HEALTH CLUSTER BULLETIN
July 2020

Turkey Cross Border
Emergency type: complex emergency
Reporting period: 01.07.2020 to 31.07.2020

Fig.: Temperature check at a point of entry by SRD staff.

HIGHLIGHTS

- The UN Security Council adopted a one year renewal of the UN Turkey Cross-Border humanitarian aid using only Bab al-Hawa crossing: “decides to renew the decisions in paragraphs 2 and 3 of Security Council resolution 2165 (2014), for a period of twelve months, that is, until 10 July 2021, excluding the border crossings of Al-Ramtha, Al Yarubiyyah and Bab al-Salam”.

- In North West Syria (NWS), first COVID-19 positive case was reported on July 9, while the onset of symptoms was on 4th July. The first case was announced after the PCR lab result was confirmed positive for a doctor in Bab al-Hawa Hospital. By end of July, 31 cases reported positive.

- Among the COVID-19 cases, 14 (45%) were healthcare workers, this included physicians, nurses and a dental technician.

- According to HNAP Priority Needs and Access to Services report as of June 2020 showed, that the nationwide highest reported infrastructure need was for electricity networks - a need most frequently reported in north-west Syria (36 %). The second highest reported need was for healthcare infrastructure (hospitals and health facilities), which was most prevalent in the north-east (28%) and least prevalent in north-west Syria (14%).

- The economic situation is still challenging NWS with an increase in poverty from 2017, when overall poverty was estimated at 80-85% to extreme poverty at 50-60% compared to 2020.

1 UN Security Council Resolution 2533 July 11, 2020, Paragraph 2
2 The socio-economic impact of COVID-19 in Syria - Presentation - SSG Meeting - 21 July 2020
3 Supplies were cross border delivered by the WHO Gaziantep Hub and distributed to implementing health cluster partners in Northwest Syria.
4 Figures reported and updates are from 1 – 31 July 2020.
5 Routine immunization with pentavalent vaccine (5 in 1 vaccine)
Situation Update:

The month of July 2020 was marked by two important events; the renewal of the UN Security Council Resolution (UNSCR) allowing Cross-Border UN assistance into NW Syria and the confirmation of the first case of COVID-19. The UNSCR 2533 was renewed on July 11, 2020 for one year allowing continuity of Cross-Border UN humanitarian aid from Turkey into NW Syria. The 15-member council reduced the number of gates for aid deliveries from Turkey to Syria to one. Now only the Bab al-Hawa border crossing opposite the Cilvegozu crossing point will remain open for aid delivery for another year. Bab al-Hawa connects the Syrian M45 and the Turkish D827 highways. Even though the renewal of the resolution will help to provide essential health services to the people in need in NWS, however, the impact excluding Bab Al Salam border crossing will be evaluated by UN agencies based on load of aids and logistics need to access Northern Aleppo.

Two days before the renewal of the UNSC resolution, as threatened, the first case of corona virus disease 2019 (COVID-19) was confirmed on July 9. The very first case (index case) a physician working with an NGO supported hospital was determined to have been imported from outside of either Idlib or Aleppo. At the end of July, no case has been identified from any of the IDP camps, while 26 cases were known contacts of previously reported cases. As show in insert snapshot, by the end of the month, a total of 31 COVID-19 cases were confirmed at the Idleb laboratory using nasopharynx swab. Among the cases 14 (45%) were healthcare workers, that included physicians, nurses, and a dental technician, affecting several health facilities in both governorates. A total of 3,470 samples were collected in July, with 1,459 from Aleppo and 2,011 from Idleb governorates. All samples were tested by RT-PCR, with the test positivity rate of 0.9%. Since the first positive test on 09 July, a total of 1,478 tests were done, with the test positivity rate of 2.1%. As of July 31, a total of 507 contacts were identified, out of which samples were collected from 309 contacts.

By month’ end, the status of COVID-19 outbreak transitioned from primarily cluster-based to community transmission. On community trust on measures introduced, “almost two-thirds say their communities trust that the measures introduced in their area will reduce the spread of the virus. Confidence is higher in SDF (71%) and Government of Syria (68%) than in Non-State Armed Groups/TBAG (43%) controlled areas, where many community members are not adhering to any precautionary measures. Almost two-thirds say their communities trust that the measures introduced in their area will reduce the spread of the virus. This is a huge challenge since many months putting today all NWS in risk of contamination if local authorities and local councils will not take serious measures to enforce application of IPC measures and physical distancing7, especially when precautionary measures seem to have declined since May 2020.

