

This report is produced by OCHA Syria in collaboration with WHO Syria and Damascus-based humanitarian partners. The next report will be issued on or around 9 April 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health to have COVID-19: 16 (including two fatalities)
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus and those living in camps, collective shelters and informal settlements in northeast Syria (NES), as well as areas where hostilities may be ongoing making sample collection more challenging.
- Populations of concern: All groups are susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugee and IDP populations and healthcare workers with inadequate personal protective equipment (PPE).

SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, 205 countries, areas and territories had reported 932,605 laboratory-confirmed cases of COVID-19, including 46,809 deaths (CFR=5 per cent). While the United States has the most confirmed cases globally (213,372), Italy represents the most deaths to date (13,155). In the Eastern Mediterranean Region, more than 57,474 COVID-19 cases have been reported, including 3,260 deaths, the vast majority occurring in Iran.

In Syria, sixteen cases have been reported to date. The first – a traveler reported as tested on arrival – was announced on 22 March as having tested positive for COVID-19. On 25 March, the Ministry of Health announced a further four cases; followed by another five, including one fatality on 29 March. One further fatality was reported on 30 March, in addition to six cases on 2 April.

Points of Entry

Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. Most land borders into Syria are now closed, with some limited exemptions remaining (from Jordan, Turkey and Lebanon) for commercial and relief shipments, and movement of humanitarian and international organization personnel. International flights have been suspended to Damascus International Airport, albeit with humanitarian and commercial exemptions ongoing for domestic flights. Tartous and Lattakia ports remain operational, with precautionary measures, including mandatory sterilization procedures, in place.

In NES, local authorities have closed the Fishkabour/Semalka informal border crossing, without exemptions, until further notice.

Restrictions are also in place at most other crossing points inside Syria. Al-Taiha, Abu Zandin, Um Jloud and Awn Dadat in Aleppo are reported closed, as are Akeirshi and Abu Assi crossing points in Ar-Raqqa. As of 1 April, Ghazawiyet Afrin and Deir Ballut in Aleppo, was reported closed until at least 15 April. Altabaka in Ar-Raqqa, Jelighem in Rural Damascus and As-Salhiyeh crossing points remain partially open with restrictions.

Preventive measures

The Government of Syria (GoS) continues to implement a range of preventive measures to be imposed until at least 16 April. This includes a curfew from 6pm to 6am; a ban on travel between governorates and also travel within governorates to and from urban and rural centers, with exemptions for emergency and health services, humanitarian and essential services (electricity, water, and communications), and journalists. All education facilities, restaurants, cafes, nightclubs, cultural and sporting clubs remain closed, and public sector offices remain on reduced working hours. The GoS has also announced further initiatives, including alternatives to existing bread distributions and public service salary and retirement payments, in a bid to reduce overcrowding.

On 1 April, the GoS announced a total lockdown for residents in Mneen, rural Damascus. The GoS further announced the measures had been imposed as the second person to die due to COVID-19 had lived in the area. On 2 April the GoS announced an extension of the dusk to dawn curfew starting each Friday at 12.00 and lasting until 06.00 each Sunday.

Similarly, local authorities in NES continue to implement curfew restrictions, as well as closure of all non-essential public and private facilities, offices and shops. All gatherings and events remain cancelled.

Humanitarian Impact

In the past two weeks, significant price increases and some shortages in basic goods (as much as 40 per cent in food staples) and personal sterilization items (face masks, hand sanitizers – up to 5,000 per cent increase) was reported across Syria. The GoS has recently announced stricter measures to ensure retailers only sell some specified basic goods at certain official price limits, but has also, in reflection of the increased costs, announced higher maximum official prices at which goods can be sold. The exchange rate has also further weakened in past days to the lowest point on record, closing at an unofficial rate on 25 March of SYP 1,325 to US \$1, it has subsequently stabilized to around SYP1,220 at the time of writing (representing a more than 50 per cent devaluation compared to a year ago). On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704, and announced that only the GoS Ministry of Trade would have access to the former rate, as a preferential rate to enable cheaper purchases of basic commodities.

A number of humanitarian partners, including UN agencies, INGOs and NNGOs have reported operational delays and disruptions due to preventive measures, although many have already or are in process of adjusting modalities. All sectors are rapidly mapping and monitoring impacts to assistance programming and adapted changes to meet emerging needs. Of note, a number of education programs and community-based services and activities, including in protection, livelihoods and psychosocial support programming, remain suspended. A recent survey carried out by the Protection Sector indicated that over 400,000 people have been immediately impacted by the disruption of protection services since the preventive measures were first imposed.

