

This report is produced by OCHA Syria in collaboration with WHO Syria and Damascus-based humanitarian partners. The next report will be issued on or around 28 March 2020.

## HIGHLIGHTS

- Number of cases of COVID-19 confirmed by the Ministry of Health: 5
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus and areas where hostilities are ongoing making sample collection more challenging.
- Populations of concern: All groups are susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugee and IDP populations including in northeast and northwest Syria, including in collective shelters, informal settlements and camps. Healthcare workers with inadequate personal and protective equipment (PPE) are also at risk.

### Basic principles to protect yourself and others from acute respiratory infections:

**Hands:** It starts with your hands. Wash your hands frequently with soap and water or an alcohol based solution.

**Elbow:** Cover your nose or mouth with a bent elbow or tissue when you sneeze or cough. Dispose of tissue immediately and wash your hands.

**Face:** Avoid touching your face, particularly your eyes, nose or mouth to prevent the virus entering your mouth

**Distance:** In terms of social interactions, take a step back. Stay at least one-meter distance from others.

**Feel:** If you feel unwell, stay home. Follow all the instructions provided by your local health authorities.

## SITUATION OVERVIEW

The situation remains highly fluid. However, at the time of writing, 194 countries, areas and territories had reported 413,467 laboratory-confirmed cases of COVID-19, including 18,433 deaths (CFR=4.4 per cent). Italy represents the most deaths in one country to date (6,820). In the Eastern Mediterranean Region, more than 29,359 COVID-19 cases have been reported, including 2,005 deaths, the vast majority occurring in Iran. In Syria, one case – a traveler who was reported as being tested on arrival – was reported on 22 March as testing positive for COVID-19. On 25 March, the Ministry of Health announced a further four cases, making the total number five.

### Points of Entry

Border crossings have been impacted as Syria and neighboring countries implement precautionary measures. International flights have been announced suspended to Damascus International Airport; with mandatory quarantine measures for travelers arriving from some countries put in place. The MoH has conducted entry screening at land crossing points and airports (Damascus, Lattakia and Qamishli) prior to their closures.

Since 26 January, the Self Administration has closed the Fishkabour/Semalka informal border crossing to all non-emergency traffic, with one day a week humanitarian exemptions. On 23 March the Self Administration announced these permissions would be revoked and the border shut until further notice.

Most land borders into Syria are now closed, with some limited exemptions (from Jordan, Turkey and Lebanon) for commercial and relief shipments, and movement of humanitarian and international organization personnel. Some restrictions have been reported at other crossing points inside Syria including in the northeast at At-Tabqa and Al-Taiha points, where medical teams are deployed to carry out screenings, with restrictions on civilians, goods and trucks. Further, entry/exit movement in Tell Abiad is reported to be limited to traders, humanitarian workers and administrative personnel.

The Shannan crossing in Ar-Raqqa has also been closed, as has Abu Zandin and Aoun Dadat crossing point (north rural Menbij). Despite the official directive around the closure of the borders, sporadic movements with some level of screening at some crossings has been reported.

### ***Preventive measures***

The Government of Syria (GoS) has imposed a range of preventive measures. On 24 March, the GoS announced a curfew would come into effect the next day from 6pm to 6am. In addition, all schools, universities, and institutes (private/public) are closed until at least 2 April 2020 (albeit with some education programs continuing online). Friday prayers and gatherings at mosques have been suspended until further notice, as have all major events and gatherings; additionally all restaurants, cafes, nightclubs, cultural and sporting clubs are closed. Public sector offices have reduced working hours and imposed a 40 per cent reduction in work force. On 22 March the GoS commenced a sterilization campaign in schools, prisons, public areas such as parks and public transport in major cities; and for ships docked at port. In addition, parliamentary elections have been postponed from 13 April to 20 May.