As the economic situation deteriorates, NWS shows increase in poverty from 2017 when overall poverty was estimated around 80-85%, to extreme poverty at 50 to 60% in 2020, accompanied with an impact of COVID-19 showing an increase in the number of overall and extreme poor8. HNAP Priority needs and Access to Services report as of June 2020, shows NWS with a higher demand for fuel than in other regions. 34% of households reported that fuel was one of their top three priority needs, as compared to 21% nationally and just 10% in the north-east. The need for public infrastructure is also higher (17% as one of the top three priority needs as compared to 12% nationally). Conversely, there is a lower demand for health services (12% as compared to 29%, nationally). Nationwide, the highest reported infrastructure need was for electricity networks - a need most frequently reported in NWS (36%). The second highest reported need was for healthcare infrastructure (hospitals and health facilities), which was most prevalent in the north-east (28%) and least prevalent in NW Syria (14%).

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7 COVID_19_bulletin_syrria_R2_HNAP-GTS joint report-July 2020-HNAP
8 The socio-economic impact of COVID-19 in Syria - Presentation - SSG Meeting - 21 July 2020
Public health risks, priorities, needs and gaps

- For COVID-19, there’s still a need to secure personal protective equipment (PPE) and infection control and hygiene items for medical staff and community health workers (CHWs).
- There is a continued urgent need to increase the COVID-19 testing capacity by bringing more PCR kits, extraction kits and viral transport equipment. There will be more demand on testing in the next period as a result of people fearing being infected, for tracing contacts and for expanding screening to identify and contain the virus.
- There is a need to ensure that precautionary measures are rigorously implemented at community level such as appropriate use of masks, hand washing, physical distancing, avoiding mass gatherings and other measures as recommended by WHO and the COVID-19 taskforce. There is a need to enhance the local procurement and production of fabric masks aligned with the COVID-19 taskforce recommendations and WHO’s global guidelines for mask use.
- The COVID-19 Community Treatment Centres (CCTCs) planned in NWS are still facing delays, for reasons including funding, location’s approval from local councils and the availability of human resources.
- On Sexual Reproductive Health (SRH), Health members reported an increase in reports of families giving pre-pubescent girls hormonal medication to speed up puberty so that they can marry and bear children. It is believed that this is a result of the desperate economic situation.
- Until July 2020, both cutaneous (CL) and visceral leishmaniasis (VL) are showing an increase in 2020 compared to 2018 and 2019: 36 VL cases in 6 months in comparison to 22 cases in 2019 and 20 VL cases in 2018. For the 36 cases of VL were diagnosed in northwest Syria in 2020, the average age is 2.5 years. In the past 6 months, 17,256 new cases of CL were diagnosed in northwest Syria, of which 8,689 are in Idleb governorate and 8,567 in Aleppo governorate. There is a need to scale-up the response and support for health partners in the area on prevention and response to leishmaniasis especially that recent cases were reported in crowded camps and communities, which risk further spread of the disease in NWS.
- The children’s mental health programme and the suicide prevention/self-harm programme has not yet materialised due to funding gaps and the prioritisation of urgent life-saving services. These programmes are nevertheless crucial for displaced people and host communities, particularly given an increase of suicide cases in northwest Syria.
- Due to the end of current funding and the absence of a sponsor for the supervision of dialysis centres, maintenance of dialysis machines and provision of basic medication are at risk of stopping. There is a need to ensure the continuation of services to support up-to 650 haemodialysis patients in northwest Syria whose lives depend on haemodialysis services.
- Influenza like illness (ILI) and severe acute respiratory infections (SARI) in Idlib area are higher than same period last year with no cluster of cases.

Health Cluster Coordination and Service Delivery

As per July, three virtual Health Cluster meetings were held attended by partners/members represented national Syrian, Turkish and International NGOS, donors, local Syrian and Turkish health authorities, UN agencies/clusters and observers. The virtual meetings held with more than 70 attendees per meeting.

The health cluster meetings dedicated reasonable time for COVID-19 updates, however one meeting out the three was fully dedicated to COVID-19’s pillars updates with inclusion of the whole cluster membership. In addition, the COVID-19 taskforce continues to have biweekly meetings for strategic decision making; the pillars focal points and members kept as well weekly meetings to follow the technical and strategic response needs.

