



Highlights

- There are no confirmed cases of COVID-19 in Syria's northwest as reported by EWARN/ACU. As of 11 April, 103 samples have been tested; from Aleppo and Idleb; of which all are negative. WHO and the Health cluster are working on opening two additional labs to increase test capacity.
- A preparedness and response plan, focusing on eight technical areas, is being implemented. Protection of health workers, risk communication, surveillance, and community/facility based isolation are main priorities.
- Seven entry points have IPC measures in place on the Turkish side of the border, while IPC measures are in the pipeline on the Syrian side. Two cross-line points have IPC measures, established by health cluster partners.
- An extensive community awareness campaign on how to protect oneself from COVID-19 is ongoing across the northwest, through household visits, mosques, communities and social/traditional media.
- There are 306 functional health facilities in the NW, managed by 57 health partners. The total number of ventilators available is 203, including those in hospitals supported by Turkey. The number of health workers in the northwest, per population of 10,000 is only eight, far below the minimum standard. Overall, there is a lack of isolation units, intensive care unit beds, infection control material, PPEs and adequately trained staff to address the pandemic.

Key figures

0

Total laboratory-confirmed cases reported

0

Total deaths reported

0

Cases reported in past 24 hours

0

Total cases recovered

Funding Needs

US\$ 31 million

identified by the COVID-19 task force as part of preparedness and response plan.

Preparedness and Response

Coordination, planning and monitoring

- The pandemic, in addition to the established Health Cluster COVID-19 task force calls for a multi-sectoral approach. This has been addressed through a UN Emergency Task Force led by the Deputy Humanitarian Coordinator and for the COVID-10 response co-chaired by WHO. The EMT task force meetings are attended by heads of agencies in Gaziantep, together with cluster coordinators representatives, Syrian and International NGOs, and the donor community representatives.
- Both task forces convene weekly to discuss priority interventions, bottlenecks for implementation, assess and bridge gaps of planned activities in terms of budget, coordination and technical support. As no cases have been reported, current work focuses on preparedness, active surveillance and community reach interventions.

Risk communication and community engagement

- An HNAP rapid assessment dated on April 7, shows that 40 out of 42 sub-districts surveyed have seen communication campaigns on COVID-19.
- Incidents that reflect lacking knowledge/community awareness of how COVID-19 spreads, have been reported.
- Messages were circulated on the distribution of IEC material, and the use of homemade masks. To eliminate risk of spreading the virus, NGO distribution of brochures/flyers was suspended, based on a recommendation from WHO and the IPC pillar coordination group.
- A WHO partner; UDER, delivered 3,809 awareness raising sessions to 17,732 individuals and distributed liquid soap to 1,965 families in addition to hygiene items. SHAFAK delivered 673 sessions and established WhatsApp groups with community influencers. SDI delivered 773 awareness sessions to 1,331 individuals through household visits and facility-based sessions. VIOLET reached 7,072 people through awareness raising in Idleb city.
- SIG (Syria Immunization Group) conducted 595 public awareness sessions, 82 local council visits, 7,830 household visits, and delivered awareness messages to 590 mosques and 786 pharmacies. Regular vaccinations resumed on 4 April and messages on COVID-19 are now delivered through vaccination visits.
- ACU trained 515 health workers and medical students on reporting of suspected cases and risk communication, dedicated a WhatsApp number to information provision, updated an awareness guide, produced six educational videos, and participated in six TV interviews. Some 1,000 posters were printed and distributed to health facilities.
- UNDP and OCHA are to ensure sustained internet coverage in Syria's NW through talks with providers; where an overwhelming majority relies on social media as a primary source of information.

Surveillance, rapid response teams and case investigation

- Case-based surveillance and an alert system for COVID-19 have been activated. Detection and investigation of suspected cases is on-going according to WHO guidelines.
- WHO has started working with the NGO SEMA, to assist ACU on surveillance and enhancing lab capacity.
- ACU, has developed respiratory disease surveillance tools for COVID-19 in line with WHO standards. ACU has also launched a WhatsApp based hotline; +905527555500, for information on signs, symptoms, prevention measures and latest updates. ACU has developed and distributed new IEC material in Arabic; "Your Coronavirus Awareness Guide".
- Discussion is on-going about involving community volunteers, that already support primary health care and polio programs, in community-based surveillance of COVID-19.
- Curfews imposed in some areas have limited the movement of surveillance staff.

