SYRIAN ARAB REPUBLIC: COVID-19

Humanitarian Update No. 16

As of 16 August 2020

This report is produced by OCHA Syria in Damascus in collaboration with WHO Syria and Damascus-based humanitarian partners, and does not reflect cross-border operations. The next report will be issued on or around 29 August 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 1,677 (64 fatalities, 417 recovered).
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in NES, collective shelters throughout the country, as well as other areas including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.
- Populations of concern: All groups are susceptible. However, the elderly and people with underlying health conditions are particularly at risk; as are vulnerable IDP and refugee populations and healthcare workers with inadequate personal protective equipment (PPE).
- Of the cases announced to date by the MoH, 69 are reported to be healthcare workers, the majority in Damascus.
- As of 10 August, the MoH has reported approximately 21,070 tests have been performed in laboratories in Damascus, Aleppo, Homs and Lattakia governorates.
- Socio-economic impacts of COVID-19, notably in food security and livelihoods, are likely to exacerbate existing substantial humanitarian needs across the country.

SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, 21,260,760 laboratory-confirmed cases of COVID-19, including 761,018 deaths (CFR=3.6 per cent) had been reported globally. The United States has the most confirmed cases (5,258,565) and the most deaths to date (167,201). In the Eastern Mediterranean Region, more than 1,710,272 COVID-19 cases have been reported, including 45,361 deaths, around 43 per cent of which occurred in Iran.

In Syria, 1,677 laboratory-confirmed cases have been reported by the MoH to date: four in Deir-ez-Zor; 15 in Al-Hasakeh; 29 in Dar'a; 38 in Hama; 63 in Quneitra; 73 in Tartous; 76 in As-Sweida; 134 in Homs; 154 in Lattakia; 210 in Aleppo; 237 in Rural Damascus; and 644 in Damascus. In total, 1,069 new cases have been announced since the last report. The MoH has also announced 64 fatalities – an increase of 29 since the last report – and 417 recoveries. Of the cases, 105 cases were announced as imported and 203 as a secondary case (exposure/contact with a known case). According to available MoH data, nearly 24 per cent of cases presented as severe/critical requiring hospitalization, including, in some cases, oxygenation or mechanical ventilation in ICU units.

Of note, according to the MoH, 69 healthcare workers (four per cent of reported cases) have tested positive for COVID-19, an increase of 25 since the last report. This includes 48 in Damascus, 13 in Rural Damascus, three each in Aleppo and Quneitra, and one each in Tartous and As-Sweida. This highlights the particular risks faced by healthcare workers; and underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel – the potential for its overstretched healthcare capacity to be further compromised.

Since the last update, humanitarian actors have continued to receive unverified reports concerning additional possible cases, and information indicating that in some areas, existing healthcare facilities have been unable to absorb all suspected cases and/or healthcare facilities are suspending surgeries or adapting wards to accommodate increased numbers of COVID-19 patients. Unverified reports have also been received of a rise in obituaries, death notices and burials. While the UN is not in a position to verify this information; it is of note that official cases confirmed by the MoH have more than doubled in the last three weeks, and the source of 1,369 cases to date remains unknown – 1,092 more than the last report – indicating that community transmission is now widespread.

Since July, the epidemiological situation in Syria has rapidly evolved. In July, 532 cases were confirmed, compared to 157 cases in June and 79 cases in May. At the time of writing in August, authorities have confirmed 920 cases. Given the limited testing across Syria, it is therefore possible that asymptomatic and mild cases are going undetected and the actual number of cases may far exceed official figures.

Globally, even the most advanced healthcare systems have been quickly overwhelmed by COVID-19 cases. On 20 July, the Minister of Health stated the current increase in COVID-19 cases could evolve into a wider outbreak and emphasized individuals should adhere to preventive measures and seek early treatment.

Since the last report, authorities in Northeast Syria have announced a further 194 cases bringing the total in NES to 204 (139 in Al-Hasakeh, 46 in Aleppo, 10 in Deir-ez-Zor and nine in Ar-Raqqa). Of these, 175 are active with 20 recoveries and nine fatalities also recorded. Twenty two per cent of all cases are amongst healthcare workers.

As of 10 August, the MoH report around 21,070 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Lattakia and Homs. The enhancement of laboratory and case investigation capacity across Syria, including in NES, remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.

Points of Entry

Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. Most land borders into Syria remain closed, with some limited exemptions (from Jordan, Turkey and Lebanon) including commercial and relief shipments, and movement of humanitarian and international organization personnel. However, on 13 August, Jordanian authorities announced the closure of the Jaber border crossing point for one week effective immediately in an effort to curtail imported cases from Syria following a recent increase. International commercial passenger flights remain suspended however domestic commercial cargo and passenger flights are ongoing.

International repatriation flights have not taken place since 16 July when 260 Syrian nationals arrived from Erbil. In recent weeks, a reported 2,000 Syrian nationals residing in Lebanon have also reportedly returned through land crossings, mainly Maasna border point. On 16 August, the GoS announced new entry requirements for individuals arriving from official border crossing points with Lebanon following presentation of a negative PCR certificate at the border. Tests must have been conducted within the past 96 hours at accredited laboratories in Lebanon noting that those unable to present such a document would be quarantined.

