SYRIAN ARAB REPUBLIC

COVID-19 Response Update No.09

As of 21 August 2020

2,008 **total confirmed cases**

1,466 Active cases

460 Recovered

82 Deaths

Source: Syrian Ministry of Health (MoH)

**MoH data does not include areas outside of GoS control*

This report is produced by the World Health Organization (WHO) and the Office for the Coordination of Humanitarian Affairs (OCHA), in collaboration with humanitarian partners. The next report will be issued on or around 3 September 2020.

HIGHLIGHTS

- As of 20 August, the Syrian Ministry of Health (MoH) confirmed 2,008 people tested positive with COVID-19, including 82 people who died and 460 who recovered.
- In northwest Syria (NWS), 51 people with COVID-19 have been identified as of 19 August, including 23 cases in Idleb and 28 in Aleppo governorates. No deaths have been reported.
- As of 19 August, 280 people with COVID-19 were reported in north-east Syria (NES), including 16 deaths and 36 people who recovered.
- Of the cases announced to date by the Syrian MoH, 76 are reported to be healthcare workers; the majority in Damascus.
- As of 10 August, 21,070 COVID-19 tests have been performed in laboratories in Damascus, Aleppo, Homs and Lattakia governorates. In addition, 3,543 COVID-19 tests have been performed in Idleb National lab for samples from Idleb and northwest Aleppo countryside as 3 August 2020.

SITUATION OVERVIEW

To date, the Syrian MoH has reported 2,008 people with COVID-19. Of these, Damascus reported the highest number of cases (730), followed by Aleppo Governorate (277); Rural Damascus (256); Lattakia Governorate (226); Homs (161); As-Sweida Governorate (85); Tartous Governorate (82); Quneitra Governorate (63); Hama Governorate (59); Dar'a Governorate (39); Al-Hassakeh (26); as well as Deir-Ez-Zor (4). To date, the Syrian MoH has confirmed 82 deaths and 460 recoveries.

As of 16 August, 105 cases were announced as imported and 203 as a secondary case (exposure/contact with a known case). Nearly 24 per cent of cases presented as severe/critical required hospitalization, including, in some cases, oxygenation or mechanical ventilation in intensive care units (ICUs), Syrian MoH data revealed.

According to the Syrian MoH, 76 healthcare workers (four per cent of reported cases) have tested positive for COVID-19, an increase of 31 since the last report. This highlights the particular risks faced by healthcare workers; and underscores the potential for its overstretched healthcare capacity to be further compromised.

Humanitarian actors continue to receive unverified reports concerning additional possible cases, as well as 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 an increase 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 - 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 more than 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.

Of the 82 fatalities in GoS-controlled areas, 48 were in Damascus, 8 were in Homs; 6 were in As-Sweidaa; 5 were in Aleppo ; 3 were in Rural Damascus, 3 were in Tartous, 2 were in Al-Hasakeh, 2 were in Latakia, 2 were in Deir Ezzor, 2 were in Hama, and 1 was in Quneitra.

As of 10 August, the Syrian MoH reported 21,070 tests had been conducted by the Central Public Health Laboratory (CPHL) in Damascus and the public health laboratories in Aleppo, Lattakia and Homs.

As of 17 August, no new cases of COVID-19 have been identified in NWS, while one new recovery was reported in A'zaz. In total, 51 cases have been identified, comprising 44 recoveries and seven active cases. Of the active cases, one is in Idleb district in Idleb governorate, while six are in northern Aleppo governorate, including three in A'zaz, one in Al Bab, one in Afrin, and one in Jebel Saman. None of the confirmed cases have been hospitalized. Among all cases, 22 (43 per cent) are healthcare workers. Among the cases, 29 were males and 22 were females. The mean age of cases is 32 years old, while two cases are under five years of age and two cases are over 60 years of age.

In NWS, a total of 656 contacts were identified, of which 0 were identified as new in the past 24 hours. Among the contacts, samples were collected from 371 individuals, with 0 new contacts sampled in the past 24 hours. A total 4,611 samples were collected from NWS (Aleppo 2,110 and Idleb 2,501) of which 4,605 samples have been tested by RT-PCR, with 6 pending. Total number of new samples collected in the past 24 hours was 79 (Aleppo 27 and Idleb 52). As of 17 August 2020, total 2,523 samples have been tested since reporting of the first case from NWS, with a test positivity rate of 2.0 per cent.

Since the earliest cases of COVID-19 were identified in the region, WHO has scaled up laboratory capacity, including the laboratories which confirmed this recent case in Idleb and Aleppo, in order to detect and diagnose COVID-19. With support and coordination by the COVID-19 Task Force, a total of 159 hospitals and PHC centres have been equipped with COVID-19 triage systems, and four health facilities across northwest Syria have been designated and prepared as COVID-19 community-based treatment centers with proper quarantine and isolation measures in place.

Meanwhile, the number of confirmed cases in NES continues to rise. As of 19 August, some 280 cases have been reported, including 36 recoveries and 16 fatalities. The highest concentration of cases is in Hassakeh Governorate, particularly Hassakeh city and Qamishli city, with Qamishli witnessing the highest increase in confirmed cases over the past week.

One in five confirmed cases are amongst health workers in NES with the greatest concentration in Hassakeh city. The actual number of COVID-19 cases in NES is likely much higher due to significant under-testing, particularly in areas outside Hassakeh, along with lockdown measures in many areas being lax.

PREPAREDNESS AND RESPONSE

Hub-level preparedness and response planning

The Humanitarian Country Team (HCT) in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19. At the same time, the HCT is also focused on protecting, assisting and advocating for the most vulnerable, including internally displaced persons (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 International Health Regulations (IHR 2005).

