



Key figures

0
Total laboratory-confirmed cases reported

0
Total deaths reported

0
Cases reported in past 24 hours

0
Total cases recovered

US\$ 35 million
required by the COVID-19 Task Force as part of preparedness and response plan, of which

US\$ 22 million
is required by WHO

40%
Funding gap (of WHO), excluding funds in the pipeline

Highlights

- There are no confirmed cases of COVID-19 in northwest (NW) Syria. As of 22 April, 191 samples have been tested in Aleppo and Idleb; of which all are negative. WHO and the Health cluster are working on opening two additional labs to increase test capacity.
- WHO is working with local health authorities and partner NGOs to activate COVID-19 specific patient streaming (screening, triage, and targeted referral) at all levels.
- WHO is accelerating the procurement of equipment for supporting three hospitals to serve as isolation centers in NW Syria. However, three hospitals are being repurposed to be able to receive confirmed/ suspect cases to be treated in isolation as a contingency measure due to ongoing global supply exigencies for bio-medical equipment and supplies.
- WHO's has finalized activities and mitigation efforts for the next 3 months; resource mobilization efforts have been prioritized in coordination with local health authorities and partner NGOs to ensure rapid establishment of community-based isolation centers and distribution of PPE and testing kits.

Number of samples collected and tested for COVID-19 from NWS (as of 22 April 2020)

Governorate	# total samples collected	# total samples tested	# Covid-19 tested positive	# Covid-19 tested negative	Pending results
Aleppo	38	38	0	38	0
Idleb	153	153	0	153	0
Total	191	191	0	191	0

Preparedness, readiness and response

Coordination, planning, and monitoring

- The NWS COVID-19 Task Force (TF) continues to oversee collective COVID-19 preparedness and response efforts, under the stewardship of WHO Gaziantep lead Health Cluster.
- Since the previous report, the TF has convened on three occasions, discussing a range of complementary specific issues including surveillance, enhancing laboratory capacity, potential contingency plan to activate patient streaming by repurposing existing resources due to potential global supply shortages, convergence efforts with other clusters for risk communication activities and ensure supply side strengthening to maintain access to routine service delivery in addition to managing COVID-19 cases, focusing on NCDs and MHPSS.
- An updated PRP has been finalized with funding requirements and activity planning for three months. This implementation plan complements the existing health cluster operations, and is a living document which will also support enhanced inter-cluster coordination.
- Over the last week, there was continued coordination with local health authorities and partner NGOs to accelerate resource mobilization and planning to establish community-based isolation centers to act as first referral sites for acute to moderate management and further separate and limit the movement of non-emergency cases. It is planned to strategically co-locate them across 28 sites, nearby camps and host communities.

Risk communication and community engagement (RCCE)

- The COVID-19 Task Force has established a **Coronavirus Awareness Team (CAT)** with local health and education stakeholders to hold regular discussions and receive updates regarding awareness activities in coordination with local authorities. With support from **WHO**, CAT developed a set of [IPC guidelines](#) and collecting [IEC designs and videos](#) for awareness teams with support from the IPC sub-group.
- **Health Cluster partners and members** continue to provide awareness sessions, mostly individual or in small groups while keeping social distancing without distributing brochures, and while wearing protective equipment. **UDER** reached 5,626 individuals, and distributed hygiene items including liquid soap to 2,881 individuals. **DDD** reached 1,851 individuals through six PHCs. **SDI** reached 922 individuals through PHC and household sessions. **SIG** delivered 612 parent sessions, 341 local council sessions, 4,122 HH visits, and 196 pharmacy visits, in addition to awareness activities during immunization sessions. **Global Communities** delivered a daily message through 590 WhatsApp groups hosting 35,741 members. **SEMA** reached 6,883 individuals and distributed 81 hygiene kits. **SCD** conducted awareness activities in 231 camps, mosques, bakeries and markets using 20,000 posters. **IDA** delivered 1,187 individual and 189 small group awareness sessions. **Shafak** delivered 249 sessions and conducted 26

hygiene promotion activities. **SIMRO** delivered six group sessions, and **Aleppo Health Directorate (AHD)** continued conducting visits to local councils in Northern Aleppo.

- In terms of training: **Idleb Health Directorate (IHD)** supported NGOs by hosting training sessions on IPC, community awareness raising, and alert system, and developed video material to be used in online training. Two cars with loudspeakers were deployed in Idleb city, in addition to a number of billboards. **IHD** has already trained 1,465 trainees online using a newly developed material through its Telegram channel. Further a total of 108 CHWs from **UDER** have been trained using the awareness teams guide; **AHD** trained over 120 CHWs and **HiH** trained 90 CHWs, hygiene promoters, and aid workers.
- WHO is coordinating with **WFP** and other FSL actors to discuss linkages between awareness teams and food distribution activities. As a first step the role of CHWs during food distribution activities are being explored.
- A new guidance note was developed by CCCM cluster for awareness raising and prevention in camps.
- Discussions with **CCCM cluster** and members of the **WASH cluster** were initiated to develop standard guidelines for infection prevention and community awareness in camps. Solutions for collective shelters are also being discussed in collaboration with WHO.
- **WHO** is planning to provide a range of PPE (latex gloves, surgical masks, liquid soap, medical waste bags, cleaning supplies) for partners to meet shortages for 1,000 CHWs conducting household visits.

