that each detainee barely has an area of 70 cm² for sitting and sleeping, with detainees usually taking turns to attempt to sit or lie down to sleep when their numbers exceed the holding capacity of the cell, as they routinely do. The narrowness of the cells and the cramped, overcrowded conditions also lead to suffocation and shortness of breath amongst detainees due to inhaling the putrid smells of bodily waste, sweat, pus, and blood from wounds.
2. These cells also lack ventilation and the most basic standards of sanitation and cleanliness, with the conditions being even more squalid in the solitary confinement cells located on the detention centers' lower floors which lack even light. Throughout the duration of their detention in the security branches, detainees are also prevented from going outside to get any exercise, or exposure to fresh air or sunlight. In addition to these congested unsanitary conditions, detainees are able to shower or wash only very rarely throughout the period of their detention, one time every several months or more, which often lasts for many years, with all these factors contributing to and exacerbating the spread of diseases, epidemics and infectious conditions, especially respiratory and skin diseases.
3. These harsh conditions of detention increase in severity according to the rising and falling temperatures in summer and winter, where Syrian Regime forces deliberately withhold sufficient quantities of pillows and blankets from detainees in detention centers, with those which are issued usually being filthy, threadbare, soiled and encrusted with blood, pus or other bodily waste and fluids, and lousy with parasites. In addition, detainees' clothing is often worn, soiled or torn during torture or forcibly removed during inspections, where detainees are forced to take all their clothes off; all these practices expose detainees to severe cold and humidity in winter, when temperatures fall below freezing.
4. Beatings, physical and psychological torture, continuous investigations, and the poor food provided to the detainees, make them in poor physical health, and makes their immunity weak, therefore, they are at greater risk of death.



5. In the event that one of the male or female detainees is infected, the Syrian regime will often not isolate him/her from the rest detainees or provide him/her with medical care, as medical care is almost completely withheld from detainees, and even most of the deaths due to torture - with the total documented death toll due to torture by all parties reaching about 14,391 individuals - a percentage ranging between 70 to 75 percent - died due to illness and then neglect following torture, meaning that sick detainees are, in fact, tormented to death. We believe that this will happen if any detainee gets infected with the COVID-19, meaning that he/she will be effectively abandoned to suffer, either surviving or dying.

6. Although detainees in all the detention centers of the parties to the conflict endure similar conditions, the Syrian regime's detention centers are far more vulnerable to the spread of the COVID-19, since officers of the regime's security branches are generally in contact with Iranian forces and proxy militias who travel from Iran continuously, as a result of the penetration of Iranian forces within the Syrian regime forces largely, and especially within political and state security, making regime officers vulnerable to infection and then transmitting it to detainees.

7. The conditions of detention in security branches and military prisons are somewhat similar to the civilian central prisons in terms of overcrowding, human stacking, and lack of cleanness and ventilation.

8. More than 85% of the detainees imprisoned were arrested on political grounds as a result of their opposition to the Syrian regime or other authorities. Consequently, neglecting their fate in light of the spread of the Coronavirus is, for the regime, a favorable opportunity to get rid of as many of them as possible.

V. Additional Challenges Facing the Syrian People

Each of the previous three main sectors constitutes a special and crucial form of suffering, in addition to which there are two challenges facing the Syrians in general, namely:

A: Poverty

B: Mismanagement of the Corona crisis

A: Poverty

In its report issued in March 2019 on the humanitarian needs in Syria in 2019, the United Nations indicated that the percentage of Syrians living below the poverty line had reached 83%, while the United Nations Children's Fund (UNICEF) indicated in August 2019 that four in five Syrians currently inside Syria are below the poverty line. The World Food Program estimates that the number of people who are food insecure within Syria is about 7.9 million.

The proportion of people living in extreme poverty in Syria constitutes 75% of the total population. Syria is also among the countries that provide the least health support to its citizens



in the world, as the percentage of health expenditures from private patients' funds out of [the total health spending of the country reached 40%, according to what was stated](#) in the report on health in 2013, issued by the World Health Organization.

We in the Syrian Network for Human Rights believe that there are overlapping and compound factors that play a role in the Syrians reaching this terrible level of poverty, but the most prominent of these factors are:

1. Destruction of entire neighborhoods and vital facilities. Aerial bombardment is responsible for the vast majority of destruction, followed by bombing with barrel bombs.
2. The displacement of nearly 13 million Syrians, with the main reasons driving for displacement being the destruction of homes and shops, detention, torture and forced conscription.
3. The depletion of the resources of the Syrian state and the cash reserves in the military operations to crush the popular uprising and political change at all costs.

The poverty and displacement of Syrians largely prevents them from committing to the culture and protective measures of 'Stay at home' because the vast majority of them do not have enough material savings to support them and to remain at home without daily work, and they are also unable to purchase quantities of food and household goods and store them at home in order to remain isolated for as long as possible.