The current key priorities in Syria are:

- Enhancing surveillance capacity, including active surveillance, with a critical need to expand laboratory capacity at the national and sub-national level 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.

WHO, acting on the eight pillars of the global WHO Strategic Preparedness and Response Plan, continues engaging the Syrian MoH and health partners to enhance technical capacity and awareness, including on rational use of PPE, 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 continues to pose 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 such as refugees, asylum-seekers and IDPs; challenges accessing certain areas including due to ongoing hostilities; fragmented governance; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures, including border restrictions and challenges procuring essential supplies including due to border restrictions, a deteriorating economy and competition for local supplies. As the response expands, there is a greater need to enhance the surveillance system and increase national laboratory capacity at sub-national level, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations.

Across NES and NWS, countermeasures taken to mitigate the potential spread of COVID-19, coupled with the ongoing decline in the SYP, along with the already high levels of needs - including 1.7 million people in NES and 2.8 million people in NWS - continue to exacerbate an already dire humanitarian situation for people living there.

As part of its COVID-19 support, the Syria Humanitarian Fund has commenced disbursement of US$23 million for 32 approved project 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 $2.85 million), while the Syria Cross-Border Humanitarian Fund (SCHF) will allocate an additional US$6 million to procure essential PPE to support the continuation of non-health and health frontline activities. (Note NES XB NGOs have no access to this funding stream.)

Crisis-wide planning, coherence and advocacy

The first Preparedness and Response to COVID-19 Monitoring Report was issued on 14 July. The report summarized progress and gaps against targets for COVID-19 preparedness and response efforts by humanitarian partners in Syria, consolidated across all operational hubs. Monitoring of the COVID-19 response is being gradually expanded as monitoring systems are refined.

The Emergency Relief Coordinator (ERC) launched an Update of the Global Humanitarian Response Plan for COVID-19 (GHRP) on 16 July. This July update of the GHRP includes a revised global situation and risk analysis, progress against global targets, and a breakdown of financial requirements which have increased to US$10.3 billion. Country-level updates, including for Syria, are captured in the annex (page 44).

A Periodic Monitoring Report (PMR) will be conducted in August-September 2020. It will include a narrative update of inter-sector and sector response strategies, including reflections on the impact and associated response efforts/priorities regarding COVID-19; as well as data on response progress against the Syria Humanitarian Response Plan (HRP) and COVID-19 related response targets. HRP targets and requirements will remain the same, and financial requirements for the COVID-19 response will continue to be tracked separately until fully folded into the 2021 HRP.

Access Restrictions

In light of an increase of COVID-19 cases throughout the various areas, as of 17 August, humanitarian access and border crossings remain impacted as authorities in control, as well as neighboring countries continue to implement or re-inforce precautionary measures. Most land borders into Syria remain closed with some limited exemptions, including commercial and relief shipments, humanitarian and commercial cargo, humanitarian personnel, students, and medical cases.

On 13 August, Jordanian authorities announced the closure of the Jaber border crossing between Syrian and Jordan for one week in an effort to curtail imported cases from Syria following a recent increase in cases in Jordan. International commercial passenger flights remain suspended, however, domestic commercial cargo and passenger flights are ongoing. Access to Rukban from within Syria remains under discussion with the various parties while individual departures are being catered to, particularly emergency medical cases. The border crossing point with Jordan remains closed, curtailing access to the UN-clinic.

International repatriation flights have not taken place since 16 July when 260 Syrian nationals arrived from Erbil in northern Iraq. In recent weeks, a reported 2,000 Syrian nationals residing in Lebanon have also reportedly returned through land crossings, mainly through the Maasna border point. On 16 August, the Government of Syria (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. Those unable to present such documentation would be quarantined.

The crossing of students to sit ninth grade exams has continued to be facilitated by the humanitarian community since 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 exams. Tartous and Lattakia ports remain operational, with precautionary measures in place which have slowed down operations, including mandatory sterilization procedures, and minimum staff.

The GoS continues to maintain a widespread easing of preventive measures introduced throughout May, albeit with some ongoing changes reflecting the rise in COVID-19 cases. On 26 July, following an increase 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 beginning on 3 August. The suspension was lifted on 16 August. The daily curfew remains, however, lifted, as has the travel ban between and within governorates.

Mosques and churches, markets, restaurants, cafes, gyms, parks, theaters, cinemas and most leisure facilities remain open, provided precautionary measures are adopted. Public and private transportation services have also resumed, as have universities and institutions.

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.

In NWS, a sharp increase of COVID-19 cases has been observed since the detection of the first case on 9 July. Following the adoption of UNSC Resolution 2533 in July, the Bab Al-Salam border crossing remains open for commercial traffic, while closed for UN transshipments. Efforts are ongoing to increase capacity at Bab Al-Hawa, the one remaining point of entry for UN humanitarian assistance to northwest Syria in Turkey, and to address new costs and mitigate risks and challenges associated with the longer distances that need to be travelled within northwest Syria to reach people in areas previously served via Bab Al-Salam. On 20 July, Bab Al Hawa crossing 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.

In NES local authorities continue to provide exemptions for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing. However, and as reported previously, on 13 July local authorities closed all border crossing points to NES - with the exception of Walid which remains open for commercial traffic - as a precautionary measure against COVID-19. Humanitarian personnel, students and medical cases are reportedly 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. Included in this is 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. Partial lockdowns have also been introduced in Ar-Raqqa and Kobane. Local authorities have indicated they plan to make face coverings in public spaces mandatory across all areas of NES in the coming days.