In addition, the Government of Syria (GoS) further announced that Syrians wishing to transit through Lebanon abroad must reach the borders no more than 24 hours before their flight and within 96 hours of a negative PCR test being conducted. During the reporting period, reports were also received that the four specified centres in Damascus in which Syrian nationals could obtain PCR tests were replaced with two new centers (Al-Jalaa and Tishreen sports city), in addition to one dedicated to UN staff and diplomats. Further reports on social media indicated that the authorities had approved five private laboratories for PCR testing. At the time of writing, this information was still being verified.

As indicated in previous reports, exams for ninth grade students living in cross-line areas commenced on 9 August. To date, 10,229 students have reportedly crossed into Aleppo (3,054) and Ar-Raqqa (7,175) from non-government controlled areas to sit their basic exams. Of these, only 1,122 are residing in 17 accommodation centers, with the majority reportedly staying with family and friends. Humanitarian partners are providing multi-sectoral support including IPC measures such as sterilization of accommodation and examination centers and the provision of PPE to teachers, invigilators and observers; as well as the provision of meals, NFIs and dignity kits to those hosted in accommodation centers.

Tartous and Lattakia ports remain operational, with precautionary measures which have slowed down operations, including mandatory sterilization procedures, and minimum staff.

In NES local authorities continue to provide exemptions for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing. As indicated in previous reports on 13 July local authorities closed all border crossing points to NES as a precautionary measure against COVID-19. Humanitarian personnel, students and medical cases are reported to be exempt but subject to a 14-day quarantine on arrival. It was further reported that humanitarian personnel with a quarantine certificate issued in the Kurdistan Region of Iraq (KRI) do not have to undergo quarantine upon entering NES, if entry is within 48 hours of leaving quarantine in KRI. Since 23 July local authorities have issued further directives aimed at curbing the spread of COVID-19. This includes a full curfew in Jazeera Canton, Al-Hasakeh from 6 August for a period of at least two weeks, as well as bans on mass gatherings and movement restrictions between towns, cities and districts; the closure of all non-essential shops/services, all local authority departments and limits on the operating hours of non-essential medical services to four hours per day. Although partial lockdowns have also been introduced in Ar-Raqqa and Kobane, there are concerns that these do not go far enough with, for instance, restaurants in Raqqa still permitted to open for dine-in customers and mass gatherings, including weddings and funerals, reported over the last week. The local authorities have indicated they plan to make face coverings in public spaces mandatory across all areas of NES in the coming days.

Al-Bukamal-Al Quaem crossing is reported to be still closed from the Syrian side, and Ras al-Ain border crossing also remains closed except in limited circumstances. Tabqa crossing point is reported as currently open to commercial and humanitarian cargo, and medical cases and students are also reported allowed to cross with a 14-day quarantine on arrival.

Restrictions remain in place at most other crossing points inside Syria. Abu Zendin, Um Jloud and Awn Dadat in Aleppo remain closed, as does Akeirshi and Abu Assi in Ar-Raqqa. Al-Taiha in Aleppo is reported open for commercial traffic. Ghazawiyet Afrin and Deir Ballut in Aleppo are reportedly open for commercial, military, and humanitarian cargo movement but closed to civilian crossings. On 20 July, Bab Al Hawa in Idleb partially re-opened for humanitarian workers and emergency medical cases to cross to Turkey after a week's closure following reported cases of COVID-19 in Idleb.

Preventive measures

The GoS continues to maintain a widespread easing of preventive measures introduced throughout May, albeit with some ongoing changes. On 26 July, following a rise in cases in Damascus and Rural Damascus, authorities announced that prayers for funerals in mosques would be suspended until further notice in both governorates. On 2 August, the Ministry of Endowments announced Friday and regular prayers in Damascus and Rural Damascus were suspended for 15 days starting 3 August; the suspension was lifted on 16 August.

Otherwise, the daily curfew remains lifted, as has the travel ban between and within governorates. Markets, restaurants, cafes, gyms, parks, theaters, cinemas and most leisure facilities remain open, so long as precautionary measures are adopted. Mosques and churches are allowed open, so long as physical distancing is observed. Public and private transportation services have also resumed, as have universities and institutions. As per previous reports, broad-based restrictions are not anticipated to be re-imposed due to economic and social impacts, however localized lockdowns in specific hotspots, such as previously enforced in Jdeidet al-Fadl in Quneitra and Ras al-Ma'ara in Rural Damascus, cannot be ruled out.

Humanitarian Impact

Throughout June, the informal SYP/USD exchange rate has experienced extreme volatility, at one point rising to the highest rate on record – approximately SYP 3,200 to US$ 1 on 8 June. Since July, the informal exchange rate has rallied somewhat, and at the time of writing was approximately SYP 2,200. On 17 June, the Central Bank of Syria devalued the official exchange rate for the second time in six months, to SYP 1,256 to US$ 1. In some areas, local authorities recently announced local adoption of the Turkish Lira as an accepted currency.

Due to exchange rate volatility, the regional banking crisis and other factors, including knock-on effects of the preventive measures of COVID-19 on the economy, dramatic price rises have been recorded in many basic commodities. According to WFP VAM data, the price of an average food basket in the first half of July was 6 per cent higher than June however gradually reduced over the remainder of the month due to the strengthening of the informal exchange rate. Prices nevertheless remained above those recorded in June and 261 per cent more when compared to the same period in 2019. In July the highest rises were recorded in Idleb (up 25 per cent), Lattakia (15 per cent), and Tartous (11 per cent).

