

This report is produced by OCHA Syria in collaboration with WHO Syria and humanitarian partners. The next report will be issued on or around 18 March 2020.

HIGHLIGHTS

- Confirmed Cases: 0
- WHO global risk assessment: Very High
- Areas of concern – Damascus/Rural Damascus, densely populated areas and those experiencing hostilities where sample collection may be more challenging, as well as where mass gatherings typically occur.
- Populations of concern – all groups are susceptible to the virus but the elderly and people with a travel history to countries/areas or territories reporting local transmission of COVID-19 are particularly at risk.

The basic principles to reduce the general risk of transmission of acute respiratory infections include the following:

- Avoid close contact with people suffering from acute respiratory infections.
- Wash hands frequently, especially after direct contact with ill people or their environment.
- Avoid unprotected contact with farm or wild animals.
- People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).
- In case of symptoms suggestive of respiratory illness either during or after travel, travelers are encouraged to seek medical attention and share their travel history with their health care provider.

SITUATION OVERVIEW

On 11 March, WHO officially declared COVID-19 a pandemic. Across 110 countries, 113,851 laboratory-confirmed cases of COVID-19 have now been reported, including 4,015 associated deaths (CFR=3.5 per cent), of which 892 are from outside China (CFR=2.6 per cent). In the past 24 hours, five countries have reported cases for the first time: Brunei Darussalam, Cyprus, Guernsey, Mongolia, and Panama; in addition, at the time of writing, Turkey had just announced its first confirmed case. Data to date suggests that 80 per cent of COVID-19 infections are mild or asymptomatic, 15 per cent result in severe infection requiring oxygen, and 5 per cent are critical infections requiring ventilation. In the Eastern Mediterranean Region (EMR), 8,579 cases of COVID-19 have been confirmed in 16 countries, including 299 deaths. Iran represents 95 per cent of cases recorded in the region and 97 per cent of all deaths, with cases exported to Afghanistan, Bahrain, Iraq, Kuwait, Lebanon, Oman, Pakistan, Qatar, Saudi Arabia, and the United Arab Emirates (UAE). Local transmission cases have been confirmed in Egypt, Iran and UAE. To date, Iran has registered 291 deaths, Iraq six, Egypt one and Lebanon one. In Syria, the Ministry of Health (MoH) has tested 34 cases for COVID-19, all of which were negative.

Based on the current epidemiological situation in the EMR, with the rapid spread of cases in neighboring countries, including those that border Syria, the risk to Syria is considered very high. Additional risk factors include:

- Large number of vulnerable people, including IDPs and refugees;
- Large-scale population movement including religious tourism;
- Fragile public health system with a limited-moderate response capacity – preparedness and response capacity is considered as level 2 out of 5 (based on International Health Regulations annual report 2019), where 5 is the highest capacity, indicating a limited capacity that requires technical and operational support.

PREPAREDNESS AND RESPONSE

WHO continue to support the MoH in the implementation of an emergency preparedness and response plan by procuring more protection, detection and surveillance equipment, training health staff, and preparing isolation and quarantine facilities. In collaboration with the MoH, WHO has already conducted two workshops on risk communication in Damascus and Hama

targeting information, education and communication (IEC) professionals; further workshops are scheduled for Lattakia (14 March) and Aleppo (22 March).

WHO has developed a UN Safety Plan for COVID-19 which will be endorsed at a UNCT meeting on 12 March; the plan will also be recommended to INGOs. This plan aims to reduce the possibility of transmission of COVID-19 as a result of humanitarian staff movement in and out of the country. WHO has also started an awareness campaign for humanitarian staff and distributed flyers and posters in all organizations' offices.

Overall, WHO is supporting the MoH to rapidly detect, diagnose, and prevent the further spread of COVID-19 in line with international health regulations (2005) through the following preparedness measures.

Information, Education & Communication (IEC)

During the reporting period, WHO delivered more than 15,000 posters/brochures to the MoH and the health partners to distribute to public health facilities in all the governorates. MoH was supported to scale up their public awareness campaign through various media, including SMS, TV, radio, and twitter, and for the Ministry of Education to disseminate key messages to school children and their parents. The link of the new guidance to help protect children and schools from transmission of the COVID-19 virus prepared by WHO, UNICEF and the International Federation of the Red Cross and Red Crescent Societies was shared with all health partners. More than 161,000 learners have registered for WHO COVID-19 online courses. The introductory course on COVID-19 is now available in Arabic.