As of 16 August, there have been no confirmed case of COVID-19 among Al Hol residents, however, there have been five confirmed cases among health staff working at the camp (as well as in other facilities outside the camp). To date, 24 suspected cases were identified in the camp. Contact tracing was conducted with at least 24 close contacts being identified; at least two of these were subsequently determined as suspect cases and tested negative. As of 16 August, all had reportedly been tested and tested negative. On 19 August, two further health staff working in Areesha camp tested positive for COVID-19. As a precaution, Areesha camp has been locked down for three days to allow contact tracing and screening to be completed.

Despite the negative test results, there remain significant concerns around the situation in Al Hol camp in relation to COVID-19 preparedness and readiness. Key challenges include the security situation in the camp, the related lack of community acceptance and the readiness of the isolation space itself.

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 continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria, while WHO is holding daily meetings in Damascus and weekly Health Sector coordination meetings, as well as operational calls to monitor implementation of the COVID-19 preparedness and response plan.

Weekly operational calls on NES are ongoing, including on enhancing and strengthening preparedness and response efforts at points of entry (PoEs). In addition, sectors, including WASH, health, logistics, protection, nutrition, food security, shelter and non-food items (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 Ministry of Local Administration and Environment (MoSAL), Ministry of Local Administration and Environment (MoLAE) and Ministry of Education, as well as the International Committee of the Red Cross (ICRC) and Syrian Arab Red Crescent (SARC).

During the reporting period, the Crisis Coordination Committee (CCC) continued to follow up on recommendations made following a WHO-led technical mission from the WHO Regional Office for the Eastern Mediterranean (EMRO) in early July, including increasing and strengthening surveillance, testing, isolation and contact tracing to mitigate the transmission of COVID-19; and enhancing Risk Communication and Community Engagement (RCCE) efforts by making information and advice available to communities in “real time”.

In NWS (as 16 August), the COVID-19 taskforce (TF) has been intensely coordinating to activate all in plan isolation hospitals, which were repurposed to have isolation units. There are currently six such facilities, with one hospital – the Alamal Hosptial in Daret Azza, Idleb – coming on line during the reporting period.

Operations have commenced at three new COVID 19 community-based treatment centres (CCTCs) in Atareb, Daret Ezza and Atmeh taking the total capacity to 330 active beds across eight locations (against a planned target of 30 CCTCs).

In support of the TF efforts, WHO is facilitating coordination with the Turkish Syrian TFs for better collaboration between Turkish authorities and the implementing partners in north Aleppo. Further the TF, with facilitation from OCHA, is coordinating with defacto authorities in Idleb to advocate to enforce physical distancing, as well as to resolve operational issues with setting up CCTCs. Some local councils reportedly had issues with previously identified sites.

As a means to audit infection prevention and control (IPC) measures and triage functionality, a pilot was conducted last week at four public health centres (PHCs) and four hospitals. The health facility triage assessment will start in Idleb, Bab Al Hawa and Harem districts with support from partners. Training of enumerators was undertaken earlier.

The first reported cases from camp settings remain a grave source of concern. With crammed and poor living conditions, managing an outbreak in such settings will likely prove challenging. WHO and the TF are working to coordinate with the camp cluster and other clusters to initiate an inter-sectoral action plan.

The TF finalized two key technical advisories shared during the reporting period: Included in this, were the patient pathway mechanism for COVID-19 across levels of care and service delivery actors; and a public advisory on the use fabric facemasks, including use of home-made masks, and sanitizing and reusing them. Guidance on making cloth masks is a supplementary initiative to the supply efforts to distribute fabric masks.

In NES (as of 16 August), the NES COVID-19 TF continues to oversee collective COVID-19 preparedness and response efforts under the chairmanship of the NES Forum. Since the end of July, the TF has resumed weekly meetings and brings together the work of three sub-TFs- RCCE, IPC, and case management – which are driving key work streams under these collective pillars. As well as providing a weekly platform to update health partners and sector coordinators on COVID-19 related developments, the TF also addresses key cross-cutting issues affecting health partners ranging from engagement with local authorities and challenges around health staff availability.

Guidance continues to be developed by this TF, including on standard operation procedures (SoPs) in the event of detection of a suspect/confirmed case at a health facility and measures which should be adopted to limit staff movement between health facilities. As the situation evolves, information is regularly shared back through this group via skype and email.

Since the end of July, the NES Forum COVID-19 Technical Committee has been meeting with local health officials at least weekly. The technical committee provides an advisory function, sharing recommendations with local authorities on issues including lockdown/movement restrictions, testing, contact tracing, infection prevention among healthcare workers and activation of case management capacity for COVID-19 cases. There are ongoing efforts to improve coordination at the local level, under the leadership of the local health committees.

While the local health authorities continue to oversee six local COVID Committees across NES (Menbij, Kobane, Raqqa, Hassakeh, Qamishli and Deir-ez-Zor), there are significant challenges related to local capacity, sometimes hampering an effective response to COVID-19 outbreaks at the area-level.

Although the NES Forum maintains that these leadership and coordination functions should primarily be fulfilled by the local authorities, NGOs are looking at how they can strengthen engagement, including by designating lead NGOs under specific work-streams who can provide dedicated support to the local authorities in these areas.

The NES Forum COVID-19 TF Technical Committee continues to support efforts to streamline and systematize case tracking and reporting. The Kurdish Red Crescent (KRC) is overseeing case reporting, linking with the laboratory focal point to track new confirmed cases and recoveries as well as the local COVID committees/the operations desk (OD) to track deaths. These daily case breakdowns are then communicated to local authorities, forming the basis of their daily public declarations of new cases.

Efforts are ongoing to incorporate additional information under this daily tracking, namely information on close contacts and hospitalized cases.

At the camp-level, health committees continue to operate across all camps in NES to oversee actions related to COVID-19 prevention and mitigation. Focal points who sit on these committees have been appointed to oversee key issues including surveillance and case investigation as well as case management and referral. The camp administration also participates in these platforms.