In addition to the monthly Cluster Bulletin, the 4Ws, HeRAMS analysis, infographics support for Technical Working Groups, the Health Cluster Information Management team created a public dashboard to help monitoring and follow-up on COVID-19 cases in NWS. The dashboard as well provides information on available resources, such as treatment dedicated hospitals and CCTC locations, laboratory and testing, bed capacities, and supplies tracking. A daily update on COVID-19 cases is been shared on behalf of NWS COVID-19 Taskforce and access is available to partners and the whole humanitarian community at NWS COVID-19 Dashboard.

(https://app.powerbi.com/view?r=eyJrIjoiNTRiMmZiMTAtNWYzZC00M2RmLWNkYzI4MGFmYjU5MCIsImMiOjh9&pageName=ReportSectionb57388c4c756b1036a93)
On service delivery, after the major increased seen during the month of June - as the threat of no extension of the UNSC Cross-Border Resolution was a real possibility – in July there had been a decrease to more normal values in most of the indicators as well the number of reports shared from health partners. The decrease in health partners reporting maybe justify as staff repurposing in an environment with limited human resources which required personnel to take part of the COVID-19 preparedness and as well the response as the outbreak develops. Thirty-eight partners shared their monthly reports, while in June reports were received from 42 partners. This low reporting resulted in decrease in mainly the cumulative number of outpatient consultations reaching slightly below monthly average - see OPD consultations monthly trend graph.

Referrals to Turkey registered a staggering 121% increased, as movements restrictions are been ease. Although medical referrals inside Syria -as seen in above graph- registered 20% decline from previous month, the number of hospitalizations continue to be a 20% above average when compared with the first five months of the year as shown in graph to the left.

The same phenomena appear to be seen with an apparent decrease in services when compared with the month of June, but when the year trends are analysed the service provision continue to be above the average when compare to the first six months of the year. In July, the decrease in percent change for the number of trauma consultations, for new as well as follow-up cases, was 3%. While decrease in percent change for number of hostility related trauma consultations (war related) was 20% when compared to June. On the other hand, in terms of number of trauma consultations when July is compared with the average from the first half the year, there is a significant above average increase of almost 30% as seen in the trauma consultations monthly trend graph.