The UN and partners continue to coordinate with relevant sectors to modify programming as appropriate. Examples include installation of handwashing and sanitation facilities at distribution points, combining distributions (e.g. food, sanitation and NFIs together), measures to reduce overcrowding including utilizing community focal points, and appropriate use of PPE by humanitarian workers. Other measures, including the increased use of cash, utilizing individual counselling rather than group sessions, and adapting learning programs to home study are being adopted. OCHA continues to closely monitor and work with partners, as is the Syria Humanitarian Fund (SHF), accommodating programmatic changes (no-cost extensions) where necessary.

PREPAREDNESS AND RESPONSE

The UN Country Team 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 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, has engaged 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; focused on procuring and enhancing integral medical supplies including in laboratory testing, PPE, for case management and healthcare facilities; and worked to increase awareness, including with vulnerable communities. 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 considering 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, insufficient water and sanitation infrastructure, significant existing vulnerable populations reliant on humanitarian assistance such as, refugees and asylum-seekers, IDPs (including those living in urban areas such as Damascus, as well as in camps, informal sites and collective shelters), 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; and challenges procuring essential supplies including due to border restrictions, as well as sanctions.

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. On 26 March, the UN RC/HC and UNCT members held a meeting chaired by the Minister of Health with representatives from the Ministries of Education and Higher Education to discuss immediate priorities and agree on the establishment of a GoS—UN technical working group composed of representatives from the Ministries of Education (MoE); Higher Education; Local Administration and Environment (MoLAE); Social Affairs and Labor (MoSAL); and Ministry of Foreign Affairs; WHO, UNHCR, UNICEF, UNFPA, UNDP and OCHA to ensure a collaborative and coordinated approach to the UN support of the government response to the current public health emergency.

At an inter-hub level, weekly operational calls are ongoing between the OCHA Damascus/Qamishli, WHO Damascus/Qamishli, health sector focal points, INGOs and the Whole of Syria Health Sector Coordinator to support coordination on key issues requiring joint approaches in NES, including community mobilization, capacity building, and case management. 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 operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. At present, the ISC is translating the UNCT emergency preparedness and response plan for within Syria into an operational response plan structured around the eight pillars of health preparedness and response, as well as the ninth pillar on socio-economic impacts, and updating funding requirements.

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

The UN RC/HC continues to engage in discussions with senior officials on the COVID-19 response, including with the Deputy Foreign Minister of Affairs, the Minister and Deputy Ministers of Health as well as Ministers of MoSAL and MoLAE.

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. On 24 March, RCCE working closely with WHO and with MoH, launched a UN-led social media awareness-raising campaign and is developing additional COVID-19 messages to disseminate to national partners. In addition to other awareness raising initiatives, the RCCE will print 350,000 relevant visual materials for distribution across the country.

In addition to the activities listed in previous updates, WHO has further supported the development and delivery of 136,500 COVID-19 relevant visual materials to be distributed to ministries, UN agencies and health partners. WHO and the MoH have further jointly developed a media campaign to raise awareness on television and radio networks across the country. In addition, WHO, in collaboration with MoH, has conducted further risk communication and awareness workshops, including for infection prevention and control (IPC) for more than 56 SARC staff, including healthcare workers in Aleppo.

Regional outreach is ongoing. For example, WHO Aleppo has distributed visual material to hospitals and UN offices in Tartous, and WHO Homs has delivered more than 14,000 visual materials on guidance for self-protection against COVID-19 to the Directorate of Social Affairs. WHO has also delivered awareness sessions, in collaboration with the DoH, for local police officers, religious leaders and youth union leaders in Aleppo.

To ensure the safety of Palestinian refugees, UNRWA started a health awareness campaign on COVID-19 in all UNRWA health centers and facilities; along with posting awareness material across Palestinian refugee camps and UNRWA facilities. In addition, SMS messages have been sent out to all Palestinian refugees. The majority of UNRWA staff had received awareness training by 19 March, with sessions ongoing. In addition, UNRWA social workers have contacted 14,000 Palestinian refugees above the age of 65 years and with existing medical conditions through phone to provide an up-to-date information on the risks of COVID-19 and prevention measures.

To ensure the safety of refugees and asylum seekers in Syria, UNHCR is also continuing capacity building sessions on COVID-19 to refugee outreach volunteers to raise awareness, in addition to amplifying social media messaging.