Prior to the COVID-19 crisis, an estimated 80 per cent of people in Syria already lived below the poverty line. According to estimates, 9.3 million people in Syria are now considered food insecure. With the loss of job opportunities due to the impacts of COVID-19, particularly for those reliant on daily wage labour or seasonal work and the continued rise in food prices, it is likely more may be pushed to food insecurity in the coming months. Reports indicate that even households with regular income are being adversely affected as the cost of living has spiraled. For example, WFP's national average reference food basket (a group of basic goods providing 1,930kcal per day for a family of five for a month), cost on average SYP 88,900 during the first half of July, exceeding the highest paid official government monthly salary of SYP 80,240. In October 2019, WFP's national average reference food basket was SYP 25,424.

An inter-agency socio-economic impact assessment of COVID-19 involving UNDP, WFP, UNICEF, UNFPA, FAO, and UNRWA is currently being finalized. Initial findings indicate a major economic downturn and significant social impacts, all amplified by the ongoing financial crisis in Lebanon, in addition to a major loss of livelihoods as well as remittances, particularly in view of the Syrian diaspora in Lebanon and Saudi Arabia. The informal sector has also been particularly impacted, where incomes are close to the poverty line and where there is no social protection safety net.

As previously reported, according to the Ministry of Social Affairs and Labor (MoSAL), more than 320,000 people registered for the National Campaign for Emergency Social Response for assistance due to work lost as a result of COVID-19 preventive measures. Of these, 91 per cent are daily labourers, 10.9 per cent are older persons, and 8 per cent are people

with disabilities. In early June, MoSAL reported one-time payments of SYP 100,000 had been disbursed to 5,000 people; and later, on 24 June, announced a second tranche of payments to 18,731 people would occur on an unspecified date.

In recognition of the likelihood of far-reaching socio-economic impacts, the UN Country Team (UNCT) has from an early stage worked with UN agencies and humanitarian partners to ensure ongoing provision of life-saving assistance (including through adjusted modalities to reduce risks to beneficiaries and staff) while seeking to identify and support initiatives to bolster social and economic resilience. In this regard, life-saving food assistance to 3.5 million people has continued with adjusted distribution modalities, as has agricultural and livelihoods programs. UNDP and partners have further focused on support for micro, small and medium enterprises for workers temporarily out of employment with social safety net activities, in addition to distribution of agricultural inputs and livestock to sustain food security in rural areas.

Nevertheless, as the economic situation has worsened, some humanitarian partners report that the volatility of the informal exchange rate had forced temporary suspension of local procurement. Some partners also report that redesign of budgets due to the exchange rate and inflation was being considered, and programme delivery would likely be delayed. As reported in previous updates, even as restrictions have eased, in particular some Health and Nutrition sector partner activities continue to be impacted by preventive measures. Protection partners have also reported reductions in face-to-face sessions, including for child protection, and challenges in implementing alternative modalities, such as remote case management, due to limited internet connectivity and poor mobile phone coverage in some areas.

However, at the same time, other humanitarian programs have resumed in recent weeks with implementation of measures to ensure safety of staff and beneficiaries. In May, the Health sector reported supporting 759,802 medical procedures and 262,015 treatment courses. UNRWA has reported resuming health services in recent weeks, although this remains under review should circumstances necessitate. UNFPA also continues to provide maternal and neonatal health services and GBV prevention and response services, with 240,343 people receiving reproductive health, awareness raising, and MHPSS since March. In addition, UNICEF report that regular nutrition programmes have resumed, including in Al Hol camp.

PREPAREDNESS AND RESPONSE

The UNCT in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19. At the same time, the UNCT is also focused on protecting, assisting and advocating for the most vulnerable, including IDPs, refugees and host communities particularly vulnerable to the pandemic, including by, to the extent possible, working to continue principled programme delivery and provision of life-saving assistance across the country. WHO is the lead agency and is working to support the MoH in enhancing health preparedness and response to COVID-19, in accordance with the International Health Regulations (IHR 2005).
The current key priorities in Syria are:

- Enhancing surveillance capacity including active surveillance, with a critical need to expand national and sub-national laboratory capacity to test for timely detection;
- Protecting health care workers by training and providing additional PPE;
- Ensuring proper case management, isolation and contact tracing; and
- Raising awareness and risk communication.

In particular, WHO, acting on the eight pillars of the global WHO Strategic Preparedness and Response Plan, continues engaging the MoH and health partners to enhance technical capacity and awareness, including on rational use of PPEs, case management, infection prevention and control, environmental disinfection, and risk communication; and is focused on procuring and enhancing integral medical supplies including in laboratory testing and PPE, for case management and healthcare facilities. A WHO multi-disciplinary team is also on stand-by to be deployed. On 31 March, UN Secretary-General Antonio Guterres launched a report *Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19*, which forms the basis of incorporating socio-economic impacts as the ninth pillar of the response.

As the UN supports national preparedness and response in Syria, the specific country context poses considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance; challenges accessing certain areas including due to ongoing hostilities; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures including border restrictions; challenges procuring supplies including due to border restrictions, a deteriorating economy and competition for local supplies, as well as sanctions. As the response expands, there is a need to both increase and decentralize testing, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations including NES.

Country-Level Coordination

At the national level, the UN has established a COVID-19 Crisis Coordination Committee, led by the UN Resident Coordinator and Humanitarian Coordinator (RC/HC) with the WHO Representative for Syria serving as the Incident Manager, to closely engage with the GoS and other stakeholders in the implementation of the multi-sectoral response.