B: Mismanagement of the Corona crisis:

One: In the areas under the control of the Syrian regime: this is embodied in the following main points:

1. On March 10, the Syrian regime's Minister of Health, Dr. Nizar Yazji, [stated](#) in a television interview with an official agency concerning the procedures followed by the ministry to deal with the COVID-19 pandemic: "Thank God, the Syrian Arab Army has cleared many of the germs on the soil of Syria, and I thank it for that". It should be emphasized that this chillingly dehumanizing reference to the regime's victims comes from the Minister of Health, not the head of a security branch, indicating the absurdity and recklessness of the regime authorities, as well as the regime's complete dependency on the military and security establishment.
2. On March 15, Dr. Hazar Raef, Director of the Damascus Health Department, [spoke](#) on a TV program on the state-run Syrian satellite channel about how state institutions are dealing with the COVID-19 pandemic, claiming implausibly that several countries had contacted the department in order to benefit from the regime's national plan to combat the disease; this statement came three months after the pandemic outbreak worldwide.



3. On March 18, the 'Syrian Snack' [website](#), which is affiliated with the Syrian regime, published photos [showing the tragic situation](#) of [the Quarantine](#) Center in [al Dwair](#), where people were [pictured arriving](#) on a trip from Iran; these photos showed an almost complete absence of any health and medical conditions in the location which is supposedly intended to contribute to curbing the spread of the disease if it's discovered. The next day, a video posted on pro-Syrian accounts on social media platforms, showed broadcaster Muhammad al Khatib, who works for one of the pro-Syrian regime channels, on a visit to the aforementioned center and meeting with some of those quarantined there, with the report demonstrating the poor conditions in this center.

4. The Syrian regime denied that there had been any cases of COVID-19 until March 22, bearing in mind that the case which the regime admitted indicated that it was a girl coming from outside the country, in addition to the lack of transparency in the announcement of cases of infection and deaths, which is certainly much greater than it is announced due to the constant contact with the Shiite religious groups, people and militias coming from Iran and Iraq (most notably the al Nujaba Movement, the Imam Ali Brigade, the Fatemiyoun Brigade, the Quds Corps Brigade, Abu al Fadl al Abbas, the Haideriyoun Brigade) via the al Boukamal land crossing, and the Syrian regime did not close the al Sayyidah Zaynab area which is known to be very crowded with Iranians and Iraqi Shiites until April 2.

5. The Syrian authorities have not taken any effective measures to limit transit traffic from other countries through air crossings, with Damascus International Airport still witnessing air traffic with many countries, including Iran, according to what was shown by [Flight Radar 24](#), the last of which was, until the publication of this report, on May 4, 2020.

6. The Syrian regime has not taken serious measures to prevent overcrowding of citizens in front of [ATMs](#) (the number of ATMs can be increased), in front of [bakeries](#) and in [commercial markets](#), a fact which we have mentioned in a wide range of news reports in recent weeks.

Two: In and around opposition-held areas in Idlib:

1. The opposition's control areas suffer from the absence of a central authority issuing unified instructions, a shortcoming largely reflected in the people's disparity in the dealings with the COVID-19.

2. Reduced degree of medical and religious awareness of the dangers of overcrowding and gathering. We have noted that dozens of worshipers have been gathering in some [mosques](#) in Idlib to perform Tarawih prayers in Ramadan, as well as in some markets, without the controlling authorities taking any prohibition against them, as a situation of indifference prevails among people, primarily caused by what they have been subjected to, including the bombings, displacement and torture by Syrian regime's forces and allies.



VI. Recommendations

UN Security Council:

- Issue a binding resolution forcing all parties in Syria to observe a cease-fire.
- Give permission to reopen the al Ya'rubiya border crossing with Iraq.
- Demand that the Syrian regime immediately release prisoners of conscience, at the forefront of which are 3,327 medical personnel, and that it stops abusing and stealing humanitarian aid.
- Take responsibility in the event of the spread of the COVID-19 pandemic among tens of thousands of Syrian detainees and the risk of this being fully transmitted to the Syrian society, given the continuation of flights and the movement of Iranian militias from the regional pandemic hub Iran towards Syria.
- Do everything possible, starting from imposing sanctions up to utilizing a military threat, in order to allow international organizations to enter the Syrian regime's detention centers and to reveal the fate of tens of thousands of detainees, primarily medical personnel.

World Health Organization:

- Provide the requirements for the detection of the COVID-19 pandemic and provide treatment for it in all Syrian regions, regardless of the controlling parties.
- Immediately deal with local organizations in and around Idlib, as they have far greater experience, transparency and efficiency than the Syrian regime and its affiliated organizations, which are dominated by the security services.
- Repeat the request stated above to the Security Council insisting on the necessity of opening the al Ya'rubiya crossing, provide the Syrian Jazira region with direct assistance and cooperate with the local organizations operating there.
- The World Health Organization bears responsibility for the delay in providing all forms of assistance in and around the Idlib region, being the largest recipient of humanitarian aid concerned with countering the COVID-19, and it is imperative that it abandon bureaucracy and act quickly and effectively.