At the Al Hol IDP camp, the health committee meets has been meeting on a daily basis over the past week following 5 confirmed cases of COVID-19 among health workers in the camp, and oversees key functions including contact tracing (with 24 suspect cases identified, all of whom subsequently tested negative), community engagement (including countering rumours over the last week regarding confirmed cases among camp residents) and the readiness of the isolation space.

Risk Communication and Community Engagement

The HCT has activated the RCCE Group, which aims to inclusively engage communities while communicating critical risk and event information regarding COVID-19.

Working closely with WHO and the Syrian MoH, the Group has developed and widely disseminated a multi-component package, including a tool kit 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, as well as other parts of the country.

As preventive measures have been lifted across the country, the RCCE is working with partners to continue to engage the public on the ongoing risks of COVID-19 and 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 over 12.5 million people, survey information, in addition to anecdotal evidence, suggests risk perception across Syria remains 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, supported by the UN, was launched by the MoH and Ministry of Information (MoI) 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. Over 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 re-shared 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 at the Al Hol IDP camp on RCCE. The RCCE committee also supported contact tracing training for 30 volunteers, while a rumour tracking system was established with two anti-rumour messages aimed at dispelling widespread myths and misconceptions disseminated to the camp population via WhatsApp.

In NWS (as of 16 August), 14 WHO implementing partners reported utilizing 2,079 awareness workers to reach 304,983 beneficiaries with various RCCE activities in eight districts, including Afrin, Al Bab, Ariha, Azaz, Harim, Idleb, Jebel Saman, Jisr-Ash-Shugur.

As part of that, 26,265 awareness sessions were conducted with partners, 142,409 beneficiaries attended awareness sessions, 2,700 beneficiaries received hygiene items, 11 communication groups with beneficiaries were established, 7,703 posters were presented, four awareness sessions with local religious leaders (imams) were conducted, 27 awareness sessions conducted with pharmacists, two 2 awareness sessions conducted with local councils, 10 awareness sessions were conducted with local key focal points (camp managers), 1,055 of beneficiaries were reached with IEC materials through WhatsApp, 72,087 of beneficiaries were eached with corona awareness messages using banners, 16 community feedback were registered and processed, a new public message issued for the importance of the general use of fabric face masks by all community members.

Mental health and psychosocial support (MHPSS) and non-communicable disease (NCD)-specific COVID-19 messaging have been put together in collaboration with an implementing partner, including recommendations regarding seeking psychosocial support (via the MHPSS Hotline), awareness of COVID-19 impact on hypertension and diabetes, and promotion of healthy lifestyle and habits to prevent COVID-19.

In NES (as of 16 August), community outreach and awareness materials have been circulated widely across all sectors and consolidated through a dedicated Syria COVID-19 Resources Dropbox folder (accessible to all partners, and also including the latest situation updates and sector-specific guidance).

Despite significant RCCE efforts to date, with NES NGOs delivering information to and engaging with at least 126 individual communities in NES in 30 out of 35 accessible sub-districts, there remain significant concerns around risk perception across populations in NES. In some areas, complacency - particularly from those in authority - seems to have contributed to a false sense of security. For instance, Raqqa residents report that life continues as normal in the absence of significant lockdown restrictions. In some areas, there appear to be four gaps in information relating to COVID-19, with half or fewer than half of IDPs in 43 per cent of recently assessed informal settlements and sites in Deir-ez-Zor having received information about COVID-19.

In terms of awareness around individual COVID-19 preventative measures, survey findings were even more concerning with less than 25 per cent of the population aware of social distancing in 80 per cent of assessed settlements/sites in Deir-ez-Zor. Anecdotally, partners across NES report weak adherence to individual preventative measures, including among key influencers such as community leaders, religious leaders and health staff. In addition to mass awareness campaigns, including two launched in the past fortnight focusing on ‘what to do if you develop symptoms’ and the appropriate use of face coverings, targeted engagement through influencers and with communities who may have more limited access to media is essential.

Starting on 18 August, face coverings are mandatory in all public spaces, with those in violation facing a 1,000 SYP fine. While many partners have already been messaging on the use of masks, in view of this new directive messaging has been stepped up. Messaging focuses on the proper/appropriate use of face masks and on making ‘do-it-yourself’ cloth face coverings. Given reported shortages of medical masks (e.g. surgical masks, N-95 masks etc), the NES COVID-19 TF advocates that the general population should be encouraged to use cloth face coverings to ensure availability of

medical masks for health workers. The RCCE sub-TF has disseminated awareness materials in both English and Arabic on the use of cloth face coverings and guidance on how to make them.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the Syrian MoH with technical teams meeting daily. Severe acute respiratory infection (SARI), 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, the Syrian 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 polymerase chain reaction (PCR) testing. Within Syria, including NES, all relevant stakeholders have agreed to collect samples through 112 rapid response teams (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. 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.

Over 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.

In NWS (as of 18 August), the first laboratory-confirmed case of COVID-19 from NWS, involving a 39-year old male physician working in Idleb Governorate, was reported on 9 July.

To date, a total 51 confirmed cases of COVID-19 have been reported, including 23 from Idleb and 28 from Aleppo governorates. No deaths have been reported.

Of these 44 cases developed mild symptoms and 7 cases have remained asymptomatic. As a result, none of them required any hospitalization. 43 (84 per cent) of the cases have recovered.

Among the cases, 29 were males and 22 females. The mean age of the cases is 32. Two of the cases involved children under five years of age, while two cases involved people over the age of sixty. Of all reported cases, 22 (43 per cent) are health care workers.

As of 26 July, 656 contacts have been identified and samples have been collected from 371 individuals. The overall completeness and timeliness of the sentinel sites until week 31 were 94 per cent and 82 per cent respectively compared to 98 per cent and 83 per cent in the previous week.