To deliver services, the Cluster must advocate as part of its key functions for funding based on needs and gaps analysis. According to OCHA, by July US$168 million were allocated by the Syria Cross-Border Humanitarian Fund (SCHF) exceeding at mid-year the total funding allocated in 2019 by $46 million. The first reserve allocation of $62 million aimed to address the critical needs of newly displaced people following the escalation of violence in the beginning of the year. With the global outbreak of COVID-19, the SCHF allocated $20.5 million through a reserve allocation, cost extensions and reprogramming to support the prevention, preparedness and response to COVID-19 in northwest Syria. The Health Cluster partners are the second recipient of the SCHF common pooled funds as seen in above insert graphic.
During the month of July and so far during this year, the Health Cluster service delivery is summarised in the cumulative monthly 4Ws indicators as per below table:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Mar-20</th>
<th>Apr-20</th>
<th>May-20</th>
<th>Jun-20</th>
<th>Jul-20</th>
<th>Total</th>
<th>2019 baseline Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>#OPD consultations (EXCLUDES trauma, mental health and physical rehabilitation)</td>
<td>739,196</td>
<td>783,874</td>
<td>740,076</td>
<td>754,590</td>
<td>637,613</td>
<td>360,625</td>
<td>720,486</td>
<td>5,359,460</td>
<td>53%</td>
</tr>
<tr>
<td>Sum of Medical procedures</td>
<td>861,780</td>
<td>797,553</td>
<td>799,551</td>
<td>827,898</td>
<td>708,026</td>
<td>1,079,261</td>
<td>807,762</td>
<td>5,879,857</td>
<td>32%</td>
</tr>
<tr>
<td>Legal deliveries</td>
<td>6,921</td>
<td>31,528</td>
<td>7,397</td>
<td>8,510</td>
<td>6,907</td>
<td>7,968</td>
<td>7,786</td>
<td>63,177</td>
<td>64%</td>
</tr>
<tr>
<td>C-section deliveries</td>
<td>2,186</td>
<td>2,406</td>
<td>2,480</td>
<td>2,411</td>
<td>2,215</td>
<td>1,559</td>
<td>2,542</td>
<td>18,855</td>
<td>60%</td>
</tr>
<tr>
<td>Deliveries assisted by skilled attendant</td>
<td>9,207</td>
<td>15,854</td>
<td>9,757</td>
<td>10,921</td>
<td>9,121</td>
<td>10,503</td>
<td>10,538</td>
<td>63,773</td>
<td>63%</td>
</tr>
<tr>
<td>Number of mental health consultations (new cases + follow-up cases)</td>
<td>9,185</td>
<td>7,072</td>
<td>6,519</td>
<td>7,359</td>
<td>5,860</td>
<td>8,601</td>
<td>8,005</td>
<td>58,204</td>
<td>86%</td>
</tr>
<tr>
<td>Number of new patients who received mental health consultation</td>
<td>5,998</td>
<td>2,945</td>
<td>2,914</td>
<td>3,564</td>
<td>3,046</td>
<td>4,648</td>
<td>4,103</td>
<td>24,418</td>
<td>91%</td>
</tr>
<tr>
<td>Number of physical rehabilitation sessions provided</td>
<td>14,260</td>
<td>14,947</td>
<td>11,587</td>
<td>17,310</td>
<td>15,412</td>
<td>24,452</td>
<td>17,941</td>
<td>113,864</td>
<td>68%</td>
</tr>
<tr>
<td>Number of new patients who received Physical Rehabilitation</td>
<td>3,425</td>
<td>3,889</td>
<td>5,183</td>
<td>4,584</td>
<td>3,931</td>
<td>5,142</td>
<td>4,202</td>
<td>26,677</td>
<td>60%</td>
</tr>
<tr>
<td>Number of referrals inside Syria</td>
<td>9,788</td>
<td>10,389</td>
<td>11,259</td>
<td>8,995</td>
<td>12,517</td>
<td>17,418</td>
<td>13,915</td>
<td>89,211</td>
<td>83%</td>
</tr>
<tr>
<td>Number of referrals to Turkey</td>
<td>305</td>
<td>417</td>
<td>525</td>
<td>35</td>
<td>102</td>
<td>391</td>
<td>654</td>
<td>2,217</td>
<td>15%</td>
</tr>
<tr>
<td>Total referrals</td>
<td>14,991</td>
<td>15,210</td>
<td>16,815</td>
<td>13,240</td>
<td>12,619</td>
<td>17,709</td>
<td>14,589</td>
<td>86,519</td>
<td>76%</td>
</tr>
<tr>
<td>Total number of trauma consultations (new cases + follow-up cases)</td>
<td>24,941</td>
<td>18,845</td>
<td>16,838</td>
<td>20,823</td>
<td>15,399</td>
<td>37,571</td>
<td>35,613</td>
<td>191,199</td>
<td>41%</td>
</tr>
<tr>
<td>Number of hospital-based trauma consultations (war related)</td>
<td>2,771</td>
<td>1,989</td>
<td>1,614</td>
<td>1,100</td>
<td>1,162</td>
<td>1,751</td>
<td>1,405</td>
<td>11,292</td>
<td>76%</td>
</tr>
<tr>
<td>Number of admissions (Hospitalisation - CU)</td>
<td>851</td>
<td>761</td>
<td>655</td>
<td>977</td>
<td>1,147</td>
<td>1,655</td>
<td>959</td>
<td>6,965</td>
<td></td>
</tr>
<tr>
<td>Total number of admissions (Hospitalisation)</td>
<td>21,962</td>
<td>18,268</td>
<td>21,560</td>
<td>22,990</td>
<td>22,455</td>
<td>30,828</td>
<td>26,658</td>
<td>164,711</td>
<td></td>
</tr>
<tr>
<td>Number of Major surgery (Definite surgeries)</td>
<td>5,191</td>
<td>2,579</td>
<td>5,048</td>
<td>4,197</td>
<td>4,614</td>
<td>5,857</td>
<td>5,708</td>
<td>50,085</td>
<td></td>
</tr>
<tr>
<td>Number of Minor surgery (Emergency surgeries)</td>
<td>2,292</td>
<td>1,791</td>
<td>870</td>
<td>1,735</td>
<td>1,220</td>
<td>1,888</td>
<td>1,025</td>
<td>10,896</td>
<td></td>
</tr>
<tr>
<td>Total Major Surgery</td>
<td>5,483</td>
<td>4,370</td>
<td>4,819</td>
<td>5,952</td>
<td>5,154</td>
<td>8,340</td>
<td>6,303</td>
<td>40,411</td>
<td>70%</td>
</tr>
<tr>
<td>Number of Minor surgery</td>
<td>4,760</td>
<td>3,844</td>
<td>4,186</td>
<td>8,130</td>
<td>7,822</td>
<td>8,837</td>
<td>8,201</td>
<td>48,820</td>
<td>38%</td>
</tr>
<tr>
<td>Number of treatments provided</td>
<td>272,301</td>
<td>212,665</td>
<td>169,598</td>
<td>231,520</td>
<td>193,260</td>
<td>505,600</td>
<td>522,440</td>
<td>3,749,899</td>
<td>53%</td>
</tr>
<tr>
<td>Children 1-9 years covered with DTP3 or equivalent pentavalent vaccine</td>
<td>7,745</td>
<td>7,127</td>
<td>6,186</td>
<td>8,777</td>
<td>6,226</td>
<td>7,942</td>
<td>7,688</td>
<td>53,951</td>
<td>51%</td>
</tr>
<tr>
<td>Children 12 years covered with MMR2 or equivalent measles vaccine</td>
<td>7,466</td>
<td>7,001</td>
<td>6,916</td>
<td>10,397</td>
<td>7,201</td>
<td>11,798</td>
<td>8,358</td>
<td>59,070</td>
<td>56%</td>
</tr>
<tr>
<td>Number of deaths in the facility</td>
<td>248</td>
<td>213</td>
<td>212</td>
<td>283</td>
<td>236</td>
<td>226</td>
<td>1,748</td>
<td>3,077</td>
<td>76%</td>
</tr>
<tr>
<td>Total number of AHRF and HIVI (all locations) visits</td>
<td>56,194</td>
<td>61,751</td>
<td>61,942</td>
<td>55,952</td>
<td>50,187</td>
<td>75,164</td>
<td>55,784</td>
<td>416,917</td>
<td></td>
</tr>
<tr>
<td>Antenatal care 4th Visit Or More</td>
<td>15,576</td>
<td>13,247</td>
<td>8,441</td>
<td>10,610</td>
<td>11,360</td>
<td>15,307</td>
<td>8,210</td>
<td>83,723</td>
<td>74%</td>
</tr>
</tbody>
</table>