OCHA Syria also continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly Health sector coordination meetings and operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. Weekly operational calls on NES are also ongoing, including on enhancing and strengthening preparedness and response efforts at points of entry and camps.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs continue to undertake national and sub-national level meetings to support coordinated response planning, as well as coordinating with authorities. Key activities have included developing sectoral-specific guidance on risk mitigation, information dissemination among partners, and development of sector-specific response plans incorporated in the operational response plan.

In the reporting period, sectors continued support to students sitting national exams, including humanitarian support to ninth grade students who travelled cross-line to GoS-controlled areas

The UN RC/HC and WHO Country Representative continue to engage senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL, MoLAE and Ministry of Education, as well as ICRC and SARC. In the reporting period, the CCC continued to follow up on recommendations made following a WHO-led technical mission from EMRO in early July, including increasing and strengthening surveillance, testing, isolation and contact tracing in order to suppress the transmission of COVID-19; and enhancing Risk Communication and Community Engagement efforts by making information and advice available to communities in “real time”.

Risk Communication and Community Engagement

The UNCT has activated the Risk Communication and Community Engagement (RCCE) Group, which aims to inclusively engage communities while communicating critical risk and event information concerning COVID-19. Working closely with WHO and MoH, the RCCE Group has developed and widely disseminated a multi-component package, including a toolkit of key messages covering a wide range of issues related to COVID-19. The Group has also finalized online training materials in Arabic and trained several partners in NES and other parts of the country.

As preventive measures have been lifted across Syria, the RCCE is working with partners to continue to engage the public on the ongoing risks of COVID-19 and to continue to promote behavioral initiatives such as hand and respiratory hygiene, physical distancing and voluntary quarantine/isolation where feasible and appropriate. While cumulative RCCE efforts to date have reached an estimated more than 12.5 million people, survey information, in addition to anecdotal evidence suggests that the risk perception across Syria is very low and there has been considerable lack of adherence to individual preventive measures observed in some communities.

During the reporting period, a new public awareness campaign was launched by the MoH and MoI supported by WHO and UNICEF aimed at promoting specific behaviours and practices including regular handwashing, social distancing, physical distancing, use of face masks and reporting of symptoms to health facilities. Messages will be conveyed through a range of mediums, including radio, TV and social media. The campaign also aims to de-stigmatize COVID-19, reinforce home care for the elderly and provide communities with mental health and psychosocial support.

As detailed in previous reports, development, printing and distribution of information, education and communication (IEC) materials in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques and churches is ongoing. Other channels, including through the Smart Card/Takamol application and online interactive quizzes, are also being utilized, with an estimated cumulative reach of approximately 12.5 million people. Direct awareness raising through teams at distributions and door-to-door continues, as does engagement at universities, of religious leaders in mosques, and with church networks.

During the reporting period educational materials providing guidance on Safe Eid al Adha practices was disseminated in both English and Arabic to the MoH, MoE, MoI, SARC and other health partners, while the **#WearAMask challenge – Wear and Share (your photos!)** was promoted through media platforms to increase uptake among the public by showing photos

of friends, family and colleagues wearing masks. WHO also continues to provide technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in Arabic and English.

As also detailed in prior reports, UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. In the reporting period, UNHCR supported two community-led initiatives in Jebel Saman, Aleppo reaching 150 children and youth, including 40 adolescent girls with information on COVID-19 and hygiene kits. UNHCR also provided awareness raising and protection support to 2,027 outreach volunteers across thirteen governorates reaching 46,924 persons of concern through a variety of platforms. Outreach volunteers also conducted 1,991 physical visits, with appropriate precautions, to the most vulnerable individuals who could not be reached through other modalities. Seventeen protection partners also shared 92 COVID-19 related posts on Facebook, which were subsequently reshared 2,034 times.

Training and regional outreach is also ongoing. In Hama, Homs, Idleb, Lattakia and Tartous governorates, 125 health educators were trained on RCCE, while in Muhardeh district, Hama awareness raising sessions were held in health centers and markets targeting doctors, religious leaders and the community.

In NES, awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters are ongoing. In the reporting period, UNICEF trained 14 third party monitors and 15 community volunteers in Al Hol camp on RCCE. The RCCE Committee also supported contact tracing training for 30 volunteers, while a rumour tracking system has been established with two anti-rumour messages aimed at dispelling widespread myths and misconceptions disseminated to the camp population via WhatsApp.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection, one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria. Currently 1,271 sentinel sites report cases through the EWARS system across all 14 governorates. With the support of WHO, MoH is conducting active surveillance utilizing a network of surveillance officers across 13 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions.

In response to the rapid increase in COVID-19 cases observed throughout July, WHO supported a two-day meeting from 28-29 July for 25 heads of communicable disease departments across all governorates in which it was agreed to finalize and endorse the new COVID-19 case definition for Syria in order to widen the scope of detection, in addition to the newly developed electronic COVID-19 case reporting format to improve the quality and timeliness of data shared by the field. Agreement was also reached on the updated formats for contact monitoring and follow up, as well as the priority groups to be targeted for PCR testing.