In NES (as of 16 August), at least 991 samples have been collected in response to alerts received through one of the three surveillance systems operational in NES to track reports of suspected cases, conduct case investigation and ultimately contain the spread of the virus.

Of these, 210 samples (as of 15/16 August, and including cases from April) have so far been confirmed as positive; 1 case via the MoH/EWARS mechanism, 2 cases via the EWARN mechanism and 210 cases via local authorities (including the 2 cases initially confirmed via EWARN).

As of 15 August at least 103 swab samples (Hassakeh-56, Deir-ez-Zor-46, Raqqa-1) have reportedly been collected in response to an undisclosed number of alerts received through the MoH/ WHO EWARS system. As previously noted (and elaborated on under pillar 5), the status and/or results of these tests have not been systematically communicated with relevant entities.

It is also possible that the total number of suspected case notifications received, and samples collected by MOH EWARS RRTs could be higher than what has been reported in this Situation Update as this information is not shared by MoH with local authorities or NES partners. It is understood that 24 of these samples have tested positive; 20 from Hassakeh (1 death) and 4 from Deir-ez-Zor (1 death).

Further information is being sought on these cases to understand whether they have also been verified under local authorities' surveillance and testing mechanism

As of 1 August, 173 swab samples (Hassakeh-3, Deir-ez-Zor-70, Raqqa-100) have been collected in response to alerts received through the EWARN system. The samples were transferred to Idleb for testing (with one sample tested in Turkey), with two cases from Deir-ez-Zor testing as positive. As per the latest report, four of the samples (two from Raqqa and two from Deir-ez-Zor) were pending at the time of writing.
As of 16 August, 715 swab samples (the majority from Hassakeh) have been collected and transferred to local laboratories in Qamsihli (554 tests) and Tall Refaat (161 tests) for testing. Of these, 626 tests have been administered since the end of July. Although 29 per cent of all samples have tested positive (including the 89 samples taken prior to July), it should be noted that there are significant geographic variations with a majority of these tests carried out in Hassakeh, and a sizeable proportion administered to health workers. As such, the current breakdown of positive tests is unlikely to give an accurate overview of the infection prevalence among the community. In addition, most of the tests administered before the end of July were to people arriving in NES through one of the POEs and followed a positive rapid diagnostic test (RDT) results, which up to now have always recorded false positive results. As such, many of the negative PCR tests administered before July were on the basis of inadequate screening. The NES Forum and WHO continue to advocate against all use of RDTs in NES.

Contact tracing capacity continues to remain below the level required, with limited geographic coverage in some areas leaving contact tracing teams overstretched as they have to cover multiple areas. KRC is currently leading the majority of contact tracing in NES. A further four NGOs have approximately 24 additional contact tracing teams available to support these efforts (an increase of seven from the previous report, with one NGO activating a contact tracing team in Kobane, Raqqa, Ein Issa and Kisreh), while another NGO plans to train 38 community health workers (CHWs) in Kobane to support contact tracing. In terms of contact tracing coordination, this local capacity is overseen by the local COVID Committee, with KRC acting as the lead agency. However, as previously reported, there have been challenges related to contact tracing including delays in confirming positive cases (in part due to barriers in deploying RRTs), delays in deploying contact tracing teams and, in some cases the capacity of the contact tracing teams themselves.

Local authorities have decided to suspend contact tracing in Hassakeh and Qamishli cities (excluding healthcare workers) due to the scale of transmission (contact tracing becomes infeasible where transmission widespread, with 10 or more contacts often associated with every case, each requiring follow-up), but continues in all other areas of NES.

Across NES, local authorities have established seven RRTs responsible for case investigation and sample collection. While these teams are all operational, capacity and responsiveness differs by area. In some areas there are significant challenges in terms of RRT activation (the responsibility of the local COVID committees) and deployment (i.e. in some cases unresponsive to alerts), as well as the quality of the response from RRTs (including appropriate case documentation). Work is ongoing to improve RRT capacity with an additional NGO-supported RRT being established in Kobane.

Points of Entry

The Syrian MoH has stationed at least one ambulance with medical personnel at all PoEs. To date, WHO has supported screening efforts by providing personal protection equipment (PPE), 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 pertinent information as necessary.

In NWS (as of 16 August), WHO has strengthened measures at seven PoEs through its implementing partners, by increasing human resources, deploying a vehicle for referrals and providing equipment and supplies including PPE. Of these, five are cross-border and the other two are cross-line. Human resources, equipment and supplies were provided along with permission from the Turkish authorities.

During the first 2 weeks of August, 177,234 travelers were screened within the seven PoEs through medical staff of WHO implementing partners.

WHO has strengthened the referral system capacity through its implementing partners, by increasing human resources (more than 100 staff comprising of paramedics, nurses and decontamination workers), deploying 20 additional vehicles, and providing equipment and supplies, including PPE.

A total of 333 suspected cases were referred to the referral hospitals and to the CCTCs across NWS of which 71 from the PoEs and 262 from the health facilities inside PHCs.

In NES (as of 16 August), local authorities formally announced the closure of all land border-crossings into NES from both KRI and GoS areas in all but emergency cases as of 23 July. The weekly exemption for NES NGOs to cross into/out of NES via the Fishkabour-Semelka crossing will remain in place. In addition, as the main commercial hub, the Walid crossing remains open to transport imports into NES.
Despite this directive, there are continued reports of significant non-essential movements into NES, including through formal cross-line transit points in Raqqa. According to HNAP, between the 28 July and 10 August, 6,910 and 8,070 crossings were recorded at the Abu Assia and Akerishi crossing points in Raqqa respectively. It is understood that arrivals into NES via these crossing points are not undergoing quarantine (although regular crossing through the Tabqa crossing points are directed to quarantine centres- see below).