Similarly, the Self Administration has ordered curfew restrictions on the general public, in addition to the closure of schools, universities and institutes (including educational activities in IDPs camps) until further notice, with sterilization campaigns undertaken at schools and public offices. All non-essential services and shops have been ordered closed, in addition all gatherings and events have been ordered cancelled.

### ***Humanitarian Impact***

In recent days, price increases and some shortages in basic goods (around 10-15 per cent) and personal sterilization items (face masks, hand sanitizers – up to 5,000 per cent increase) was reported across Syria. The exchange rate has also further weakened in past days to the lowest point on record, closing at an unofficial rate on 25 March of SYP 1,325 to US \$1; the official rate remains at around SYP 438. The GoS has announced a number of measures to mitigate shortages of basic goods and also overcrowding at places including bakeries.

A number of humanitarian partners, including UN agencies, INGOs and NNGOs have reported operational delays and disruptions due to preventive measures. Of note, a number of education programs and community-based services and activities, including in protection, livelihoods and psychosocial support programming, have been suspended. Several health partners have indicated that mobile medical clinics or other services have been suspended or reduced as teams work to implement precautionary work modalities. Some field visits and non COVID-19 trainings have been cancelled, and some partners have reduced staff presence. Partners have also planned for distribution modalities to reduce overcrowding to mitigate risk of transmission. OCHA is monitoring and working closely with partners including sectors to develop guidance on appropriate cautionary measures. The Syria Humanitarian Fund is also working with partners and will accommodate programmatic changes (no-cost extensions) if deemed necessary.

## **PREPAREDNESS AND RESPONSE**

The focus of the UN Country Team in Syria is to reinforce comprehensive, multi-sectoral preparedness and mitigation measures for a possible outbreak of COVID-19, while continuing, to the extent possible, principled programme delivery and provision of life-saving assistance across the country. WHO is the lead agency and is working to support the MoH in enhancing health preparedness and response to COVID-19, in accordance with the International Health Regulations (IHR 2005).

The current key priorities in Syria are:

- Enhancing surveillance capacity including active surveillance, with a critical need to expand laboratory capacity to test for timely detection;
- Protecting health care workers by training and providing additional PPE;
- Ensuring proper case management, isolation and contact tracing; and
- Raising awareness and risk communication.

In particular, WHO has engaged the MoH and health partners to enhance technical capacity and awareness, including by disseminating official guidelines covering rational use of PPEs, case management, infection prevention and control, environmental disinfection, and risk communication; focused on procuring and enhancing integral medical supplies including

in laboratory testing, PPE, for case management and healthcare facilities; and worked to increase awareness, including with vulnerable communities. A WHO multi-disciplinary team is also on stand-by to be deployed.

As the UN supports national preparedness and response in Syria, the specific country context poses considerable challenges. This includes: a fragile health system, insufficient water and sanitation infrastructure, significant existing vulnerable populations reliant on humanitarian assistance such as IDPs (including those living in urban areas such as Damascus, as well as in camps, informal sites and collective shelters), challenges accessing certain areas including due to ongoing hostilities; and challenges procuring essential supplies including due to border restrictions, as well as sanctions.

## Country-Level Coordination

At the national level, the UN has established a COVID-19 Crisis Management Committee, led by the UN Resident Coordinator and Humanitarian Coordinator with the WHO Representative for Syria serving as the Incident Manager, to closely engage with the GoS and other stakeholders to discuss multi-sectoral support. At an inter-hub level, weekly operational calls have been arranged between the OCHA Damascus/Qamishli, WHO Damascus/Qamishli, health sector focal points, INGOs and the Whole of Syria Health Sector Coordinator to support coordination on key issues requiring joint approaches in NES, including community mobilization, capacity building, and case management. OCHA Syria also continues to engage the Inter-Sector Coordination (ISC) team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly operational calls to monitor implementation of the COVID-19 Preparedness and Response plan.

The Humanitarian Coordinator has also engaged in several discussions with the Deputy Foreign Minister of Affairs, the Deputy Minister of Health as well as several Member States (China, Iran and the United Arab Emirates) to explore the possibilities of additional technical and material support.

