

# COVID-19 preparedness and response for NW-Syria

SITUATION REPORT AS OF APRIL 1<sup>st</sup>, 2020



## HIGHLIGHTS

- Testing for COVID-19 started on March 24. As of March 31, a total of 20 samples have been tested in Syria's NW; 18 are negative and 2 are pending. To increase testing capacity, WHO is looking into equipping a 2<sup>nd</sup> lab in the NW. A total of 5,000 tests will be delivered in Idlib on April 2.
- A preparedness and response plan, is being implemented, with a focus on prevention, risk communication, protection of health workers, surveillance of entry points, provision of PPE and community/facility based isolation.
- Hundreds of health professionals and community health workers are currently being trained on IPC and unified messages on prevention are being echoed to communities across NW Syria. Screening at point of entry needs to be strengthened further.
- WHO is stepping up support to three hospitals that are to serve as isolation units, with a total capacity of 210 beds. WHO is also preparing to procure 90 ventilators in addition to roughly 150 already in use in the area.
- Global travel restrictions, embargoes and customs procedures are impacting surge capacity and shipments of e.g. PPE.



## 1 Coordination, planning and monitoring

### Needs

- Among the greatest needs is sufficient human resources for coordination of the operation. Despite funding and support already made available by donors, travel restrictions and isolation recommendations do not permit sending additional expertise/staff to Gaziantep.

### Response

- The Health cluster convened three times in March and invested most of its time and resources on the response. The last online meeting was joined by 95 participants, representing Syrian and Turkish local health authorities, NGOS, international NGOs, UN agencies, donors and observers.
- On March 3, a 14-member Health cluster Task force was formed to prepare a COVID-19 response plan, based on eight technical pillars. Since the response is beyond health, OCHA is making sure the inter-cluster approach is integrated. The Task force met four times in March, while the pillars meet and coordinate more often.
- WHO has engaged international partners and stakeholders to ensure effective coordination and implementation of activities. A comprehensive preparedness and response plan has been launched, with a budget of an estimated 30\$ million. Supported by donors, WHO is to organize six coordination meetings, and conduct a workshop on International Health Regulations for stakeholders.

### Gaps and constraints

- Only a third of 120 Health cluster partners and members are implementing cross-border operations as of February 2020. The capacity of international NGOs to scale up COVID-19 responses or bring in additional surge-staff is limited due to global travel bans.
- In addition to scarcity of global supply such as respiratory masks and other required COVID-19 response supplies, a USA embargo on Syria limits the type of supplies that can be procured.



## 2 Risk communication and community engagement

### Response

- A local COVID-19 awareness team was established on 16 March to coordinate activities at field level. The team met with UNICEF and WHO to discuss the plan for community engagement and appropriate communication channels. The plan has eight objectives, including identification of active communication methods.

- A mapping of the number and location of community health workers and immunization teams has been completed to identify gaps. Additional mapping of community volunteers is ongoing.
- To reduce crowds in communities and encourage social/physical distancing, WHO and OCHA are to facilitate a discussion on prevention recommendations with local authorities in Idleb and western Aleppo.
- Unified messages for community leaders and mosques have been produced and are already widely used. A follow-up is needed to ensure messages are relayed correctly. A list of targeted mosques has been prepared.
- WHO prepared a training plan with UDER (Relief Experts Association) to ensure unified messages to awareness teams and that teams are trained on IPC measures and EWAR surveillance.
- Several NGOs delivered CHW trainings based on WHO messages. Teams are now delivering awareness sessions to individuals and in collective shelters while distributing IEC material and in some cases, self-hygiene items. Most awareness teams are now wearing PPEs.

#### **Gaps and constraints**

- Among gaps are coverage of training costs, supplies of PPE and soap/hygiene kits for distribution. Unified IEC material with coherent messaging, is missing.



### **3 Surveillance, rapid response teams and case investigation**

#### **Response**

- The surveillance system for COVID-19 has been activated in NW-Syria. No confirmed cases have been detected as of 31 March.
- WHO has provided standard surveillance guidelines and tools including case definitions, investigation, line listing, data dictionary etc. for COVID-19. An implementing partner of WHO has translated into Arabic and disseminated to NW-governorates, district and sub-district levels.
- A partner conducted a two-day TOT training for 26 district level officers on surveillance and response for COVID-19 as well as on influenza via Skype, between 21-22 March, followed by trainings on the same topic for 200 EWAR staff.

#### **Gaps and constraints**

- Collection and transportation of samples from suspected cases will be challenging should there be closures of any points of entry between Syria and Turkey or between governorates in the NW.



### **4 Point of entry readiness and strengthening**

#### **Needs**

- Some of the POEs on the border between Turkey and Syria are still in need of measures on screening and referrals, agreed upon by the Task force. Each PoE is to be manned by a site officer who is the main focal point, a medical doctor/supervisor on call, two nurses, two community health workers, two data clerks and two decontamination workers.
- Each PoE needs to be supported with equipment and supplies e.g. PPE, disinfectants and a vehicle for patient transportation.
- Staff are still to be trained on basic IPC measures such as hand hygiene, PPEs, how to mitigate infection risk and prepare chlorine solutions, as well as on cleaning and disinfecting surfaces.