The number of movements via these crossing points is likely to have increased since 10 August, with 7,175 students (mainly grade 9) travelling from areas of Raqqa outside of government control to GoS areas to sit their national exams- see below for more details. There remain significant concerns regarding the scale of movements via informal crossing points, where there are no screening or monitoring mechanisms in place. For instance, in Deir-ez-Zor the first confirmed case of COVID-19 was imported from GoS areas having entered NES via an informal crossing point.

It is understood that in some areas of NES, quarantine centres are being re-established for new arrivals. For instance, in Tabqa there are currently three quarantine centres which have been activated and, at the time of writing, were reportedly hosting 168 people who had recently entered NES via the Tabqa crossing points. Conditions in these centres (one of which is a school building, with the two centres disused factory buildings) are reportedly poor, with need for significant rehabilitation and provision of basic items such as beds, mattresses, hygiene kits and food assistance.

Reportedly, only two of these centres are currently activated, with capacity limitations contributing to overcrowding. In addition, there are reportedly medical cases (non-COVID) who require additional care. In general, unless there is a clear humanitarian imperative to respond, NGOs are reluctant to prioritize PoEs (including support to quarantine centres) under their COVID response plans and maintain that responsibility for POE controls does naturally fall under national/ local administrative entities.

Since 9 August, 10,229 grade 9 students and their chaperones have been travelling from non-government controlled areas of Aleppo (3,054) and Raqqa (7,175) to sit their national exams. Of these, the majority (particularly from Raqqa) have reportedly been making the daily crossing from their homes to the exam centres. There are conflicting reports on the precise number of students who have been staying in designated accommodation centres in GoS areas.

The Menbij Civil Council (MCC) is reportedly preparing for the return of 2,700 students to non-government controlled areas starting on 19 August, with movements to be arranged in four batches. Other sources suggest that the actual number of students staying in accommodation centres or with friends and families in areas under GoS control may be much lower, with one estimate indicating that only 1,122 students were staying in designated accommodation centres with the remainder moving back and forth on a daily basis.

Return movements will reportedly be taking place via the Akerishi (Shannan) crossing point in Raqqa and the Tahya crossing point in Menbij. NES partners are coordinating with the authorities to assess what additional support may be required in terms of supplies and personnel to support screening, with KRC to deliver messaging, supervise screening and distribute masks and hand sanitizer. Under the local authorities in Menbij a designated committee has been established to supervise the 14-day self-quarantine which students will be subject to.

Laboratory

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. Additionally, on-site training for 32 CPHL laboratory technicians was 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 Syrian 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 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 Syrian MoH reported that 21,070 tests had 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 – the prevalence of positive cases compared to the number of tests conducted – increased to 5.9 per cent. The GoS remains 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.

In NWS (as of 16 August), a total of 4,532 samples were collected from NWS, including 2,083 from Aleppo and 2,449 from Idleb. Of these, 4,522 samples were tested by reverse transcription polymerase chain reaction (RT-PCR), with 10 pending. The total number of new samples collected in the past 24 hours was 77, including 50 in Aleppo 50 and 27 in Idleb.

Among the contacts, samples have been collected from 371 individuals.

As of 16 August, 2,440 samples have been tested since the first reported case from NWS, with a test positivity rate of 2.1 per cent.

WHO supported three EWARN staff to receive a training of the trainers on laboratory methods for COVID-19 in Ankara which was followed by training for 10-12 lab staff inside NWS.

During this period, 3,000 PCR and extraction kits and 3, 000 universal transport mediums (UTMs) with swabs have reached inside NWS with support from WHO.

The decentralized sample collection process has been in place through eight COVID-19 community-based treatment centres (CCTCs) and three designated hospitals, with better collaboration established between the pillars.

In NES (as of 16 August), local authorities have an estimated 32,285 COVID-19 PCR tests in stock (accounting for an estimated 439 tests administered in the last week), equivalent to about 645 testing kits (each with 50 tests).

In addition, at least two NGOs are planning to procure additional PCR testing kits. In the past week, one of these partners received approval to move ahead with the procurement of between 200-400 kits (10,000- 20,000 tests). While this additional capacity is welcome, there remains no established pipeline for mobilizing/ replenishing diagnostic supplies. The NES Forum continue to advocate for multiple modalities to supply diagnostic items to ensure there are sufficient stocks over the coming months.

Since the 23 July, there has been a gradual expansion of the Qamishli laboratory capacity, with the laboratory now operational on average five days per week (up from just two days per week a few weeks ago). This extension of operating hours follows the activation of a second PCR machine at the Qamishli laboratory. Despite this increase in capacity, there remain significant gaps, contributing to a backlog in tests and precluding expansion of testing to close contacts and health workers (both for screening and for those in self-quarantine).

The NES Forum COVID-19 Technical Committee continues to advocate for local authorities to establish additional testing capacity through the activation of the six additional PCR machines (either in the Qamishli laboratory or by opening another

laboratory) already on the ground in NES. There is also an urgent need to establish a second laboratory team to enable seven-day/ongoing testing.

Following previous reports, breaks in the cold chain which were hampering sample transportation have been addressed. At present two KRC vehicles (one covering Raqqa and Aleppo, and another covering Hassakeh and Deir-ez-Zor) are active. There are currently no reported delays in sample transportation, with most samples transported to the Qamishli laboratory the same day/within 24 hours of sample collection.

Infection Prevention and Control

The UN and partners continue to work closely with relevant authorities to enhance infection prevention and control (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 establishing social distance, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas. Similar efforts are underway to reduce risks at 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 at the 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 supported light rehabilitation of WASH facilities at 42 accommodation centres in Rural Damascus, Hama and Raqqa governorates.