○ **Number of samples collected and tested for COVID-19**

Governorate	# total samples collected	# total samples tested	# Covid-19 positive	# Covid-19 negative
Aleppo	21	18	0	18
Idleb	85	85	0	85
Total	106	103	0	103

*3 samples under GoT areas sent to Turkey pending

Point of entry readiness and strengthening

- Nine Cross-Border/cross-line entry points are partially open, of which only one is seeing significant movement. Screening and IPC measures are in place on the Turkish side. WHO and partners plan on starting measures on the Syrian side where 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.
- A total of vehicles; 25 ambulances and 25 non-emergency transport vehicles, are to be dispatched to 25 locations of which the majority are part of the referral system already in place. Thirty vehicles are already in use, and WHO is to arrange for the additional vehicles, trainings, IPC material, PPEs and disinfectants.
- WHO is adapting pre-transport recommendations on COVID-19 pre-hospital emergency medical services.

Laboratories

- WHO has provided the ACU managed Idleb Diagnostics laboratory with 50 PCR kits and 50 extraction kits which equals 5,000 diagnostic tests for COVID-19.
- A training of two laboratory doctors to conduct diagnostic testing took place in Idleb epidemiological lab by a trainer trained in the Reference lab in Ankara.
- The Idleb lab is covering five governorates for testing of samples from suspected COVID-19 cases. To increase the capacity, two more laboratories; in Afrin and in Jarabulus, are planned as additional labs.

Case Management

- COVID-19 case management training material was finalized, and an online training for selected trainers in Syria is being scheduled. Training of specialized health professionals will be done remotely/online, due to border closures.
- WHO is on the process for the procurement of equipment for supporting three health facilities that are to serve as isolation/intensive care units. The equipment consists of 90 ventilators, monitors, eight oxygen concentrators and three X-Ray machines.
- To preserve health system functionality and avoid disruption of non-COVID-19 related services for e.g. those with chronic diseases; many partners have provided two-month supplies of drugs to patients, in case of constrained access or disrupted supply lines. Other modalities like virtual follow-up and care of NCD patients for primary health care centers, in case of restricted civilian movement caused by quarantine measures, is also being explored. If needed, community health workers would deliver drugs.
- A total of 150 MHPSS facilities across NW-Syria continue providing services, apart from group counseling and children groups. Responders are preparing for a possible re-enforcement of MHPSS staff to support frontline health workers and COVID-19 patients in isolation. Idleb and Aleppo have 329 psychosocial workers, 114 mhGAP-trained doctors, 24 psychologists, 1 psychiatrist, 2 part-time psychiatrists, and 23 mhGAP-trained midwives.
- WHO has distributed 70,000 COVID-19 leaflets and brochures in IDP communities, covering self-care; grief and loss; PTSD; sleeping disorders; and access to MHPSS care in Idleb, West-Aleppo, Afrin and Euphrates Shield areas. Soft copies are in circulation on social media.

Infection Prevention and Control

- SRD; a WHO partner, is conducting a 2nd round of IPC COVID-19 training, targeting 375 health workers in 119 specialized health centers, e.g. dialysis units, blood banks, rehabilitation centres, mobile clinics and ambulances.
- An HNAP rapid assessment dated on April 7, shows that 35 out of 42 sub-districts surveyed in Aleppo and Idleb have seen disinfection campaigns.
- To set up community-based isolation (CBI) centers with a capacity of 1,400 beds across 28 locations, health partners are coordinating with donors and NGOs for support on tents, human resources, facility equipment, consumables etc. Five health partners will be installing CBI centers in coming days while WHO provides guidance, training and supplies.

Operational support and logistics

- WHO has received PPEs from WHO's Dubai hub, including 10,000 gloves, 1,400 gowns, 900 face shields, 500 N95 masks, 200 protective googles, and 10,000 surgical masks. Planned delivery in the NW is 14 April.
- The Health Cluster partners, have provided 87 health facilities with tents for the triage of patients with suspected COVID-19 symptoms. Other tents will be contributed by Shelter cluster colleagues.

Challenges

- Shortages of testing kits have impacted the response in Syria's NW like elsewhere across the globe. Procurement at both local and international level is a major challenge.
 - Global shortages of IPC and PPE supplies are impacting plans of providing 190 health facilities with infection prevention and control measures.
 - Global demand for ventilators is delaying the procurement process.
 - Travel restrictions, sanctions and customs procedures are impacting and delaying WHO's and health cluster partners surge capacity and supply lines.
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