Table 1: Health Cluster NWS monthly & cumulative indicators for January to July 2020 – Disclaimer: figures may change due to late inputs by partners and data cleaning
Health Cluster Technical Working Groups and Partners Updates

MENTOR Initiative is providing Leishmaniasis services in 56 health facilities and four mobile treatment clinics (two in Harim district of Idleb, one in Afrin and one in Azaz districts of Aleppo) in NWS.

Due to the COVID-19’s situation updates in July and the announcement of positive cases in NWS, the number of consultations decreased compared to the previous month. In July, 2,276 new cases of cutaneous leishmaniasis (CL) were diagnosed and 29,601 treatment consultations were conducted at MENTOR supported health facilities and MENTOR’s mobile clinics; 67% of new cases of CL were children.

There had been four infants, new cases, showing visceral leishmaniasis (VL) in Idleb. In total, 36 cases of VL were diagnosed so far in 2020 and it is higher than the caseload in previous years.

Based on an assessment conducted in west rural Aleppo and Jisr-Ash-Shugur, there is a plan to support new health facilities and to operate two leishmaniasis mobile treatment clinics in these areas in early August.

Syria Relief and Development (SRD) is supporting twenty primary health care facilities and five secondary health care facilities in NWS in addition to three ambulance referral systems (64 ambulances) in Idleb and Western Aleppo countryside.

The PHCs provided 52,042 health care and MHPSS services. In July 2020, the secondary health care facilities (including five maternity and child hospitals) provided 20,954 outpatients, 1,878 inpatients services, 321 caesarean-sections and 1,276 normal deliveries. In addition, a referral system training on “dealing with TB cases” was conducted in Afrin for 37 trainees.

The SRD supported dialysis center in Aleppo is still serving hemodialysis patients and provided 58 dialysis sessions while the Physical Rehabilitation Center (Al-Bab, Aleppo) provided 685 physical rehabilitation sessions to 367 beneficiaries, out of which 133 were new patients. The TB Center in Azaz provided 101 consultations for 10 patients and three patients already completed their TB treatment courses.