## Risk Communication and Community Engagement

WHO, in collaboration with the MoH, have conducted a number of risk communication and awareness workshops, including in Damascus, Lattakia, Deir-Ez-Zor, and Aleppo, for public sector, relevant private sector, and UN, SARC, and NGO staff; further workshops are planned. An orientation workshop on COVID-19 specifically for journalists and IEC professionals to support dissemination of key messages have been delivered to 100 participants in Damascus, Hama, Lattakia and Aleppo.

WHO has further supported the development and delivery of guidance materials for the MoH to distribute to hospitals and health care providers, in addition to circulating over 170,000 prints of COVID-19 relevant visual material, including on social stigma, coping with stress, mental health and psychosocial-related concerns, and on the use of tobacco and waterpipe. Visual materials were also distributed to UN agencies and to SARC for dissemination.

Regional outreach is ongoing, for example, the Department of Health in Lattakia along with WHO conducted several field visits to 24 private and public health facilities in Lattakia and Tartous to disseminate visual materials and guidelines.

In northeast Syria, WHO is conducting capacity building training for health and protection workers, including inside camps, to raise awareness and train in best practices of disseminating correct COVID-19 information, including on hygiene and social distance practices. Core IEC material has further been translated into Kurdish in latin-script for dissemination in relevant areas in the northeast.

To support humanitarian and health workers, WHO and the Mental Health Program will conduct online training from 24 March targeting 1,000 staff, 200 mental health and psycho-social support workers and 100 project managers.

To further support community engagement, WHO will support the MoH to set up public hotlines staffed by four healthcare professionals in each governorate. To further support factual public engagement and awareness-raising, UNICEF is closely collaborating with partners across Syria to enhance communication with communities on best practices to mitigate the spread of COVID-19.

WHO also disseminates relevant guidance, situation reports, and technical advice with health partners, donors and all other stakeholders on a daily basis.

## Surveillance, Rapid Response Teams and Case Investigation

WHO is engaging closely with the MoH with technical teams meeting daily. Severe acute respiratory infection (SARI), one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria, a syndromic based surveillance system functioning since 2012. Currently 1,269 sentinel sites report cases through EWARS system across all 14 governorates.

In addition, WHO has supported MoH to establish a plan for active surveillance, including in northeast Syria, utilizing a network of surveillance officers, who will be in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria including northeast Syria, all relevant stakeholders, including the Self Administration, have agreed to collect samples through 92 rapid response teams (RRT) for referral to the Central Public Health Laboratory (CPHL) in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). RRT personnel have received dedicated training on COVID-19 case investigation and sample collection and referral in Damascus. In addition, in northeast Syria, orientation sessions for EWARS teams/focal points on reporting pathways/process and identification of COVID-19 cases has begun.

## Points of Entry

At all points of entry, the MoH has stationed at least one equipped ambulance with medical personnel. WHO has supported screening efforts including providing one thermal scanner camera to MoH; which was utilized at Damascus International Airport to screen travelers on arrival.

## National Laboratory

To enhance diagnosis, WHO continues to support the CPHL in Damascus. To date, two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were additionally fixed; and the laboratory generator was repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing.

WHO has provided testing kits to the MoH since 12 February; with 12 screening kits (1,152 reactions) and three confirmation kits (288 reactions); and an additional shipment on its way. In addition, on 25 March, WHO delivered 30 extraction kits and five polymerase chain reaction (PCR) machines to Damascus. WHO is further supporting the laboratory to increase the daily capacity of testing through additional equipment and training of more technicians. WHO has already supported the training of 70 MoH and DoH staff with two three-day training workshops on sample collection and surveillance, and is working to procure additional shipments of laboratory kits, supplies and testing kits.