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, one partner 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, one partner, 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, at the Mjed Shmeat IDP shelter, one partner distributed 170 bottles of hand sanitizer gel to 85 families.

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 the Al Hol IDP camp and Al-Hasakeh city; and 200 m3 daily to five camps in northern rural Aleppo.

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.

In NWS (as of 16 August), during this reporting period, a WHO partner conducted IPC specialized training for 200 medical and non-medical staff working at four CCTCs.

In NES (as of 16 August), almost one in four of the confirmed cases of COVID-19 in NES were health workers. The high prevalence of infection amongst health workers is likely due to a number of factors including, shortages/ improper use of PPE.

At many non-NGO supported facilities there continue to be reports of PPE shortages and/or improper use of PPE. In some hospitals staff have reported that PPE is being ‘saved’ for confirmed cases only.

The NES Forum is liaising with partners to identify facilities where there are critical shortages in PPE. In addition, NGOs report that in many facilities PPE is being used incorrectly and basic preventative measures are not being implemented. Commonly reported issues include a lack of social distancing, not wearing PPE in staff rooms and not replacing PPE throughout the day.

An additional challenge is inadequate triage/ screening outside health facilities. In some cases, confirmed COVID cases have been able to enter health facilities contributing to transmission among health workers. Enhancing triage/ screening capacity outside health facilities is critical in preventing contamination of health facilities. In addition, ongoing awareness campaigns which encourage members of the public to report symptoms via the public hotline (or by phone to their local health facility) rather than visiting their local health facility.

An acute shortage of health workers in NES means that many staff are working in multiple facilities, often managed and contracted by different stakeholders (ranging from local authorities, GoS, NGO, UN and private facilities). The level of movement/work between different facilities combined with the challenges in coordinating health worker presence between these different entities has presented a unique challenge. The NES Forum is coordinating closely with local authorities to impose limits on the movement of health care workers between facilities; at the local level some progress has been made to establish ‘staff banks’ between health NGOs and the local authorities to coordinate the movement of health workers between facilities (i.e. limiting work to one facility, while ensuring that health workers continue to receive their salaries from local authorities and NGOs)

Additionally, complacency, typified by poor adherence to IPC measures, remains pervasive across NES, indicating lack of personal accountability in respecting the guidelines established.

Case Management

Working closely with MoH technical teams and partners, WHO continues to meet on a daily basis to monitor, plan and assess incident management system functions. To support the Syrian 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.

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 October. In addition, sectors have completed an isolation centre in Al-Hol.

In NWS (as of 16 August), WHO, through its partners, continue to support hospitals Alza’a hospital in Idlib, and Dana COVID-19 designated hospital northwest Syria. This week, five suspected cases were admitted in Idleb, However, during the preceding reporting period,51 suspected cases were discharged with one on bed.

Field monitoring and on-the-job training with strict IPC measures are ongoing for 16 primary health centres, providing NCD and MHPSS services.

An action plan to launch telemedicine support in CCTCs and COVID-19 hospitals in NWS has been completed.

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 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.

In NWS (as of 16 August), WHO has distributed a one-month supply of PPE and IPC material to one isolation (ICU) hospital and three CCTCs. Included in this were 1,000 disposable gowns, 300 protective suits,174 face shields, 137 goggles, 39,800 examination gloves, 15,750 surgical masks, and 2,860 N95 masks.

WHO has analyzed the data collected from the COVID-19 supplies survey from NGOs and developed a distribution plan of supplies for 122 health facilities operated by 17 NGOs for the upcoming month.

WHO has received a batch of PPE supplies from the WHO Dubai logistic hub, including following; 69 oxygen concentrators, 6,000 disposable gowns, 59,000 face shields, 3,000 goggles, 518,000 surgical masks, and 95,000 N95 masks.

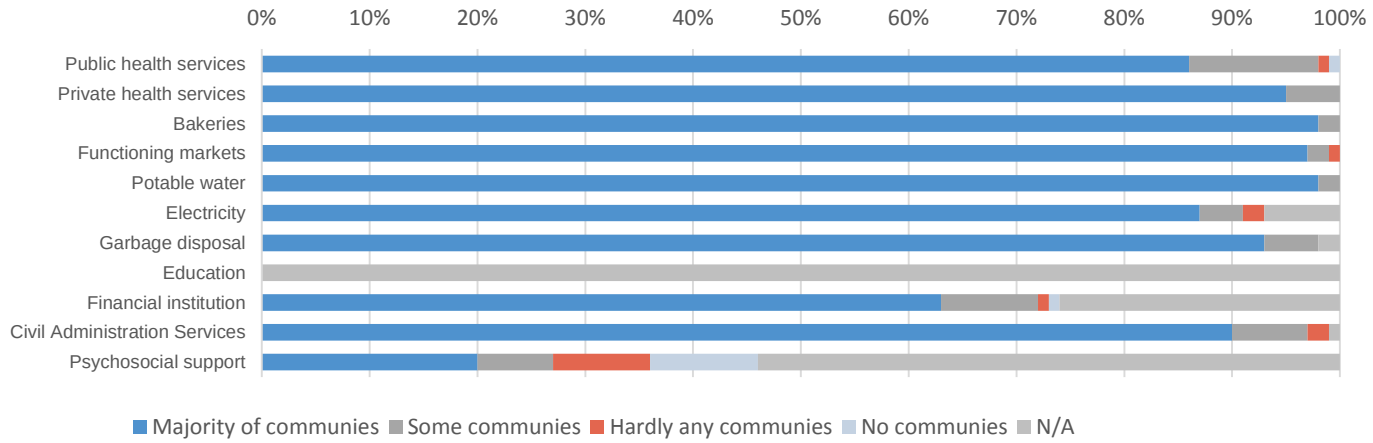
In NES (as of 16 August), NES NGOs continue to face challenges in importing medical equipment and PPE from suppliers based in Iraq and the Kurdistan Region of Iraq (KRI). However, although challenges persist, recent experience from NGOs suggest that there is some degree of flexibility depending on the specific items which partners are looking to export and where the items have originally been sourced. For instance, at least one NGO has reported that it faced no problems bringing surgical masks, gloves and hospital gowns from KRI to NES, but did face challenges in exporting P-95 masks. After negotiations, the KRI authorities permitted the concerned NGO to export only a small proportion of the P-95 masks procured.