Within Syria, including NES, all relevant stakeholders have agreed to collect samples through 112 RRTs for referral to the CPHL for testing (in line with similar established mechanisms for sample testing). To date, 432 RRT personnel in 13 governorates have received dedicated training, including refresher training on COVID-19 case investigation, sample collection and referral, with further trainings planned at the governorate level in July. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo. During the reporting period, more than 2,600 suspected COVID-19 cases and contacts were investigated within 24 hours of an alert being received.

To enhance surveillance efforts, WHO is working to expand active surveillance beyond the existing 125 hospitals to all primary healthcare facilities. In the reporting period, WHO supported the 25 active surveillance teams to conduct 450 visits, in addition to active finding of suspected cases. In addition, WHO further supported a session for health worker teams on case definition and prevention measures.

Plans are also underway to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19, which will facilitate analysis of data on demand for improved evidence-based planning and intervention.

As outlined in previous reports, samples continue to be collected by RRTs (99 at the district level, 13 at the governorate level) and sent to the CPHL or regional laboratories in Aleppo, Homs and Lattakia with WHO support. As of 14 August, approximately 17,043 samples had been collected from thirteen governorates since mid-March, including 56 samples from Al-Hasakeh, 46 from Deir-ez-Zor and one from Ar-Raqqa.

Points of Entry

At all points of entry (PoE), the MoH has stationed at least one ambulance with medical personnel. To date, WHO has supported screening efforts by providing PPEs, infrared thermometers, guidance notes, registration forms and one thermal scanner camera. To reduce the risk of importing and exporting cases, WHO has developed a three-tiered strategy to enhance preparedness and response capacity at PoE; including early detection and timely isolation of suspected cases among travelers; effective IPC measures; and establishment of multi-sectoral mechanisms for preparedness.

Further, WFP, as the Logistics Cluster lead, continues to monitor ports of entry for cargo movement including operational status, capacity, new developments and restrictions. The Food Security Sector continues liaison with the Logistics Cluster to update partners with information as necessary.

National Laboratories

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. Rehabilitation of the CPHL to establish a designated laboratory for COVID-19 was completed in June; in addition two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired. On-site training for 32 CPHL laboratory technicians has also been completed. In the reporting period, WHO supported refresher training for CPHL laboratory technicians and four new technicians to support expansion of laboratory capacity to include Rural Damascus.

WHO has provided testing kits to the MoH since 12 February. To date, WHO has provided enzyme kits (31,240 reactions), extraction kits (47,250 reactions), screening kits (62,992 reactions) and confirmatory testing kits (1,920 tests), 52,000 swabs and viral transport medium for sample collection, five polymerase chain reaction (PCR) machines and two extraction machines, in addition to 5,000 waste bags and 21,000 bags for samples, and PPE for staff. WHO has further supplies and equipment in the pipeline, including four GeneXpert machines. In addition, UNHCR has procured one GeneXpert machine.

Following WHO support for on-site training of laboratory technicians and delivery of essential supplies, COVID-19 testing is also ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo, and at the public health laboratory in Homs. As of 10 August, the MoH reported that 21,070 tests have been conducted (15,850 in Damascus; 2,109 in Homs; 1,940 in Aleppo; and 1,171 in Lattakia, with a current average of 509 tests performed per day. During the reporting period, the positivity rate – that is the the prevalence of positive cases compared to the number of tests conducted – increased to 5.9 per cent. As detailed above, the GoS committed to establish laboratories in all 14 governorates. The increased capacity and decentralization of testing, including in NES, continues to be a priority for WHO to support.

Infection Prevention and Control

WHO, UNICEF, Health and WASH partners are working closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors continue health facility assessments to gauge IPC capacity, with many implementing IPC measures, including by establishing distance, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

Similar efforts are underway to reduce risks in collective shelters. Shelter sector partners in coordination with MoLAE continue assessments (including interagency missions) to determine needed repairs to address issues such as overcrowding, poor hygiene and inadequate sanitation facilities, with upgrades completed in 21 shelters to date.

WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. To date, WHO has delivered more than 4.4 million PPE items, including 1.5 million medical masks, 67,848 N95/FFP2 respirator masks, 1.3 million gloves, 7,500 reusable heavy-duty aprons, 83,869 gowns, 662,600 headcovers, 464,800 shoe covers 4,769 goggles and 18,406 coveralls, 3,500 face shields 308,407 alcohol hand-rubs and 75 PPE kits.

UNICEF, including in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services. To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities across the country, including Al-Hol, with plans to rehabilitate WASH facilities at a new isolation centre in Al Assad hospital in

Damascus underway. As previously reported, additional light rehabilitation of WASH facilities was also completed in the Dweir quarantine centre.

As part of ensuring appropriate IPC measures during national examinations for ninth grade students, WASH sector partners (UNDP, UNICEF, Syrian Arab Red Crescent, Rebuild and Relief International and UNFPA) supported light rehabilitation of WASH facilities at 42 accommodation centres in Rural Damascus, Hama and Raqqa governorates. As per previous reports, WASH items have also been provided to all examination centers in addition to PPE, hand sanitizers, dignity kits and relevant awareness raising, as well as sanitation and disinfection of all accommodation and examination centers. WHO has also provided the Ministry of Education with 40 infrared thermometers, 5,000 surgical masks and 200 gowns to medical teams supporting the ninth grade exams, and in advance of twelfth grade exam resits which are expected later this month.