#### **Response**

- Out of 11 PoE identified, 7 are fully functioning and 2 are partially functioning while the rest are closed. Significant movement is expected at only three PoE; Daret Ezza-Afrin, Atmeh-Afrin Hammamat – and all have measures in place.
- Turkish authorities have started screening and protection measures on their side of the border at 7 PoE.
- As of 31 March, two partners have started activities in Atmeh-Afrin and Daret Ezza-Afrin cross-lines; that is, in two out of the three PoE where significant movement can be expected.



### **5 Laboratories**

#### **Needs**

- To increase testing capacity, WHO is working with Health cluster partners on equipping an additional lab in the NW for testing.

#### **Response**

- A Health cluster partner started diagnostic testing for COVID-19 in a laboratory in Idleb on 24 March. As of 31 March, 20 samples from suspected cases in Idleb and Aleppo have been tested; 18 were negative and 2 are pending.
- WHO supported a two-day training of three Syrian national staff on COVID-19 lab methods, in the Ankara National Reference Laboratory.
- WHO has procured 5,000 swabs, 50 PCR kits and 50 extraction kits for testing a total of 5,000 COVID-19 samples.

#### **Gaps and constraints**

- Establishing a mechanism for the Gaziantep public health laboratory to support testing in the NW is being discussed.



## 6 Case management

### Response

- WHO is stepping up its support to three hospitals in NW-Syria that are to serve as isolation units; each has a 70-bed capacity, consisting of 30 ICU beds for severe cases that require ventilators, 30 beds for cases that require close follow-up and treatment for underlying conditions, and 10 beds for patients pending discharge.
- WHO is planning to procure and provide 90 ventilators, monitors, 8 oxygen concentration machines and 3 X-Ray machines. WHO will be covering the cost of HR, logistics and operational support for the three-hospital isolation centers. Funding is secured, based on the PRP.
- Measures to reprofile and upskill the health workforce, with appropriate training and supervisory support, aligned to deliver priority services is being planned by the task force.
- Task force management protocols and training material on community and hospital-based isolation is being planned.
- In terms of referrals, a total of 50 vehicles; 25 ambulances and 25 non-emergency transportation vehicles, are to be dispatched in 25 locations of which the majority are referral system stations already in use; 15 in Idleb, 5 in Afrin and 5 in North Aleppo/Euphrates Shield area. Non-emergency vehicles are for transportation to labs, isolation units and case management areas. Each station is manned 24/7 with medical staff while a medical doctor provides overall supervision, follow-up of activities and implementation of IPC measures. As of 31 March, 30 vehicles are in place; 25 ambulances and 5 non-emergency transportation vehicles from partners. All 50-vehicle staff will be provided with PPEs and trained on basic IPC measures.

### Gaps and constraints

- Funds allocated for the three hospital isolation units cover a period of only three months. Additional funds may therefore be required, in addition to funds needed for ICU equipment.
- In terms of referrals, some 20 non-emergency transportation vehicles are still missing. There is also a shortage of staff, mostly paramedics and cleaners, on top of shortages of IPC material, including PPEs and disinfectants.



## 7 Infection prevention and control

### Response

- SRD, a WHO partner, continues to provide IPC COVID-19 training. As of 31 March, 29 health partners have been trained, including 519 health facility managers and senior health professionals.
- The Task force is preparing an IPC training package for CBI and case based assessments.
- The Shelter cluster will be providing tents to 190 health facilities.
- Three Health partners offered to provide and install CBI centres. WHO will provide technical guidance and support, including training, guidance and mobilization of required supplies and equipment.

### Gaps and constraints

- Providing IPC/PPE supplies remains a major challenge in implementing and establishing IPC standard measures in 190 fixed health facilities in the NW.
- Funds for the operational cost of 28 community-based isolation centers is needed.



## 8 Operational support and logistics

### Needs

- To ensure prevention measures in health facilities, additional PPE and IPC material is required.

### Response

- WHO previously prepositioned 1,300 PPE sets in hospitals and 800 PPE sets in warehouses in the NW, to be distributed to health facilities as referral points for COVID-19 case management.
- WHO prepositioned specialized emergency health kits and essential medicine to be able to meet increased needs of health facilities in case of an outbreak.
- On April 2, WHO is sending 50 diagnostic kits or 5,000 tests, across the border from Turkey to a Health cluster partner in the NW.

### Gaps and constraints

- The supply of PPEs and IPC material has been impacted by market shortages and restriction on exports from Turkey to Syria. WHO has now purchased the supplies in question and received permission from Turkey's MoH for shipping to NW Syria.
- A shipment of PPEs from WHO's Dubai warehouse has been delayed until after April 5 due to a cancelled cargo flight.