On 23 February, UNRWA started a health awareness campaign on COVID-19 in their 25 health centers covering nine governorates which receive 5,000 Palestinian refugees per day. The second phase of the campaign will target schools supported by UNRWA. The campaign includes the distribution of 1-litre of hygiene liquid per staff per month in all facilities for 500 care providers and 3,500 employees.

On 1 March, Al Nour national NGO started a one-month health awareness campaign targeting four primary health care centers in As-Sweida, Damascus and Rural Damascus. These centers receive around 3,000 individuals each per month. The campaign also targets staff with hygiene kits distributed to 60 medical staff and 700 volunteers.

Infection prevention and control

WHO has procured additional personal protective equipment (PPE) including 50,000 surgical masks, 1,200 medical masks, 2,500 gowns, 2,000 gloves and 315 goggles, as well as other medical supplies and hygiene products. They are also supporting the MoH in assessing and preparing isolation and quarantine units in all six hubs where WHO has a presence (Aleppo, Damascus, Deir-ez-Zor, Homs, Lattakia and Qamishli).

Case Management

WHO has shared the guidelines and protocols for proper case management to the MoH and health partners.

A specialized COVID-19 health facility is also being established in Dweir, Rural Damascus, which will include intensive care rooms to accommodate patients experiencing severe to critical infections.

National Laboratories

In addition to supporting the MoH's capacity to expand laboratory capacity to detect COVID-19 by providing testing kits, laboratory supplies, PPE, rehabilitating the central public health laboratory (CPHL), and conducting training workshops for laboratory detection, WHO will procure additional testing and detection equipment which will raise the total number to seven and enable the laboratory to test up to 200 cases per day.

Surveillance, rapid-response teams, and case investigation

WHO will support MoH to enhance existing respiratory disease surveillance systems, including indicator-based surveillance, community event-based surveillance, and sentinel surveillance (e.g., Severe Acute Respiratory Infection and Influenza-like illness) as well as establishing active case findings at points-of-entry, health facilities and in communities for rapid case detection and identification. The case-definition for COVID-19 has been expanded to include all severe acute respiratory infections (SARI) to increase case detection. Two mobile MoH teams have also been dispatched to religious sites such as the tomb of Prophet Mohammad's granddaughter in Syyda Rouqia and Ummayad Mosque in Damascus' Old City to screen the temperatures of visitors.

POINTS OF ENTRY

The MoH, in collaboration with the Transportation and Interior ministries, continue to carry out entry screening, including temperature measurement and travel history, to detect suspected cases at land crossing points with Lebanon and Jordan and at the airports in use (Damascus, Lattakia, and Qamishli). Trained mobile units have been allocated to these entry points with the necessary equipment and ambulances to transfer any suspected cases, while WHO has also donated a thermal scanner camera to Damascus International Airport.

On 26 February, the Fishkabour/Semalka informal border crossing was closed for two weeks to all non-emergency traffic as a precaution to prevent the transmission of COVID-19. Humanitarian exemptions have been established for one day a week, however on 10 March it was reported that the crossing point would be closed to all European passport holders until further notice to reduce the likelihood of transmission.

Travel restrictions imposed by some countries have expanded to include Egypt, Jordan and Lebanon in recent days. On 6 March, the Syrian Ministry of Transportation suspended flights from and to Kuwait for one week as part of preventive measures; movement to neighbouring countries Jordan and Iraq was also suspended for one month on 8 March with anyone arriving from these countries subject to 14 days quarantine. On 10 March, the Jordanian Government, amongst other measures to mitigate the transmission of COVID-19, announced a travel ban to and from Syria, except for trucks, and with exemptions for diplomats and international organizations.

CAMPS & COLLECTIVE SHELTERS

On 5 March, WHO/Health Sector conducted awareness session for more than 13 health partners (32 participants) in Al Hol camp. WHO has prepared a plan in coordination with health sector partners for awareness campaigns in the camps and collective shelters in NES.