As reported previously, UNDP continue to support WASH rehabilitation in three healthcare facilities identified as isolation centres in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates. Further, Première Urgence Internationale (PUI) has now completed rehabilitation of the quarantine centre in Deir-Ez-Zor, and light rehabilitation of WASH systems at two facilities in Dar'a and Deir-Ez-Zor. Further, International Medical Corps (IMC), in collaboration with SARC, conducted COVID-19 awareness sessions on disease prevention, COVID-19 symptoms and handling of suspected cases to 344 households in Deir Ez-Zor Governorate benefiting 889 individuals. Additionally, in Mjed Shmeat IDP shelter, IMC distributed 170 bottles of hand sanitizer gel to 85 families.

Also as previously detailed, WASH sector partners continue to deliver increased quantities of water to particularly vulnerable communities. In the reporting period, UNICEF continued to support water trucking, including 800 m3 daily to around 77,400 people in Eastern Ghouta; 900 m3 daily to 25,000 people in Al Hol camp and Al-Hasakeh city; and 200 m3 daily to five camps in northern rural Aleppo. In addition, UNICEF rehabilitated four pumping stations in Idleb Governorate securing safe drinking water for 63,000 people, and provided sodium hypochlorite to disinfect water across the country.

Training in IPC and use of PPE also continued. WHO supported eight one-day workshops targeting 136 trainees at 79 primary health care facilities in Damascus, Rural Damascus and Deir-ez-Zor on triage, IPC/PPE, case definition and referral pathways. In addition, 100 health care workers were trained on triage, IPC/PPE measures and case management for SARI cases when COVID-19 is suspected through workshops at four Ministry of Higher Education university hospitals in Damascus. A further four workshops were conducted in cooperation with the Ministry of Health targeting 120 trainees from public hospitals on IPC including waste management, monitoring and evaluation of the COVID-19 response and national guidelines for COVID-19 awareness and prevention measures.

As detailed in previous reports, UNRWA continues to support increased sanitation activities through 120 sanitation labourers (18 recently recruited) at the nine official and accessible Palestine refugee camps (and one informal camp) in addition to garbage collection, and final disposal at the designated landfills.

Case Management

Working closely with MoH technical teams, Health and WASH partners, WHO continues to meet on a daily basis to monitor, plan and assess incident management system functions. To support the MoH's plans to establish quarantine and isolation for treatment centres in all governorates, WHO completed inter-sectoral mapping in coordination with departments of health.

To date, humanitarian partners have been informed by local authorities of 34 identified quarantine facilities and 50 isolation spaces in 13 governorates. At the central level, the MoH has announced 22 isolation centres are currently running, with a cumulative capacity of 1,073 beds, including 894 isolation beds, 174 ICU beds, and 155 ventilators. The 30 quarantine centres are reported to have 5,774 beds. As mentioned in previous reports, information has been received indicating that patients experiencing mild symptoms have been requested by some isolation centres to quarantine at home.

Given that even the most advanced health systems globally have been quickly overwhelmed, the priority remains on providing support to and reinforcing isolation facilities. During the reporting period, information was received that authorities intend to close quarantine centers in order to focus resources on case management. As outlined previously, UNDP is supporting rehabilitation at three hospitals. PUI has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor. As outlined in previous reports, WHO delivered 85 tons of medical supplies by road from Damascus to Qamishli, to be distributed to various health facilities and health authorities for health partners in NES. To date, 52 tons has been distributed to 17 hospitals, including seven in cross-line areas, two private hospitals serving as referrals for Al-Hol, six supported by NGOs operating in NES, and two hospitals in areas of government control. Of the 571 emergency

health kits delivered to date, over 70 per cent was delivered to health facilities in cross-line areas. An additional 17.4 tons was delivered to other partners including SARC. Distribution of the remaining 33 tons covering more than 40 primary health care facilities is awaiting facilitation from relevant authorities.

During the reporting period, WHO also provided a range of COVID-19 related medical equipment to hospitals in Aleppo and Damascus, the Ministry of Health and SARC, including 10 pediatric resuscitators, three laryngoscopes for newborns, nine ventilators, nine respiratory humidifiers and one mobile x-ray unit.

WHO continues to deliver case management trainings. In the reporting period, WHO supported specialist training for 100 healthcare workers from four governorates on major incident medical management and support, targeting doctors, nurses and anesthesia technicians working in ICU and emergency departments. As already mentioned, WHO also supported the training of 100 healthcare workers on triage, IPC/PPE measures and case management for SARI cases when COVID-19 is suspected across four Ministry of Higher Education university hospitals in Damascus.

In NES, there are up to 22 prepared isolation centres for moderate-severe cases, with six currently operational (approximately 309 out of 975 available beds). During the reporting period, a 57-bed isolation centre at Washokani informal settlement came online; plans are underway to double capacity through the addition of a “B” ward to house suspected (but unconfirmed) COVID-19 cases which require enhanced individual isolation. Significant work is still required before all isolation centers can be fully activated (including receipt of additional shipments of medical equipment), although it is expected that NGO-supported facilities in Menbij, Tabqa, Raqqa, Malikiyah, Ein Issa and Kobane should be partially operational in the next ten days. These facilities, as well as additional NGO-supported facilities in Deir-Ez-Zor, Amuda and Darbasiyeh, should be fully activated over the course of September.