One CEmONC and six static BEmONC facilities are serving women in reproductive health (RH) and Gender Based violence and SRD launched a new mobile clinic in Jarablus city and surrounding communities for RH consultations, family planning, Anti-Natal Care (ANC), Post-Natal Care (PNC), psychosocial support and awareness sessions services. In July, 17,333 reproductive health consultations were provided in addition to 4,248 GBV services. In addition, nine immunization centers (EPI) provided 12,522 vaccination services.

Lastly, 20 caravans were installed and equipped with pressure cleaning spray pump (chlorine) and high-pressure washing machine with water tanks in order to decontaminate all COVID-19 dedicated referrals’ cars after transferring suspected cases in NW Syria.

On COVID-19, the IPC field team conducted IPC specialized training for the staff in the COVID-19 Community Treatment Centers (CCTS) and was attended by 32 staff in Ariha and 17 staff in in Sheikh Baher.

Al-Resala Foundation (RF) continues providing primary health care consultations for the community and served 8,679 beneficiaries (4,579 IDPs and 4,100 host community) in two PHCs in Afrin and Shamarin (Al-Resala Camp) as well via two mobile clinics operating in Al-Manarah Camp (Dana), Bulbul and Sharan.
In line with the WHO’s guidelines, the infection and prevention control measures for COVID-19 are applied in all Al-Resala supported health facilities.

During the Eid Adha holidays, awareness messages were delivered by CHWS on safe practices during this holy occasion to serve in increasing the public knowledge on prevention measures from COVID-19. The sessions accompanied with distribution of 2,423 dignity kits.

Medical Education Council (MEC), in the “Academic Center for Physical Therapy”, provided 242 physical rehabilitation sessions in July 2020 with application of IPC measures. The center received 21 new patients. As well, the center continues its academic support by opening its doors for physical therapy students in Idlib to provide them practical training during their studies.

Due to lack of support, the center is in shortage of assistive devices such as walkers, crutches, wheelchairs, etc. however, 21 devices were delivered to beneficiaries this month.

Relief Experts Association (UDER) “as an active member of the NWS COVID-19’ taskforce, has joined other organizations in preparing for this day since March 2020. UDER developed prevention guides, trained over 890 workers and community leaders, recruited additional CHWs, and installed triage tents in health centers to reduce risks to patients and staff. As of July 2020, UDER is dispatching 750 CHWs across northwest Syria to work with aid workers, community members and leaders to ensure that we are all working together to save the lives of 4.2 million people in North-West Syria”. / [https://www.linkedin.com/posts/relief-experts-association_reliefexperts-covid19-syria-activity-6687648376818814976-gb73/]

Sexual and Reproductive Health (SRH) TWG: The maternal mortality tool which was developed to capture information on maternal deaths in order to monitor and improve safe motherhood programs is continuously implemented since February 2020. Until June 2020, 14 partners (64 facilities and 6 mobile clinics) shared their data with only one maternal death reported in May. A review form was later developed to identify preventable causes of maternal death.

A proposed questionnaire was developed for Cervical and Breast cancer screening programme in order to evaluate the availability of services, human resources and knowledge on implementation of breast and cervical cancer screening. Also, a rapid assessment was done to evaluate the existing resources of Pathology and mammography services.

A document on “minimum requirements for EmONC facilities in the context of NWS” was developed in line with the global standards. It will support the decision makers from SRH partners in planning, implementation and monitoring of EmONC services at their facilities.

COVID-19 Task Force (TF):

Epidemiological situation: Twelve cases were reported from Aleppo governorate, with 9 from Al Bab district. Also, 19 cases were reported from Idlib governorate, with 13 from Harim district. There were 15 males and 16 females, with the average age of cases as 30 years old and range from 2 to 63 years old. Two cases were under five years of age, and one case was over 60 years old. Among the cases 14 (45%) were healthcare workers, that included physicians, nurses, and a dental technician.
The most common presenting symptom was fever, reported by 23 cases, followed by dry cough and tiredness, each reported by 12 cases. Loss of taste or smell was reported by 3 cases. While only one case had a chronic pre-existing condition of cancer. Two cases were asymptomatic, while the rest had mild symptoms. None of the cases required hospitalization, and no death was reported.

