27 March 2020, Cairo, Egypt – 21 out of 22 countries in the Eastern Mediterranean region are now reporting cases of COVID-19, including new reports of 5 confirmed cases in Syria and one confirmed case Libya.

The past weeks have seen some of the most developed health systems in the world struggle with their response to COVID-19. The emergence of the virus in much more vulnerable countries with fragile health systems in the Region, including Syria and Libya, is of special concern.

Of equal concern are global shortages in laboratory testing kits and protective equipment for health workers, as well travel restrictions and border closures. All of these are impeding WHO's ability to provide urgently needed technical expertise and supplies to these and other countries.

In Syria, more than 9 years of war have heavily impacted the capacity of the health sector, with only 50% of public hospitals and 47% of public primary health care centres fully functional by the end of 2019. Additionally, thousands of qualified health professionals have fled the country.

A country like Syria, ravaged by conflict and displacement, and with a health system already pushed to its limits, will clearly be overburdened by an outbreak of COVID-19, and the impact could be catastrophic. In the northwest -- by far the least prepared area in Syria to face a pandemic -- millions of vulnerable, internally displaced people living in overcrowded camps are highly susceptible to infectious diseases, relying on a crippled health system. It is now a question of time when we'll see the first cases of COVID19 in northwest Syria.

Within the Whole-of-Syria approach, we are working from both inside the country and cross-border from Gaziantep in Turkey to accelerate preparedness and response for the first COVID-19 cases. We are working with partners to prepare the health system, the community and the leaders to respond quickly when the disease arrives. We are prioritizing prevention, preparedness and risk communication, with a focus on supporting health responders to detect, diagnose and prevent spread, surveillance of entry-points, provision of protective equipment and training of health workers. Across the country, efforts are being accelerated to prepare

laboratories and isolation wards and inform the public. Health facilities and selected intensive care units are being prepared and communities most at risk have been identified and are already being informed on prevention and protection measures.

Testing for suspected COVID-19 cases in northwest Syria started two days ago after a shipment of 300 tests reached a WHO partner. The results of the first eight suspected cases have all turned out negative. Some 600 additional tests will reach the laboratory in Idleb today, and a shipment of 5000 tests is scheduled to arrive in Idleb next week. Personal protective equipment has already been distributed to 21 health care facilities, and this week, we are shipping additional personal protective equipment to health workers in Idleb and Aleppo.

Due to the overcrowded living conditions and inadequate space for self-isolation in Idleb camps and host communities, community and camp-based isolation is to be introduced to restrict movement of suspected cases. WHO and its partners are currently training 540 health workers from 180 health facilities in the northwest, on staff and patient safety and infection prevention and control.

In Libya, growing levels of insecurity, political fragmentation, and a weak health system limit the country's ability to implement effective preparedness and response measures for COVID-19. Outbreak response capacities are extremely limited in east Libya, and almost non-existent in south Libya. Large and frequent population movements between Libya and other affected countries increases the risk for a population of vulnerable people.

Vulnerable populations across the country, such as IDPs, migrants and refugees are more susceptible to disease due to limited access to health care, information about the disease, and deteriorated living conditions. The situation in formal and informal detention centres and prisons is of special concern.

Together with the National Centre for Disease control and Ministry of Health, WHO and health sector partners have prioritized six technical areas for urgent support to enable the country to better detect and respond to COVID-19. These include enhancing national disease surveillance; strengthening rapid response teams across the country; supporting screening and testing at points of entry; improving laboratory capacity; increasing health information and communication; and supporting the establishment of isolation wards/departments in selected hospitals and quarantine areas at points of entry.

As the virus continues to spread across the region, reaching the most vulnerable and in-need becomes a critical priority. Access to basic health services, especially for refugees, displaced populations and migrants, is of paramount importance to rights-based health systems and global health security.