In addition, sectors have completed an isolation centre in Al-Hol. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine center at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120-bed hospital in a repurposed factory building outside Al-Hasakeh; however, due to lack of demand, the hospital has been placed on standby, and can be reinstated quickly should circumstances necessitate. Across NES there are up to 18 specially equipped ambulances available to support COVID-19 related referrals. Of these, seven are in Al-Hasakeh, three in Ar-Raqqa, four in Deir-Ez-Zor (but require additional preparation) and four in Aleppo.

Operational Support and Logistics

The COVID-19 Crisis Coordination Committee is working with partners, particularly the Logistics Cluster, to minimize potential disruption to service delivery and essential humanitarian assistance, including through the Procurement Working Group (PWG) in Damascus which is consolidating UN agency PPE requests in order to harmonize sourcing.

WHO has established the Supply Chain Coordination Cell to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has also established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – to ensure that some critical supplies are reserved to meet the requests of countries most in need. The COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder body to coordinate demand, procurement and allocation of supplies for low- and middle-income countries. The RC/HC has also designated a dedicated Supply Chain Task Force Coordinator for within Syria who will oversee and validate related requests for Damascus-based partners uploaded onto the system.

WHO in coordination with the Health Sector has developed an online COVID-19 Supplies Tracking System to monitor the items procured, distributed and in the pipeline in real time by health sector partners. The dashboard is updated on a weekly basis.

Within Syria, distributions and service delivery have been rapidly adapted. WFP alone has 1,600 distribution points within Syria; work is ongoing to adapt modalities in order to decongest distribution sites. Other options being utilized includes combining distributions; with modalities shared across networks to ensure all sectors can adapt where possible.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to identify bottlenecks. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in fortnightly consultations with partners, including cluster coordination and Supply Chain working group meetings, and engaging with the PWG to keep an overview of any potential downstream supply needs. Finally, WFP Headquarters will notify the Logistics Cluster as and when COVID-19 related items from any humanitarian organization are in the pipeline

for Syria through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide the Logistics Cluster with full visibility on the upstream pipeline for COVID-19 related supplies.

Through funds received by the OCHA COVID-19 reserve SHF allocation, WFP, as lead agency of the Logistics Cluster, is now providing access to an UNHAS service, including air cargo transport, from Damascus to Qamishli.

CAMPS AND COLLECTIVE SHELTERS

At present, from those displaced in October 2019, approximately 71,042 remain displaced in NES, with 15,458 living in 90 collective shelters. This is in addition to approximately 99,109 IDPs and refugees in NES, most of whom were displaced prior to October, living in four camps and two informal sites. A further estimated 27,625 people live in 58 collective shelters throughout other governorates. As yet, no confirmed cases had been reported from any camp or collective shelter.

The camp coordination meeting for all formal and informal camps in NES (excluding Al-Hol) is now combined into one monthly meeting to enhance coordination. In all formal camps, health committees have been set up and are active.

Sectors continue to coordinate to establish isolation areas at camps and informal sites. Sector partners have agreed that two large tents will be allocated in each camp (with one or two camps the exception); one for suspected cases and the other for confirmed, with the possibility of expansion over three stages. Design proposals have been shared and feedback is ongoing. Plans are also being revisited to ensure isolation of mild suspected cases, utilizing either family-sized tents or individual cubicles inside one large tent. In addition, external referral of all moderate and severe suspected cases has also been agreed (except at Al-Hol).

Development has commenced in most camps with the tender process completed. During the reporting period, UNICEF continued support of construction of WASH facilities at the designated isolation centres in Areesha and Mahmoudli camps, in addition to their regular support to camps and collective shelters. At Washokani, a 57-bed (45 moderate; 12 ICU) is now operational. At Abu Khashab, Shelter and WASH works for the isolation centre are ongoing. At Roj, isolation works have been completed.

As previously reported, the rehabilitation and light maintenance of WASH facilities in 14 collective shelters in Hama, Tartous, Lattakia and Homs has been completed with PUI support. PUI is awaiting approval to commence light rehabilitation of WASH systems at two other shelters in Damascus. UNICEF has finalized the preparations to rehabilitate WASH facilities in informal settlements in As-Sweida.

Further, Shelter and NFI partners are continuing to conduct their activities while applying the precautionary measures of masks, physical distancing and rotating staff. Movement restrictions have been implemented in NES as of 31 July which could slow the pace of work.

Sanitation campaigns are ongoing, as are awareness campaigns, including during the reporting period Syria Al Yamama undertaking hygiene promotion for community leaders in IDP shelters and host communities in Al-Hasakeh, and at Al-Hol, for 600 people.

Three NFI partners have also reallocated funds for hygiene kits. While NFI partners have resumed distributions, many partners have reported prioritizing PPE for frontline and healthcare staff while relying on other mitigation measures, owing to a shortage in the market.

Al-Hol Camp

No confirmed cases of COVID-19 have so far been reported among residents at Al-Hol, however during the reporting period five healthcare workers operating at one of the field hospitals tested positive for COVID-19. The field hospital has subsequently been closed for two weeks due to staffing constraints. Further, on 13 August samples were collected from 22 suspect cases, including a pregnant woman suffering from diabetes, who was subsequently transferred to Al-Hasakeh National Hospital. At the time of writing, all tests had come back negative. Given the parallel sample collection system in NES, in the event of suspected cases, focal points will notify both the DoH RRT and local authorities for sample collection.