The number of days from the onset of symptoms to laboratory test ranged from zero (on the very day of symptoms onset) to eight days. Six cases had their laboratory test taken on the day of symptoms onset, and 18 cases had their laboratory test for COVID-19 taken within 1 to 2 days after the symptom’s onset day. Sixteen (52%) cases recovered by the end of July, with duration of illness ranging from 12 to 18 days. However, 12 cases recovered after 13 days, with only one case having recovered after 18 days.

Coordination channels were active in July with the Syrian Turkish Taskforce, the Hatay Health Directorate (HD) and the Kilis HD in order to facilitate COVID-19 data sharing in addition to push on testing and “contact” tracing. The result of this coordination comes with an agreement to consider the health facilities in the Turkish controlled area, especially Al Baba and Al Rae’e hospitals, as part of the COVID-19’s response. More negotiation is ongoing with the Turkish MoH for further training under laboratory pillar as well to share the Turkish experience of Turkish doctors to Syrian doctors in case management for moderate to critical COVID-19 in-patients.

Aiming for more ownership and cooperation with health authorities in NWS, a member representing the National Syrian taskforce was assigned as a co-coordinator for the COVID-19 taskforce. The main aim is to keep a good linkage with health authorities and Syrian colleagues in NWS in term and to involve them in decision making for COVID-19’s response.

Under the Risk communication and community engagement (RCCE) pillar, two community surveys were conducted for community members and community leaders. There are 52 partners covering 11 districts and provided 737,250 awareness sessions through 30 activities. About 3,344 health workers were trained through the RCCE in addition to the vaccination mobilizers. Also, 1,700 community volunteers are available and WHO will support adding minimum of 2,200 new volunteers in addition to their capacity building.

To support the awareness sessions in the community, UNICEF distributed 59,222 hygiene kits for 296,110 individuals and Corona Awareness Team (CAT) members distributed 8,800 hygiene items and soap for 21,155 individuals.

In an effort to re-shape the available human resources in NWS to serve in better tracing for COVID-19 contacts, in collaboration with ACU/EWARN staff, the CHWs supervisor will be trained for contact tracing for confirmed COVID-19 cases.

The main challenge goes to the community behaviour and knowledge on COVID-19’s risk when 17% of community leaders considered is not dangerous in addition to 9% of the community. As well, part of the health staff is not convinced about the level of risk, so they are not following the IPC measures. Also, the absence of a central authority, nationwide TV or radio service stands as a challenge avoiding the centralization and to unify the communication for a better impact on the community.

There are Seven Point of Entries (PoEs) serving the response for COVID-19: Bab Al-Hawa, Bab Al-Salameh, Jarablus, Al Rae’e, Hamamat, Al Ghazawiya and Deir Ballout. In July, about 275,383 travellers were screened within the 7 PoEs through medical staff of WHO implementing partners SRD and IDA.

Following the announcement of positive COVID-19 cases in NWS, the PoEs in Al Ghazawia and Deir Balout cross-lines were partially-open on the 17th July 2020 with limited access for those with approval from local councils such as students, NGOs workers, etc. and military persons. In the 4th of week of July, the PoEs went back fully functional except Sarmin PoE.

The SRD’s referral system transferred the 2 first cases from Al-Salama Camp in Azaz to the COVID-19’s dedicated hospital in Azaz. The CHWs in Al Salama camp boosted the effort to provide awareness sessions about COVID-19’s risk to the IDPs in the camps stressing on importance of quarantine for close contacts of the first 2 cases. The CHWs, in close collaboration with ACU/EWARN are encouraging the contacts to seek testing as well to abide to basic risk mitigation preventive rules such as usage of masks, physical distancing and avoiding crowded areas.

Also, 25 IPC training sessions were attended by 494 staff from health partners, were held in Idleb (330), Afrin (120) and Aleppo (44).

8
A phone consultations system for beneficiaries in self-isolation or quarantine was established by SRD to provide consultations and needed information on COVID-19 precaution measures as well to help in booking an appointment in order to avoid crowdedness inside the health facilities: Refah Hospital-Jendaris, Jarablus, Bazagha, Qubassin, Abin, Milis and Azmarin BEmONC facilities.

On Case Management, of nine hospitals are dedicated to COVID-19 care: five are functional and four planned to function soon. Al-Amal and Salkin hospitals (SAMS) should start working on mid-August while SEMA to update the timeline for its two hospitals.