Specific sectors are also working collaboratively with partners on risk communication and community engagement. The Protection Sector is working with more than 3,000 outreach and community volunteers across the country to deliver key messages and raise awareness. The Food Security sector has trained partners, disseminated guidelines, SOPs and resources on prevention measures against COVID-19 in relation to food assistance and maintains an updated online repository shared with partners. WFP has further developed additional awareness materials on infection prevention to be adapted where necessary by partners and displayed at distribution sites.

The Nutrition Sector, coordinating with the MoH and UNICEF, will produce COVID-19 nutrition-related materials concerning pregnant women, breastfeeding mothers and specialized advice on foods that boost the immune system. As part of their regional outreach, the Nutrition sub-sector partners in Aleppo have supported the MoH to activate hotlines to respond to enquiries and emergency cases, and has distributed visual materials to raise awareness, including in all partner facilities.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the 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, a syndromic based surveillance system functioning since 2012. Currently 1,269 sentinel sites report cases through EWARS system across all 14 governorates.

With the support of WHO, MoH has commenced active surveillance across 13 governorates, utilizing a network of 72 surveillance officers, who will be in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria including NES, all relevant stakeholders, including the local authorities, have agreed to collect samples through 92 rapid response teams (RRT) for referral to the Central Public Health Laboratory (CPHL) in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). RRT personnel have received dedicated training on COVID-19 case investigation and sample collection and referral in Damascus. In addition, in NES, orientation sessions for EWARS teams/focal points on reporting pathways/process and case identification has begun.

Points of Entry

At all points of entry, the MoH has stationed at least one equipped ambulance with medical personnel. WHO has supported screening efforts including providing one thermal scanner camera to MoH; which was utilized at Damascus International Airport to screen travelers on arrival.

WFP, as the Logistics Cluster lead, continues to monitor ports of entry for cargo and personnel travel 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.

National Laboratory

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. To date, two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were additionally fixed; and the laboratory generator was repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing. As of 1 April, the MoH, with the support of WHO, plan to establish further laboratories in Aleppo, Homs, and Lattakia governorates.

WHO has provided testing kits to the MoH since 12 February. In addition to the 12 screening kits (1,152 reactions) and three confirmation kits (288 reactions) reported in the previous update; WHO has delivered an additional 40 screening kits (3,840 reactions), one confirmation kit (96 reactions), 30 extraction kits (1,500 reactions) and five polymerase chain reaction (PCR) machines, in addition to PPE for laboratory staff. WHO is further procuring additional laboratory supplies and equipment sufficient for three months.

In addition to the earlier training of 70 MoH and DoH staff with two three-day training workshops on sample collection and surveillance, on 29-31 March, WHO supported a further 25 MoH and DoH staff from all 14 governorates. In addition, WHO also recently supported on the job training for 10 CPHL laboratory technicians.

Infection Prevention and Control

WHO, UNICEF, health and WASH partners are working closely with the MoH and other relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors are undertaking health facilities assessments to gauge IPC capacity, with many already taking a number of steps to reinforce capacity, including by establishing distance between patients, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

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

With a focus on protecting health workers, WHO continues to bolster PPE supplies in Syria (as detailed in the last update). In recent days, this has included delivery of PPE and 800 infrared thermometers to relevant Ministries and health partners. Regional deliveries are also ongoing, including in Aleppo, where WHO has delivered 3,000 alcohol-based rubs, 2,550 sterilizer kits, 1,995 medical masks, and 40,000 shoe covers to partners and facilities housing people considered high-risk, such as elderly housing.

To enhance promotion of handwashing, four WASH Sector partners (UNFPA, UNICEF, International Medical Corps and Triangle Génération Humanitaire) have provided 164,000 pieces of soap in areas considered at-risk in Rural Damascus. Additionally, WFP in coordination with UNICEF has finalized a plan to provide soap to 4.9 million people across Syria. WFP has also included soap as a redeemable item in its cash transfers programme. WASH partners have further contributed to recent disinfection of public spaces in Damascus, Rural Damascus, Dar'a, As-Sweida, Aleppo, Homs, Hama, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor. Protection Sector partners are further coordinating with WASH to scale up distribution of dignity and hygiene kits to women and are supporting community centres, elderly housing and social child centres with appropriate hygiene materials.

In addition, UN agencies and partners are working to enhance IPC measures through existing humanitarian programming. Outreach volunteers supported by UNHCR are assisting elderly refugees to collect medicines and are following up on critical cases that require daily checks like medical cases, older person and persons with specific needs. Other measures adopted across partners include adopting strict hygiene and sterilization procedures in all supported facilities, installation and provision of additional handwashing and sanitation facilities at distribution points, training of staff, and dissemination of SOPs and guidelines.