COORDINATION

REGIONAL: A regional Incident Management Support Team (IMST) was activated in January under the leadership of the WHO Regional Director with the aim of coordinating overall preparedness and response in region. The IMST is also monitoring signals and events related to COVID-19 in the region 24/7. On 5 March, WHO released its first [regional weekly situation report](#).

NATIONAL: WHO and MoH are currently meeting each Wednesday to discuss preparedness and response to COVID-19 and agree on next steps. A draft COVID-19 preparedness and response plan has been shared with the Humanitarian Country Team for review and comments.

SUB-NATIONAL: On 4 March, WHO/Health Sector conducted an awareness raising session in Qamishli, Al-Hasakeh governorate for 25 participants from UNHCR, UNDP, UNICEF, UNDSS, UNFPA, and OCHA. Another session will be organized for humanitarian workers from other agencies in the coming days. On 9 March, two awareness sessions were conducted at the UN hub in Aleppo and for WFP staff members. In Hama and Homs governorates, awareness raising sessions are being conducted during sector meetings.

PLANNING: Currently, three preparedness plans are being developed: i) a Humanitarian Country Team health preparedness and response plan; ii) a Northeast Syria emergency preparedness and response plan; and iii) a UN staff and safety plan.

CHALLENGES

Due to the prolonged crisis in Syria, the public health system is fragile and will require considerable support to reinforce its capacity to support a potential outbreak of COVID-19. Overall, only 57 public hospitals (64 per cent) are fully functioning in the country,¹ and a considerable shortage of trained staff and a high turnover rate, all of which reduce its capacity to detect and manage cases. The crisis has also disrupted national routine surveillance with currently the only timely surveillance system for communicable diseases the early warning alert and response system (EWARS). Furthermore, the central public health laboratory is the only designated laboratory for testing COVID-19 in the country. Technical and operational support

¹ World Health Organization. 2019. Annual Report of WHO Summary of key indicators.

is therefore urgently needed to enhance the national laboratory's capacity to collect and ship samples as well as recruit and train surge technicians. Additional medical equipment, devices and supplies are also urgently required to prepare for a potential outbreak, including an estimated 30 portable x-rays, 100 oxygen concentrators and 30 ventilators, along with testing kits and other laboratory supplies.

FUNDING

On 3 March, WHO Director-General Dr Tedros Adhanom Ghebreyesus in his statement during a video press conference on COVID-19, noted that WHO already has shipped nearly half a million sets of PPE to 47 countries, but supplies are rapidly depleting. Globally, PPE supplies need to be increased by 40 per cent. In addition, 89 million medical masks will be required for the COVID-19 response; 76 million examination gloves, and 1.6 million goggles. He called on governments to ease restrictions on the export and distribution of personal protective equipment and other medical supplies.

WHO Syria have estimated funding requirements of at least US \$7 million to respond to a potential COVID-19 outbreak in country. Other UN agencies and humanitarian actors are determining related funding needs.

More Information

General information: <https://www.who.int/health-topics/coronavirus>

Advice for public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Introduction to COVID-19 online course: <https://openwho.org/courses/introduction-to-ncov>

Infection prevention and control during health care: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

Guidance for Pregnant and Lactating Women: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html>

<https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>

Guidance on Rational use of Personal Protective Equipment for COVID-19: https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPE_use-2020.1-eng.pdf?sequence=1&isAllowed=y

Global surveillance for human infection with coronavirus disease: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

Global research on coronavirus disease: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>

Advice for international travel and trade: <https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/>

Situation Reports & Statements

WHO Situation Reports on coronavirus: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Statement of WHO General Director on COVID-19: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the->

For further information, please contact:

Dr Jamshed Ali Tanoli, Health Sector Coordinator- WHO Damascus, tanolij@who.int, Cell +963 953 888 559

Dr. Gabriel Novelo Sierra, Health Emergencies Team Lead- WHO Damascus, novelog@who.int, Cell +963 953 888 477

Ms. Akiko Takeuchi, Infectious Hazard Management- WHO Damascus, takeuchia@who.int, Cell +963 958 800 900

Ms. Lama Altaweel, Humanitarian Affairs Officer- OCHA Damascus, altaweel@un.org, Cell +963 953 300 074