There are four CCTs with capacity of 151 beds available in July 2020 and the effort doubled to push forward to have five CCTS functional (three centres by UOSSM in KafrKarmin and Atmeh and two centers for Al- Seeraj for Development and Health Care in Western Aleppo) after long delay due to resistance from local councils to decide on the location to be established and limited HR availability. However, the COVID-19 positive cases with mild symptoms were not admitted in the CCTCs as they refused to be transferred from their home. There is no enforcement authority in NWS to oblige confirmed patients and their contacts to be admitted in the CCTCs. Also, some CCTCs in some areas, where the cases were reported, were not still functional. More as a challenge, the referral pathway was not clear for the health staff working in non-COVID-19 health facilities on how and where to refer cases; ongoing work on a protocol for referral pathway to be part of training package for triage points and COVID-19’s designated hospitals.

The World Health Organization (WHO) has strengthened the referral system capacity through its implementing partners, by increasing human resources to more than 100 paramedics, nurses and decontamination workers and by deploying 20 additional referral vehicles supplied with equipment and PPEs.

In July 2020, 516 suspected COVID-19 cases were referred to the COVID-19 referral hospitals and to the CCTCs of which 196 came from the “Point of Entry” (PoE) and 320 from health facilities in NWS.

Also, WHO provided PPEs and IPC materials, for one-month consumption, to three isolation hospitals, two CCTCs and 133 triage points. Gloves and masks for 41 triage points were provided for three months, for 1,600 CHWs (for one month) and to seven PoEs (for two weeks). There are already 25 Ventilators (10 in stock) for three isolation hospitals while in pipeline, 15 CPAP and 75 ventilators to be procured by Turkish Red Crescent Society (TRCS) with SCHF funding, in addition to 69 oxygen concentrators and PPEs by WHO value at 2.7M USD.

WHO continue providing support to sustain access to primary health care services, including child health, reproductive health, management of communicable and non-communicable diseases. Those services are provided via 28 primary health care facilities and mobile teams, out of which seven are in Idlib, 17 in Afrin, and four are in Azaz and Al Bab.

There are 100 banners for “Protection against Sexual Exploitation and Abuse” (PSEA), received from the International Organization of Migration (IOM).

The banners are to be distributed to health cluster partners in line with the PSEA Training of Trainers (ToT) to be held the third week of August 2020 for 60 future PSEA trainers from the Gaziantep Health Cluster partners.

The training of trainers will be followed by a roll-out PSEA training by each Trainer within their respective organizations.

Fig: SRD- IPC training for COVID-19 in action

Fig: PSEA banner
Monitoring of violence against health care in the context of COVID-19

“Ensuring access to health services is the cornerstone of a successful health response. Any verbal or physical act of violence, obstruction or threat that interferes with the availability, access and delivery of such services is defined as attack on health care by WHO.

As shown in the infographic above, the nature of attacks on health care related to COVID-19 varies greatly across contexts and can range from the use of heavy weapons targeting health facilities to the stigmatization of health care workers. Ultimately – whether they take the form of a cyberattack or a physical assault – they deprive people of urgently needed care, endanger health care providers, and undermine health systems.”

“Acts of violence related to the COVID-19 pandemic take place against the backdrop of growing social stigma and discriminatory behaviours against anyone perceived to have been in contact with the virus. Health resources, patients, health care providers and their family members are at particularly high risk of experiencing attacks due to the wrongful belief that they have become vectors of contagion in a community. COVID-19 misinformation plays an important role in shaping such beliefs and behaviours across the world. The ‘infodemic’ of false information about the disease exacerbarates fear of contagion, misconceptions and myths about the virus.”

Amid growing mistrust, health care providers increasingly come to be seen as a risk to communities rather than the solution to this public health emergency. To illustrate, health care workers have reported being spat on, called ‘contagious rat’, assaulted after boarding public transports, having their belongings vandalized and their children discriminated against by their classmates. These attacks on health care speak to the importance of adequate risk communication at all levels of society to reduce fear, stigma and – ultimately – violence. How we communicate about COVID-19 is critical in supporting people to take effective action to combat the disease and protect health care.”

With all of that, in Syria there had been two attacks on health care reported in July 2020, an in one attack 2 deaths and 5 injuries; including civilians, children and women. As per mid-year review for health care attacks, in below infographic; out of 18 attacks, 13 happened in NWS (72%).

Plans for future response: events & dates
➢ 13 & 27 August | Health Cluster meetings
➢ 19 August: World Humanitarian Day 2020

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