Similarly, the same NGO was permitted to export only a small proportion of the ventilators it had procured. The ability to export certain items, seems to depend upon being able to prove to the authorities that the items being exported were sourced outside of KRI and are only passing through for transit purposes.

Annexes

STATUS OF BASIC SERVICES *(Source: HNAP as of 12 August 2020)*

GOS



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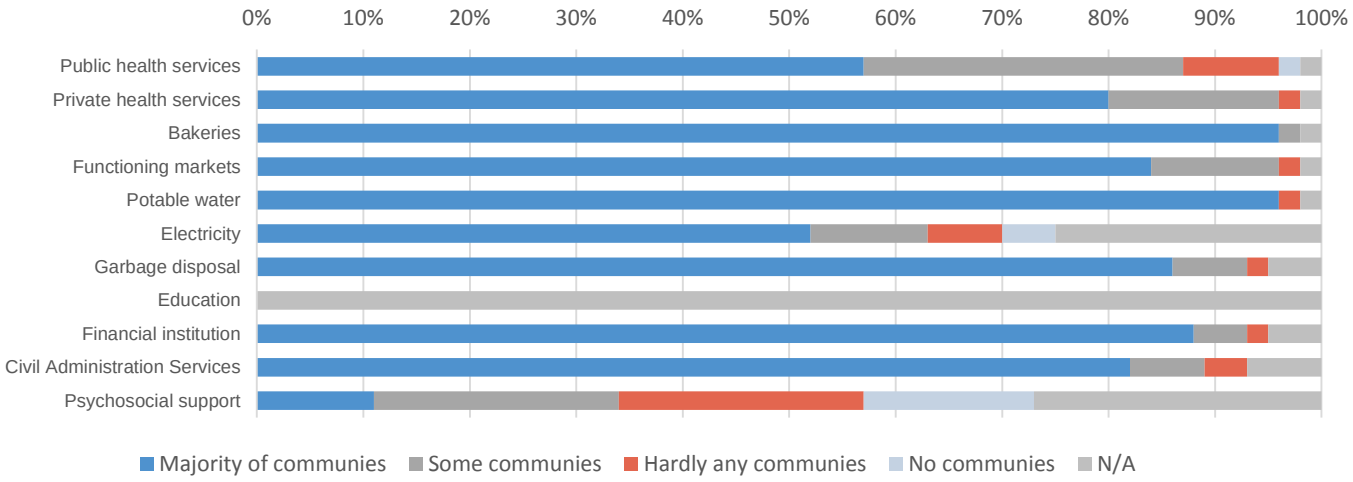
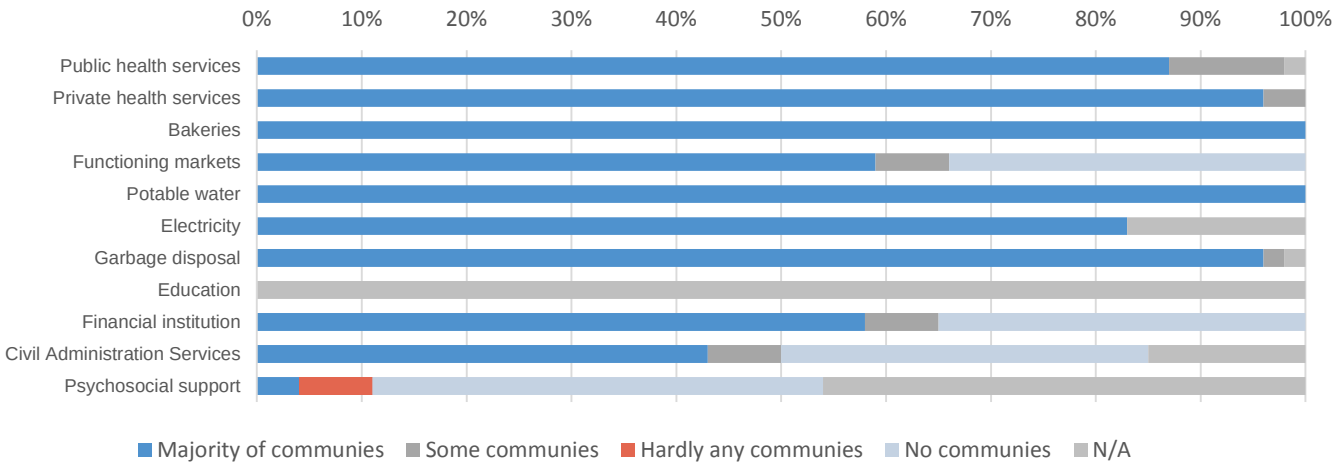


SDF



More Information

- COVID- 19 General information:
- COVID-19 Country and Technical Guidance
- WHO COVID-19 Dashboard
- IASC COVID-19 Outbreak Readiness and Response (including protocols)
- COVID-19 Advice for the Public
- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected
- Statement on the third meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19
- How to talk to your child about COVID-19
- Guidance for Pregnant and Lactating Women
- Guidance on Rational use of Personal Protective Equipment for COVID-19:
- COVID-19 Online Courses
- Advice on International Travel

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