Surveillance, rapid response teams, and case investigation

- Still no confirmed cases of COVID-19 have been detected from NWS.
- As part of the expansion plan, all the sentinel sites that are receiving patients with acute respiratory diseases have been selected for weekly active surveillance for COVID-19. More than 100 sentinel sites are going to be included under weekly active surveillance.
- Till last week, a Health cluster partner conducted training for 1,337 NGO health care providers (812 males and 525 females) in 79 health facilities in north western Syria on basics of COVID-19 disease surveillance & diagnosis, collecting specimens for laboratory investigation. Among the trainees, 226 were doctors, 587 nurses, 151 community health workers and 384 were other health professionals
- Collection of samples from SARI/ILI cases has commenced in some areas to increase the sensitivity of case detection in the NWS.

Point of entry readiness and strengthening

- Out of 12 cross-border/cross-line entry points, nine points of entry (PoE) are partially open, of which five (Alhamam, Ar-ra'ee, Bab AlSalameh, Ghazawiyet Afrin, Deir Ballut) are anticipating significant movement and have measures in place to screen travelers, suspect and refer cases.
- WHO is still working with its partners to deploy additional vehicles into the referral network to support COVID-19 transportation of beneficiaries. WHO in addition will support staff salaries, including cleaning & decontamination units for ambulances.
- WHO will provide a one-day training to 400 staff on basic IPC measures related to COVID-19. All the activities will be coordinated through the referral network according to standard operational procedures (SOPs) and recommendations adapted for NW Syria, including organizing referral from point of entry crossings (cross-border & cross-line) for travelers by ensuring close coordination and communication across stakeholders.

Laboratories

- The **ACU Idleb laboratory** has remained instrumental in testing samples from suspected cases of COVID-19. Till 22nd April 2020, so far 191 samples have been tested for COVID-19 using PCR. All results came negative.
- The current number of PPE for the laboratory staff will be sufficient for coming 2 weeks. Procurement of additional PPE is in process.
- WHO and Health cluster partners are looking into opening additional two labs to increase testing capacity.

Case management

- While WHO is accelerating the procurement of equipment for supporting three hospitals that are to serve as isolation/intensive care units, three more NGOs hospitals in Dana, Idleb and Kafr Takarim have been repurposed to receive confirmed/ suspected cases. One other hospital has been identified in northern Aleppo governorate as a referral hospital with 46 ICU beds and 200 bed capacity.
- As self-isolation is largely not feasible in the densely populated northwest Syria, community-based isolation (CBI) centres are being planned to separate and limit the movement of people with low risk profiles presenting mild COVID-19 symptoms. Humanitarian partners have begun installing CBI centres with a total capacity of 1400 beds across 28 locations in Idleb and Aleppo governorates. While two CBI are expected to be functional from next week, the rest would be operational in a phased manner in the month of May.
- The initial phase of the online training targeted critical care physicians and the second-round training will have conducted inside Syria targeting all medical staff (physician, anesthesia technician, and nurses) for the identified COVID-19 hospitals/isolation centers.
- MHPSS will be streamlined throughout the COVID-19 preparedness and response efforts put forth by WHO, including supporting three mental health mobile clinics with Mental Health Rapid Response Teams, MHPSS helplines for frontline workers, COVID-19 patients and their families. PSWs to support observation tents, community-based isolation centers; and three COVID-19 referral hospitals.
- WHO is procuring 65 NCD Kits for NW Syria, including funding to help integrate MHPSS/NCD services into 48 PHCs for 6 months. There will be 16 PHCs for Idleb, 16 for Afrin and 16 for the “Euphrates Shield” districts.

Infection Prevention and Control

- **SRD**; a WHO partner; is conducting a 2nd round of IPC COVID-19 training, targeting 138 health workers (74 nurses, 23 administrators, and health facility managers, 22 midwives, 13 CHWs, and 6 obstetrics and gynecologist) in specialized health centers, e.g. providing reproductive, maternal, newborn and child health services.
- Distribution of IPC kits to NGO run health facilities and to the referral network.

Operational support and logistics

- Also, this week, 10,000 gloves, 1400 disposables gowns, 900 face shields, 500 N95, 200 protective goggles, and 10000 surgical masks have reached NW Syria.
- The distribution plan has been finalized and it is expected to reach identified health facilities and community based isolation units in the coming days.

COVID-19 NWS PRP FUNDING \$US Update

REQUIREMENTS in USD	\$US 35 M
COMMITTED (to WHO)	13.3 M
COMMITTED (to other partners)	5.3 M
COMMITTED TOTAL	18.3 M
GAPS REMAINING	16.4 M

Challenges

- Global shortages of IPC and PPE supplies continue to impact plans of providing health facilities, health workers and communities with infection prevention and control measures.
- Procurement at both local and international level is a major challenge, especially in procuring ventilators.
- Travel restrictions, sanctions and customs procedures are impacting and delaying WHO surge capacity and supply lines.
- With the current emergency and nature of pandemic, donors are requested to provide maximum flexibility to extend existing funds or to allow for reprogramming where necessary.

Cover photo by HIHFAD/Majd Okla.

COVID-19 preparedness in NW Syria: The TB center in Idleb, northwest Syria, is one of many health facilities where prevention measures have been put in place as a response to the COVID-19 pandemic, in an effort to ensure continuity of services. HIHFAD (Hand in hand for aid and development) is WHO's implementing partner. While experience on COVID-19 infection in TB patients remains limited, it is anticipated that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted.

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