The Donating states and the OCHA:

- Provide emergency support to local Syrian organizations that have demonstrated their efficiency and transparency in managing and providing aid in and around Idlib.
- It is essential after nine years of work and experience inside Syria to find a unified mechanism to coordinate aid assistance in a manner that compels serious negotiation on the part of the Syrian regime and rejects any partnership with organizations linked to its security branches or to the Ministry of Interior, or any entity established by figures affiliated with the Syrian regime; this would be a vital contribution to ensuring the effective delivery of aid to the worst affected areas, thus greatly increasing the usefulness of aid.



- Avoid any kind of work with organizations established by or subservient to the security services, which only enhances the ability of these services to continue to fund their illicit and illegal activities and to commit more violations.

The Russian regime:

- Compensate medical centers and facilities bombed by Russian forces, and contribute to assisting the IDPs displaced by the Russian war machine.
- Pressure the Syrian regime to release political detainees, primarily 3,327 medical personnel.
- Provide medical and aid support to the Syrian regime to contribute to combating the COVID-19 pandemic, rather than military support, ground forces, militia, and mercenaries.
- Allow the extension of the UN Security Council's resolution on delivering cross-border humanitarian aid, and re-include the al Ya'rubiya border crossing with Iraq, so that the Syrian al Jazira region can benefit from it.

The Syrian regime:

- Release all political detainees, who comprise the vast majority of detainees, primarily 3,327 medical personnel, due to the urgent need for the Syrian people to combat the COVID-19 pandemic.
- Stop subjecting humanitarian aid to extortion and theft, and allow international organizations to operate freely according to needs assessments.
- Stop controlling the fate of aid going to the Syrian al Jazira region after the closure of the al Ya'rubiya crossing, and allow aid convoys to move immediately instead of deliberately delaying them for 2-3 months.
- Commit to the UN Secretary-General's call to stop military operations and stop importing more Iranian and Iraqi militias.

Other dominant powers controlling areas in Syria:

- Take all possible precautions in areas under their control, particularly in camps and shelters, and prevent all human gatherings.
- Work to spread awareness of the risks of this pandemic using all available means.
- Reduce restrictions and taxes on business in light of this crisis and provide various forms of economic support available.

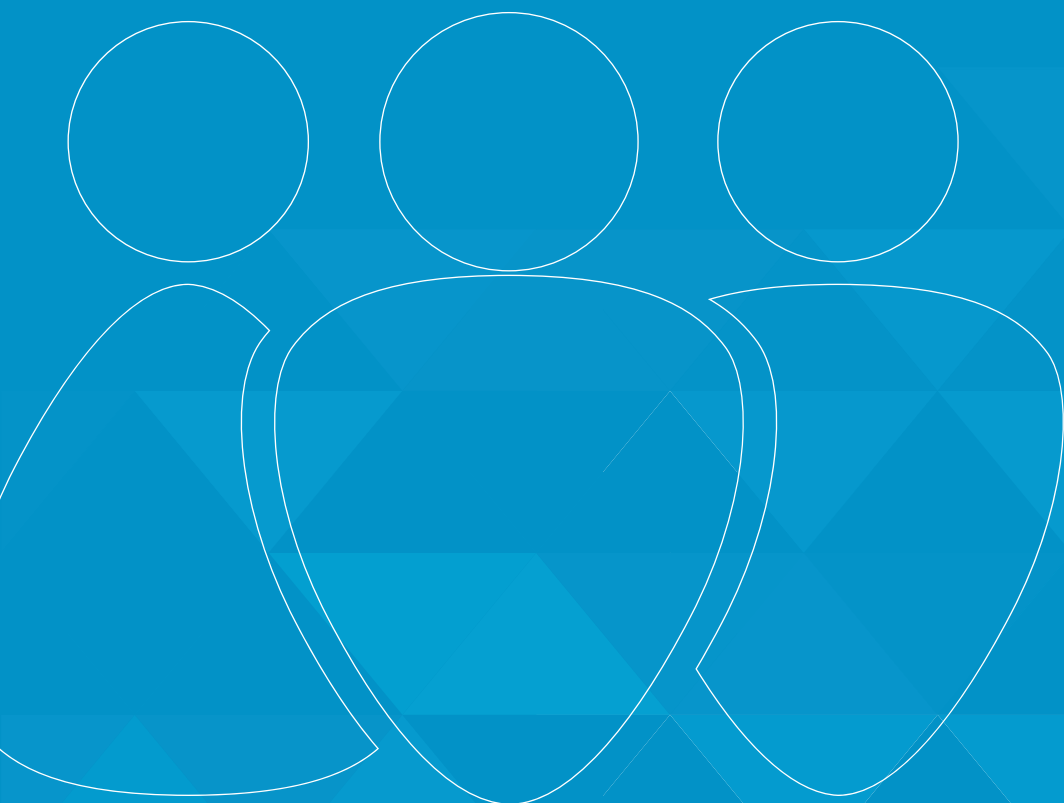


- Keep all crossings closed.
- Release detainees imprisoned for exercising their freedom of speech, as well as other detainees, take measures to reduce overcrowding, and accelerate comprehensive clean-up operations in all detention centers.

Thanks and consolation

We would like to offer our sincere thanks to the medical personnel, and workers in humanitarian organizations and civil society organizations, along with local activists, who actively contributed to the enrichment of this report.





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