Field hospitals within Al-Hol have confirmed there are three ventilation devices on site. Following advocacy, potential acute COVID-19 cases will be allowed to be referred to medical facilities outside the camp. Partners have agreed that ambulances

will support internal referrals during day shifts, with training to take place on COVID-19 prevention measures and case management.

As reported previously, construction of the planned isolation area at Al-Hol is complete, with capacity for 80 individuals, including two rub-halls, two large tents and three family-size tents. Latrines include capacity for people with special needs, and SOPs have been developed by health partners to cover IPC measures. During the reporting period an NGO has surged staff and equipment to ensure that the center is fully operational. It is understood that the relocation of 400 Third Country National (TCN) families from Al-Hol to Al-Roj has commenced; further details are being sought from Camp Administration on selection criteria, with engagement ongoing particularly relating to protection concerns.

To date, WHO has delivered two shipment of PPEs (28,641 items) and six thermal screening devices to Al-Hol Camp (four for the main gate, two for the Annex). Following the joint UN-agency awareness campaign across all phases, daily awareness sessions continue. Food, NFI and Hygiene kit distributions are taking place on a two-month rotation. In the reporting period, UNICEF distributed 800 hygiene kits benefiting around 4,000 camp residents.

UNICEF has further continued support of IPC measures with partners at the camp including disinfection of all communal kitchens, WASH facilities, the camp gate and garbage bins. Other enhanced WASH interventions also continue, including delivery of 30 liters of water per person/per day in all phases. In the reporting period, while emergency water trucking has continued, disruptions to Alouk water station – a frequent occurrence in past months – have again occurred.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (movement restrictions, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions, remote working modalities). In Syria, as is the case elsewhere, the operating environment is in flux, with factors subject to change at any time. In addition, some areas, particularly where there are ongoing hostilities, are difficult to access to support a response.

Due to the prolonged crisis in Syria, the public health system is fragile and requires considerable support to reinforce its capacity to support a potential outbreak of COVID-19. Overall, only 57 public hospitals (64 per cent) are fully functioning in the country. There is also a considerable shortage of trained staff and a high turnover rate, all of which reduce its capacity to manage cases, and of medical equipment essential for case management, including ventilators.

The crisis has also disrupted national routine surveillance with currently EWARS the only timely surveillance system for communicable diseases. Technical and operational support is urgently needed to enhance further laboratory capacity across Syria to collect and ship samples as well as recruit and train surge technicians. In line with global WHO guidance, the UN in Syria emphasizes the urgent need for a rapid increase in testing to properly track and monitor a possible outbreak.

Border closures, the volatility of the exchange rate (and banking challenges in Lebanon), and other factors that impact the import of certain medical supplies critical to an effective COVID-19 response are also a concern. Other materials, for example pumps, sterilization equipment and PPEs are in short supply in the local market, including due to wholesalers withdrawing supplies due to current exchange rate volatility, resulting in the inability of partners to procure items.

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff and contractors where needed, including international staff who may not be able to cross borders. Evolving and unforeseen preventive measures are also disruptive to humanitarian programming. As an example, in past months, the Alouk water station, a critical source of water for nearly 500,000 people in NES, has been disrupted multiple times, leading to water shortages, including in the reporting period. While emergency water trucking has been initiated by partners during times of disruption, the UN emphasizes that now, more than ever, essential civilian infrastructure including water and electricity must not be politicized.

FUNDING

Due to the pandemic, a COVID-19 Global HRP (GHRP) to address direct and indirect public health consequences on the population has been developed, with inputs from WHO, IOM, UNDP, UNFPA, UNHABITAT, UNHCR and UNICEF, and the Red Cross Red Crescent Movement. The GHRP offers a multi-partner/sectoral response to the pandemic; for the time being it does not attempt to deal with secondary or tertiary issues related to macroeconomic effects and more longer-term requirements in various sectors. The third update to the GHRP was issued on 16 July with revised requirements of $10.3

billion to meet COVID-19 related needs across 63 countries until the end of 2020. To date, $2.19 billion, or 21 per cent of overall requirements has been received. Funding will be allocated to UN agencies at the global level and updated monthly.

The GHRP is aligned with the WHO Global Strategic Preparedness and Response and complementary to, and in support of, existing government response plans and national coordination mechanisms.

Within Syria, the financial requirements for the revised COVID-19 operational response plan are currently estimated at $188.6 million; which will be updated as the situation evolves and aligned to the GHRP. Funding, however, remains a major concern with only $55.6 million raised to date. Of immediate and critical priority is $10 million needed to expand testing capacity; $6.5 million needed to support case management/clinical readiness and $3.1 million needed to procure PPE vital to protect frontline workers.

The Syria Humanitarian Fund has commenced disbursement of $23 million for 32 approved projects across the Health ($12.5 million), WASH ($4.3 million), Protection ($2.3 million), Food ($0.04 million) and Logistics sectors ($0.2 million), including four multi-sectoral projects ($2.85 million). SARC has also prepared a four-month plan to respond to COVID-19, covering a range of preparedness, containment and mitigation measures, totaling $10.4 million. On 8 May, UNRWA launched an updated $93.4 million Flash Appeal to expand their response to the pandemic over the next three months. As of end May, the appeal was 57 per cent funded.

General information on COVID-19: *https://www.who.int/health-topics/coronavirus*

Global surveillance for human infection with coronavirus disease: https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)

Advice for public: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Infection prevention and control during health care: https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

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