## Infection Prevention and Control

WHO and health partners are working closely with the MoH and other relevant authorities to enhance infection prevention and control (IPC) measures across public spaces, supported health facilities, and to integrate measures across humanitarian programmes. Health actors are undertaking health facilities assessments to gauge IPC capacity, with many already taking a number of steps to reinforce capacity, including by establishing distance between patients, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

With a focus on protecting health workers, WHO has bolstered PPE supplies in Syria, including by delivering to relevant ministries and departments (including 150,000 gloves, 550 alcohol-based hand rubs, 700 goggles, 1,000 gowns, 2,275 medical masks (N95), 6,100 surgical masks, and 600 coveralls) and to the United Nations clinic in Damascus (including 1,100 gloves, 40 gowns, 750 surgical masks, and 60 medical masks (N95)).

PPEs have also been delivered to SARC (including 500 alcohol gels, 200 goggles, 500 gowns, 360 medical masks (N95), 250,000 surgical masks, 300 coveralls). WHO has further received additional PPE for distribution (including 1,000,000 gloves, 200 gloves, 493,150 surgical masks, 90 medical masks (N95), and 1,200 gowns), with further procurement of additional PPE as well as disinfection materials ongoing.

## Case Management

Working closely with MoH technical teams and health partners, WHO is meeting on a daily basis to monitor, plan and assess the incident management system functions. Further, WHO has begun mapping quarantine and isolation centers across Syria in coordination with departments of health; with a full analysis of available resources and needs currently being finalized. Given the logistical burden of establishing new facilities, the immediate priority will be on identifying and enhancing isolation facilities within existing hospital.

At present, the MoH, in addition to the existing designated quarantine facility, has announced two centers in each governorate will be prepared; one for quarantine of suspected cases, the other for treatment, in addition to ambulances for transfer of patients. Isolation is currently occurring at the Damascus Airport Hotel; the MoH has announced the al-Zabadani Hospital in Damascus countryside will be the primary isolation hospital, with the Ibn al-Walid Hospital in Homs city a further facility.

In initial support to case management, WHO has conducted two two-day training workshops for 50 SARC health care workers in Damascus. In the northeast, trainings on case definition and identification has been ongoing in NES-partner supported health facilities. WHO has further delivered one ICU bed, one ventilator, one stretcher, two wheelchairs, and 150 bed sheets to the Aleppo DoH.

## Operational Support and Logistics

The COVID-19 Crisis Committee is working with partners, including the Logistics Sector, to minimize potential disruption to delivery of services and essential humanitarian assistance. Globally, the challenges include an unprecedented demand and limited supply of essential medical items including PPE – particularly essential to protect frontline health workers – with stockpiles depleted, substantial price increases and export bans a further factor. Lack of PPE globally may also have a cascading effect in disrupting manufacture of other critical medical equipment and medicines. Globally, the Supply Chain Coordination Cell has been initiated comprising WHO, WFP, UNICEF, UNHCR, MSF and IFRC.

Within Syria, distributions and service delivery are being rapidly adapted. With 3.5 million people in Syria reliant on food assistance, WFP alone has 1,600 distribution points within Syria; work is ongoing with SARC to adapt modalities in order to decongest distribution sites. Other options being explored is combining essential distributions, for example, of sanitation and health items with food; with modalities to be shared broadly across country networks to ensure all sectors can adapt where possible.

## CAMPS & COLLECTIVE SHELTERS

At present, from those displaced in October 2019, approximately 71,042 remain displaced in NES, with 15,458 living in 90 collective shelters. This is in addition to approximately 99,109 IDPs and refugees in northeast Syria, most of whom who were displaced prior to October, living in four camps and two IDP sites.

In coordination with health partners, WHO has developed a COVID-19 awareness campaign plan for camps and collective shelters in northeast Syria. IEC material relating to hygiene promotion has been distributed wide in camps and supported facilities and shared with authorities for wider circulation. Broader hygiene promotion and outreach activities have also been scaled up in camps, with outreach workers training on new materials, and dedicated campaigns launched relating to safe handwashing, hygiene etiquette and COVID-19 awareness. Block leaders have also been separately provided with contact details of camp-level focal-points for referrals. Gaps and coverage plans in collective centers and areas outside where humanitarian partners operate are currently being assessed.