WFP has reviewed its chain of production for all its food ration boxes and Ready to Eat food to comply with additional hygiene and health safety measures, as well as undertaking similar action in WFP warehouses.

Case Management

Working closely with MoH technical teams, health and WASH partners, WHO is meeting on a daily basis to monitor, plan and assess the incident management system functions. To support the MoH's announced plans to establish quarantine and isolation for treatment centres in all governorates, WHO has commenced leading inter-sectoral mapping in coordination with departments of health. To date, assessments taking place over 11-31 March have covered at least 11 quarantine and isolation centers in Aleppo (Aleppo University Hospital, Zahi Azraq, Ibn Khalrdoun Hospital, Garnada Hotel and Bashar Hotel), Lattakia (Hasan Bir Health Center and Pioneer Camp), Deir-ez-Zor (Al-Assad Hospital and Frat Hospital), Homs (Ibn Al-Waleed Hospital, Homs University Dorm and Al Talkalakhe Hospital). A full analysis of available resources and needs is being finalized.

Given the logistical burden of establishing new facilities, the immediate priority will be on identifying and enhancing isolation facilities within existing hospitals, including considering sectoral-specific concerns, such as inclusion of child-friendly spaces. WFP is further exploring the capacity to support treatment centers including through provision of RTEs, with potential for 6,000 people and 250 health workers to be targeted. In addition, UNHCR's 14 Primary Health centres and 16 health points in UNHCR-supported community centers continue to operate and support provision of care, including to refugees and vulnerable host communities and IDPs.

In addition to the support to case management detailed in the previous report, WHO has delivered a number of trainings in the past week. This has included, in collaboration with MoH and MoE a one-day training workshops for 50 physicians on quarantine and isolation facilities in Tartous and Damascus. Additional trainings are planned to cover Homs, Rural Damascus and Aleppo for a further 75 physicians. Further, WHO supported sessions on IPC and case management for 57 SARC health care workers in Damascus; and a further training for 25 SARC health care workers in Aleppo. WHO has also supported a three-day meeting led by the MoH with MoH and DoH officials from all governorates on response measures.

Operational Support and Logistics

The COVID-19 Crisis Coordination Committee is working with partners, and in particular the Logistics Cluster, to minimize potential disruption to delivery of services and essential humanitarian assistance. Globally, the challenges include an unprecedented demand and limited supply of essential medical items including PPE – essential to protect frontline health workers – with stockpiles depleted, substantial price increases and export bans a further factor. Lack of PPE globally may also have a cascading effect in disrupting manufacture of other critical medical equipment and medicines. Globally, the Supply Chain Coordination Cell has been initiated comprising WHO, WFP, UNICEF, UNHCR, UNFPA, MSF and IFRC.

Within Syria, distributions and service delivery are being rapidly adapted. With 3.5 million people in Syria reliant on food assistance, WFP alone has 1,600 distribution points within Syria; work is ongoing with SARC to adapt modalities in order to decongest distribution sites. Other options being explored is combining essential distributions, for example, of sanitation, health and NFIs with food; with modalities to be 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 have an overall picture of the global supply and routes to quickly identify bottlenecks in supply into Syria of humanitarian assistance. As there is a global shortage of PPEs, activities should be prioritized in coordination with HCT to ensure the most efficient use.

CAMPS & 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 who were displaced prior to October, living in four camps and two IDP sites. A further estimated 27,625 people live in 58 collective shelters throughout the other governorates.

In coordination with health partners, WHO has developed a COVID-19 awareness campaign plan for camps and collective shelters in northeast Syria. IEC material relating to hygiene promotion has been distributed widely in camps and supported facilities and shared with partners for wider circulation. Broader hygiene promotion and outreach activities have also been scaled up in camps, with outreach workers training on new materials, and dedicated campaigns launched relating to safe handwashing, hygiene etiquette and COVID-19 awareness. Block leaders have also been separately provided with contact details of camp-level focal-points for referrals.

WASH partners have undertaken assessments in camps to identify handwashing facility gaps. In addition, contingency planning is underway to double water provision from 20 liters to 40 liters per person per day to account for increased handwashing, and partners are working on additional capacity to support IPC enhancements in collective centres. Shelter repairs are being planned in the collective shelters to reduce overcrowding and improve hygiene facilities, while tents have been dispatched to NES to address immediate shelter needs.