Essential services and distributions will continue in camps, however, group activities including educational activities, gathering at child friendly spaces and women and girls' safe spaces have been suspended or modified to mitigate possible transmission. Additional measures, including limiting outside visits, appropriate reductions in staff numbers, and sterilization and awareness campaigns are ongoing.

WASH partners have undertaken assessments in camps to identify gaps in handwashing facilities. Contingencies are also being made to scale-up water provision from 20 litres per person per day to 40 litres per person per day to account for increased handwashing, and partners are working on additional capacity to support IPC enhancements in collective centres.

In addition, SOPs (based on the Global FSL Guidelines) are being developed to mitigate transmission risks arising from distributions. A training of trainers was undertaken on 18 March, with measures including approaches to reduce crowding, enhancing hygiene measures at distribution points and temperature screening.

Other sectoral-specific guidance has been developed and shared among partners. For those in camps and collective shelters, screening of possible cases will occur with suspected cases to be referred to Qamishli hospital.

## CHALLENGES

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As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (including unprecedented restrictions on movement, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions/failure, remote working modalities). In Syria, as is the case elsewhere, the operating environment is also changing rapidly, with factors such as movement restrictions (border closures, curfews) subject to change at any time.

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.<sup>1</sup> There is also a considerable shortage of trained staff and a high turnover rate, all of which reduce its capacity to manage cases. Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff where needed.

The crisis has also disrupted national routine surveillance with currently the only timely surveillance system for communicable diseases the EWARS. Furthermore, the central public health laboratory is the only designated laboratory for testing COVID-19 in the country. Technical and operational support is urgently needed to enhance the laboratory's capacity to collect and ship samples as well as recruit and train surge technicians. In line with global WHO guidance, the UN in Syria emphasizes the urgent need for a rapid increase in testing to properly track and monitor a possible outbreak of COVID-19.

Sanctions, which impose restrictions on the import of certain medical supplies critical to an effective COVID-19 response are also a concern.

Further challenges include sensitizing partners and communities to a highly specialized subject matter, with common use of unfamiliar and technical language, in addition to broader challenges posed reaching all communities across Syria.

## FUNDING

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Due to the pandemic, a COVID-19 Global HRP to address direct and indirect public health consequences on the population has been developed, with inputs from WHO, IOM, UNDP, UNFPA, UNHABITAT, UNHCR and UNICEF, as well as the Red Cross Red Crescent Movement. The HRP offers a multi-partner/sectoral response to the pandemic; for the time-being it does not attempt to deal with secondary or tertiary issues related to macroeconomic effects and more longer-term requirements in various sectors.

It is aligned with the WHO Global Strategic Preparedness and Response (currently costed at approx. US \$12 bn) and complementary to, and in support of, existing government response plans and national coordination mechanisms, with requirements over a 9-month period (until the end of 2020) amounting to US \$2.01 billion. Funding will be allocated to UN agencies at the global level and will be updated on a monthly basis.

Within Syria, the COVID-19 Appeal is currently costed at approximately \$71.2 million. The SHF first standard allocation of 2020 has been postponed with a reserve allocation in support of the COVID-19 response to be activated instead. Currently, the SHF has available funds of \$59.9 million (including pipeline and pledges).

To support their response so far, WHO has received \$1.1 million from the CERF, as well as \$150,000 from WHO EMRO. UNICEF has also received \$2 million in support of IEC.

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<sup>1</sup> World Health Organization. 2019. Annual Report of WHO Summary of key indicators.

**More Information**

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

Technical guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

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

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: Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19)

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

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

Statement of WHO General Director on COVID -19: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020>

how to talk to your child about COVID-19: <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19>

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