Based on the findings of the WASH assessments, implementation plans have been developed by WASH partners. Some sector partners have identified funding gaps, however other partners are currently exploring options of re-programming available funds and supplies for immediate response. Gaps and coverage plans in collective centers and areas outside where humanitarian partners operate are currently being assessed.

Essential services and distributions will continue in camps, however, group activities including educational activities, gathering at child friendly spaces and women and girls' safe spaces have been suspended or modified to mitigate risks. Additional measures, including limiting outside visits, appropriate reductions in staff numbers, and sterilization and awareness campaigns are ongoing. Fumigation of the camps is being planned. In addition, distributions of food, hygiene and NFIs, have been grouped together to reduce the number of distributions and exposure.

Other sectoral-specific guidance has been developed and shared among partners. For those in camps and collective shelters, screening of possible cases will occur with suspected cases to be referred to Qamishli hospital.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (including unprecedented restrictions on movement, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions / failure, remote working modalities). In Syria, as is the case elsewhere, the operating environment is also changing rapidly, with factors such as movement restrictions (border closures, curfews) subject to change at any time.

Due to the prolonged crisis in Syria, the public health system is fragile and will require 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.¹ There is also a considerable shortage of trained staff and a high turnover rate, all of which reduce its capacity to manage cases.

The crisis has also disrupted national routine surveillance with currently the only timely surveillance system for communicable diseases the EWARS. Furthermore, the CPHL is the only designated laboratory for testing COVID-19 in the country. Technical and operational support is urgently needed to enhance the laboratory's capacity 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 of COVID-19.

Sanctions, which impose restrictions on the import of certain medical supplies critical to an effective COVID-19 response are also a concern.

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff where needed, including international staff who may not be able to cross borders. Evolving and unforeseen preventive measures are also disruptive to humanitarian programming. For example, the recent restrictions on travel within governorates to and from urban and rural areas has temporarily impacted the ability of several mobile medical, nutrition and distribution teams to reach targeted communities as they seek exemptions. Border restrictions, in addition to other factors, are also impacting costs for humanitarian partners.

Further challenges include other unforeseen events related to the crisis that impact communities' ability to protect themselves from COVID-19. As an example, in the past month, the Alouk water station, a critically important water source for 470,000 people has been disrupted multiple times in a span of one month. At the time of writing reports indicate that water is not pumping to Al-Hasakeh. The UN emphasizes that, now more than ever, basic services must be de-politicized and their protected status respected under international law. The UN further continues to advocate for qualified water technicians to have unimpeded access to the station.

¹ World Health Organization. 2019. Annual Report of WHO Summary of key indicators.

At Rukban, the closure of borders has impacted access to emergency medical care to the estimated 12,000 people still living there. During 25 to 29 March, 74 individuals have spontaneously left Rukban and are currently receiving humanitarian assistance at the 55km point. MoH and WHO, along with SARC, are working to advance COVID-19 testing supplies to the 55km point to ensure their and the communities' safety before they proceed to the designated Homs collective shelter. As the community in Rukban report high and increasing concerns about the deterioration of the humanitarian situation in Rukban, it is possible further spontaneous departures may occur across the coming weeks.

FUNDING

Due to the pandemic, a COVID-19 Global HRP 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, as well as the Red Cross Red Crescent Movement. The HRP 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.

It is aligned with the WHO Global Strategic Preparedness and Response (currently costed at approx. US \$12 bn) and complementary to, and in support of, existing government response plans and national coordination mechanisms, with requirements over a 9-month period (until the end of 2020) amounting to US \$2.01 billion. Funding will be allocated to UN agencies at the global level and will be updated on a monthly basis.

Within Syria, the COVID-19 Appeal is currently costed at more than \$115 million, although requirements are being constantly updated as the situation evolves. SARC has also developed a four-month plan to respond to the COVID-19 outbreak, covering a range of preparedness, containment and mitigation measures, totalling \$6.6 million. The SHF first standard allocation of 2020 has been postponed with a reserve allocation in support of the COVID-19 response to be activated instead. Currently, the SHF has available funds of \$59.9 million (including pipeline and pledges).

To support their response so far, WHO has received \$1.1 million from the CERF, as well as \$150,000 from WHO EMRO. UNICEF has also received \$2 million in support of IEC. Further updates to funding will be included in the next report.

More Information

General information: <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-\(2019-ncov\)](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>

How to talk to your child about COVID-19: <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19>

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

Guidance on Rational use of Personal Protective Equipment for COVID-19: [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#)

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